

RingFIX™ RAD Post-Op Protocol*

- Patients should plan on a 2-day hospital stay; the day after surgery plus 1 additional day.

Pin Site Care

- The Pin Sites are defined as the area where a half-pin bone screw or wire percutaneously passes through the skin. Pin site care starts 2 days post surgery and continues daily for the entire 10-12 weeks the frame is worn.

Antibiotics

- Prophylactic IV antibiotics are given for 24 hours while in the hospital.
- 10 days of oral antibiotics are to be taken upon discharge.
- Superficial pin tract infections may occur and are easily treated with an additional 10 day course of oral antibiotics.

Daily Pin Care Routine

- Shower daily (bandages removed!) - wash the leg and skin around pins, wires, and frame with antibacterial soap.
- Post Shower: Clean each pin/wire site with a ½ hydrogen peroxide ½ saline solution.
 - Cotton swabs work well to remove any “crust” around pins, but it is important to use a new cotton swab for each pin site to avoid the potential of transferring infection from pin site to pin site.
- Cover pin clusters with cling gauze wrap.

Rehabilitation

- **Day 1**
 - Weight bear as tolerated with therapist (assisted device, cane, or crutch can be used if required).
 - Therapist provides both active and passive range of motion (ROM)
- **Post Discharge**
 - Continue to work with therapist – weight bear as tolerated.
 - Daily: continue ROM exercises (unlock frame four times daily).

NOTE: When utilizing the RAD frame to correct for an ankle contracture, begin ROM only after contracture has been corrected.

First Post-Op Visit (2 weeks)

- Take a weight bearing X-ray to verify adequate distraction (the goal is to maintain 5-6mm distraction).
- Add additional distraction during this office/clinic visit, if necessary.

* Protocol used by Dr. Rozbruch and Dr. Fragomen from the Institute for Limb Lengthening and Reconstruction, Hospital for Special Surgery-NY.

Set Realistic Patient Expectations

Experience from the Literature

- Results improve over time: 1 year+

“It is however, now known that beneficial effects are sometimes not achieved before the end of the first year of treatment.”

Ploegmakers, van Roermund, van Melkebeek, Prolonged clinical benefit from joint distraction in the treatment of ankle osteoarthritis. *Osteoarthritis and Cartilage* (2005) 13,582-588.

- “During the first 6 months after fixator removal, those patients that were experiencing continued pain were encouraged to not despair as in most cases benefits from the procedure are not experienced for the first 6 months. After reaching 12 months, most were improved clinically and none were interested in arthrodesis.”

Tellisi, Fragomen, Kleinman, O'Malley, Rozbruch, Joint Preservation of the Osteoarthritic Ankle Using Distraction Arthroplasty. *Foot & Ankle International* Vol. 30, No. 4/April 2007

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MKT 20192 Rev. A 1/11