KLS martin GROUP

Ixos®

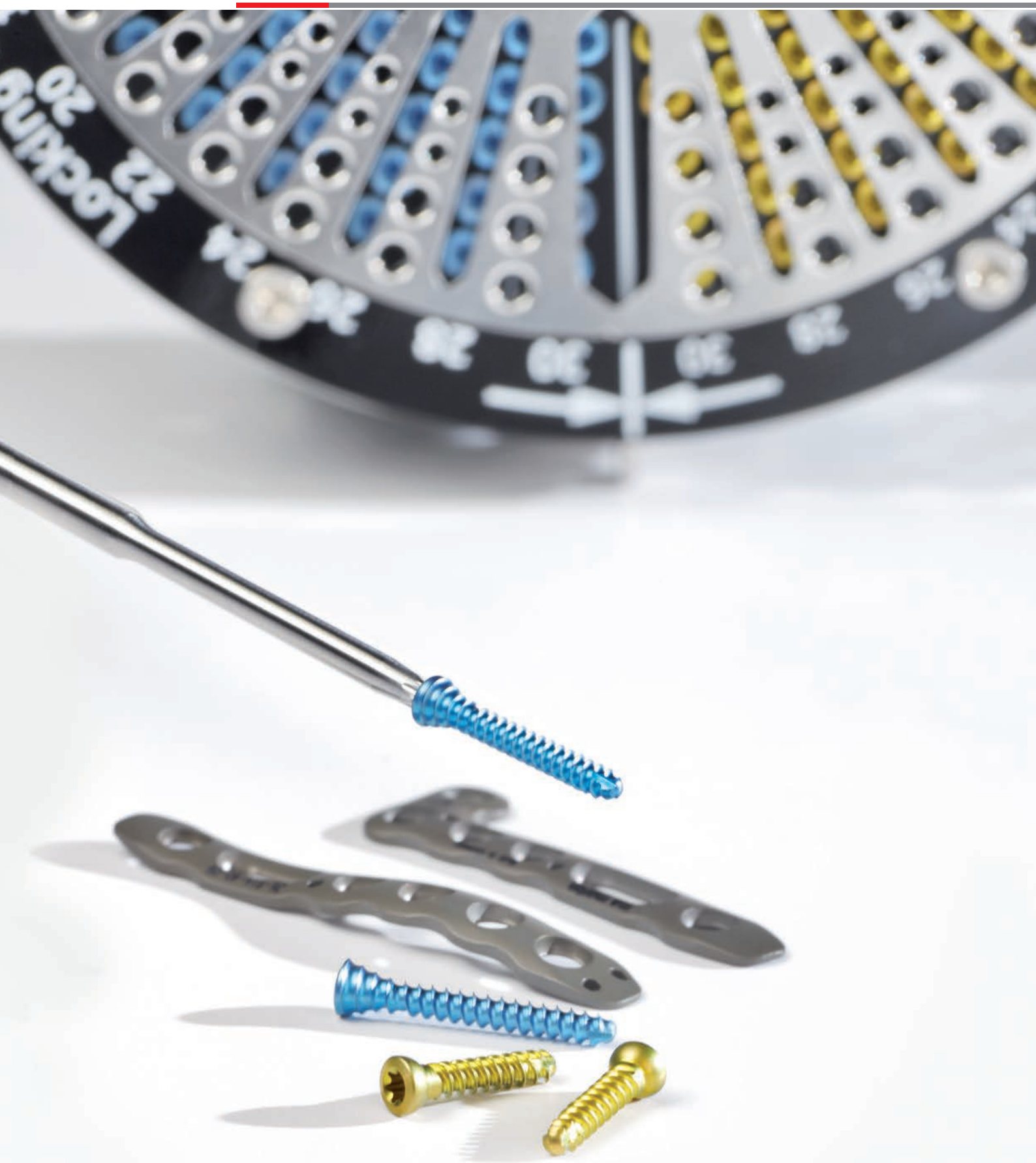
Radius Plating System
Simply clever!

product design award 2012

www.klsmartin.com

In the field of hand surgery we not only offer you solutions for standard restorations, but also products for unusual and difficult situations. We therefore regard ourselves as being a true highly specialized partner in all matters relating to hand surgery with our intelligent system solutions.

Table of contents


LOCKING
20
22
24

Ixos®

Radius Plating System
Simply clever!

The most frequent fractures encountered in surgical practice are radius fractures. Based on an extensive body of clinical experience and utilizing new technical possibilities afforded by the ever-advancing technical progress, multidirectional locking radius plates are frequently used nowadays for treating such conditions.

Based on the principle of multidirectional locking plate osteo-synthesis, our goal was to treat nearly all types of distal radius fractures with an easy-to-use and clearly structured system.

In fact, Ixos® comes as a comprehensive and user-friendly radius plating sytem including palmar, dorsal as well as lateral plates. All plates are implanted with state-of-the-art smartDrive® screws. No more than four instruments are required for secure osteo-synthesis.

Feature, Function and Benefit

Ixos® radius plates are available in different designs to match proved treatment concepts. All plates are finished with the Dotize® surface coating. To facilitate identification, all palmar plates have been marked “P”, dorsal plates “D” and dorsolateral plates “DL”.

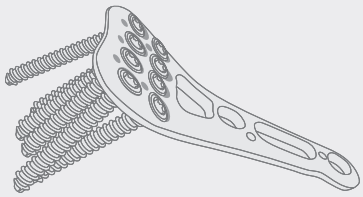
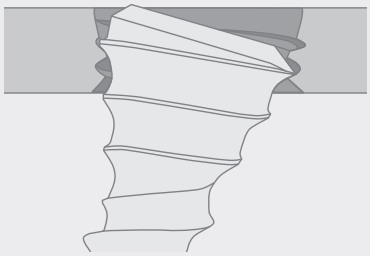
The latest generation of smartDrive® screws provides both standard and locking screws with double threads for the first time. In addition, all screws are equipped with atraumatic screw tip. Of course, the smartDrive® screws also exhibit the T8 with self-retaining function that has been established for decades. The product range is complemented by locking pins.

The screws/pins are color-coded to facilitate their application:

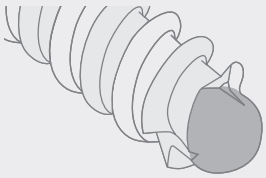
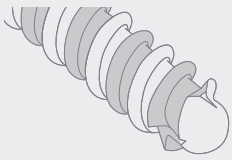
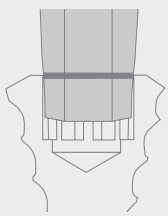
Blue: locking smartDrive® screws and pins

Gold: standard smartDrive® screws

Ixos® – simply clever!

	Feature	Benefit
	■ Anatomical plate geometry ■ Rounded atraumatic plate contour	■ No need to bend plates ■ Best possible embedding in soft tissue
	■ marLock locking ■ Angulation within a range of +/– 15° ■ Several times relockable ■ Locking even without “heel piece”	■ High degree of locking stability ■ Best possible screw positioning ■ Adjustment of screw position and easy metal removal ■ Secure use of pins
Ti Dotize® Type II anodization	■ 15% more fatigue resistance ■ Smooth surface ■ Risk of contact welding is minimized	■ Slim plate design ■ Delays adherence of tissue and bone ingrowth ■ Easy metal removal

smartDrive® screws

	■ Atraumatic screw tip ■ Atraumatic screw head	■ Secure bicortical anchoring with soft tissue preservation ■ Maximum angulation without soft tissue irritations
	■ Double, self-tapping thread	■ Reduces screw-in time by 50%
	■ T8 with self-retaining function	■ Easy pick-up, insertion, tightening or removal of the screw

Feature, Function and Benefit

Ixos® components are manufactured according to the latest findings. The 3D contour of the P4 and the P4 Wave can only be achieved by manufacturing them on state-of-the-art, computer-controlled 5-axle machines.

The following plate types are available:

P2: This plate complies with the present industrial standard and complements the system with regard to economic aspects.

P4: Based on the classic palmar treatment concept, the P4 exhibits unprecedented product features in this category for the first time.

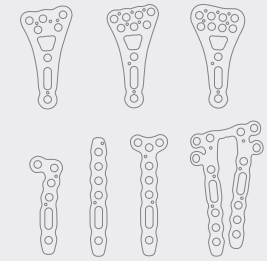
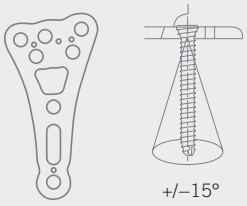
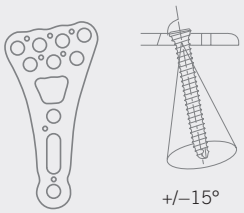
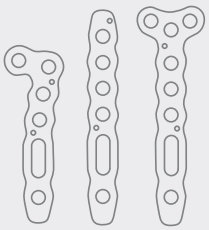
P4 Wave: A Watershed Line plate of the latest generation.

DL4: Anatomically pre-shaped plates for the dorsolateral treatment of radius fractures.

PU4: Additional ulnar plate for the treatment of distal ulnar neck and head fractures.

D4: The system is complemented by anatomically designed plates for dorsal treatment.

A solution for every situation

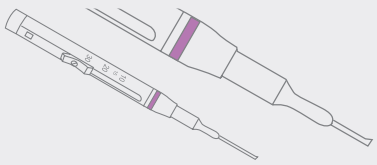
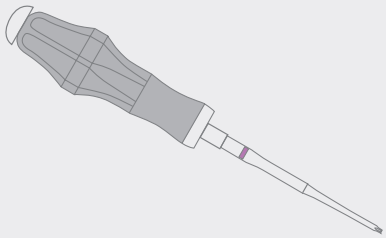
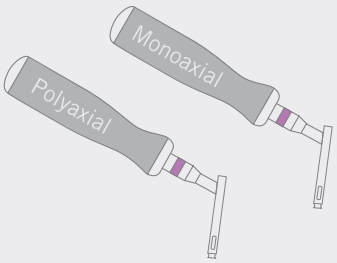
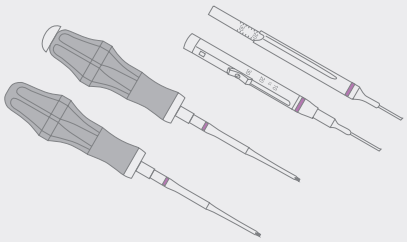
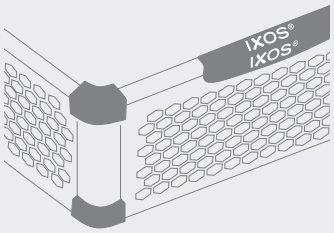
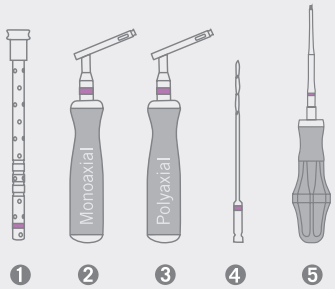
		Feature	Benefit
		■ The appropriate plate for every radius fracture even in terms of economic aspects	■ No second system is required during surgery ■ The same instruments for all plates
	**P2**	■ The industrial standard	■ Familiar technology at a reasonable price
	**P4 Wave**	■ Watershed Line technology for the first time both in conventional and anatomical design ■ Extra-long plates in conventional design	■ Multidirectional locking but nevertheless prepositioned screws ■ Integrated support for ideal screw positioning ■ Best possible ulnar support in anatomical design ■ For the treatment of complicated distal radius and shaft fractures
	**DL4** **PU4**	■ Plates with small dimensions ■ Special ulnar plate	■ Allows dual-plate technology according to Rikli & Regazzoni ■ For the treatment of distal ulnar neck and head fractures
	**D4**	■ Atraumatic frame plate ■ A great number of multidirectional locking boreholes	■ Dorsal support but nevertheless minimum soft tissue irritation ■ High flexibility of treatment ■ Easy fine adjustment with special bending pliers possible

Feature, Function and Benefit

The KLS Martin Group is committed to developing color-coded instruments that can be handled easily and efficiently. The radius plating sytem comprises only 4 instruments. In order to comply with the specific requirements of the users, both the screwdriver and the depth gauge can be selected according to the specific personal preferences.

The storage concept already known from HBS2 has been adapted to the special requirements of radius treatment. Besides easy handling, the maintenance requirements were given top priority.

Ixos® instruments and storage

	Feature	Benefit
	■ Color-coded instruments (purple) ■ smartDrive® screws Ø 2.5 mm ■ smartDrive® pins Ø 2.0 mm	■ Easy identification of the respective instruments
	■ Single-part instruments with ergonomically shaped silicone handels	■ Good tactile feedback ■ No couplings that could lead to confusion ■ No parts that could get lost
	■ Monoaxial drill guide ■ Polyaxial drill guide	■ Combined with prepositioned holes, allows short surgery periods ■ Precise screw positioning in compliance with the maximum possible angulation of +/– 15°
	■ Screwdrivers and depth gauges are available in two different design variants	■ Intuitive working with optimum ergonomics
	■ Stainless steel storage tray in honeycomb design combined with high performance plastic	■ High degree of stability at low weight ■ Good rinsing results due to large openings ■ No water residues
	■ The instruments are arranged according to their sequence of use during the surgical procedure	■ For easy and efficient instrumentation

Step by Step optimal Fixation

Fields of Use

Acute distal radius fractures

Type A2
Colles' fracture

Type A3

Type B1

Type B2
Barton's fracture

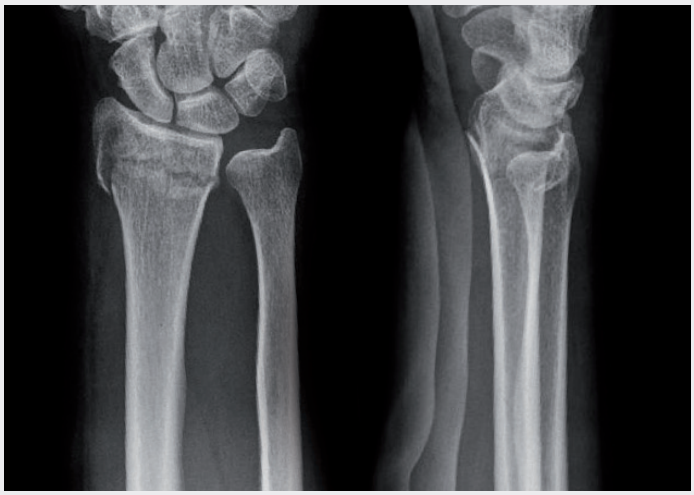
Type B3
Smith's fracture
Reversed Barton's fracture

Type C1

Type C2

Type C3

Surgical Techniques

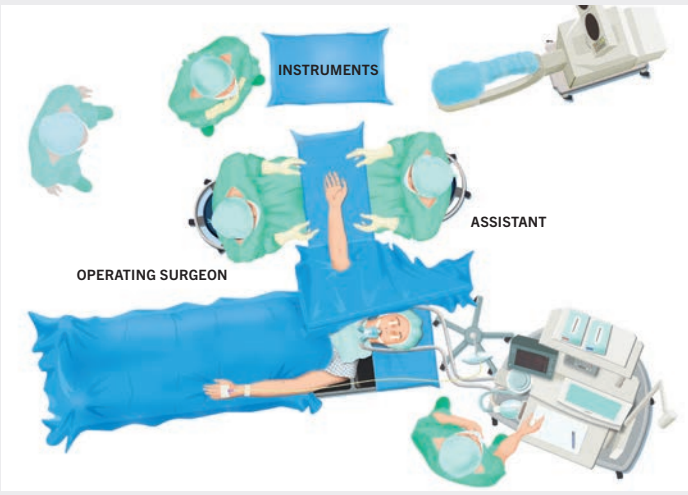


Source: Dr. Meyer, Saarbrücken

Preoperative planning

In addition to taking standard x-rays in A/P and sagittal planes in neutral position of the wrist, a high-resolution computer tomography should be conducted for the further clarification of intra-articular fractures.

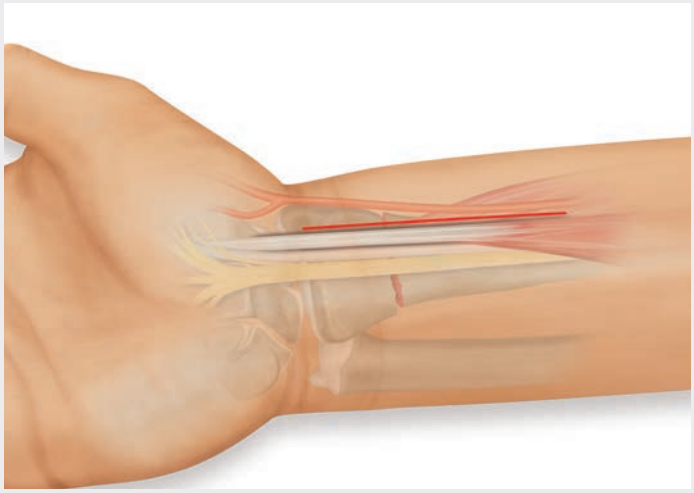
If a central impression of the distal end of the radius is suspected, a carpal arthroscopy can additionally be conducted to clarify concomitant injuries and assess the reduction.



Patient positioning

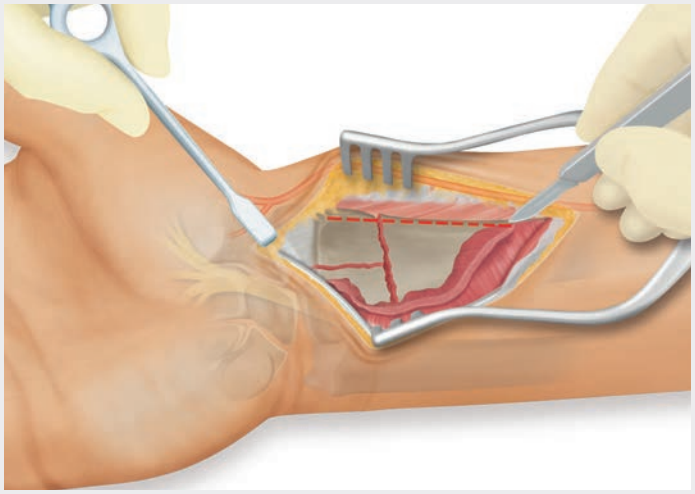
The patient is placed on the back.The hand that requires surgery is extended on the operating table in full supination of the forearm and under tourniquet control.

A cloth roll can be placed underneath the wrist as a reduction aid.



1. Henry's palmar approach

A skin incision of 6 - 10 cm length is made on the distal forearm three centimeters proximal to the wrist.
The flexor carpi radialis tendon (FCR) is exposed.

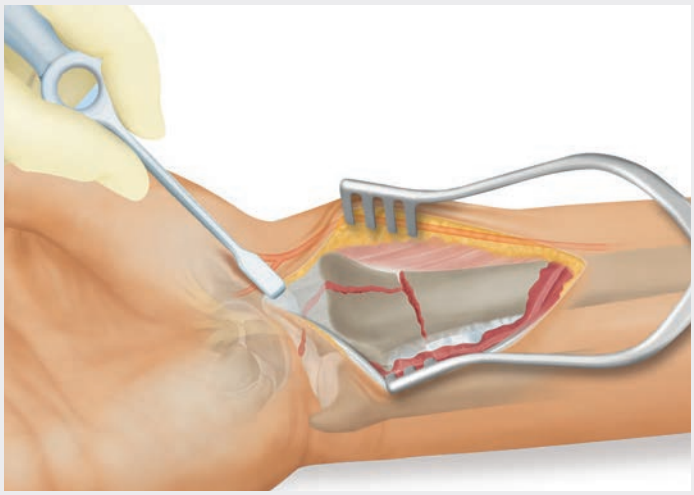


2. Exposure of the radius

To obtain access to the pronator quadratus, the incision extends between the FCR and the radius artery.

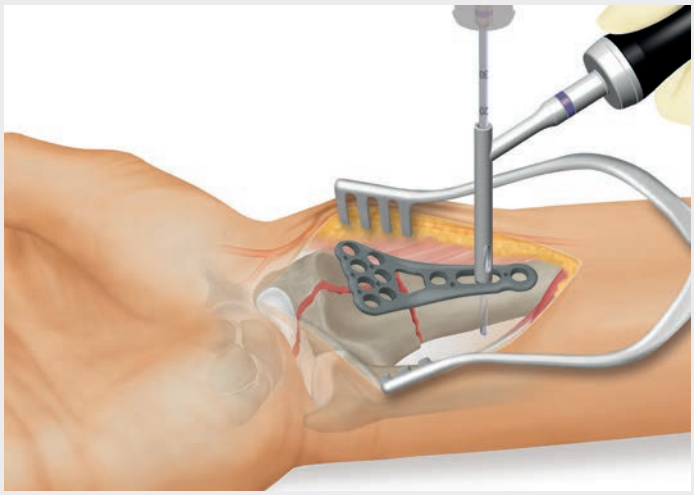
The pronator quadratus is detached from the lateral edge of the radius to elevate an ulnar-based flap.

Note:
If a post-traumatic sensitivity disorder in the median nerve distribution area or a latent carpal tunnel syndrome is detected, the incision is extended distally and the carpal tunnel is opened.



3. Exposure of the fracture

The fragments and the fracture gap are exposed.



4. Insertion of the plate

The implant is selected according to the fracture pattern and the patient's anatomy.

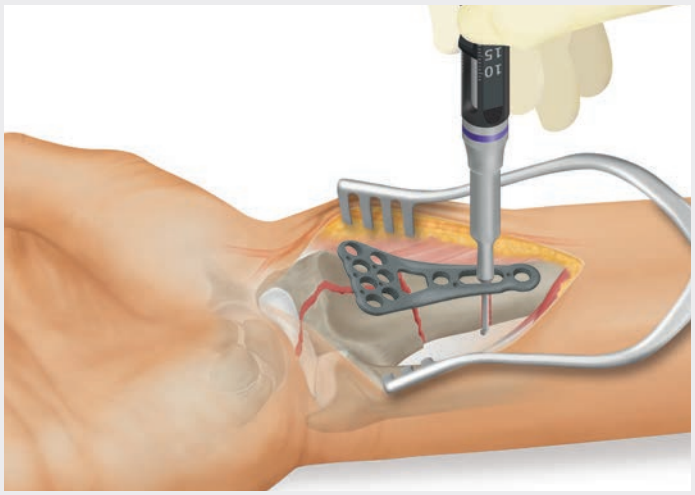
The plate is placed centrally above the longitudinal axis in the direction of the distal edge of the radius.

The plate can be temporarily fixed with Ø 1.2 mm K-wires.

The first borehole is made into the slotted hole of the shaft using the monodirectional drill guide and the core hole drill (1 purple ring).

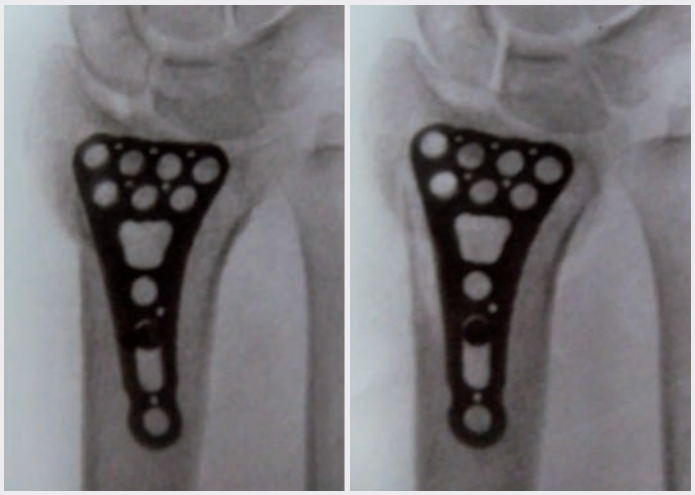
Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial



5. Determination of the screw length

The correct screw length is determined using the depth gauge.



Source: Dr. Meyer, Saarbrücken

6. Insertion of the first shaft screw

The plate is fixed in the slotted hole with a golden standard screw.

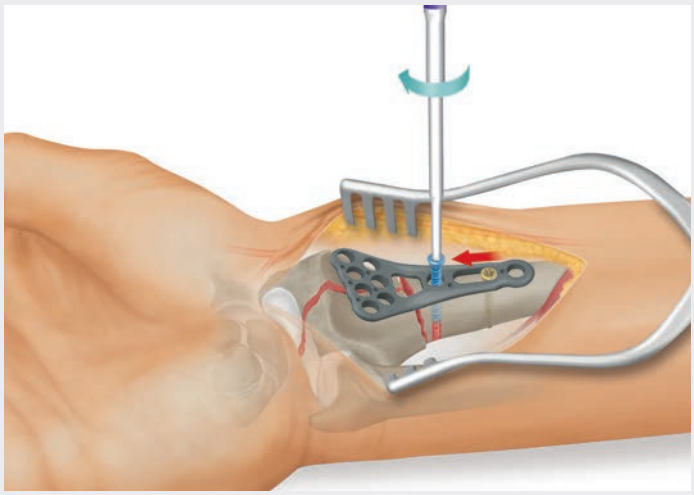
The correct plate position and the anatomical reduction are chekked under x-ray control in both planes.
It has to be ensured that the plate does not project over the Watershed Line; this might cause irritation to the flexor tendons.

If necessary, the result has to be corrected and the plate displaced in longitudinal and/or lateral direction. The screw has to be loosened for this purpose.

Depth gauge
AO principle

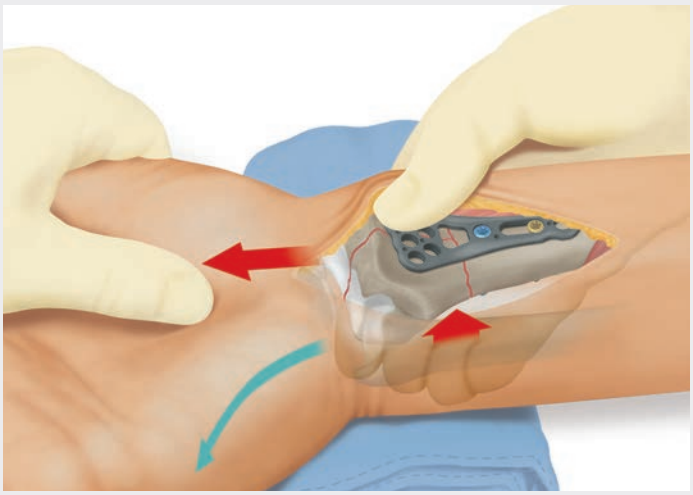
Depth gauge
Single-hand principle

Screwdriver T8



7. Insertion of another shaft screw

In order to be able to absorb optimally the forces in the shaft region during reduction, it is advisable to insert another shaft screw, preferably a blue locking screw, prior to the reduction, ensuring that the plate is positioned correctly.

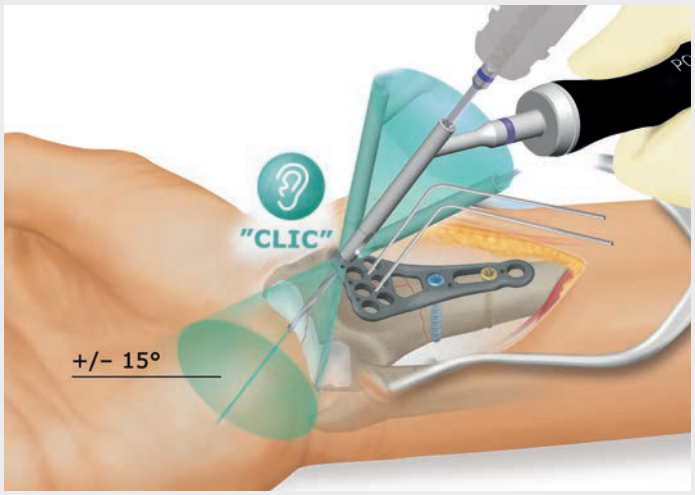


8. Fracture reduction

The tilted fracture is reduced under x-ray control. The bent hand is reduced by applying longitudinal traction combined with dorsal digital compression.

Note:
If required, the fracture reduction can be fixed with K-wires.

Screwdriver T8

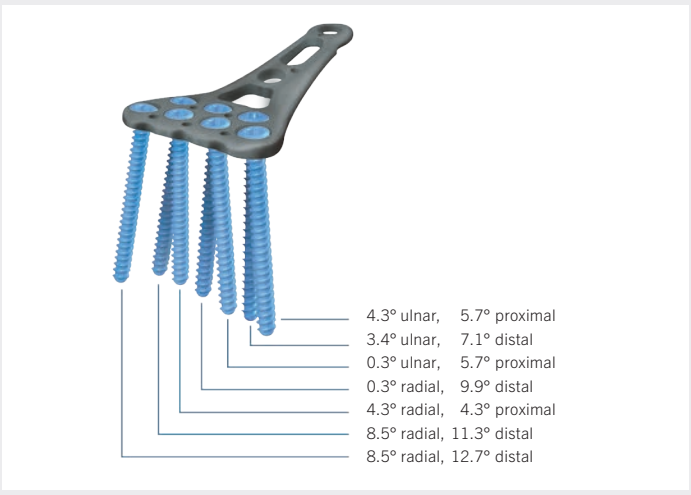


9a. Insertion of the distal screws

The first distal borehole is made using the polyaxial drill guide and the core hole drill (1 purple ring). The screw length is determined and a light blue locking screw is inserted.

Note:
The drill guide allows for a multidirectional angulation of +/– 15°, so that fixed-angle locking is always ensured.

If the drill guide is not used, the permissible locking angle might be exceeded, which could lead to a lasting impairment of the angle stability.



9b. Insertion of the distal screws

The monoaxial drill guide can be used as an alternative. This takes up the prepositioned angles in the plate.

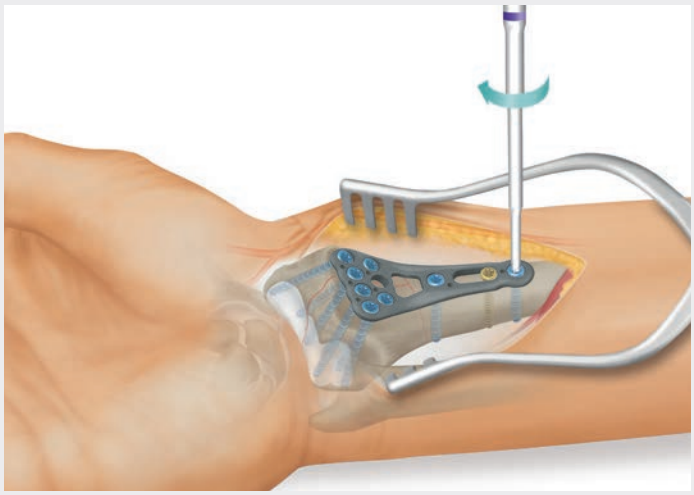
Note:
When treating a fracture with the P2 plate, the polyaxial drill guide shall always be used for positioning the distal screws.

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
polyaxial

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial



10. Insertion of additional screws

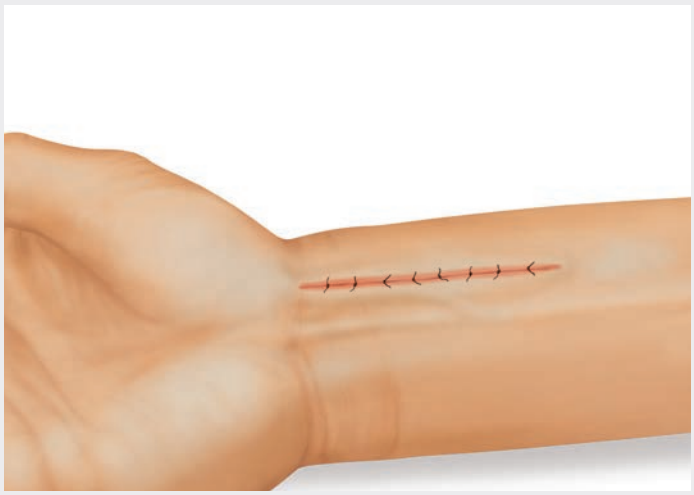
All additional screws are inserted. For this purpose, drilling and measuring is performed as usual. The screws are positioned in the direction of the dorsal edge of the radius. If possible, the radially positioned screw should be inserted into the radial styloid process.

The subchondral position of the screws is checked under x-ray control.

If required, spongiosa or bone substitute can be inserted through the plate window.

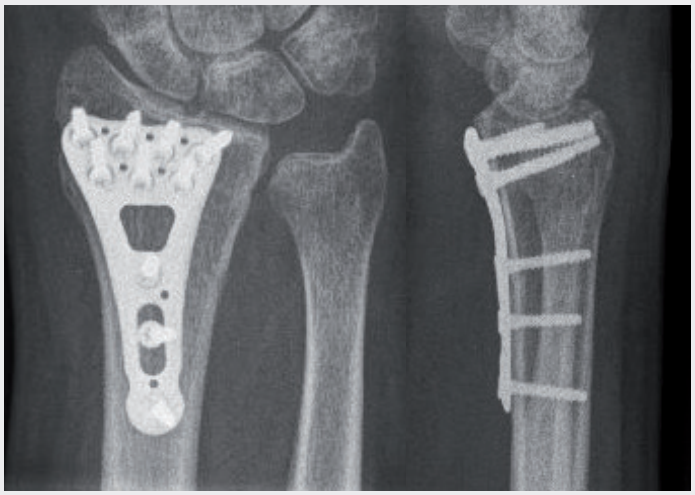
Note:
The screws in the first row should slightly be tilted proximally; by contrast, the screws in the second row should be tilted distally. The subchondral screw arrangement according to the array principle provides optimum support for both the central region and the dorsal edge of the radius.

Screwdriver T8



11. Wound closure

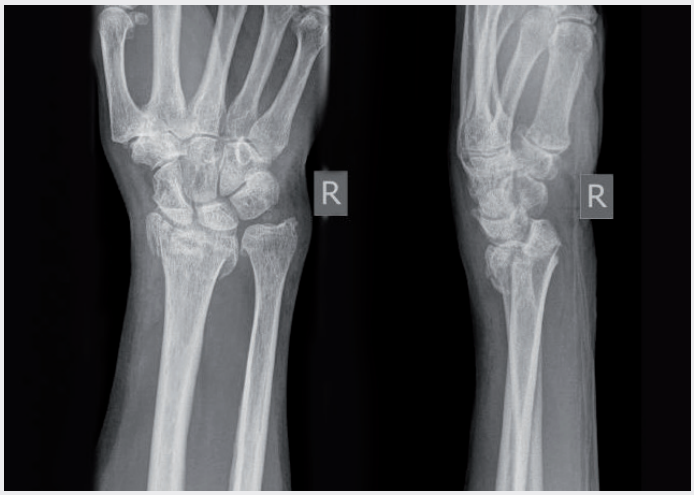
The wound is closed in layers.
Following the skin closure, a final x-ray image is taken.



Source: Dr. Meyer, Saarbrücken

12. Postoperative treatment

After completion of the surgery, a forearm splint is applied, which allows active finger movement.

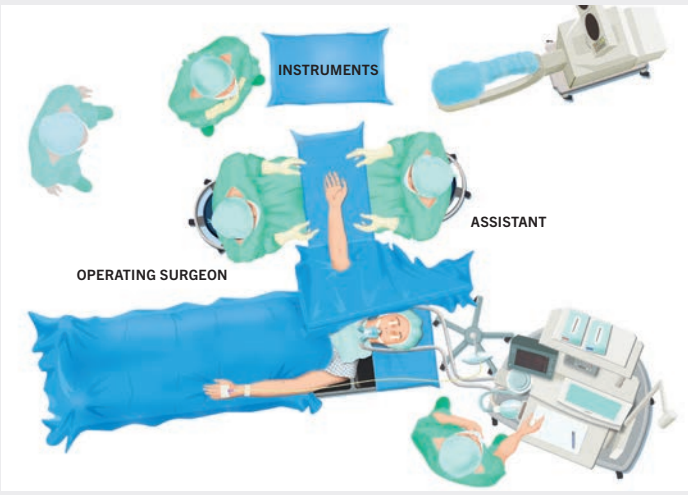


Source: Prof. Liener, Stuttgart

Preoperative planning

In addition to taking standard x-rays in A/P and sagittal planes in neutral position of the wrist, a high-resolution computer tomography should be conducted for the further clarification of intra-articular fractures.

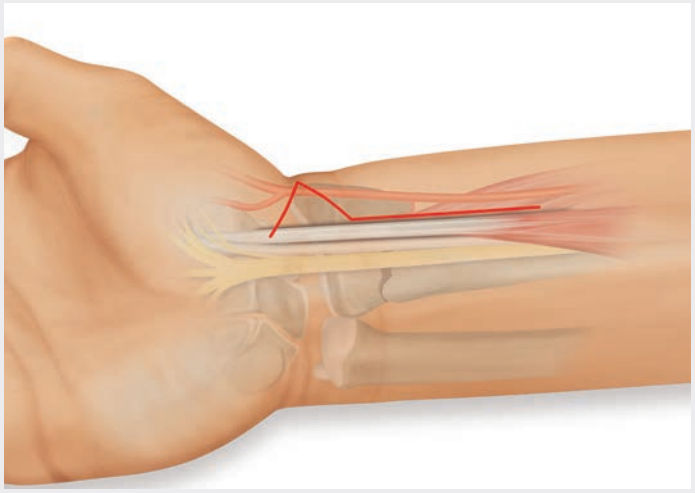
If a central impression of the distal end of the radius is suspected, a carpal arthroscopy can additionally be conducted to clarify concomitant injuries and assess the reduction.



Patient positioning

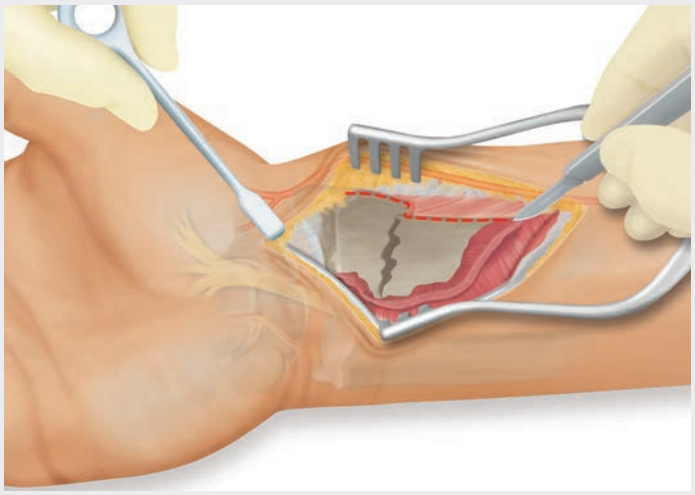
The patient is placed on the back. The hand that requires surgery is extended on the operating table in full supination of the forearm and under tourniquet control.

A cloth roll can be placed underneath the wrist as a reduction aid.



1. Palmar approach

A skin incision of 6-10 cm length is made on the distal forearm three centimeters proximal to the wrist. The incision is extended distally at acute angle to the rascetta. The flexor carpi radialis tendon (FCR) is exposed.

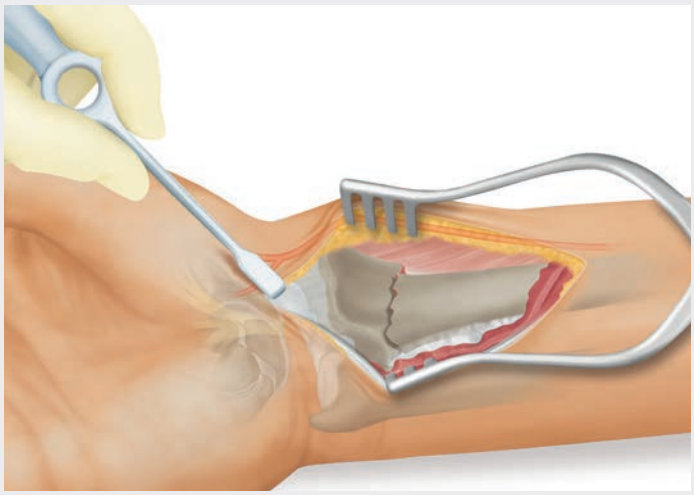


2. Exposure of the radius

To obtain access to the pronator quadratus, the approach extends between the FCR and the radial artery.

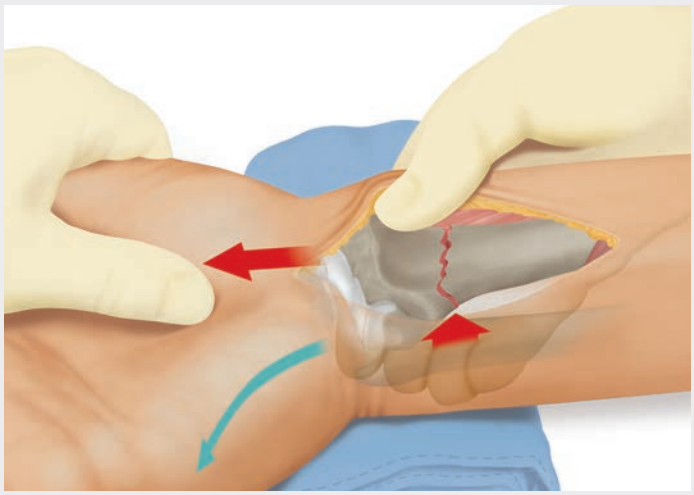
The pronator quadratus is detached from the lateral edge of the radius to elevate an ulnar-based flap.

Note:
If a post-traumatic sensitivity disorder in the median nerve distribution area or a latent carpal tunnel syndrome is detected, the incision is extended distally and the carpal tunnel is opened.



3. Exposure of the fracture

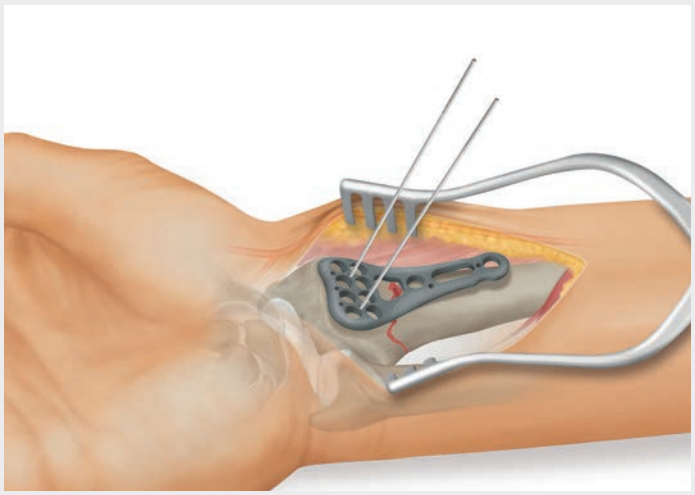
The fragments and the fracture gap are exposed.



4. Fracture reduction

The tilted fracture is reduced under x-ray control. The bent hand is reduced by applying longitudinal traction combined with dorsal digital compression.

Note:
If required, the fracture reduction can be fixed with K-wires.



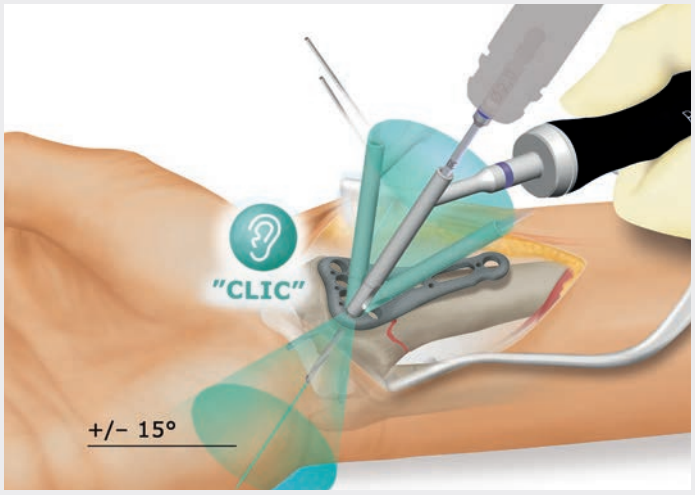
5. Insertion of the plate

The implant is selected according to the fracture pattern and the patient's anatomy.

The plate is placed centrally above the longitudinal axis in the direction of the distal edge of the radius.

The plate can be temporarily fixed with Ø 1,2 mm K-wires. The K-wires can be positioned in such a way that the position of the plate to the distal radioulnar joint (DRUJ) as well as to the radiocarpal joint can be checked simultaneously.

The positioning of the plate will be controlled by image converter.



6. Insertion of the distal screws

The first borehole is made into the ulnar plate hole using the polyaxial drill guide and the core hole drill (1 purple ring).

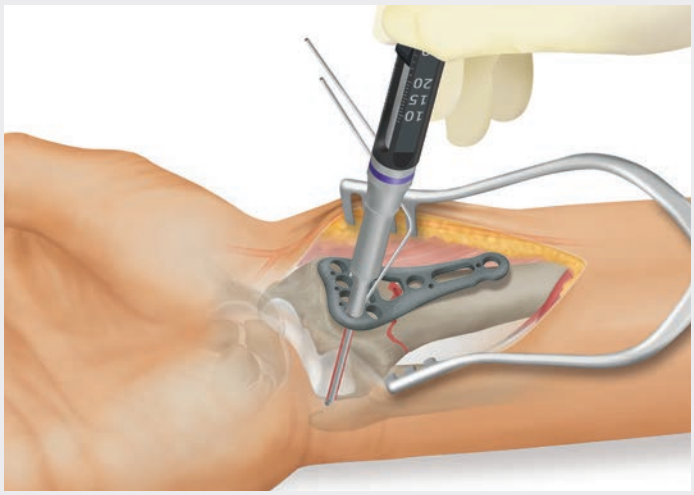
Note:
The drill guide allows for a multidirectional angulation of +/– 15°, so that fixed-angle locking is always ensured.

If the drill guide is not used, the permissible locking angle might be exceeded, which could lead to a lasting impairment of the angle stability.

K-wire
Ø 1.2 mm

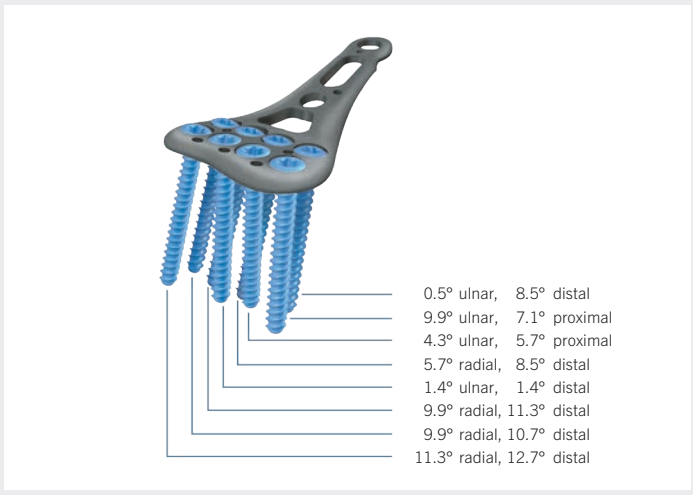
Core hole drill
AO fitting Ø 2.0 mm

Drill guide
polyaxial



7. Determination of the screw length

The correct screw length is determined using the depth gauge.



8. Insertion of the distal screws

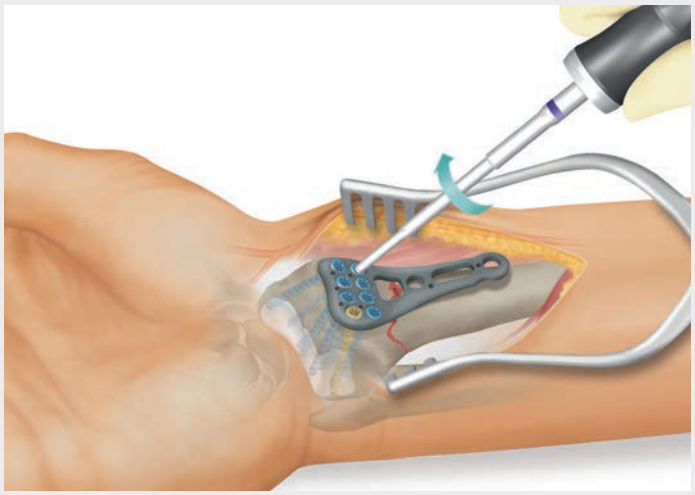
The monoaxial drill guide can be used as an alternative. This takes up the prepositioned angles in the plate.

Depth gauge
AO principle

Depth gauge
Single-hand principle

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial



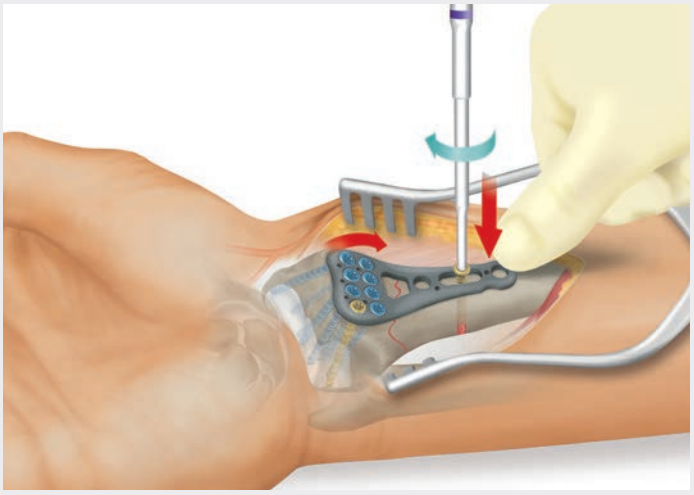
9. Insertion of the screws

The plate is fixed with a golden standard screw.

All additional screws are inserted at a fixed angle. For this purpose, drilling and measuring is performed as usual.
The screws are positioned in the direction of the dorsal edge of the radius. If possible, the radially positioned screw should be inserted into the radial styloid process.

The subchondral position of the screws is checked under x-ray control. The K-wires can subsequently be removed.

Note:
The screws in the first row should be slightly tilted proximally; by contrast, the screws in the rear rows should be tilted distally. The subchondral screw arrangement according to the array principle provides optimum support for both the central region and the dorsal edge of the radius.



10. Insertion of the first shaft screw

The distal fragment is brought into the final position by pressing the proximal end of the plate in place.

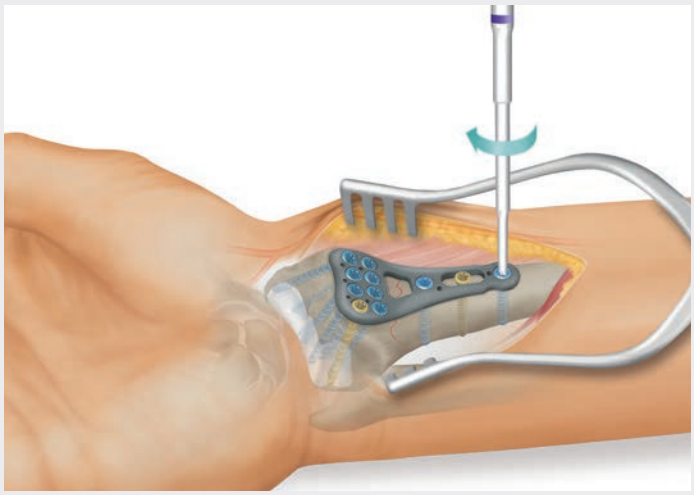
The plate is fixed in the slotted hole with a standard screw.
This allows for making fine adjustments to the distal fragment, if necessary.

Screwdriver T8

Core hole drill
AO fitting Ø 2.0 mm

Drill guide
monoaxial

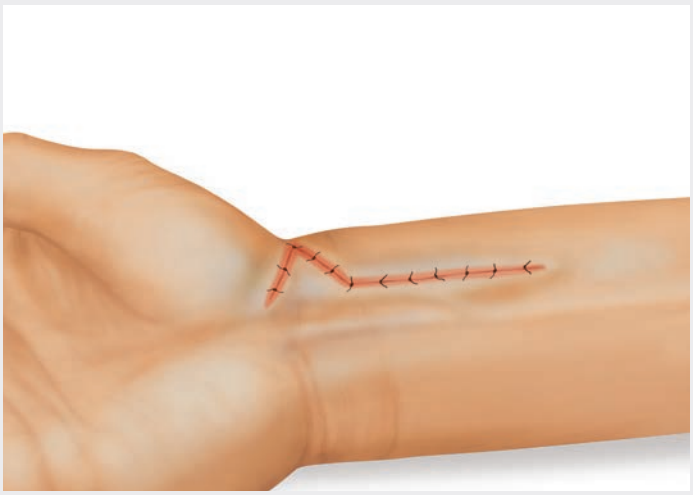
Screwdriver T8



11. Insertion of the remaining shaft screws

The remaining locking shaft screws are inserted. For this purpose, drilling and measuring is performed as usual.

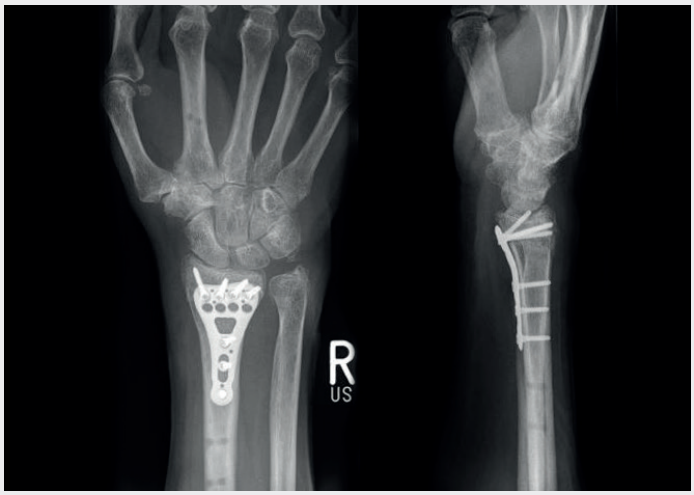
If required, spongiosa or bone substitute can be inserted through the plate window.



12. Wound closure

The wound is closed in layers.
Following the skin closure, a final x-ray is taken.

Screwdriver T8



Source: Prof. Liener, Stuttgart

13. Postoperative treatment

After completion of the surgery, a forearm splint is applied, which allows active finger movement.

Implants **Ixos®**
Palmar Radius Plates

P2		Length 43 mm Width 23 mm	Length 52 mm Width 27 mm	Length 71 mm Width 24.5 mm
		 1/1		
Ti 1	**Plates**	26-912-10-09 right 26-912-11-09 left 26-912-10-71 right 26-912-11-71 left = 2.0 mm	26-912-12-09 right 26-912-13-09 left 26-912-12-71 right 26-912-13-71 left = 2.0 mm	26-912-14-09 right 26-912-15-09 left = 2.0 mm
Ti 1	**Sizer**	26-812-10-09 right 26-812-11-09 left	26-812-12-09 right 26-812-13-09 left	26-812-14-09 right 26-812-15-09 left

Explanation of icons

- Titanium, Dotize®
- Titanium
- Packing unit
- Multidirectional locking
- Plate profile
- STERILE Implants in sterile packaging

P4

Length 43 mm
Width 23 mm

1/1

26-914-10-09 right
26-914-11-09 left
26-914-10-71 right
26-914-11-71 left

= 2.0 mm

26-814-10-09 right
26-814-11-09 left

Length 95 mm
Width 23 mm

26-914-14-09 right
26-914-15-09 left

= 2.2 mm

26-814-14-09 right
26-814-15-09 left

Drill guide block for
P4 plates with a width of 23 mm

26-950-50-07 right
26-950-51-07 left

Length 52 mm
Width 27 mm

26-914-12-09 right
26-914-13-09 left
26-914-12-71 right
26-914-13-71 left

= 2,0 mm

26-814-12-09 right
26-814-13-09 left

Drill guide block for
P4 plates with a width of 27 mm

26-950-52-07 right
26-950-53-07 left

Implants **Ixos®**
Palmar Radius Plates

P4 Wave

	Length 43 mm Width 24 mm	Length 52 mm Width 24 mm	Length 70 mm Width 24 mm	Length 95 mm Width 24 mm	**Drill guide block for** P4 Wave plates with a width of 24 mm
	1/1				
Plates	26-914-20-09 right 26-914-21-09 left 26-914-20-71 right 26-914-21-71 left = 2.0 mm	26-914-22-09 right 26-914-23-09 left 26-914-22-71 right 26-914-23-71 left = 2.0 mm	26-914-26-09 right 26-914-27-09 left = 2.2 mm	26-914-24-09 right 26-914-25-09 left = 2.2 mm	26-950-54-07 right 26-950-55-07 left
Sizer	26-814-20-09 right 26-814-21-09 left	26-814-22-09 right 26-814-23-09 left	26-814-26-09 right 26-814-27-09 left	26-814-24-09 right 26-814-25-09 left	

Implants Ixos®
Dorsal and Dorsolateral
Radius Plates as well as Ulnar Plate

Explanation of icons

- Titanium, Dotize®
- Titanium
- Packing unit
- Multidirectional locking
- Plate profile
- STERILE Implants in sterile packaging

D4 Length 60 mm, Width 32 mm

Length 60 mm, Width 30 mm

DL4 **Straight plate** Length 52 mm, Width 7,5 mm

L plate Length 43 mm, Width 15 mm

PU4 **Ulnar plate** Length 52 mm, Width 16 mm

1/1

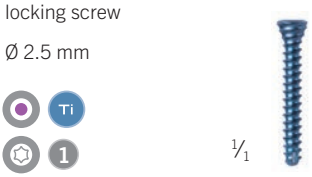
Plates	26-914-30-09 right	26-914-33-09 right	26-914-40-09	26-914-42-09 right	
	26-914-31-09 left	26-914-34-09 left		26-914-43-09 left	
	26-914-30-71 right	26-914-33-71 right	26-914-40-71	26-914-42-71 right	26-914-41-09
	26-914-31-71 left	26-914-34-71 left		26-914-43-71 left	
	= 1.7 mm	= 1.7 mm	= 1.7 mm	= 1.7 mm	= 1.7 mm
Sizer	26-814-30-09 right	26-814-33-09 right	26-814-40-09	26-814-42-09 right	26-814-41-09
	26-814-31-09 left	26-814-34-09 left		26-814-43-09 left	

Implants **Ixos®**
Screws and Pins

Screws

Multidirectional
locking screw

Ø 2.5 mm



1/1

Length	Art. no.	STERILE
8 mm	26-905-08-09	26-905-08-71
9 mm	26-905-09-09	26-905-09-71
10 mm	26-905-10-09	26-905-10-71
11 mm	26-905-11-09	26-905-11-71
12 mm	26-905-12-09	26-905-12-71
13 mm	26-905-13-09	26-905-13-71
14 mm	26-905-14-09	26-905-14-71
15 mm	26-905-15-09	26-905-15-71
16 mm	26-905-16-09	26-905-16-71
17 mm	26-905-17-09	26-905-17-71
18 mm	26-905-18-09	26-905-18-71
19 mm	26-905-19-09	26-905-19-71
20 mm	26-905-20-09	26-905-20-71
22 mm	26-905-22-09	26-905-22-71
24 mm	26-905-24-09	26-905-24-71
26 mm	26-905-26-09	26-905-26-71
28 mm	26-905-28-09	26-905-28-71
30 mm	26-905-30-09	26-905-30-71

Screws

Standard
cortical screw

Ø 2.5 mm

1/1

Length	Art. no.	STERILE
8 mm	26-906-08-09	26-906-08-71
9 mm	26-906-09-09	26-906-09-71
10 mm	26-906-10-09	26-906-10-71
11 mm	26-906-11-09	26-906-11-71
12 mm	26-906-12-09	26-906-12-71
13 mm	26-906-13-09	26-906-13-71
14 mm	26-906-14-09	26-906-14-71
15 mm	26-906-15-09	26-906-15-71
16 mm	26-906-16-09	26-906-16-71
17 mm	26-906-17-09	26-906-17-71
18 mm	26-906-18-09	26-906-18-71
19 mm	26-906-19-09	26-906-19-71
20 mm	26-906-20-09	26-906-20-71
22 mm	26-906-22-09	26-906-22-71
24 mm	26-906-24-09	26-906-24-71
26 mm	26-906-26-09	26-906-26-71
28 mm	26-906-28-09	26-906-28-71
30 mm	26-906-30-09	26-906-30-71

Explanation of icons

- Screw diameter 2.5 mm/ Pin diameter 2.0 mm
- Titanium, Dotize®
- T-Drive
- Packing unit
- STERILE Implants in sterile packaging

Pin

Multidirectional locking pin

Ø 2.0 mm

Ti 1

1/1

Length	Art. no.	STERILE
14 mm	26-907-14-09	26-907-14-71
15 mm	26-907-15-09	26-907-15-71
16 mm	26-907-16-09	26-907-16-71
17 mm	26-907-17-09	26-907-17-71
18 mm	26-907-18-09	26-907-18-71
19 mm	26-907-19-09	26-907-19-71
20 mm	26-907-20-09	26-907-20-71
22 mm	26-907-22-09	26-907-22-71
24 mm	26-907-24-09	26-907-24-71
26 mm	26-907-26-09	26-907-26-71
28 mm	26-907-28-09	26-907-28-71
30 mm	26-907-30-09	26-907-30-71

Instruments **Ixos®**

Standard instruments

½

26-950-01-07
Drill guide
polyaxial
15 cm / 6"

St Sic 1

½

26-950-02-07
Drill guide
monoaxial
15 cm / 6"

St Sic 1

½

26-950-20-07
26-950-21-07
Core hole drill
AO fitting, Ø 2.0 mm
11 cm / 4 ¼"

St 1
STERILE

½

26-950-25-07
26-950-26-07
Gliding hole drill
AO fitting
Ø 2.5 mm
11 cm / 4 ¼"

St 1
STERILE

Explanation of icons

- Screw diameter 2.5 mm
- St — Steel
- Sic — Silicone
- T-Drive
- 1 — Packing unit
- STERILE — Implants in sterile packaging

Standard instruments

½

26-950-06-07
Depth gauge
Single hand principle
13 cm / 5"

St 1

½

26-950-18-07
Screwdriver T8
19 cm / 7 ½"

St Sic 1

½

26-950-13-07
K-wire dispenser
Ø 1.2 mm
17,5 cm / 6 ¾"

St 1

½

26-950-13-98
Cap for K-wire dispenser

½

22-627-12-05
K-wires
Ø 1.2 mm
12 cm / 4 ¾"

St 10

Instruments **Ixos®**

Optional instruments

½

26-950-03-07
Drill guide
conventional
15 cm / 6"

St Sic 1

½

26-950-04-09
Joystick
cannulated
Ø 2.0 mm
41.5 mm

Ti 1

½

26-950-07-04
Screw measuring clip
Length and diameter
15 cm / 5 ⅞"

Explanation of icons

- Screw diameter 2.5 mm
- Ti — Titane
- St — Steel
- Sic — Silicone
- T-Drive
- 1 — Packing unit
- STERILE — Instrument in sterile packaging

Optional instruments

½

26-950-05-07
Depth gauge
AO principle
13 cm / 5"

St 1

½

26-950-19-07
Screwdriver T8
rotary
19 cm / 7 ½"

St Sic 1

½

26-950-16-07
Screwdriver blade
T8/AO
10 cm / 4"

St 1

½

26-950-20-21
Core hole drill, scaled
AO fitting
Ø 2.0 mm
11 cm / 4 ¼"

1/1

½

26-950-37-07
Bending pliers
17,5 cm / 6 ¾"

St 1

Ixos® Storage System

The Ixos® storage system consists of various modules.

All instruments that are absolutely imperative for a surgery are stored separately in the instrument tray.

Optional instruments such as gliding hole drills or bending pliers for the dorsal plates can also be stored separately in the storage cage. Furthermore, there is additional free storage space that can be used individually.

Depending on the version, the circular screw rack can accommodate 180 (single-sided) or 360 screws (double-sided), 5 pieces of each type and length. The double-sided screw rack additionally provides the opportunity to store locking pins. The circular screw rack can be stocked individually.

In addition to the standard inventory of instruments, the **Ixos® storage set no. 26-900-10-04** includes a selection of implants that are specifically tailored to the treatment of palmar radius fractures.

Storage system*	
55-910-33-04	Storage set consisting of:
	lid, instrument insert, storage cage, circular rack for plates, single-sided circular screw rack

55-910-34-04	Storage set consisting of:
	lid, instrument insert, storage cage, circular rack for plates, double-sided circular screw rack

55-910-59-04
Lid

1

55-910-38-04
Instrument tray
for storage

1

55-910-36-04
Storage cage

1

55-910-35-04
Circular rack
for plates

1

55-910-39-04
smartDrive® Ø 2.5 mm
circular screw rack
for screws, single-sided

1

55-910-37-04
smartDrive® Ø 2.5 mm
circular screw rack
for screws, double-sided

1

Sizer storage	
55-910-30-04	Storage set consisting of: storage ring, tag right
55-910-31-04	Storage set consisting of: storage ring, tag left

55-910-30-04
Storage ring,
tag right

1

55-910-31-04
Storage ring,
tag left

1

55-910-24-04
Lid for plate rack
55-910-35-04, right

1

55-910-23-04
Lid for plate rack
55-910-35-04, left

1

* All articles without content (implants, instruments)

DESIGN AWARD 2017

BOS Driver
Battery operated screwdriver

Angulus
Right angled screwdriver

Ixos®
Radius plating system

product design award 2005 — 2005
product design award 2011 — 2011
product design award 2012 — 2012

Ixos® clearly impressed the jury

Ixos® symbolizes our new generation of hand and trauma surgery products and the new corporate design of this product line. This particularly applies to the newly designed instruments and the new storage concept. Therefore, we are absolutely delighted that Ixos® has won the **IF design award**.

The meaning of the term “design” is frequently but incorrectly reduced to the appearance of a product. In fact, the term has a much wider scope, including functional as well as aesthetic properties. Thus, “design” highlights features that give users exactly the added value they are looking for.

Limax®
Diode-pumped Nd:YAG laser

maXium® smart C
Electrosurgical unit

marSeal5 plus
Intelligent bipolar vessel sealing

2012

2017

2017

Surgical Innovation is our passion.

Among experts, the **IF design award** is considered the top international competition.

We have won the product design award now the fourth time with in the category medicine / health + care, but the first time with an implant system.

Altogether 1605 firms from more than 48 countries participated in the competition for this highly regarded award with 4322 products. The fact that this year only just about 30% of all applications were considered prize-worthy shows the rigor the 44-member jury applied to its decisions.

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