

# LCP DF and PLT. Plate system for distal femur and proximal lateral tibia.

Wide variety of anatomically precontoured plates

LCP combi-holes

Angular stability





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## LCP DF and PLT. Plate system for distal femur and proximal lateral tibia.

### Anatomically precontoured low profile plates

- Reduced soft tissue problems
- No need for plate contouring

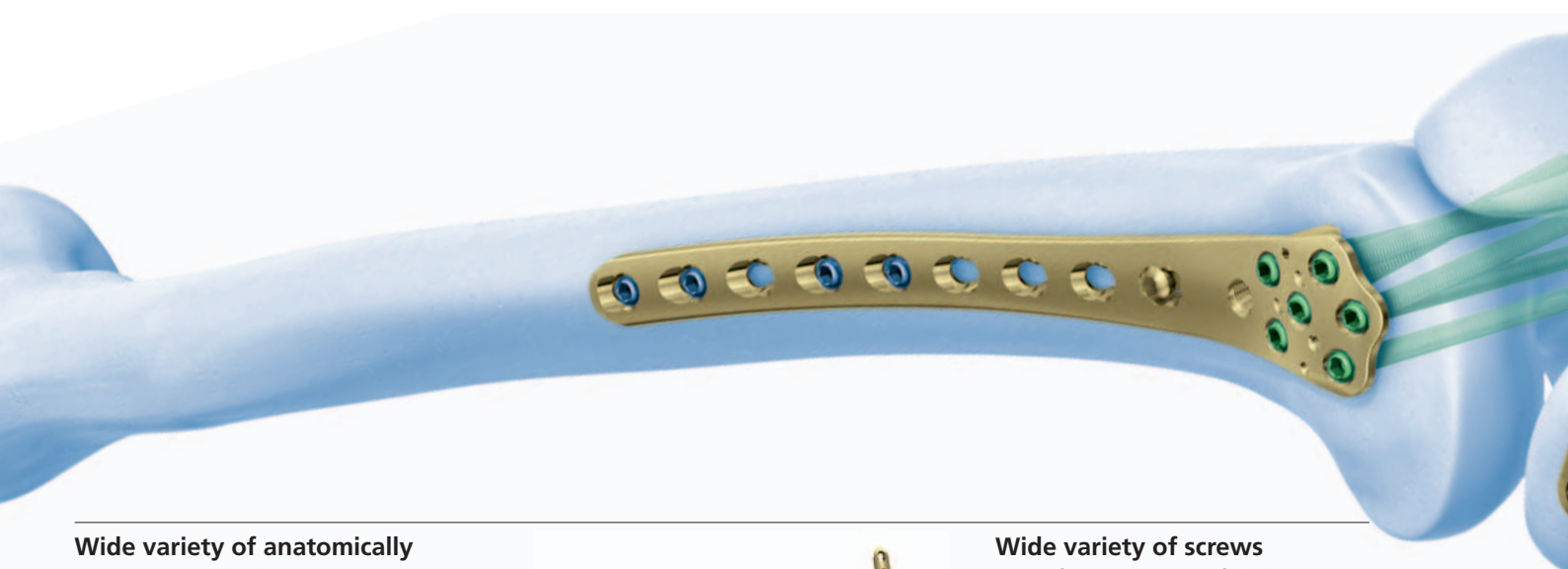
**Note:** Excessive and repetitive bending is not recommended as it may weaken the plate.

### LCP combi-holes

- Combine a dynamic compression unit (DCU) hole with a locking screw hole
- Permits an internal plate fixation using standard screws, locking screws or a combination of the two

### Angular stability

- Prevents screw loosening as well as primary and secondary loss of reduction
- Allows early functional mobilization
- As an internal fixator the plate preserves bone vascularization
- Offers improved purchase in osteoporotic bone



### Wide variety of anatomically precontoured plates

- LCP DF and PLT plates
- Available in stainless steel and titanium alloy (TAN)
- Left and right versions
- Eight lengths with 5 to 19 holes in the shaft
- Long LCP DF plates (15 to 19 holes) available in sterile only



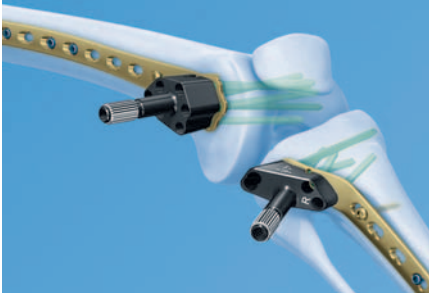
### Wide variety of screws

- Self-tapping or self-drilling locking screws
- Periprosthetic locking screws with blunt tip for periprosthetic fractures
- Cortex screws
- Available in stainless steel and titanium



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**Compatible with LCP large fragment instrumentation,  
guiding block and LISS insertion guide**



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**Use of cortex screws  
in the plate head**

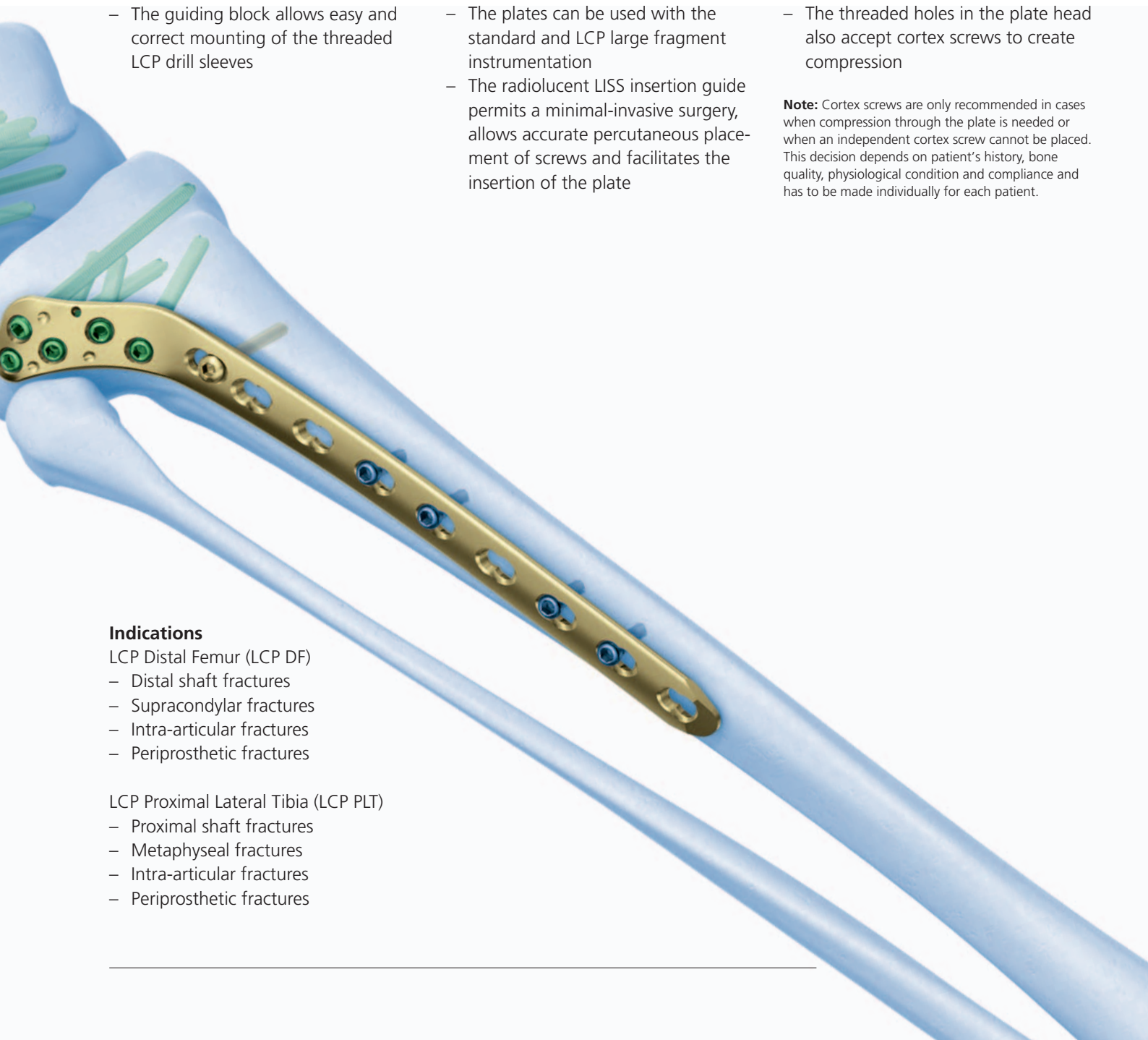


- The guiding block allows easy and correct mounting of the threaded LCP drill sleeves

- The plates can be used with the standard and LCP large fragment instrumentation
- The radiolucent LISS insertion guide permits a minimal-invasive surgery, allows accurate percutaneous placement of screws and facilitates the insertion of the plate

- The threaded holes in the plate head also accept cortex screws to create compression

**Note:** Cortex screws are only recommended in cases when compression through the plate is needed or when an independent cortex screw cannot be placed. This decision depends on patient's history, bone quality, physiological condition and compliance and has to be made individually for each patient.



**Indications**

LCP Distal Femur (LCP DF)

- Distal shaft fractures
- Supracondylar fractures
- Intra-articular fractures
- Periprosthetic fractures

LCP Proximal Lateral Tibia (LCP PLT)

- Proximal shaft fractures
  - Metaphyseal fractures
  - Intra-articular fractures
  - Periprosthetic fractures
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# Surgical Steps Using the Guiding Blocks for LCP DF and PLT

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## Using LCP instrumentation

See technique guide LCP Locking Compression Plate (036.000.019)

## Using LISS instrumentation

- Distal Femur: See technique guide Less Invasive Stabilization System (LISS) for Distal Femur (036.000.235)
- Proximal Lateral Tibia: See technique guide Less Invasive Stabilization System (LISS) for Proximal Lateral Tibia (036.000.203)

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## Using the guiding blocks for LCP DF and PLT

The guiding blocks allow easy and correct mounting of the threaded LCP drill sleeves in the head of the plate.

### Instruments

312.940/941	Guiding Block for LCP PLT, right/left
312.946/947	Guiding Block for LCP DF, right/left
323.042	LCP Drill Sleeve 5.0, for Drill Bits $\varnothing$ 4.3 mm
310.430	LCP Drill Bit $\varnothing$ 4.3 mm with Stop, length 221 mm, 2-flute, for Quick Coupling

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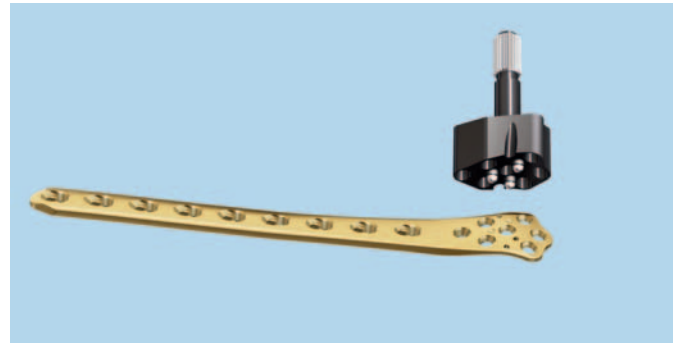
**Note:** If cortex screws are used they have to be inserted before mounting the guiding block and before inserting locking screws.

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## Instrument assembly

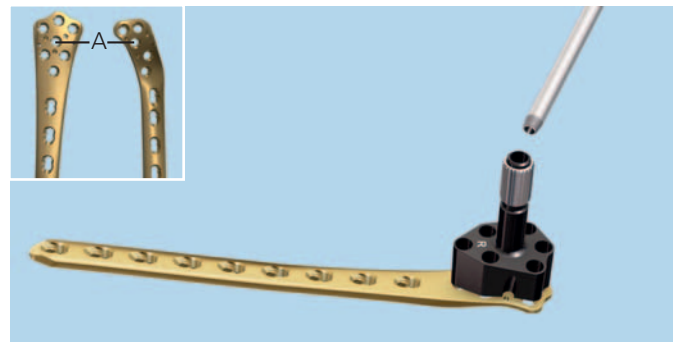
**1**

Choose the matching guiding block and place it onto the plate head. Make sure that the three-point locking mechanism is positioned on the pre-contoured reference points of the plate.



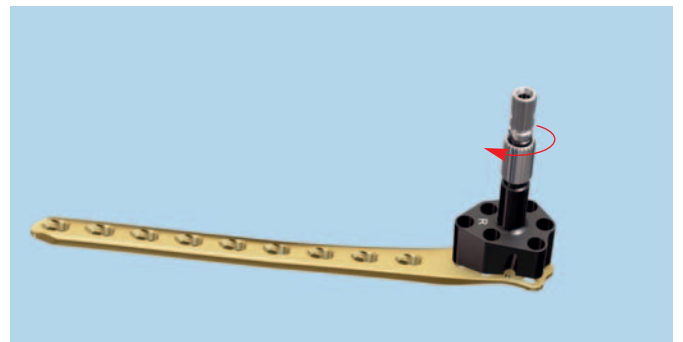
**2**

Insert a first LCP drill sleeve through the guiding block into the central hole (A) of the plate and tighten it.



**3**

To lock the LCP drill sleeve tighten the locking nut of the guiding block by turning it clockwise.



## 4

For preparing additional holes in the plate head insert LCP drill sleeves in the surrounding holes.



### **Predrilling and screw measurement**

Pre-drill with the LCP drill bit  $\varnothing$  4.3 mm. Measure screw length by reading the drilled depth directly from the laser mark on the drill bit. To make reading easier shove the stop ring down to the drill sleeve.



### **Screw insertion**

Remove the LCP drill sleeve. Insert the locking screw through the guiding block.





# Product Information

## Implants

### LCP Distal Femur (LCP DF)

Stainless steel	Titanium alloy	Holes	Length (mm)	
222.250	422.250	5	156	right
222.251	422.251	5	156	left
222.252	422.252	7	196	right
222.253	422.253	7	196	left
222.254	422.254	9	236	right
222.255	422.255	9	236	left
222.256	422.256	11	276	right
222.257	422.257	11	276	left
222.258	422.258	13	316	right
222.259	422.259	13	316	left
02.124.030S	04.124.030S	15	356	right
02.124.031S	04.124.031S	15	356	left
02.124.034S	04.124.034S	17	396	right
02.124.035S	04.124.035S	17	396	left
02.124.038S	04.124.038S	19	436	right
02.124.039S	04.124.039S	19	436	left



**Note:** Long LCP DF plates from 15–19 holes are available in sterile only. Add suffix "S" to article number to order sterile product.

### LCP Proximal Lateral Tibia (LCP PLT)

Stainless steel	Titanium alloy	Holes	Length (mm)	
222.220	422.220	5	140	right
222.221	422.221	5	140	left
222.222	422.222	7	180	right
222.223	422.223	7	180	left
222.224	422.224	9	220	right
222.225	422.225	9	220	left
222.226	422.226	11	260	right
222.227	422.227	11	260	left
222.228	422.228	13	300	right
222.229	422.229	13	300	left



## Instruments

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312.946	Guiding Block for LCP-DF 4.5/5.0, right
312.947	Guiding Block for LCP-DF 4.5/5.0, left
312.940	Guiding Block for LCP-PLT 4.5/5.0, right
312.941	Guiding Block for LCP-PLT 4.5/5.0, left

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## Screws

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The locking compression plates for distal femur and for proximal lateral tibia can be used with large fragment self-tapping or self-drilling locking screws, with locking screws for periprosthetic fractures and with cortex screws.







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