

Clinical indications for locked plating—when where and how?

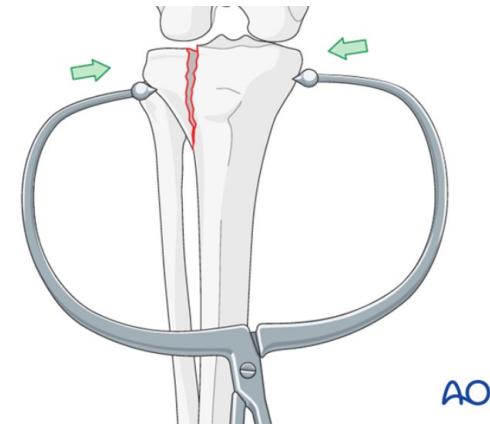
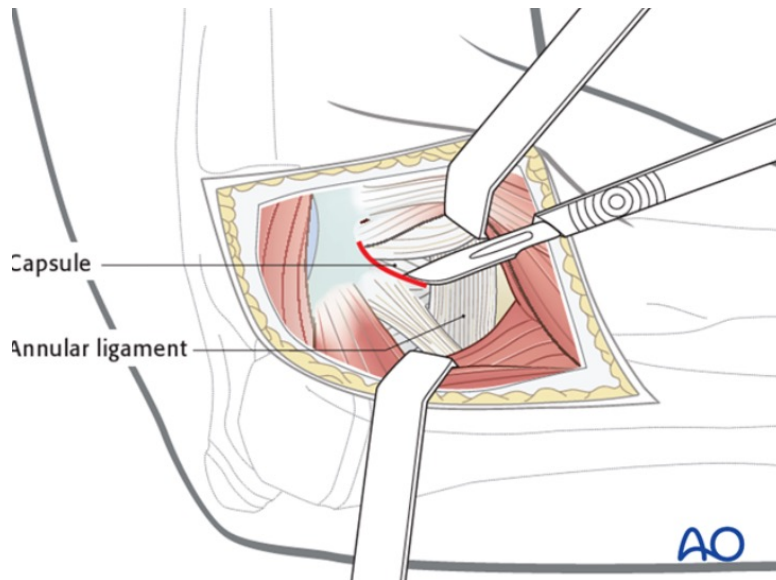
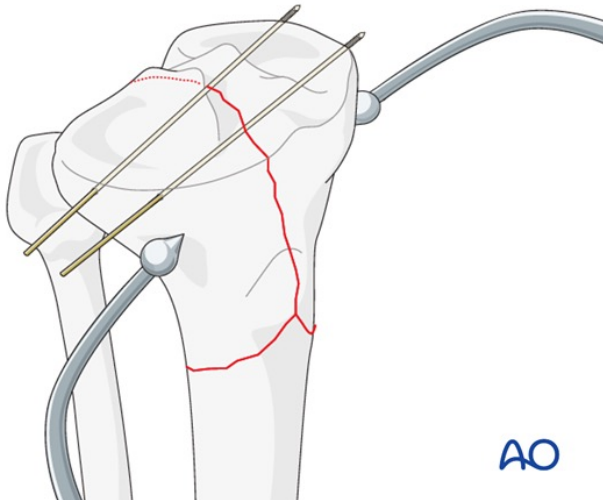
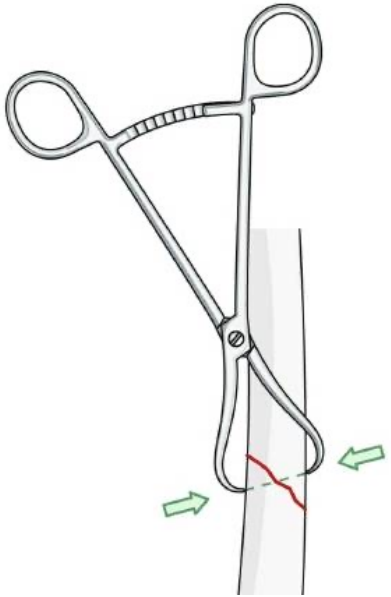
Morten Schultz Larsen
Odense University Hospital

AO Trauma Advanced Principles Course

Clinical indications for locked plating

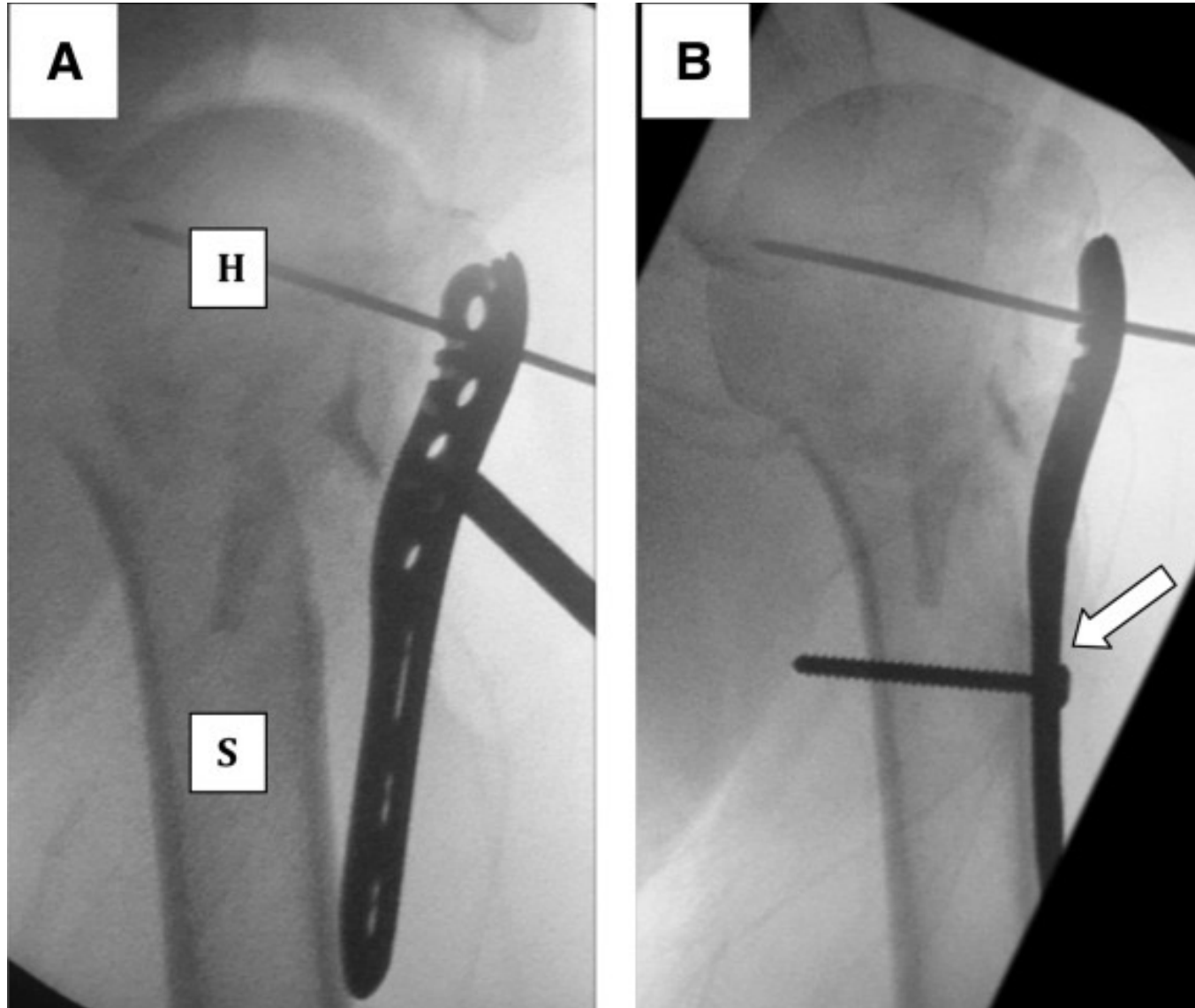
- Osteopenia/osteoporosis
- Metaphyseal comminution or short metaphyseal fragment
 - Anatomical plates
- Periprosthetic fractures
- Special circumstance
 - Early unprotected weightbearing, eg, a noncompliant patient
 - MIPO

Basic Principles still apply – reduce the fracture !!

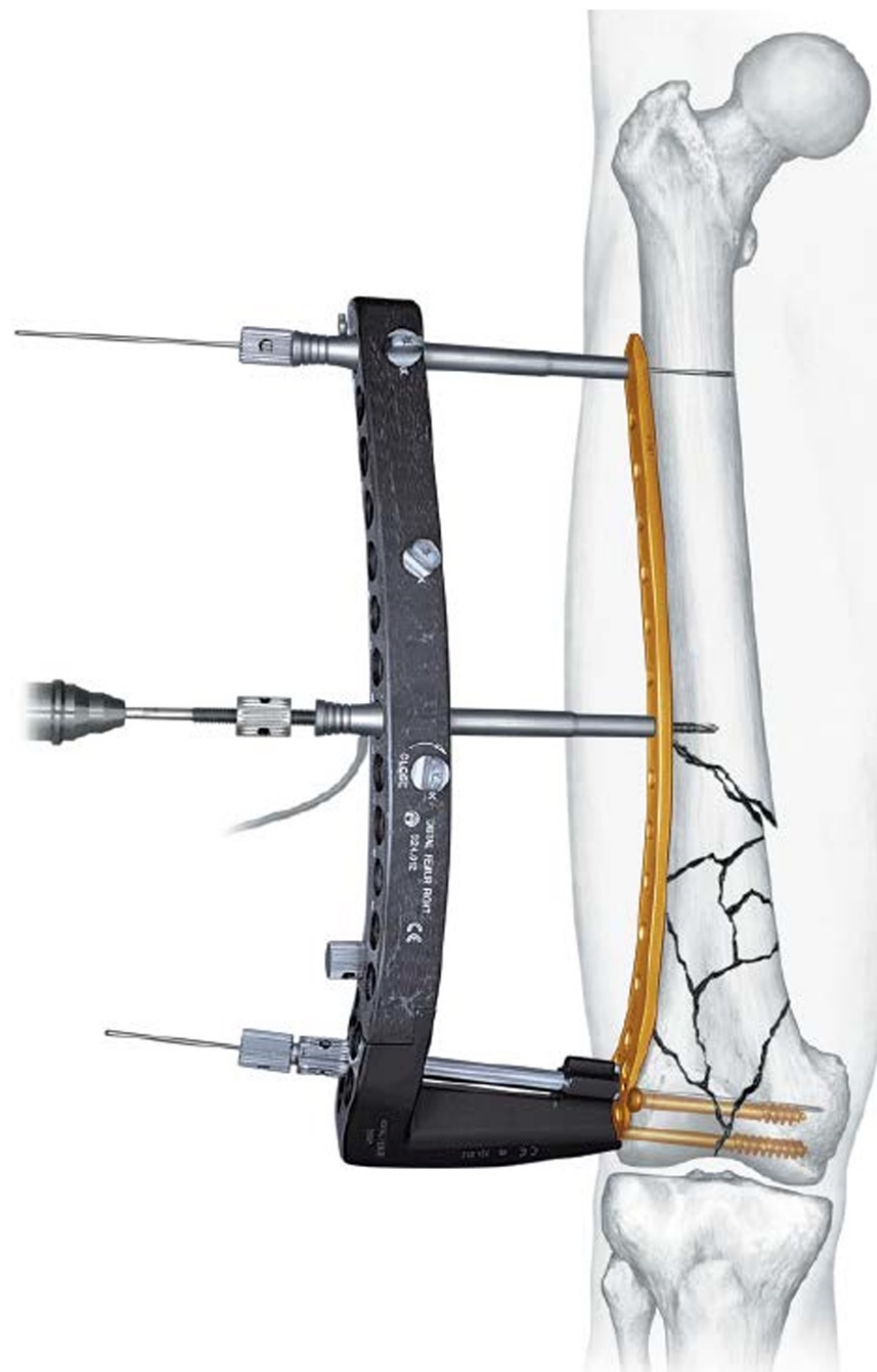


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Fracture reduction with locking plate



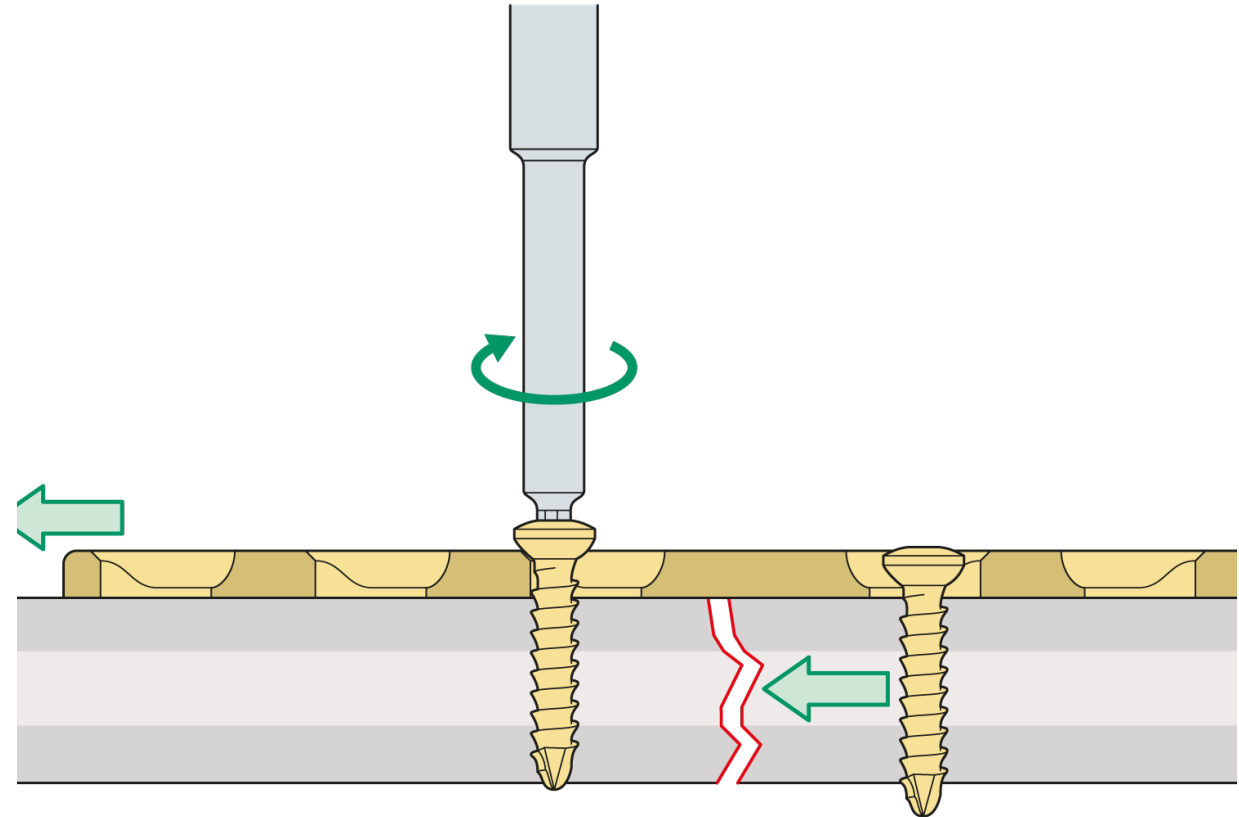
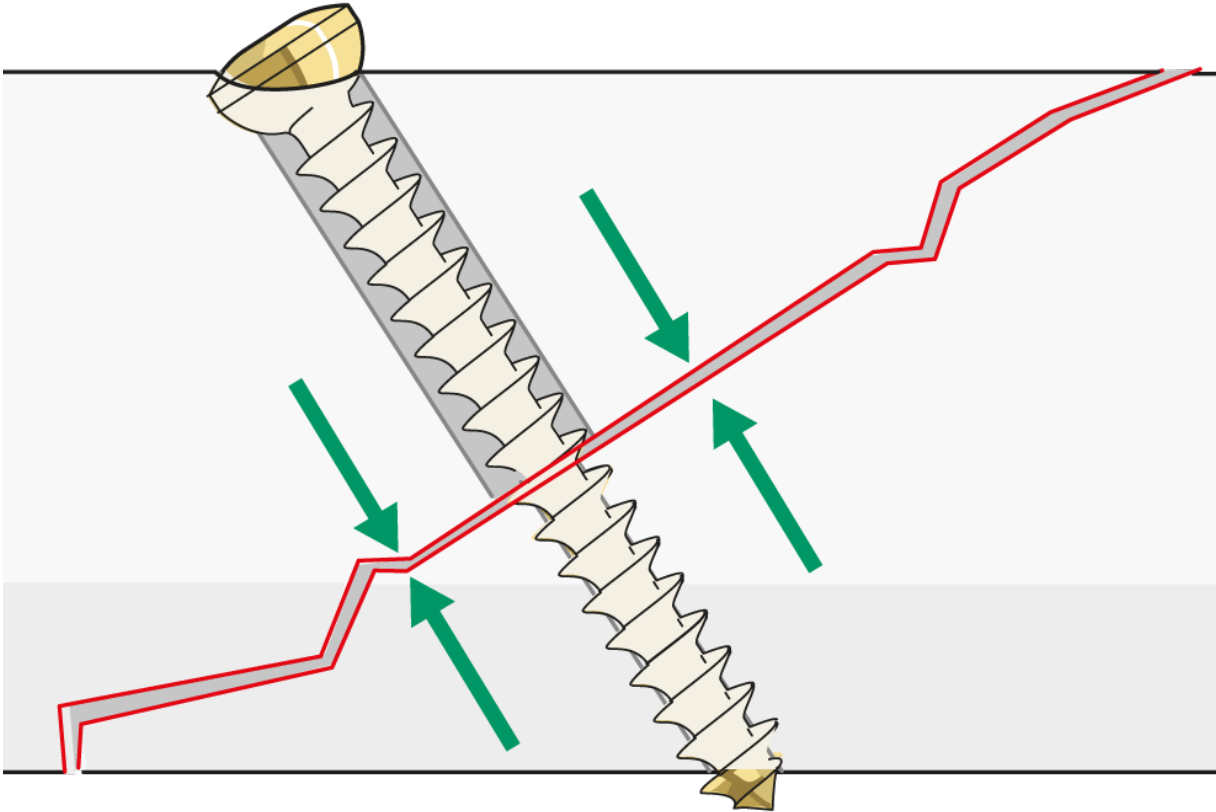
Reduction - Pull-device



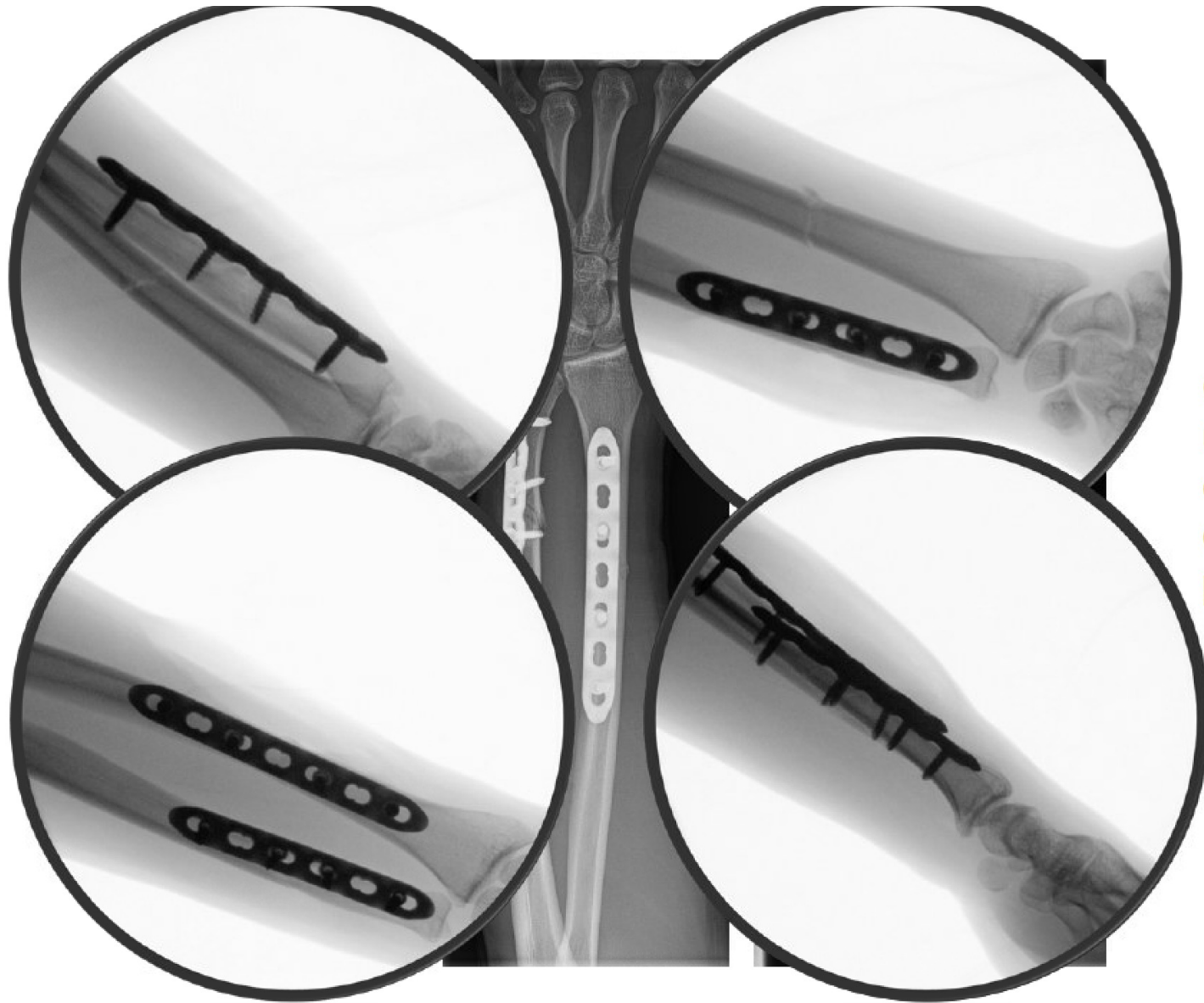
Reduction - Pull-device



Basic Principles still apply – lag before lock

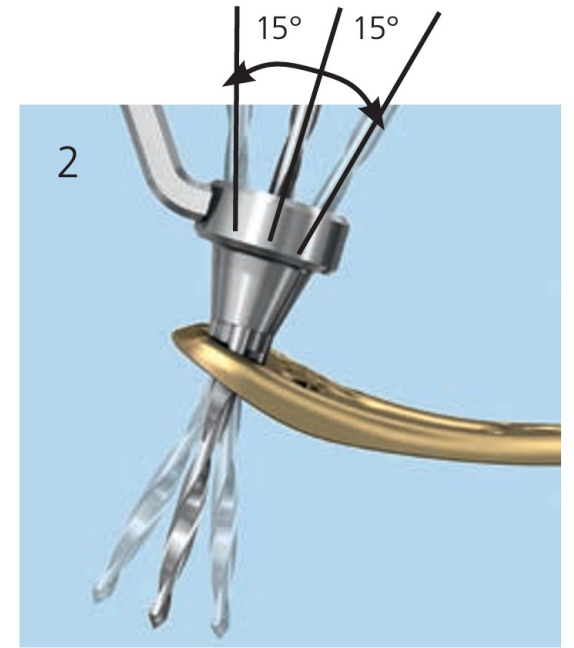
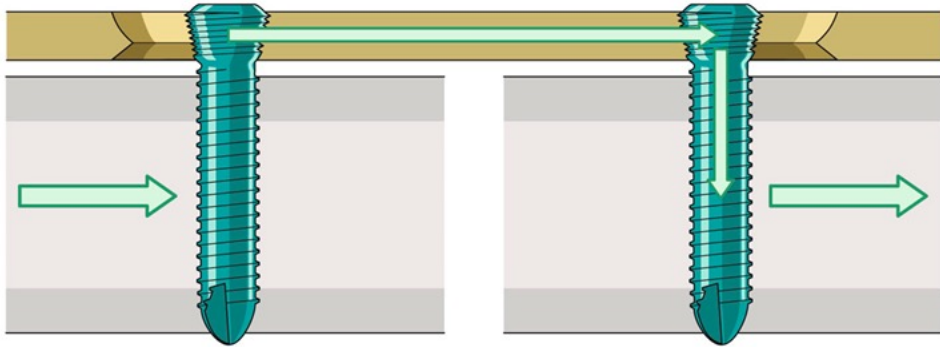


Basic Principles still apply



Compression
using
eccentric
drilling and
pre-bending

Fixed angle – variable angle



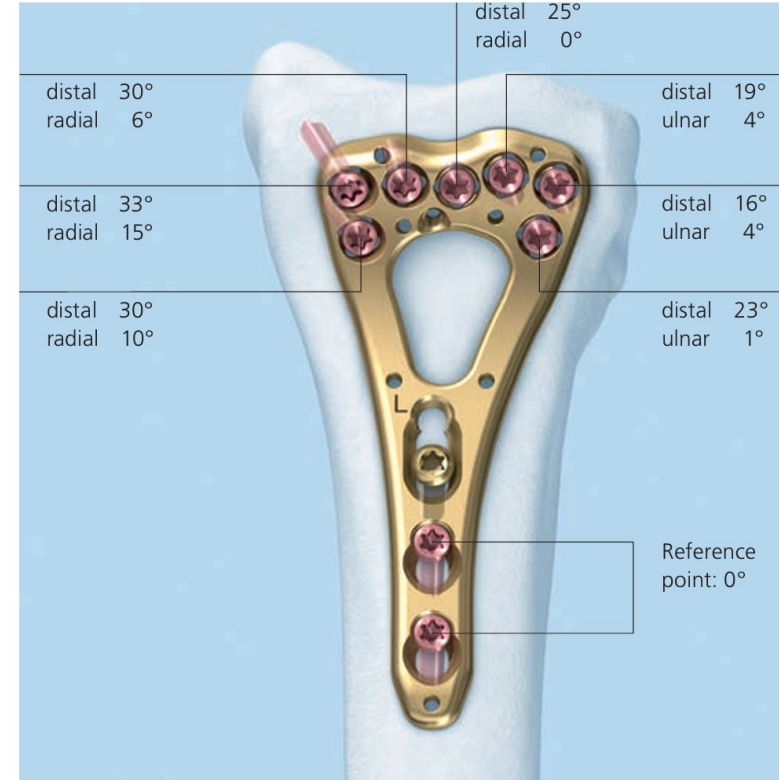
Use fixed angle/guiding block if possible



Use of fixed-angle end of VA-LCP drill sleeve

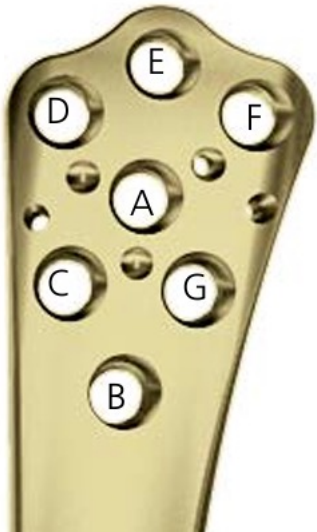


Optimal positioning of all screws





Locking screws in femur condyle LCP-DF



Select condylar screw lengths (A–G) from the chart below.

Width of condyles	60 mm–80 mm	81 mm–87 mm	88 mm–95 mm	96 mm–110 mm
Screw selection	Screw length (mm)			
Hole A	65	75	75	85
Hole B	40	40	55	65
Hole C	40	55	65	75
Hole D	55	65	65	75
Hole E	65	75	75	75
Hole F	65	75	75	85
Hole G	55	65	75	85



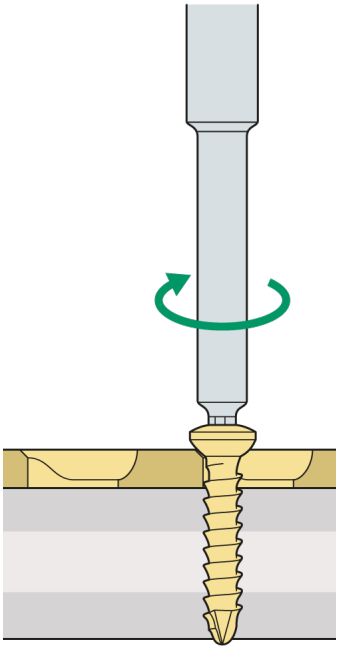
Contouring the plate



Distance between bone and plate reduce stability



How to reduce distance between bone and plate



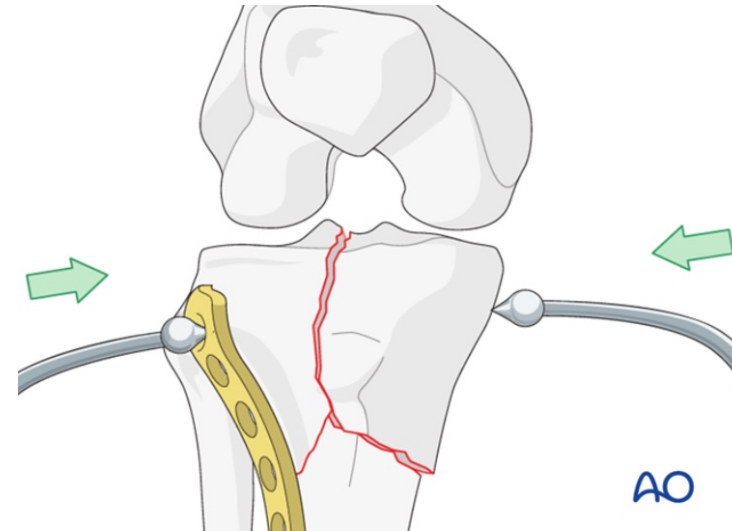
Cortex screw



Cable



K-wire with olive

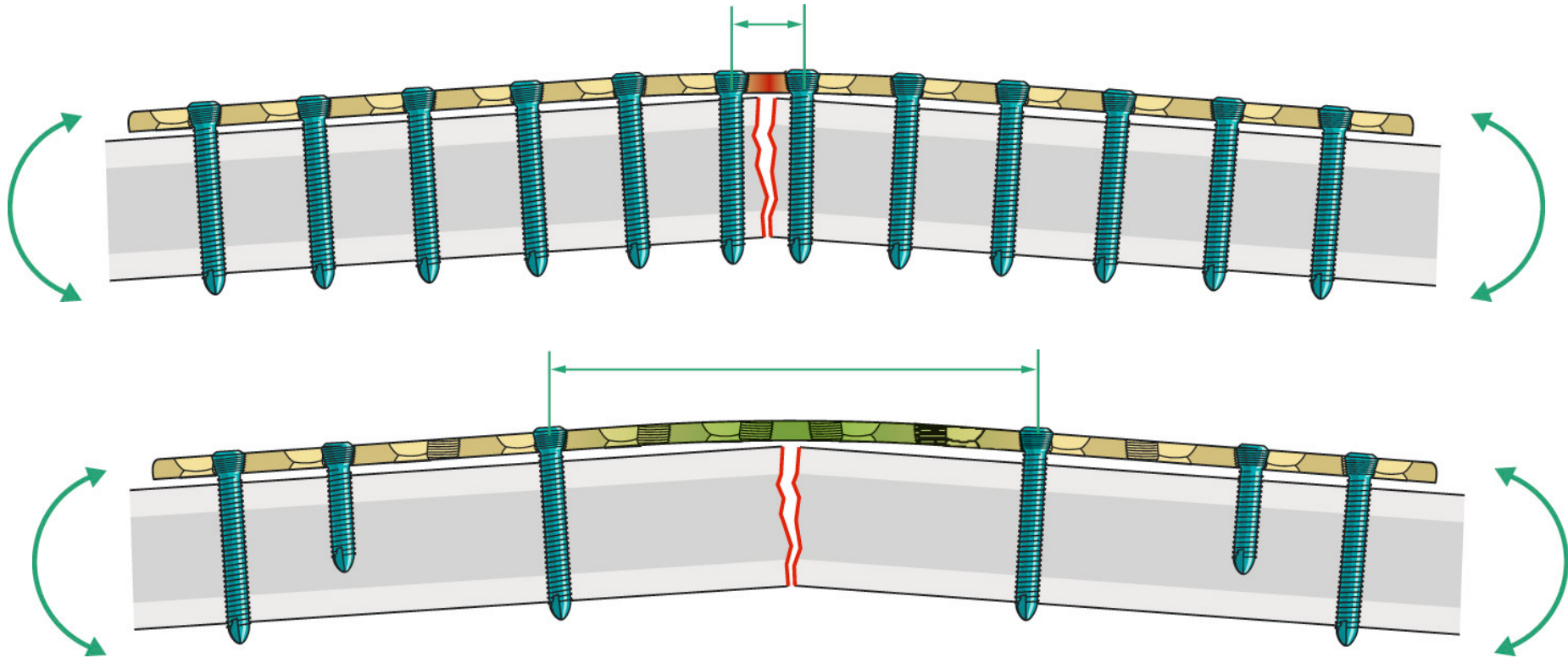


Clamp over plate



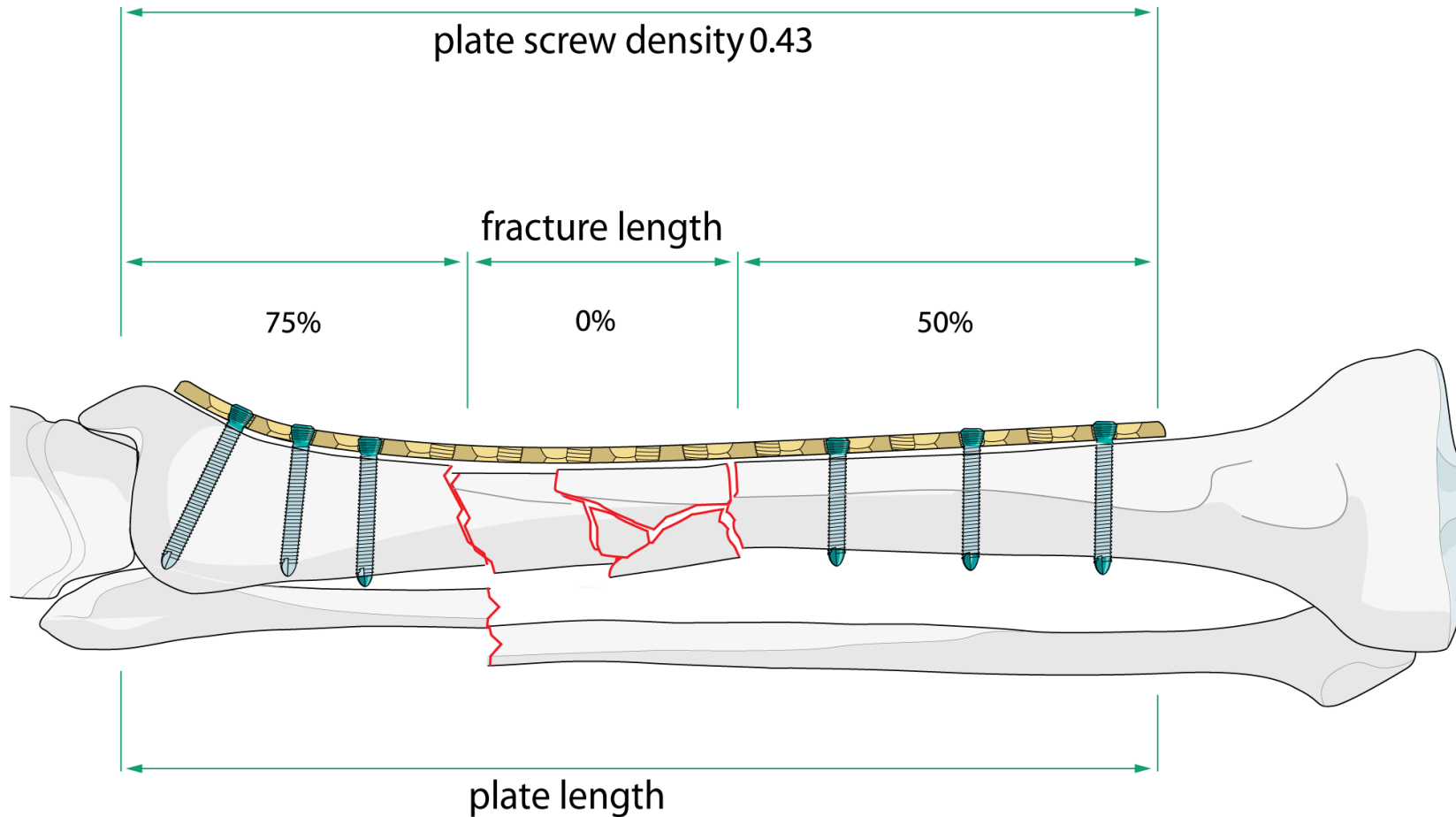
Pull-device

Avoid short “middle”



Length of LCP—relative stability

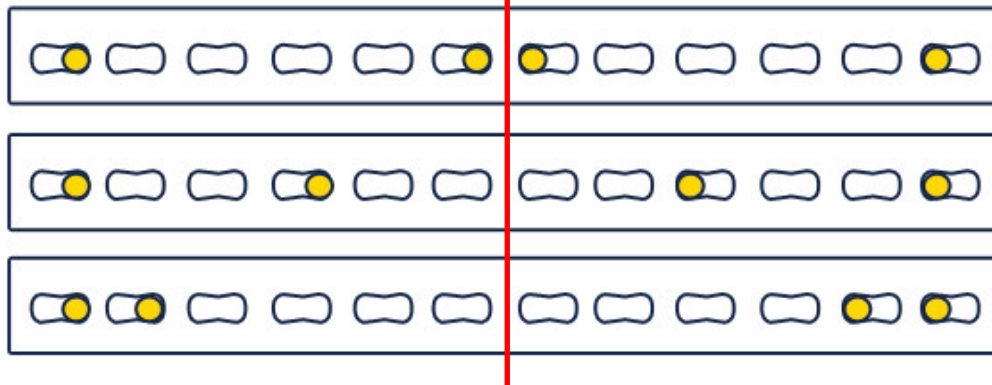
Plate length should be at least 2 or 3 times fracture length
[Gautier E, et al 2003]



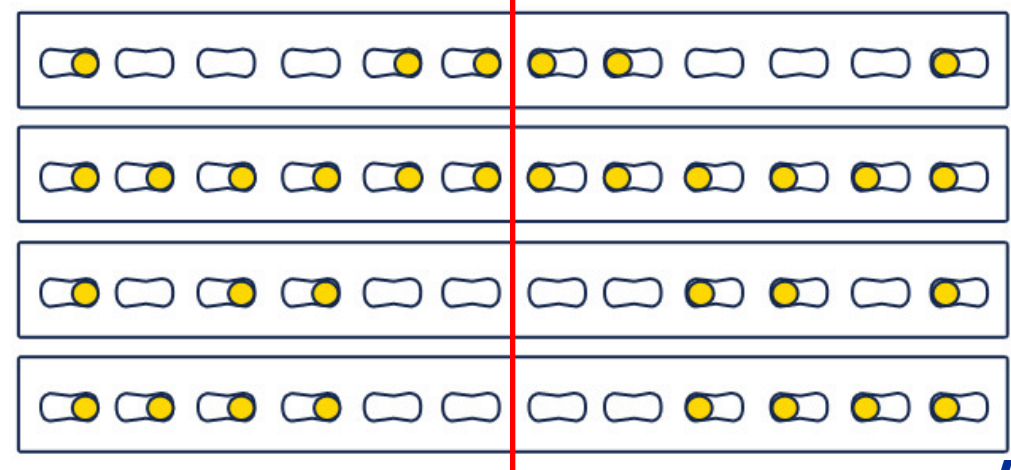
Screw placement

- Stoffel K et al (2003)
 - *Biomechanical testing of the LCP—how can stability in locked internal fixators be controlled? Injury;34(2)B11–19.*
- Moving first screw further from fracture site:
 - Increases the working length
 - decreases axial load
 - decreases torsional rigidity
- More screws increases axial stiffness, not torsional rigidity

Bridging length



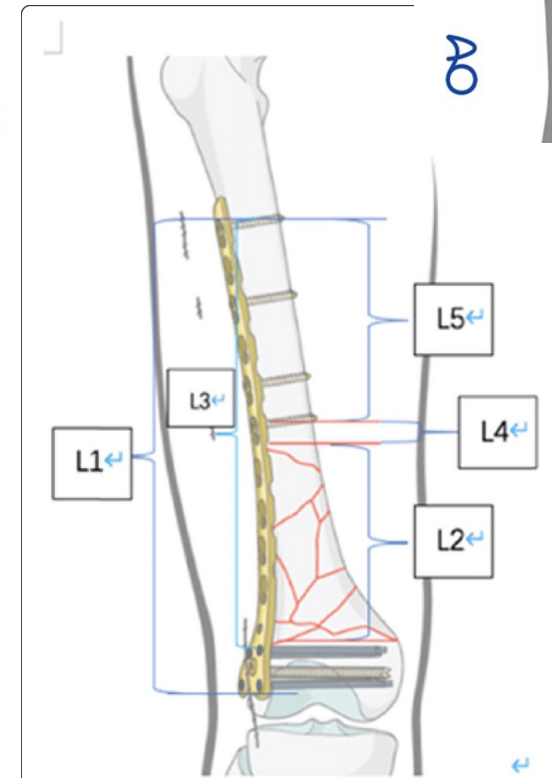
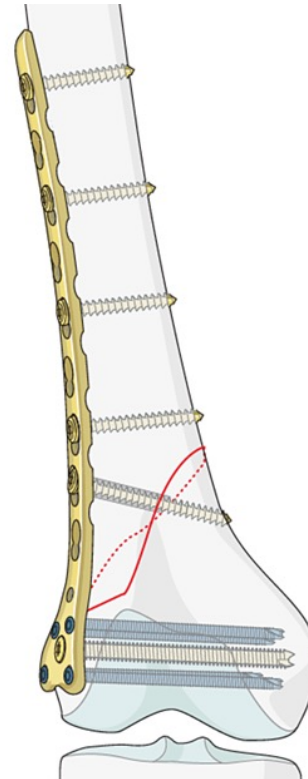
Number of screws



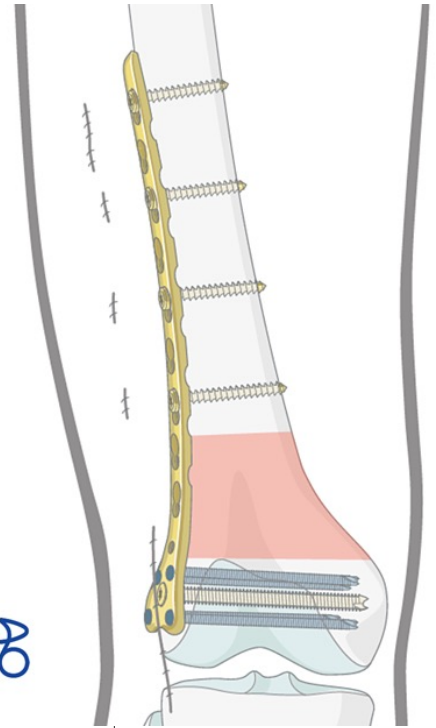
Screw placement

- Short, simple fractures
 - Absolute stability OR
 - Screws in distance from fracture
- Long segmental fractures
 - Screws close to fracture
 - Long plates

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Summary

- Good reduction is important, open, closed or by plate
- Locking plates can be used to achieve absolute or relative stability
 - Remember basic principle
 - Position plates perfect
- Use longer plates and think about
 - Working length, plate screw density, axial load, stiffness