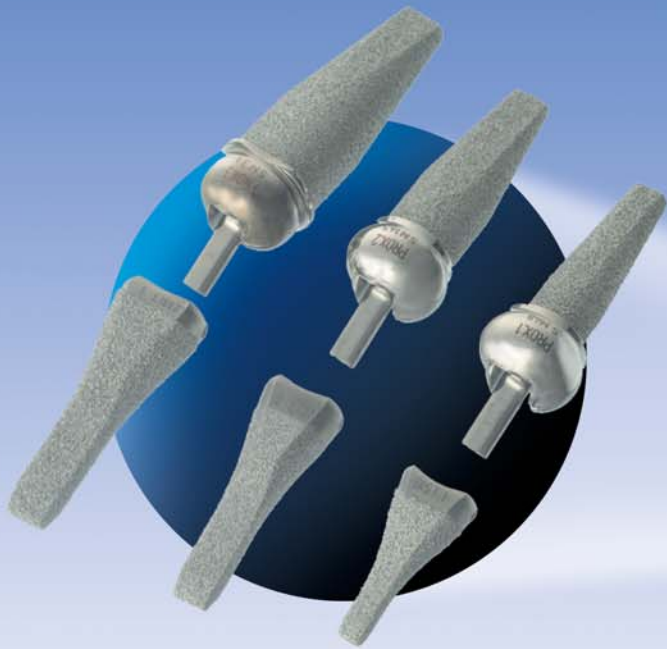


Unique Semi - Constrained MCP Joints Prosthesis

Ariadna MCP

Metacarpophalangeal Joint Prosthesis

Designed in conjunction with Dr. P.J. Regnard - Dijon, France



Designed Specifically for Small Bone & Joint Surgeons
The Ariadna Implant Offers Patients:

- Pain Relief
- Near Full Range of Motion Recovery

ARIADNA MCP
FINGER IMPLANT

The Ariadna MCP is indicated for Osteoarthritis,
Rheumatoid Arthritis and Post-Traumatic Arthritis

FEATURES & BENEFITS

- **Modular Design**
 - Different sizes allows the Ariadna MCP to address a wide range of patient needs
- **Stainless Steel**
 - The Ariadna MCP benefits of the strength of the stainless steel
- **Kolsterisation**
 - Kolsterisation increases friction and wear resistance

INDICATIONS

- **Osteoarthritis**
 - If only one MCP joint is involved
- **Rheumatoid Arthritis**
 - The MCP joint is always involved
- **Post-Traumatic Arthritis**
 - If the MCP joint is destroyed



SURGICAL TECHNIQUE

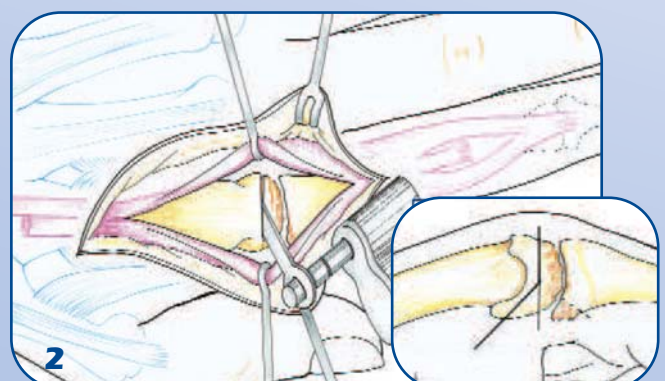
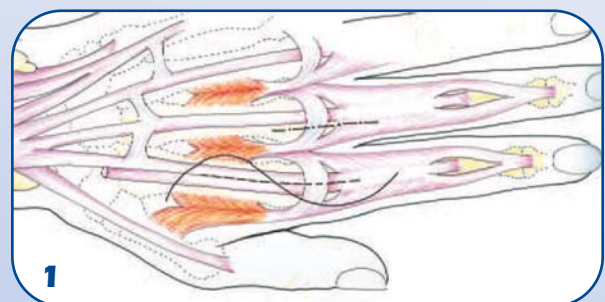
1. Longitudinal or sinuzoid dorsal skin incision for one single implant.

Transverse incision performed by some surgeons where insertion of several implants is considered.

Dissection is carried along the ulnar margin of the extensor tendon. For the index and ring finger, it can be carried between the two extensor tendons, closure should be performed under heavy tension.

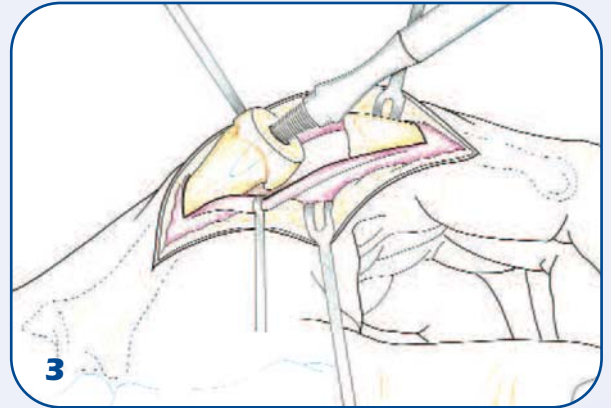
The proximal glide plane of the extensor tendon over the metacarpal should be preserved.

2. Bone recut should only involve the metacarpal head; 7 mm removed. The amount of resection is determined with a special instrument. The cut is perpendicular to the long axis of the metacarpal; a second cut may be necessary to remove the palmar portion of the condyle.



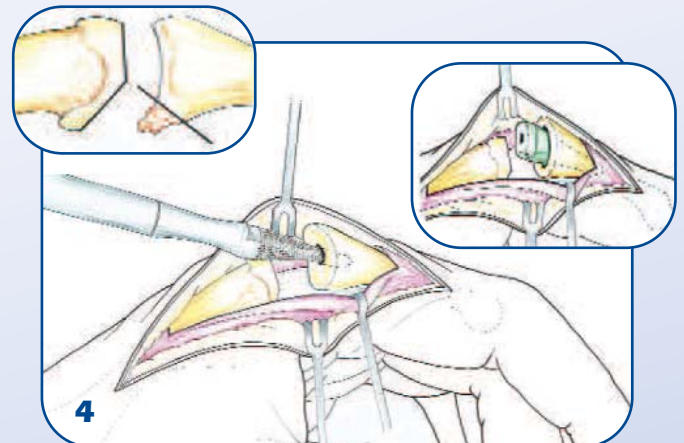
SURGICAL TECHNIQUE

3. The metacarpal shaft is prepared using rasps. The rasps should be fully seated because tolerance is very low in these small bones.

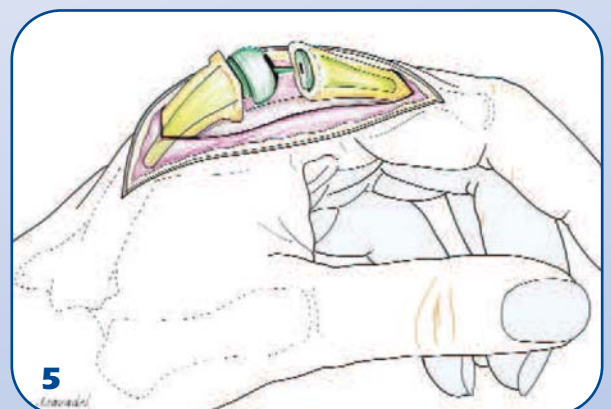


4. The proximal phalanx is prepared using rasps, after the subchondral bone of the base of the phalanx has been removed with a special chisel.

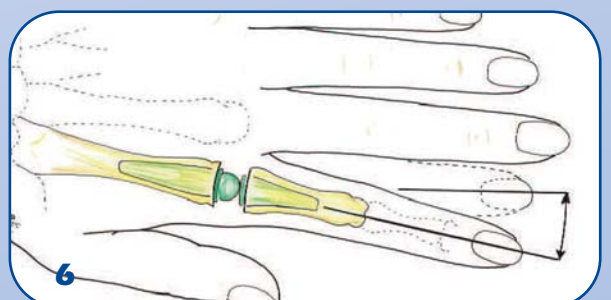
The base of the phalanx may be recut obliquely to avoid impingement of the phalanx upon metacarpal during deep flexion. At last, trialing is performed and the distal component is inserted.



5. Then, the proximal component is inserted, and reduction is performed with the metacarpophalangeal joint in deep flexion.



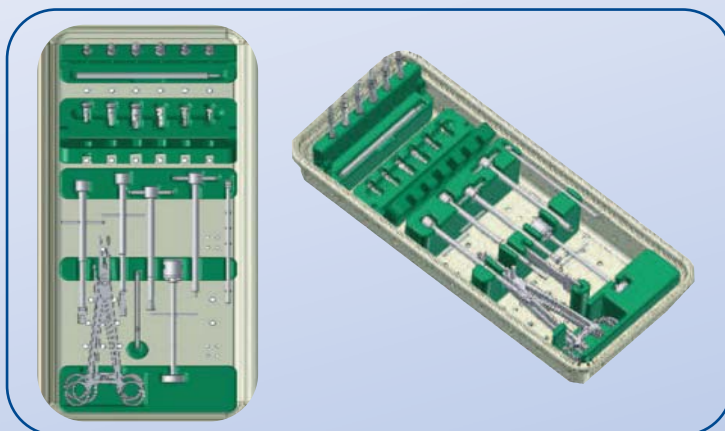
6. Stability is assessed and lateral motion checked. The joint is closed, and the extensor mechanism is repaired or just repositioned in a patient with rheumatoid arthritis. Then, the proximal component is inserted, and reduction is performed with the metacarpophalangeal joint in deep flexion.



INSTRUMENTS

Description	Reference
Proximal Impactor	Part no. : 650.606
Distal impactor	Part no. : 650.605
Broach impactor without weight	Part no. : 650.504
Proximal component extractor	Part no. : 650.550
Distal component distractor.	Part no. : 650.551
Implant holder	Part no. : 650.552
Wrench 18	Part no. : 650.556
Distal rasp T1	Part no. : 650.600
Distal rasp T2	Part no. : 650.601
Distal rasp T3	Part no. : 650.523
Proximal rasp T1	Part no. : 650.602
Proximal rasp T2	Part no. : 650.603
Proximal rasp T3	Part no. : 650.604
Distal trial T1	Part no. : 650.611
Distal trial T2	Part no. : 650.612
Distal trial T3	Part no. : 650.613
Proximal trial T1	Part no. : 650.614
Proximal trial T2	Part no. : 650.615
Proximal trial T3	Part no. : 650.616
7,5 mm resection gauge	Part no. : 650.617
7 mm osteotome	Part no. : 650.553
9 mm osteotome	Part no. : 650.618

ARIADNA instrument case, complete 650.621



IMPLANTS

Proximal Component

Size 1	Part no. : 506.005
Size 2	Part no. : 506.006
Size 3	Part no. : 506.007

Distal Component

Size 1	Part no. : 506.002
Size 2	Part no. : 506.003
Size 3	Part no. : 506.004



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