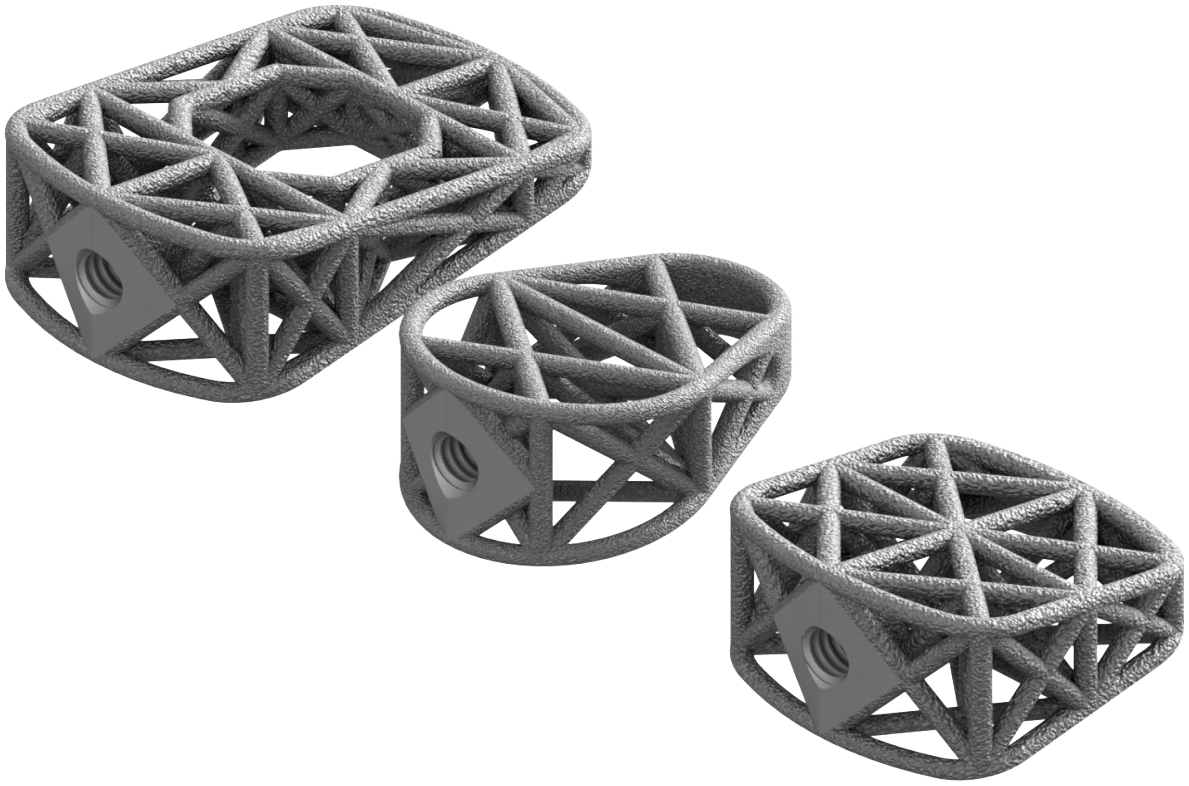
stryker

4WEB®
Osteotomy Truss System™

Operative technique



4WEB®
Osteotomy Truss System™

This publication sets forth detailed recommended procedures for using Stryker devices and instruments. It offers guidance that you should heed, but, as with any such technical guide, each surgeon must consider the particular needs of each patient and make appropriate adjustments when and as required.

⚠ WARNING

All non-sterile devices must be cleaned and sterilized before use. Please refer to the cleaning and sterilization instructions provided in the Instructions for Use (IFU, Ref. No. IFU-OTS-04).

Please remember that the compatibility of different product systems has not been tested unless specified otherwise in the product labeling.

The surgeon must advise patients of surgical risks and make them aware of adverse effects and alternative treatments.

⚠ WARNING

- The patient should be advised that the device cannot and does not replicate a normal healthy bone, that the device can break or become damaged as a result of strenuous activity or trauma.
- Removal or revision of the device may be required sometime in the future due to medical reasons.

For additional information including a complete list of adverse effects, adverse events, contraindications, warnings, and precautions, please refer to the instructions for use (IFU), Ref. No. IFU-OTS-04 delivered with each instrument kit.

The surgeon must discuss all relevant risks with the patient when necessary, including surgical risks, adverse effects, and make them aware of alternative treatments.

Table of contents

Indications, contraindications and warnings

Indications For Use

The Osteotomy Truss System (OTS) is intended to be used for internal bone fixation for bone fractures or osteotomies in the foot, such as:

- Opening wedge osteotomies of the bones of the foot including osteotomies for Hallux Valgus
- Opening wedge of Medial Cuneiform or Cotton osteotomies
- Lateral Column Lengthening (Evans Lengthening Osteotomy or Calcaneal Z Osteotomy)
- Metatarsal/Cuneiform osteotomies
- Nonunion of arthrodesis of the Midfoot including Metatarsal/Cuneiform osteotomies (TMT or Lapidus)
- Hindfoot osteotomies

The device is intended for use with supplemental fixation.

The Osteotomy Truss System is not intended for use in the spine.

Contraindications

The OTS devices should not be implanted in patients with:

- Active infection at the operative site or other active systemic infection
- Inadequate physiological or psychological condition
- Inadequate skin, bone, or neurovascular status
- Irreparable tendon system
- Growing patient with open epiphyses
- Known sensitivity to the material

Warnings and precautions

Safety and effectiveness have not been established in the following conditions:

- Gross obesity
- Previous fusion attempts at the osteotomy/fusion site
- Significant loss of bone stock as seen with osteoporosis or osteomalacia
- Conditions requiring chronic corticosteroid use
- Active drug abuse

The OTS devices are for single use only.

Bending or fracture of the implants or instruments can occur if not handled properly.

All instrumentation is provided non-sterile and must be steam sterilized prior to use.

No implant should be reused if it has come in contact with blood or other bodily fluids.

All implants, sizers and instrumentation should be inspected prior to use for possible damage or defects. Any damaged or defective component should not be used and should be returned to 4WEB.

The OTS devices are intended to provide mechanical support while biologic fusion occurs. In the event of pseudoarthrosis or delayed fusion, the risk of implant migration, loosening or breakage increases. The physician/surgeon should consider patient weight, patient activity level, other patient conditions, etc. which may impact the performance of the system.

Patients requiring abnormal or excessive forces on the implanted area may not be good candidates for this type of surgery.

Do not attach supplemental fixation hardware to or through the OTS device.

In patients with a high level of activity, the benefits must be weighed against possible risks.

The correct implant size must be selected to provide adequate bone support.

All OTS devices must be used with ancillary fixation. These should be compression plates or screws made from a compatible titanium alloy and not bioresorbable.

Osteotomy Truss System overview

The Osteotomy Truss System (OTS) consists of three implant designs in a variety of footprints and opening wedge height options to accommodate the patient's anatomy. It is intended to be used with supplemental fixation. The OTS implants are provided sterile with a non-sterile instrument set. The instrument set requires sterilization prior to use.

Evans Osteotomy Truss System (EOTS) Surgical Technique

The EOTS implant set contains 3 implant footprints (depth x width) with 6 different height options. Please refer to the Instrument Catalog (pg. 17) and Implant Catalog (pg. 20-22) for implant and trial part numbers and dimensions.

Access and exposure

An incision is made slightly inferior to the sinus tarsi directly over the calcaneocuboid joint (Fig. 1). Care should be taken during dissection and retraction to protect the peroneal tendons and sural nerve.

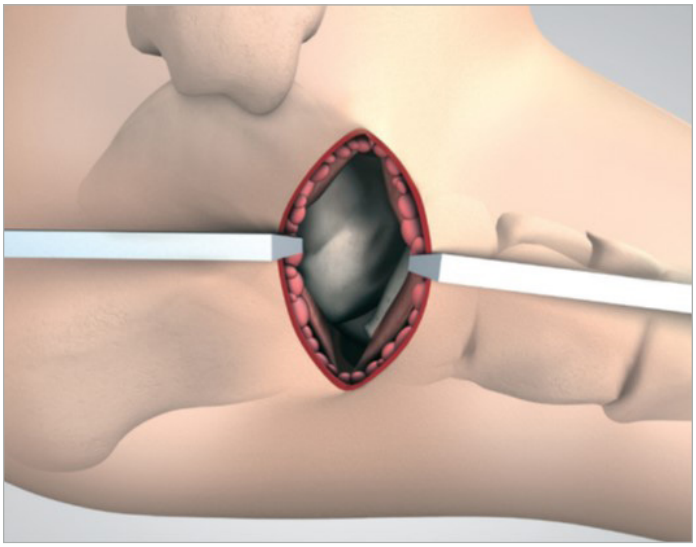


Figure 1

Creating the osteotomy

An osteotomy is made 10-15mm proximal to the calcaneocuboid joint (Fig. 2). Provisional pinning of the calcaneocuboid joint prior to the osteotomy to stabilize structures and prevent subluxation may be utilized. An osteotome is used to finish the osteotomy taking care to preserve the medial wall of the calcaneal cortex.

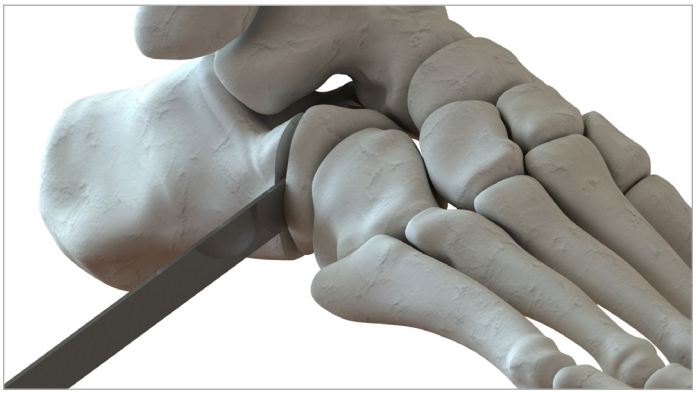


Figure 2

Distraction

A distractor is utilized to provide controlled distraction and unobstructed access to the osteotomy site (Fig. 3). The surgeon should distract until desired correction is achieved.

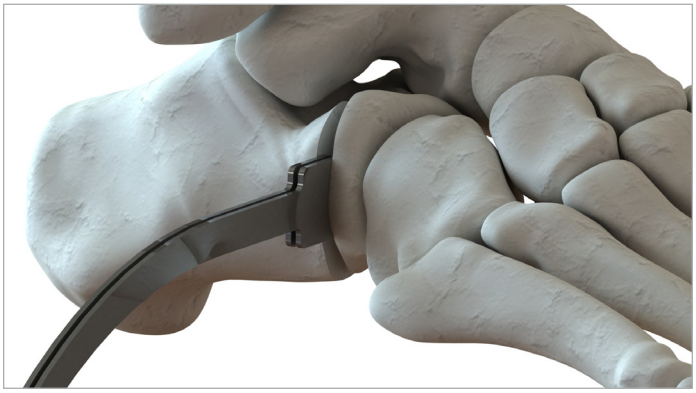


Figure 3

Implant sizing

Attach the appropriately sized trial to the Introducer. Insert the sizer into the osteotomy site until the desired footprint and height of the wedge is determined. Fluoroscopy and tactile feel may be used to assess the fit of the trial (Fig. 4). The selected trial corresponds to the size of the implant to be used. Once the implant is identified, proceed to pack the implant with graft material according to surgeon preference if so desired.

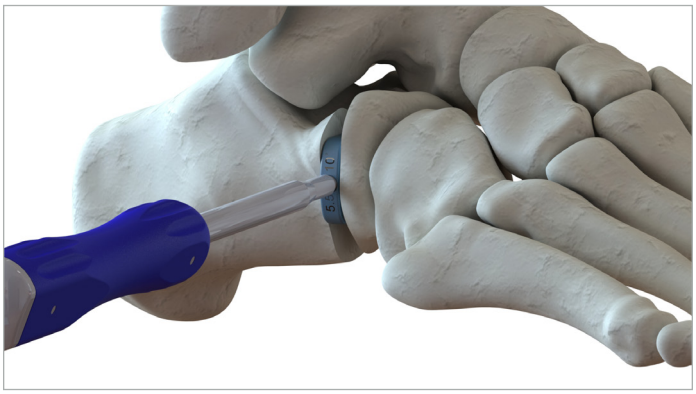


Figure 4

Implant preparation

For best results cut or morselize the graft into 1-2mm sized particles.

Place the graft onto the top or bottom web structure (top and bottom are identical).

In a downward circular motion, massage the graft material into the implant (Fig. 5).

Once packing has been completed through the top web structure, turn device over and repeat the placement of bone through the opposite side of the web structure.

The implant is now ready for use.

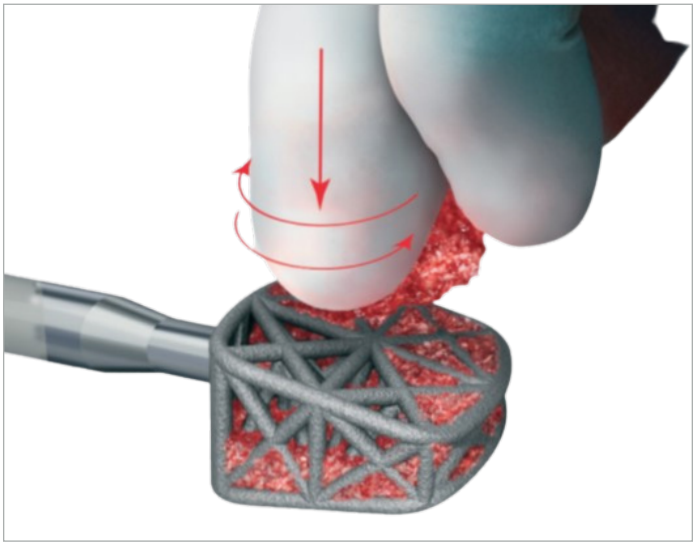


Figure 5

Implant insertion

Thread the inserter into the implant chosen for use and insert the EOTS osteotomy wedge into the osteotomy site (Fig. 6). Seat the implant with a standard bone tamp/impactor until the proximal edge is at least 1.5mm past the edge of the

cortex where supplemental fixation (surgeon's preference) will be placed to ensure no contact will be made between the fixation device and wedge.

Final correction and placement are confirmed fluoroscopically.

Figure 6

Supplemental fixation

Placement of supplemental fixation is required when using the 4WEB EOTS osteotomy wedges (Fig. 7). Any compression-based fixation device that meets the following guidelines may be used:

- It is a compression plate.
- It is **not** bioabsorbable.
- It is a titanium alloy device.

Contact between supplemental fixation and the wedge is not recommended. Abrasion could cause damage to either of the two devices.

Follow the compression device manufacturer's surgical technique guide for placement instructions.

Attaching to or directing supplemental hardware through the 4WEB EOTS is not recommended.

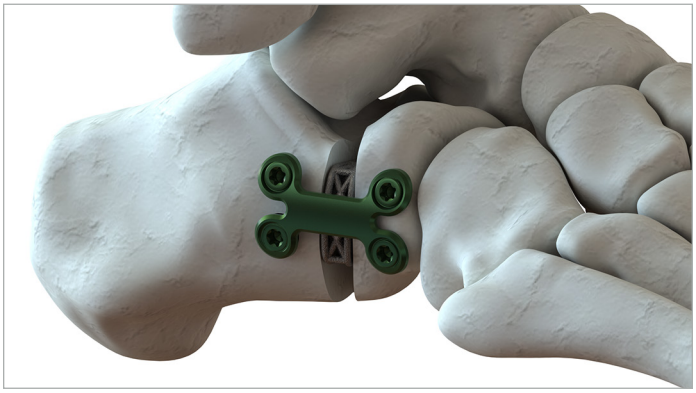


Figure 7

Cotton Osteotomy Truss System (COTS) Surgical Technique

The COTS implant set contains 4 implant footprints (depth x width), in varying height options depending on the footprint. Please refer to the Instrument Catalog (pg. 17) and Implant Catalog (pg. 20-22) for implant and trial part numbers and dimensions.

Access and exposure

A dorsal incision is made over the medial cuneiform. Carefully retract the hallucis longus tendon and dissect soft tissues down to the surface of the medial cuneiform (Fig. 8).

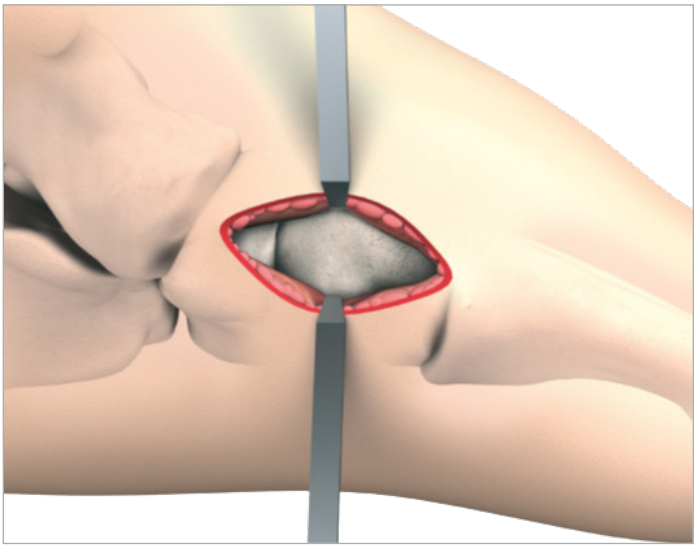


Figure 8

Creating the osteotomy

A transverse osteotomy is made starting on the dorsal cortex, angled parallel to the first tarsometatarsal joint, and aimed toward the plantar cortex (Fig. 9). The cut is stopped before penetrating the plantar cortex and an osteotome is used to finish the wedge osteotomy taking care to preserve the plantar cortex.

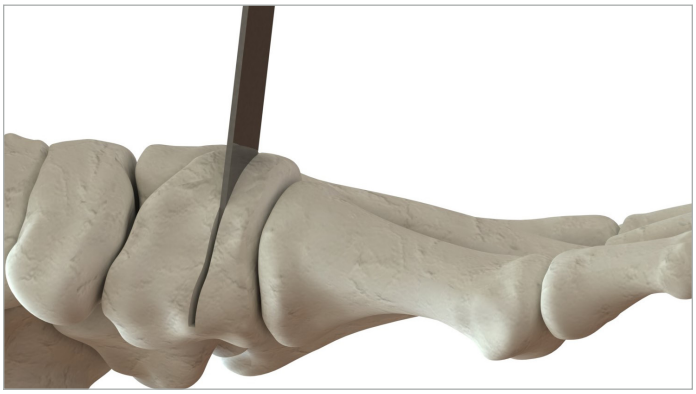


Figure 9

Distraction

A distractor is utilized to provide controlled distraction and unobstructed access to the osteotomy site (Fig. 10). Care should be taken to preserve the plantar cortex. The surgeon should distract until desired correction is achieved.

Figure 10

Implant sizing

Attach the appropriately sized trial to the Introducer. Insert the sizer into the osteotomy site until the desired footprint and height of the wedge is determined. Fluoroscopy and tactile feel may be used to assess the fit of the trial (Fig. 11). The selected trial corresponds to the size of the implant to be used. Once the implant is identified, proceed to pack the implant with graft material according to surgeon preference if so desired.

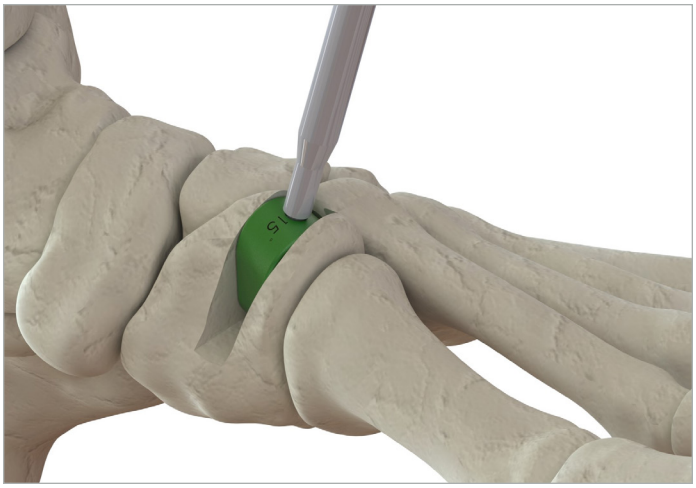


Figure 11

Implant preparation

For best results cut or morselize the graft into 1-2mm sized particles.

Place the graft onto the top or bottom web structure (top and bottom are identical).

In a downward circular motion, massage the graft material into the implant (Fig. 12).

Once packing has been completed through the top web structure, turn device over and repeat the placement of bone through the opposite side of the web structure.

The implant is now ready for use.

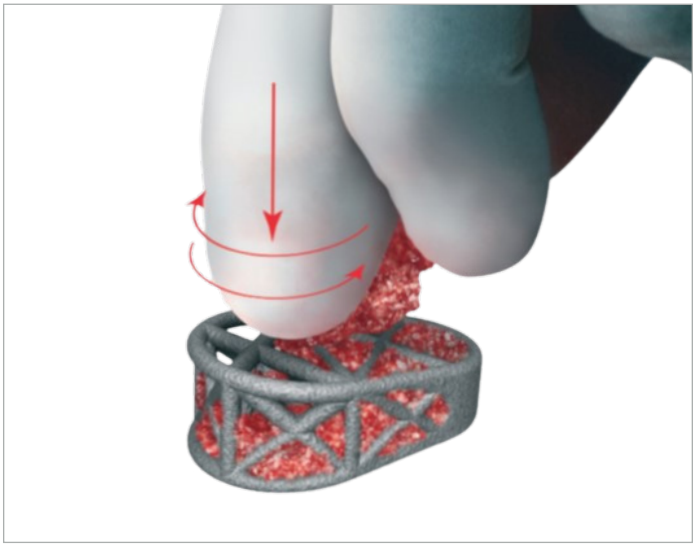


Figure 12

Implant insertion

Insert the COTS osteotomy wedge into the osteotomy site (Fig. 13). Seat the implant with a standard bone tamp/impactor until the proximal edge is at least 1.5mm past the edge of the cortex where supplemental fixation (surgeon's preference) will be placed to ensure no contact will be made between the fixation device and wedge.

Final correction and placement are confirmed fluoroscopically.

Figure 13

Supplemental fixation

Placement of supplemental fixation is required when using the 4WEB COTS osteotomy wedges (Fig. 14). Any compression-based fixation device that meets the following guidelines may be used:

- It is a compression plate.
- It is **not** bioabsorbable.
- It is a titanium alloy device.

Contact between supplemental fixation and the wedge is not recommended. Abrasion could cause damage to either of the two devices.

Follow the compression device manufacturer's surgical technique guide for placement instructions.

Attaching or directing supplemental hardware through the 4WEB COTS is not recommended.

Figure 14

Utility Osteotomy Truss System (UOTS) Surgical Technique

The UOTS implant set contains 6 implant footprints (depth x width), in varying height options depending on the footprint. Please refer to the Instrument Catalog (pg. 17) and Implant Catalog (pg. 20-22) for implant and trial part numbers and dimensions.

Access and exposure

A lateral approach via an oblique incision is made over the lateral aspect of the calcaneus in line with the osteotomy (Fig. 15). Care should be taken to avoid the peroneal tendons and sural nerve. Periosteal dissection should be carried out along the calcaneus at the intended osteotomy site.

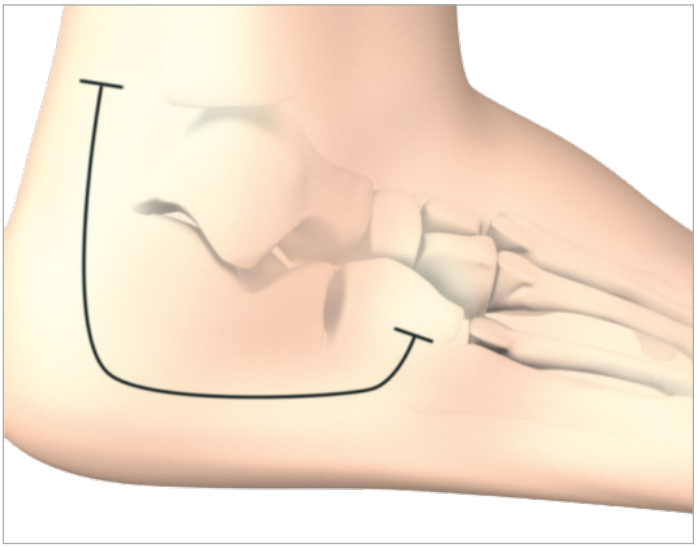


Figure 15

Creating the osteotomy

An opening wedge osteotomy to correct a valgus deformity is made at the mid portion of the posterior tuberosity halfway between the posterior facet margin and the Achilles insertion (Fig. 16). Care is taken not to penetrate the medial cortex.

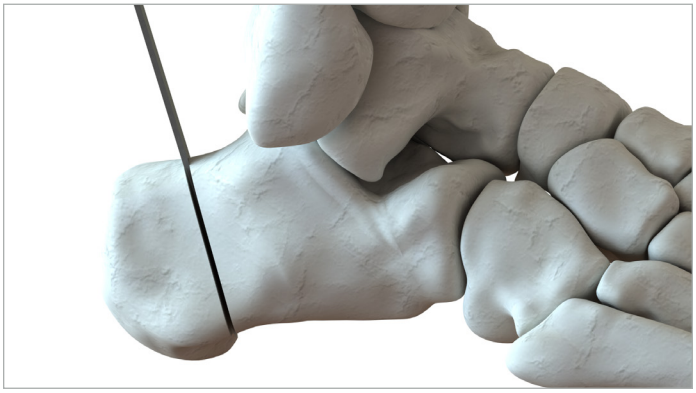


Figure 16

Distraction

An osteotome is used to gently open the osteotomy initially. Subsequently, a distractor is utilized to provide controlled distraction and unobstructed access to the osteotomy site. The surgeon should distract until desired correction is achieved (Fig. 17).

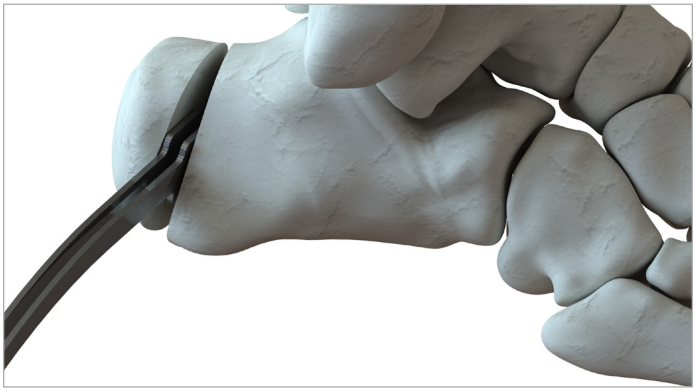


Figure 17

Implant sizing

Attach the appropriately sized trial to the Introducer. Insert the sizer into the osteotomy site until the desired footprint and height of the wedge is determined. Fluoroscopy and tactile feel may be used to assess the fit of the trial (Fig. 18). The selected trial corresponds to the size of the implant to be used. Once the implant is identified, proceed to pack the implant with graft material according to surgeon preference if so desired.

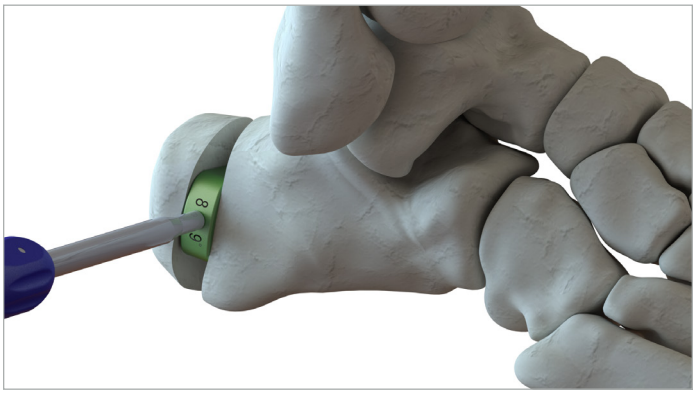


Figure 18

Implant preparation

For best results cut or morselize the graft into 1-2mm sized particles.

Place the graft onto the top or bottom web structure (top and bottom are identical).

In a downward circular motion, massage the graft material into the implant (Fig. 19).

Once packing has been completed through the top web structure, turn device over and repeat the placement of bone through the opposite side of the web structure.

The implant is now ready for use.

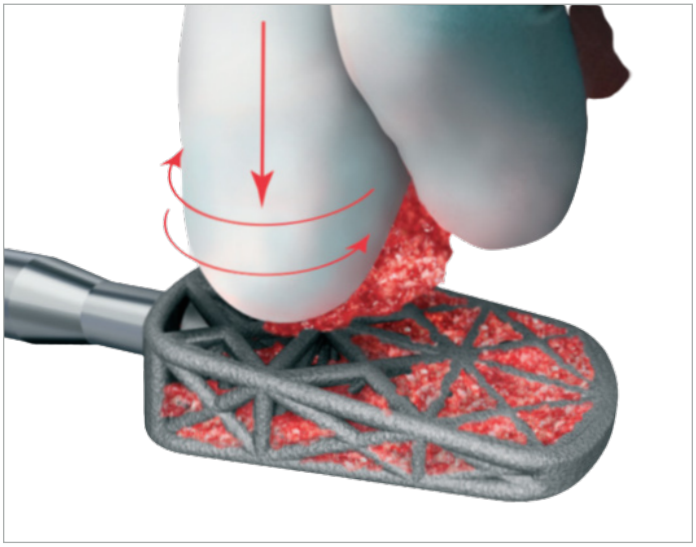


Figure 19

Implant insertion

Insert the UOTS osteotomy wedge into the osteotomy site (Fig. 20). Seat the implant with a standard bone tamp/impactor until the proximal edge is at least 1.5mm past the edge of the cortex where supplemental fixation (surgeon's preference) will be placed to ensure no contact will be made between the fixation device and wedge.

Final correction and placement are confirmed fluoroscopically.

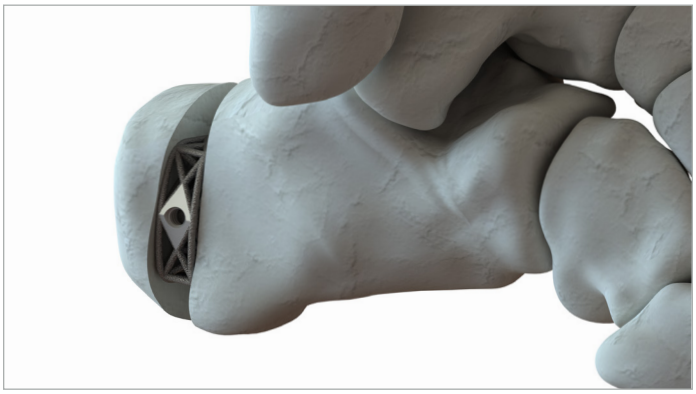


Figure 20

Supplemental fixation

Placement of supplemental fixation is required when using the 4WEB UOTS osteotomy wedges (Fig. 21). Any compression-based fixation device that meets the following guidelines may be used:

- It is a compression plate or screw.
- It is **not** bioabsorbable.
- It is a titanium alloy device.

Contact between supplemental fixation and the wedge is not recommended. Abrasion could cause damage to either of the two devices.

Follow the compression device manufacturer's surgical technique guide for placement instructions.

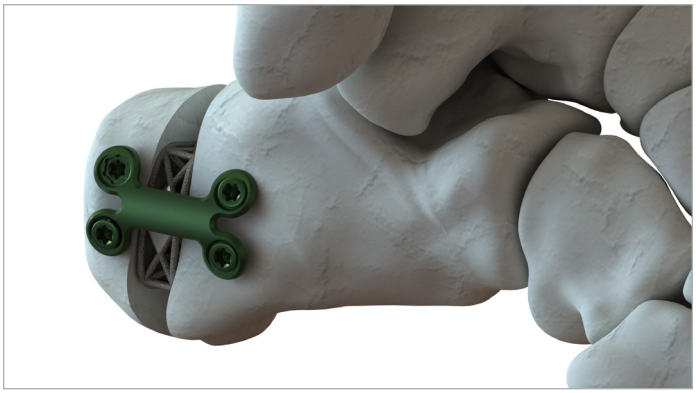


Figure 21

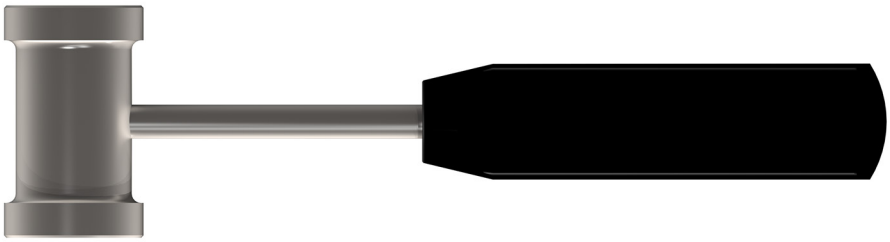
Instrument catalog

The information in this section is not intended to be used for sales and/or promotional purposes. This information is solely intended to be used as a reference for clinical usage.

Part number	Description
UOTS-000002	OTS Introducer

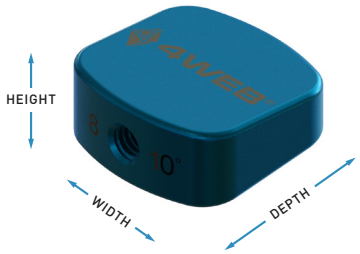
Part number	Description
CSTS-000016	Cervical Tamp

Part number	Description
761-9017-0	Cervical Mallet



Evans trials

Modular



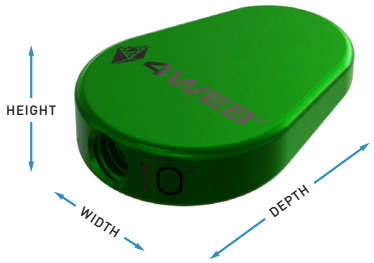
Part # (Titanium)	Footprint (D x W x H)
Small	
EOTS-SM1804-TS	18 x 18 x 4.5-2.5mm
EOTS-SM1805-TS	18 x 18 x 5.5.-2.5mm
EOTS-SM1806-TS	18 x 18 x 6.5.-2.5mm
EOTS-SM1808-TS	18 x 18 x 8-5mm
EOTS-SM1810-TS	18 x 18 x 10-5mm
EOTS-SM1812-TS	18 x 18 x 12-5mm

Part # (Titanium)	Footprint (D x W x H)
Medium	
EOTS-MD2004-TS	20 x 20 x 4.5-2.5mm
EOTS-MD2005-TS	20 x 20 x 5.5.-2.5mm
EOTS-MD2006-TS	20 x 20 x 6.5.-2.5mm
EOTS-MD2008-TS	20 x 20 x 8-5mm
EOTS-MD2010-TS	20 x 20 x 10-5mm
EOTS-MD2012-TS	20 x 20 x 12-5mm

Part # (Titanium)	Footprint (D x W x H)
Large	
EOTS-LG2204-TS	22 x 22 x 4.5-2.5mm
EOTS-LG2205-TS	22 x 22 x 5.5-2.5mm
EOTS-LG2206-TS	22 x 22 x 6.5-2.5mm
EOTS-LG2208-TS	22 x 22 x 8-5mm
EOTS-LG2210-TS	22 x 22 x 10-5mm
EOTS-LG2212-TS	22 x 22 x 12-5mm

Cotton trials

Modular



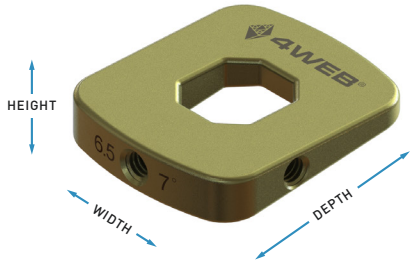
Part # (Titanium)	Footprint (D x W x H)
Extra Small	
COTS-XS1304-TS	13 x 11 x 4.5-2.5mm
COTS-XS1305-TS	13 x 11 x 5.5-2.5mm
COTS-XS1306-TS	13 x 11 x 6.5-2.5mm
COTS-XS1308-TS	13 x 11 x 8-5mm
COTS-XS1310-TS	13 x 11 x 10-5mm
COTS-XS1312-TS	13 x 11 x 12-6mm
Small	
COTS-SM1604-TS	16 x 14 x 4.5-2.5mm
COTS-SM1605-TS	16 x 14 x 5.5-2.5mm
COTS-SM1606-TS	16 x 14 x 6.5-2.5mm
COTS-SM1608-TS	16 x 14 x 8-5mm
COTS-SM1610-TS	16 x 14 x 10-5mm
COTS-SM1612-TS	16 x 14 x 12-6mm

Part # (Titanium)	Footprint (D x W x H)
Medium	
COTS-MD2004-TS	20 x 14 x 4.5-2.5mm
COTS-MD2005-TS	20 x 14 x 5.5-2.5mm
COTS-MD2006-TS	20 x 14 x 6.5-2.5mm
COTS-MD2008-TS	20 x 14 x 8-5mm
COTS-MD2010-TS	20 x 14 x 10-5mm
COTS-MD2012-TS	20 x 14 x 12-5mm
COTS-MD2014-TS	20 x 14 x 14-8mm
COTS-MD2016-TS	20 x 14 x 16-8mm

Part # (Titanium)	Footprint (D x W x H)
Large	
COTS-LG2304-TS	23 x 17 x 4.5-2.5mm
COTS-LG2305-TS	23 x 17 x 5.5-2.5mm
COTS-LG2306-TS	23 x 17 x 6.5-2.5mm
COTS-LG2308-TS	23 x 17 x 8-5mm
COTS-LG2310-TS	23 x 17 x 10-5mm
COTS-LG2312-TS	23 x 17 x 12-5mm
COTS-LG2314-TS	23 x 17 x 14-8mm
COTS-LG2316-TS	23 x 17 x 16-8mm

Utility trials

Modular

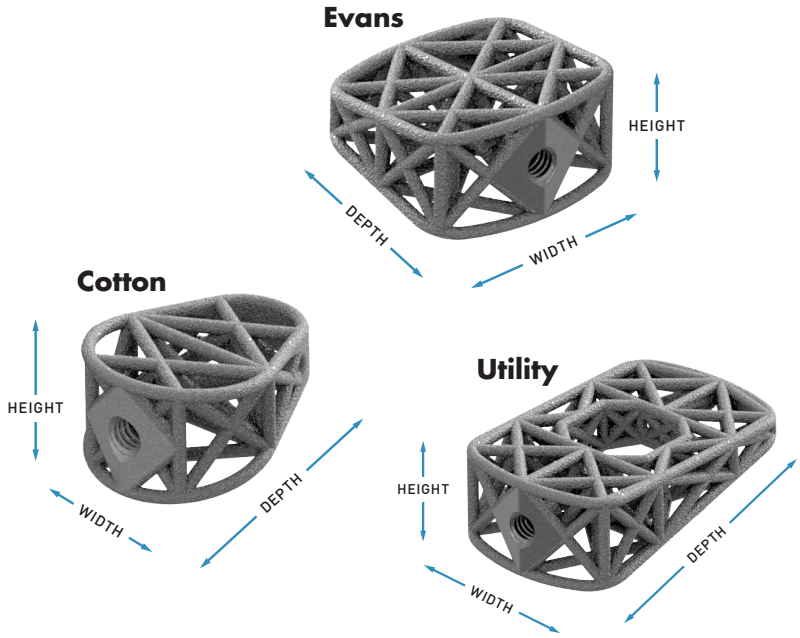


Part # (Titanium)	Footprint (D x W x H)
Extra Small	
UOTS-XS1604-TS	16 x 20 x 4.5mm
UOTS-XS1605-TS	16 x 20 x 5.5mm
UOTS-XS1606-TS	16 x 20 x 6.5mm
UOTS-XS1608-TS	16 x 20 x 8mm
UOTS-XS1610-TS	16 x 20 x 10mm
UOTS-XS1612-TS	16 x 20 x 12mm
Small	
UOTS-SM1804-TS	18 x 22 x 4.5mm
UOTS-SM1805-TS	18 x 22 x 5.5mm
UOTS-SM1806-TS	18 x 22 x 6.5mm
UOTS-SM1808-TS	18 x 22 x 8mm
UOTS-SM1810-TS	18 x 22 x 10mm
UOTS-SM1812-TS	18 x 22 x 12mm

Part # (Titanium)	Footprint (D x W x H)
Medium	
UOTS2-MD3006-TS	30 x 20 x 6mm
UOTS2-MD3008-TS	30 x 20 x 8mm
UOTS2-MD3010-TS	30 x 20 x 10mm
UOTS2-MD3012-TS	30 x 20 x 12mm
UOTS2-MD3506-TS	35 x 20 x 6mm
UOTS2-MD3508-TS	35 x 20 x 8mm
UOTS2-MD3510-TS	35 x 20 x 10mm
UOTS2-MD3512-TS	35 x 20 x 12mm

Part # (Titanium)	Footprint (D x W x H)
Large	
UOTS2-LG3006-TS	30 x 25 x 6mm
UOTS2-LG3008-TS	30 x 25 x 8mm
UOTS2-LG3010-TS	30 x 25 x 10mm
UOTS2-LG3012-TS	30 x 25 x 12mm
UOTS2-LG3506-TS	35 x 25 x 6mm
UOTS2-LG3508-TS	35 x 25 x 8mm
UOTS2-LG3510-TS	35 x 25 x 10mm
UOTS2-LG3512-TS	35 x 25 x 12mm

Implant catalog and specifications



Osteotomy
wedge devices

Catalog # Non-sterile	Catalog # Sterile	Footprint (D X W X H)	Angulation	Graft Volume (CC)
Evans				
EOTS-SM1804	EOTS-SM1804-SP	18 x 18 x 4.5mm	7°	0.44
EOTS-SM1805	EOTS-SM1805-SP	18 x 18 x 5.5mm	10°	0.53
EOTS-SM1806	EOTS-SM1806-SP	18 x 18 x 6.5mm	14°	0.63
EOTS-SM1808	EOTS-SM1808-SP	18 x 18 x 8mm	10°	1.07
EOTS-SM1810	EOTS-SM1810-SP	18 x 18 x 10mm	17°	1.29
EOTS-SM1812	EOTS-SM1812-SP	18 x 18 x 12mm	24°	1.52
EOTS-MD2004	EOTS-MD2004-SP	20 x 20 x 4.5mm	6°	0.60
EOTS-MD2005	EOTS-MD2005-SP	20 x 20 x 5.5mm	9°	0.73
EOTS-MD2006	EOTS-MD2006-SP	20 x 20 x 6.5mm	12°	0.86
EOTS-MD2008	EOTS-MD2008-SP	20 x 20 x 8mm	9°	1.43
EOTS-MD2010	EOTS-MD2010-SP	20 x 20 x 10mm	15°	1.71
EOTS-MD2012	EOTS-MD2012-SP	20 x 20 x 12mm	21°	2.00
EOTS-LG2204	EOTS-LG2204-SP	22 x 22 x 4.5mm	6°	0.79
EOTS-LG2205	EOTS-LG2205-SP	22 x 22 x 5.5mm	8°	0.95
EOTS-LG2206	EOTS-LG2206-SP	22 x 22 x 6.5mm	11°	1.12
EOTS-LG2208	EOTS-LG2208-SP	22 x 22 x 8mm	8°	1.83
EOTS-LG2210	EOTS-LG2210-SP	22 x 22 x 10mm	14°	2.19
EOTS-LG2212	EOTS-LG2212-SP	22 x 22 x 12mm	19°	2.55

Catalog # Non-sterile	Catalog # Sterile	Footprint (D X W X H)	Angulation	Graft Volume (CC)
Cotton				
COTS-XS1304	COTS-XS1304-SP	13 x 11 x 4.5mm	9°	0.17
COTS-XS1305	COTS-XS1305-SP	13 x 11 x 5.5mm	13°	0.21
COTS-XS1306	COTS-XS1306-SP	13 x 11 x 6.5mm	17°	0.25
COTS-XS1308	COTS-XS1308-SP	13 x 11 x 8mm	13°	0.41
COTS-XS1310	COTS-XS1310-SP	13 x 11 x 10mm	21°	0.50
COTS-XS1312	COTS-XS1312-SP	13 x 11 x 12mm	28°	0.59
COTS-SM1604	COTS-SM1604-SP	16 x 14 x 4.5mm	7°	0.32
COTS-SM1605	COTS-SM1605-SP	16 x 14 x 5.5mm	11°	0.39
COTS-SM1606	COTS-SM1606-SP	16 x 14 x 6.5mm	14°	0.47
COTS-SM1608	COTS-SM1608-SP	16 x 14 x 8mm	11°	0.74
COTS-SM1610	COTS-SM1610-SP	16 x 14 x 10mm	18°	0.90
COTS-SM1612	COTS-SM1612-SP	16 x 14 x 12mm	24°	1.05
COTS-MD2004	COTS-MD2004-SP	20 x 14 x 4.5mm	6°	0.40
COTS-MD2005	COTS-MD2005-SP	20 x 14 x 5.5mm	9°	0.49
COTS-MD2006	COTS-MD2006-SP	20 x 14 x 6.5mm	11°	0.58
COTS-MD2008	COTS-MD2008-SP	20 x 14 x 8mm	9°	0.91
COTS-MD2010	COTS-MD2010-SP	20 x 14 x 10mm	14°	1.12
COTS-MD2012	COTS-MD2012-SP	20 x 14 x 12mm	19°	1.30
COTS-MD2014	COTS-MD2014-SP	20 x 14 x 14mm	17°	1.72
COTS-MD2016	COTS-MD2016-SP	20 x 14 x 16mm	22°	1.91
COTS-LG2304	COTS-LG2304-SP	23 x 17 x 4.5mm	5°	0.60
COTS-LG2305	COTS-LG2305-SP	23 x 17 x 5.5mm	7°	0.73
COTS-LG2306	COTS-LG2306-SP	23 x 17 x 6.5mm	10°	0.87
COTS-LG2308	COTS-LG2308-SP	23 x 17 x 8mm	7°	1.35
COTS-LG2310	COTS-LG2310-SP	23 x 17 x 10mm	12°	1.63
COTS-LG2312	COTS-LG2312-SP	23 x 17 x 12mm	17°	1.91
COTS-LG2314	COTS-LG2314-SP	23 x 17 x 14mm	15°	2.51
COTS-LG2316	COTS-LG2316-SP	23 x 17 x 16mm	19°	2.79

Catalog # Non-sterile	Catalog # Sterile	Footprint (D X W X H)	Angulation	Graft Volume (CC)
Utility				
UOTS-XS1604	UOTS-XS1604-SP	16 x 20 x 4.5mm	8°	0.54
UOTS-XS1605	UOTS-XS1605-SP	16 x 20 x 5.5mm	12°	0.65
UOTS-XS1606	UOTS-XS1606-SP	16 x 20 x 6.5mm	15°	0.75
UOTS-XS1608	UOTS-XS1608-SP	16 x 20 x 8mm	12°	1.21
UOTS-XS1610	UOTS-XS1610-SP	16 x 20 x 10mm	19°	1.44
UOTS-XS1612	UOTS-XS1612-SP	16 x 20 x 12mm	27°	1.68
UOTS-SM1804	UOTS-SM1804-SP	18 x 22 x 4.5mm	7°	0.72
UOTS-SM1805	UOTS-SM1805-SP	18 x 22 x 5.5mm	10°	0.86
UOTS-SM1806	UOTS-SM1806-SP	18 x 22 x 6.5mm	14°	1.00
UOTS-SM1808	UOTS-SM1808-SP	18 x 22 x 8mm	10°	1.59
UOTS-SM1810	UOTS-SM1810-SP	18 x 22 x 10mm	17°	1.88
UOTS-SM1812	UOTS-SM1812-SP	18 x 22 x 12mm	24°	2.18
UOTS-MD3006	UOTS-MD3006-SP	30 x 20 x 6mm	8°	1.30
UOTS-MD3008	UOTS-MD3008-SP	30 x 20 x 8mm	11°	1.75
UOTS-MD3010	UOTS-MD3010-SP	30 x 20 x 10mm	15°	2.21
UOTS-MD3012	UOTS-MD3012-SP	30 x 20 x 12mm	19°	2.68
UOTS-MD3506	UOTS-MD3506-SP	35 x 20 x 6mm	7°	1.49
UOTS-MD3508	UOTS-MD3508-SP	35 x 20 x 8mm	9°	2.16
UOTS-MD3510	UOTS-MD3510-SP	35 x 20 x 10mm	13°	2.72
UOTS-MD3512	UOTS-MD3512-SP	35 x 20 x 12mm	16°	3.29
UOTS-LG3006	UOTS-LG3006-SP	30 x 25 x 6mm	8°	1.76
UOTS-LG3008	UOTS-LG3008-SP	30 x 25 x 8mm	11°	2.34
UOTS-LG3010	UOTS-LG3010-SP	30 x 25 x 10mm	15°	2.94
UOTS-LG3012	UOTS-LG3012-SP	30 x 25 x 12mm	19°	3.55
UOTS-LG3506	UOTS-LG3506-SP	35 x 25 x 6mm	7°	2.19
UOTS-LG3508	UOTS-LG3508-SP	35 x 25 x 8mm	9°	2.89
UOTS-LG3510	UOTS-LG3510-SP	35 x 25 x 10mm	13°	3.61
UOTS-LG3512	UOTS-LG3512-SP	35 x 25 x 12mm	16°	4.34

Notes

stryker

Foot & Ankle

1. Rowe et al, SMISS, AnnualForum'19, p.52

WEB-ST-2_Rev-1, 09-2023

Manufacturer:
4WEB Medical
2801 Network Blvd.
Suite 620
Frisco, TX 75034
800 285 7090
4webmedical.com