

SonicWeld Rx®

Surgical Techniques and Product Range



Table of Contents

	Pages
Indications and Surgical Techniques	4-17
System Configuration	6-9
■ Midface Fracture	10-17
Craniosynostosis	18-27
References	28-29
Product Range	30-59
■ SonicWeld Rx®	30-31
Xcelsior Water Bath	32-33
■ BOS Drill and Twist Drills	34-37
Resorbable Implants	38-55
■ Storage System	56-59



Indications

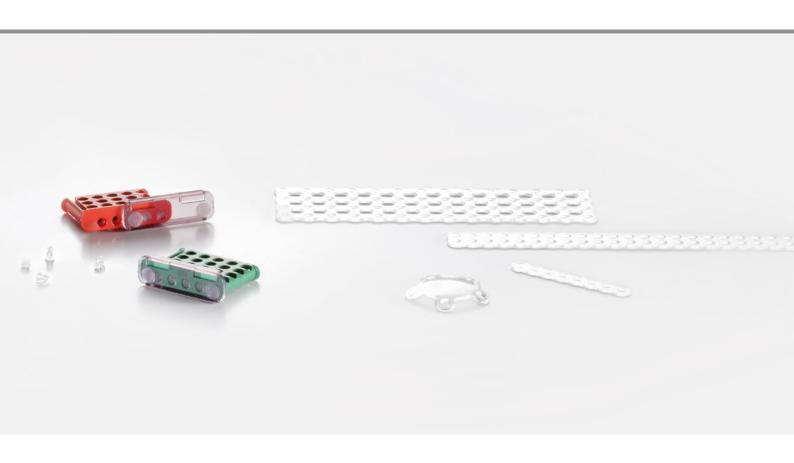
The KLS Martin Resorb x® and Resorb xG implants are intended for surgical procedures in which an internal fixation by resorbable implants is required for aligning, reconstructing and stabilizing bone tissue.











Surgical Techniques

System Configuration

Configure your operatory

Pages 6-9



Midface Fracture

Zygomatic complex fracture

Pages 10-17



Craniosynostosis Trigonozephalus

PD Dr. Dr. M. Engel Prof. Dr. Dr. J. Hoffmann Pages 18-27







System configuration

To manage different operative sites and approaches and to facilitate the operation for both right- and left-handed surgeons, it is advantageous to place the SonicWeld Rx® system on a flexible side table.

The SonicWeld Rx® ultrasonic unit must be set up and operated in the non-sterile area of the operating environment.

Sonotrodes, handpieces with connecting cables and the wrench are located in the sterile area of the operating environment, which is why they must be used in sterile condition.

Connect the handpiece to the connecting socket by plugging the connecting cable into the socket following the guide groove.

The connecting cable of the handpiece is approx. 2.95 m long. If this is not long enough, you can order an additional handpiece with long connection cable, which is approx. 6 m long.





Screw the sonotrode manually in place on the handpiece and use the open-end wrench to check it for secure attachment (torque: max. 0.3 Nm).

Plug the mains cable into the ultrasonic unit and then into a mains socket-outlet with ground contact.

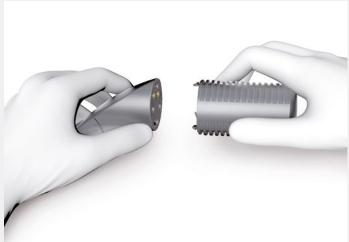
As soon as the unit has been connected to the power supply, it is automatically set to standby mode. Therefore, full switch-off is only possible by pulling the plug of the mains cable out of the socket-outlet.

Upon turning on the unit with the on-standby switch, the handpiece is ready for a self-test. This will be indicated by a display icon at the unit and by the blinking blue LED on the handpiece.

The self-test is performed as soon as the handpiece is operated for the first time. Be sure to keep the tip of the sonotrode out of contact with objects during this process. If the test is successful, the unit is automatically set to working mode.







Using two handpieces, the self-test needs to be triggered with each handpiece.

The two handpieces can only be used alternatingly.

By pressing the activation switch of the other handpiece, an acoustic click can be perceived and the "A" appears in the display side of that handpiece.

Prepare the BOS Drill by plugging in the sterile battery pack into the sterilized handle of the BOS Drill.

Then, insert the appropriate twist drill into the BOS Drill.







The Xcelsior water bath must be set up and operated in the sterile area of the operating environment.

After plugging the mains cable into the device and then into a mains socket-outlet with ground contact, the water bath can be turned on with the on-off switch.

Then, cover the thermal unit $oldsymbol{0}$ with the sterile cover hood $oldsymbol{0}$.

Place the sterile water container with the frame 3 into the sterile cover hood.

The water container can then be filled up with sterile fluid (e. g. aqua destilata, physiologic saline) until the water level reaches the marking (approx. 500 ml).

The water bath is ready for action, when the orange thermo control display "OK" lights up. Depending on the amount of liquid in the water container, heating time of the device is normally approx. 20 minutes.







The x-ray shows a right-sided zygomatic complex fracture. The following three fractures are identified:

- fracture of the zygomatic arch
- fractures of the inferior orbital rim and anterior and posterior maxillary sinus walls
- 3 fracture of the lateral orbital rim

After fracture reduction, a "three point fixation" will be performed with Resorb x° plates and SonicPins Rx using the SonicWeld Rx° system.



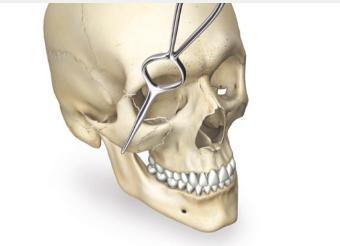
Patient positioning

The patient is placed on his back on the OR table. Normally, a nasotracheal intubation is aimed.

For the installation of the SonicWeld Rx® system and its accessories, please see page 6 - 10.





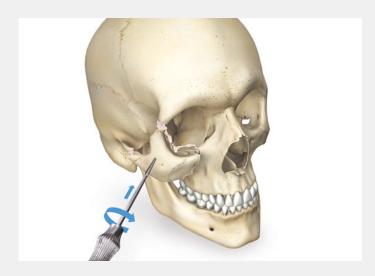


1. Approach / Zygoma reduction

First, the zygoma needs to be mobilized into its proper position. There are various options to perform the reduction.

Option 1

With a retractor via a transoral approach placed through the maxillary vestibular incision.





A threaded reduction tool can be used for zygoma reduction inserted percutaneously into the zygoma.

The surgeon can use the Byrd zygoma reduction screw with a conventional screwdriver handle.



2. Bending the lateral orbital wall plate

A 4-hole plate with bar is typically used for this fracture. The template of the plate is placed across the frontozygomatic fracture area and bent to fit the bone surface. Then, the template is removed from the patient. The appropriate resorbable plate is put on the template and both parts are hold in the preheated water of the Xcelsior water bath.

After only a few seconds the resorbable plate is formable and automatically adapts to the shape of the template.







3. Placing the lateral orbital wall plate

The material cools down quite fast and the implant keeps its shape.

The plate is then placed across the frontozygomatic fracture area. It fits to the bone surface perfectly.

4. Fixation of lateral orbital wall plate

Predrilling

Next, predrill the pilot hole through the positioned plate using a SonicWeld Rx® twist drill. The special Twist Drills are characterized by a triple ring identification marking.

- Twist Drills for Ø 1.6 mm SonicPins Rx are marked with 3 **green** rings.
- Twist Drills for Ø 2.1 mm SonicPins Rx are marked with 3 red rings.



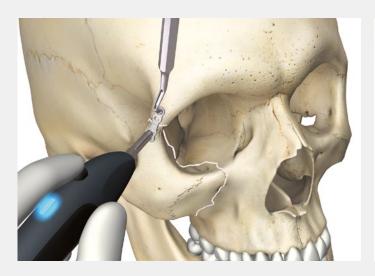
Plate-holding forceps, curved

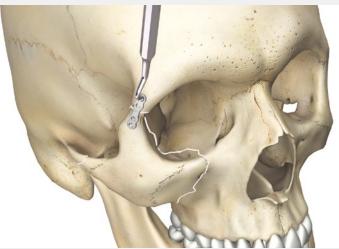


BOS Drill



Twist drill with BOS attachment for Ø 1.6-mm Sonic Pins Rx





5. Insertion of first SonicPin Rx

The first SonicPin is placed in the unstable zygomatic fracture.

Secure a SonicPin Rx on the tip of the standard sonotrode and seat it into the top of the pilot hole. Apply slight pressure and then activate the ultrasonic unit of the SonicWeld Rx® system by pressing the activation switch. During activation period there is a light and acoustic feedback.

Maintain slight pressure until the head is fully welded into the pilot hole. Then release the switch, but do not yet remove the sonotrode. Allow the SonicPin Rx to cool down for at least two seconds. Finally spin the sonotrode left and right.

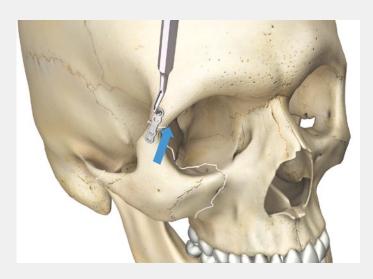
Then lift it away.

6. Insertion of second SonicPin Rx

The second SonicPin Rx is inserted in the same way also in the unstable zygomatic fracture part to maintain the plate in the correct position.









7. Zygoma reduction

After reduction of the zygomatic fragment into cranial direction the plate holding instrument is assembled during inserting further pins.

8. Insertion of further SonicPins Rx

The third and fourth SonicPins Rx are inserted in the same way as before into the stable bone.

Option:

For smoothing the contours, the smoothing sonotrode may be used as follows: Bring the sonotrode in contact with the plate, press the activation switch until the material liquefies, release the activation switch and finally release the sonotrode.





For this fracture the curved 8-hole plate is the best choice.

After shaping the infraorbital rim plate in the Xcelsior waterbath and if applicable, cutting it with the scissors, it is positioned through a lower eyelid incision. Please make sure that the lateral orbital wall has been properly reduced prior to placing this plate.

The first SonicPin is placed in the unstable zygomatic fracture.



10. Positioning and fixation of zygomatico-maxillary buttress plate

A L-shaped plate is the ideal solution for this fracture. It is important to three-dimensionally adapt this plate.

- The horizontal portion must be adapted to the most lateral portion of the lateral maxillary buttress, where the bone is still thick enough for insertion of the SonicPins Rx.
- The vertical portion is placed along the alveolar bone.
 The dental roots must not be harmed.

The L-shaped plate is positioned through a maxillary vestibular incision.





Finally after the plate is inserted successfully, the wound can be closed.



Postoperative treatment

The x-ray shows the patient postoperatively.

Remark:

Please note that Resorb x® plates and SonicPins Rx are not visible on the x-ray photograph.





Preoperative planning

The illustration on the right shows a patient with a clinical picture typical of trigonocephaly.

The typical triangular appearance is due to premature closure of the metopic suture.

Positioning the patient

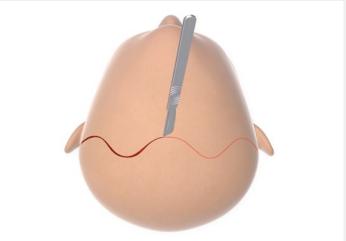
The patient is placed in the supine position on the operating table.

To set up and operate the SonicWeld Rx® system and accessories refer to pages 6 - 10.



1. Coronal approach

First of all, an undulating coronal incision is marked dorsal to the two coronal sutures under orotracheal anesthesia.



2. Skin incision

A skin flap is first detached along the marked undulating incision.

The skin incision can be made with a scalpel or a monopolar needle.



3. Lifting away the pericranium

After the skin incision and applying skin clips, a skin flap is made down to supraorbital.

Then an epicranial periosteal flap is made, pedunculated to anterior.

Intraoperative hemostasis of soft tissue is performed using bipolar forceps and by applying compresses soaked in hydrogen peroxide. Hemostasis in the bone region is performed with bone wax.



4. Exposure of the cranium

When the epicranial periosteum has been detached, further exposure is conducted with strict bone contact, including the temporal fossae, mobilizing the ventral portion of the temporal muscle on both sides down to the lateral bony orbit, the roof of orbit, preserving and neurolysing the supraorbital nerves and the bony nasal root on both sides.



5. Marking the osteotomy lines

The osteotomy lines are marked. The osteotomy is then performed in two steps:

- Osteotomy of the frontal segment
- Osteotomy of the orbital segment



6. Trepanation

First, extracranial craniotomy of a frontal bone cap has to be performed in the region just posterior to the coronal suture and approx. 20 - 25 mm supraorbitally above the frontal bone.

For this purpose a trephine is used to make appropriate burr holes parasagittally and temporally, with which the dura is detached from the bone by undercutting from burr hole to burr hole.



7. Osteotomy of the frontal segment

Osteotomy of the frontal bone segment is performed using a craniotome from burr hole to burr hole.

After removal of the segment the dura is detached from the bone in the region of the frontal and temporal lobes.



8. Osteotomy of the orbital segment

Subsequent osteotomy in the region of the temporal fossa of the orbital segment is performed with the aid of a microsaw, first horizontally, then vertically. After extracranial osteotomy of the lateral orbit up to the connection to the vertical osteotomy line a triangular osteotomy is performed in the region of the nasal root.

The orbital roof and the sphenoid mass are osteotomized from intracranial, protecting the frontal and temporal lobes.





9. Treatment of the orbital segment

There follows extracorporeal treatment of the orbital bone segment: to eliminate the triangular appearance a partial median osteotomy of the inner cortical bone is required in order to widen the frontal bone (by bending up

10. Plate selection

For fixation of the segments both Resorb x® plates and larger meshes can be used, which can be cut to the required size with scissors if necessary.

We recommend warming Resorb x° implants in the prewarmed liquid of an Xcelsior water bath just before they are used. After only a few seconds the implant can be shaped, as a result of which it can easily be adapted to the surface of the bone segment.







11. Fixation of the orbital segment

The next step is to drill a pilot hole through the plate using a SonicWeld Rx® twist drill. The special-purpose pilot drill has a colored mark:

- The pilot drills for Ø 1.6 mm SonicPins Rx are marked with 3 green rings.
- The pilot drills for Ø 2.1 mm SonicPins Rx are marked with 3 red rings.

On account of their atraumatic properties, Resorb x[®] implants can be fixed to the bone either extracranially or intracranially.

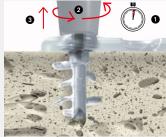
12. Insertion of the SonicPins Rx

The next step is medial fixation of the upward-bent orbital segment.

The first SonicPin is secured with the tip of a standard sonotrode and is thus mounted on the pilot hole. By applying slight pressure toward the pilot hole and then operating the finger actuator the ultrasound unit of the SonicWeld Rx® system is actuated and the pin is inserted.

Pressure should be maintained until the head of the pin is secure in the hole. Then the finger actuator is released, without removing the sonotrode from the implantation site. The surgeon should allow the SonicPin Rx to cool down for a few seconds. Then the sonotrode is completely detached and withdrawn with a twisting motion.











Twist drill with BOS attachment for Ø 1.6-mm SonicPins Rx

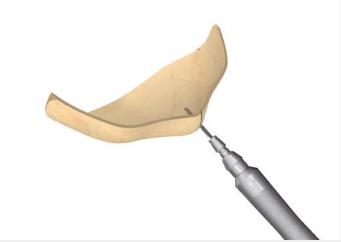


13. Fixation of the orbital segment to the cranium

For harmonious shaping of the orbital segment the latter has to be weakened lateroorbitally on both sides in the region of the inner cortical bone.

Following reduction and fixation of the orbital segment in the region of the nasal root, check symmetry and profile.

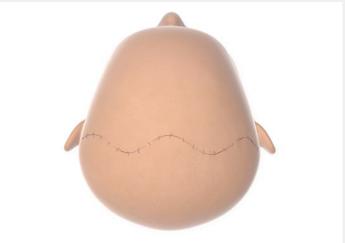
For bilateral fixation of the orbital segment in the region of the temporal bone or remaining frontal bone ("tongue in groove") Resorb x^{\otimes} plates or meshes are used.



14. Treatment of the frontal segment

The last step is to adapt the frontal bone cap to the newly shaped orbital segment in order to achieve homogeneous forehead curvature. To be able to adapt the frontal bone cap to the newly shaped forehead, it must be transected along the metopic suture. Normally, due to adaptation the metopic suture region is automatically opened, whereby the more severe the clinical picture, the larger the gap.





15. Fixation with more plates

After the opening of the closed frontal suture there are usually two frontal bone segments. These may have to be rotated through 180 degrees to ensure that the frontal segments connect to the orbital segment in a harmonious curve.

Placement of the two frontal segments is followed by fixation to the orbital bone segment with small resorbable osteosynthesis plates.

16. Wound closure

The epicranial periosteum and the skin flap are reduced when the temporal muscle has also been reattached carefully on both sides.

Before layer-by-layer skin closure a low-suction drain is attached.



References

Abdel-Galil, K. & Loukota, R., Fixation of comminuted diacapitular fractures of the mandibular condyle with ultrasoandactivated resorbable pins. Br J Oral Maxillofac Surg, 46(6), 2008, S. 482-484

Aldana, P. R., et al.,

Ultrasoand-aided fixation of a biodegradable cranial fixation system: uses in pediatric neurosurgery.

J Neurosurg Pediatr, 3(5), 2009, S. 420-424

Aldana, P. R., et al.,

Ultrasoand-aided fixation of biodegradable implants in pediatric craniofacial surgery. Pediatr Neurosurg, 47(5), 2011, S. 349-353

Arnaud, E. & Renier, D.,

Pediatric craniofacial osteosynthesis and distraction using an ultrasonic-assisted pinned resorbable system: a prospective report with a minimum 30 months' follow-up.

J Craniofac Surg, 20(6), 2009, S. 2081-2086

Basa, S.,

Does ultrasonic resorbable pin fixation offer predictable results for augmentation eminoplasty in recurrent dislocations?

J Oral Maxillofac Surg, 72(8), 2014,
S. 1468-1474

Buijs, G. J., et al.,

Mechanical strength and stiffness of the biodegradable SonicWeld Rx® osteofixation system. J Oral Maxillofac Surg, 67(4), 2009. S. 782-787

Burger B. W.,

Use of ultrasoand-activated resorbable poly-D, L-lactide pins (SonicPins) and foil panels (Resorb x*) for horizontal bone augmentation of the maxillary and mandibular alveolar ridges. J Oral Maxillofac Surg, 68(7), 2010, S. 1656-1661

Chen, Y. B. & Zhang, H. Z.,

Ultrasoand-aided biodegradable osteosynthesis system: application in fixation of oral and maxillofacial fractures.

Zhonghua Yi Xue Za Zhi, 93(18), 2013, S. 1418-1421

Cho P. W. J., et al.,

Biomechanical study of SonicWeld Rx* pin in cortical bone graft layering technique. J Oral Maxillofac Surg, 69(5), 2011, S. 1519-1524

Cristofaro, M. G., et al.,

A new system of resorbable rigid threedimensional fixation using ultrasoands (SonicWeld Rx*+ Sonic Pins Rx) adopted in craniofacial traumatology: the author's experience.

It J Maxillofac Surg, 20, 2009, S. 4-52

Eckelt U., et al.,

Ultrasoand aided pin fixation of biodegradable osteosynthetic materials in cranioplasty for infants with craniosynostosis.

J Craniomaxillofac Surg, 35(4-5), 2007,

J Craniomaxillofac Surg, 35(4-5), 2007, S. 218-221

Freudlsperger C, et al.,

The value of ultrasound-assisted pinned resorbable osteosynthesis for cranial vault remodelling in craniosynostosis,

Journal of Cranio-Maxillo-Facial Surgery (2013)

Heidemann W., et al.,

Degradation of poly(D,L)lactide implants with or without addition of calciumphosphates in vivo. Biomaterials, 22(17), 2001, S. 2371-2381

Heidemann W. & Gerlach K. L., Sonographic examinations on the degradation of bioresorbable osteosynthesis materials. Biomed Tech, 46(9), 2001, S. 236-240

Heidemann W, et al.,

In vivo investigation of the degradation of poly(D,L)lactide and poly(L-lactide-co-glycolide) osteosynthesis material.

Mand-, Kiefer- GesichtsChir, 7, 2003, S. 283-288

Iglhaut, G.,

The Minimally Invasive Shell Technique for Bone Augmentation.

Oralchirurgie Journal, 9(3), 2009

Iglhaut, G., et al.,

Shell technique using a rigid resorbable barrier system for localized alveolar ridge augmentation. Clin Oral Implants Res, 25(2), 2014, S. 149 - 154

Lee, J. H. & Park, J. H.,

The clinical usefulness of ultrasoand-aided fixation using an absorbable plate system in patients with zygomatico-maxillary fracture.

Arch Plast Surg, 40(4), 2013, S. 330-334

Konofaos P, et al.,

The Role of Resorbable Mesh as a Fixation Device in Craniosynostosis;
J Craniofac Surg 2016;27: 105–108

Mai, R.,

Bone welding – a histological evaluation in the jaw. Ann Anat, 189(4), 2007, S. 350-355

Meara, D. J., et al.,

Fixation of Le Fort I osteotomies with poly-DL-lactic acid mesh and ultrasonic welding — a new technique.

J Oral Maxillofac Surg, 70(5), 2012, S. 1139-1144

Müller-Richter, U. D., et al., Treatment of intracapsular condylar fractures with resorbable pins.

J Oral Maxillofac Surg, 69(12), 2011, S. 3019-3025 Pietrzak W.S.,

Bioabsorbable polymer applications in musculoskeletal fixation and healing. In: Pietrzak W. S. (ed.), Orthopedic biology and medicine: Musculoskeletal tissue regeneration, biological materials and methods,

Totawa: Humana Press, 2008, S. 509-529

Pilling E., et al.,

An Experimental study of the biomechanical stability of ultrasoand-activated pinned (SonicWeld Rx* + Resorb x*) and screwed fixed (Resorb x*) resorbable materials for osteosynthesis in the treatment of simulated craniosynostosis in sheep.

Br J Oral Maxillofac Surg, 45(6), 2007, S. 451-456

Pilling, E., et al.,

An experimental in vivo analysis of the resorption to ultrasoand-activated pins (SonicWeld Rx*) and standard biodegradable screws (Resorb x*) in sheep.

Br J Oral Maxillofac Surg, 45(6), 2007, S. 447-450

Reichwein, A.,

Clinical experiences with resorbable ultrasonic-guided, angle-stable osteosynthesis in the panfacial region.

J Oral Maxillofacial Surg, 67(6), 2009,
S. 1211-1217

Schneider, M., et al., Stability of fixation of diacapitular fractures of the mandibular condylar process by ultrasoand-aided resorbable pins (SonicWeld Rx* System) in pigs. Br J Oral Maxillofac Surg, 49(4), S. 297-301

Schneider, M., et al.,

Ultrasoand-aided resorbable osteosynthesis of fractures of the mandibular condylar base: an experimental study in sheep.
Br J Oral Maxillofac Surg, 50(6), 2012, S. 528-532

Stelnicki, E. J., et al.,

Use of absorbable poly (D,L) lactic acid plates in cranial-vault remodeling: presentation of the first case and lessons learned about its use. Cleft Palate Craniofac J, 42(4), 2005, S. 333-339

Völker, W., et al.,

The use of resorbable osteosynthesis materials. Laryngorhinootologie. 90(1), 2011, S. 23-25

Wood, R. J., et al., New resorbable plate and screw system in pediatric craniofacial surgery. J Craniofac Surg, 23(3), 2012, S. 845-849

SonicWeld Rx®



SonicWeld Rx® System

52-500-20-04	SonicWeld Rx® basic set, consisting of:
52-500-21-04	Ultrasonic unit SonicWeld Rx®
52-500-23-04	Handpiece with finger activation
52-501-21-04	Standard sonotrode, straight
52-502-01-04	Wrench for sonotrodes



52-500-21-04

Ultrasonic unit, alone SonicWeld Rx®





52-500-23-04

Handpiece with finger activation, 2.95 m cable

52-500-24-04

Handpiece with finger activation, 6 m cable





Explanation of icons:



Stainless steel



Packaging unit











52-501-22-04 Standard sonotrode, angled



52-501-23-04 Smoothing sonotrode, straight





52-501-24-04 Smoothing sonotrode,





52-502-01-04 Wrench for sonotrodes







SonicWeld Rx®

Xcelsior Water Bath

Xcelsior Water Bath



52-400-10-04 Xcelsior water bath complete





52-400-13-04 Cover hood



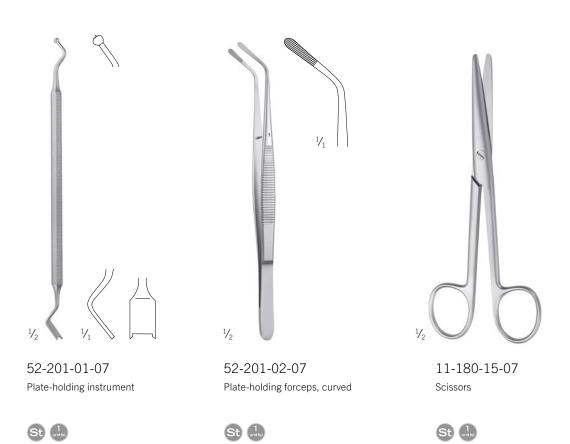


52-400-14-07 Water container with frame





Instruments



SonicWeld Rx® BOS Drill



50-800-03-07 BOS Drill w/o battery pack





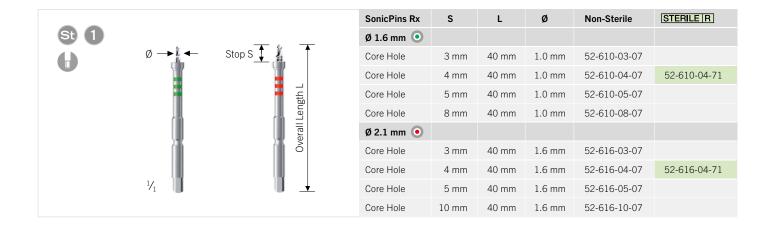


50-800-02-04

Battery pack, sterile



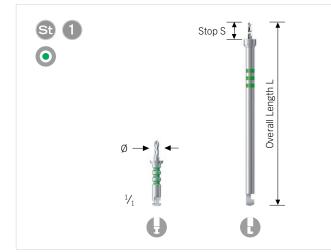




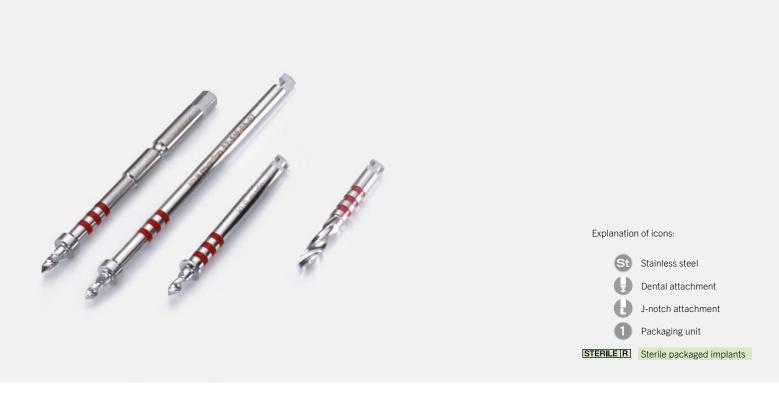




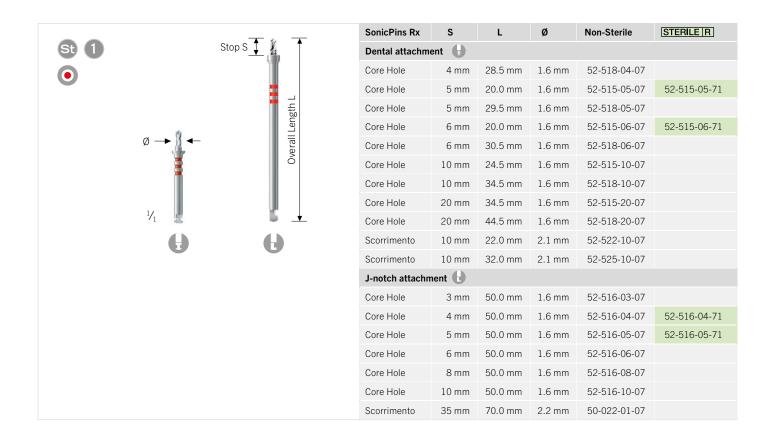
Twist drills for 1.6-mm SonicPins Rx

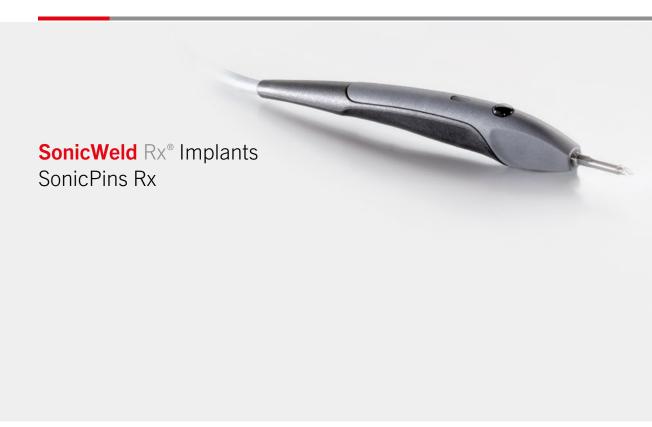


SonicPins Rx	S	L	Ø	Non-Sterile	STERILE R		
Dental attachment							
Core Hole	5 mm	20.0 mm	1.0 mm	52-509-05-07	52-509-05-71		
Core Hole	5 mm	29.5 mm	1.0 mm	52-512-05-07			
Core Hole	6 mm	20.0 mm	1.0 mm	52-509-06-07	52-509-06-71		
Core Hole	6 mm	39.5 mm	1.0 mm	52-512-06-07			
J-notch attachment							
Core Hole	3 mm	50.0 mm	1.0 mm	52-510-03-07			
Core Hole	4 mm	50.0 mm	1.0 mm	52-510-04-07	52-510-04-71		
Core Hole	5 mm	50.0 mm	1.0 mm	52-510-05-07	52-510-05-71		
Core Hole	6 mm	50.0 mm	1.0 mm	52-510-06-07			
Core Hole	7 mm	50.0 mm	1.0 mm	52-510-07-07	52-510-07-71		
Core Hole	8 mm	50.0 mm	1.0 mm	52-510-08-07			

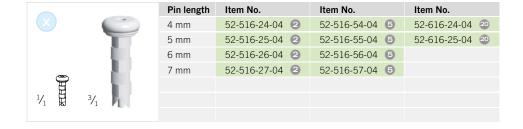


Twist drills for 2.1-mm SonicPins Rx





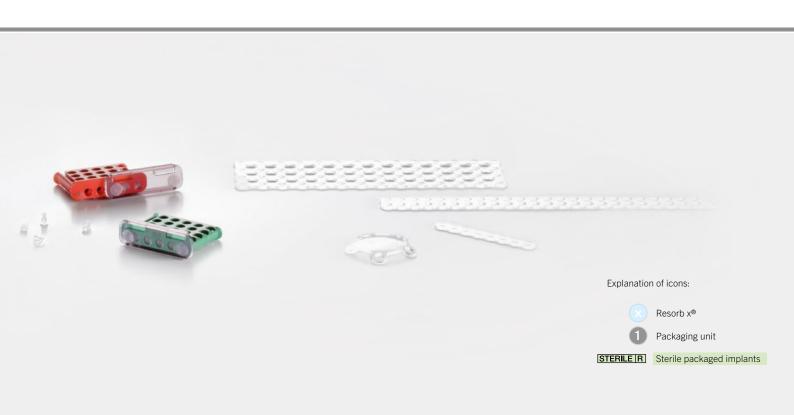
1.6-mm SonicPins Rx





1.6-mm Micro SonicPins Rx

			Pin length	Item No.	Item No.
			5 mm	52-519-25-04 2	52-519-45-04
, B	2.				
1/1	3/1	Pill			



2.1-mm SonicPins Rx



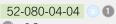


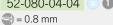
2.1-mm Endobrow SonicPins Rx

		Pin length	Item No.
		4 mm	52-641-14-04 1
		5 mm	52-641-15-04 1
_			
1/1 🛱	3/1		

SonicWeld Rx® Implants Resorb x® Plates





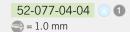








52-082-04-04 = 0.8 mm



52-177-04-04 💿 🕕 Template



52-076-04-04 Magdeburg **=** 1.0 mm

52-176-04-04 🚇 🕕 Template

52-075-08-04 = 1.0 mm

52-175-08-04 🔍 🕕 Template

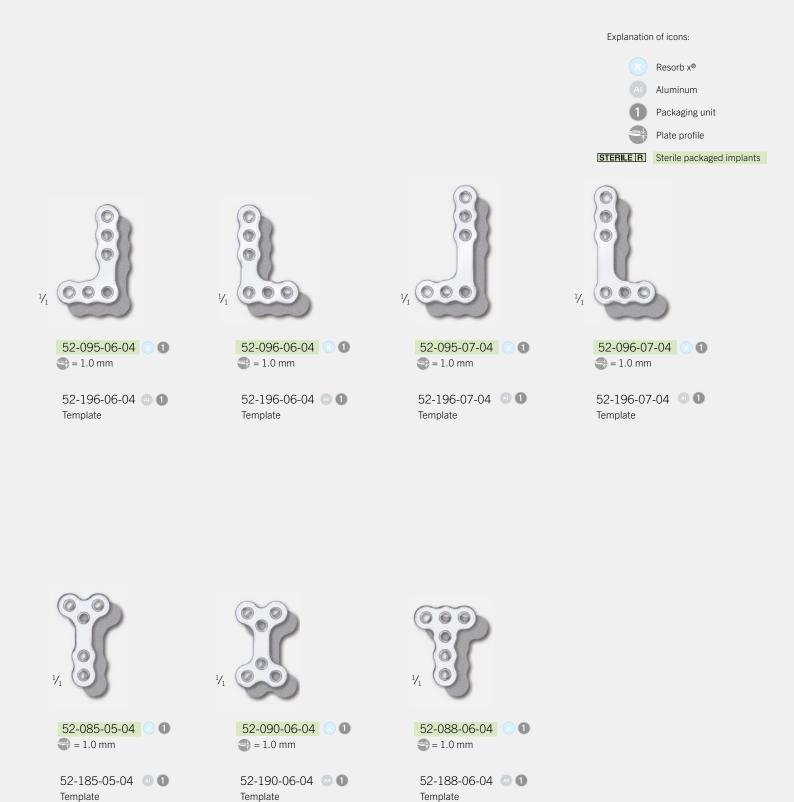




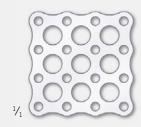


52-076-08-04 ⇒ = 1.0 mm

52-176-08-04 🔍 🕕 Template



SonicWeld Rx® Implants Resorb x® Meshes and Templates



52-303-26-04

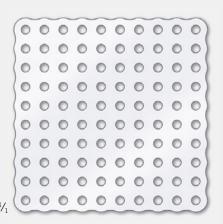
flexible, 29 x 29 mm

= 0.3 mm

52-306-26-04

flexible, 29 x 29 mm

= 0.6 mm



52-303-50-04

51 x 51 mm

= 0.3 mm

52-306-50-04

51 x 51 mm

3 = 0.6 mm

52-308-50-04

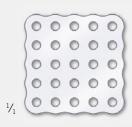
53 x 53 mm

 $= 0.8 \, \text{mm}$

52-310-50-04

51 x 51 mm

= 1.0 mm



52-303-25-04

26 x 26 mm

⇒ = 0.3 mm

52-306-25-04

26 x 26 mm

3 = 0.6 mm

52-310-25-04

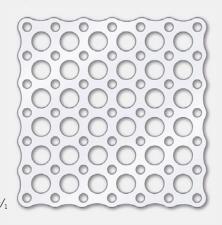
26 x 26 mm

🚭 = 1.0 mm



52-313-25-04 11 11

25 x 25 mm Template



52-303-51-04

flexible, 51 x 51 mm

🚭 = 0.3 mm

52-306-51-04

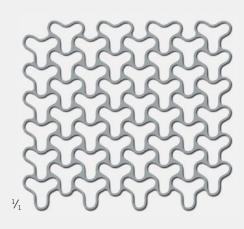
flexible, 51 x 51 mm

 $= 0.6 \, \text{mm}$

52-310-53-04

flexible, 51 x 51 mm

== 1.0 mm



52-313-50-04 11 11

50 x 50 mm

Template

Explanation of icons:

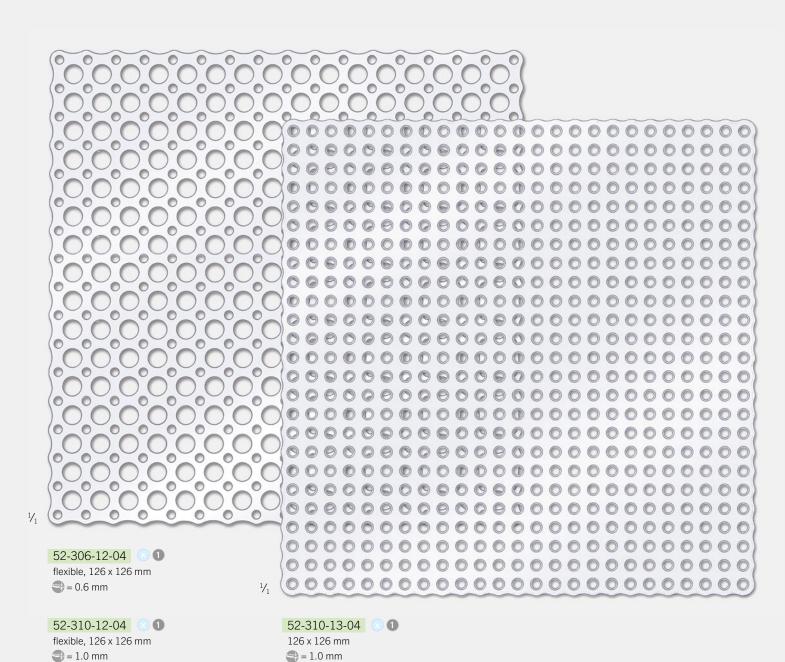
Resorb x®

Aluminum

1 Packaging unit

Plate profile

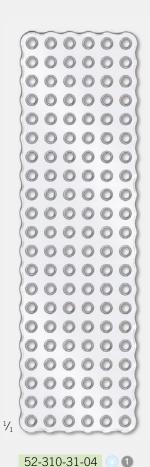
STERILE | R Sterile packaged implants



43

SonicWeld Rx® Implants Resorb x® Meshes

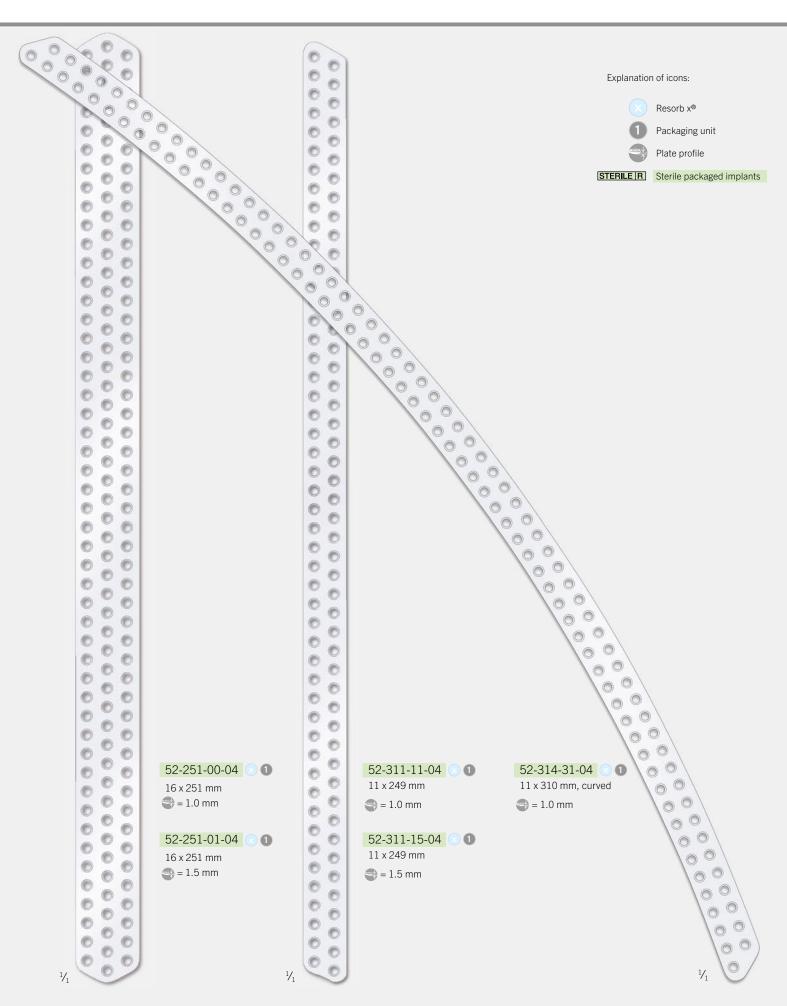




31 x 106 mm

= 1.0 mm





SonicWeld Rx® Implants Resorb x® Orbita Floor Meshes and Burr Hole Covers









 $= 0.6 \, \text{mm}$







Resorb x®

Packaging unit Plate profile

STERILE R Sterile packaged implants

flat



52-312-12-04

Ø = 12 mm == 1.0 mm



52-312-17-04

Ø = 17 mm

= 1.0 mm



52-312-22-04

Ø = 22 mm

== 1.0 mm





52-091-06-04

O

⊕= 1.0 mm

contoured



52-312-13-04

Ø = 12 mm

== 1.0 mm



52-312-18-04 风 🕕

Ø = 17 mm

= 1.0 mm



0

52-312-23-04

Ø = 22 mm

= 1.0 mm

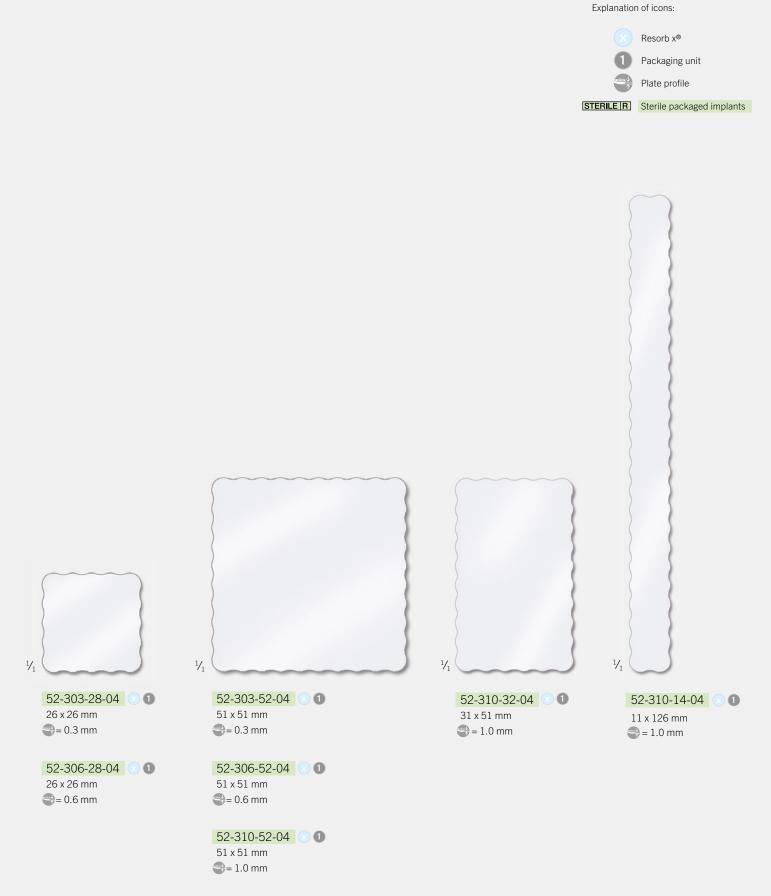


52-092-06-04 💿 🕕

= 1.0 mm

SonicWeld Rx® Implants Resorb x® Membranes and Non-Perforated Meshes





SonicWeld RxG Implants New resorbable Polymer

Since Resorb x® was launched back in 2000, the intrinsically amorphous polymer consisting of PDLLA is well-known all over the world.

Now, we are pleased to be able to present another resorbable polymer that supplements the SonicWeld technology:

Resorb xG

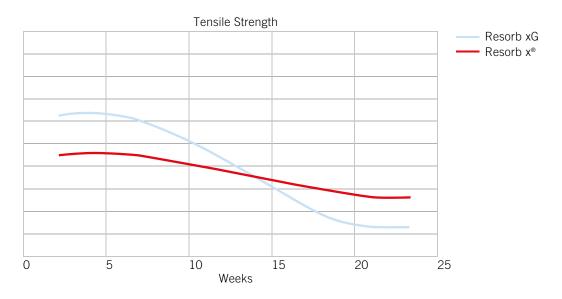
Its base material is PLLA-PGA. The two substances are mixed at a ratio of 85% PLLA (poly-L-lactic acid) and 15% PGA (poly glycolic acid). The initial tensile strength of Resorb xG is significantly higher than that of Resorb x $^{\circ}$. Furthermore, PGA is a substance that binds water easily to store it. Consequently, Resorb xG tends to degrade faster than Resorb x $^{\circ}$ (12 – 14 months).

Thanks to those facts, however, Resorb xG implants tend to be superior to Resorb x^{\otimes} implants in some clinical applications.

Resorb xG implants are also compatible with the SonicWeld Rx° technology without any handling differences compared to Resorb x° and can be fixed in place with the usual SonicPins Rx.



Resorbable materials maintain the majority of their strength for 8 - 10 weeks. After the loss of strength, the material will be processed by the body in the Krebs cycle into CO_2 and water. Complete degradation of the implant will vary depending on the size and location of the implant, and the age of the patient.



Example for mechanical properties

The chart above compares the tensile strength of Resorb x[®] and Resorb xG polymers. The measurements were done in vitro with standardized tensile bars at 37°C.

SonicWeld RxG Implants New resorbable Polymer



Template

Template

Explanation of icons:



Resorb xG



Titanium



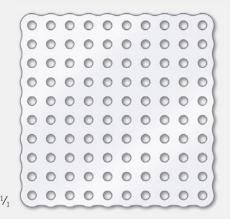
Aluminum

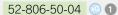


Packaging unit Plate profile



STERILE | R | Sterile packaged implants





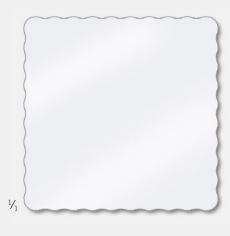
51 x 51 mm

== 0.6 mm

52-810-50-04 💿 🕕

51 x 51 mm

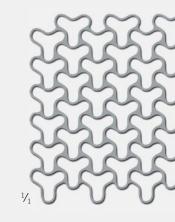
⊕= 1.0 mm



52-810-52-04 0 1

51 x 51 mm

== 1.0 mm



52-313-50-04 11 11 50 x 50 mm

Template



Explanation of icons:

Resorb xG

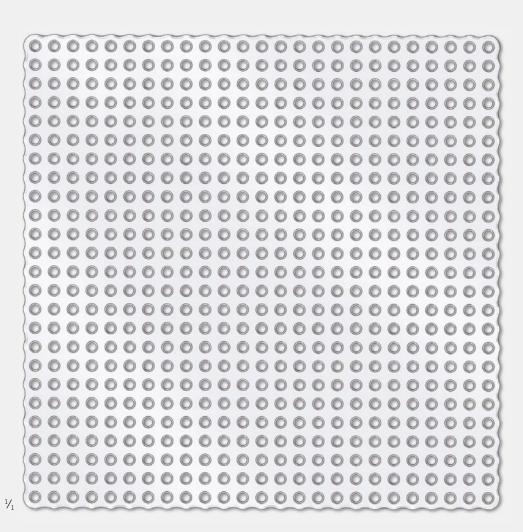


Packaging unit



Plate profile

STERILE | R Sterile packaged implants



52-806-13-04

126 x 126 mm

== 0.6 mm

52-810-13-04

126 x 126 mm == 1.0 mm

55

Component Trays



55-969-44-04 Component tray





55-969-46-04 Small parts module





55-962-45-04 Storage rack for clip magazines





55-891-40-01 $80 \times 80 \times 40 \text{ mm}$ Small-parts basket, fine-mesh



Optional Components



55-962-44-04 Bottom part for twist drills





55-962-43-04 Upper part for sonotrodes and small parts





55-963-51-04 Sliding cover



Storage Trays and Containers



55-804-15-01

Tray for miniSet container incl. lid $277 \times 172 \times 51 \text{ mm}$ (L x W x H)





55-964-30-04

Storage tray 26 x 26 cm





55-861-70-04

microStop® miniSet container Ext. dimensions $310 \times 189 \times 90$ mm (L x W x H) Int. dimensions $283 \times 177 \times 65$ mm (L x W x H)





55-440-10-04

microStop® container Ext. Dimensions 272 x 267 x 122 mm (L x W x H) Int. Dimensions 267 x 262 x 81 mm (L x W x H)



Storage Options

Option 1



55-804-15-01		Tray for miniSet container incl. lid
		277 x 172 x 541 (L x W x H)
55-891-40-01		Small-parts basket, fine-mesh, 80 x 80 x 40 mm
55-969-46-04		Small parts module
55-806-50-04	3х	Separadors, 123 x 9 x 22 mm
55-806-33-04	2x	Shaft holder, 8-10 mm



55-969-44-04	Component tray, consisting of:
55-962-44-04	Bottom part for twist drills
55-962-43-04	Upper part for sonotrodes and small parts
55-963-51-04	Sliding cover
55-969-42-04	Storage and processing tray, complete, consisting of:
55-969-42-04 55-964-30-04	Storage and processing tray, complete, consisting of: Storage tray 26 x 26 cm
55-964-30-04	Storage tray 26 x 26 cm



55-969-46-04	Small parts module
55-969-42-04	Storage and processing tray, complete, consisting of:
55-964-30-04	Storage tray 26 x 26 cm
55-969-93-04	Silicone mat
55-963-38-04	Lid for storage tray

KLS Martin Group

KLS Martin Australia Pty Ltd.

Sydney · Australia Tel. +61 2 9439 5316 australia@klsmartin.com

Martin Italia S.r.l.

Milan · Italy Tel. +39 039 605 67 31 italia@klsmartin.com

Martin Nederland/Marned B.V.

Huizen · The Netherlands Tel. +31 35 523 45 38 nederland@klsmartin.com

KLS Martin UK Ltd.

London · United Kingdom Tel. +44 1189 000 570 uk@klsmartin.com

KLS Martin do Brasil Ltda.

São Paulo · Brazil Tel. +55 11 3554 2299 brazil@klsmartin.com

Nippon Martin K.K.

Tokyo · Japan Tel. +81 3 3814 1431 nippon@klsmartin.com

Gebrüder Martin GmbH & Co. KG

Moscow · Russia Tel. +7 499 792-76-19 russia@klsmartin.com

KLS Martin LP

Jacksonville · Florida, USA Tel. +1 904 641 77 46 usa@klsmartin.com

KLS Martin Medical (Shanghai) International Trading Co. Ltd.

Shanghai · China Tel. +86 21 5820 6251 china@klsmartin.com

KLS Martin SE Asia Sdn. Bhd.

Penang · Malaysia Tel. +604 505 7838 malaysia@klsmartin.com

KLS Martin Taiwan Ltd.

Taipei 106 · Taiwan Tel. +886 2 2325 3169 taiwan@klsmartin.com

KLS Martin India Pvt Ltd.

Chennai · India Tel. +91 44 66 442 300 india@klsmartin.com

KLS Martin de México S.A. de C.V.

Mexico City · Mexico mexico@klsmartin.com

Gebrüder Martin GmbH & Co. KG

Dubai · United Arab Emirates Tel. +971 4 454 16 55 middleeast@klsmartin.com

Gebrüder Martin GmbH & Co. KG A company of the KLS Martin Group

KLS Martin Platz $1 \cdot 78532$ Tuttlingen \cdot Germany P.O. Box $60 \cdot 78501$ Tuttlingen \cdot Germany Tel. $+497461706-0 \cdot Fax +497461706-193$ info@klsmartin.com \cdot www.klsmartin.com



