TOM JIG® T3



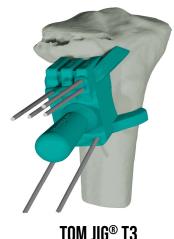


Personalized surgical guides system for valgus-derotational high tibial osteotomy



Personalized surgical guides system for valgus-derotational high tibial osteotomy

TOM JIG ®T3 enables the performance of 3D osteotomies. in a single surgical step, it is possible to correct the tibial over rotation, tibial varus and crossed kneecap in patients with this combined deformity. A 3D biomodel is generated from 2D CT scan images. The surgeon prescribes osteotomy location and angles to be corrected. Digital Anatomics' software is used for calculating the osteotomy oblique plane as well as for designing the guide. Thereafter, the biomodel and the guide are manufactured by 3D printing.





TOM JIG® T+



° **T3**

TOM JIG® T-

Pathology:

Rotational deformity of the tibia with converging kneecap resulting in clinical pain and/or patellar instability or overloading of the medial knee compartment and causing early joint degeneration.

Use:

Valgus-derotational high tibial osteotomy.

Information about the device:

Custom Made Medical Device: surgical invasive product, class IIa transient use. Rule6, Annex VIII, wMDR 2017/745.

Material:

Biocompatible class lla, sterilizable resin.



Shortening of operating times



High precision and safety



Reduction in X-Ray exposure



Technique facilitation



Minimally invasive



No initial investment



Surgical Technique

1. Positioning



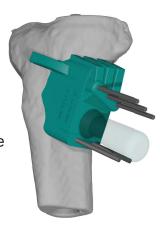
Position the guide at the only fitting point that is adapted to the exact anatomy of the patient, holding by the handle



2. Kirschner wires insertion

02

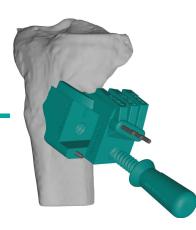
Insert the upper wires without exceeding the marked distance at each insertion point.
The lower wires are only for clamping purposes and they need to be inserted minimally



3. Part A removal

03

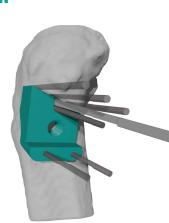
Unscrew the handle and remove part A



4. Reference point fixation

04

Place the reference wire in the groove of part B and mark a line in this groove with the electric scalpel



5. Making the osteotomy cut

05

Remove part B and make the osteotomy cut by the three upper wires.



6. Fixation of the final position

06

Rotate the tibia until the reference wire is in the same direction as the upper most anterior wire, making sure that the position matches the mark made with the scalpel.





Technical features

Request Process

Agile process and fast delivery

Digital Anatomics

