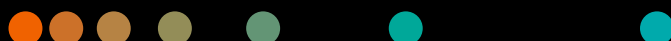


Study protocol

# Fixation of calcaneus fracture

Ortho/trauma surgery



## Case description

### Patient

Male, aged between 46 and 60 years  
BMI range: 25–30

### Diagnosis

Fracture of the calcaneus  
Classification: Sanders II  
(Fig. 1)

### Surgical procedure

Fixation of calcaneus fracture: after assessing the fracture, K-wires were used to reposition and temporarily stabilize it. Final fixation was achieved using a calcaneal plate. (Figs. 2–7)

### 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.

The dose area product was 123.55  $\mu\text{Gy}\cdot\text{m}^2$  and the radiation time was 125.5 seconds.

**3D imaging** played a vital part in confirming the success of the surgery.

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### Courtesy of

BG Trauma Center Ludwigshafen,  
Germany

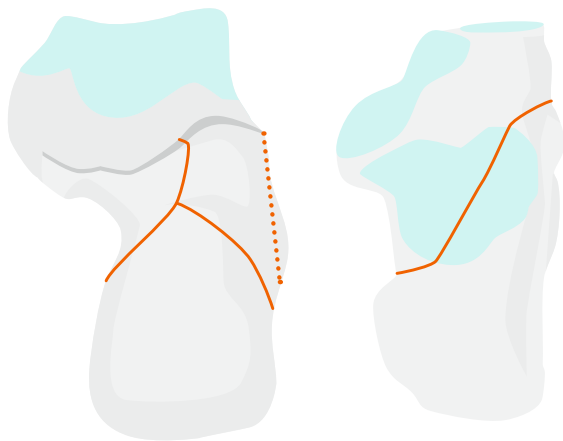
### System and software

CIARTIC Move, VB10A

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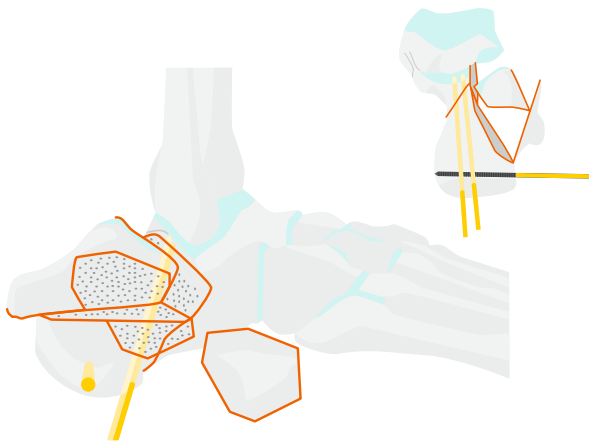
# Clinical illustrations

Fig. 1



Fracture assessment and decision-making

Fig. 2



Reduction of fracture held in position by Kirschner wires

Fig. 3



Fixation using calcaneal plate

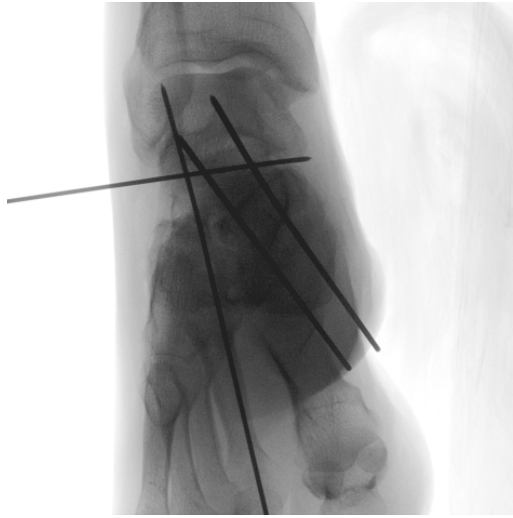
## Clinical images

Fig. 4



**Intraoperative image:** repositioning and temporary fixation using Kirschner wires. Lateral view

Fig. 5



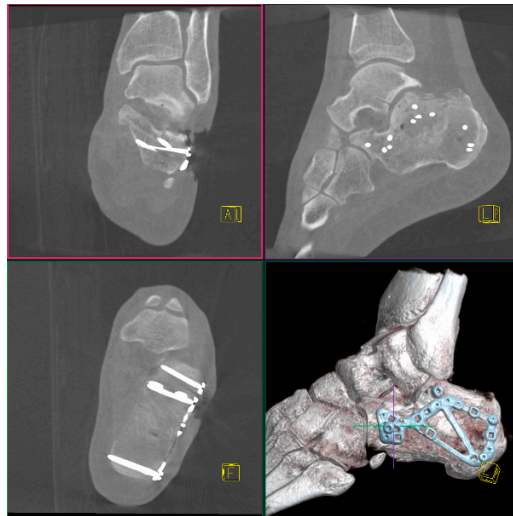
**Intraoperative image:** repositioning and temporary fixation using Kirschner wires. Anterior-posterior view

Fig. 6



**Intraoperative check:** correctly inserted variable angle calcaneal plate with small-fragment cannulated screw. Lateral view

Fig. 7



**Intraoperative 3D scan:** confirmation of correct fracture reduction and implant positioning. An Intra-articular screw position can be ruled out.

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.

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