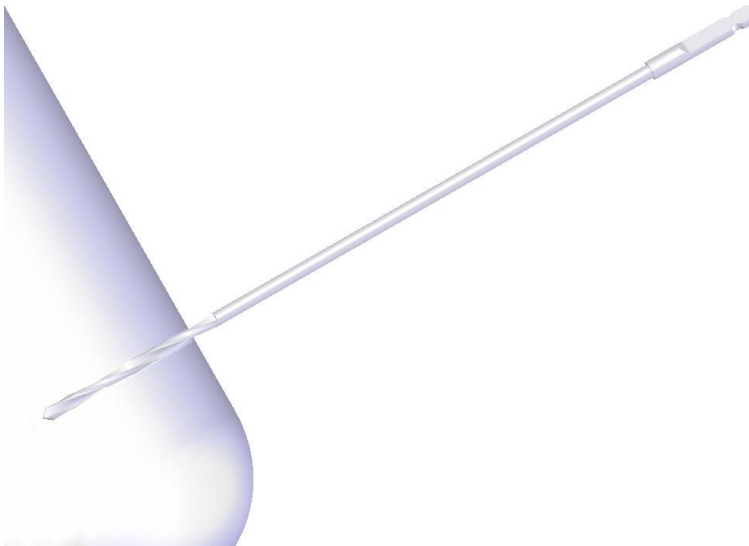
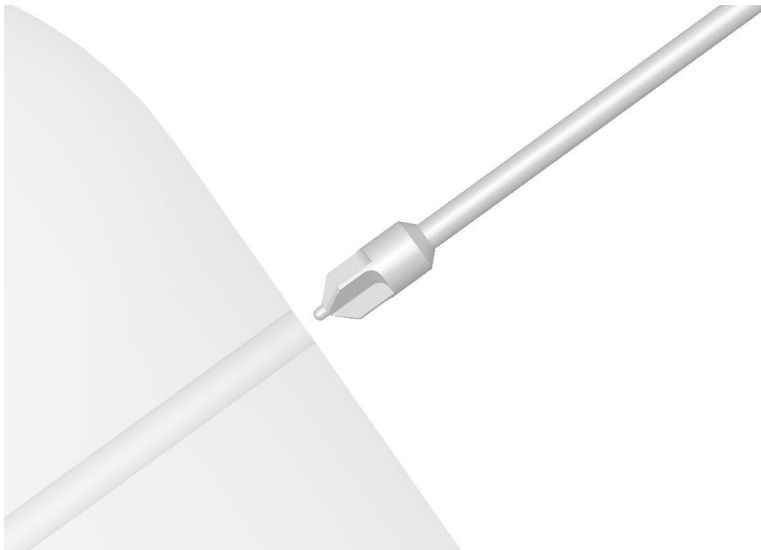


**Surgical Technique of ActivaNail™ Conical**

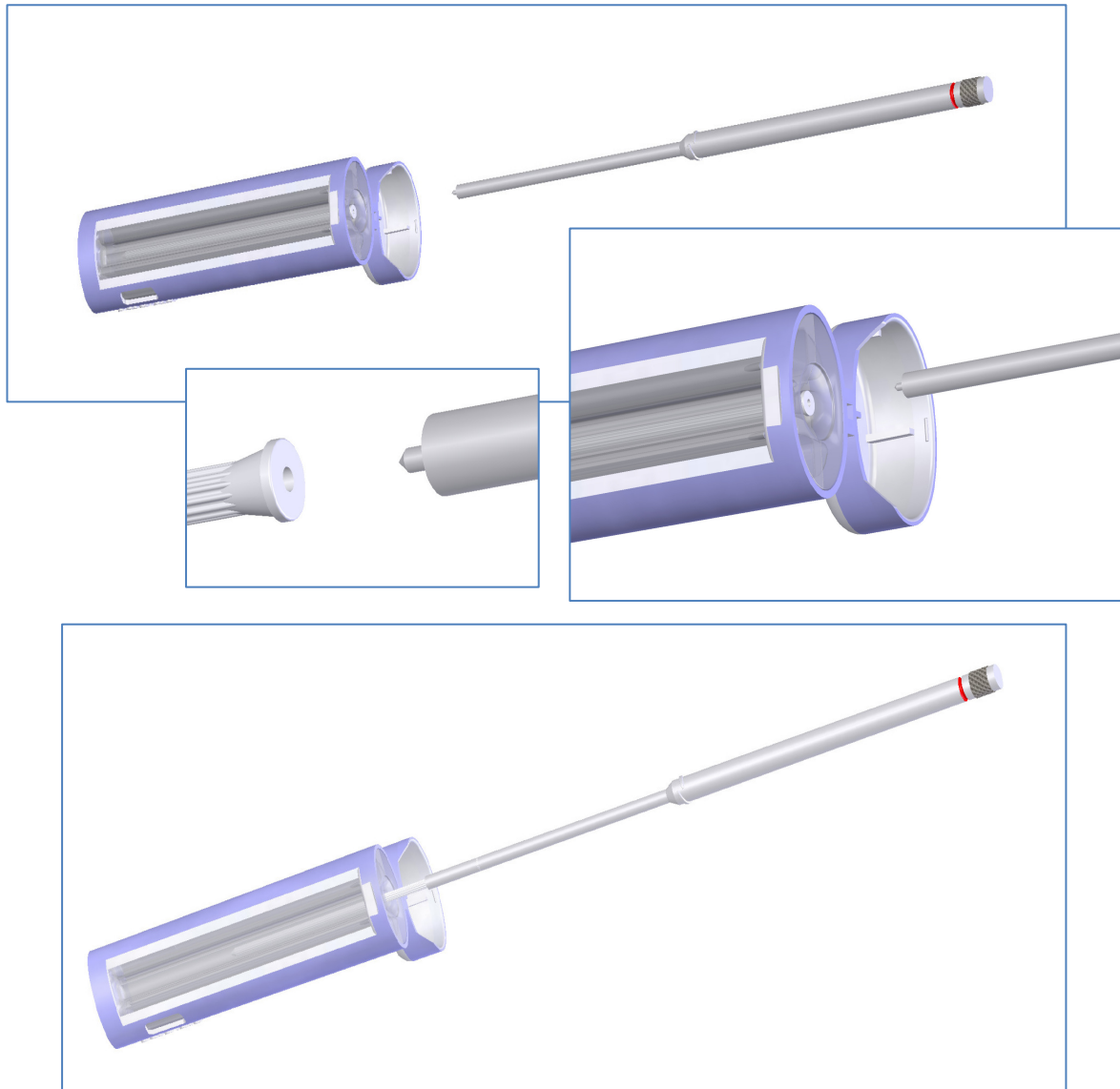
1. Select the appropriate ActivaNail™ Conical for the indication.
2. Drill a hole which corresponds to the nail diameter through the fracture/osteotomy plane. To prevent overdrilling, multiple reaming with drill bit should be avoided.



3. Depending on the indication and implant size, appropriate countersink can be used in order to make space for the nail head and to avoid soft tissue irritation by the protruding nail head.



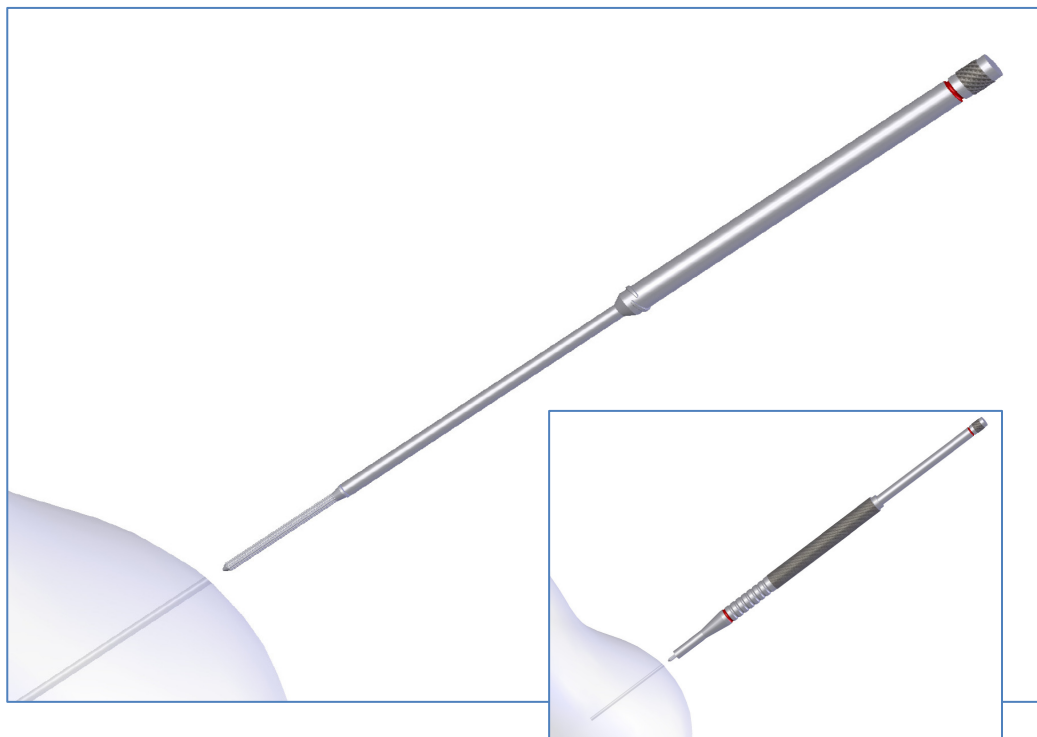
4. Open **ActivaNail™ HOLDER** cap.
5. Pick the nail by pushing the **3.2 mm ActivaPin™ APPLICATOR PISTON** distal head into the **ActivaNail™ HOLDER** until it is attached to the nail.



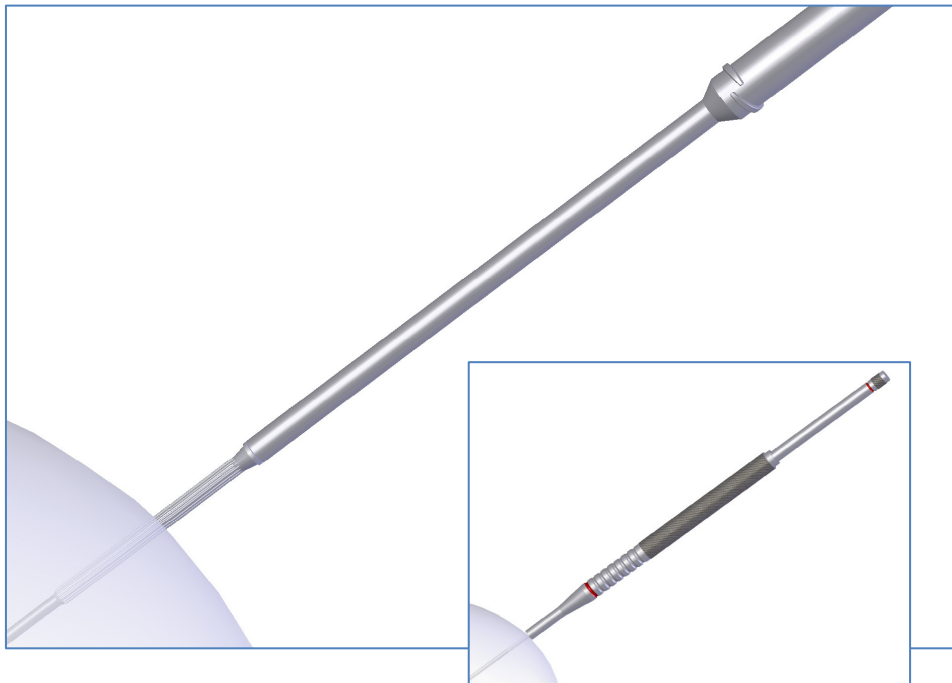
Optional technique: In the case of long 1.5 mm and 2.0mm ActivaNail™ Conical the attached nail and piston can be slid inside to the 3.2 mm **ActivaPin™ Applicator SLEEVE** through the twist lock by twisting the PISTON clockwise in order to support the nail during its insertion.



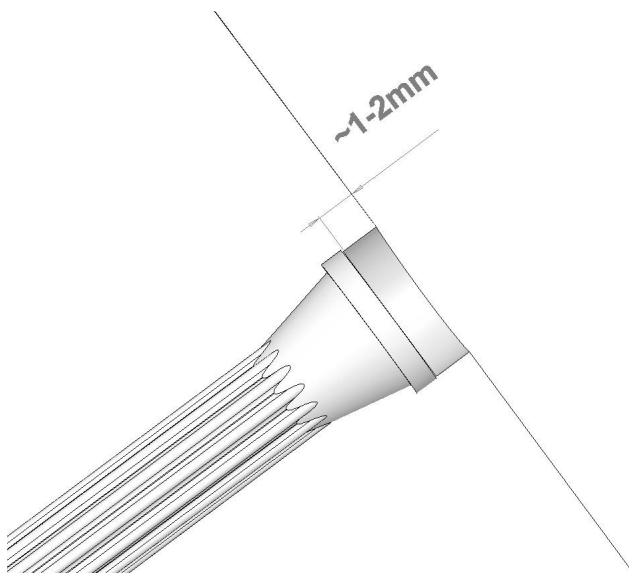
6. Introduce the nail into the hole by sliding the PISTON.



7. During insertion of the nail, hold the applicator and the nail parallel to the long axis of the drill hole so that it slides easily to the drill hole and the damaging of nails's head is avoided. Insert the nail by lightly tapping the PISTON with a mallet.



8. Tap the PISTON until entire nail is forced fully into the drill hole in order to prevent the protruding of the nail head from cortical bone which could cause soft tissue irritation.



9. After insertion, if the nail is too long, scissors, reciprocating saw or a hot wire can be used to cut or modify the ActivaNail™ or its head. In such a case, proximal end of the nail must be smoothed at least to the cortical level, to avoid soft tissue irritation.

10. Two or more implant fixations can be applied if necessary (depending on the nature and size of the fracture). In such case it is recommended that implants are inserted at divergent angles to one another rather than parallel, for best results.
11. On the basis of surgeon's decision radiographs are taken before wound closure.
12. After fixation, the wound is closed in layers applying standard principles of orthopaedics and traumatology.
13. Meticulous hemostasis and complete primary skin closure over the implant are essential.