

Nite -S Tibial Nail

Surgical Technique

Get Better

Expertise and enthusiasm can be perfectly combined into a top-notch medical engineering company!

We contribute to the development of health services by providing superior technology products at competitive costs.

We envision a socially conscious business environment serving the health industry and patients get better.

Dunitech branded products are designed and engineered to keep our promise;

Easier Operation
Better Fixation

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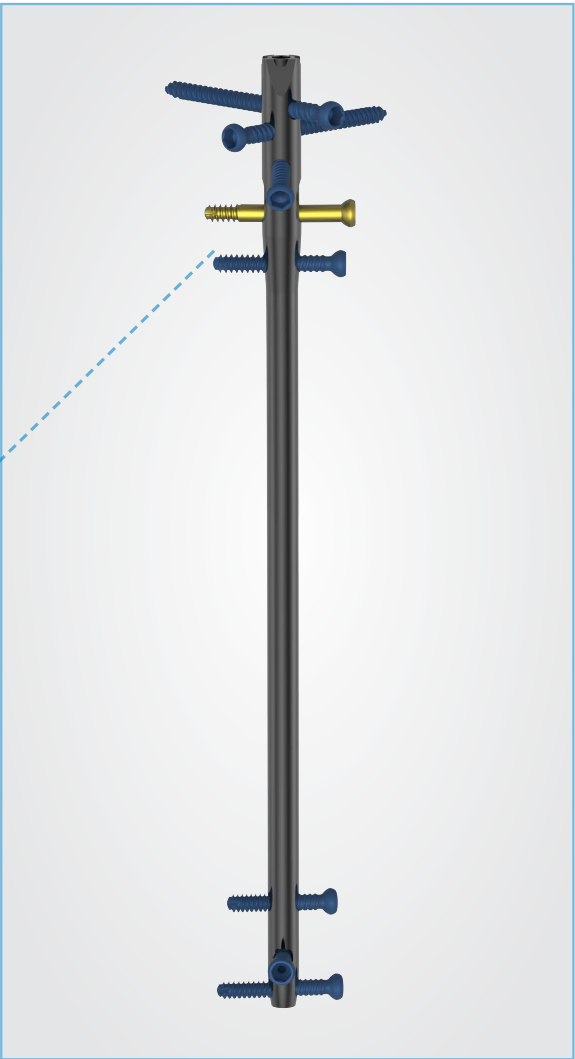
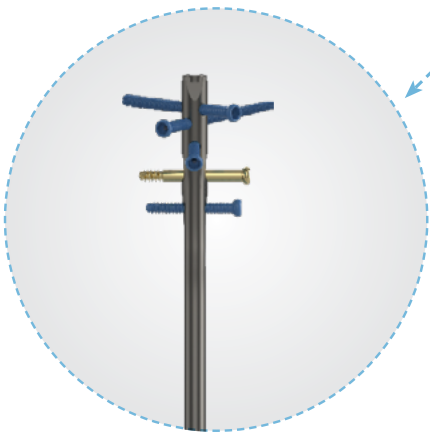
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Nite-S Tibial Nail Specifications

NITE KEY FIGURES

- **Nail Length:** 270 mm to 375 mm in 15 mm increment
- **Proximal Diameter:** 11 mm
- **Distal Diameter:** 9 mm to 11 mm in 1 mm increment
- **Compression Range:** 7 mm
- **End Cap Length:** 0 mm to 15 mm in 5 mm increments Internal thread to secure the cap to the 5 mm Hex driver



COMPRESSION AND CORTICAL SCREWS' KEY FIGURES

- **Length:** 30 mm to 120 mm in 5 mm increment
- **Diameter:** 5 mm

Internal thread to secure the screw to the 5 mm Hex Driver.

Compression Screw with threaded tip and 5 mm shaft to withstand compression load

Nite-S Tibial Nail Indications

INDICATIONS

- Proximal extra-articular fracture
- Open and closed fractures of the tibial shaft
- Pathologic / impending pathologic fractures
- Malunions / nonunions

CONTRAINDICATIONS

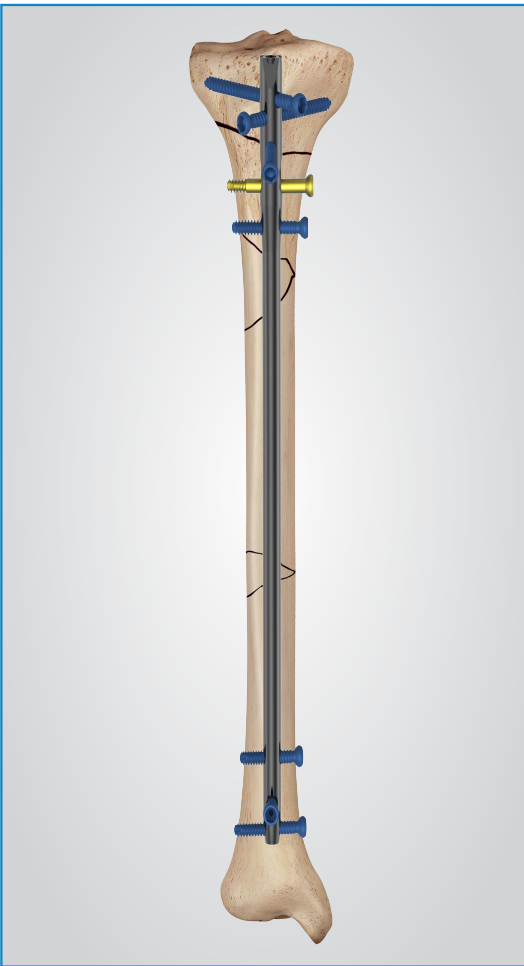
- In a leg with a total knee implant.
- Fractures of the distal third.

The following conditions may present an increased risk of implant failure. This list is not meant to be comprehensive. Physicians should use their clinical judgement when determining the appropriate implant and approach for a given patient.

- Infection
- Incomplete fusion of the epiphysis
- Cognitive and/or physical impairment that would lead to unacceptable risk of fixation failure
- Metal sensitivity or allergic reaction to foreign bodies
- Loss of bone stock or insufficient bone quality to support the device
- Obliterated or narrow medullary canal
- Obese patients
- In the same region as a pre-implanted screw plate
- In comminuted and/or intraarticular fractures
- In open fractures with inadequate soft tissue cover and/or with associated arterial injury

PRECAUTIONS

Nite-S Tibial Nail and accessories were not evaluated for safety and compatibility in the magnetic resonance (MR) environment and no tests for heating or migration were conducted for those products in MR environment.



1. Patient Positioning and Fracture Reduction

- Place the patient in the supine position according to surgeon preference on a fracture or other radiolucent table with the knee hyperflexed (>90°). A triangle may be used to stabilize the limb during the surgery (Fig-1). Alternatively, the patient can be placed supine with the limb hung over the edge of the table or in a traction table with a bump beneath the distal femur to flex the knee.

Note:

- ✓ The bump or triangle should be placed beneath the distal femur to reduce the risk of vascular compression and/or displacing the proximal fragments of the tibia.

- Position the image intensifier as to ensure that AP and lateral views of the entire tibia can be easily obtained.
- Reduce the fracture as anatomically as possible through closed reduction before prepping and draping the patient with the help of image intensifier. Manual traction or a distraction device may be used to assist in fracture reduction.

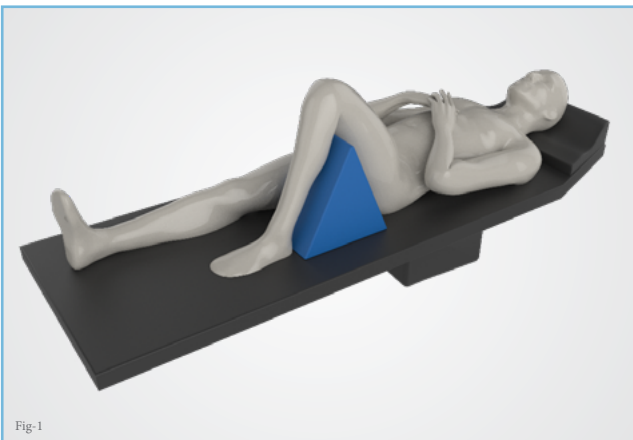


Fig-1

2. Incision and Entry Point

- The entry point is along the ventral edge of the tibial plateau and in line with the axis of the intramedullary canal and with the lateral tubercle of the intercondylar eminence (Fig-2 and Fig-3).
- Confirm the correct entry point with the image intensifier in the AP and lateral views.
- To expose the entry point, make an incision in line with the intramedullary canal. The incision starts from the patella along the patellar ligament until the tibial tuberosity.

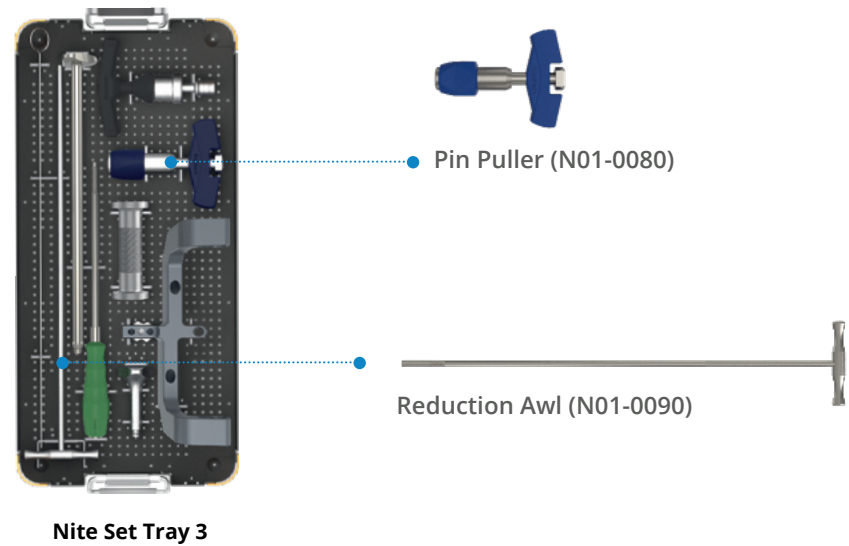
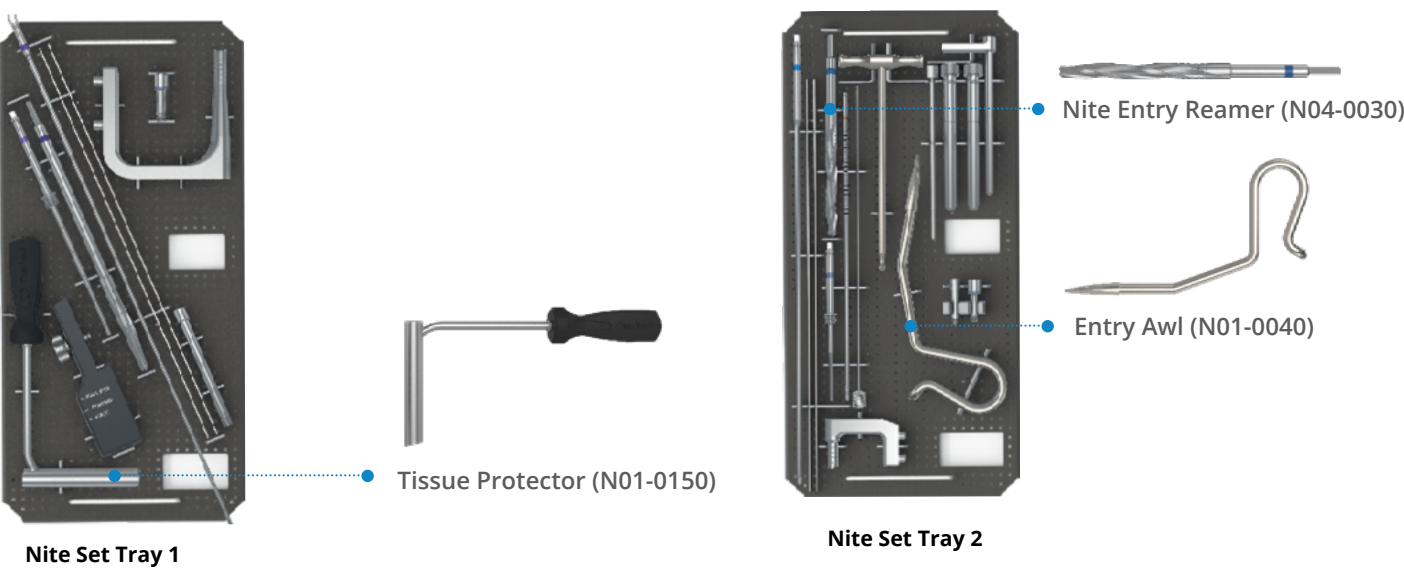


Fig-2



Fig-3

INSTRUMENTS FOT REMOVING THE NAIL



Trocar Tip Guide Wire 3 mm x 600 mm (N01-0250)

Ball Tip Guide Wire 3 mm x 900 mm (N01-0270)

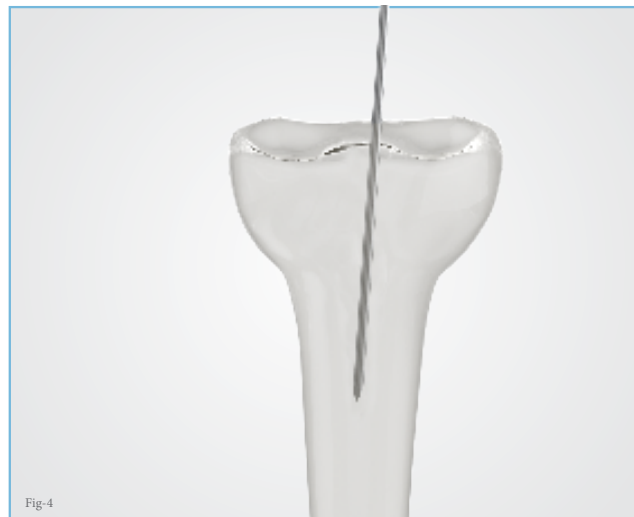
3 mm Guide Wire Sheath (N01-0280)

3. Accessing the Canal

Option 1: Trocar Tip Guide Wire

INSTRUMENTS:

- ✓ Trocar Tip Guide Wire 3 mm x 600 mm (N01-0250)
- Advance the 3 mm Trocar Tip Guide Wire through the entry point and into the proximal tibia with the help of a powered driver to a depth of 8 cm to 10 cm.
- The wire should be centered in the canal on the AP view (Fig-4). On the lateral view, the angle of the wire with respect to the intramedullary canal should match the 8° proximal bend of the nail (Fig-5).
- Withdraw and reposition the wire as necessary.



Option 2: Entry Awl and Trocar Tip Guide Wire

INSTRUMENTS:

- ✓ Entry Awl (N01 -0040)
- ✓ Trocar Tip Guide Wire 3 mm x 600 mm (N01-0250)
- Insert the Entry Awl through the incision and down to the bone (Fig-6). Rotate the Entry Awl back and forth to penetrate the proximal tibia. Care must be taken not to displace the fracture.
- Pass the 3 mm Trocar Tip Guide Wire through the Entry Awl and down to the bone.
- Withdraw and reposition the wire as necessary.



4. Proximal Reaming

INSTRUMENTS:

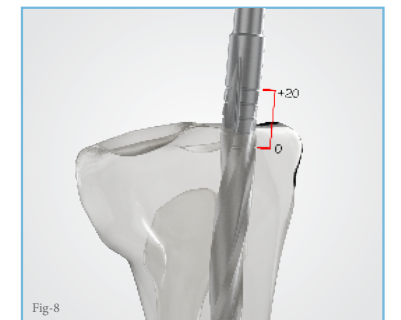
- ✓ Tissue Protector (N01-0150)
- ✓ Nite Entry Reamer (N04-0030)
- ✓ Ball Tip Guide Wire 3 mm x 900 mm (N01-0270)
- ✓ 3 mm Guide Wire Sheath (N01-0280)
- ✓ Pin Puller (N01-0080)
- ✓ Reduction Awl (N01-0090)

- Insert the Tissue Protector through the incision and down to the bone. Secure the Nite Entry Reamer to a powered driver. Pass over the wire and through the Tissue Protector. Ream the proximal tibia to the desired depth with the help of the image intensifier (Fig-7). Care should be taken not to ream the posterior cortex.
- The grooves on the cutting blade of the Nite Entry Reamer are depth templates. The first groove represents the head of the nail. The superior grooves are spaced in 5 mm increments, representing the position of the different end caps (Fig-8).



Note:

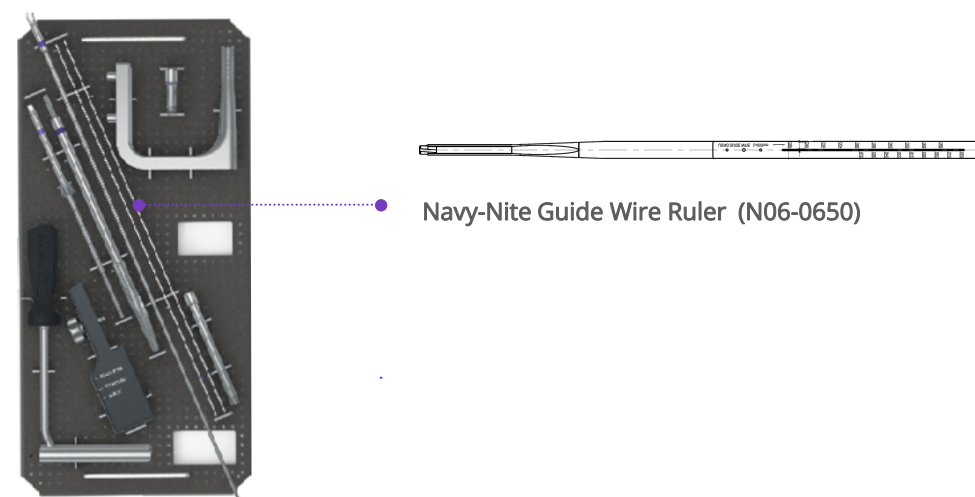
- ✓ If compression or dynamization is necessary, the nail head placement will be different than indicated during proximal reaming (e.g. if 5 mm compression is done, the nail head will be 5 mm more proximal than indicated by the Nite Entry Reamer). This should be considered while reaming.



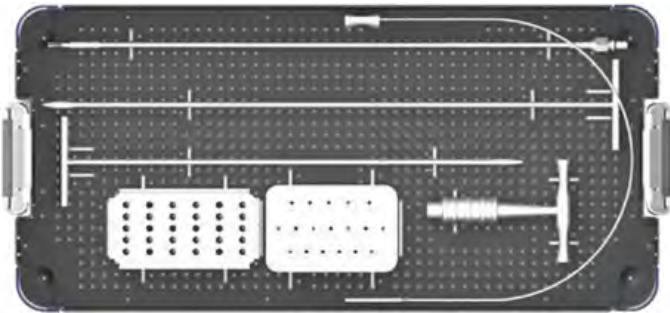
- Exchange the 3 mm Trocar Tip Guide Wire to the Ball Tip Guide Wire and 3 mm Guide Wire Sheath. Loosen up the Pin Puller's lock and pass the Guide Wire through it. Lock the wire by rotating the Pin Puller's drum and move it to the desired depth (Fig-9). Ensure that the guide wire is in correct position with the help of image intensifier. Withdraw and reposition the wire as necessary.
- Confirm that the fracture is well reduced. If necessary use the Reduction Awl to assist with the fracture reduction or guide wire change.



INSTRUMENTS FOR DISTAL REAMING AND DETERMINING THE NAIL LENGTH



Nite Set Tray 1



Flexible reamer Set Tray 1

5. Determining the Nail Length

INSTRUMENTS:

- ✓ Navy-Nite Guide Wire Ruler (N06-0650)
- Confirm that the fracture is well reduced and pass the Navy Nite Guide wire Ruler's hole from the Ball Type Guide Wire 3mm x 900 mm (N01-0270) and touch to the entry point of the bone.
- Top of the Guide Wire's location will show the length of the nail.

Note:

- ✓ If compression will be required, the final nail head position will be more proximal than what is read in the template. Consider the expected compression when choosing the nail's length.
- ✓ Using a different Guide Wire may give wrong results.

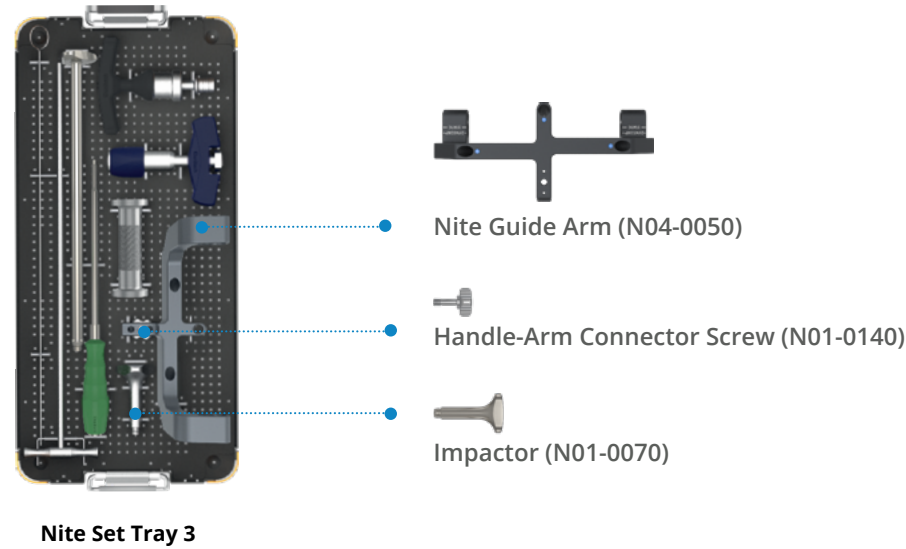
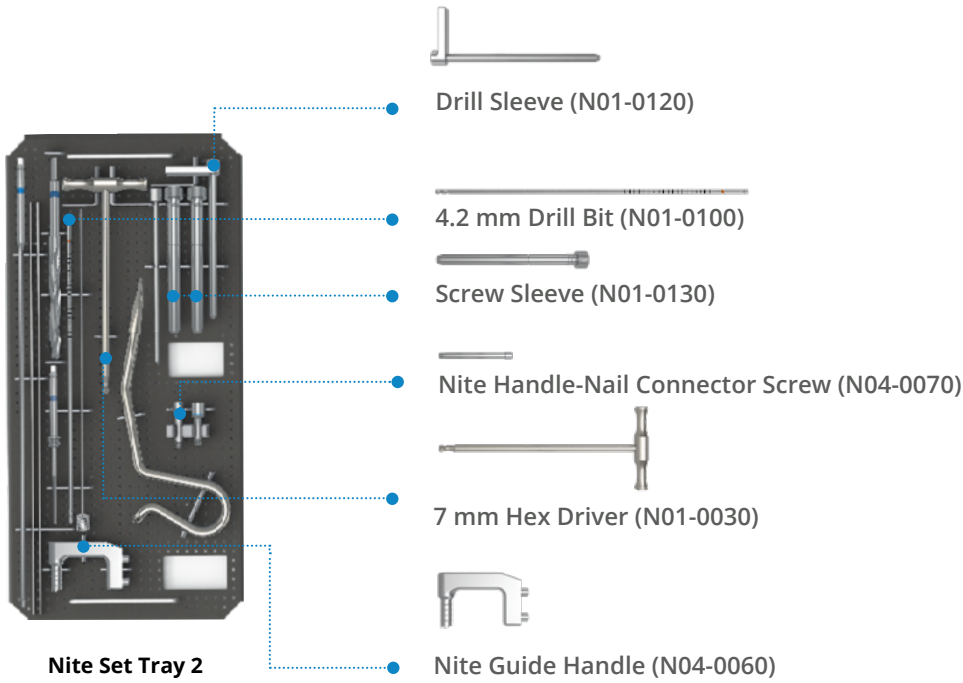
6. Distal Reaming

INSTRUMENTS:

- ✓ Dunitech Intramedullary Reamer Set (INST-01-002)
- Confirm that the fracture is well reduced. Starting from 8.5 mm Reamer Cutter Head, ream until the desired depth with a steady pressure (Fig-11). By each pass, increase the diameter of the Reamer Cutter Head in 0.5 mm increments. If the sheath comes out with the reamer, insert it back before starting the next pass.
- The canal should be reamed to at least 1 mm above the desired nail diameter. Ream to at least 10 mm (the nail with smallest diameter has 9 mm of distal diameter). If there's no resistance to reaming to 10 mm, increase the reaming diameter to fit the next size of nail to a maximum of 12 mm.
- To prevent accumulation of debris in the medullary canal, retract the reamer when necessary.
- After distal reaming, remove the sheath (Fig-12). The Sheath won't pass through the nail.



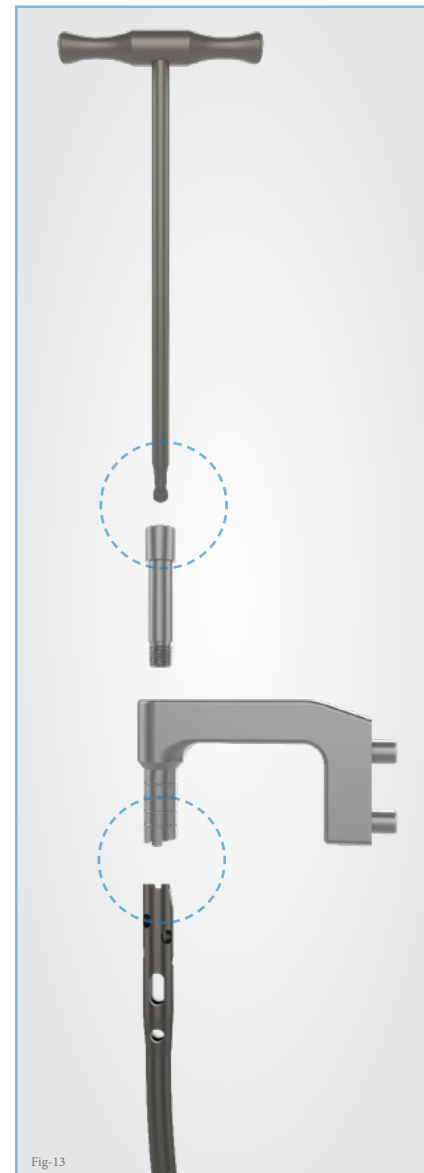
INSTRUMENTS FOR TARGET GUIDE ASSEMBLY AND NAIL INSERTION



7. Attaching the Nail

INSTRUMENTS:

- ✓ Nite Handle-Nail Connector Screw (N04-0070)
 - ✓ 7 mm Hex Driver (N01-0030)
 - ✓ Nite Guide Handle (N04-0060)
- Mate the desired nail to the Nite Guide Handle. Ensure that the reference line on the nail is aligned with the corresponding line on the Guide Handle. Pass the Handle-Nail Connector Screw and use the 7 mm Hex Driver to secure it to the nail (Fig-13). Ensure that the connection is tight before proceeding.



8.1 Checking Alignment

INSTRUMENTS:

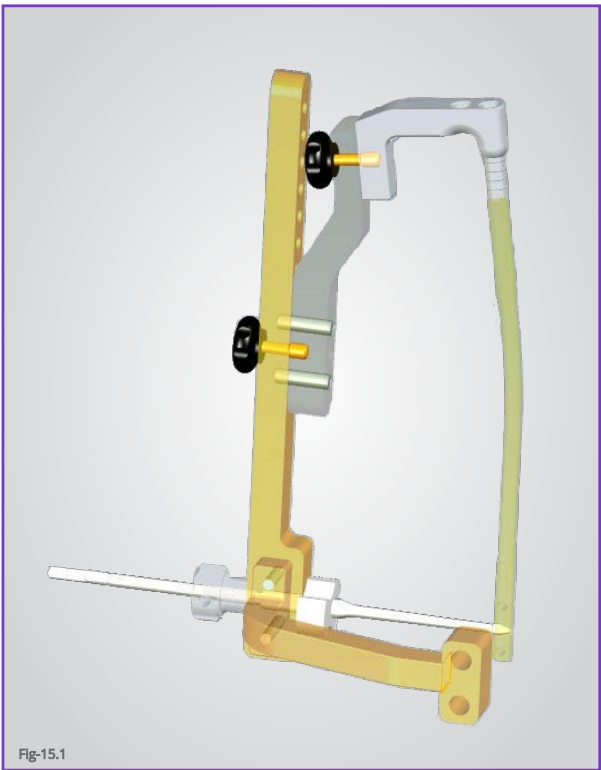
- ✓ Nite Guide Arm (N04-0050)
 - ✓ Handle-Arm Connector Screw (N01-0140)
 - ✓ Screw Sleeve (N 01-0130)
 - ✓ Drill Sleeve (N0 1-0120)
 - ✓ 4.2 mm Drill Bit (N01-0100)
- Before inserting the nail check the nail's holes are correctly aligned to the holes of the Guide Arm.
 - Mate the Nite Guide Arm with the Nite Guide Handle and secure them with the Handle-Arm Connector Screw (Fig-14). Insert the Drill Sleeve into the Screw Sleeve and insert this assembly into the Dyn/Comp hole of the Guide Arm. Insert the 4.2 mm Drill bit through the Drill Sleeve and advance until it passes through the corresponding nail hole (Fig-15). Repeat the process in the other holes.
 - Remove the Nite Guide Arm.



8.2 Checking Alignment

INSTRUMENTS:

- ✓ Nite-S Handle Bar Connector (N06-0200)
 - ✓ Nite-S Distal Bar Connector (N06-0210)
 - ✓ Nite-S Distal Targeting Arm (N06-0220)
 - ✓ Dia 9/10/11 Block (N06-0510/520/530)
 - ✓ Locking Bolt (N06-0560)
 - ✓ Locking Bolt (N06-0570)
 - ✓ Locking Bolt for Distal Targeting Device (N06-0580)
 - ✓ Positioning Rod (06-0590)
- Mate the Nite-S Handle - Bar Connector (N06-0200) with the Guide Handle (N04-0060) and secure them with the Locking Bolt (N06-0560).
 - Mate the Nite-S Distal Guide Bar (N06- 0210) with the Nite-S Handle-Bar Connector (N06-0200) and secure them with the Locking Bolt (N06- 0560).
 - Mate the Nite-S Distal targeting Arm (N06-0220) with the Nite-S Distal Guide Bar (N06-0210) and secure them with Locking Bolt (N06-0570).
 - Place Positioning Rod (N06- 0610) inside the Nite-S Distal Targeting Arm (N06-0220).
 - Fix Dia X Block (X chosen according to the distal diameter of the nail) to the positioning rod.
 - Screw and fix the position of the positioning rod with Locking Bolt for Distal Targeting Device (N06-0580)
 - Insert the Drill Sleeve (N01-0100) into the Screw Sleeve and insert this assembly into the most distal hole. Insert the 4.2mm drill bit through the Drill Sleeve and advance until it passes through the corresponding nail hole (Figure 17).
 - Repeat the process in the other hole.
 - Remove the Nite-S Distal Guide Bar (N06-0210).



9. Inserting the Nail

INSTRUMENTS:

- ✓ Impactor (N01-0070) - Optional

Note:

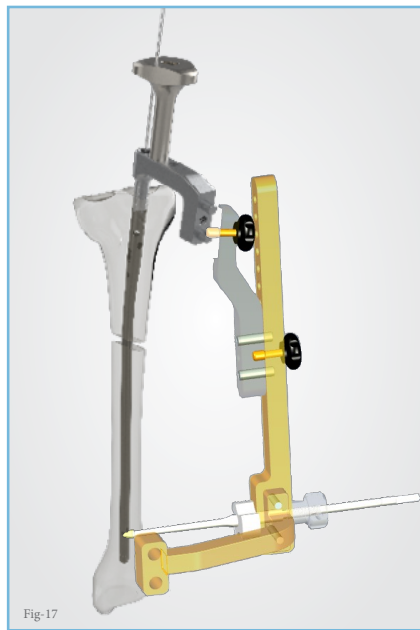
- ✓ If the Guide Wire Sheath has not been removed, it has to be removed in before the insertion of the nail (Fig-12). If a traditional ball tip guide wire was used, it must be exchanged for a smooth guide wire. Its tip won't pass through the nail.

- Pass the nail over the guide wire, through the incision and into the bone. With steady pressure and gentle rotation movements, advance the nail (Fig-16). Monitor closely with the help of image
- If needed, the Impactor can be assembled in the Guide Arm for light hammer blows. If considerable resistance is encountered, do not use strong hammer strikes. It may cause loss of reduction or perioperative fracture. Instead, remove the nail, replace the sheath and further enlarge the medullary canal.
- The rings in the handle are spaced 5 mm from each other, they indicate the depth of the nail's head.

Note

- ✓ Do not strike the Guide Handle with a slap hammer or any other mallet.

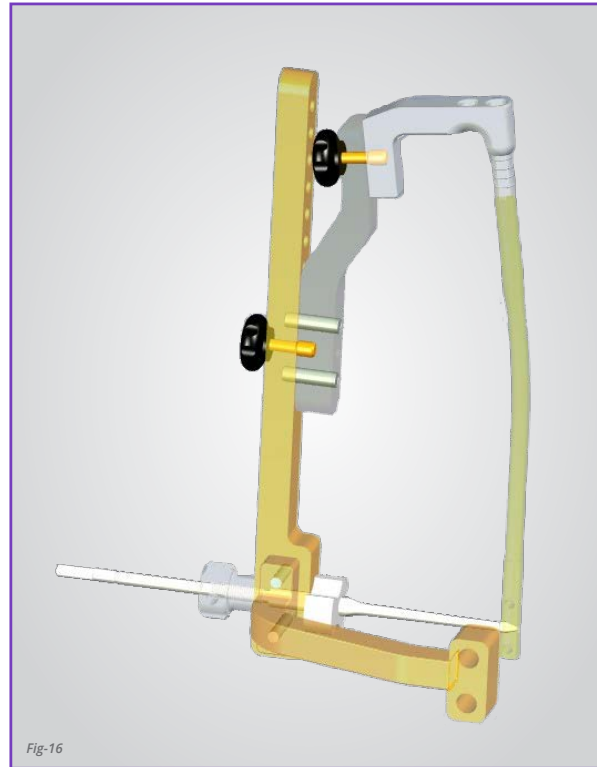
- Once the nail is in its final position, remove the guide wire (Fig-17).



10. Distal Locking

INSTRUMENTS:

- ✓ Dia X Block (N06-0510/520/530)
- ✓ Locking Bolt (N06-0560) x2
- ✓ Locking Bolt (N06-0570)
- ✓ Locking Bolt for Distal Targeting device (N06-0580)
- ✓ Positioning Rod (N06-0590)
- ✓ Impactor (N06-0600) (Optional)
- ✓ Drill Sleeve (N06-00610)
- ✓ Cannulated Drill Bit (N06-00620)
- ✓ Guidewire dia 2.5 (N06-0630)
- ✓ Hammer (N06-0640) (Optional)
- ✓ Nite Guide Handle (N04-0060)
- ✓ Nite-S Handle Bar Connector (N06-0200)
- ✓ Nite-S Distal Guide Bar (N06-0210)
- ✓ Nite-S Distal Targeting Arm (N06-0220)



- Mate the Nite-S Handle - Bar Connector (N06- 0200) with the Guide Handle (N04-0060) and secure them with the Locking Bolt (N06- 0560).
- Mate the Nite-S Distal Guide Bar (N06- 0210) with the Nite-S Handle-Bar Connector (N06- 0200) and secure them with the Locking Bolt (N06- 0560).
- Mate the Nite-S Distal targeting Arm (N06-0220) with the Nite-S Distal Guide Bar (N06- 0210) and secure them with Locking Bolt (N06- 0570).
- Advance it until the skin and make a small incision. Advance it until the Drill Sleeve touches the cortical bone.
- Send the Cannulated Drill Dia 6/Dia 2.5 into the Drill Sleeve until it touches the first cortex. Then send the Guide wire 2.5 inside the Cannulated Drill Dia 6/Dia 2.5.
- Guide wire Dia 2.5 should be sent into the first cortex. This can be done by using a motor or with the help of impactor (N06-0600) and Hammer (N06-0640).
- Drill the first cortex with Cannulated Drill Dia 6/Dia 2.5. Be careful not to continue on drilling after the cortex is passed. This might damage the nail.
- Remove the Drill Sleeve, Cannulated Drill and Guide Wire Dia 2.5.
- Send the Positioning Rod (N06-0590) into the hole on the Navy-S Distal Targeting Arm ((N06-0040). Turn it clockwise in order to be locked into the nail. To check whether if it is in right position, a radiographic image can be taken or a guide wire can be send into the nail until it touches to the positioning rod.
- Dia X Block should be chosen accordingly to the diameter of the distal diameter of the nail. As in example of the Navy-S11-380 Nail, Dia 11 Block (N06-0530) has to be used. Assemble the Dia X Block on the positioning rod.
- Screw the Locking bolt (N06-0560) for Distal Targeting Device to the Positioning Rod.

11. Distal Locking - Drilling for Locking Screw

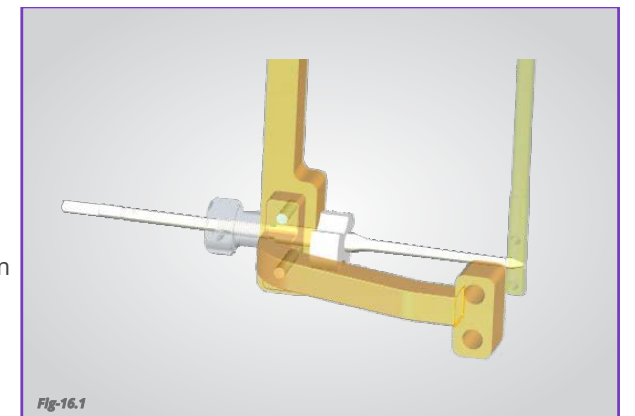
INSTRUMENTS:

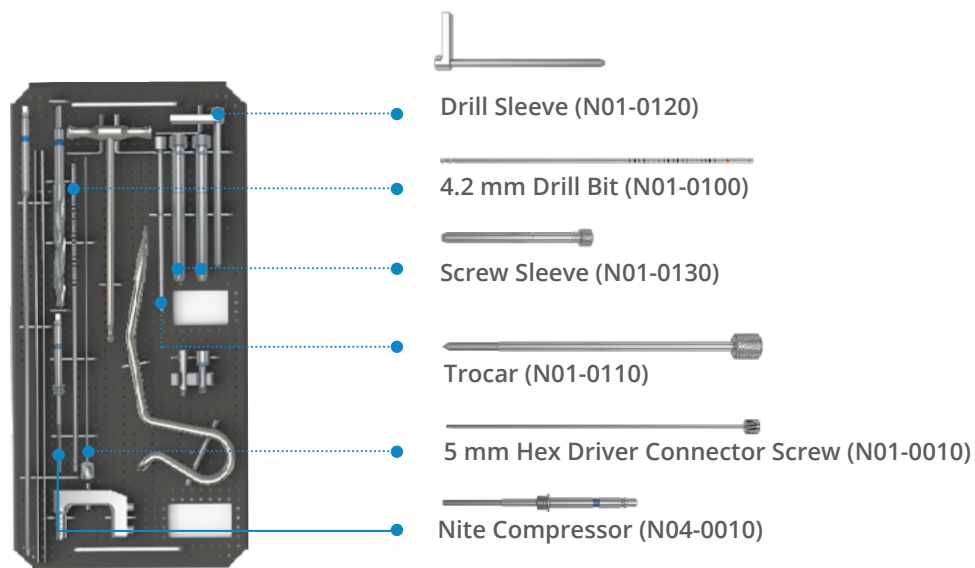
- ✓ Screw Sleeve (N01-0130)
- ✓ Drill Sleeve (N01-0120)
- ✓ Trocar (N01-0110)
- ✓ 4.2mm Drill Bit (N01-0100)

- Insert the trocar into the Drill Sleeve and insert them into the Screw Sleeve.
- Pass the assembly through the Nite-S Distal Targeting Arm, advance it until the skin and make a small incision. Advance the assembly until the drill sleeve touched the cortical bone. Apply pressure with the trocar over the bone to create a dingle in the lateral cortex.
- Remove the trocar and pass the 4.2mm Drill Bit through the Drill Sleeve. Drill through both cortices. With the Drill Bit in the far cortex and drill Sleeve touching the lateral cortex, read the measurement in line with the Drill Sleeve. Measurement will indicate the screw length to be used.
- Optionally, you can drill first cortex and stop when the drill touches the second cortex. With the drill bit touching far cortex, send the measurement in line with the Drill Sleeve. Add 5mm to the measurement. This will indicate the screw length to be used.

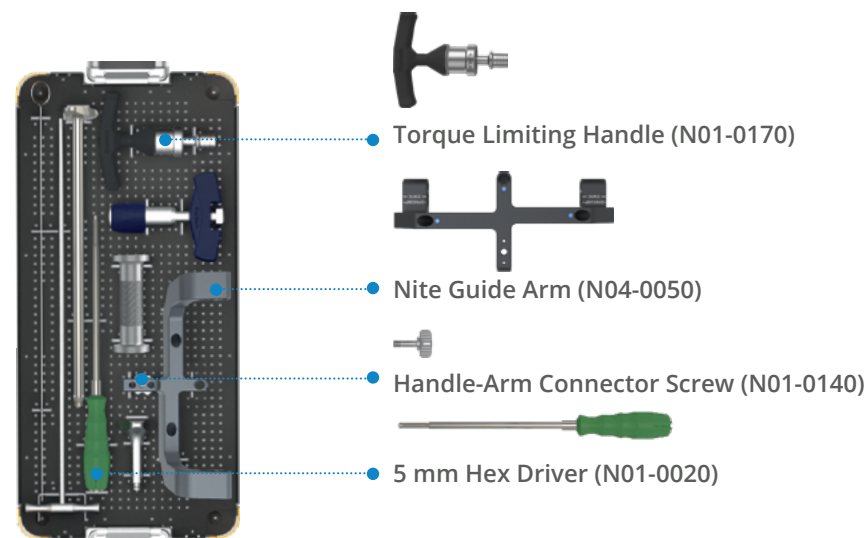
12. Distal Locking - Inserting the Locking Screw

- Mate the 5 mm Hex Driver with the selected screw and secure with the 5 mm Hex Driver Connector Screw (Fig-21). Remove the Drill Sleeve.
- Insert the screw/driver assembly through the Screw Sleeve until it contacts the bone. Rotate the driver to thread up the screw until its head seats against the lateral cortex (Fig-22). Do not over tighten the screw as it may lead to screw stripping.
- Rotate the connector screw counterclockwise to disengage the driver from the screw (Fig-23).
- Remove the Screw Sleeve.
- Tighten the Locking bolt for Distal Targeting Device and remove it from the positioning and together with the Dia X Block.
- Rotate the Positioning Rod counter clockwise and remove it.
- Optionally, you can insert a third screw into the same hole with following the steps used for inserting other screw.
- Remove the Nite-S Handle Bar Connector from the Guide Handle.





Nite Set Tray 2



Nite Set Tray 3

INSTRUMENTS:

- ✓ Nite Guide Arm (N04-0050)
- ✓ Handle-Arm Connector Screw
- ✓ (N01-0140) Screw Sleeve (N01-0130)
- ✓ Drill Sleeve (N01-0120)
- ✓ Trocar (N01-0110)
- ✓ 4.2 mm Drill Bit (N01-0100)
- ✓ 5.0 mm Drill Bit (N01-0460)
- Mate the Nite Guide Arm with the Nite Guide Handle and secure them with the Handle-Arm Connector Screw (Fig-19). Insert the Trocar into the Drill Sleeve and insert them into the Screw Sleeve. Pass the assembly medially through the Dyn/Comp hole in the guide arm, advance it until the skin and make a small incision. Advance the assembly until the Drill Sleeve touches the cortical bone. Apply pressure with the Trocar over the bone to create a dimple in the medial cortex (Fig-20).
- Remove the Trocar and pass the 4.2 mm Drill Bit through the Drill Sleeve. For Compression and Static locking screws, drill through both cortices (Fig-21). For the 3 proximal oblique screws, do not drill the far cortex (posterior aspect of the tibia).
- To decide on the size of the screw to be used, use the marks on the 4.2 mm Drill bit. Position the tip of the bit in the desired position for the screw. For Compression and Static Locking Screws, the tip of the drill will be on the lateral cortex. Make sure that the Drill Sleeve is touching the medial cortex.
- Read the graduation in line with the Drill Sleeve (Fig-21). The measurement will indicate the screw length to be used.
- In order to use cortical compression screw, first cortex has to be drilled with 5 mm Drill Bit (N01-0460). Drill Sleeve has to be removed from the screw sleeve before using the 5 mm Drill. The second cortex should not be drilled with 5 mm Drill Bit.



12. Proximal Locking – Compression

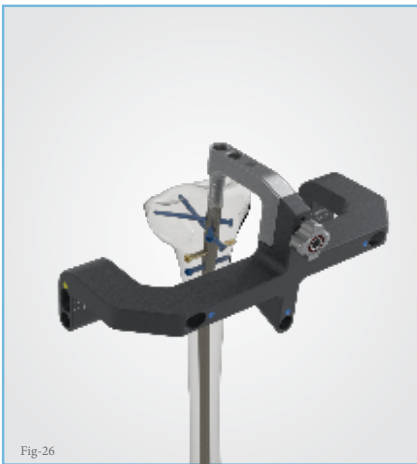
INSTRUMENTS:

- ✓ Torque Limiting Handle (N01-0170)
- ✓ Nite Compress or (N04-0010)
- Mate the Nite Compressor with the Torque Limiting Handle. Insert the compressor into the Guide Handle and through the nail. Rotate until the compressor engages the thread in the guide handle.
- As the compressor is rotated, the Compression Cortical Screw is pushed down the dynamic slot and the distal fragment is drawn towards the proximal fragment. Up to 7 mm of compression can be applied (Fig-24).
- Before releasing the compressor, insert a Cortical Screw in the static hole to ensure that the compression will be maintained (Fig-25).

Note

- ✓ Do not over compress as it may cause the screw to fail. Do not backslap the nail against the deployed Claws to achieve compression.

- If necessary, insert the oblique screws by following the same procedure in the previous sections (Fig-26).



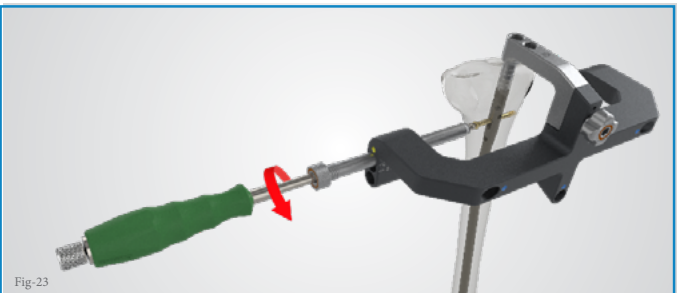
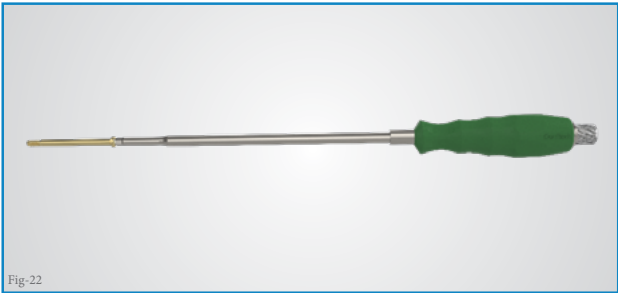
13. Proximal Locking – Inserting the Screw

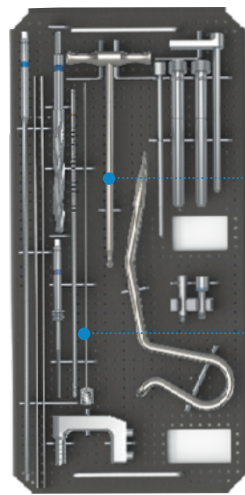
INSTRUMENTS:

- ✓ 5 mm Hex Driver (N01-0020)
- ✓ 5 mm Hex Driver Connector Screw (N01-0010)
- Mate the 5 mm Hex Driver with the selected screw and secure with the 5 mm Hex Driver Connector Screw (Fig-22). Remove the Drill Sleeve.
- Insert the screw/driver assembly through the Screw Sleeve and into the bone. Advance the screw until its head seats against the medial cortex (Fig-23). Do not over tighten the screw as it may lead to screw stripping.
- Rotate the connector screw counterclockwise to disengage the driver from the screw.

Note

- ✓ If compression is needed, make sure to use a Compression Cortical Screw. It is designed to withstand the compression loads.





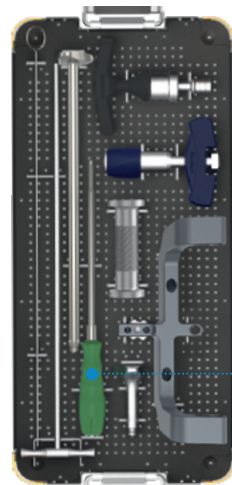
Nite Set Tray 2



7 mm Hex Driver (N01-0030)



5 mm Hex Driver Connector Screw (N01-0010)



Nite Set Tray 3

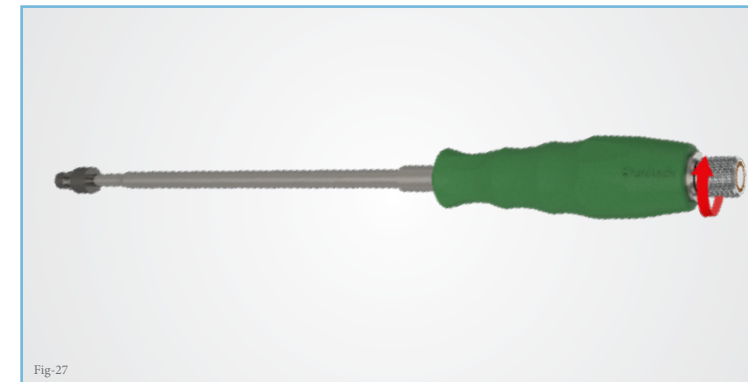


5 mm Hex Driver (N01-0020)

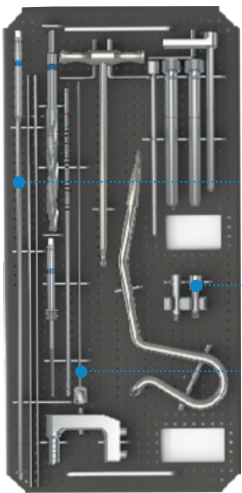
14. Inserting End Cap

INSTRUMENTS:

- ✓ 7 mm Hex Driver (N01-0030)
 - ✓ 5 mm Hex Driver (N01-0020)
 - ✓ 5 mm Hex Driver Connector Screw (N01-0010)
- Check the final nail head position, it may have changed if compression was applied. The rings in the handle are spaced 5 mm from each other, they indicate the depth of the nail's head.
 - If satisfied with the final implant's position, remove the Screw Sleeve and use the 7 mm Hex Driver to release the nail from the Guide Handle.
 - Mate the 5 mm Hex Driver to the chosen end cap and secure with the 5 mm Hex Driver Connector Screw (Fig-27). Pass the end cap/driver assembly through the incision and mate with the proximal end of the nail, rotating clockwise with the driver until it is fully threaded.
 - Rotate the connector screw counterclockwise to disengage the driver from the end cap (Fig-28).

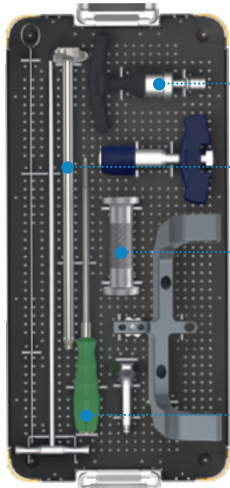


Nail Removal



Nite Set Tray 2

- Nite Claw Deployment Driver (N04-0020)
- Nite Extractor Connector (N04-0040)
- 5 mm Hex Driver Connector Screw (N01-0010)



Nite Set Tray 3

- Torque Limiting Handle (N01-0170)
- Extractor (N01-0050)
- Slide Hammer (N01-0160)
- 5 mm Hex Driver (N01-0020)

1. Removing Nail End Cap

INSTRUMENTS:

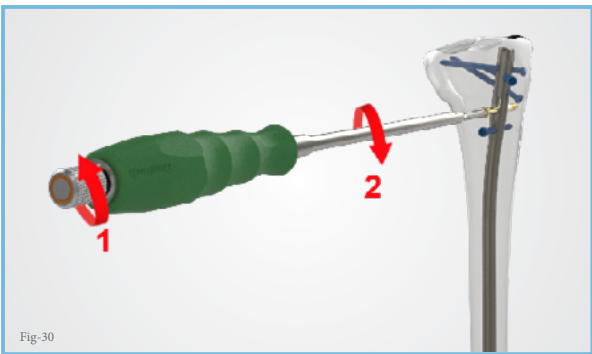
- ✓ 5 mm Hex Driver (N01-0020)
- ✓ 5 mm Hex Driver Connector Screw (N01-0010)
- Insert the 5 mm Hex Driver Connector screw into the 5 mm Hex Driver and mate the driver to the nail end cap. Rotate the connector screw clockwise to secure the end cap to the driver. Rotate the driver counterclockwise until the end cap is fully released (Fig-29).



2. Removing the Cortical Screws

INSTRUMENTS:

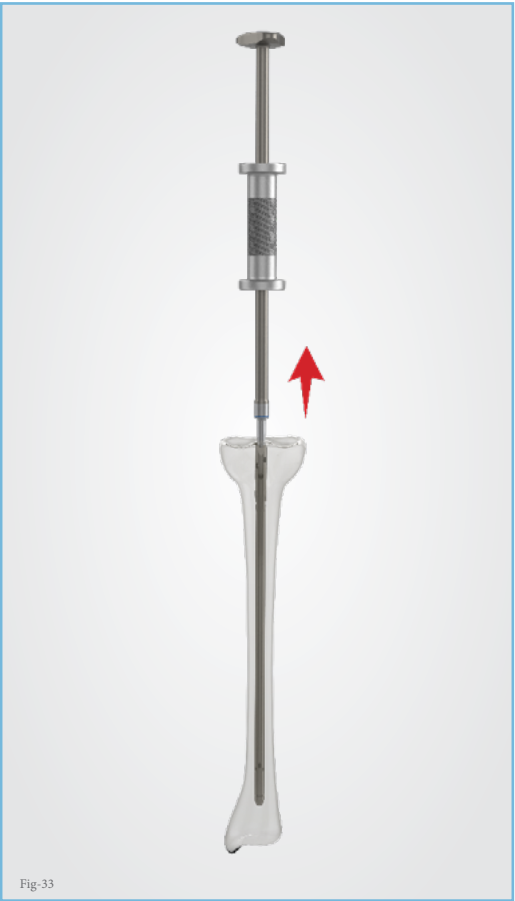
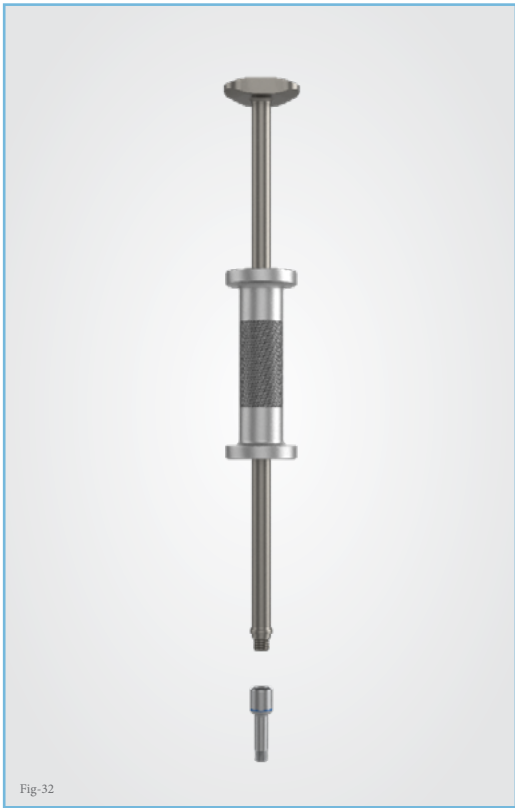
- ✓ 5 mm Hex Driver (N01-0020)
- ✓ 5 mm Hex Driver Connector Screw (N01-0010)
- Insert the 5 mm Hex Driver Connector screw into the 5 mm Hex Driver and mate the driver to the cortical screw.
- Rotate the connector screw clockwise to secure the cortical screw to the driver.
- Remove the cortical screw by rotating the driver counterclockwise (Fig-30).
- Ensure all screws have been removed before proceeding.



4. Removing the Nail

INSTRUMENTS:

- ✓ Extractor (N01-0050)
 - ✓ Slide Hammer (N01-0160)
 - ✓ Nite Extractor Connector (N04-0040)
- Attach the Nite Extractor Connector into Extractor and pass the Slide Hammer over it (Fig-32). Mate the Nite Extractor Connector with the nail and rotate the Extractor clockwise to secure the assembly to the nail. With gentle blows of the Slide Hammer, remove the nail from the femur (Fig-33).



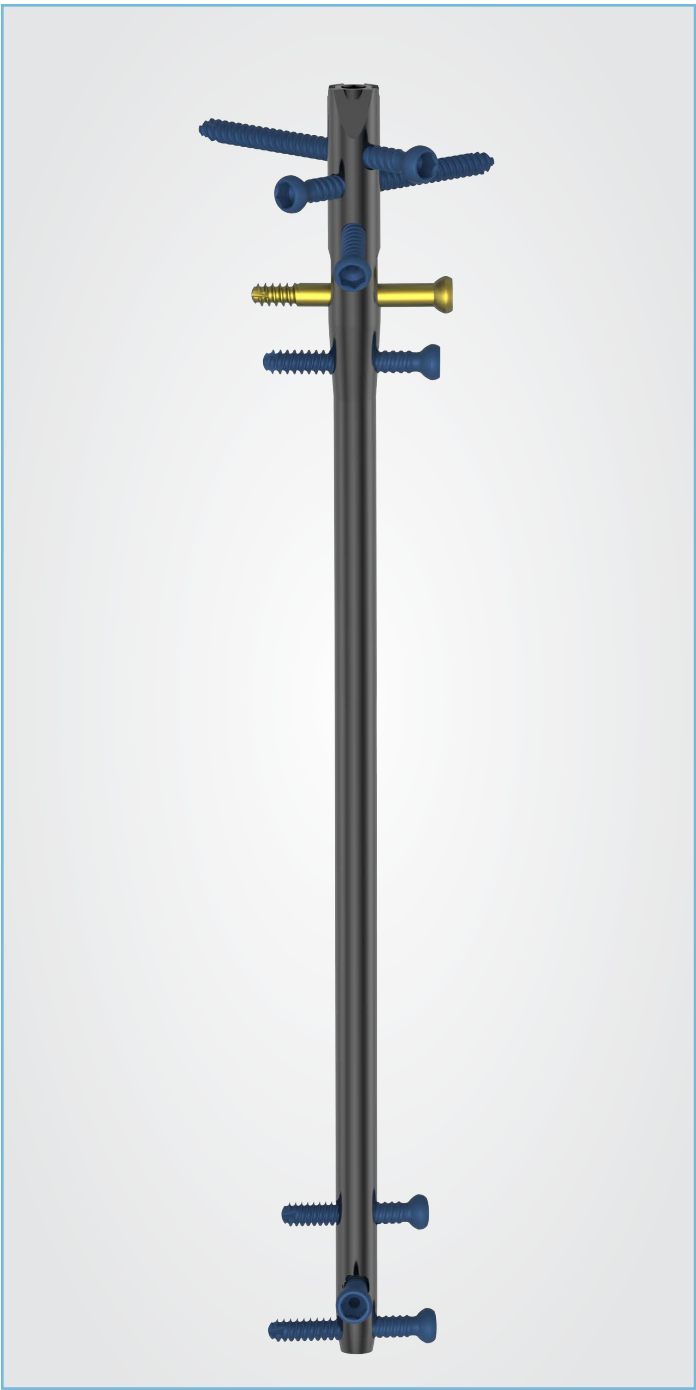
NOTES

Catalogue Information

NITE-S Tibial Nail

Distal Diameter	Lenght (mm)	Catalogue Code
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9	270	NITE-S-09-270
9	285	NITE-S-09-285
9	300	NITE-S-09-300
9	315	NITE-S-09-315
9	330	NITE-S-09-330
9	345	NITE-S-09-345
9	360	NITE-S-09-360
9	375	NITE-S-09-375
10	270	NITE-S-10-270
10	285	NITE-S-10-285
10	300	NITE-S-10-300
10	315	NITE-S-10-315
10	330	NITE-S-10-330
10	345	NITE-S-10-345
10	360	NITE-S-10-360
10	375	NITE-S-10-375
11	270	NITE-S-11-270
11	285	NITE-S-11-285
11	300	NITE-S-11-300
11	315	NITE-S-11-315
11	330	NITE-S-11-330
11	345	NITE-S-11-345
11	360	NITE-S-11-360
11	375	NITE-S-11-375



End Caps

Extension (mm)	Catalogue Code
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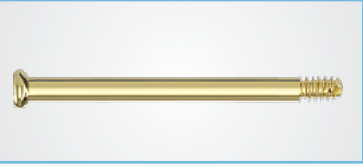
0	NITE-11-000
5	NITE-11-005
10	NITE-11-010
15	NITE-11-015



Cortical Screws

Diameter (mm)	Length (mm)	Catalogue Code
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5	30	CORS-05-030
5	35	CORS-05-035
5	40	CORS-05-040
5	45	CORS-05-045
5	50	CORS-05-050
5	55	CORS-05-055
5	60	CORS-05-060
5	65	CORS-05-065
5	70	CORS-05-070
5	75	CORS-05-075
5	80	CORS-05-080
5	85	CORS-05-085
5	90	CORS-05-090
5	95	CORS-05-095
5	100	CORS-05-100
5	105	CORS-05-105
5	110	CORS-05-110
5	115	CORS-05-115
5	120	CORS-05-120



Compression Cortical Screws

Diameter (mm)	Length (mm)	Catalogue Code
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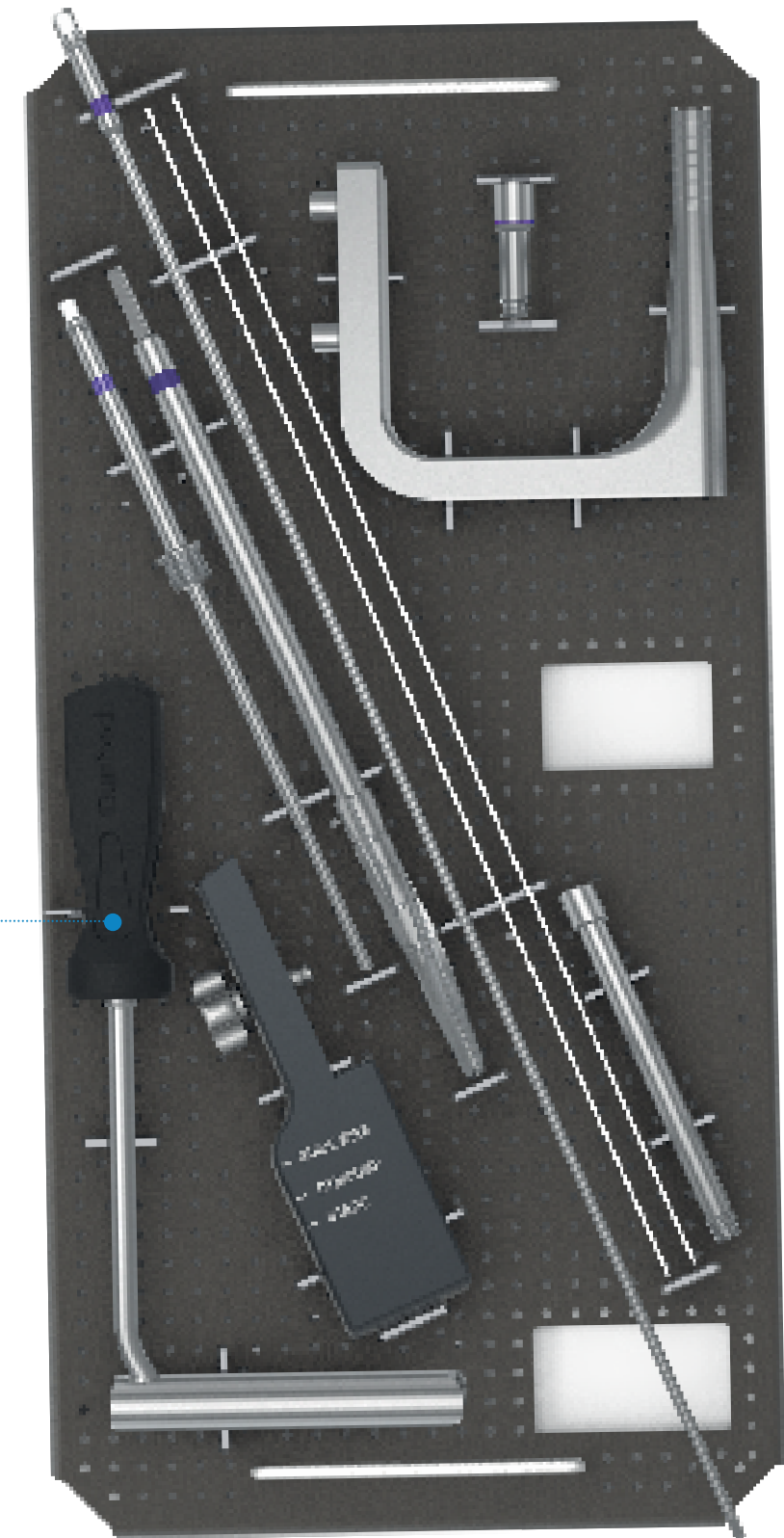
5	30	COMS-05-030
5	35	COMS-05-035
5	40	COMS-05-040
5	45	COMS-05-045
5	50	COMS-05-050
5	55	COMS-05-055
5	60	COMS-05-060
5	65	COMS-05-065
5	70	COMS-05-070
5	75	COMS-05-075
5	80	COMS-05-080
5	85	COMS-05-085
5	90	COMS-05-090
5	95	COMS-05-095
5	100	COMS-05-100
5	105	COMS-05-105
5	110	COMS-05-110
5	115	COMS-05-115
5	120	COMS-05-120

Nite Tool Set

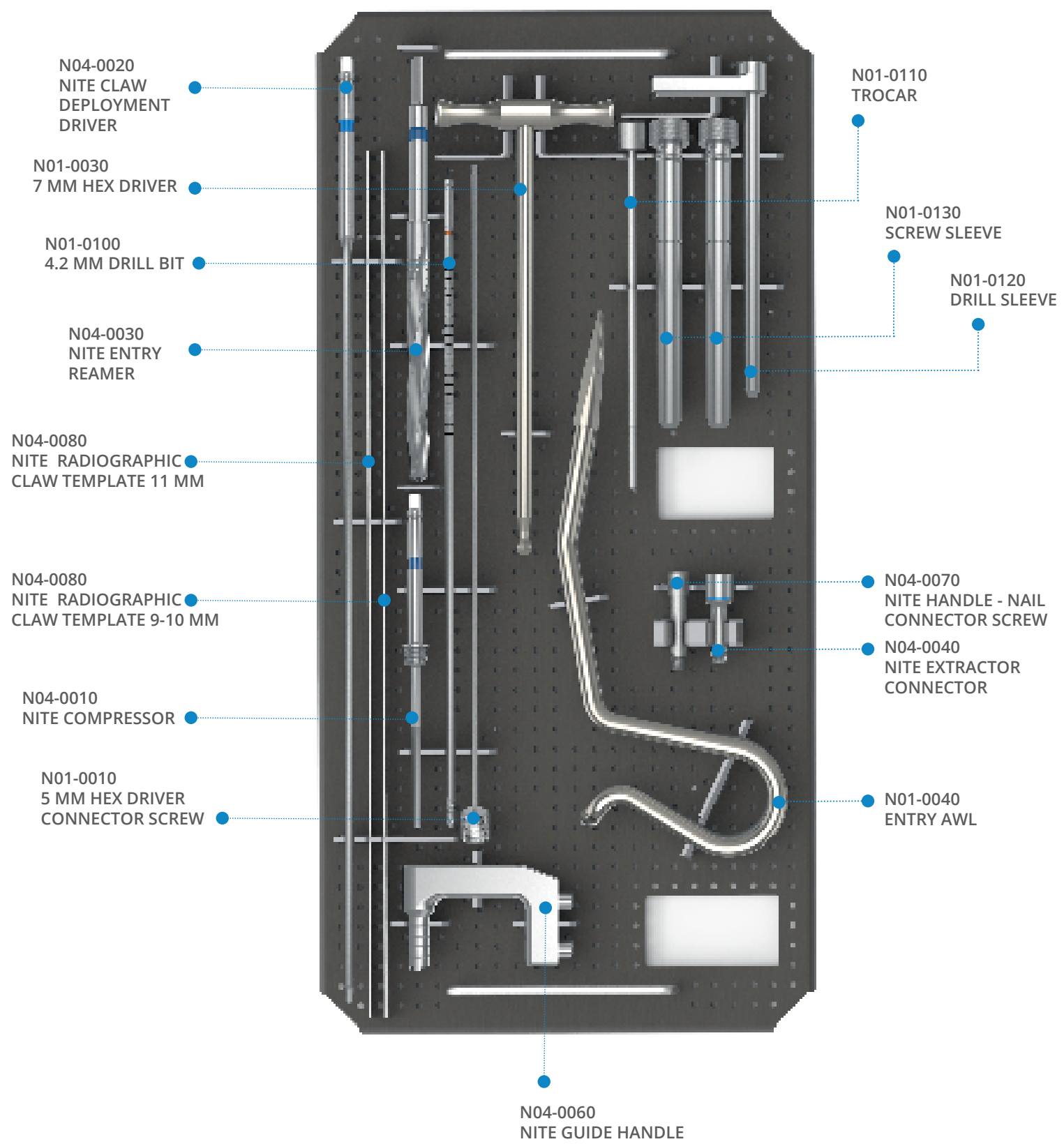
- Nite Tray 1
- Nite Tray 2
- Nite Tray 3

Nite Tray 1

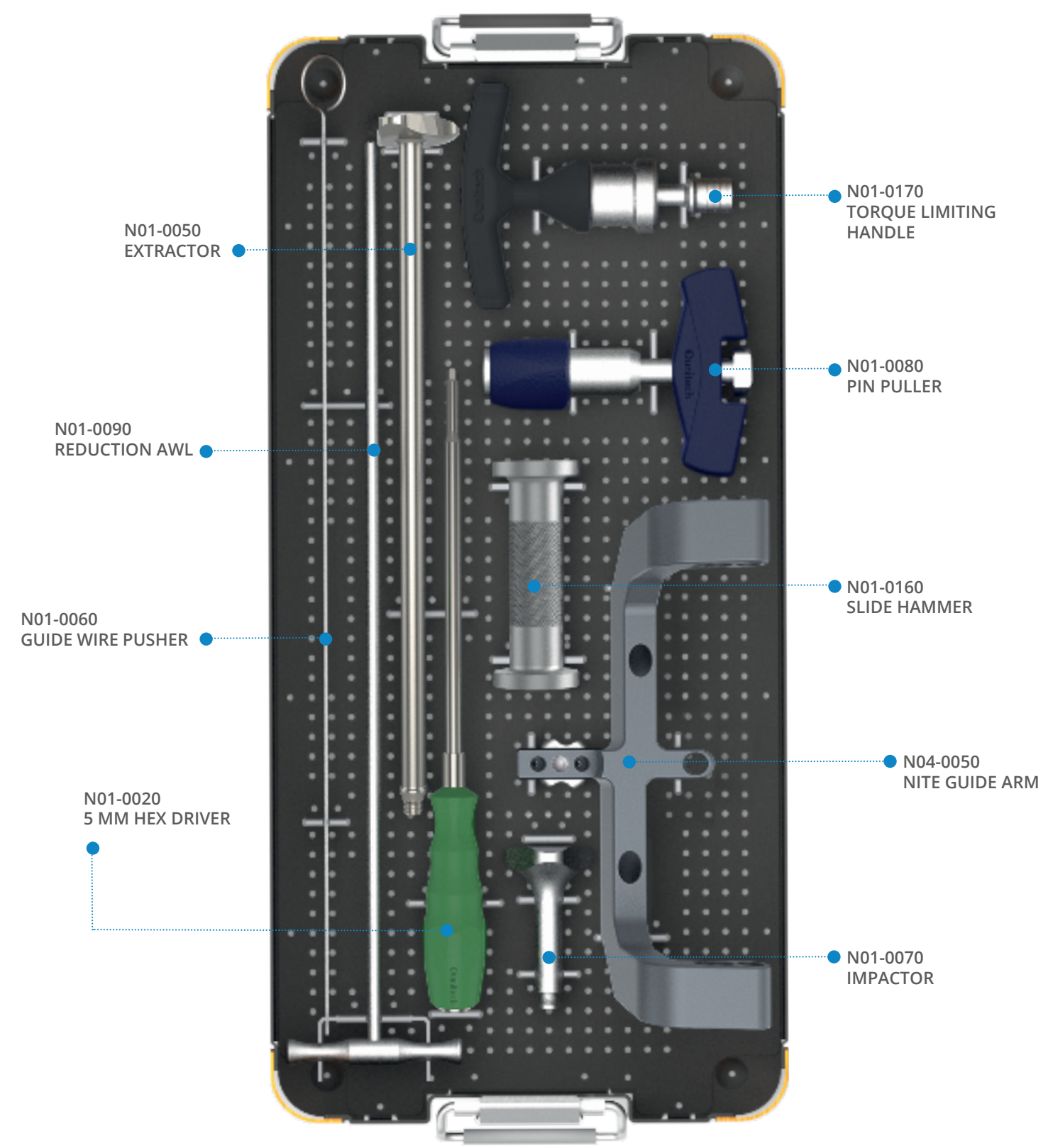
N01-0150
TISSUE PROTECTOR



Nite Tray 2



Nite Tray 3



NOTES

The 8mm and 12 mm diameter sizes are not kept in stock and are manufactured against order. Product availability is subject to the regulatory and/or medical practices in individual markets. Some or all products described in those documents may not be available in your region. Please contact your Dunitech representative for information regarding product availability in your area.

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