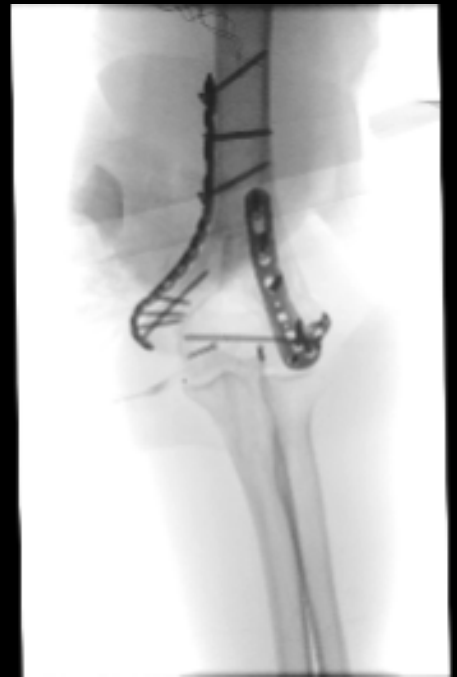
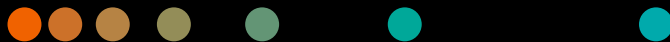


Study protocol

Fixation of distal humerus fracture

Ortho/trauma surgery



Case description

Patient

Male, aged between 18 and 30 years
BMI range: 30–35

Diagnosis

Distal humerus fracture
AO classification: 13C3
Complete and multifragmentary
articular fracture
(Figs. 1–4)

Surgical procedure

Fixation of distal humerus fracture:
after preoperative CT imaging
assessment of the fracture, an
olecranon osteotomy was performed
to improve surgical access. Temporary
transfixation was achieved using
multiple K-wires, followed by
definitive fixation with precontoured
plates and angular stable screws.
Lastly, the olecranon osteotomy
was repaired using wire cerclage.

Benefits of CIARTIC Move

No C-arm technologist was needed,
the surgeon operated the system
from within the sterile field using
Smart Control.

With **Position Assist** it is possible to
store up to 12 procedure-specific
positions, making surgical workflows
more efficient.

With the help of the Position Assist
functionality, **collimation** can be
stored individually for each position.

3D imaging played a vital part
in confirming the success of the
surgery. The dose area product was
245.75 $\mu\text{Gy} \cdot \text{m}^2$ and the radiation
time was 198.3 seconds.

Courtesy of

BG Trauma Center Ludwigshafen,
Germany

System and software

CIARTIC Move, VB10A

Clinical images

Fig. 1



Preoperative CT imaging: displaced, multifragmentary distal humerus fracture

Fig. 2



Preoperative CT imaging: displaced distal humerus fracture

Fig. 3



Preoperative X-ray imaging: displaced, multifragmentary distal humerus fracture on the right in anterior-posterior view

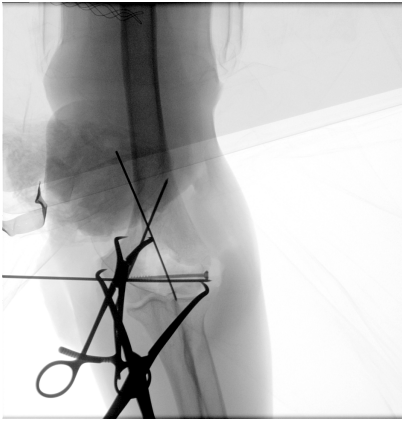
Fig. 4



Preoperative X-ray imaging: displaced, multifragmentary distal humerus fracture on the right in lateral view

Clinical images

Fig. 5



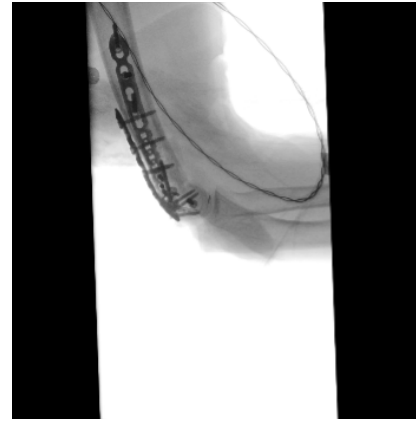
Intraoperative image: repositioning of fracture and temporary fixation using Kirschner wires. Fixation of individual fragments using reduction forceps. Small fragment screw inserted from the ulnar side.

Fig. 6



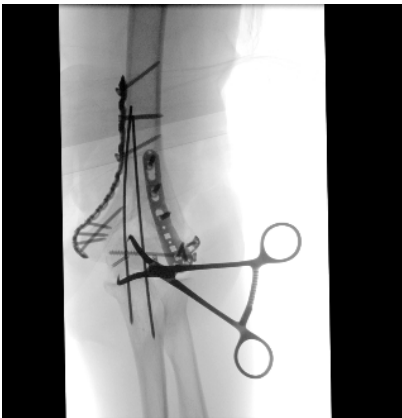
Intraoperative image: insertion of radial and ulnar plates

Fig. 7



Intraoperative image: double-plate osteosynthesis with correctly positioned screws in lateral view

Fig. 8



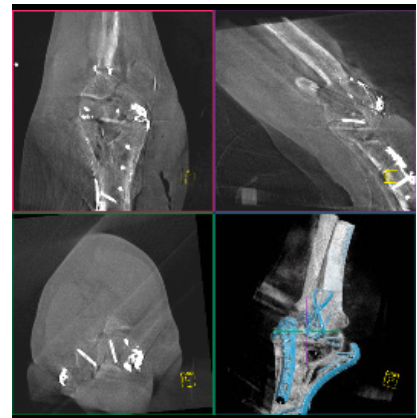
Intraoperative image: repositioning using reduction forceps and fixation with Kirschner wires. Subsequent fixation of olecranon using wire cerclage. Anterior-posterior view

Fig. 9



Intraoperative final image: double-plate osteosynthesis of the distal humerus with correct plate and screw positioning. Lateral view

Fig. 10



Intraoperative 3D scan: correct plate and screw positioning. Due to the confined space, a shortened orbital scan was used to enable intraoperative 3D imaging of the patient in the prone position.

The information presented in the study protocol is for illustration only and is not intended to be relied upon by the reader for instruction as to the practice of medicine. Any healthcare practitioner reading this information is reminded that they must use their own learning, training, and expertise in dealing with their individual patients. This material does not substitute for that duty and is not intended by Siemens Healthineers to be used for any purpose in that regard.

The statements by customers of Siemens Healthineers presented here are based on results that were achieved in the customer's unique setting. Since there is no "typical" hospital and many variables exist (e.g., hospital size, case mix, level of IT adoption), there can be no guarantee that other customers will achieve the same results.

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