

Subtalar Joint Stabilizer

Operative Manual



Why choose Fule?

Our Advantage

The company is a national high-tech enterprise integrating research and development, production and sales of medical devices, with full intelligent processing equipment production line.

Academician and expert studio was established to help Fule improve its R&D capabilities and further deepen production-study-research cooperation; Approved postdoctoral research station.

With complete hardware facilities, excellent research and development team, and close cooperation with clinical experts, we have obtained more than 100 domestic and foreign patents.

Based on the agent cooperation pattern, to establish a nationwide sales and service network, product supply nearly thousand 3 armour hospital in our country, are exported to more than 20 overseas countries.

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Product Advantages



- 1. Biomimetic design – low postoperative pain and low implant removal rate
- 2. Wide range of sizes and models
- 3. Minimally invasive – fast postoperative recovery
- 4. Specially designed supporting instruments – easy operation

Instructions for Use

- [Indication]
 - Flexible flatfoot (children, adolescents, adults)
 - Flatfoot associated with navicular pathology
 - Spastic paralytic flatfoot (posterior tibial tendon dysfunction)
 - Hindfoot valgus deformity
 - Subtalar joint dislocation or instability

Surgical Procedure

【Step 1】 Patient Positioning

- Press at a point one fingerbreadth downward at a 45° angle from the lateral malleolus. A soft, hollow area can be felt – this is the injection and incision site, i.e., the tarsal sinus. As there are no nerves in this area, the surgical manipulation is highly safe.



Surgical Procedure

【Step 2】 Marking the Surgical Site

- Mark two parallel lines 45° above and below the tarsal sinus to facilitate incision placement.
- Locate and mark the proximal and distal borders of the tarsal sinus.
- Mark the intermediate cutaneous nerve and the lateral cutaneous nerve.



Surgical Procedure

【Step 3】 Incision

- Small incision. Incision site: the hollow area one fingerbreadth downward at a 45° angle from the lateral malleolus. Incision technique: make an approximately 2 cm incision at this site. Remove soft tissue inside the tarsal sinus.
- Percutaneous puncture. Blindly insert a 2 mm Kirschner wire into the tarsal sinus, confirm the position with C- arm fluoroscopy, and then use a trial awl to puncture the appropriate size.



Surgical Procedure

【Step 4】 Clearing the Surgical Access

- Incise the tarsal sinus ligament.
- Use curettes and pituitary rongeurs to clear the tarsal sinus without damaging the cartilage.
- Irrigate.

Surgical Procedure

【Step 5】 Guide Wire Positioning

- Guide wire positioning: blunt - tip Kirschner wire



Surgical Procedure

【Step 6】 Reaming

- Reaming



Surgical Procedure

【Step 5】 Trial Implant Insertion

- Insert the trial implant with the aid of the guide wire to ensure accurate positioning. The direction of insertion of the trial implant should follow the orientation of the bony tunnel, from anterior to “obliquely posterior”, inserting the tip of the trial implant into the tarsal sinus canal.



Surgical Procedure

【Step 6】 Implant Insertion

- Push the subtalar joint stabilizer into the tarsal sinus canal. Then rotate the handle 1 – 2 turns to tighten the interosseous ligament. Then remove the handle.



Product Information

● 【CHC Cannulated Screw】



Specification	Product Code	Remarks
Φ5.5×20	20600229	For use with 2.0 guide wire
Φ6.5×20	20600230	For use with 2.0 guide wire
Φ7.3×20	20600231	For use with 2.0 guide wire
Φ8.5×20	20600232	For use with 2.0 guide wire
Φ9.5×20	20600233	For use with 2.0 guide wire

● 【OHC Cannulated Screw】



Specification	Product Code	Remarks
Φ8.5×15	20600234	For use with 2.0 guide wire
Φ10.0×15	20600235	For use with 2.0 guide wire
Φ11.0×15	20600236	For use with 2.0 guide wire
Φ11.0×20	20600237	For use with 2.0 guide wire
Φ12.0×15	20600238	For use with 2.0 guide wire

Instrument Information

● Essential Instruments

