



MICA™ SCREWS

152580-1

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Español (es)

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Attention Operating Surgeon

IMPORTANT MEDICAL INFORMATION

**MICA™ SCREWS
IMPLANT SYSTEM
(152580-1)**

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DEFINITIONS

Symbols and abbreviations may be used on the package label. The following table provides the definition of these symbols and abbreviations.

Table 1. Definitions of Symbols and Abbreviations

Symbol	Definition
	Batch code
	Catalog number
	Do not re-use
	Caution, consult accompanying documents
	Consult operating instructions
	Use by
	Temperature limitation
	Keep dry

	Keep away from sunlight
	Date of manufacture
	Manufacturer
	Authorized EC Representative in the European Community
	Sterilized using ethylene oxide
	Sterilized using radiation
	Sterilized using gas plasma
	Sterilized using aseptic processing techniques
	Do not use if packaging is ripped or damaged
	For prescription use only

Abbreviation	Material
Ti	Titanium
Ti6Al4V	Titanium Alloy
CoCr	Cobalt Chrome Alloy
SS	Stainless Steel
UHMWPE	Ultra High Molecular Weight Polyethylene

GENERAL PRODUCT INFORMATION

Through the advancement of surgical fusion hardware, the surgeon has been provided a means of correcting deformity and reducing pain for many patients. While the implants used are largely successful in attaining these goals, it must be recognized that they are manufactured from metal, and that no implant can be expected to withstand the activity levels and loads as would normal, healthy bone after fusion occurs. The surgeon must evaluate each situation individually based on the patient's clinical presentation in making any decisions regarding implant selection.

Surgeons must be familiar with the applicable operative technique and instructions for use for each product. This package insert and immediate package label contain essential warnings and precautions for each surgery. Additionally the surgical technique should be referenced for detailed information about implant selection, relevant product details, proposed surgical instructions, and/or assembly use. The surgeon should contact Wright for the proposed product-specific surgical technique.

In using fusion implants, the surgeon should be aware of the following:

- **The correct selection and sizing of the implant is extremely important.** Selection of the proper size, shape, and design of the implant increases the potential for success. The implants require careful seating and adequate bone support.
- **In selecting patients for surgery, the following factors can be critical to the eventual success of the procedure:**
 1. **Patient's occupation or activity.** If the patient is involved in an occupation or activity which includes substantial lifting or muscle strain, the resultant forces can cause failure of the fixation, the device, or both. The implant will not restore function to the level expected with normal healthy bone, and the patient should not have unrealistic functional expectations.
 2. **Condition of senility, mental illness, or alcoholism.** These conditions, among others, may cause the patient to ignore certain necessary limitations and precautions in the use of the implant, leading to failure or other complications.
 3. **Foreign body sensitivity.** Where material sensitivity is suspected, appropriate tests should be made prior to material selection or implantation.

DESCRIPTION

The MICA™ Screws are cannulated screws offered in various diameters and lengths. Screws are offered in short and long thread lengths and have self-tapping features on both distal and proximal threads. All screws are manufactured from titanium alloy.

A. PATIENT SELECTION

Use of surgical fusion hardware requires consideration of the following general indications:

- Good condition of the patient
- Good neurovascular status
- Adequate skin coverage

- Possibility of a functional musculotendinous system
- Adequate bone stock to receive implant
- Availability of post-operative therapy
- Cooperative patient

B. INDICATIONS

The MICA™ Screw is indicated for fixation of bone fractures or for bone reconstruction. Examples include:

- Mono or Bi-Cortical osteotomies in the foot or hand
- Distal or Proximal metatarsal or metacarpal osteotomies
- Weil osteotomy
- Fusion of the first metatarsophalangeal joint and interphalangeal joint
- Fixation of osteotomies for Hallux Valgus treatment (such as Scarf, Chevron, etc.)
- Akin type osteotomy
- Arthrodesis base first metatarsal cuneiform joint to reposition and stabilize metatarsus varus primus
- Calcaneus/cuboid arthrodesis
- Talar/navicular arthrodesis

C. CONTRAINDICATIONS

General Surgical Contraindications:

- Infection;
- Physiologically or psychologically inadequate patient;
- Irreparable tendon system;

- Possibility for conservative treatment;
- Growing patients with open epiphyses;
- Patients with high levels of activity.

D. WARNING

For safe and effective use of this implant system, the surgeon should be familiar with the recommended surgical procedure for this device. In every case, accepted surgical practices should be followed in post-operative care. The patient should be made aware of the limitations of the implant and that physical activity has been implicated in premature failure of similar devices. Patient sensitivity to implant materials should be considered and assessed prior to surgery. Do not modify implants.

E. PRECAUTIONS

Following the instructions for use provided in product literature can minimize the potential for complications or adverse reactions with any implant.

It is the responsibility of each surgeon using implants to consider the clinical and medical status of each patient and to be knowledgeable about all aspects of implant procedure and the potential complications that may occur. The benefits derived from implant surgery may not meet the patient's expectations or may deteriorate with time, necessitating revision surgery to replace the implant or to carry out alternative procedures. Revision surgeries with implants are common. The patient's mental status must also be considered. Willingness and/or ability to follow post-operative instructions may also impact the surgical outcome. Surgeons must balance many considerations to achieve the best result in individual patients.

IF EXCESSIVE LOADING CANNOT BE PREVENTED, AN IMPLANT SHOULD NOT BE USED.

The main goal of surgery with this implant is to establish bony fusion. Abnormal or excessive forces could lead to delayed union, non-union, or failure of the implant.

Abnormal force loading and subsequent wear may be caused by:

- Uncorrected instability
- Improperly sized implant
- Inadequate soft tissue support
- Implant malposition
- Excessive motion
- Uncorrected or recurrent deformity
- Patient misuse or overactivity

Proper fixation at the time of surgery is critical to the success of the procedure. Bone stock must be adequate to support the device.

Some preventative measures to consider to minimize the potential for complications:

- Follow guidelines for indications and contraindications provided below
- Identify prior pathology
- Stabilize collapse deformities
- Bone graft pre-existing cysts
- Use a properly sized implant

Avoid flawing implant surfaces or excessive bending to minimize the potential for early fatigue failure.

If complications develop, possible corrective procedures include:

- Implant removal
- Bone grafting of cysts
- Replacement of the implant

Over time, metallic implants may loosen, fracture, or cause pain after bone fracture or osteotomy is healed. Removal of metallic implants is at the surgeon's discretion, and the appropriateness of the

selected procedure will be based on the surgeon's personal medical training and experience. It is imperative that adequate post-operative care and protection be provided by the surgeon.

Recommendations Regarding Device Fragments

1. Use medical devices in accordance with their labeled indications and the manufacturer's instructions for use, especially during insertion and removal.
2. Inspect devices **prior to use** for damage during shipment or storage or any out-of-box defects that might increase the likelihood of fragmentation during a procedure.
3. Inspect devices **immediately upon removal from the patient** for any signs of breakage or fragmentation.
4. If the device is damaged, retain it to assist with the manufacturer's analysis of the event.
5. Carefully consider and discuss with the patient (if possible) the risks and benefits of retrieving vs. leaving the fragment in the patient.
6. Advise the patient of the nature and safety of unretrieved device fragments including the following information:
 - a. The material composition of the fragment (if known);
 - b. The size of the fragment (if known);
 - c. The location of the fragment;
 - d. The potential mechanisms for injury, e.g., migration, infection;
 - e. Procedures or treatments that should be avoided such as MRI exams in the case of metallic fragments. This may help to reduce the possibility of a serious injury from the fragment.

Clinical results depend on surgeon and technique, pre-operative and post-operative care, the implant, patient pathology and daily activity. It is important that surgeons obtain appropriate

informed consent and discuss the potential for complications with each patient prior to surgery. This may include a review of alternative, non-implant procedures such as soft tissue reconstruction or arthrodesis.

Concerning Magnetic Resonance Environments

There are inherent risks associated with the use of metallic implants in the MR environment; including component migration, heat induction, and signal interference or distortion near the component(s). Heat induction of metallic implants is a risk related to component geometry and material, as well as the MR power, duration, and pulse sequence. Since MR equipment is not standardized, the severity and likelihood of occurrence are unknown for these implants.

These implants have not been evaluated for safety and compatibility in the MR environment. These implants have not been tested for heating or migration in the MR environment. Since these devices have not been tested, Wright cannot make a recommendation for the use of MRIs with these implants, neither for safety considerations nor imaging accuracy.

These components are passive metallic devices, and as with all passive devices, there is potential for reciprocal interference with certain imaging modalities; including image distortion for MR and X-ray scatter in CT.

F. POTENTIAL COMPLICATIONS AND ADVERSE REACTIONS

In any surgical procedure, the potential for complications exists. The risks and complications with these implants include:

- Infection or painful, swollen or inflamed implant site
- Fracture of the implant
- Loosening or dislocation of the implant requiring revision surgery
- Bone resorption or over-production
- Allergic reaction(s) to implant material(s)

- Untoward histological responses possibly involving macrophages and/or fibroblasts
- Migration of particle wear debris possibly resulting in a bodily response
- Embolism

G. HANDLING AND STERILIZATION

IMPLANTS

The implants described in this package insert are either provided sterile or non-sterile as indicated on the individual product's label. Implants that are presented in instrument trays are provided non-sterile.

Implants in sterile packaging should be inspected to ensure that the packaging has not been damaged or previously opened. If the inner package integrity has been compromised, contact the manufacturer for further instructions. The implants should be opened using aseptic OR technique; they should only be opened after the correct size has been determined.

This product is for single use only. An implant should never be re-sterilized after contact with body tissues or fluids.

Devices labeled for single-use only should never be reused. Reuse of these devices may potentially result in serious patient harm. Examples of hazards related to the reuse of these devices include, but are not limited to: significant degradation in device performance, cross-infection, and contamination.

Implants provided non-sterile should be processed according to the recommended parameters for instruments (below).

INSTRUMENTS

Surgical instruments (and non-sterile implants) should be cleaned and sterilized according to the following parameters:

Cleaning

1. **Disassemble** all components as per manufacturer instructions (if appropriate).
2. **Rinse** with cold tap water to remove gross contamination.
3. **Bathe** in an enzymatic detergent solution prepared per manufacturer directions for 5 minutes.
4. **Scrub** thoroughly with a soft brush and/or pipe cleaner; repeatedly flush any very narrow lumens with enzymatic detergent solution using a syringe.
5. **Rinse** with cold tap water for a minimum of one minute; use a syringe to repeatedly flush any very narrow lumens.
6. **Bathe** in a detergent solution prepared per manufacturer directions for 5 minutes.
7. **Scrub** thoroughly with a soft brush and/or pipe cleaner; repeatedly flush any very narrow lumens with detergent solution using a syringe.
8. **Rinse** thoroughly/flush with deionized/reverse osmosis (RO/DI) water.
9. **Sonicate** for a minimum of 10 minutes in an enzymatic detergent solution prepared per manufacturer directions.
10. **Rinse** thoroughly/flush with RO/DI water.
11. **Dry** with a clean, soft, absorbent, disposable cloth.
12. **Visually inspect** for cleanliness. All visible surfaces, internal and external, should be visually inspected. If necessary re-clean until it is visibly clean.

Note: Brushes (i.e. pipe cleaners) could be used for cleaning most lumens, however, the use of a syringe to flush narrow lumens with diameters less than or equal to 0.041 inches is recommended.

Sterilization

The minimum recommended steam sterilization conditions for Wright reusable instruments are as follows:

1. Double wrap the component in an FDA-cleared CSR wrap or similar type non-woven medical grade wrapping material.
2. Autoclave according to the following parameters:

Steam Sterilization		
Cycle Type	Parameter	Minimum Set Point
Prevacuum 270°F (132°C)	Exposure Temperature	270°F (132°C)
	Exposure Time	4 minutes
	Dry Time	20 minutes

3. After sterilization, remove the component from its wrapping using accepted sterile technique with powder-free gloves. Ensure that implants are at room temperature prior to implantation. Avoid contact with hard objects that may cause damage.

These recommendations are consistent with AAMI ST79 guidelines and have been developed and tested using specific equipment. Due to variations in environment and equipment, it must be demonstrated that these recommendations produce sterility in your environment. If processing conditions, wrapping materials, or equipment changes occur, the effectiveness of the sterilization process must be demonstrated.

H. STORAGE CONDITIONS

All implants must be stored in a clean, dry environment and be protected from sunlight and extremes in temperature.

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