



Special Instruments –

for Hand Surgery



Our core competence is hand surgery, a field where we can offer you much more than just standard treatment solutions for, say, distal radial fractures. Many of our products are intended to help you to achieve outstanding results in difficult, non-everyday situations as well. Products such as our ulnar head prosthesis (UHP) or the Flower Plate for mediocarpal partial arthrodesis (4-corner fusion) are excellent examples of this.

Our objective is to simplify hand surgery interventions through intelligent system solutions, helping you to achieve the best possible results in the interest of the patient. Working in close cooperation with well-known authors and their teams, we have translated new ideas into innovative products that are consistently being developed further in an ongoing process. The result is a wide range of high-quality systems that impress with their clever design along with easy and safe handling.

And what's more, we have never lost sight of the economic perspective and service needs of our customers.

We consider ourselves as a true partner – to be relied upon for routine tasks and special challenges alike.



Table of contents

	Pages
Iliac Crest Mill	6 – 9
Hand Arthroscopy System	10 – 13
CarpalStick	14 – 16
Vickers Easidriver™	16 – 17
EasyCut	18 – 19
Vickers Wound Spreaders	20 – 21
Fixation Hand	22 – 23
Wrist Positioning Device	24 – 25
Hand Surgery – Overview Implant Systems	26 – 27



Special Instruments – for Hand Surgery

Hand surgical interventions nowadays request more than just basic instruments. Besides indication-related systems the need for special products containing supporting functions is more and more increasing.

However, the necessity of those products is often underestimated. Therefore we set our target to offer easy-to-use instruments and systems in this meaningful field.

Thus we for example provide self-retaining wound spreaders to grant autonomous and unaltered exposure of small access openings or components to achieve intraoperatively the best possible fixation of the hand.

Iliac Crest Mill

In reconstructive surgery, filling bony defects is a frequent necessity. To this end, the use of autogenous, well vascularized spongiosa still represents the so-called “Golden Standard”.

The iliac crest certainly is the most preferred donor site, given the very high quality of bone grafts harvested there. And even though the process of grafting bone material from the iliac crest region is a very simple operation in itself, complications are nonetheless common, with patients complaining about persistent pain and secondary hemorrhaging being a frequent side-effect.

For this reason, we have developed an instrument that greatly facilitates iliac crest bone grafting and, thanks to the special and simple surgical technique, prevents painful scars and nerve damage at the same time.



To position the mill correctly, an approx. 4-cm-long skin incision is made 2 to 3 cm below the iliac crest and at least 2 cm dorsally to the antero-inferior iliac spine. This is followed by careful dissection of the hypodermis to prevent damage to the nerve branches with their irregular paths. Blunt dissection with a periosteal elevator is then used to keep the outer muscles of the iliac wing apart.

The guide tube is directly applied to the bone and its teeth are driven in a little with a mallet to prevent the guide sleeve from slipping away. The hollow mill is then inserted into the guide tube and moved forward by continuous handle rotation. As soon as resistance is felt to weaken, the cutter has cut through the opposite corticalis.

The bone cylinder remains in the guide tube and is subsequently removed with the tamper.

Instruments required for this working step:

Instruments required for this working step:



Iliac Crest Mill



23-190-05-07
22.5 cm / 8 ¾"
Iliac crest mill, complete



23-190-06-07
22.5 cm / 8 ¾"
Iliac crest mill, complete



Components

Icon explanations:



 Sic Silicone

Hand Arthroscopy System

Where injured joint structures of the carpal region require treatment, wrist arthroscopy has established itself as a surgical procedure with a comparatively low rate of complications in recent years.

For this reason, we have developed a system that allows the surgeon to place the patient's hand in the best possible position horizontal or vertical for the arthroscopic task at hand.



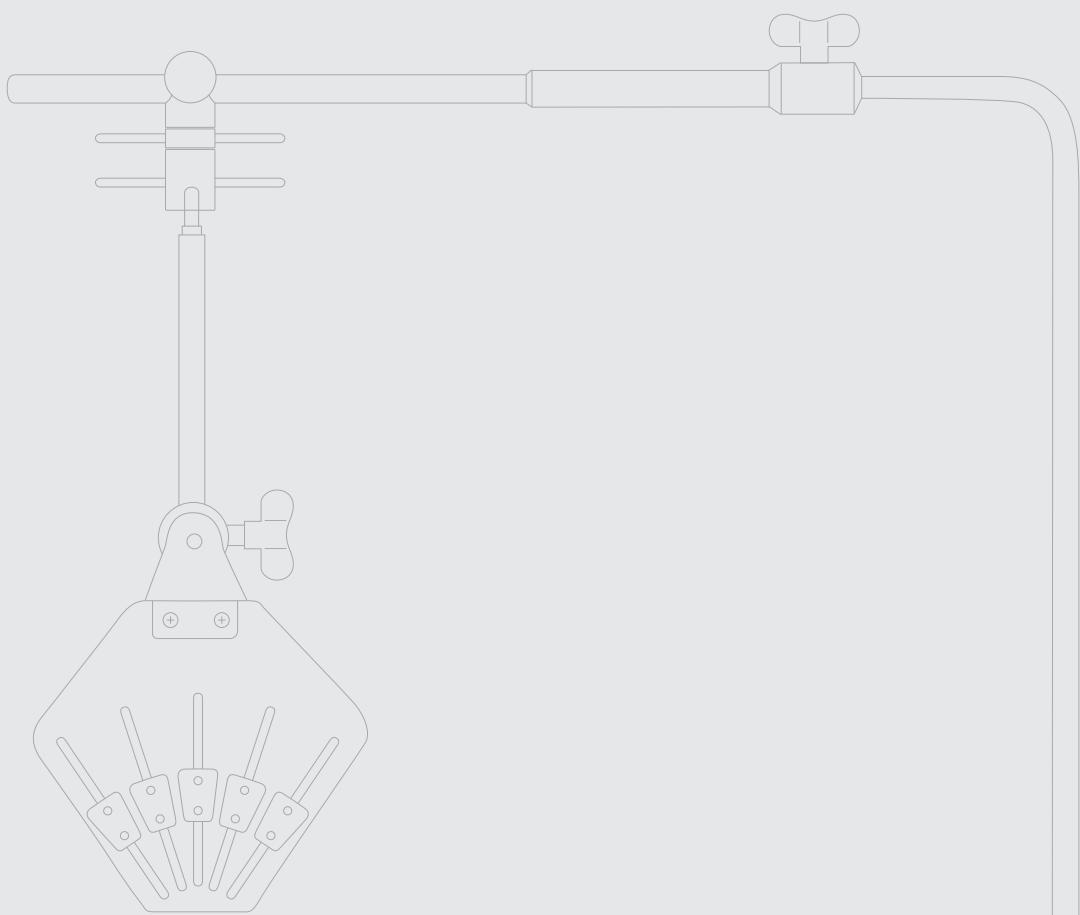
Vertical positioning
(with hand immobilizer)



Vertical positioning
(with finger extension sleeves)



Horizontal positioning
(with hand immobilizer)



Hand Arthroscopy System



Hand immobilizer for hand arthroscopy, sterilizable
15-910-63-07



Vertical bar for horizontal placement
15-910-61-07
40 cm



Finger extension sleeve, autoclavable
22-596-01-07
small

22-596-02-07
medium

22-596-03-07
large



Horizontal suspension bar for finger extension sleeves
15-910-62-07



Arm extension *Arm extension, long*
15-910-60-07 15-910-60-22
50 cm 65 cm



Vertical bar for hand arthroscopy, with ball joint
15-910-64-07
46 cm

Storage



MicroStop® container
55-442-15-04
600 x 300 x 160 mm

Tray
55-808-75-01



Fixation clamp, non-insulated
15-910-52-07

Set recommendations

Vertical positioning

Item No.	System components
15-910-52-07	Fixation clamp, non-insulated
15-910-59-07	Main support arm
15-910-60-07	Arm extension
15-910-63-07	Hand immobilizer
15-910-64-07	Vertical bar with ball joint

*Main support arm
for hand arthroscopy*
15-910-59-07
Ø 16 mm

Horizontal positioning

Item No.	System components
15-910-52-07	Fixation clamp, non-insulated
15-910-59-07	Main support arm
15-910-61-07	Vertical bar
15-910-63-07	Hand immobilizer
15-910-64-07	Vertical bar with ball joint

CarpalStick

Following post-traumatic or degenerative arthritis of the wrist rescue operations such as partial mid-carpal arthrodesis after excision of the affected carpal bone may often be the last resort to relieve the patient's discomforts. However the extraction of the bone is not easily carried out and sometimes requires a considerable expenditure of force and holding effort.

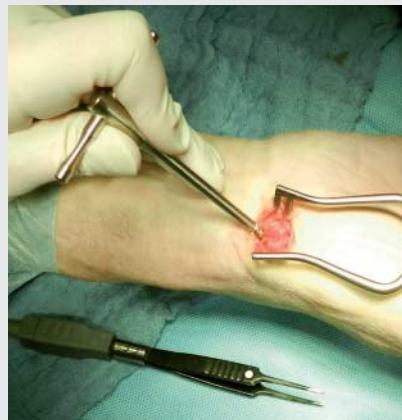
Specifically for fixation and extraction of the carpal bone, we have developed the CarpalStick – an instrument which gets into the structure of the bone like a corkscrew.

Thereby, via the T-handle large forces can be transmitted into the threads of the instrument. To ensure patient's safety and to grant best possible performance of the instrument this single-use article is offered sterile packed.



Following careful stabilization of the carpus, the affected carpal bone is exposed.

Paying due regard to the soft tissue situation, the CarpalStick can now be drilled into the bone at right angles to the bone surface while maintaining a uniform movement.



Once the affected carpal bone has been properly exposed, the extraction process can be started.



Using bone holding forceps, the extracted bone piece is removed from the CarpalStick for subsequent disposal.

Icon explanations:

STERILE steam sterilized



CarpalStick

23-192-00-07

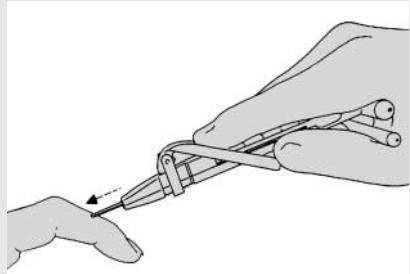
single-use only

Vickers Easidriver™

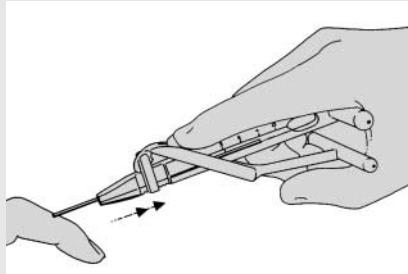
In orthopedic and traumatologic surgery, it is often necessary to insert, shorten and subsequently remove Kirschner wires.

Also, it is usually important for the surgeon to be able to insert K-wires single-handedly because the other hand is needed for manipulating tissue, for example.

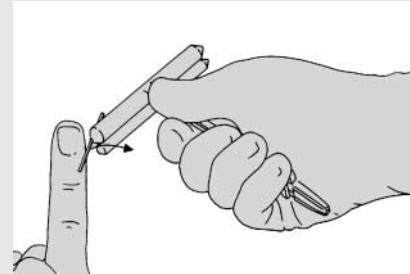
For this reason, we have developed the Vickers Easidriver™ – an instrument that simplifies the guiding of Kirschner wires as it can be easily operated single-handedly.



The wire is safely grasped with a gentle adduction of the thumb and is then screwed in or out with a simple rotational movement of the forearm.



Abduction of the thumb opens the Easidriver™ and allows fast adjustment of the appropriate length of the wire.



The handles feature bending devices for different wire diameters.



Vickers Easidriver™
22-618-00-07

EasyCut

The implantation of Kirschner wires rarely means that the wire is inserted fully. To shorten it to the correct length, however, considerable force must usually be applied. This is exactly where our EasyCut comes in. Thanks to its special design, wires with a diameter of up to 3.0 mm can be cut with little effort.

Since the handle has no sharp edges and incorporates no screws, the instrument can be handled conveniently with no risk of injury.

The removable TC hard-metal cutting inserts can be replaced easily, no special knowledge required.



Cutting K-wire with the EasyCut

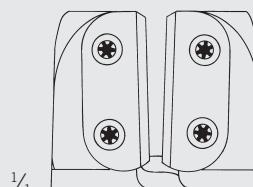


EasyCut

22-523-25-07

20 cm / 8"

TC GOLD



Hard-metal (TC) inserts

for EasyCut

22-523-81-98

TC GOLD

Icon explanations:

TC GOLD TC Instruments with hard-metal inserts

Vickers Wound Spreaders

In hand and traumatologic surgery, it is essential to ensure that small access openings are reliably kept open throughout the intervention.

Moreover, the surgeon must often be able to perform the operation without the help of an assistant (whose task is to keep the wound open), especially in emergency surgery.

For this reason, we have developed the Vickers wound spreaders. They are ideal for keeping small access openings perfectly open, can be operated single-handedly and adapt themselves automatically to wound size.



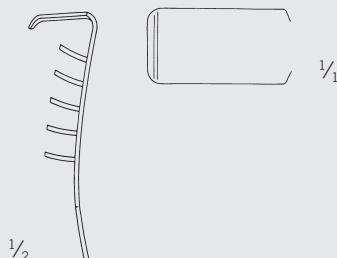
Vickers Low Profile 1
15-792-00-01
for hand and carpal tunnel,
complete with center blade,
10 x 18 mm



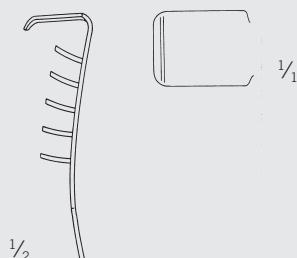
Vickers Low Profile 2
15-793-00-01
for hand and forearm,
complete with center blade,
10 x 18 mm



Vickers Low Profile 3
15-794-00-01
for snapping fingers and small incisions,
complete with center blade,
10 x 18 mm



15-792-01-01
Center blade only
10 x 18 mm



15-792-02-01
Center blade only
10 x 12 mm



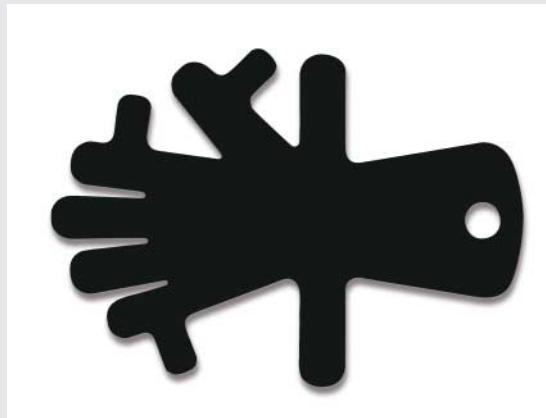
Vickers finger wound spreader
15-798-01-01

Fixation Hand

Due to the superior properties of the materials from which it is made, the KLS Martin Fixation Hand has proved to be an excellent device for intraoperative fixation of the hand.

This lead fixation hand can be quickly and easily bent in any direction. What's more, it can just as conveniently be returned to its initial form without causing fatigue in the material.

This allows the hand to be operated on to be optimally fixed in place as required by the situation and in accordance with the surgeon's needs.



Icon explanations:



*Fixation hand
for children*
23-960-01-04

AI

*Fixation hand
for adults*
23-960-02-04

AI

Silicone ring
23-960-24-04 23-960-27-04 23-960-44-04
small medium large
24 x 3 mm 27 x 3 mm 34 x 3 mm

Sic

Wrist Positioning Device

Especially where scaphoid fractures are concerned, correct placement of the wrist in extension or flexion position has an important influence on the surgical result.

Our wrist positioning device has been developed with a view to provide a better alternative to the conventional method of placing the wrist on a stack of folded textile cloths.

This device offers the surgeon stable fixation of the wrist during the operation. Whether with its palmar or dorsal side, the wrist can be conveniently placed on the device in overextended position to give the surgeon a better view of the opened wrist and the radius during the operation.



Wrist position for palmar approach



Wrist position for dorsal approach



Wrist Positioning Device, complete
23-963-00-04

Upper part
23-963-01-04

Lower part
23-963-02-04

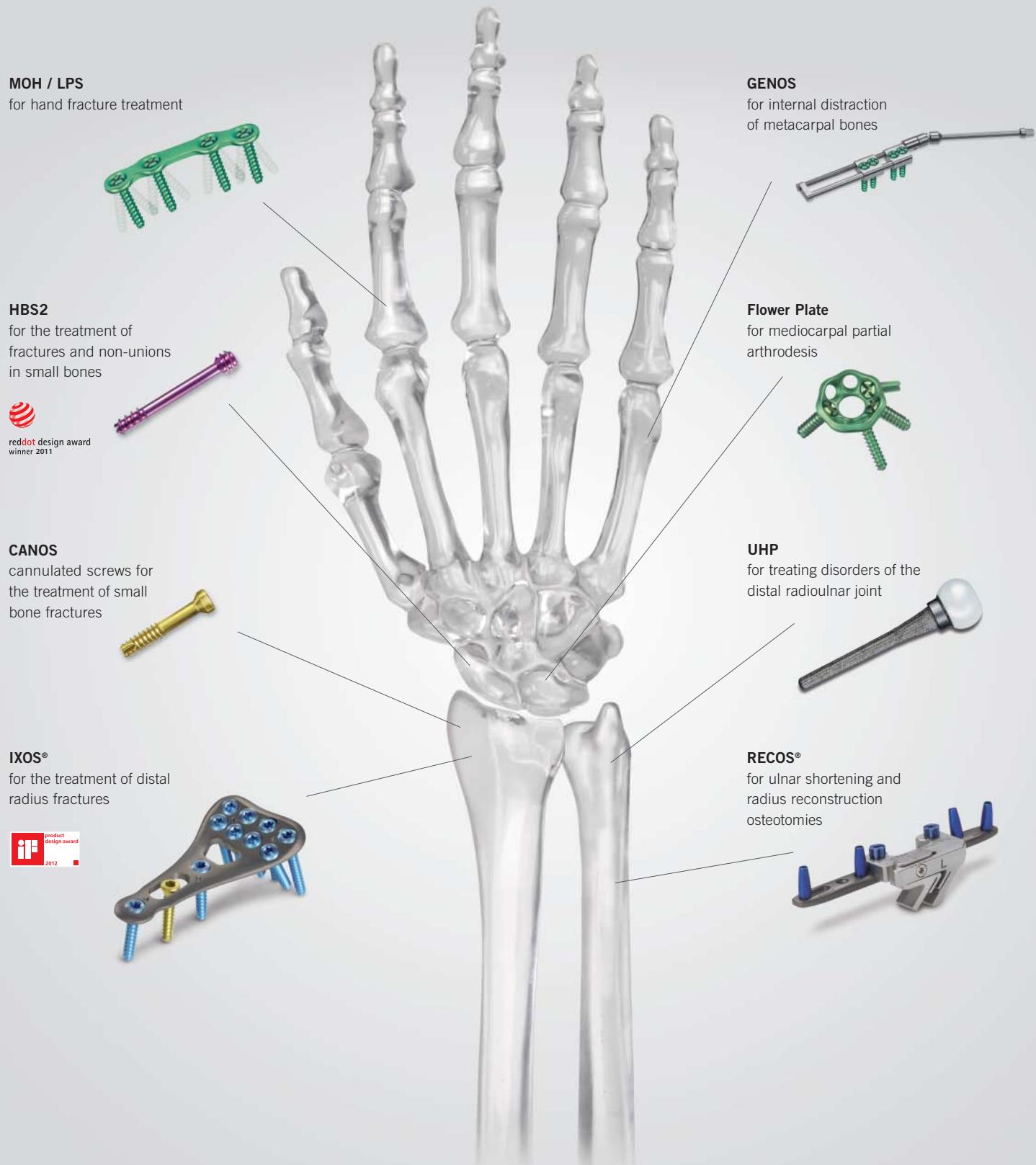
Hand Surgery

A field where we can offer you much more than just standard treatment solutions for, say, distal radius fractures. Many of our products are intended to help you to achieve outstanding results in difficult, non-everyday situations as well. Products such as our Ulna Head Prosthesis (UHP) or the Flower Plate for mediocarpal partial arthrodesis are excellent examples.

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2013 | INNOVATION
YEARS

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