Weil-Carver™ Hammertoe Implant

Surgical Protocol by Dr. Lowell Scott Weil, Sr. and Dr. Andrew Carver
Weil-Carver™
Hammertoe Implant

Indications
- The resorbable hammertoe implant is indicated for proximal interphalangeal joint arthrodesis in the presence of appropriate protection or immobilization.

Implant
- Partially threaded for maximum stability
- Partially barbed to reduce the potential for pistoning
- Completely internal to eliminate risk of pin tract infection
- Resorbable—no hardware removal required
- Patient-friendly—no external hardware
- Double-barbed also available

In addition to the Weil-Carver® Hammertoe Implant, Biomet Sports Medicine offers a wide variety of products for small bone and joint procedures.
Surgical Technique

Prepare Joint
Remove adequate portion of the bone and cartilage on both sides of the joint, preferably leaving some flare at surgical neck/head of proximal phalanx.

Drill Proximal Phalanx
2.5mm implant: Drill three-quarters of the length of the proximal phalanx, using a 5/64” (2.0mm) Steinmann pin.
2.0mm implant: three-quarters of the length of the proximal phalanx, using a .062” (1.5mm) K-wire. (Figure 1).

Tap Proximal Phalanx
Tap the length of the drilled hole using the appropriate tap.
2.5mm implant: 2.5mm ReUnite® tap (Figure 2). Ensure the tap does not toggle during insertion.
2.0mm implant: 2.0mm ReUnite® tap. Surgeon may elect NOT to tap if bone quality is poor.

Drill Intermediate Phalanx
2.5mm implant: Drill into the center the entire length of the intermediate phalanx using a 5/64” (2.0mm) Steinmann pin.
2.0 mm implant: Drill into the center the entire length of the intermediate phalanx using a .062” (1.5mm) K-wire (Figure 3).

This brochure is presented to demonstrate the surgical technique utilized by Dr. Lowell Scott Weil, Sr., of Des Plaines, Illinois and Dr. Andrew Carver, of Bethesda, Maryland. Biomet Sports Medicine, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any procedure is responsible for determining and utilizing the appropriate techniques for such procedure for each individual patient. Biomet Sports Medicine is not responsible for selection of the appropriate surgical technique to be utilized for an individual patient.
Insert Proximally
Mate the barbed end of the implant with the driver. Torque the threaded end of the implant into the tapped hole in the proximal phalanx (Figure 4).
*Note: Wet the implant with saline prior to insertion.*

Insert Distally
Distract and plantar flex the intermediate phalanx. Holding the implant at the distal end of the proximal phalanx with smooth pickups, press-fit the barbed portion of the implant into the drilled hole in the intermediate phalanx (Figure 5).
*Note: If distal phalanx is short, surgeon may need to trim the distal barb with a bone cutter.*

**Insertion of the Double-Barbed Implant**
Preparation: Prepare joint and drill in same manner as for threaded device.
Insertion: Press-fit into proximal phalanx, then insert into distal phalanx as described above. Remove pickups and then press-fit remainder into proximal phalanx.
CONTRAINDICATIONS
1. Active infection
2. Patients with mental or neurologic conditions who are unwilling or incapable of following postoperative care instructions
3. Patients conditions including, blood supply limitations, obesity, insufficient quantity or quality of bone stock or other infections
4. Do not use in load bearing procedures (excluding 5.0 screws and Hammer Toe Pins, see above indications).
5. Do not use LactoSorb® Bone Fixation for fractures and osteotomies of weight bearing cortical bone (except cortical bones of the foot and the hand):
6. Do not use LactoSorb® Bone Fixation for fractures and osteotomies in weight bearing cancellous bone.

WARNINGS
Biomet Sports Medicine® internal fixation devices aid the surgeon in the alignment and stabilization of skeletal fractures and provide a means of fracture management in reconstructive surgical applications. While these devices are generally successful in attaining these goals, they cannot be expected to replace normal healthy bone or withstand the stress of load bearing. These devices are resorbable and do not provide permanent fixation to the bone, and that the device can break, bend or be damaged as a result of stress, activity, load bearing, or weight bearing.

PREFERENCES
1. Active infection.
2. Patients with mental or neurologic conditions who are unwilling or incapable of following postoperative care instructions.
3. Patients conditions including, blood supply limitations, obesity, insufficient quantity or quality of bone stock or other infections.
4. Do not use in load bearing procedures (excluding 5.0 screws and Hammer Toe Pins, see above indications).
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## Ordering Information

<table>
<thead>
<tr>
<th>Hammertoe Implant, Threaded</th>
<th>Steinmann Pin/K-wire</th>
<th>Tap</th>
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<tbody>
<tr>
<td>948050 2.5 x 22mm</td>
<td>950092 .062&quot; (1.5mm) Sterile</td>
<td>950101 2.0mm Sterile Tap</td>
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<td>948052 2.0 x 16mm</td>
<td>950093 %4&quot; (2.0mm) Sterile</td>
<td>950102 2.5mm Sterile Tap</td>
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<td>Hammertoe Implant, Non-Threaded</td>
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<td>950053 2.0mm Non-Sterile Tap</td>
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<tr>
<td>948051 2.3 x 22mm</td>
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<td>950054 2.5mm Non-Sterile Tap</td>
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**Modular Handle**

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