# Wrist Spanning Plate

## 2.4 mm LCP® Straight Wrist Plate

**Full Surgical Technique Video**

## A Solution For Complex Distal Radius Fractures

The Wrist Spanning Plate is designed for distal radius fractures with severe comminution requiring prolonged fixation, as an alternative to external fixation. Applied to the dorsal aspect of the wrist, the plate restores length and neutralizes loads on the consolidating fracture fragments.

- Avoid pin-to-skin interface issues associated with external fixation
- Achieve greater stability versus external fixation due to minimum bar to bone distance[1]

**Features:**

- Low profile
- Accepts 2.4 mm cortex (nonlocking) and 2.4 mm locking screws
- Available in Sterile or Non-Sterile
- 170 mm length
- Tapered for ease of passage

With products like the Wrist Spanning Plate, DePuy Synthes Trauma is uniquely positioned with the **industry's broadest portfolio** of innovative products and services available to support you as you support your patient's surgical experience and long-term outcomes.[2]

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# Technique Highlights

## Placement

The plate can be used with second or third metacarpal based on surgeon preference and the following considerations:

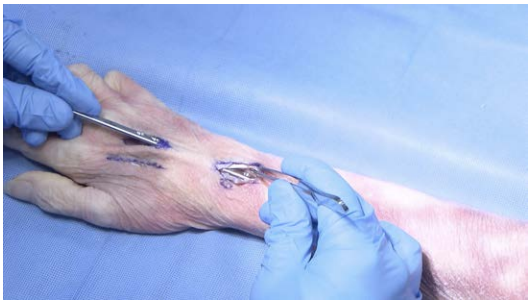
**Second Metacarpal:**

In cases where a procedure has been done to the dorsal aspect of the lunate, such as Kienbock's disease cases, this configuration avoids the area where a vascular pedicle would be. In cases where the plate is being used just to maintain length, this requires less dissection and doesn't require the plate to go under the digital extensors.

**Third Metacarpal:**

May be preferred in distal radius fractures because it allows the plate to sit directly over the dorsal aspect of the intermediate column, directly in line with the capitate, lunate, and dorsal lunate facet.

## Insertion



The plate path follows the course of the compartment adjacent to the bone and underneath the overlying extensors.

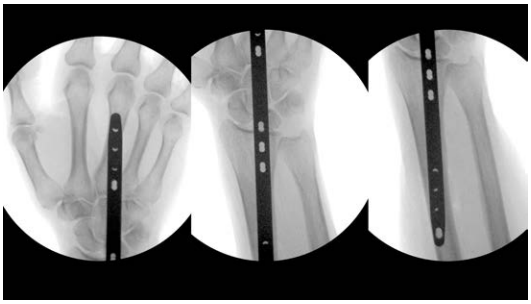
**Second Metacarpal To Radius:**

Plate goes alongside the wrist extensors.

**Third Metacarpal To Radius:**

Plate goes under the finger and thumb extensors.

## Fixation



At least three screws each distally and proximally are recommended, with locking screws adjacent to the midsection of the plate.

Holes at the midsection can be utilized for supplemental fixation depending on the fracture pattern and surgeon preference.

The plate is removed after healing is achieved.

| Product: | | Compatible with instruments from either of the following sets: | |
|---|---|---|---|
| SD242.003 | 2.4 mm LCP Straight Wrist Plate, 170 mm | 01.111.120 | LCP Modular Mini Fragment Instrument and Implant Set |
| 242.003S | 2.4 mm LCP Straight Wrist Plate, 170mm, Sterile | 01.110.045 | 2.4 mm LCP Distal Radius System |

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Please see the full technique video at:
https://jnjinstitute.com/online-profed-resources/resources/wrist-spanning-plate

**References:**

1. Wolf JC, Weil WM, Hanel DP, Trumble TE. A biomechanic comparison of an internal radiocarpal-spanning 2.4 mm locking plate and external fixation in a model of distal radius fractures. J Hand Surg Am. 2006;31(10):1578e1586
2. DPS Analysis of leading wrist competitors 2018