

# Pro-X1™ Trochanteric Nailing System

## Surgical Technique

**X-Bolt**  
Trauma Orthopedics





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## Design Features



### **TROCHANTERIC NAIL, X-BOLT, LAG SCREW AND INTERLOCKING SCREWS**

Manufactured in Grade 23 Titanium alloy (Ti 6Al-4V ELI). Type-2 anodizing provides a toughened surface finish with reduced friction.

#### **> X-BOLT® (EXPANDING BOLT)**

- > 10.5mm shaft diameter
- > 10 length options: 80mm-125mm
- > 9.0mm diameter expandable section
- > 20.0mm maximum expandable span
- > T20 Torx socket

#### **SHORT NAIL**

- > 15.5mm proximal diameter
- > 11.0mm shaft diameter
- > 125° neck-shaft angle
- > 4° valgus bend
- > Length: 195mm
- > Distal taper and prongs

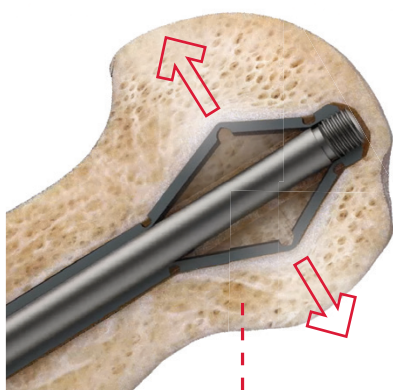
#### **LONG NAIL**

- > 15.5mm proximal diameter
- > 11.0mm shaft diameter
- > 125° neck-shaft angle
- > 4° valgus bend
- > 6 length options: 300mm-425mm
- > Left and right sides
- > Radius of curvature: 1.25m-1.50m

#### **INTERLOCKING SCREWS**

- > 5.0mm diameter, self-tapping
- > Lengths: 30mm-55mm
- > 3.5mm hex socket

## How It Works



Compacting Bone

### **METRO JIG™**

- > Curved jig and Flexi-drive
- > Flexible screwdriver
- > Operable outside of surgical field
- > Faster surgery and fewer surgical steps
- > Easy to uncouple
- > Useful in obese/overweight patients

### **HOW AN X-BOLT® WORKS**

- > Drive screw with opposing threads
- > Actuated with screwdriver
- > Compacts surrounding cancellous bone
- > Tip-apex point preserved
- > No spinning of femoral head
- > Easily reversible



## Assemble Nail onto Metro Jig™



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### INSTRUMENTS USED:

- > Long Nail ruler
- > Metro™ Jig
- > Flexi-drive
- > Screwdriver to tighten
- > Drill sleeves x4

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### ASSEMBLE IMPLANTS

Anatomically reduce fracture.

For long nails, measure from the greater trochanter to the superior aspect of patella with long nail ruler under fluoroscopy to gauge nail length.

Mount appropriate nail to Metro Jig using flexi-drive. Flexi-drive can be tightened using shaft of screwdriver. Check alignment of Metro Jig is correct with drill sleeves.

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# 2 Entry Point and Proximal Reaming



Option (a)



Option (b)

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## INSTRUMENTS USED:

> Cannulated awl

> Proximal sleeves x2

> Proximal reamer

> 3.2mm K-wire

> Long guidewire

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## ENTRY POINT AND PROXIMAL REAMING

Entry point is just medial to the tip of greater trochanter. This helps prevent lateral drift later when reaming.

Make proximal skin incision in line with expected path. The entry point can be located and progressed in two ways:

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(a) Using the cannulated awl, initiate and progress the entry point. Pass long guidewire down intramedullary canal into distal fragment

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(b) Using a Ø3.2mm K-wire, proximal sleeves and a conical reamer, locate the entry point and develop proximal channel.

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After advancing the entry point, if distal reaming is needed, use flexible reamers in increments to Ø13.0mm.

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# 3 > Insert Nail



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## INSERT NAIL

Insert Insert long guidewire through the entry point and down the intramedullary canal.

Insert nail over the long guidewire. Remove long guidewire when nail is in distal fragment.

Advance the nail until the expected trajectory into femoral head is correct.

A-P and lateral images under fluoroscopy should be acquired to establish the expected trajectory. In the A-P view, the projected X-Bolt or lag screw position should be either in the center or slightly inferior in the femoral head. In the lateral view, the projected X-Bolt or lag screw position should be centered in the femoral head (optimum tip-apex point).



# 4 Femoral Head K-Wire



## INSTRUMENTS USED:

- > Outer X-Bolt sleeve
- > Inner X-Bolt sleeve
- > Ø3.2mm K-wire
- > X-Bolt ruler
- > Step drill-reamer (optional)

## FEMORAL HEAD K-WIRE

Insert inner and outer X-Bolt sleeves through jig. Via skin incision and blunt dissection, advance sleeves onto lateral cortex of femur. Through the inner sleeves, place Ø3.2mm femoral head K-wire center-center in femoral head within 2mm-3mm of the joint line (optimum tip-apex point). Check position on both A-P and lateral views on fluoroscopy. Measure length using ruler, with the tip of the inner sleeve up against the lateral cortex.

### Focus

To select X-Bolt length, add 1mm-5mm to the measurement, as X-Bolt shortens by 2mm from base end on expansion, and also allow for dynamic compression of the fracture that will occur with weight-bearing.

### Tips

If multiple unsuccessful attempts to get K-wire into optimum position is occurring, widen cortical channel with step-reamer to give freedom for K-wire to chose correct path.

# 5 Reaming



## INSTRUMENTS USED:

- > Step drill-reamer

## REAMING

Remove inner X-Bolt sleeve. Ream with step reamer over K-wire to create X-Bolt channel.

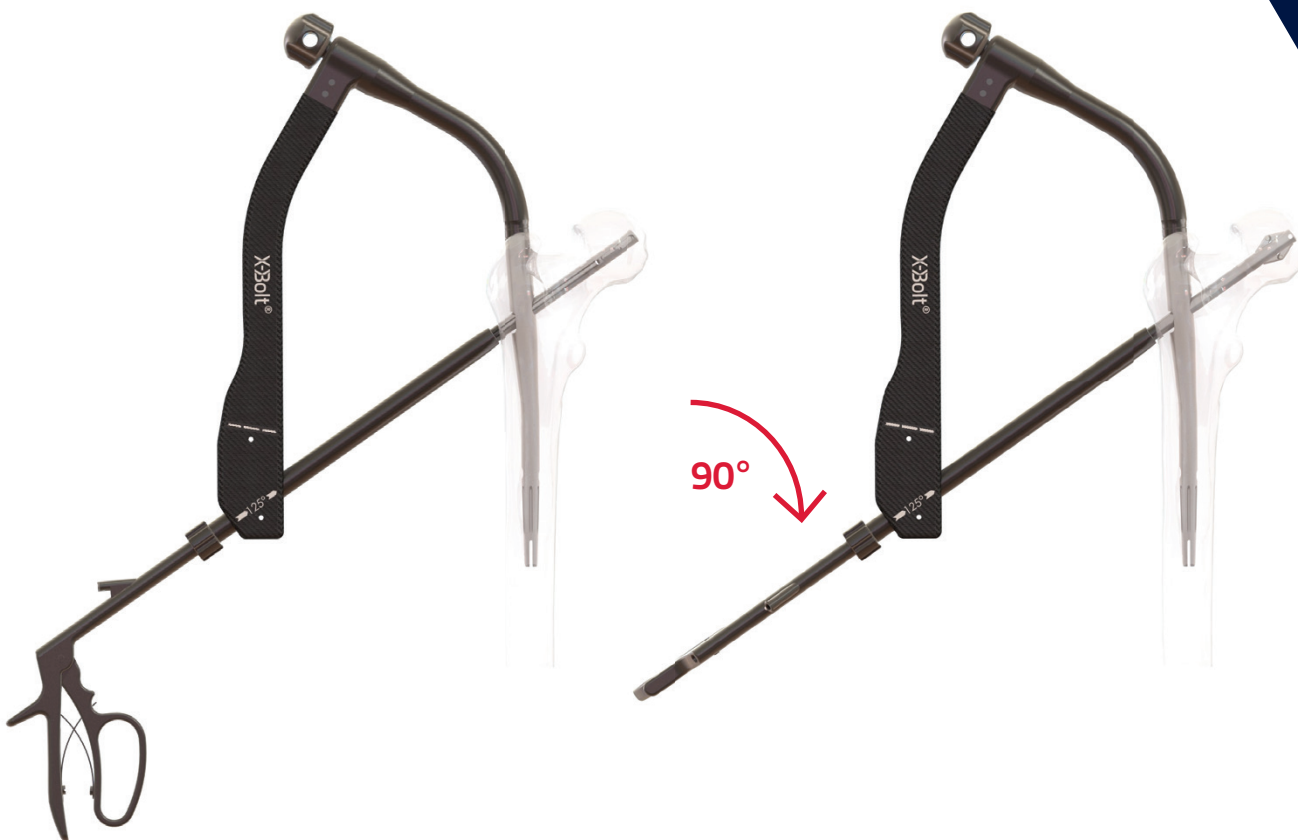
### Focus

- > Follow closely on fluoroscopy to ensure K-wire does not advance into pelvis while reaming and to confirm channel created to tip-apex point.

Remove step reamer and K-wire leaving a clear bone channel.

Ensure reaming fully to tip-apex point, as X-Bolt is blunt nosed and cannot advance deeper than the reamed channel. K-wire usually removes itself with reamer, but should no longer be needed.

# 6 Bone Crusher



## INSTRUMENTS USED:

- > Bone crusher

## BONE CRUSHER

Insert bone crusher fully deep to tip-apex point. Deploy by pulling the trigger at orthogonal planes to Metro Jig.

### Focus

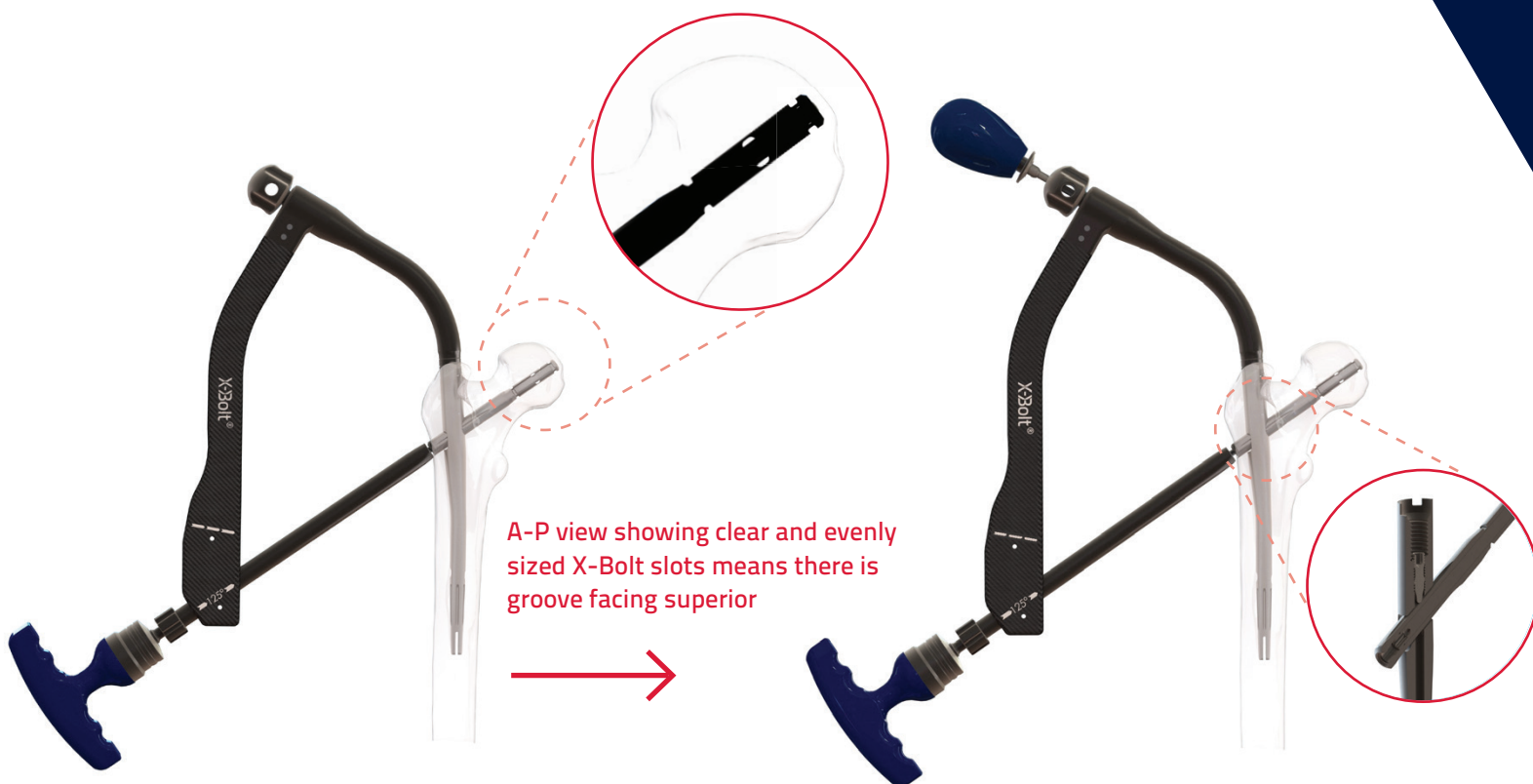
In strong bone it may be necessary to fan out bone crushing steps 5°-10° in each orthogonal plane.

### Tips

Bone crusher may be used as a rotational aid to reduction if fracture is rotationally mal-aligned.



## Insert X-Bolt and Set-Screw



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### INSTRUMENTS USED:

- > T20 Torx screwdriver
- > Flexible screwdriver

### INSERT X-BOLT AND ENGAGE SET-SCREW

Insert X-Bolt, mounted on T20 screwdriver, and advance fully to tip-apex point. Rotate the X-Bolt so that one of the four grooves for the set-screw is directly superior.

Insert set-screw using the flexible screwdriver through the flexi-drive. Advance set-screw to engage in the groove on superior aspect of X-Bolt until two-finger tight to allow for dynamic sliding. The set screw prevents rotation while allowing dynamic sliding.

### Tips

Gentle rocking back and forth of both screwdrivers will give tactile feedback on set-screw engagement within the groove.

# 8 > Expand X-Bolt



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## INSTRUMENTS USED:

> T20 Torx screwdriver

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## EXPAND X-BOLT

Turn the T20 screwdriver clockwise to expand the X-Bolt until the desired expansion, or until a stop is felt, or to the screwdriver torque limit. Do not use excessive force.

Once X-Bolt is expanded, remove the T20 screwdriver and outer X-Bolt sleeve

### Focus

If set-screw is not properly engaged in groove, the X-Bolt will spin rather than expand.

The torque to expand the X-Bolt gives excellent tactile feedback on the quality of the bone. If inadvertent resistance is felt, remove X-Bolt and repeat the bone crusher step. If reversal is necessary, rotate screwdriver counterclockwise. The X-Bolt must be discarded and replaced if full expansion has been reversed, or has been damaged in any way.

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# 9A > Distal Locking - Short Nail



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## INSTRUMENTS USED:

- > Outer distal locking sleeve
- > Inner distal locking sleeve
- > Measuring hook
- > Long or short hex screwdriver

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## DISTAL LOCKING

Insert sleeves through distal locking aperture and advance via skin incision and blunt dissection to the lateral femoral cortex.

Use Ø4.0mm x 305mm drill bit via inner sleeve, and drill through the lateral and medial cortices. Measure screw length from drill bit markings. Remove inner sleeve.

Confirm screw length using measuring hook.

Insert appropriate length Ø5.0mm distal interlocking screw, using long hex screwdriver.

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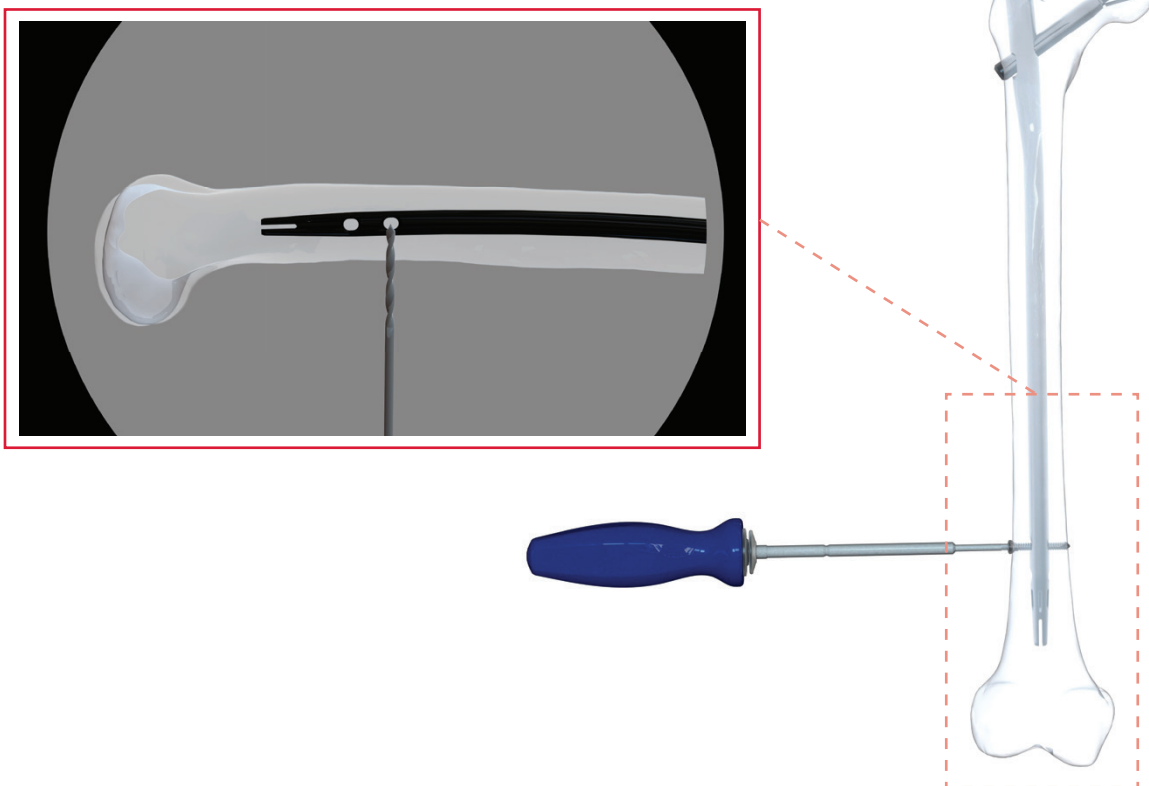
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# 9B > Distal Locking - Long Nail



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## INSTRUMENTS USED:

- > Depth gauge
- > Short hex screwdriver

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## LONG NAIL

Use Ø4.0mm x 150mm drill bit for freehand distal locking.

Distal screw apertures are oblong, allowing for 1.5mm of dynamic fracture compression. Set-up the lateral fluoroscopy to see perfect oblong holes.

Make skin incision and blunt dissection to lateral cortex.

For dynamic fracture compression, aim drill bit towards distal aspect of aperture, furthest from fracture site.

Drill through lateral and medial cortices, and measure screw length with standard depth gauge. Insert appropriate length Ø5.0mm distal interlocking screw with short hex screwdriver.

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# 10 > De-Couple Metro Jig



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## INSTRUMENTS USED:

> Any screwdriver

## DE-COUPLE JIG

Remove flexi-drive using screwdriver shaft through horizontal apertures to gain greater counterclockwise rotation leverage.

Remove Metro Jig.

Wound closure and post-operative management as per surgeon's instructions.





#### INSTRUMENTS USED:

- > T20 Torx screwdriver
- > Hex screwdriver
- > Removal rod

**REVERSE EXPANSION.** Retract X-Bolt with counterclockwise rotation of T20 screwdriver. The X-Bolt mechanism can crush new cancellous bone formed under the expanded wings.

**REMOVE X-BOLT.** Loosen set screw to enable unimpeded free passage of X-Bolt through nail aperture. Insert removal rod into base of X-Bolt and remove X-Bolt.

**REMOVE NAIL.** If bony ingrowth at top of nail, use 3.2mm K-wire and rigid proximal reamer under fluoroscopy to re-create path. Insert removal rod before removing distal interlocking screw, so as to prevent the nail from spinning. Remove interlocking screw. Remove nail.

**BROKEN X-BOLT WINGS.** In the rare event of the X-Bolt wings being broken, continue counterclockwise turns to disengage drive screw from deep fragment. Loosen set screw. Remove the X-Bolt shaft and drive screw, leaving the deep fragment in-situ. Remove nail and distal interlocking screw as above.

**DEEP FRAGMENT.** May be left in-situ or removed with femoral head if converting to arthroplasty. Otherwise, fragment may be retrieved using an arthroscopy grasper or spinal grasper under fluoroscopy.

# Instruments



**XNI-002 CURVED AWL**



**XNI-003 T-HANDLE QUICK-FIT JACOBS CHUCK**



**XNI-004 OUTER PROXIMAL REAMER SLEEVE**



**XNI-005 INNER PROXIMAL REAMER SLEEVE**



**XNI-006 CONICAL REAMER**



**XNI-007 FLEXI-DRIVE**



**XNI-008 OUTER DRILL SLEEVE (FOR X-BOLT)**



**XNI-009 INNER DRILL SLEEVE (FOR X-BOLT)**



**XNI-011 PRO-X1 K-WIRE RULER**



**XNI-012 10.5mm/9.0mm STEP REAMER**



**XNI-014 BONE CRUSHER**















**XNI-015 OUTER SLEEVE (GREEN)**



**XNI-016 INNER SLEEVE (GOLD)**

# Instruments

	<b>XNI-017 REMOVAL ROD</b>
	<b>XNI-018 DEPTH HOOK</b>
	<b>XNI-019 METRO JIG</b>
	<b>XNI-020 T20 TORX SCREWDRIVER (4.5NM TORQUE LIMIT)</b>
	<b>XNI-021 LONG SCREWDRIVER SHAFT (3.5MM HEX)</b>
	<b>XNI-022 SHORT SCREWDRIVER SHAFT (3.5MM HEX)</b>
	<b>XNI-023 FLEXIBLE SCREWDRIVER SHAFT (3.5MM HEX)</b>
	<b>XNI-024 IN-LINE SCREWDRIVER HANDLE</b>
	<b>XNI-025 FLEXIBLE SCREWDRIVER HANDLE</b>
	<b>XNI-028 LONG NAIL RULER</b>
	<b>XNI-030 DEPTH GAUGE</b>
	<b>XNI-032 LAG SCREW TAP</b>

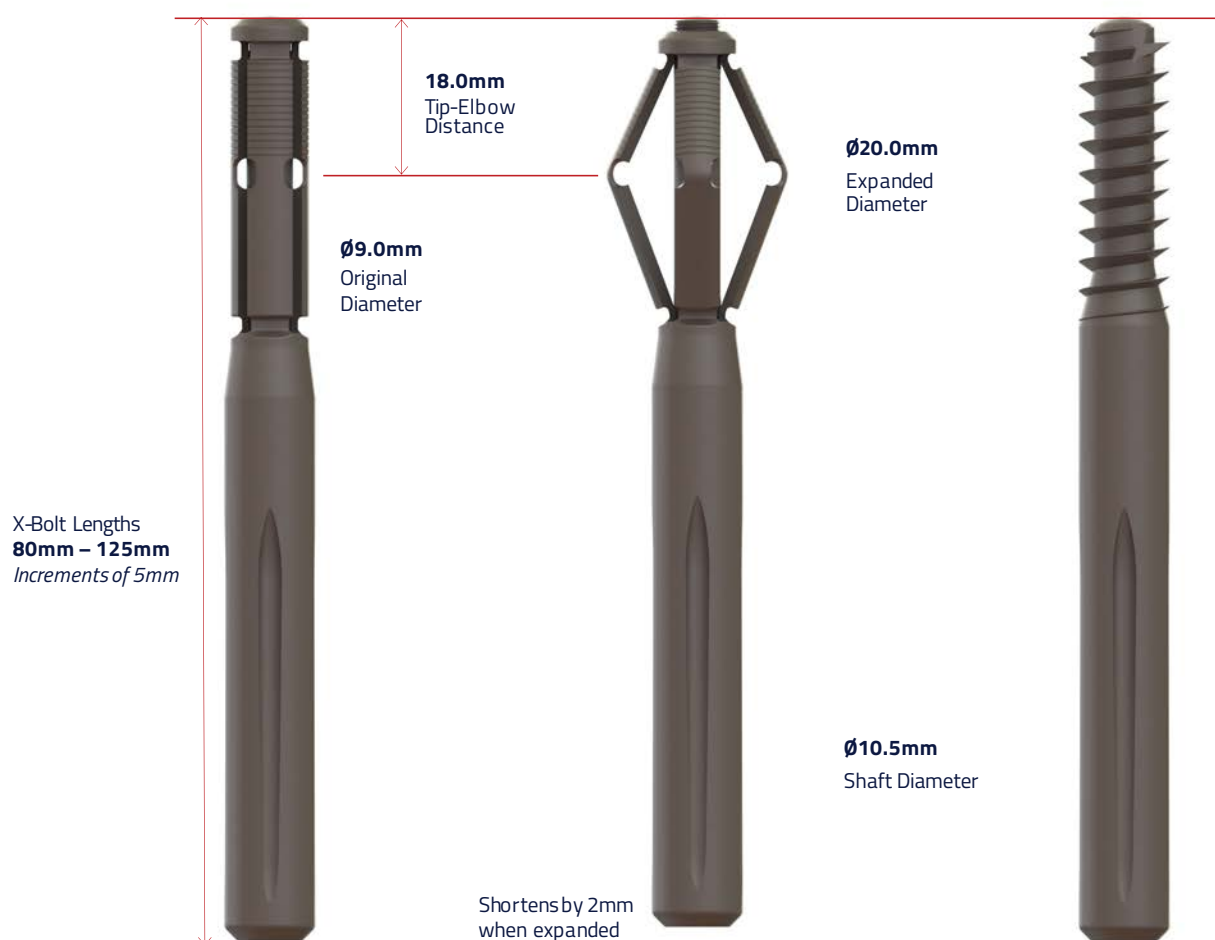
# Implant Dimensions

## X-BOLT® (EXPANDING BOLT)

- > Tip-apex and tip-elbow distance maintained throughout expansion
- > Actuated or reversed using T20 screwdriver
- > Maximal expansion of the four wings visible on orthogonal x-ray views

## TYPICAL LAG SCREW

- > 10.5mm outer diameter, self-tapping, cannulated



# Implant Dimensions

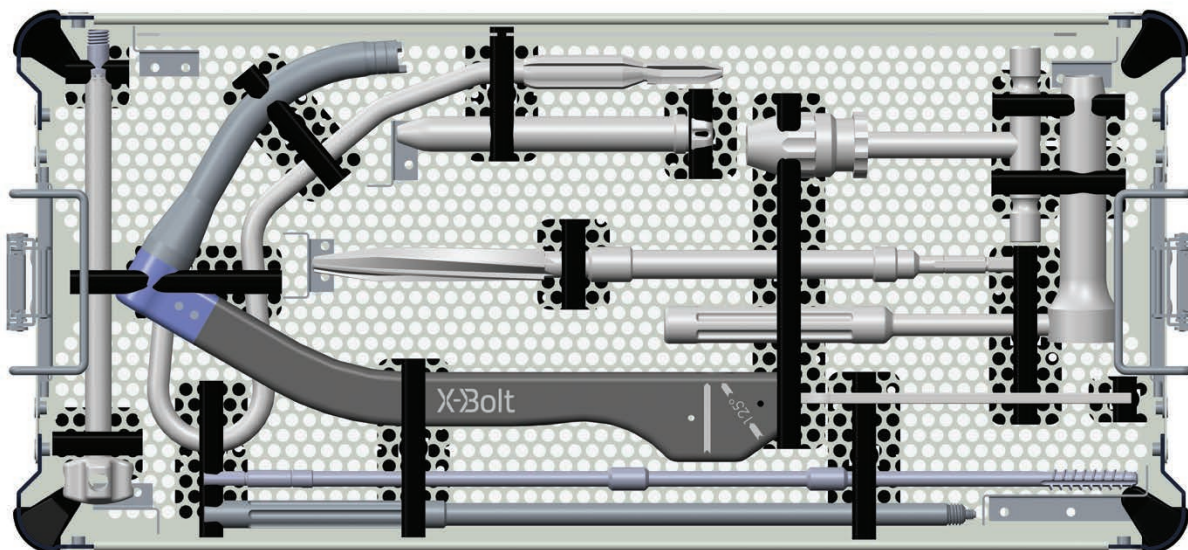


# Ordering Information

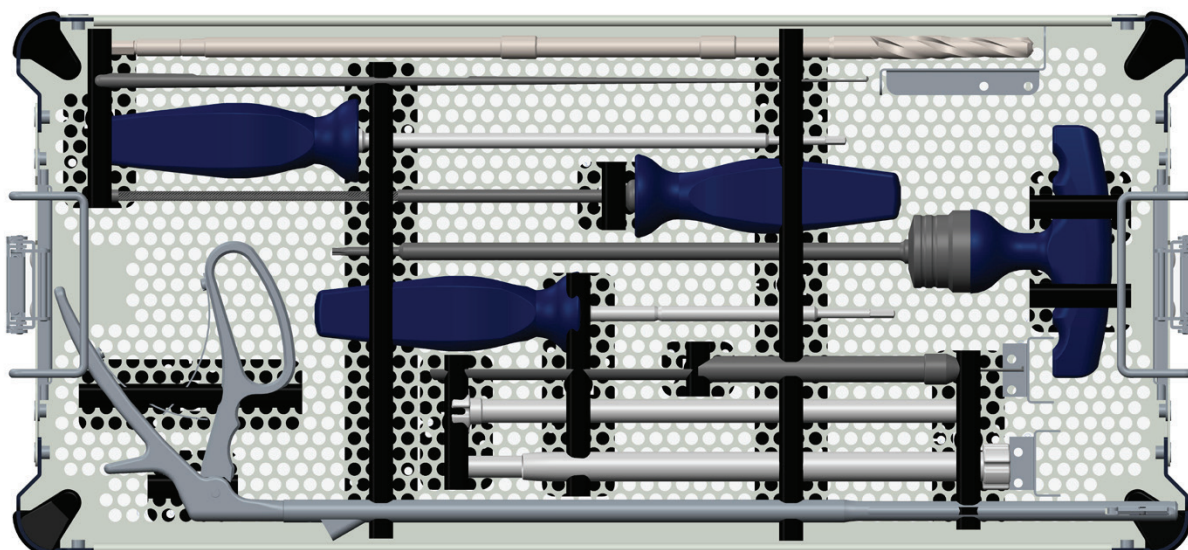
Part Code	Description (implants)
XBT105080	80mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105085	85mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105090	90mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105095	95mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105100	100mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105105	105mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105110	110mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105115	115mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105120	120mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT105125	125mm x Ø10.5mm Trochanteric X-Bolt and Set-Screw
XBT110195	Short Trochanteric Nail 125deg (Ø11x195mm)
XBT110300 L	300mm Left, Trochanteric Nail 125deg, Ø11mm, Left
XBT110300 R	300mm Right, Trochanteric Nail 125deg, Ø11mm, Right
XBT110325 L	325mm Left, Trochanteric Nail 125deg, Ø11mm, Left
XBT110325 R	325mm Right, Trochanteric Nail 125deg, Ø11mm, Right
XBT110350 L	350mm Left, Trochanteric Nail 125deg, Ø11mm, Left
XBT110350 R	350mm Right, Trochanteric Nail 125deg, Ø11mm, Right
XBT110375 L	375mm Left, Trochanteric Nail 125deg, Ø11mm, Left
XBT110375 R	375mm Right, Trochanteric Nail 125deg, Ø11mm, Right
XBT110400 L	400mm Left, Trochanteric Nail 125deg, Ø11mm, Left
XBT110400 R	400mm Right, Trochanteric Nail 125deg, Ø11mm, Right
XBT110425 L	425mm Left, Trochanteric Nail 125deg, Ø11mm, Left
XBT110425 R	425mm Right, Trochanteric Nail 125deg, Ø11mm, Right
XBT050030	30mm x Ø5.0mm distal interlocking screw, self-tapping
XBT050035	35mm x Ø5.0mm distal interlocking screw, self-tapping
XBT050040	40mm x Ø5.0mm distal interlocking screw, self-tapping
XBT050045	45mm x Ø5.0mm distal interlocking screw, self-tapping
XBT050050	50mm x Ø5.0mm distal interlocking screw, self-tapping
XBT050055	55mm x Ø5.0mm distal interlocking screw, self-tapping
Part Code	Description (single use instruments)
XBT032001	Ø3.2mm x 385mm femoral head K-wire
XBT040305	Ø4.0mm x 305mm drill bit, quick connect (Metro™ jig)
XBT040150	Ø4.0mm x 150mm drill bit, quick connect (freehand)
XBT024900	Ø2.4mm x 900mm long guidewire

# Ordering Information

## SET 'X'



## SET 'Y'





The information presented in this brochure is intended as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific X-Bolt products. Always refer to the package insert, product label and instructions for use before using any X-Bolt product. Surgeons must always rely on their own clinical judgement, training and expertise when deciding which products and techniques to use with their patients.

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Registered in Ireland, No. 439651**

**European Patents: EP 2175790, EP 3496637, EP 2175790  
US Patents: US 9724141B2, US 8911446B2, US 11259854B2**

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