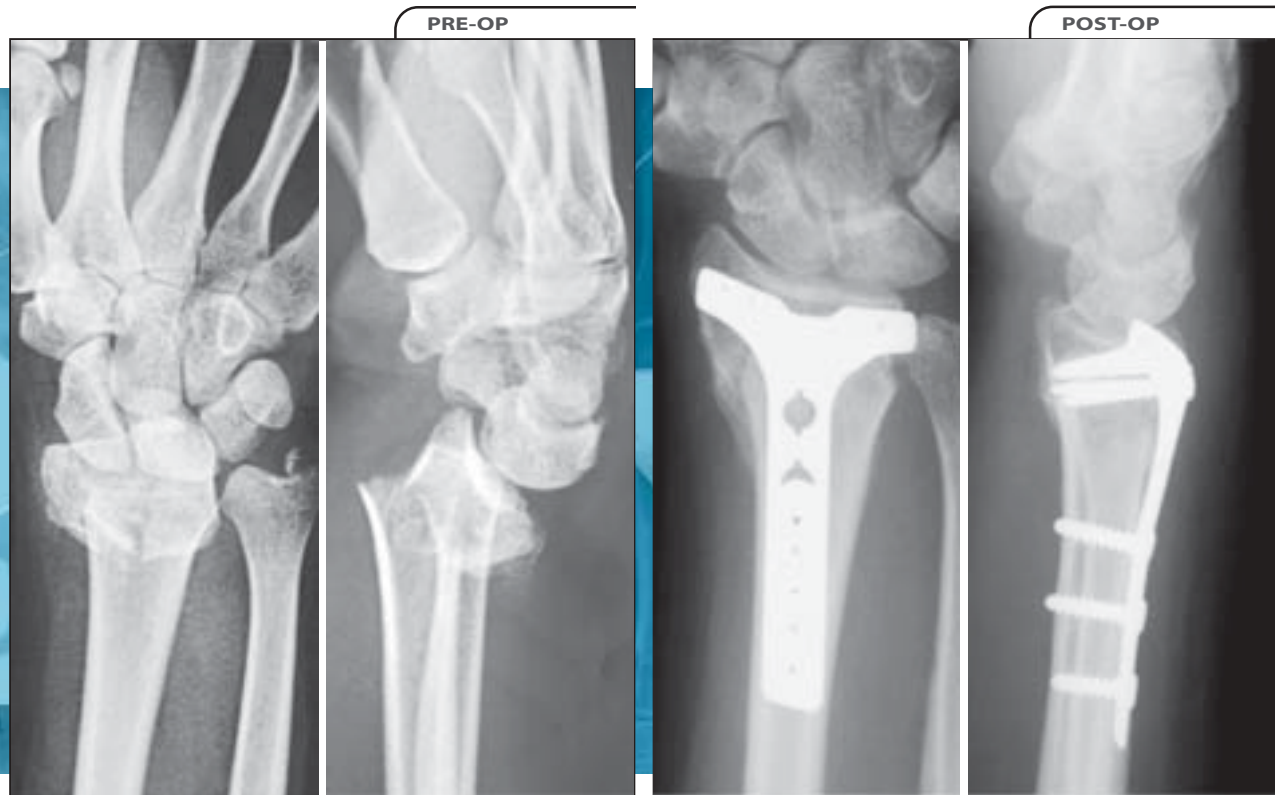


## LOCON-T® Distal Radius Plating System Trauma Injury In 47-Year-Old Female

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### INTRODUCTION

The LOCON-T® Distal Radius Plating System was designed to provide solid fixation allowing for earlier rehabilitation using a low profile design to minimize extensor tendon irritation.

The unique design of the system allows for flush seating of the screw heads within the plate minimizing potential tendon attrition.

### PATIENT PROFILE

A 47-year-old right-handed female presented after falling on to her dominant hand. She sustained a comminuted extra-articular distal radius fracture and underwent several unsuccessful attempts at closed reduction and splinting. One week following the injury, she underwent open reduction and internal fixation of the fracture with the LOCON-T® Distal Radius Plating System.

### SURGICAL METHOD

The patient was admitted the same day as her procedure and was given routine axillary block anesthesia. A standard arm tourniquet was applied and the limb was prepped and draped and placed on a hand table. A standard dorsal approach was

used beginning with a longitudinal incision over Lister's tubercle. The third dorsal compartment was entered and the EPL tendon retracted using a penrose drain. The terminal branch of the posterior interosseous nerve was routinely resected.

The periosteum of the distal radius was then carefully stripped and the fracture site was cleaned of hematoma and callous. The appropriate plate was then chosen based on the patient's size and anatomy and contoured appropriately. The radial portion of the plate generally requires minor contouring to maintain contact with the bone on this side.

The fracture was reduced and the plate placed on the dorsal surface. The reduction was checked using fluoroscopy. The slotted hole was drilled, measured and the appropriate screw placed. This allows for minor change in proximo-distal placement of the plate.

The remaining screws were placed in similar fashion using 3.5 screws for the proximal holes and 2.7 for the distal holes. After confirmation of the reduction and hardware using fluoroscopy, the extensor retinaculum was closed over the hardware. The EPL may be closed within the retinaculum or above this layer. The tourniquet was released and hemostasis was achieved. The skin was approximated with vicryl and closed with a running 4-0 monocryl subcuticular stitch. A volar splint was applied in the operating room.

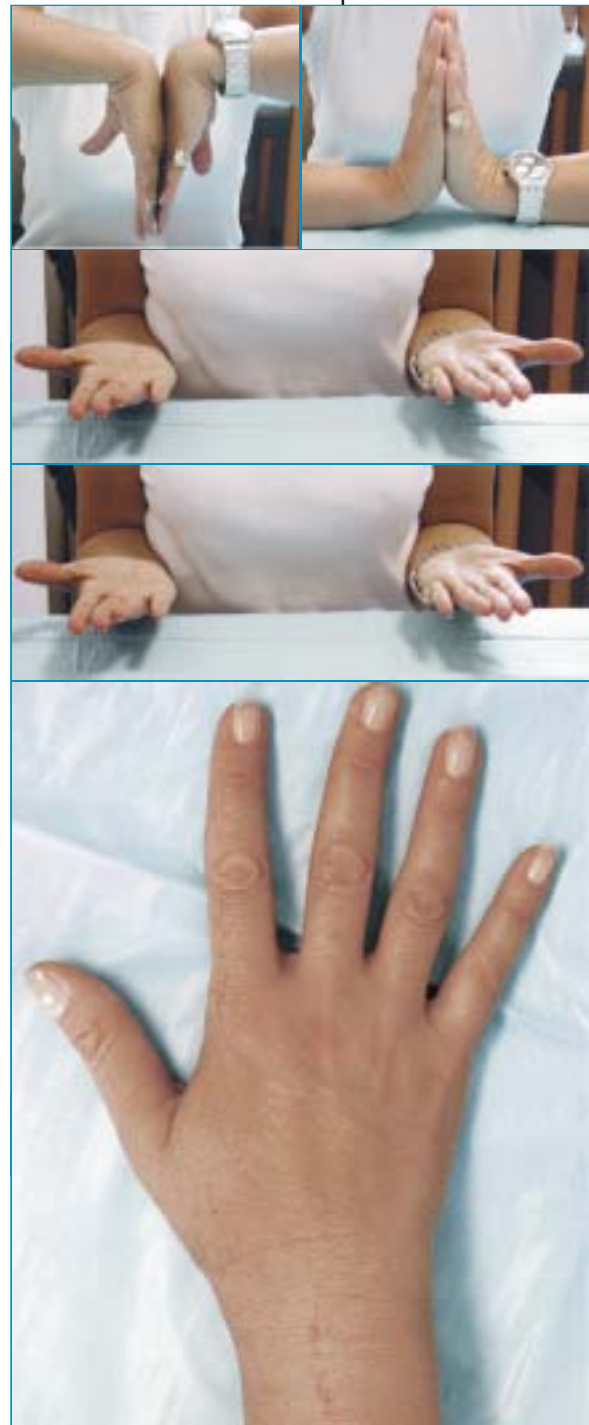
### POST-OPERATIVE COURSE

The patient was admitted overnight for intravenous narcotic analgesia and discharged the following day. She was seen 14 days postoperatively at which time the splint was removed and the wound examined. The patient was placed in a removable splint and gentle, nonresisted range of motion under the direction of a hand therapist was initiated.

Six weeks following the procedure, the patient was removed from her splint and began strengthening exercises.

At two months, the patient regained near full range of motion as shown to the right.

POST-OP



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