IXOS® Radius Plating System

Simply clever!

product design award 2012

KLS martin GROUP

Our core competence *is 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 ulnar head prosthesis (UHP) or the Flower Plate for mediocarpal partial arthrodesis 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.*

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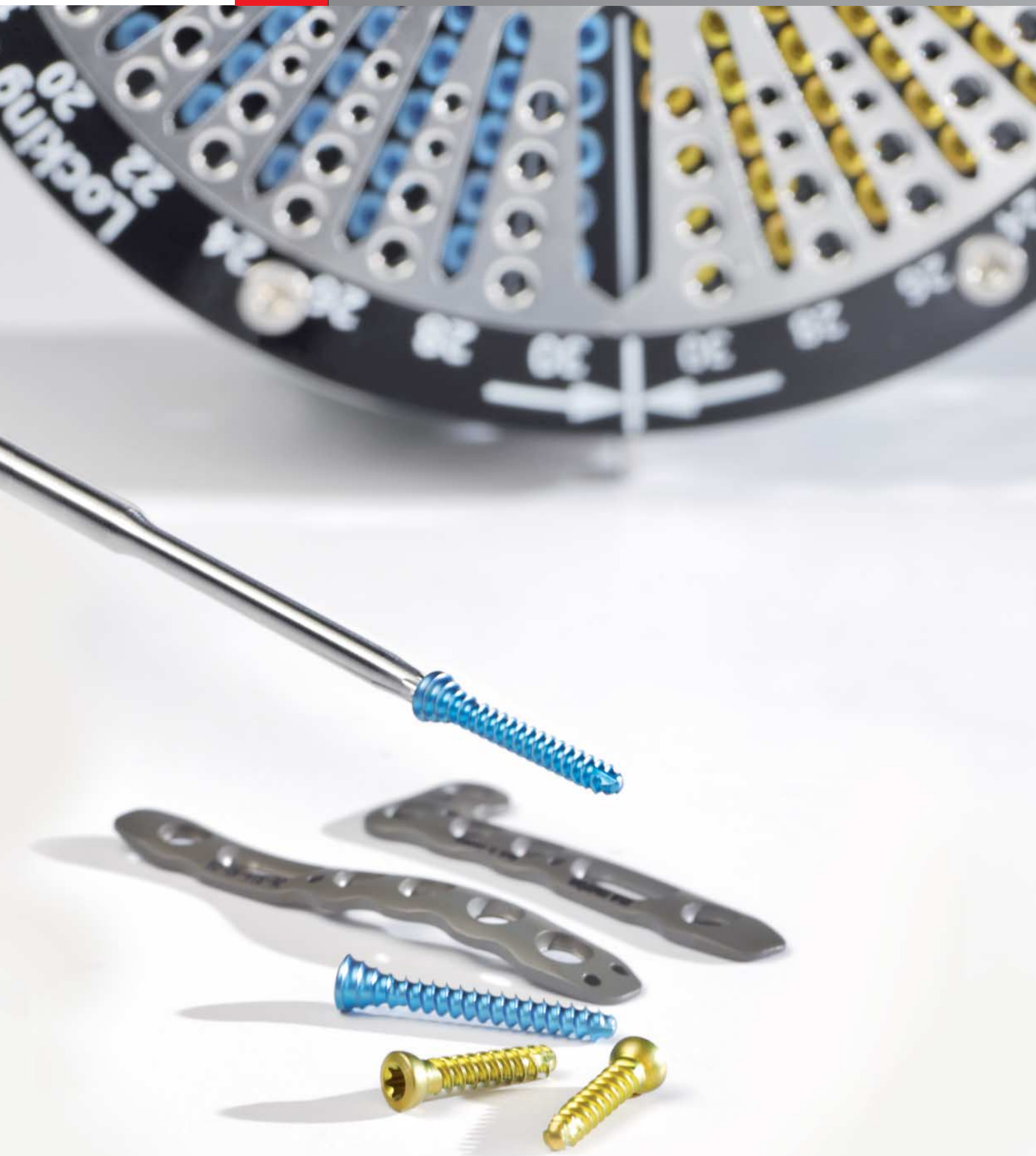
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IXOS® *Radius Plating System* – simply clever!

The most frequent fractures encountered in surgical practice are radius fractures. Based on an extensive body of clinical experience and utilizing new technical possibilities afforded by the ever-advancing technical progress, multidirectional locking radius plates are frequently used nowadays for treating such conditions.

Based on the principle of multidirectional locking plate osteo-synthesis, our goal was to treat nearly all types of distal radius fractures with an easy-to-use and clearly structured system.

In fact, IXOS® comes as a comprehensive and user-friendly radius plating sytem including palmar, dorsal as well as lateral plates. All plates are implanted with state-of-the-art smartDrive® screws. No more than four instruments are required for secure osteo-synthesis.

Feature, Function and Benefit

IXOS® radius plates are available in different designs to match proved treatment concepts. All plates are finished with the Dotize® surface coating. To facilitate identification, all palmar plates have been marked “P”, dorsal plates “D” and dorsolateral plates “DL”.

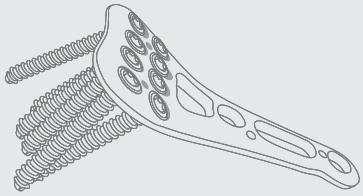
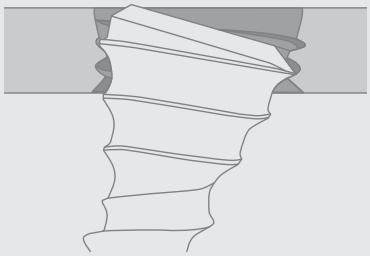
The latest generation of smartDrive® screws provides both standard and locking screws with double threads for the first time. In addition, all screws are equipped with atraumatic screw tip. Of course, the smartDrive® screws also exhibit the T8 with self-retaining function that has been established for decades. The product range is complemented by locking pins.

The screws/pins are color-coded to facilitate their application:

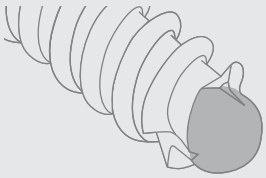
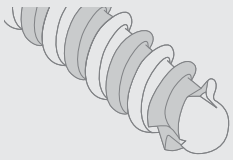
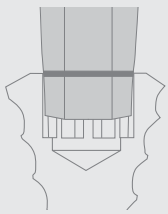
Blue: locking smartDrive® screws and pins

Gold: standard smartDrive® screws

IXOS® – simply clever!

	Features	*Benefits*
	■ Anatomical plate geometry ■ Rounded atraumatic plate contour	■ No need to bend plates ■ Best possible embedding in soft tissue
	■ marLock locking ■ Angulation within a range of +/– 15° ■ Several times relockable ■ Locking even without “heel piece”	■ High degree of locking stability ■ Best possible screw positioning ■ Adjustment of screw position and easy metal removal ■ Secure use of pins
Ti Dotize® Type II anodization	■ 15% more fatigue resistance ■ Smooth surface ■ Risk of contact welding is minimized	■ Slim plate design ■ Delays adherence of tissue and bone ingrowth ■ Easy metal removal

smartDrive® screws

	■ Atraumatic screw tip ■ Atraumatic screw head	■ Secure bicortical anchoring with soft tissue preservation ■ Maximum angulation without soft tissue irritations
	■ Double, self-tapping thread	■ Reduces screw-in time by 50%
	■ T8 with self-retaining function	■ Easy pick-up, insertion, tightening or removal of the screw

Feature, Function
and Benefit in Detail

IXOS® components are manufactured according to the latest findings. The 3D contour of the P4 and the P4 *Wave* can only be achieved by manufacturing them on state-of-the-art, computer-controlled 5-axle machines.

The following plate types are available:

P2: This plate complies with the present industrial standard and complements the system with regard to economic aspects.

P4: Based on the classic palmar treatment concept, the P4 exhibits unprecedented product features in this category for the first time.

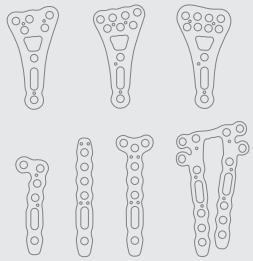
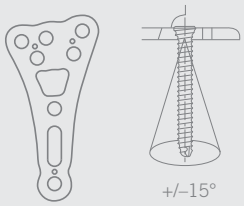
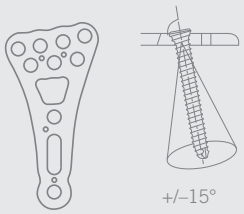
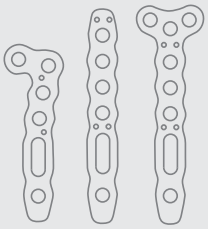
P4 *Wave*: A watershed-line plate of the latest generation.

DL4: Anatomically pre-shaped plates for the dorsolateral treatment of radius fractures.

D4: The system is complemented by anatomically designed plates for dorsal treatment.

PU4: Additional ulnar plate for the treatment of distal ulnar neck and head fractures.

A solution for every situation

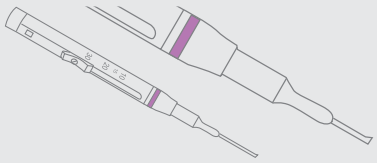
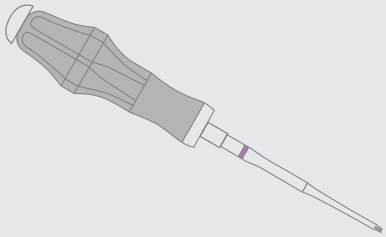
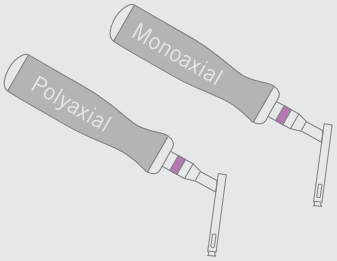
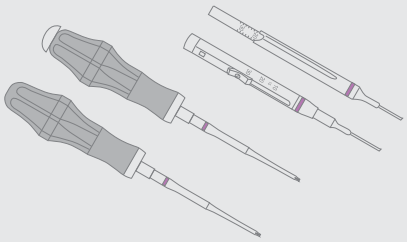
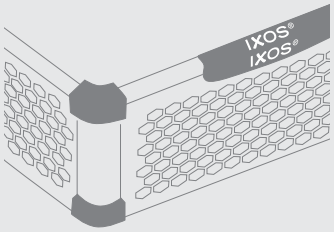
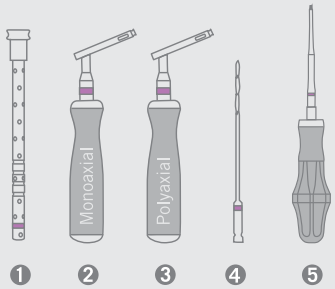
		Features	*Benefits*
		■ The appropriate plate for every radius fracture even in terms of economic aspects	■ No second system is required during surgery ■ The same instruments for all plates
	P2	■ The industrial standard	■ Familiar technology at a reasonable price
	P4 P4 Wave	■ Watershed-line technology for the first time both in conventional and anatomical design	■ Multidirectional locking but nevertheless prepositioned screws ■ Integrated support for ideal screw positioning ■ Best possible ulnar support in anatomical design
		■ Extra-long plates in conventional design	■ For the treatment of complicated distal radius and shaft fractures
	DL4	■ Plates with small dimensions	■ Allows dual-plate technology according to Rikli & Regazzoni
	PU4	■ Special ulnar plate	■ For the treatment of distal ulnar neck and head fractures
	D4	■ Atraumatic frame plate	■ Dorsal support but nevertheless minimum soft tissue irritation
		■ A great number of multidirectional locking boreholes	■ High flexibility of treatment ■ Easy fine adjustment with special bending pliers possible

Feature, Function
and Benefit

The KLS Martin Group is committed to developing color-coded instruments that can be handled easily and efficiently. The radius plating sytem comprises only 4 instruments. In order to comply with the specific requirements of the users, both the screwdriver and the depth gauge can be selected according to the specific personal preferences.

The storage concept already known from HBS2 has been adapted to the special requirements of radius treatment. Besides easy handling, the maintenance requirements were given top priority.

IXOS® instruments and storage

	Features	*Benefits*
	■ Color-coded instruments (purple) ■ smartDrive® screws Ø 2.5 mm ■ smartDrive® pins Ø 2.0 mm	■ Easy identification of the respective instruments
	■ Single-part instruments with ergonomically shaped silicone handels	■ Good tactile feedback ■ No couplings that could lead to confusion ■ No parts that could get lost
	■ Monoaxial drill guide ■ Polyaxial drill guide	■ Combined with prepositioned holes, allows short surgery periods ■ Precise screw positioning in compliance with the maximum possible angulation of +/– 15°
	■ Screwdrivers and depth gauges are available in two different design variants	■ Intuitive working with optimum ergonomics
	■ Stainless steel storage tray in honeycomb design combined with high performance plastic	■ High degree of stability at low weight ■ Good rinsing results due to large openings ■ No water residues
	■ The instruments are arranged according to their sequence of use during the surgical procedure	■ For easy and efficient instrumentation

Step by Step
optimal Fixation

Indications

Acute distal radius fractures

Type A2
Colles' fracture

Type A3

Type B1

Type B2
Barton's fracture

Type B3
Smith's fracture
Reversed Barton's fracture

Type C1

Type C2

Type C3

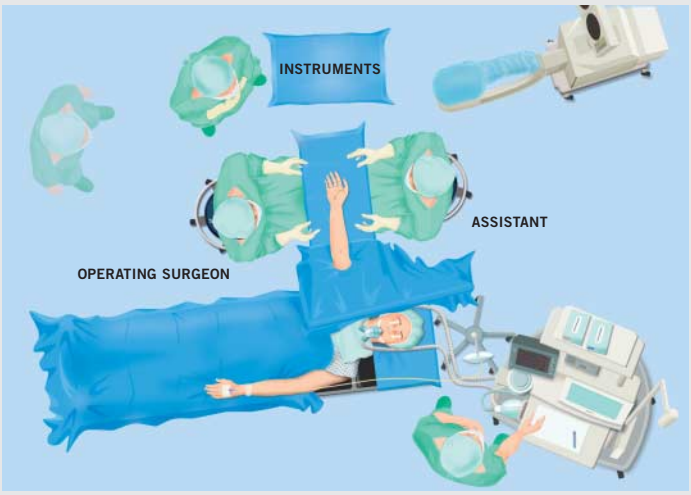
Surgical Techniques

Source: Dr. Meyer, Saarbrücken

Patient positioning

In addition to taking standard x-rays in A/P and sagittal planes in neutral position of the wrist, a high-resolution computer tomography should be conducted for the further clarification of intra-articular fractures.

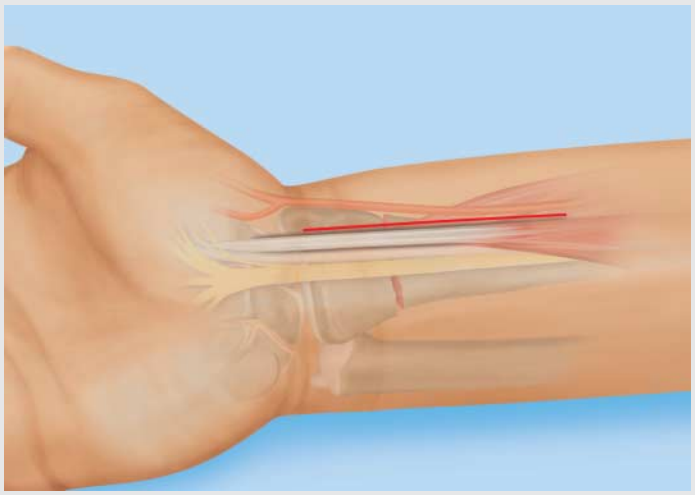
If a central impression of the distal end of the radius is suspected, a carpal arthroscopy can additionally be conducted to clarify concomitant injuries and assess the reduction.



Patient positioning

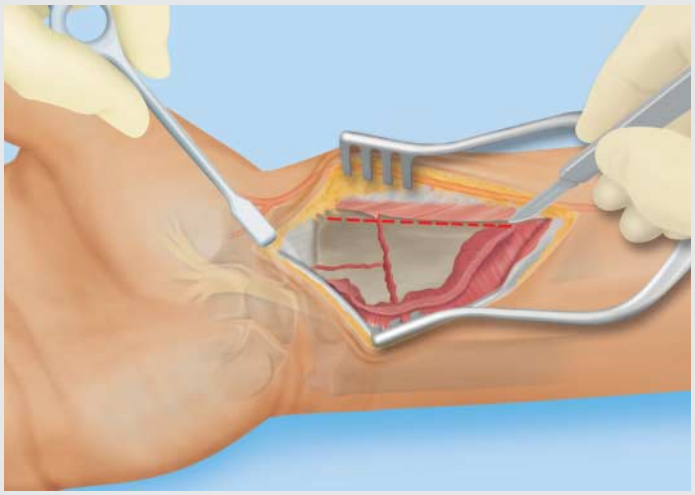
The patient is placed on the back.The hand that requires surgery is extended on the operating table in full supination of the forearm and under tourniquet control.

A cloth roll can be placed underneath the wrist as a reduction aid.



1. Henry's palmar approach

A skin incision of 6 - 10 cm length is made on the distal forearm three centimeters proximal to the wrist.
The flexor carpi radialis tendon (FCR) is exposed.

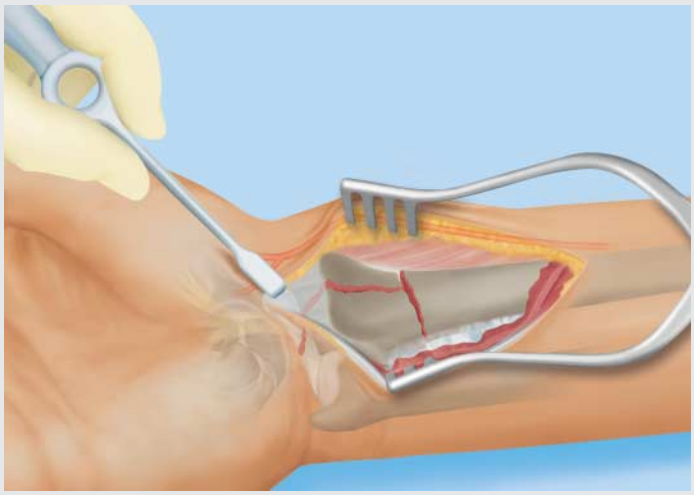


2. Exposure of the radius

To obtain access to the pronator quadratus, the incision extends between the FCR and the radius artery.

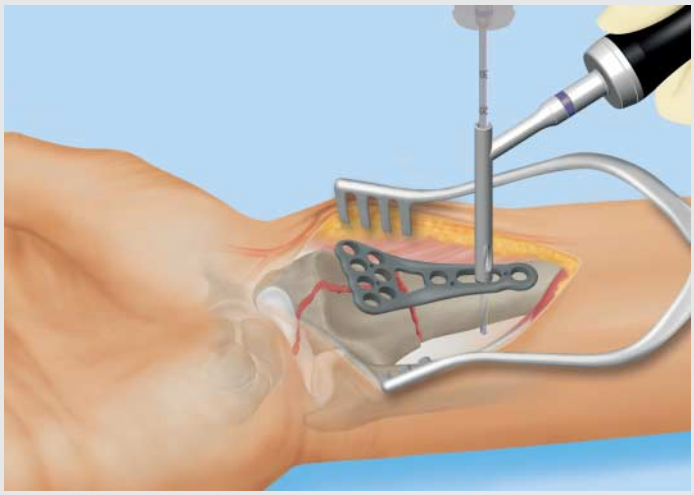
The pronator quadratus is detached from the lateral edge of the radius to elevate an ulnar-based flap.

Note:
If a post-traumatic sensitivity disorder in the median nerve distribution area or a latent carpal tunnel syndrome is detected, the incision is extended distally and the carpal tunnel is opened.



3. Exposure of the fracture

The fragments and the fracture gap are exposed.



4. Insertion of the plate

The implant is selected according to the fracture pattern and the patient's anatomy.

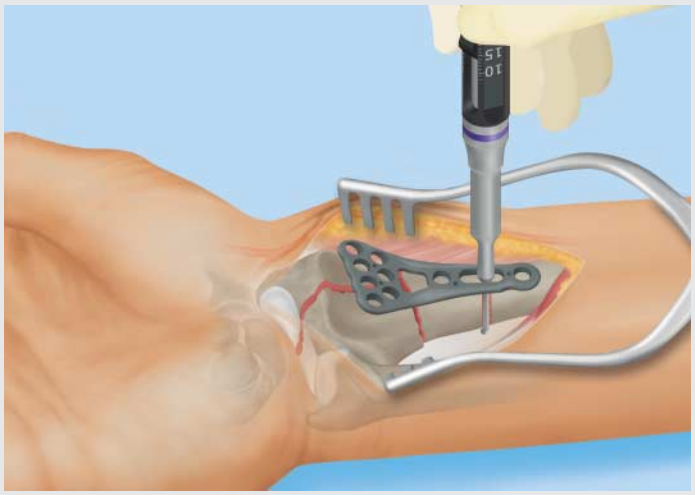
The plate is placed centrally above the longitudinal axis in the direction of the distal edge of the radius.

The plate can be temporarily fixed with Ø 1.2 mm K-wires.

The first borehole is made into the slotted hole of the shaft using the monodirectional drill guide and the core hole drill (1 purple ring).

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial



5. Determination of the screw length

The correct screw length is determined using the depth gauge.

Source: Dr. Meyer, Saarbrücken

6. Insertion of the first shaft screw

The plate is fixed in the slotted hole with a golden standard screw.

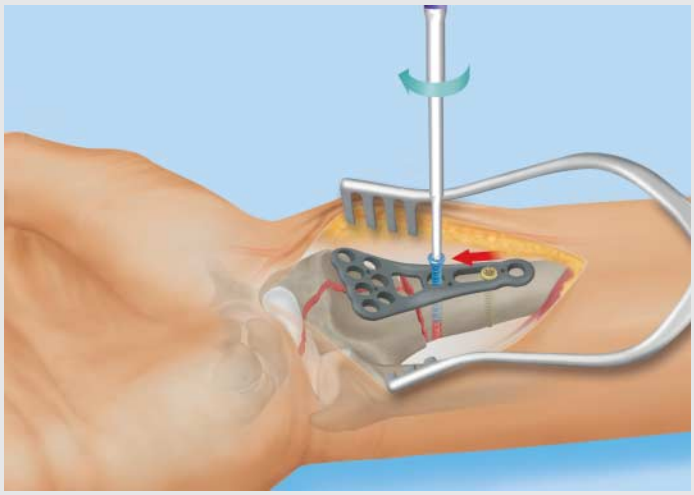
The correct plate position and the anatomical reduction are checked under x-ray control in both planes.
It has to be ensured that the plate does not project over the watershed-line; this might cause irritation to the flexor tendons.

If necessary, the result has to be corrected and the plate displaced in longitudinal and/or lateral direction. The screw has to be loosened for this purpose.

Depth gauge
AO principle

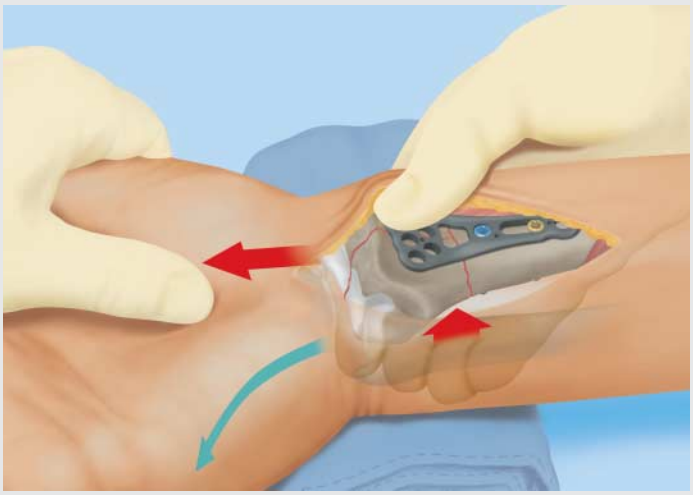
Depth gauge
Single-hand principle

Screwdriver T8



7. Insertion of another shaft screw

In order to be able to absorb optimally the forces in the shaft region during reduction, it is advisable to insert another shaft screw, preferably a blue locking screw, prior to the reduction, ensuring that the plate is positioned correctly.

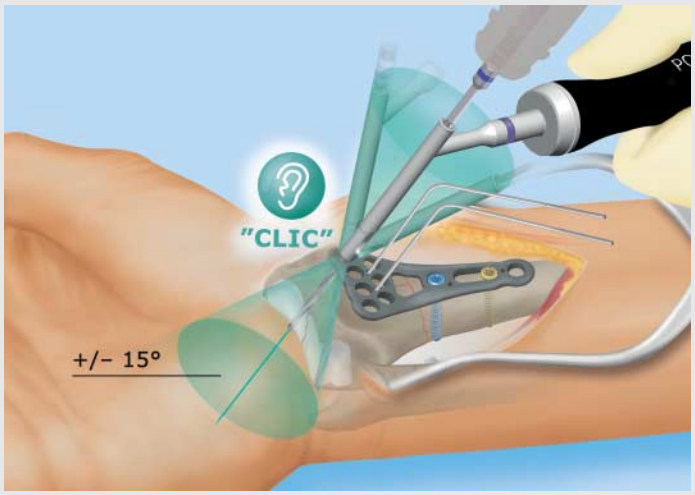


8. Fracture reduction

The tilted fracture is reduced under x-ray control. The bent hand is reduced by applying longitudinal traction combined with dorsal digital compression.

Note:
If required, the fracture reduction can be fixed with K-wires.

Screwdriver T8

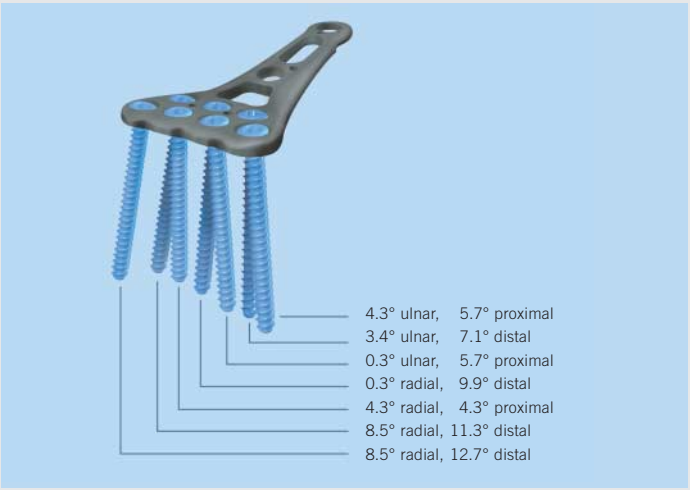


9a. Insertion of the distal screws

The first distal borehole is made using the polyaxial drill guide and the core hole drill (1 purple ring). The screw length is determined and a light blue locking screw is inserted.

Note:
The drill guide allows for a multidirectional angulation of +/– 15°, so that fixed-angle locking is always ensured.

If the drill guide is not used, the permissible locking angle might be exceeded, which could lead to a lasting impairment of the angle stability.



9b. Insertion of the distal screws

The monoaxial drill guide can be used as an alternative. This takes up the prepositioned angles in the plate.

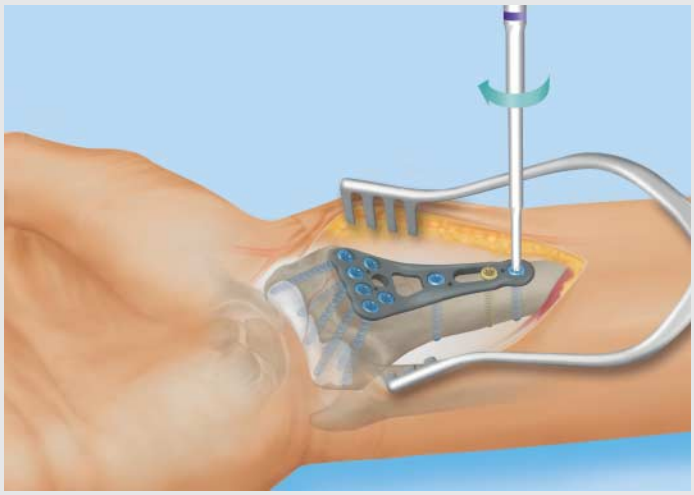
Note:
When treating a fracture with the P2 plate, the polyaxial drill guide shall always be used for positioning the distal screws.

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
polyaxial

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial



10. Insertion of additional screws

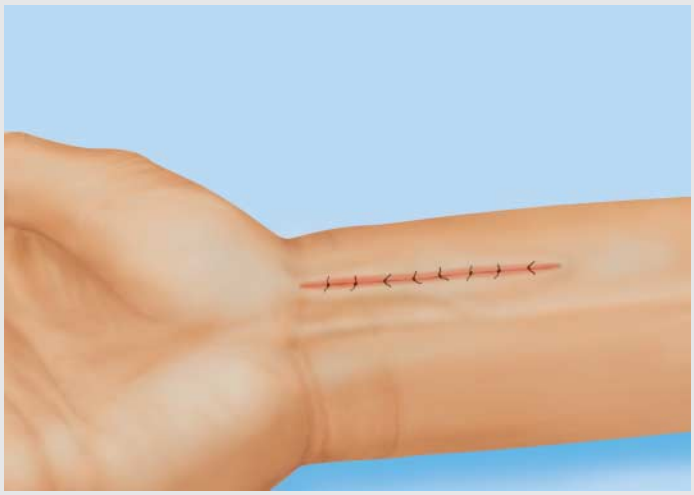
All additional screws are inserted. For this purpose, drilling and measuring is performed as usual. The screws are positioned in the direction of the dorsal edge of the radius. If possible, the radially positioned screw should be inserted into the radial styloid process.

The subchondral position of the screws is checked under x-ray control.

If required, spongiosa or bone substitute can be inserted through the plate window.

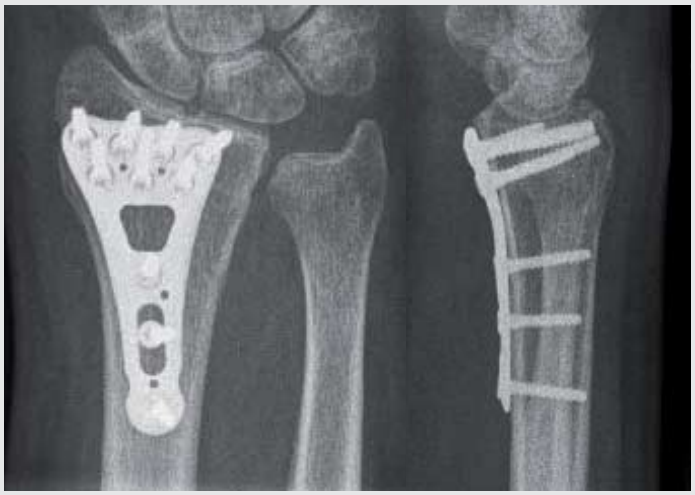
Note:
The screws in the first row should slightly be tilted proximally; by contrast, the screws in the second row should be tilted distally. The subchondral screw arrangement according to the array principle provides optimum support for both the central region and the dorsal edge of the radius.

Screwdriver T8



11. Wound closure

The wound is closed in layers.
Following the skin closure, a final x-ray image is taken.



Source: Dr. Meyer, Saarbrücken

12. Postoperative treatment

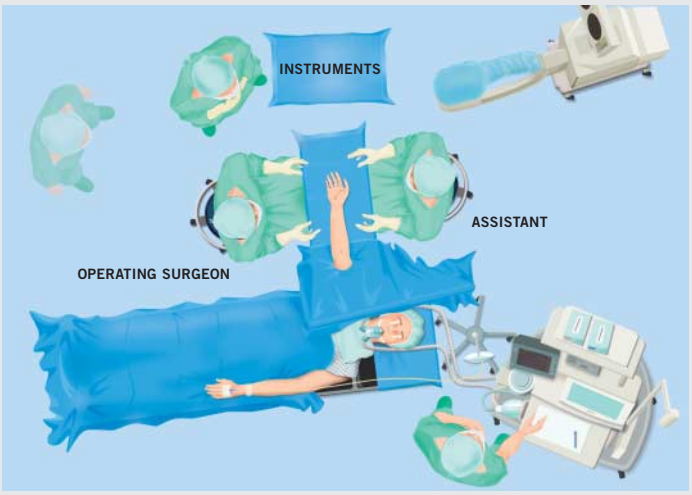
After completion of the surgery, a forearm splint is applied, which allows active finger movement.

Source: Prof. Liener, Stuttgart

Preoperative planning

In addition to taking standard x-rays in A/P and sagittal planes in neutral position of the wrist, a high-resolution computer tomography should be conducted for the further clarification of intra-articular fractures.

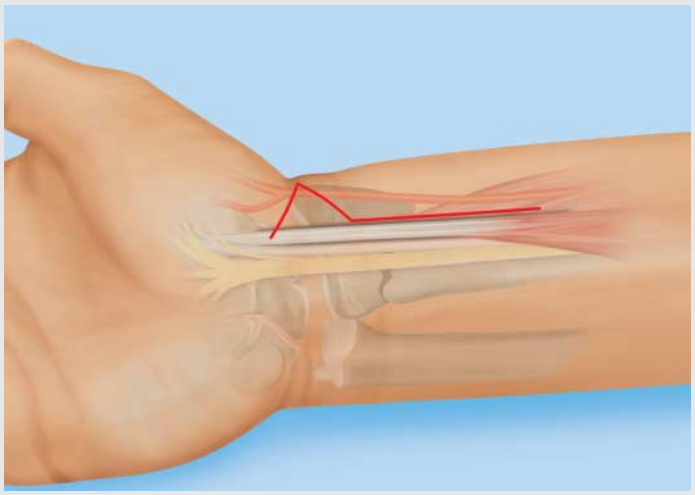
If a central impression of the distal end of the radius is suspected, a carpal arthroscopy can additionally be conducted to clarify concomitant injuries and assess the reduction.



Patient positioning

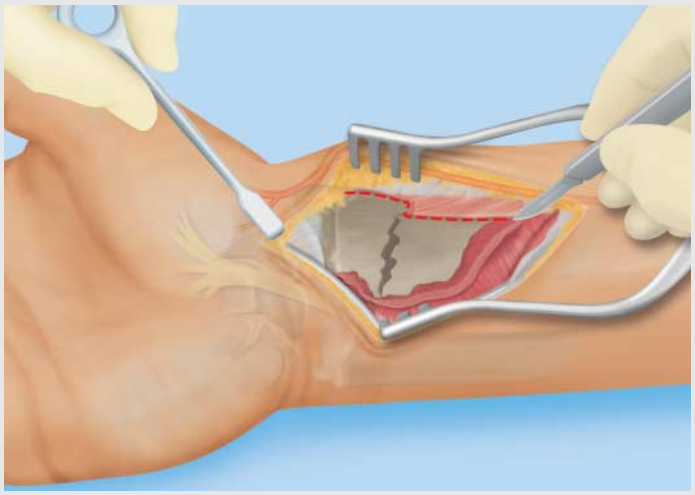
The patient is placed on the back. The hand that requires surgery is extended on the operating table in full supination of the forearm and under tourniquet control.

A cloth roll can be placed underneath the wrist as a reduction aid.



1. Palmar approach

A skin incision of 6-10 cm length is made on the distal forearm three centimeters proximal to the wrist. The incision is extended distally at acute angle to the rascetta. The flexor carpi radialis tendon (FCR) is exposed.

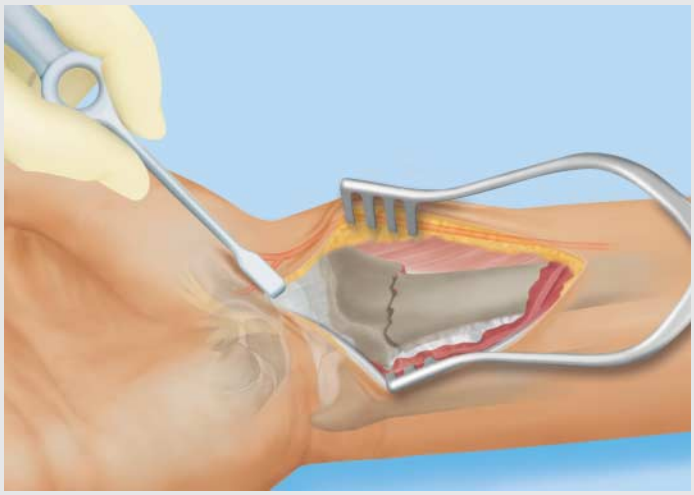


2. Exposure of the radius

To obtain access to the pronator quadratus, the approach extends between the FCR and the radial artery.

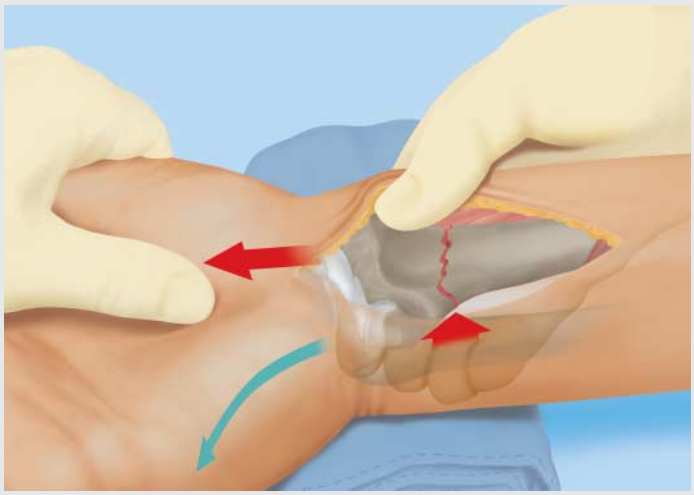
The pronator quadratus is detached from the lateral edge of the radius to elevate an ulnar-based flap.

Note:
If a post-traumatic sensitivity disorder in the median nerve distribution area or a latent carpal tunnel syndrome is detected, the incision is extended distally and the carpal tunnel is opened.



3. Exposure of the fracture

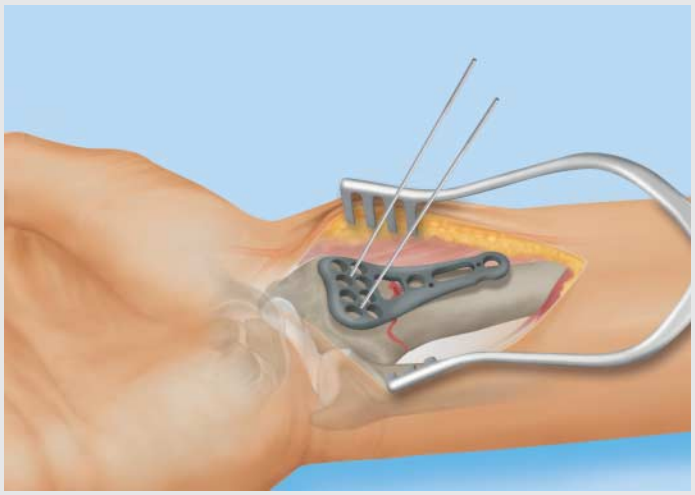
The fragments and the fracture gap are exposed.

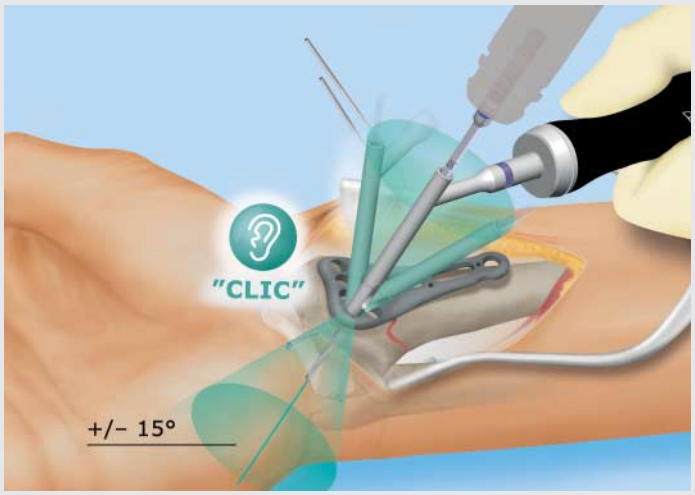


4. Fracture reduction

The tilted fracture is reduced under x-ray control. The bent hand is reduced by applying longitudinal traction combined with dorsal digital compression.

Note:
If required, the fracture reduction can be fixed with K-wires.





5. Insertion of the plate

The implant is selected according to the fracture pattern and the patient's anatomy.

The plate is placed centrally above the longitudinal axis in the direction of the distal edge of the radius.

The plate can be temporarily fixed with Ø 1,2 mm K-wires. The K-wires can be positioned in such a way that the position of the plate to the distal radioulnar joint (DRUJ) as well as to the radiocarpal joint can be checked simultaneously.

The positioning of the plate will be controlled by image converter.

6. Insertion of the distal screws

The first borehole is made into the ulnar plate hole using the polyaxial drill guide and the core hole drill (1 purple ring).

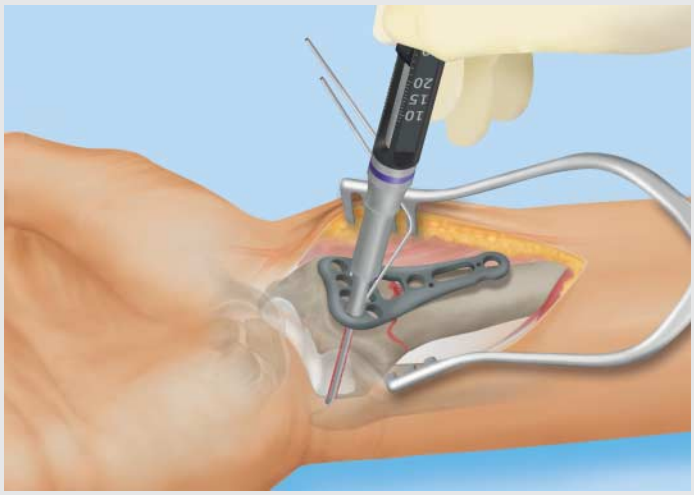
Note:
The drill guide allows for a multidirectional angulation of +/– 15°, so that fixed-angle locking is always ensured.

If the drill guide is not used, the permissible locking angle might be exceeded, which could lead to a lasting impairment of the angle stability.

K-wire
Ø 1.2 mm

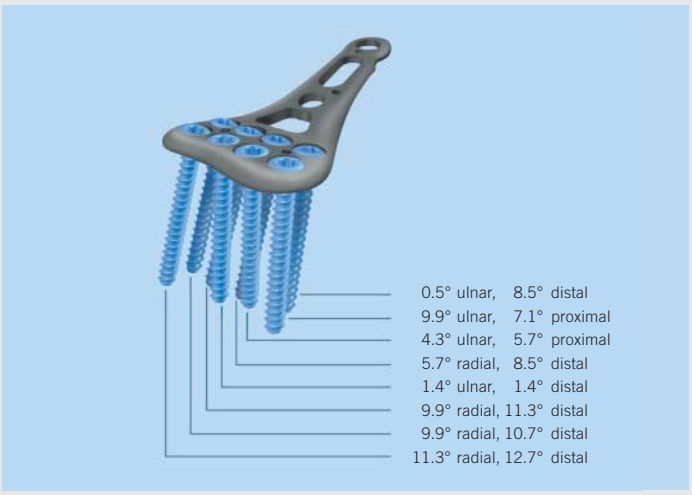
Core hole drill
AO fitting Ø 2.0 mm

Drill guide
polyaxial



7. Determination of the screw length

The correct screw length is determined using the depth gauge.



8. Insertion of the distal screws

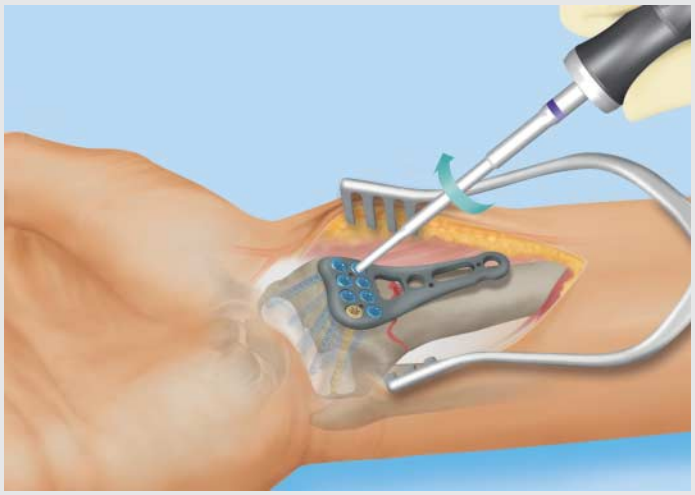
The monoaxial drill guide can be used as an alternative. This takes up the prepositioned angles in the plate.

Depth gauge
AO principle

Depth gauge
Single-hand principle

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial



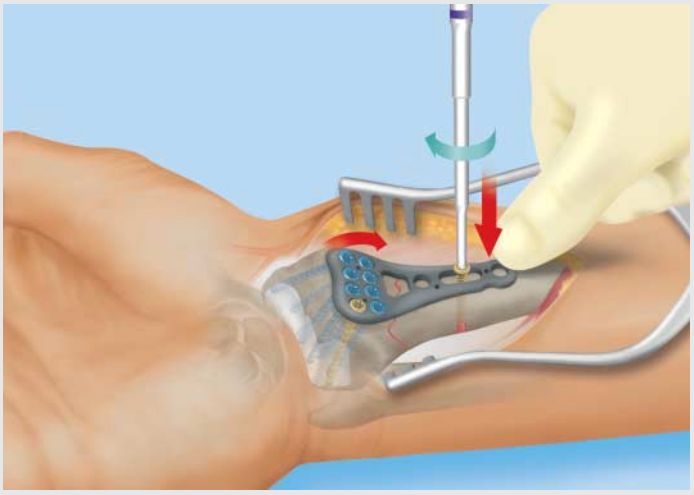
9. Insertion of the screws

The plate is fixed with a golden standard screw.

All additional screws are inserted at a fixed angle. For this purpose, drilling and measuring is performed as usual. The screws are positioned in the direction of the dorsal edge of the radius. If possible, the radially positioned screw should be inserted into the radial styloid process.

The subchondral position of the screws is checked under x-ray control. The K-wires can subsequently be removed.

Note:
The screws in the first row should be slightly tilted proximally; by contrast, the screws in the rear rows should be tilted distally. The subchondral screw arrangement according to the array principle provides optimum support for both the central region and the dorsal edge of the radius.



10. Insertion of the first shaft screw

The distal fragment is brought into the final position by pressing the proximal end of the plate in place.

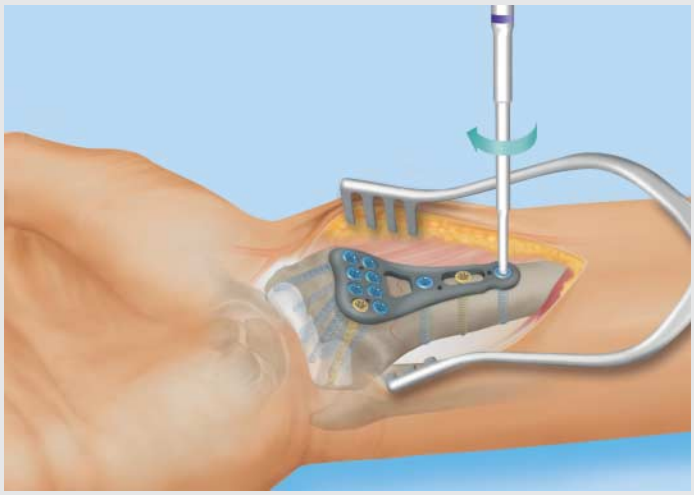
The plate is fixed in the slotted hole with a standard screw. This allows for making fine adjustments to the distal fragment, if necessary.

Screwdriver T8

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial

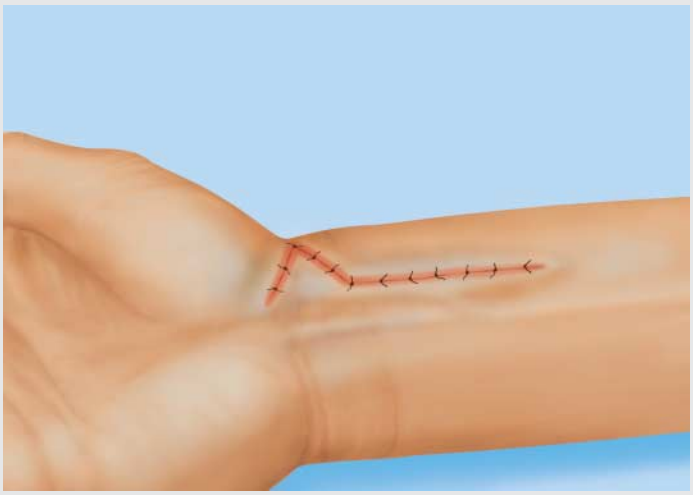
Screwdriver T8



11. Insertion of the remaining shaft screws

The remaining locking shaft screws are inserted. For this purpose, drilling and measuring is performed as usual.

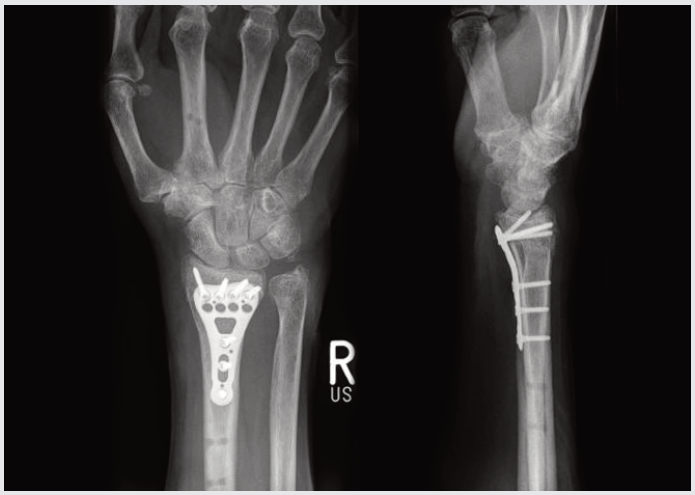
If required, spongiosa or bone substitute can be inserted through the plate window.



12. Wound closure

The wound is closed in layers.
Following the skin closure, a final x-ray is taken.

Screwdriver T8



Source: Prof. Liener, Stuttgart

13. Postoperative treatment

After completion of the surgery, a forearm splint is applied, which allows active finger movement.

Implants IXOS®
Palmar Radius Plates

P2

Length 43 mm
Width 23 mm

1/1

26-912-10-09 right
26-912-11-09 left

= 2.0 mm

Length 52 mm
Width 27 mm

1/1

26-912-12-09 right
26-912-13-09 left

= 2.0 mm

Length 71 mm
Width 24.5 mm

1/1

26-912-14-09 right
26-912-15-09 left

= 2.0 mm

STERILE

IXOS® P4

4.3° ulnar, 5.7° proximal
3.4° ulnar, 7.1° distal
0.3° ulnar, 5.7° proximal
0.3° radial, 9.9° distal
4.3° radial, 4.3° proximal
8.5° radial, 11.3° distal
8.5° radial, 12.7° distal

Explanation of icons

Titanium, Dotize®
Packing unit
Multidirectional locking
Plate profile
STERILE Implants in sterile packaging

P4

Length 43 mm
Width 23 mm

1/1

26-914-10-09 right
26-914-11-09 left

= 2.0 mm

Length 95 mm
Width 23 mm

1/1

26-914-14-09 right
26-914-15-09 left

= 2.2 mm

STERILE

Drill guide block for

P4 plates with a width of 23 mm

1/1

26-950-50-07 right
26-950-51-07 left

Length 52 mm
Width 27 mm

1/1

26-914-12-09 right
26-914-13-09 left

= 2.0 mm

Drill guide block for

P4 plates with a width of 27 mm

1/1

26-950-52-07 right
26-950-53-07 left

Implants IXOS®
Dorsal and Dorsolateral Radius Plates as well as Ulnar Plate

P4 Wave

Length 43 mm
Width 23 mm

1/1

26-914-20-09 right
26-914-21-09 left

= 2.0 mm

Length 52 mm
Width 23 mm

1/1

26-914-22-09 right
26-914-23-09 left

= 2.0 mm

Length 70 mm
Width 23 mm

1/1

26-914-26-09 right
26-914-27-09 left

= 2.2 mm

STERILE

Length 95 mm
Width 23 mm

1/1

26-914-24-09 right
26-914-25-09 left

= 2.2 mm

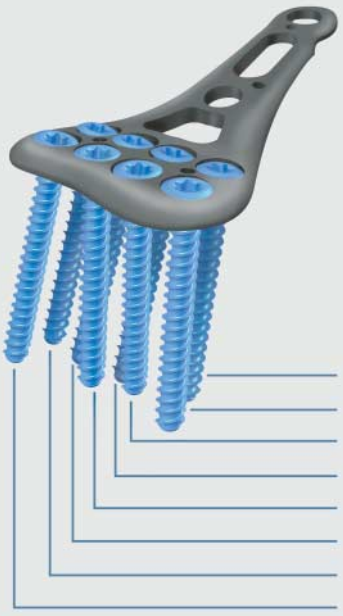
STERILE

Drill guide block for

P4 Wave plates with a width of 23 mm

1/1

26-950-54-07 right
26-950-55-07 left



IXOS® P4 Wave

0.5° ulnar, 8.5° distal
9.9° ulnar, 7.1° proximal
4.3° ulnar, 5.7° proximal
5.7° radial, 8.5° distal
1.4° ulnar, 1.4° distal
9.9° radial, 11.3° distal
9.9° radial, 10.7° distal
11.3° radial, 12.7° distal

Explanation of icons

Titanium, Dotize®
Packing unit
Multidirectional locking
Plate profile
STERILE Implants in sterile packaging

D4

Length 60 mm
Width 32 mm

1/1

26-914-30-09 right
26-914-31-09 left

= 1.7 mm

Length 60 mm
Width 30 mm

1/1

26-914-33-09 right
26-914-34-09 left

= 1.7 mm

DL4

Straight plate

Length 52 mm
Width 7.5 mm

1/1

26-914-40-09

= 1.7 mm

L plate

Length 43 mm
Width 15 mm

1/1

26-914-42-09 right
26-914-43-09 left

= 1.7 mm

PU4

Ulnar plate

Length 53 mm
Width 16 mm

1/1

26-914-41-09

= 1.7 mm

STERILE

Implants IXOS®
Screws and Pins

Screws

Multidirectional locking screw

Ø 2.5 mm

Ti

1 unit(s)

1/1

Length	Art. no.
8 mm	26-905-08-09
9 mm	26-905-09-09
10 mm	26-905-10-09
11 mm	26-905-11-09
12 mm	26-905-12-09
13 mm	26-905-13-09
14 mm	26-905-14-09
15 mm	26-905-15-09
16 mm	26-905-16-09
17 mm	26-905-17-09
18 mm	26-905-18-09
19 mm	26-905-19-09
20 mm	26-905-20-09
22 mm	26-905-22-09
24 mm	26-905-24-09
26 mm	26-905-26-09
28 mm	26-905-28-09
30 mm	26-905-30-09

Screws

Standard cortical screw

Ø 2.5 mm

Ti

1 unit(s)

1/1

Length	Art. no.
8 mm	26-906-08-09
9 mm	26-906-09-09
10 mm	26-906-10-09
11 mm	26-906-11-09
12 mm	26-906-12-09
13 mm	26-906-13-09
14 mm	26-906-14-09
15 mm	26-906-15-09
16 mm	26-906-16-09
17 mm	26-906-17-09
18 mm	26-906-18-09
19 mm	26-906-19-09
20 mm	26-906-20-09
22 mm	26-906-22-09
24 mm	26-906-24-09
26 mm	26-906-26-09
28 mm	26-906-28-09
30 mm	26-906-30-09

Explanation of icons

- Screw diameter 2.5 mm/ Pin diameter 2.0 mm
- Titanium, Dotize®
- T-Drive
- Packing unit

Pins

Multidirectional locking pin

Ø 2.0 mm

1/1

Length	Art. no.
14 mm	26-907-14-09
15 mm	26-907-15-09
16 mm	26-907-16-09
17 mm	26-907-17-09
18 mm	26-907-18-09
19 mm	26-907-19-09
20 mm	26-907-20-09
22 mm	26-907-22-09
24 mm	26-907-24-09
26 mm	26-907-26-09
28 mm	26-907-28-09
30 mm	26-907-30-09

Instruments
IXOS®

Standard instruments

½

26-950-01-07
Drill guide polyaxial
15 cm / 6"

St Sic 1 unit(s)

½

26-950-02-07
Drill guide monoaxial
15 cm / 6"

St Sic 1 unit(s)

½

26-950-20-07
Core hole drill
AO fitting
Ø 2.0 mm
11 cm / 4 ¼"

St 1 unit(s)

½

26-950-06-07
Depth gauge
Single hand principle
13 cm / 5"

St 1 unit(s)

Explanation of icons

- Screw diameter 2.5 mm
- St — Steel
- Sic — Silicone
- T-Drive
- 1 unit(s) — Packing unit

Standard instruments

½

26-950-18-07
Screwdriver T8
19 cm / 7 ½"

½

26-950-13-07
K-wire dispenser
Ø 1.2 mm
17.5 cm / 6 ¾"

½

22-627-12-05
K-wires
Ø 1.2 mm
12 cm / 4 ¾"

Instruments
IXOS®

Optional instruments

½

26-950-03-07
Drill guide
conventional
15 cm / 6"

½

26-950-04-09
Joystick
cannulated
Ø 2.0 mm
41.5 mm

½

26-950-21-07
Core hole drill
AO fitting
Ø 2.0 mm
11 cm / 4 ¼"

STERILE

½

26-950-25-07
Gliding hole drill
Ø 2.5 mm
11 cm / 4 ¼"

½

26-950-26-07
Gliding hole drill
Ø 2.5 mm
11 cm / 4 ¼"

STERILE

Explanation of icons

- Screw diameter 2.5 mm
- St — Steel
- Sic — Silicone
- T-Drive
- 1 unit(s) — Packing unit
- STERILE — Instrument in sterile packaging

Optional instruments

½

26-950-05-07
Depth gauge
AO principle
13 cm / 5"

St 1 unit(s)

½

26-950-19-07
Screwdriver T8
rotary
19 cm / 7 ½"

St Sic 1 unit(s)

½

26-950-16-07
Screwdriver blade
T8/AO
10 cm / 4"

St 1 unit(s)

½ 1/1

26-950-37-07
Bending pliers
17.5 cm / 6 ¾"

St 1 unit(s)

Storage System IXOS®

The IXOS® storage system consists of various modules.

All instruments that are absolutely imperative for a surgery are stored separately in the instrument tray.

Optional instruments such as gliding hole drills or bending pliers for the dorsal plates can also be stored separately in the storage cage. Furthermore, there is additional free storage space that can be used individually.

Depending on the version, the circular screw rack can accommodate 180 (single-sided) or 360 screws (double-sided), 5 pieces of each type and length. The double-sided screw rack additionally provides the opportunity to store locking pins. The circular screw rack can be stocked individually.

In addition to the standard inventory of instruments, the **IXOS® storage set no. 26-900-10-04** includes a selection of implants that are specifically tailored to the treatment of palmar radius fractures.

Storage system	
55-910-33-04	Storage set consisting of:
	lid, instrument insert, storage cage, circular rack for plates, single-sided circular screw rack

55-910-34-04	Storage set consisting of:
	lid, instrument insert, storage cage, circular rack for plates, double-sided circular screw rack

55-910-59-04
Lid

1 unit(s)

55-910-38-04
Instrument tray
for storage

1 unit(s)

55-910-36-04
Storage cage

1 unit(s)

55-910-35-04
Circular rack
for plates

1 unit(s)

55-910-39-04
smartDrive® Ø 2.5 mm
circular screw rack
for screws, single-sided

1 unit(s)

55-910-37-04
smartDrive® Ø 2.5 mm
circular screw rack
for screws, double-sided

1 unit(s)

IXOS® *Radius Plating System* – simply clever!

IXOS® clearly impressed the jury

IXOS® symbolizes our new generation of hand and trauma surgery products and the new corporate design of this product line. This particularly applies to the newly designed instruments and the new storage concept. Therefore, we are absolutely delighted that IXOS® has won the **IF design award**.

The meaning of the term “design” is frequently but incorrectly reduced to the appearance of a product. In fact, the term has a much wider scope, including functional as well as aesthetic properties. Thus, “design” highlights features that give users exactly the added value they are looking for.

BOS Driver
Battery operated screwdriver

Angulus
Right angled screwdriver

IXOS®
Radius plating system

Limax®
Diode-pumped Nd:YAG laser

2005 2011 2012

Surgical Innovation is our passion.

Among experts, the **IF design award** is considered the top international competition.

We have won the product design award now the fourth time with in the category medicine / health + care, but the first time with an implant system.

Altogether 1605 firms from more than 48 countries participated in the competition for this highly regarded award with 4322 products. The fact that this year only just about 30% of all applications were considered prize-worthy shows the rigor the 44-member jury applied to its decisions.

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