

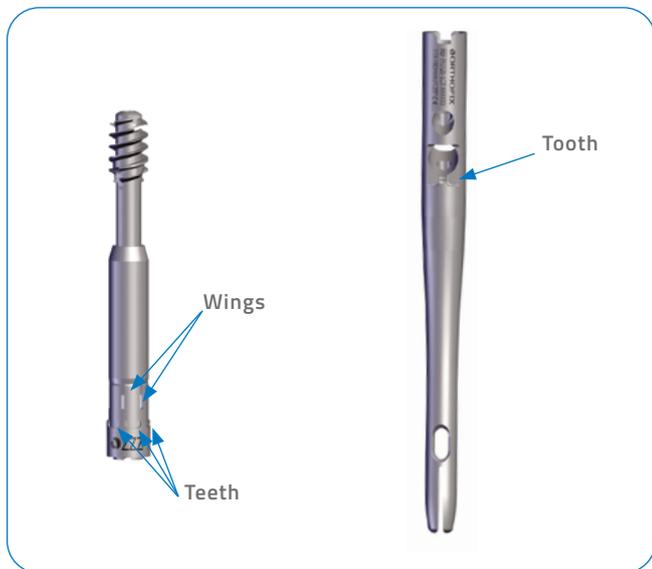
Chimaera

Hip Fracture System™

FREQUENTLY ASKED QUESTIONS

1. How does the lag screw lock into the nail? How can I be sure that the lag screw is locked inside the nail?

The lag screw self-locks into the nail, a set screw is not required. Once the screw teeth engage with the nail, the wings of the screw are deployed, generating a radial pressure. This is the self-locking mechanism of the Chimaera™ Hip Fracture System.



As the user tightens the lag screw with the screwdriver they will feel the resistance increase. The screw is fully locked into the nail when the mechanical stop is reached (the screw will not turn any further at this point). At this stage the screw is locked into the nail without any additional steps or components.

2. What about extracting the nail?

We offer a dedicated extraction tray for removal of the Chimaera system. It includes screwdrivers, a conical extractor for cephalic screws and a nail conical extractor which is connected to the slap hammer device.

Our implant is made of Ti6Al4V ELI with Type II anodization which allows easier implant removal and reduce the risk of cold welding (info from DOT America, document F-Anodizing-261114-EN.

<http://www.dot-coatingusa.com/images/pdf/Titanium-anodizing.pdf>)

Please bear in mind that extraction (not revision) is rarely required.

3. Can I lock the compression achieved intraoperatively with the sliding lag screw?

After achieving compression intraoperatively with the compression rod, the Tip apex distance remains constant and the fracture gap is closed. The lag screw will not extend back to the original position and there is no need to maintain the achieved compression. In fact, the muscles, mobilization and weightbearing load provide natural compression of the fracture site and of the sliding lag screw. Following months of experience and feedback, our users preferred not to perform intraoperative compression but rather they relied on natural compression of the fracture that occurs during mobilization and weight bearing.

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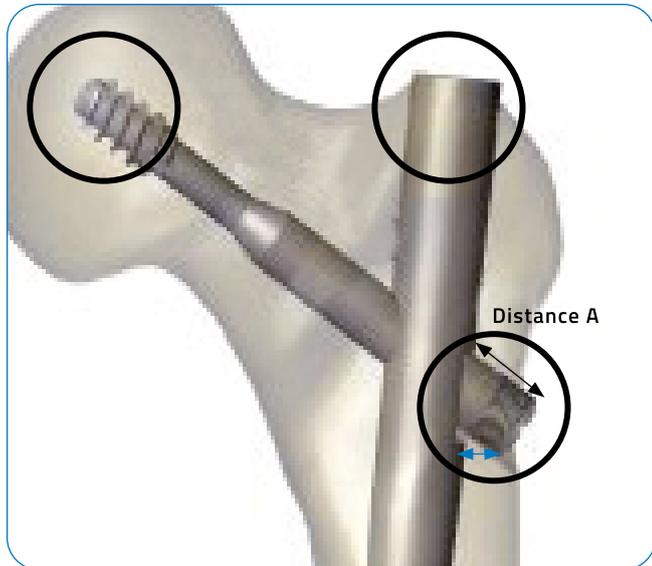
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Hip Fracture System™

FREQUENTLY ASKED QUESTIONS

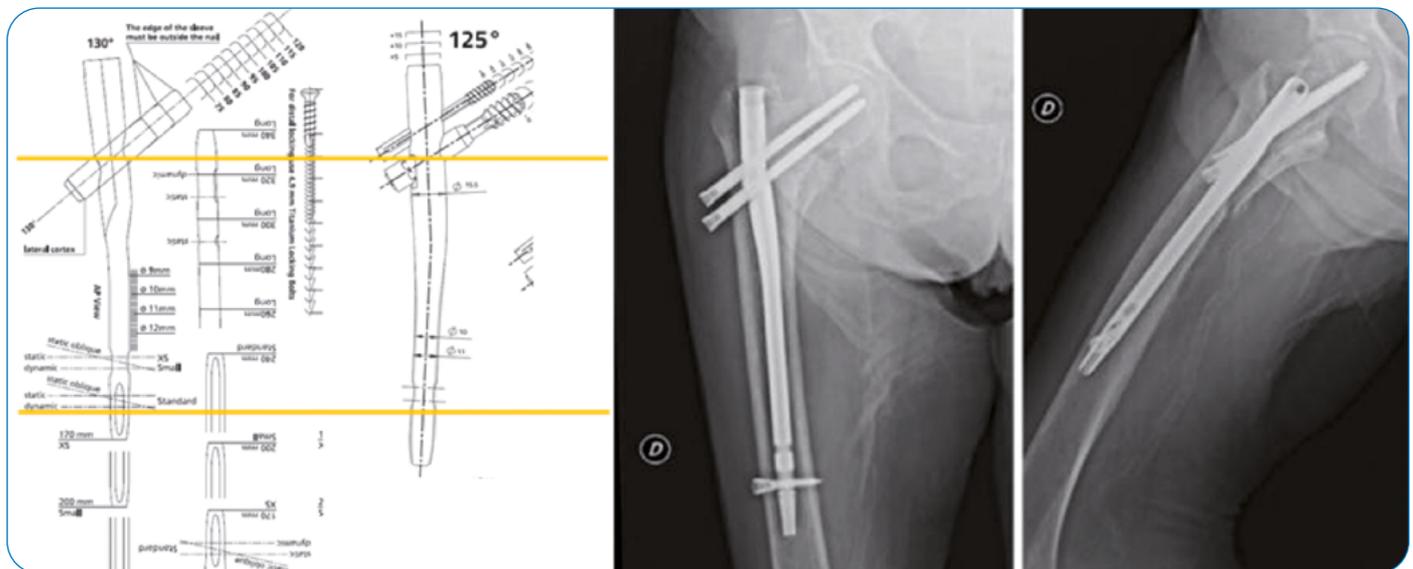
4. How can I ensure the three points of contact since I cannot adjust the insertion of the lag screw (self-locking mechanism)?

In the image below, distance A remains constant (self-locking mechanism) and it has been evaluated with several tests.



Distance B (between the nail and the lateral cortex) will vary depending on the entry point of the nail into the bone. In the three points of contact highlighted below the circles in orange are linked to Distance B, which means it will depend on the laterality of the entry point. The entry point at the tip of the greater trochanter will help position the nail for the ideal position. In patients where the anatomy of the medullary canal is very wide, the 11mm diameter nail should be selected and use of a long nail should be evaluated. To date we have not seen any cases in which the head of the lag screw was not sitting on the lateral cortex.

5. Why do you only provide a 180mm short nail length with targeted distal locking (no 200mm, no 240mm)?



In our analysis the longest short nail on the market is the PFNA II standard short nail by DePuy Synthes, that is 240mm. The Chimaera system 180mm short nail working distance is longer than PFNA-II XS (170mm) and other small (200mm) nails and comparable to the PFNA-II standard (240mm) short nail (there is only 5mm difference). The important measurement is the working distance between the lag screw hole and the distal hole.

During our development phase, we decided to use a 180mm short nail length to avoid impingement of the cortex in the diaphyseal area.

https://www.researchgate.net/publication/221858809_Failure_of_intertrochanteric_nailing_due_to_distal_nail_jamming

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