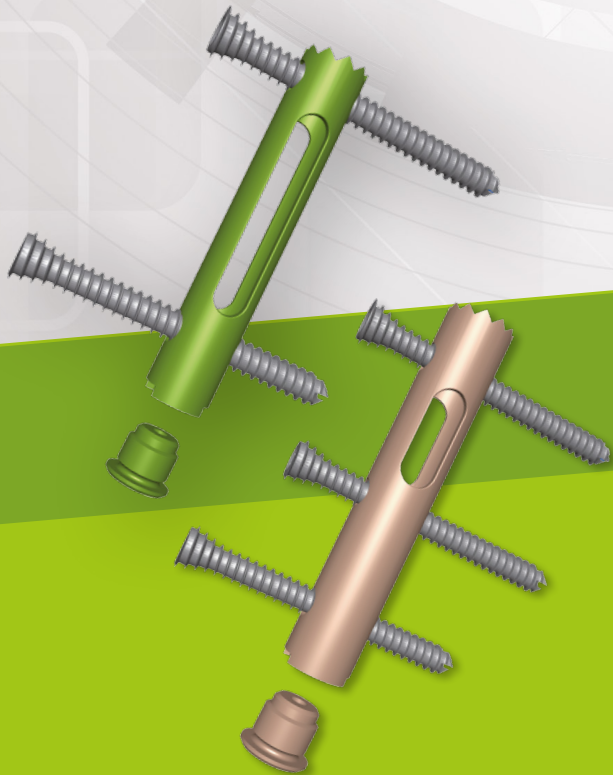




# CALCANail

NAIL FOR FRACTURE  
AND SUBTALAR ARTHRODESIS



**FH ORTHO**<sup>™</sup>  
[www.FHortho.com](http://www.FHortho.com)

# CALCANail

## Indications

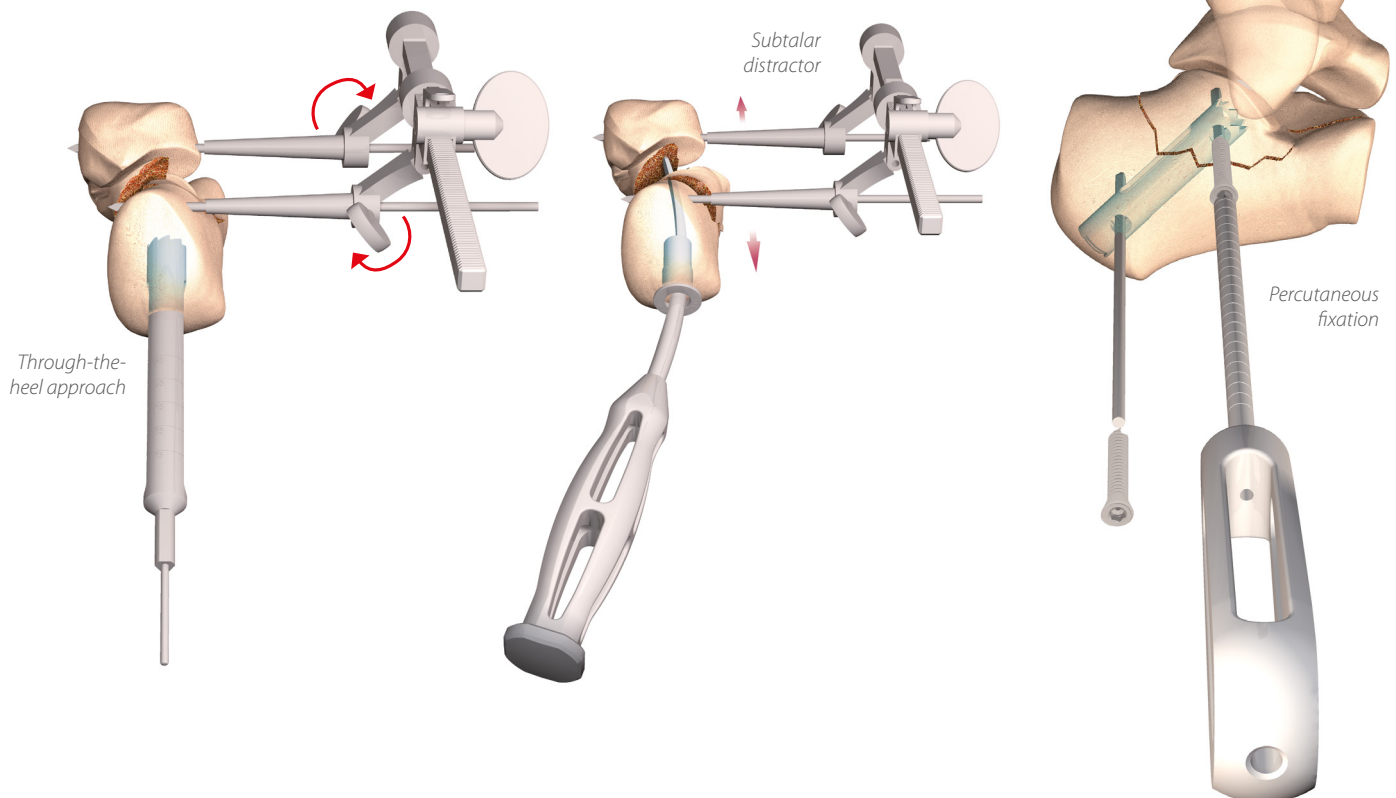
- Displaced intra-articular fractures of the calcaneus;
- Subtalar arthrodesis following comminuted fractures of the calcaneus, post-traumatic osteoarthritis and/or poor function resulting from calcaneal fracture sequelae, osteoarthritis of the subtalar joint, or valgus flatfoot deformities.

## Contra-indications

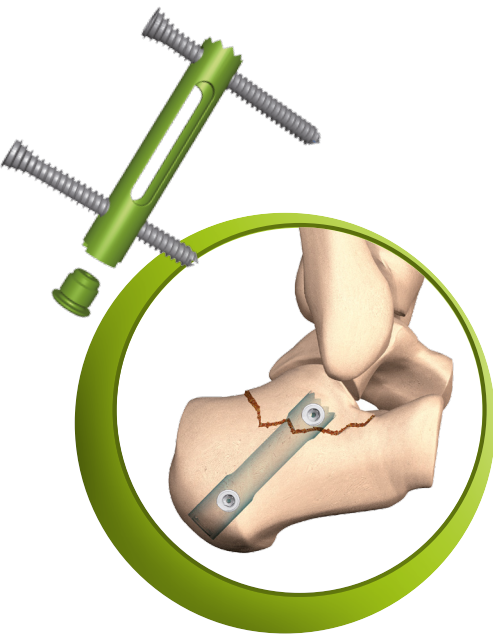
- Heel infection, patients with immature skeleton, extra-articular fracture of the calcaneus;
- Relative contraindications due to increased risk of surgical failure:
  - Patients who are non-cooperative or suffering from neurological disorders, unable to follow instructions, or with metabolic disorders;
  - Factors affecting wound healing (decubitus ulcer, diabetes, severe protein deficiency and/or malnutrition).

## How does it work?

- A through-the-heel approach should be used, using a hollow reamer to tunnel into the calcaneus. When used with a subtalar distractor, this method provides direct intrafocal access to the articular fragments.
- This technique makes it possible to correct calcaneal tuberosity displacements and obtain good reduction of the joint for intra-articular fractures that are composed of large fragments, or to perform arthrodesis right away in cases of more complex intra-articular fractures.
- The reduced joint and calcaneus are held in place by percutaneous fixation with the CALCANail® system.

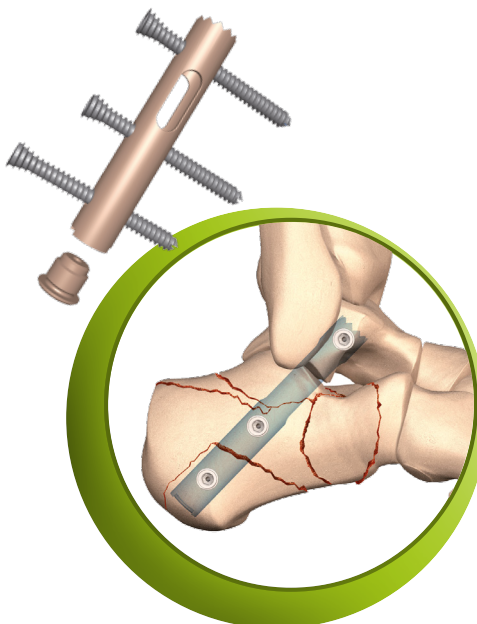


# ADVANTAGES



FRACTURE NAIL  
Ø10mm

- No wound healing problems <sup>1,3</sup>
- Stable restoration of Bohler's angle <sup>1,3</sup>
- Average AOFAS ankle hindfoot score of 86.5 <sup>3</sup>
- Restoration of rear foot axis <sup>3</sup>
- Stable reduction with restoration of global shape <sup>1,3</sup>
- Greater than 90% of patients achieve normal gait <sup>3</sup>
- Ability to treat Sanders' fracture classifications I - IV <sup>3</sup>
- Minimally invasive, minimal hardware, minimal risk for sural nerve injury <sup>1</sup>
- Reduced potential for infection <sup>1</sup>
- Easy conversion to arthrodesis using the same instrumentation <sup>1,3</sup>
- Enhanced primary fixation stability vs ORIF plate <sup>2,4</sup>
- Reduced risk of loss of reduction during partial weight bearing <sup>2</sup>
- Varus malalignment corrected with innovative distractor <sup>1</sup>



ARTHRODESIS NAIL  
Ø12mm

## CALCANail® key articles

1. *Locked nailing for the treatment of displaced articular fractures of the calcaneus: description of a new procedure with CALCANail®.* Goldzak, Mario et al, *EJOST*, 2012.
2. *Primary stability of an intramedullary calcaneal nail and an angular stable calcaneal plate in a biomechanical testing model of intraarticular calcaneal fracture.* Goldzak, Mario et al, *INJURY*, 2014.
3. *Reduction and internal fixation of displaced intra-articular calcaneal fractures with a locking nail: a prospective study of sixty nine cases.* Simon, Patrick et al, *INTERNATIONAL ORTHOPEDICS*, 2015.
4. *Interlocking Nailing Versus Interlocking Plating in Intra-articular Calcaneal Fractures: A Biomechanical Study.* Reinhardt, Sophia et al, *Foot & Ankle International*, 2016.

# Implants (provided sterile)

## Fracture



Reference	Fracture Nail Ø10
268 311	Calcanail® Nail Ø10 L 45 + cap
268 312	Calcanail® Nail Ø10 L 50 + cap
268 313	Calcanail® Nail Ø10 L 55 + cap

## Arthrodesis



Reference	Arthrodesis Nail Ø12
268 314	Calcanail® Nail Ø12 L 65 + cap
268 315	Calcanail® Nail Ø12 L 75 + cap
268 316	Calcanail® Nail Ø12 L 85 + cap

Reference	Screw
268 317	Cannulated screw Ø5 L 24
268 318	Cannulated screw Ø5 L 26
268 319	Cannulated screw Ø5 L 28
268 320	Cannulated screw Ø5 L 30
268 321	Cannulated screw Ø5 L 32
268 322	Cannulated screw Ø5 L 34
268 323	Cannulated screw Ø5 L 36
268 324	Cannulated screw Ø5 L 38
268 325	Cannulated screw Ø5 L 40