Orthopedic Hardware

The nuts and bolts!

Manickam "Nicks" Kumaravel MD Sports Orthopedics and Emergency Imaging



No financial disclosures

WHO IS THIS LECTURE DESIGNED FOR?

- If your entire report reads :
 - "orthopedic hardware present in satisfactory alignment"
 - "post operative appearances as expected"
- If you tend to hit the "next study" button, when you see imaging of hardware
- If your plate & screw interpretations only include –
 "Dynamic compression & lag screws"

..... Then it will be useful!

OBJECTIVES

- Identification of hardware
 - Screws / plates & "modern & improved" hardware
 - Basics of joint replacement
- Functionality of orthopedic hardware
- Complications of orthopedic hardware

OUTLINE

- Screws
- Plates
 - Traditional
 - New and improved plates
- "Invisible" hardware
- Joint replacement
- Complications
- Spine hardware
 - Principles / Imaging / complications
- Summary

Cortical

• Fully threaded

Fully threaded self tapping



Partially threaded shaft screw



Threaded head screw



Cancellous



Partial threaded cancellous



Cannulated





Headless



Bioabsorable

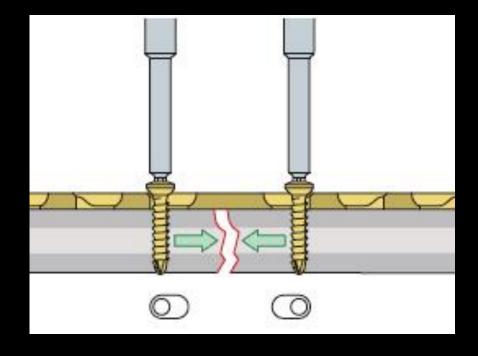


PLATES

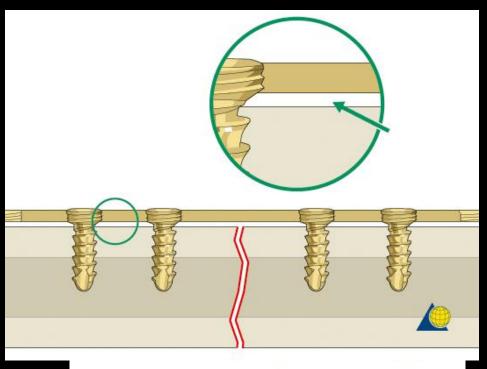
PLATES – DYNAMIC COMPRESSION



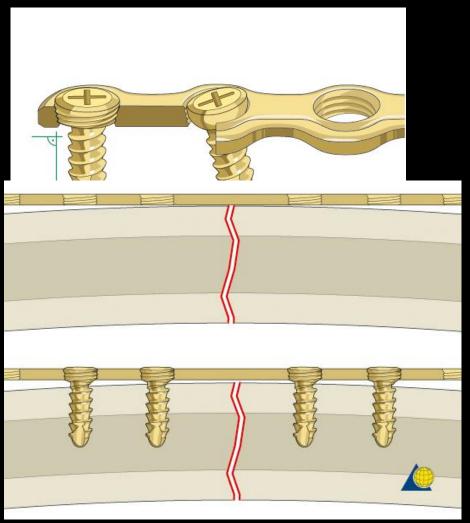
- Oval beveled holes
- Flush fit on periosteum



LOCKING PLATES – PRINCIPLES









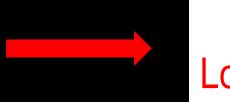
COMBI LOCKING PLATES



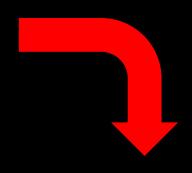
- LCP Locking Compression Plate
- Has both "oval" and "locking" holes
- Advantage of using both traditional screws and locking screws
- Juxta-articular placement
- Osteoporotic bone
- Percutaneous techniques

TIMELINE

1970's DCP plates -AO



1990's Locking plates



2020's

Contoured / Reconstruction plates
Steerable fixation

2010's Variable angle locking plates

3D printed plates

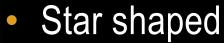
INTERNAL FIXATOR ELBOW



VARIABLE ANGLE LOCKING PLATES





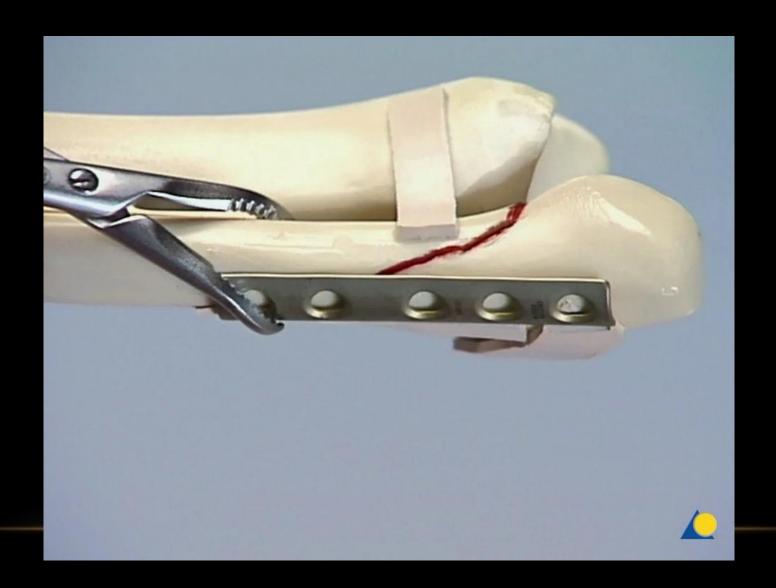


- Combine variable angle with locking
- Creates fixed angle fixation





LETS' PUT IT TOGETHER....



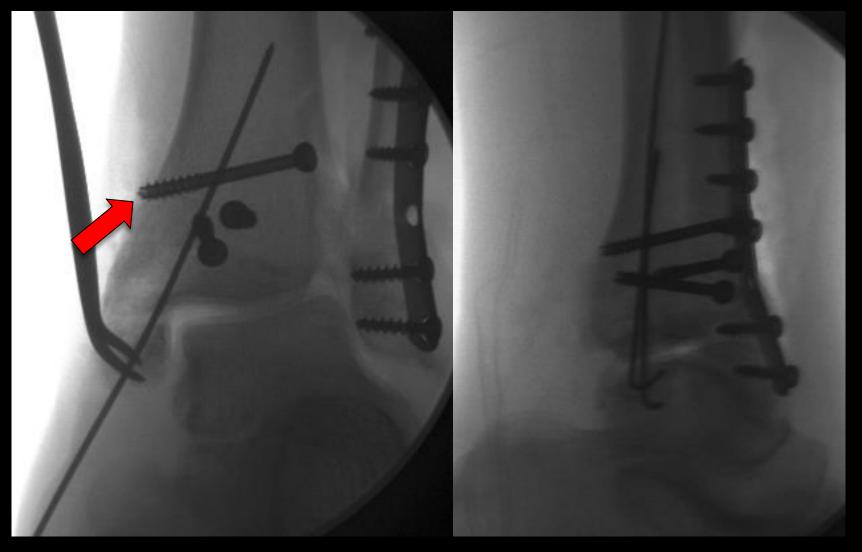
LETS LOOK AT SOME RADIOGRAPHS!

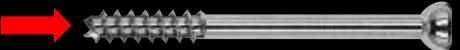
TYPICAL INTRAOPERATIVE ACTION



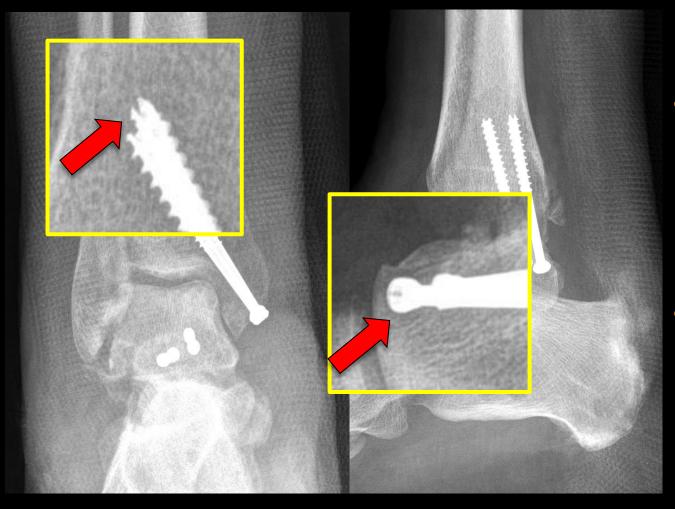
Tubular plate

TYPICAL INTRAOPERATIVE ACTION





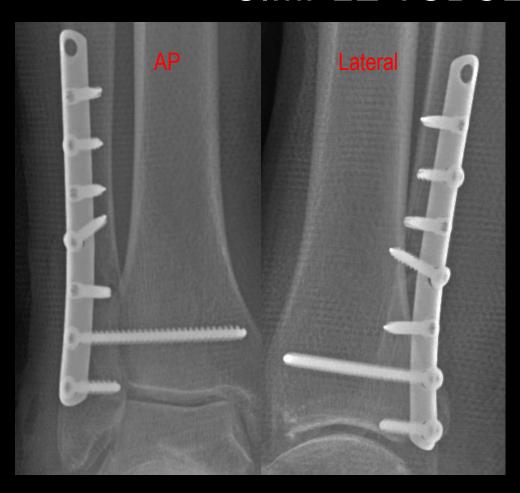
INTER-FRAGMENTARY SCREW FIXATION



- Look for "notch" on cannulated screw
- Threads on head for "threaded head" screws

PLATES

SIMPLE TUBULAR PLATE



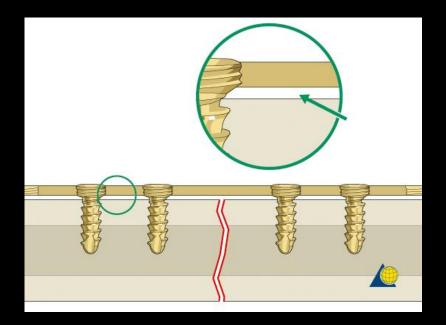
- 1/3 Tubular plate
- Bridge a fracture where there is no significant need for compression



LOCKING PLATE



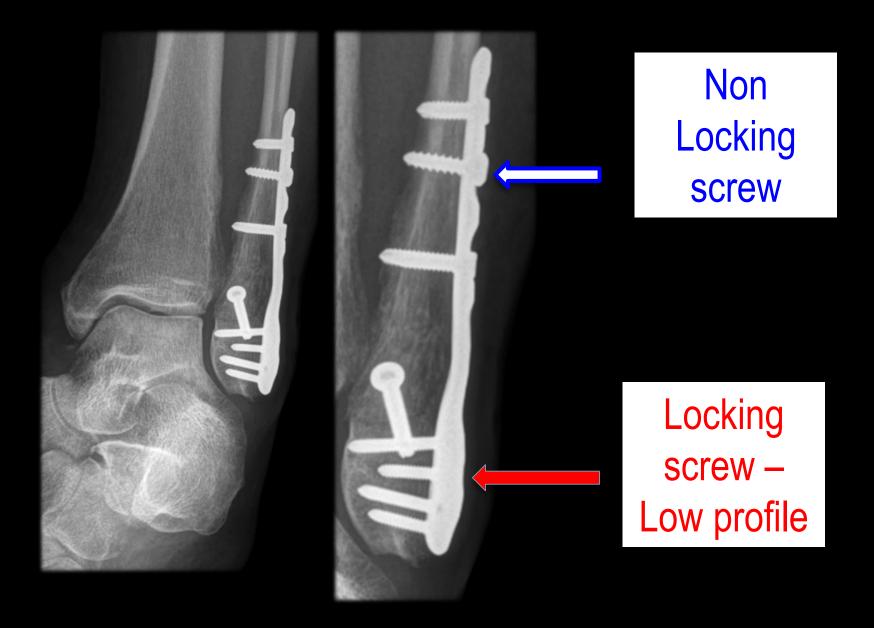
- Lateral femoral condylar locking plate
- Note plate stand-off the cortex



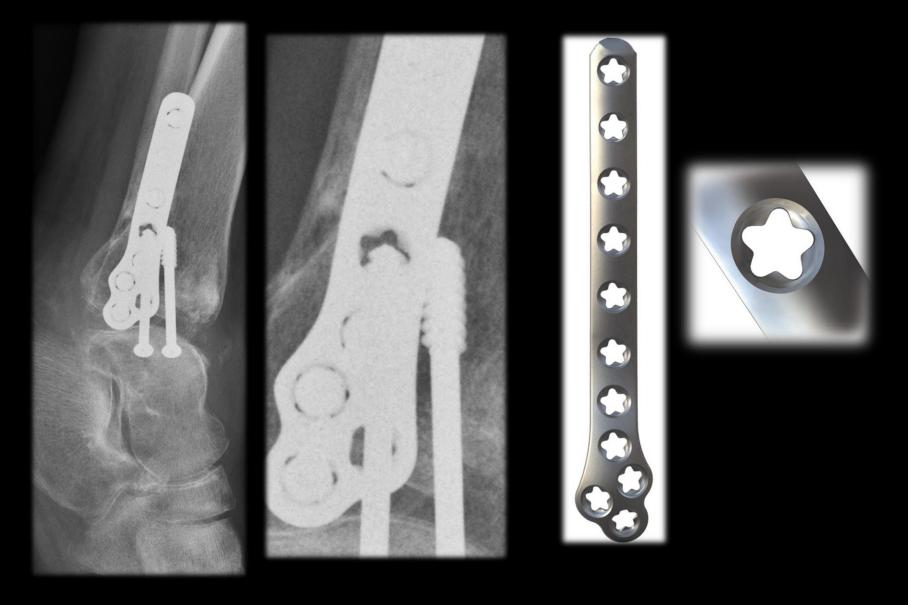
COMBINATION LOCKING PLATE



HOW TO RECOGNIZE THE LOCKING SCREW?

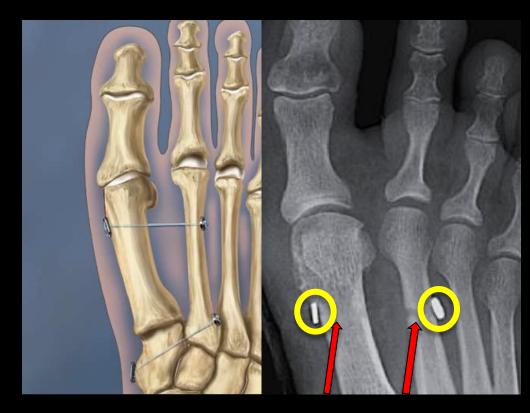


VARIABLE ANGLE LOCKING PLATES



"INVISIBLE" HARDWARE

RADIOLOGISTS' NIGHTMARES!



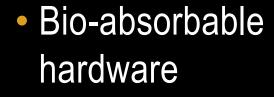
Endo-buttons

- Things we can't see
 - "Tightropes"

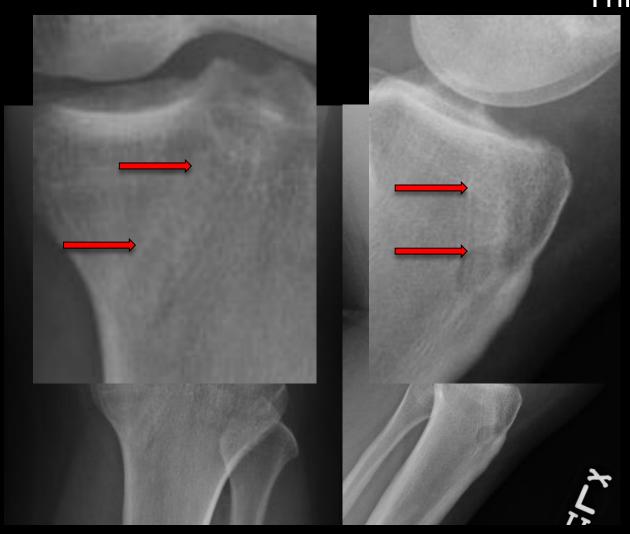


INVISIBLE NIGHTMARES!

Things we can't see

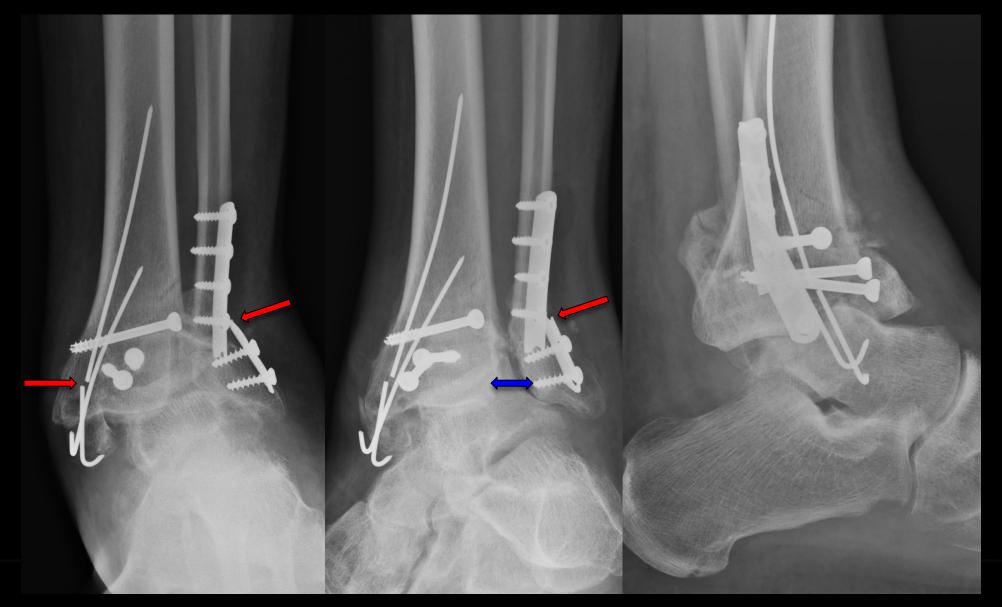




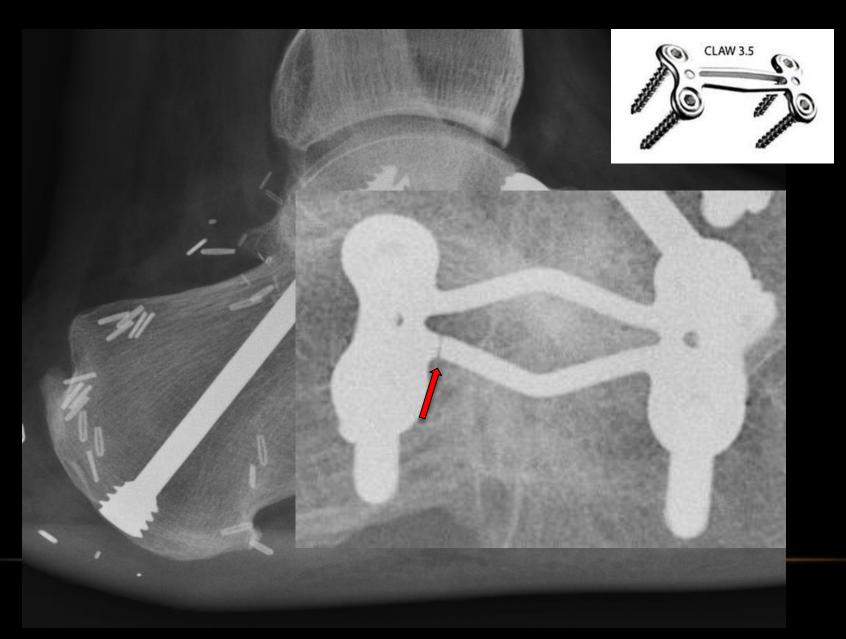


COMPLICATIONS

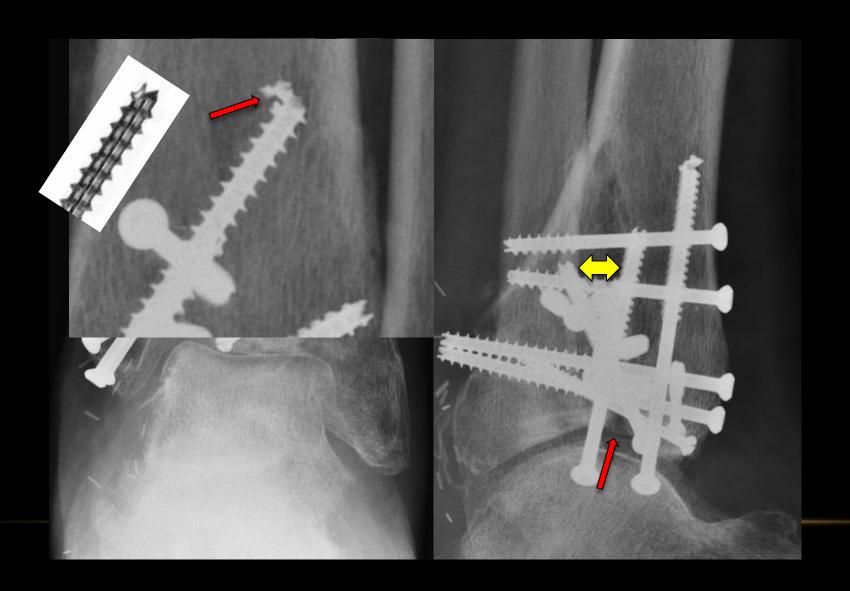
STARTED WEIGHT BEARING EARLY!



POST ARTHRODESIS PAIN



MESMERIZING IMAGES - WOW!

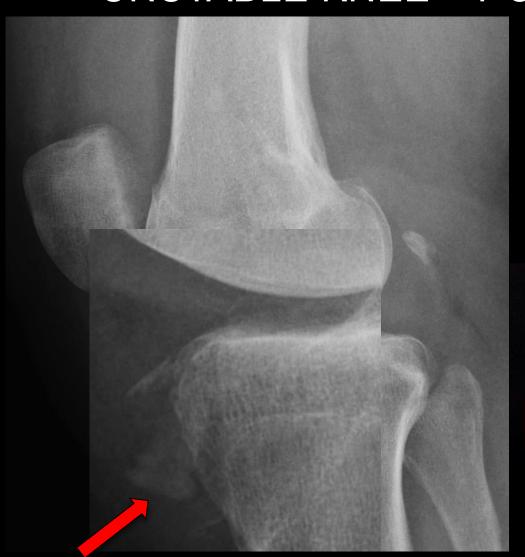


WHAT ELSE IS THE HARDWARE HOLDING?



- Remember the hardware is holding more than the bone fragments
- Loss of integrity of the lateral compartment – unstable knee

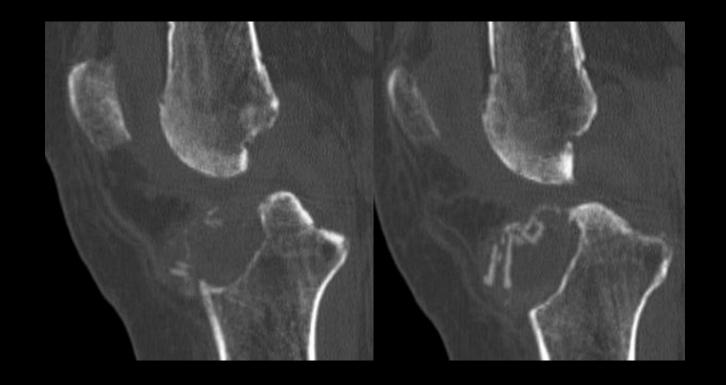
UNSTABLE KNEE – POST ACL RECON



 "Interference" screw interferes between the native bone and graft

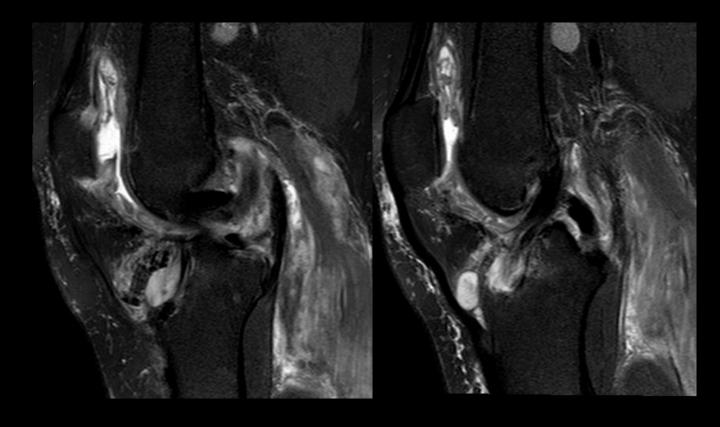


UNSTABLE KNEE – POST ACL RECON



- Fragmented screw
- Large widening of tunnels
- Granulomatous reaction

UNSTABLE KNEE – POST ACL RECON



- Graft still intact! But no longer functional.
 - Severe synovitis
 - Reactive muscle edema

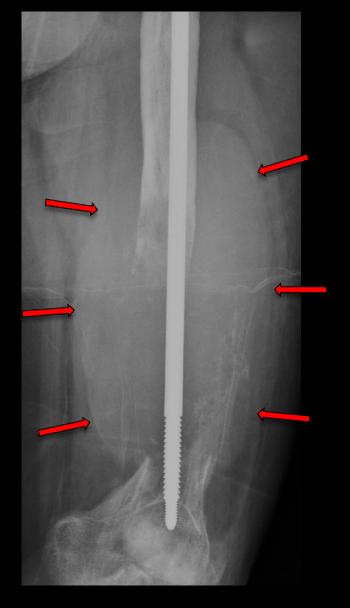
ATV INJURY - COMMINUTED LAT CONDYLE



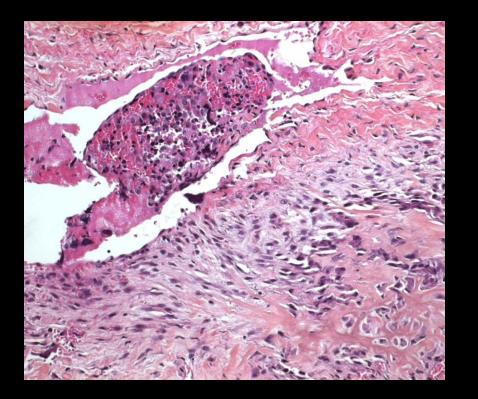
Protruding Headless screw



DIFFICULTY WEIGHT BEARING



Secondary osteosarcoma



References

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Thank you for your attention!



Medical School



