

The **WAVE**[™]
CALCANEAL FRACTURE PLATE



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➤ calcaneal fracture repair without the flap.



➤ The WAVE Concept

Tornier is proud to introduce the WAVE calcaneal fracture plating system – a first of its kind in ORIF management of calcaneus fractures. The plate is designed specifically for use with a less invasive soft tissue approach. When considering that the reported complication rate associated with the large extensile open approach is as high as 33%*, the WAVE brings a welcome advancement in surgical treatment of this complex fracture.

* A. Koski, H. Kuokkanen, E. Tukiainen Helsinki University Central Hospital, Department of Plastic Surgery, Helsinki, Finland. POSTOPERATIVE WOUND COMPLICATIONS AFTER INTERNAL FIXATION OF CLOSED CALCANEAL FRACTURES: A RETROSPECTIVE ANALYSIS OF 126 CONSECUTIVE PATIENTS WITH 148 FRACTURES; Scandinavian Journal of Surgery 94: 243–245, 2005



➤ The WAVE Calcaneal Plate Advantage

- Designed to accommodate a less invasive soft tissue approach
- Anatomic contour developed after extensive CT and cadaver studies of over 50 unique anatomies
- Non-locking apex hole allows for optimal lag reduction to the sustentaculum tali
- Each additional hole allows for a locking and non-locking option
- Stainless steel offers strength of construct, optimal locking and a tissue-friendly implant
- Reduction instrumentation included in the set for tuberosity manipulation

Fracture Types Addressed by the WAVE

For illustration purposes only

Fracture Type I

Nondisplaced fracture. This is typically a two part fracture with little comminution.



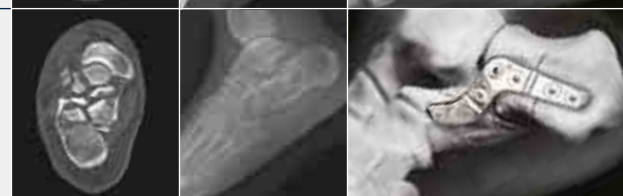
Fracture Type II

This fracture has two parts and can be displaced and intra-articular.



Fracture Type III

This fracture has three parts, and can be displaced and intra-articular.



Fracture Type IV

This fracture has at least four parts, and is highly comminuted.



The WAVE Technique



The incision is a small 5-8 cm incision over the subtalar joint. This provides direct visualization of the posterior facet and anterior process. A smaller secondary incision can be made posteriorly for screw insertion on the posterior leg of the plate.

Reduction is achieved with percutaneous manipulation using the T-handle and Schanz pin and fragment reduction using guide wires for stabilization and subsequent fixation of the plate.

Post-op x-rays demonstrate an anatomically reduced fracture, utilizing the WAVE calcaneal plate system.