Fracture stabilization safe, harmless and simplewith the tantum Locked Pin









## Special areas of use of THALON:

- Distal fibula fractures, type Weber A, B and (C)
- Fracture of the clavicle
- Distal fracture of the radius
- Fracture of the ulna shaft
- Humeral fracture as bundle nail osteosynthesis
- shaft fractures in children

# THALON – The innovative Locked Pin of tantum.

Outstandingly versatile, simple and affordable.

The THALON allows the intramedullary stabilization of a bone fracture and offers the following advantages:

- fast healing because the blood supply is only altered insignificantly.
- low risk of infection by closed operation technique and solid implant. After opening of the approach, no preparation of the medullary cavity is necessary.
- Implant flush with bone causing less damage to soft tissue at nail entry point.

The handling in daily practice is simple. The pre-bent, flattened tip of the nail is easily inserted into the bone. At the end of the nail, a thread head is positioned, held by a circular running notch, on the nail shaft. This special suspension enables the screwing in of the self-cutting thread with a screwdriver, without turning the nail. The implant inserted into the medullary cavity is fixated in the cortex and will not dislocate during the fracture healing phase. **Since the nail can be inserted completely into the bone, irritation of the soft tissue is avoided**.

## Indication for the THALON-Locked Pin:

As the field of use for the nail, one can imagine all indications where so far minimal invasive procedures such as a Kirschner Wire or a Rush Pin or a flexible nail osteosynthesis have been performed.

With the THALON-Locked Pin, the main complications of osteosynthesis, such as nail dislocation and soft tissue comprimise are primarily avoided. Due to the graduation in length in 15 mm steps, within the range of 90 to 300 mm, it is usable in long cortical bones as well as cancellous areas near joints.







## THALON – simple operating technique with few instruments.

Course of operation using the example of a distal fracture of the fibula.

Step 1: Selection of implant.

The necessary length is to be verified either by measuring the x-ray picture or laying the implant onto the extremity. To be considered is the length of the nail including the thread head. With intermediate sizes, the next shorter implant length should be used. Nail diameter has to be chosen according to the narrowest point of the width of the medullary cavity.

Step 2: Opening of the medullary cavity.

Initially, a small hole is positioned manually with the awl at the tip of the lateral malleolus. Subsequently, the cortex is drilled (drill Ø 4 mm) to allow the insertion of the thread head.

## Step 3: Inserting the THALON-Locked Pin.

The nail shaft is held with the pliers below the bent tip and, under slight back and forth movements, manually inserted. By opening and closing the pliers gradual insertion of the nail is easily possible and achieved when the thread head strikes the end of the pliers opening.

#### Step 4: Sinking the end of the implant.

With the screwdriver SW 2.5, the thread head is pushed towards the bone using adequate pressure and screwed in until it is sunk completely. The bone is stabilized and there is no danger of implant migration.



**Note:** With fractures of the fibula, the use of Ø 2.5 mm THALON-Locked Pins is sufficient.





All figures shown are schematic and not equivalent to the original measurements. Technical changes may occur without prior notice.



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