# KID PLATE FEMUR CORRECTIVE

## WiKo® prox.femur-osteotomy plate 3.5/6.0

### Indications

- Hip displasia and hip luxation
- Coxa valga or Coxa valga et antetorta
- Luxation of the femoral head in neuro-muscular diseases

### Advantages

- The WiKo® proximal femur osteotomy plate 3.5/6.0 results in the improvement of the joint congruence and load transfer through a physiological osteotomy surgery at the proximal end of the femur.
- The use of the WiKo® proximal femur osteotomy plate 3.5/6.0 is particularly proven in children, where the diameter of the femoral neck is too small for a 100° - 8° - 35 mm angle plate, which carries an increased risk of the plate breaking when classic angle plates are used.

* The system name WiKo® is derived from the German designation "Winkelstabile Kombination", which translates into English as "Angle-Stable Combination". This system combines conventional plating technologies with angle-stable locking.

** The system name VaWiKo® is derived from the German designation „Variabel winkelstabile Kombination", which translates into English as „variable angle-stable combination". This system combines conventionalplating technologies with angle-stable locking in variable angles.



## Contact details

If you are interested in our **Products for the osteosynthetically Treatment of Children** please feel free to contact us or your local sales representative.

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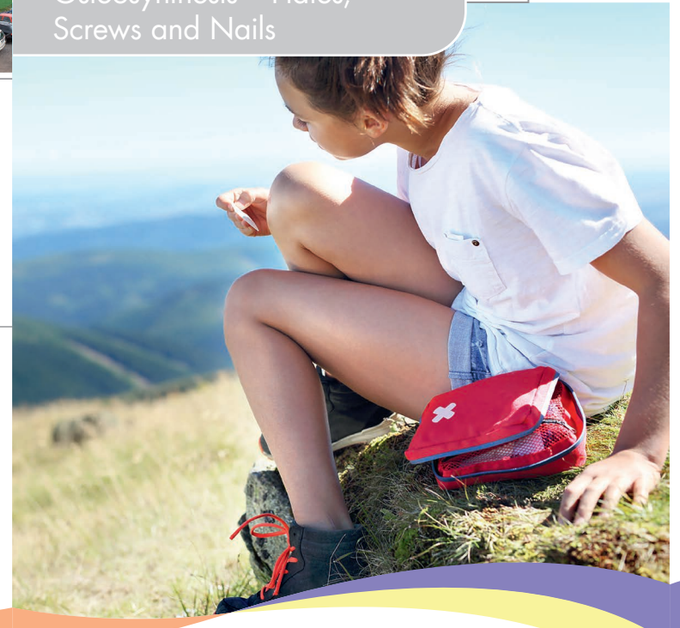
All implants are available on request as non-sterile packed or sterile packed.

www.koenigsee-implantate.com



# CHILDREN

## Osteosynthesis – Plates, Screws and Nails



Königsee Implantate

# VaWiKo®** EPI PLATE

## for hemi-/epiphyseodesis

### Indications

#### On the tibia

- Guided growth in the frontal plane at the epiphyseal joints of the tibia.
- Guided growth in the region of the sagittal plane on the epiphyseal plates of the tibia (in the case of a recurving growth of the tibial epiphysis, growth modulation of the inclination of the tibial joint area is possible through the dorsally translocated implantation of plates on the inner and outer side).
- Influence on growth in the frontal plane at the upper ankle joint medially, possibly laterally and ventrally with restriction of the dorsiflexion at the upper ankle joint in the area of the distal tibial epiphysis.

#### On the femur

- Guided growth in the area of the distal femoral epiphysis.
- Influence of knee flexion contractures of minor and moderate extent up to a maximum of 25 °.

#### Rarer indications

- Blockage of the greater trochanter apophysis, blockages of the distal radius epiphysis, in the case of ulnar drift of the wrist, blockages in the region of the distal humerus in the case of cubitus varus or valgus.

## DET SCREW

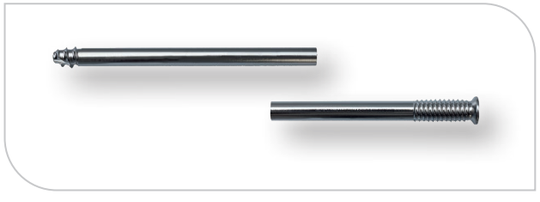
Dynamic Epiphyseal Telescopic screw

### Indications

- For the operative orthopedic treatment of epiphysiolysis of capitis femoris in adolescents.
- The DET can be used on all types of slipping of the ECF to fix the epiphysis against the metaphysis.
- In slipping angles < 30°, such in-situ fixation is sufficient; if the slipping angle > 30°, a three-dimensional intertrochanteric correction osteotomy (Imhäuser-Weber-OT) must be performed in addition to the in-situ screw connection in order to correctly set the epiphysis to the acetabulum.
- In any case, the opposite side must also be secured against slipping with in situ fixation (prophylactic screwing).

### Advantages

- Telescoping implant
- Easy implantation / explantation
- Clear instrumentation
- Safe stable power carrier



## GLIDING NAIL

Stabilisation and fixation of long bones

### Indications

- Long bone fractures for which three-point support is possible
- Diaphyseal fractures of longer long bones
- Select metaphyseal and epimetaphyseal fractures of long bones
- Complex fractures of the clavicle

### Advantages

- The gliding nails enable rapid healing while maintaining the full scope of movement and function.
- Specially suitable for children because the application prevents growth impairments.
- Optimal stabilisation of the fracture via three-point support of the nail in the bone.
- Early functional post-operative measures are possible.
- Simple, minimally invasive implantation.
- Good cosmetic result.
- Intervention away from the fracture.


## BAILEY NAIL

Telescopic nail for femur

### Indications

- Frequent fractures in osteogenesis imperfecta
- Pseudarthroses
- Moderate to severe deformities with functional impairment of the limbs.
- Deformations of the femur, axial malpositions or femur fractures during bone deformation are corrected by segmental osteotomies and stabilized with the Bailey and Dubow telescopic nail.

### Advantages

- The elongating nail is transarticularly anchored through the intercondylar groove of the distal femur.
- T-shaped broadening of the nail ends ensure that the nail is pulled apart as the bone grows in length.
- After implantation of non-elongatable intramedullary nails, bends & fractures often occur below the implant during longitudinal growth. Frequent nail changes, an average of every two years, with an increase of complications are the result.
- The elongated telescopic nail usually has to be changed after four to five years, depending on the age of the children.
- Disadvantages compared to a non-telescoping nail does not exist.

## ANGLE PLATES

for intertrochanteric femoral osteotomy

### Indications

- The angle plates are used in small children, infants, children, adolescents.
- Intertrochanteric Derotation and Varus Osteotomies
  Osteotomy plates:
  Mini children's hip plate, infant hip plate 3.5, 90°,
  Children hip plate 3.5, 90°, children hip plate 4.5,
  Hip plate 80°, 90° and 100° (for adolescents)
- Intertrochanteric valgus osteotomies
  Plates: condylar plates 95°
  (for adolescents and adults with small stature)
- Femoral neck fractures and pertrochanteric fractures
  Plates - 130° angle plates
  (for adolescents and adults with small stature)

(Angle plates available in steel and titanium)