



BIOTECH

ORTHOPAEDIC IMPLANTS

Interphalangeal Implants

D I F U S E



- ✓ Fixation is enhanced due to the hyper-elastic property of the material and specific design of the implant.
- ✓ Flattened shape of the implant avoids rotation and enhances positional control.
- ✓ Intramedullary design lowers risk of infection.
- ✓ Full range of lengths and angulation.

CLINICAL INDICATION

- ✓ Foot surgery fixed or semi fixed.
 - ✓ Hammertoe.
 - ✓ Second toe shortening.
 - ✓ Proximal interphalangeal arthrodesis Hand surgery.
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- ✓ Distal interphalangeal arthrodesis



Available in non-sterile version

Difuse™ Interphalangeal Implants



Think simple

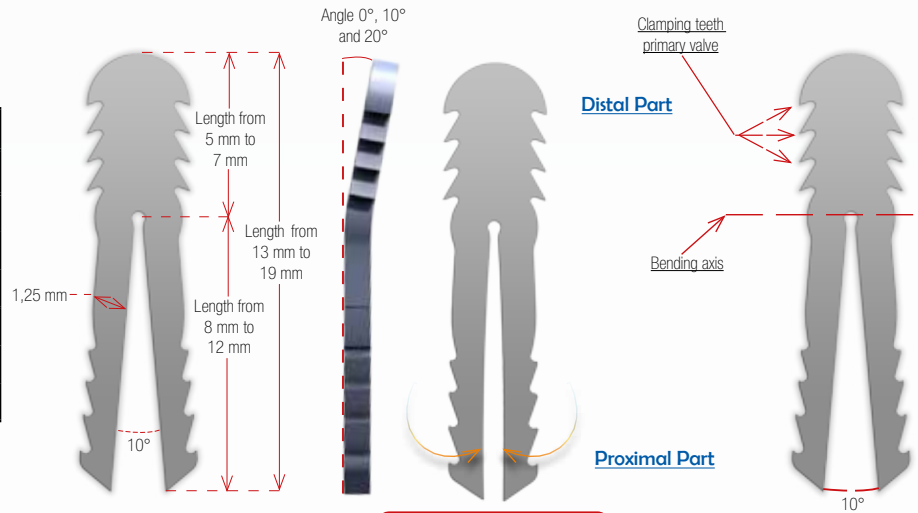


Difuse™ is a super-elastic intramedullary implant which allows for centromedular osteosynthesis and stable interphalangeal arthrodesis.

- Titanium nickel alloy (ASTM F 2063-05) which gives the implant super-elastic properties.
- Arthrodesis stabilised thanks to the geometry: Proximal and distal fastening teeth. Hook on the distal extremity of the two paws.

Hand Difuse™

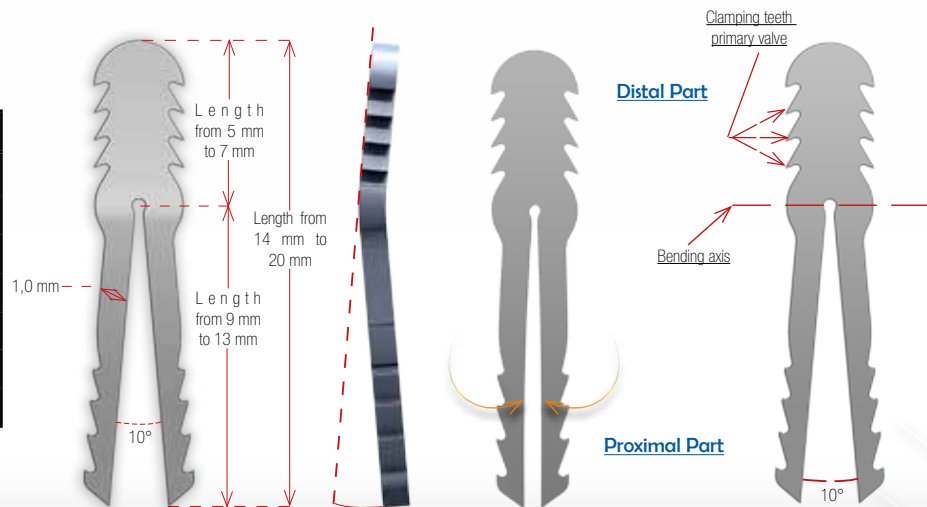
3 Sizes - 2 Angulations		
Ref. implants	Length Total	Angulation
AD00NN085	13 mm	0°
AD00NN106	16 mm	
AD00NN127	19 mm	
AD10NN085	13 mm	10°
AD10NN106	16 mm	
AD10NN127	19 mm	



Diffuse™ implant with super-elastic properties. Material: Nickel-titanium alloy.

Foot Difuse™

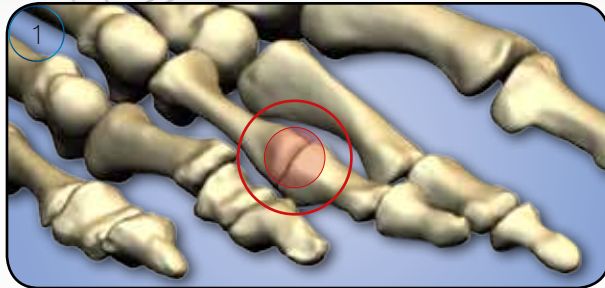
3 Sizes - 2 Angulations		
Ref. implants	Length Total	Angulation
AD00NN095	14 mm	0°
AD00NN116	17 mm	
AD00NN137	20 mm	
AD10NN095	14 mm	10°
AD10NN116	17 mm	
AD10NN137	20 mm	



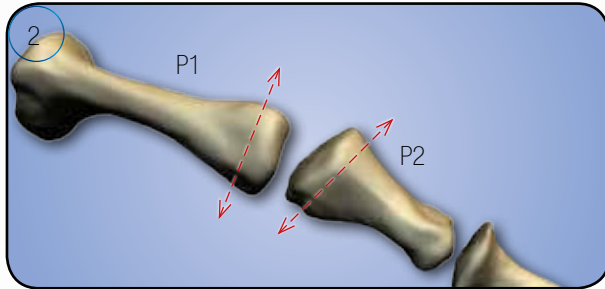
Diffuse™ implant with super-elastic properties. Material: Nickel-titanium alloy.



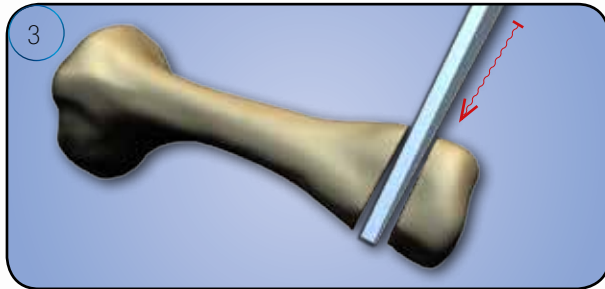
An example of the insertion protocol for the Difuse™ foot implant



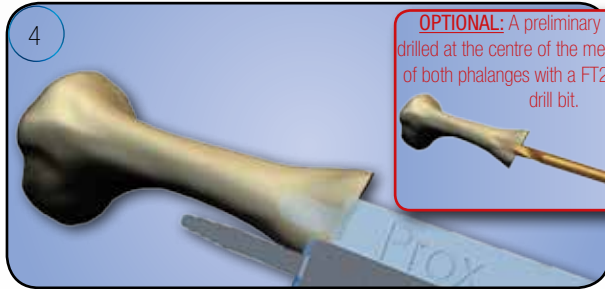
Transversal dorsal access.
Transversal section of the extensor tendon.



Preparation of the particular surfaces.
Proximal interphalangeal articulation is accessed via either transversal or longitudinal incision.

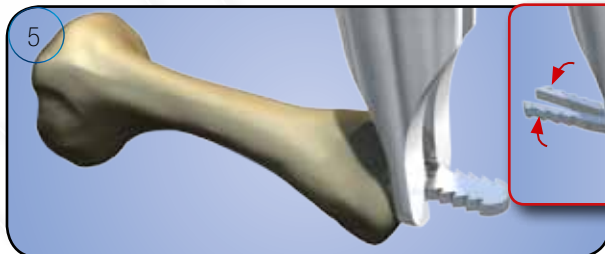


Sawing of the proximal phalanx head and minimal cartilage ablation of the base of the distal phalanx.

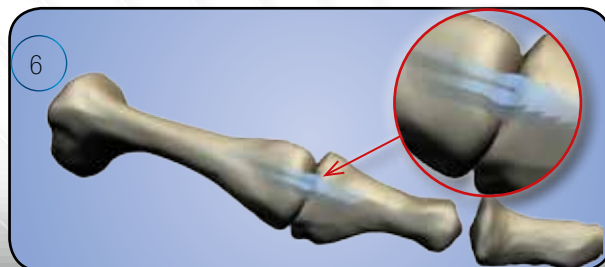


OPTIONAL: A preliminary hole can be drilled at the centre of the medullary channel of both phalanges with a FT230 Ø 1.6mm drill bit.

Preparation of the Difuse™ housing in P1 and P2 using the size 1 file. Then, if necessary, move to the larger size until cortical contact is obtained.



Fitting Difuse™. The last file used determines the definitive size of the implant. Insertion of the Difuse™ implant proximally using the pliers, then impaction with the impactor up to the middle of the Difuse™ implant in P1.

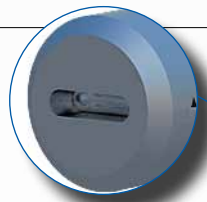
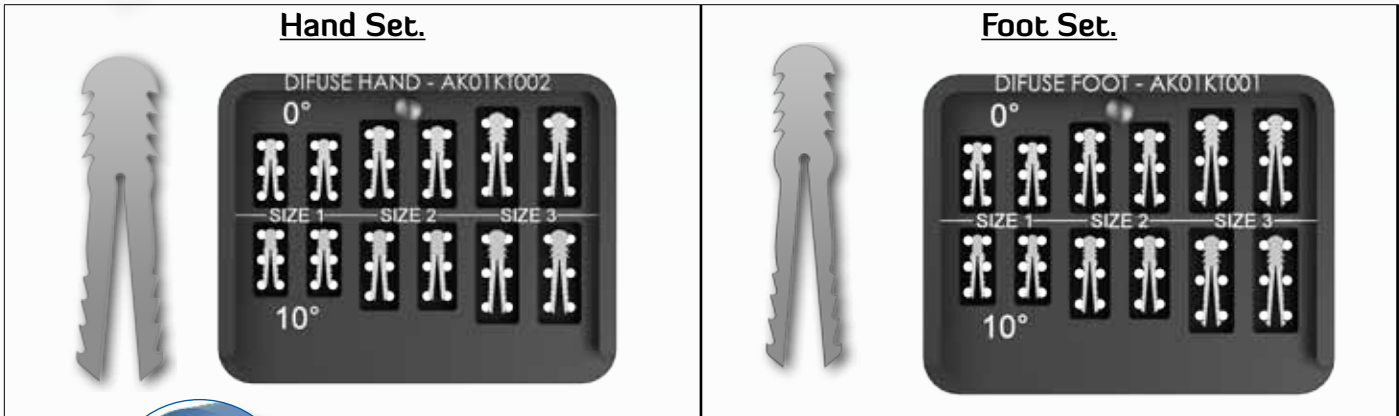


Removing the impactor and putting on P2 on the section of the Difuse™ implant which sticks out until optimum contact between the two bone fragments is achieved.



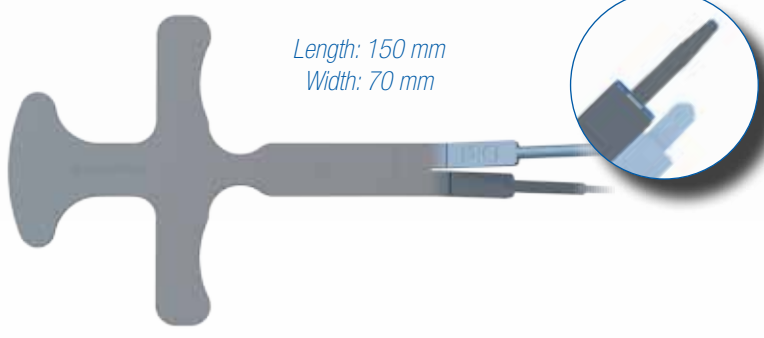
Implants set and Ancillaries

KITS AND ANCILLARY ITEMS



Impactor for Difuse™ implant
Ref.: AR03RN300

Length: 120 mm
Diameter: 10 mm



Length: 150 mm
Width: 70 mm

Rasp Tinyfix™ implant
with proximal and distal ends

Hand Ref.:
Size 1: AQ03RN110
Size 2: AQ03RN120
Size 3: AQ03RN130

Foot Ref.:
Size 1: AQ03RN210
Size 2: AQ03RN220
Size 3: AQ03RN230

Holder for implant
Difuse™

Ref.: AR02RN400

Pliers which make it easier to insert the implant in the phalanx



Cannulated drill
Ref.: FT230

Pin support + pins (x3)
Ref.: SB000 + BR080



CE
0120

All products are delivered, referenced and indexed in accordance with the norms in force.

The conditions for implantation are described in the surgical technique.

This is a non-binding document. The manufacturer reserves the right to make any changes without prior notice.

WARNING: In accordance with US federal law, this device may only be sold to doctors or with a medical prescription.

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