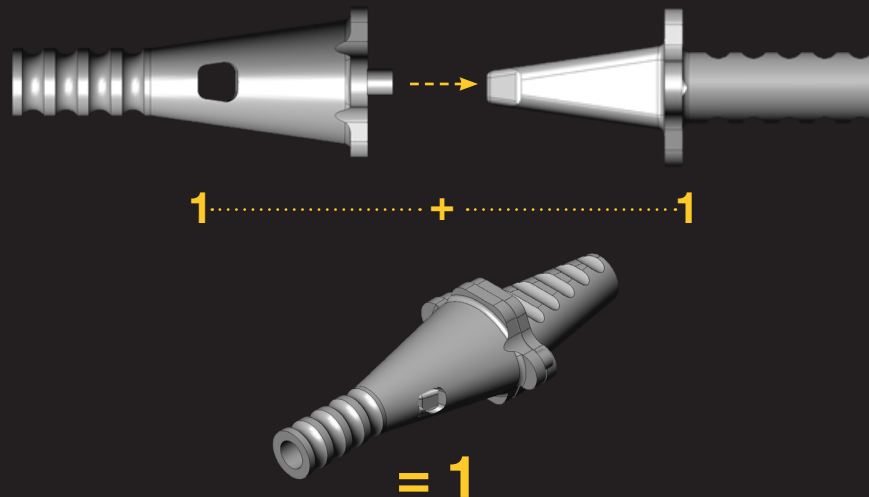
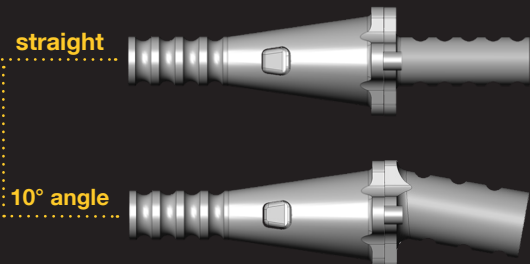


A two piece interphalangeal stabilization system used to correct a contracted toe.

### Key Advantages

- Available with a straight or 10° angle
- Cannulated for additional guide wire usage
- Easy site preparation
- Insert each piece into their appropriate bone, and click them together.



### Indications for use

The opti-*Toe*<sup>®</sup> device is indicated for reconstruction of the lesser toes following correction procedures for hammertoe, claw toe, and mallet toe.

The GraMedica<sup>®</sup> opti-*Toe*<sup>®</sup> components are to be cemented in place and assembled for reconstruction of the toe. Patients should protect weight-bearing or heal bearing until healing has occurred.

### Contra-indications

- Presence of documented infection.
- Pathologic conditions of bone such as severe osteopenia which would impair the ability to securely fix the device.
- Any situation not defined in "Indications for Use"

Warnings & Cautions and Further Information Available at:

[www.opti-Toe.com](http://www.opti-Toe.com)

### 1. Preparation — PIP Joint Exposure

- a| Once the surgical site has been anesthetized and prepped in the usual sterile manner make approximately a 2 cm dorsolateral incision centrally over the proximal interphalangeal joint (PIPJ).
- b| Perform a transverse capsulotomy with release of the collateral ligaments from the head of the proximal phalanx (typically performed using a #15 scalpel blade).
- c| Release the tendon to allow for joint exposure.

### 2. Bone Resection

- a| Resect the head of the proximal phalanx and base of the middle phalanx using, for example, a sagittal saw or Liston bone cutting forceps.
- b| Ensure the resected surfaces are parallel to each other and perpendicular to the central canal of the associated bone.

### 3. Bone Preparation

- a| Using a 2 mm sterile bone drill, drill centrally into the each flat surface into the base of the middle phalanx and into the head of the proximal phalanx, making sure the depth is deep enough to fit the portion of the implant.

### 4. Implant Insertion

- Must use commercially available cement to ensure implant stability
- Remove each component from the sterile packaging.

#### Proximal Phalanx Implant

- a| Prior to insertion of the stem, fill the predrilled hole with a commercially available bone cement.
- b| Next, insert the stem of the proximal phalanx component into the proximal phalanx until the flat surface is in contact with the resected head.

#### Middle Phalanx Implant

- c| Prior to insertion of the stem, fill the predrilled hole with a commercially available bone cement.
- d| Insert the tapered stem portion of the middle phalanx component into the base of the middle phalanx with the prongs extending into the PIPJ. The prong pair should be oriented in a horizontal fashion.

### 5. Alignment and Reduction

- a| Grasp and retract the toe thereby separating the proximal end of the middle phalanx component and the head, flat surface, of the proximal phalanx component.
- b| Contract/bend the toe to align the prongs of the middle phalanx component and insert the prongs into the proximal phalanx component.
- c| Apply a moderate pressure until the flat surfaces of each component come into direct contact. A successful engagement will be achieved when there is less than a 1 mm gap present.
- d| Ensure desired alignment and reduction prior to closing the tissues.
- e| Intra-operative imaging such as fluoroscopy or radiography may be used to confirm placement/correction.

**Optional Guidewire Instructions, Warnings & Cautions and Further Information Available at:**

[www.opti-Toe.com](http://www.opti-Toe.com)