

SonicWeld Rx®

Surgical Techniques and Product Range

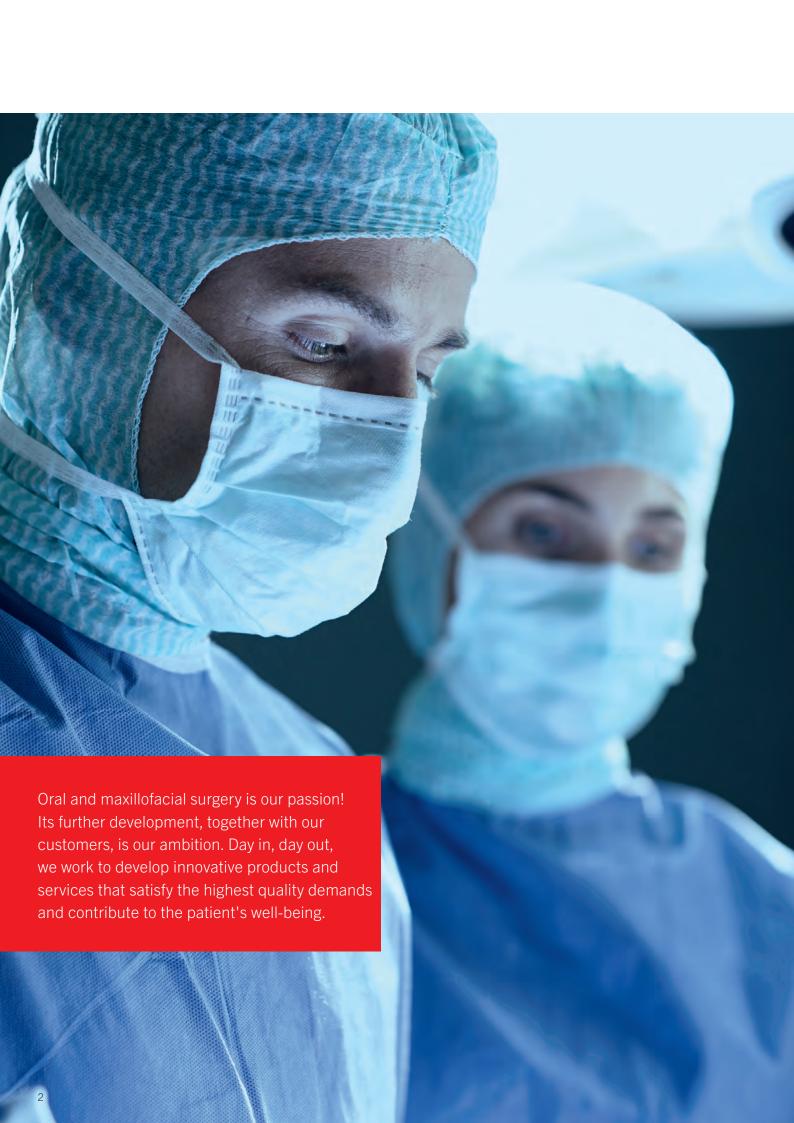


Table of Contents

	Pages
Fields of Use and Surgical Techniques	4 - 27
System Configuration	6 - 9
■ Midface Fracture	10 - 17
Craniosynostosis	18 - 27
References	28 - 29
Product Range	30 - 61
■ SonicWeld Rx®	30 - 31
Xcelsior Water Bath	32 - 33
BOS Drill and Twist Drills	34 - 37
Resorbable Implants	38 - 57
■ SonicPin Rx®	38 - 39
■ Resorb x	40 - 51
■ Resorb xG	52 - 57
■ Storage System	58 - 61
Index	62



Fields of Use

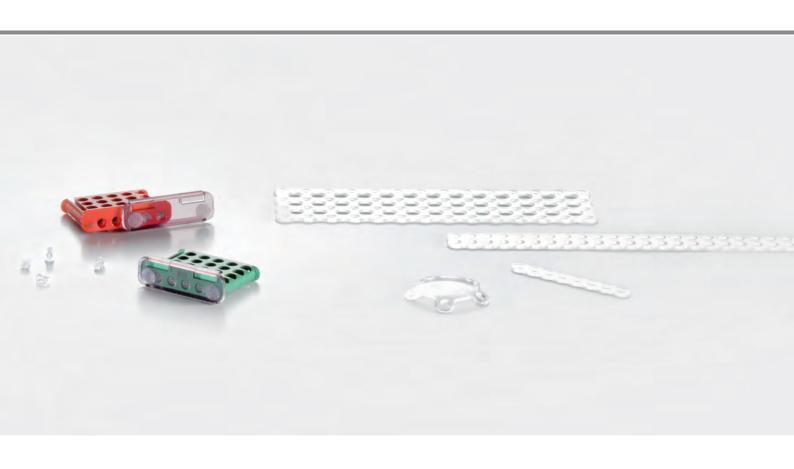
- Osteosynthesis in non-load-bearing craniomaxillofacial areas
- Craniofacial corrective osteotomies (e.g. syndrome patients, fronto-orbital advancement) in the non-load-bearing craniomaxillofacial area
- Osteosynthetic treatment in the context of neurosurgical procedures i.g. in pediatrics
- Preprosthetic augmentation
- Endobrow fixation











Surgical Techniques

System Configuration

Configure your operatory

Pages 6-9



Midface Fracture

Zygomatic complex fracture

Pages 10-17



Craniosynostosis Trigonozephalus

PD Dr. Dr. M. Engel Prof. Dr. Dr. J. Hoffmann Pages 18-27







System configuration

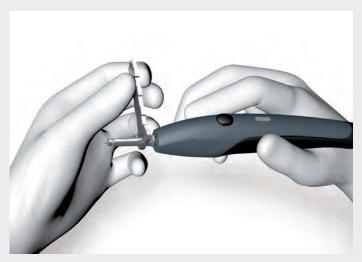
To manage different operative sites and approaches and to facilitate the operation for both right- and left-handed surgeons, it is advantageous to place the SonicWeld Rx® system on a flexible side table.

The SonicWeld Rx® ultrasonic unit must be set up and operated in the non-sterile area of the operating environment.

Sonotrodes, handpieces with connecting cables and the wrench are located in the sterile area of the operating environment, which is why they must be used in sterile condition.

Connect the handpiece to the connecting socket by plugging the connecting cable into the socket following the guide groove.

The connecting cable of the handpiece is approx. 2.95 m long. If this is not long enough, you can order an additional handpiece with long connection cable, which is approx. 6 m long.





Screw the sonotrode manually in place on the handpiece and use the open-end wrench to check it for secure attachment (torque: max. 0.3 Nm).

Plug the mains cable into the ultrasonic unit and then into a mains socket-outlet with ground contact.

As soon as the unit has been connected to the power supply, it is automatically set to standby mode. Therefore, full switch-off is only possible by pulling the plug of the mains cable out of the socket-outlet.

Upon turning on the unit with the on-standby switch, the handpiece is ready for a self-test. This will be indicated by a display icon at the unit and by the blinking blue LED on the handpiece.

The self-test is performed as soon as the handpiece is operated for the first time. Be sure to keep the tip of the sonotrode out of contact with objects during this process. If the test is successful, the unit is automatically set to working mode.







Using two handpieces, the self-test needs to be triggered with each handpiece.

The two handpieces can only be used alternatingly.

By pressing the activation switch of the other handpiece, an acoustic click can be perceived and the "A" appears in the display side of that handpiece.

Prepare the BOS Drill by plugging in the sterile battery pack into the sterilized handle of the BOS Drill.

Then, insert the appropriate twist drill into the BOS Drill.







The Xcelsior water bath must be set up and operated in the sterile area of the operating environment.

After plugging the mains cable into the device and then into a mains socket-outlet with ground contact, the water bath can be turned on with the on-off switch.

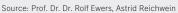
Then, cover the thermal unit 1 with the sterile cover hood 2.

Place the sterile water container with the frame 3 into the sterile cover hood.

The water container can then be filled up with sterile fluid (e. g. aqua destilata, physiologic saline) until the water level reaches the marking (approx. 500 ml).

The water bath is ready for action, when the orange thermo control display "OK" lights up. Depending on the amount of liquid in the water container, heating time of the device is normally approx. 20 minutes.





Preoperative planning

The x-ray shows a right-sided zygomatic complex fracture. The following three fractures are identified:

- 1 fracture of the zygomatic arch
- 2 fractures of the inferior orbital rim and anterior and posterior maxillary sinus walls
- 3 fracture of the lateral orbital rim

After fracture reduction, a "three point fixation" will be performed with Resorb x plates and SonicPins Rx° using the SonicWeld Rx° system.

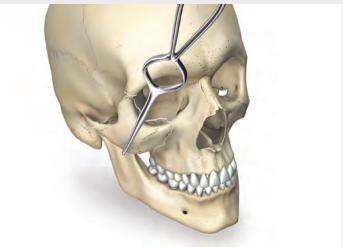
Patient positioning

The patient is placed on his back on the OR table. Normally, a nasotracheal intubation is aimed.

For the installation of the SonicWeld Rx® system and its accessories, please see page 6 - 10.







1. Approach / Zygoma reduction

First, the zygoma needs to be mobilized into its proper position. There are various options to perform the reduction.

Option 1

With a retractor via a transoral approach placed through the maxillary vestibular incision.





Option 2

A threaded reduction tool can be used for zygoma reduction inserted percutaneously into the zygoma.

The surgeon can use the Byrd zygoma reduction screw with a conventional screwdriver handle.

2. Bending the lateral orbital wall plate

A 4-hole plate with bar is typically used for this fracture. The template of the plate is placed across the frontozygomatic fracture area and bent to fit the bone surface. Then, the template is removed from the patient. The appropriate resorbable plate is put on the template and both parts are hold in the preheated water of the Xcelsior water bath.

After only a few seconds the resorbable plate is formable and automatically adapts to the shape of the template.





3. Placing the lateral orbital wall plate

The material cools down quite fast and the implant keeps its shape.

The plate is then placed across the frontozygomatic fracture area. It fits to the bone surface perfectly.

4. Fixation of lateral orbital wall plate

Predrilling

Next, predrill the pilot hole through the positioned plate using a SonicWeld Rx® twist drill. The special Twist Drills are characterized by a triple ring identification marking.

- Twist Drills for Ø 1.6 mm SonicPins Rx® are marked with three **green** rings.
- Twist Drills for Ø 2.1 mm SonicPins Rx® are marked with three red rings.



Plate-holding forceps, curved

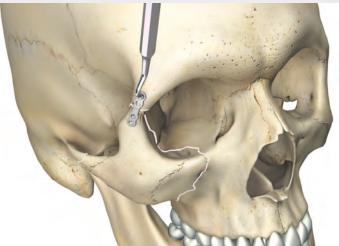


BOS Drill



Twist drill with BOS attachment for Ø 1.6 mm SonicPins Rx®





5. Insertion of first SonicPin Rx®

The first SonicPin Rx® is placed in the unstable zygomatic fracture.

Secure a SonicPin Rx® on the tip of the standard sonotrode and seat it into the top of the pilot hole. Apply slight pressure and then activate the ultrasonic unit of the SonicWeld Rx® system by pressing the activation switch. During activation period there is a light and acoustic feedback.

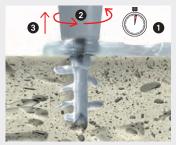
Maintain slight pressure until the head is fully welded into the pilot hole. Then release the switch, but do not yet remove the sonotrode. Allow the SonicPin Rx® to cool down for at least two seconds. Finally spin the sonotrode left and right.

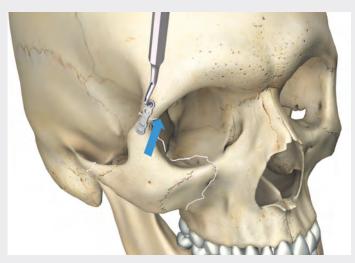
Then lift it away.

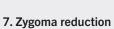
6. Insertion of second SonicPin Rx®

The second SonicPin Rx® is inserted in the same way also in the unstable zygomatic fracture part to maintain the plate in the correct position.









After reduction of the zygomatic fragment into cranial direction the plate holding instrument is assembled during inserting further pins.



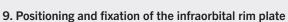
8. Insertion of further SonicPins Rx®

The third and fourth SonicPins Rx® are inserted in the same way as before into the stable bone.

Option:

For smoothing the contours, the smoothing sonotrode may be used as follows: Bring the sonotrode in contact with the plate, press the activation switch until the material liquefies, release the activation switch and finally release the sonotrode.





For this fracture the curved 8-hole plate is the best choice.

After shaping the infraorbital rim plate in the Xcelsior waterbath and if applicable, cutting it with the scissors, it is positioned through a lower eyelid incision. Please make sure that the lateral orbital wall has been properly reduced prior to placing this plate.

The first SonicPin Rx® is placed in the unstable zygomatic fracture.



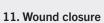
10. Positioning and fixation of zygomatico-maxillary buttress plate

A L-shaped plate is the ideal solution for this fracture. It is important to three-dimensionally adapt this plate.

- The horizontal portion must be adapted to the most lateral portion of the lateral maxillary buttress, where the bone is still thick enough for insertion of the SonicPins Rx®.
- The vertical portion is placed along the alveolar bone.
 The dental roots must not be harmed.

The L-shaped plate is positioned through a maxillary vestibular incision.





Finally after the plate is inserted successfully, the wound can be closed.



Postoperative treatment

The x-ray shows the patient postoperatively.

Remark:

Please note that Resorb x plates and SonicPins Rx® are not visible on the x-ray photograph.





Preoperative planning

The illustration on the right shows a patient with a clinical picture typical of trigonocephaly.

The typical triangular appearance is due to premature closure of the metopic suture.

Positioning the patient

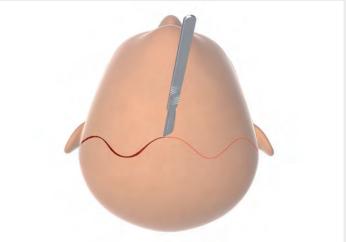
The patient is placed in the supine position on the operating table.

To set up and operate the SonicWeld Rx° system and accessories refer to pages 6 - 10.



1. Coronal approach

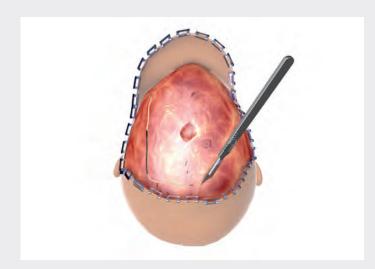
First of all, an undulating coronal incision is marked dorsal to the two coronal sutures under orotracheal anesthesia.



2. Skin incision

A skin flap is first detached along the marked undulating incision.

The skin incision can be made with a scalpel or a monopolar needle.



3. Lifting away the pericranium

After the skin incision and applying skin clips, a skin flap is made down to supraorbital.

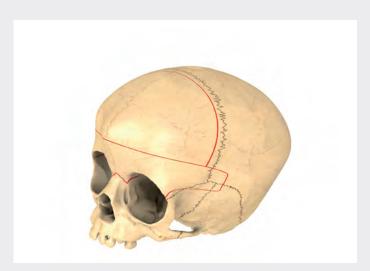
Then an epicranial periosteal flap is made, pedunculated to anterior.

Intraoperative hemostasis of soft tissue is performed using bipolar forceps and by applying compresses soaked in hydrogen peroxide. Hemostasis in the bone region is performed with bone wax.



4. Exposure of the cranium

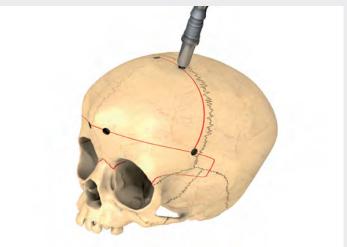
When the epicranial periosteum has been detached, further exposure is conducted with strict bone contact, including the temporal fossae, mobilizing the ventral portion of the temporal muscle on both sides down to the lateral bony orbit, the roof of orbit, preserving and neurolysing the supraorbital nerves and the bony nasal root on both sides.



5. Marking the osteotomy lines

The osteotomy lines are marked. The osteotomy is then performed in two steps:

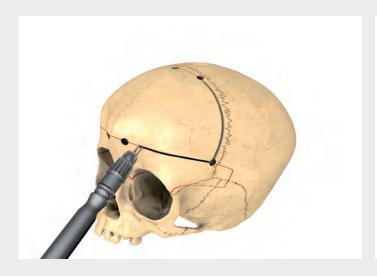
- Osteotomy of the frontal segment
- Osteotomy of the orbital segment



6. Trepanation

First, extracranial craniotomy of a frontal bone cap has to be performed in the region just posterior to the coronal suture and approx. 20 - 25 mm supraorbitally above the frontal bone.

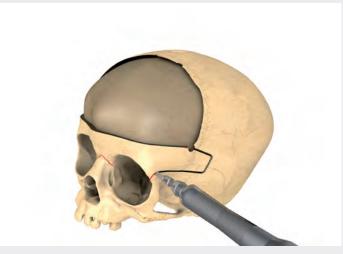
For this purpose a trephine is used to make appropriate burr holes parasagittally and temporally, with which the dura is detached from the bone by undercutting from burr hole to burr hole.



7. Osteotomy of the frontal segment

Osteotomy of the frontal bone segment is performed using a craniotome from burr hole to burr hole.

After removal of the segment the dura is detached from the bone in the region of the frontal and temporal lobes.



8. Osteotomy of the orbital segment

Subsequent osteotomy in the region of the temporal fossa of the orbital segment is performed with the aid of a microsaw, first horizontally, then vertically. After extracranial osteotomy of the lateral orbit up to the connection to the vertical osteotomy line a triangular osteotomy is performed in the region of the nasal root.

The orbital roof and the sphenoid mass are osteotomized from intracranial, protecting the frontal and temporal lobes.





9. Treatment of the orbital segment

There follows extracorporeal treatment of the orbital bone segment: to eliminate the triangular appearance a partial median osteotomy of the inner cortical bone is required in order to widen the frontal bone (by bending up).

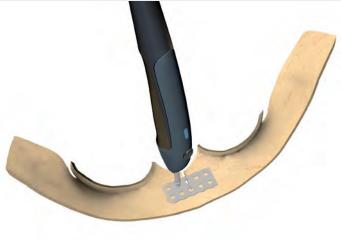
10. Plate selection

For fixation of the segments both Resorb x plates and larger meshes can be used, which can be cut to the required size with scissors if necessary.

We recommend warming Resorb x implants in the prewarmed liquid of an Xcelsior water bath just before they are used. After only a few seconds the implant can be shaped, as a result of which it can easily be adapted to the surface of the bone segment.







11. Fixation of the orbital segment

The next step is to drill a pilot hole through the plate using a SonicWeld Rx® twist drill. The special-purpose pilot drill has a colored mark:

- The pilot drills for Ø 1.6 mm SonicPins Rx® are marked with three green rings.
- The pilot drills for Ø 2.1 mm SonicPins Rx® are marked with three red rings.

On account of their atraumatic properties, Resorb x implants can be fixed to the bone either extracranially or intracranially.

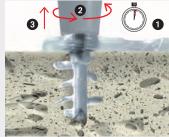
12. Insertion of the SonicPins Rx®

The next step is medial fixation of the upward-bent orbital segment.

The first SonicPin Rx® is secured with the tip of a standard sonotrode and is thus mounted on the pilot hole. By applying slight pressure toward the pilot hole and then operating the finger actuator the ultrasound unit of the SonicWeld Rx® system is actuated and the pin is inserted.

Pressure should be maintained until the head of the pin is secure in the hole. Then the finger actuator is released, without removing the sonotrode from the implantation site. The surgeon should allow the SonicPin Rx® to cool down for a few seconds. Then the sonotrode is completely detached and withdrawn with a twisting motion.



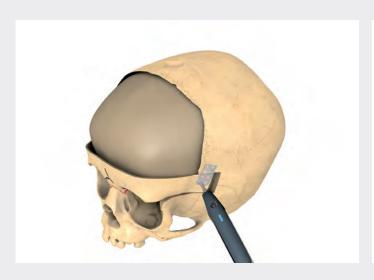




BOS Drill



Twist drill with BOS attachment for Ø 1.6 mm SonicPins Rx®

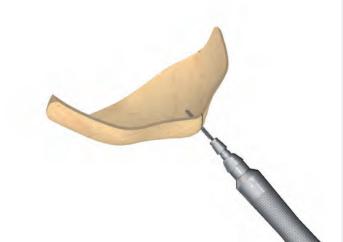


13. Fixation of the orbital segment to the cranium

For harmonious shaping of the orbital segment the latter has to be weakened lateroorbitally on both sides in the region of the inner cortical bone.

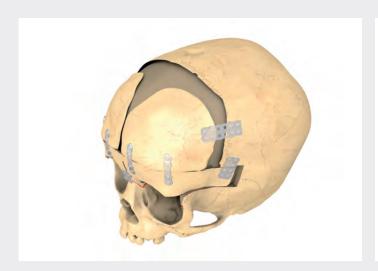
Following reduction and fixation of the orbital segment in the region of the nasal root, check symmetry and profile.

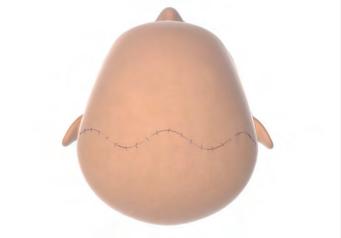
For bilateral fixation of the orbital segment in the region of the temporal bone or remaining frontal bone ("tongue in groove") Resorb x plates or meshes are used.



14. Treatment of the frontal segment

The last step is to adapt the frontal bone cap to the newly shaped orbital segment in order to achieve homogeneous forehead curvature. To be able to adapt the frontal bone cap to the newly shaped forehead, it must be transected along the metopic suture. Normally, due to adaptation the metopic suture region is automatically opened, whereby the more severe the clinical picture, the larger the gap.





15. Fixation with more plates

After the opening of the closed frontal suture there are usually two frontal bone segments. These may have to be rotated through 180 degrees to ensure that the frontal segments connect to the orbital segment in a harmonious curve.

Placement of the two frontal segments is followed by fixation to the orbital bone segment with small resorbable osteosynthesis plates.

16. Wound closure

The epicranial periosteum and the skin flap are reduced when the temporal muscle has also been reattached carefully on both sides.

Before layer-by-layer skin closure a low-suction drain is attached.



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SonicWeld Rx® System

52-500-20-04	SonicWeld Rx® basic set, consisting of:
52-500-21-04	Ultrasonic unit SonicWeld Rx®
52-500-23-04	Handpiece with finger activation
52-501-21-04	Standard sonotrode, straight
52-502-01-04	Wrench for sonotrodes



Ultrasonic unit, alone SonicWeld Rx®

52-500-23-04 1

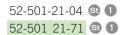
Handpiece with finger activation, 2.95 m cable

52-500-24-04 1

Handpiece with finger activation, 6 m cable







Standard sonotrode, straight



52-501-22-04 **st 1** 52-501-22-71 **st 1**

Standard sonotrode, angled



52-501-23-04 st 1 52-501-23-71 st 1

Smoothing sonotrode, straight



52-501-24-04 🕏 🕦

angled

52-501-24-71 St 1 Smoothing sonotrode,



52-502-01-04 🕏 🕦

Wrench for sonotrodes

Xcelsior Water Bath

Xcelsior Water Bath



Xcelsior water bath complete



52-400-13-04 **1**Cover hood



52-400-14-04 **1**Water container with frame





BOS Drill





Twist drills for 1.6-mm and 2.1-mm SonicPins Rx®

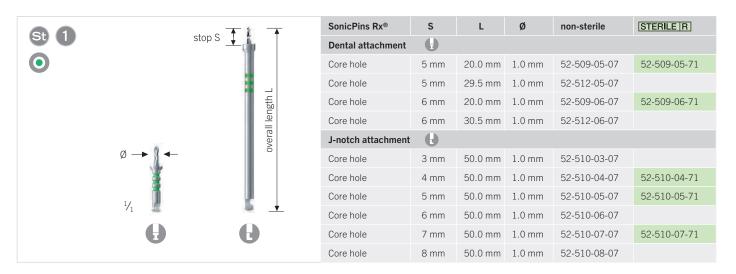


^{*)} Note:
Before using the SonicPin Rx®, it is recommended to use a pre-drill that is 1 mm longer than the length of the SonicPin Rx®.





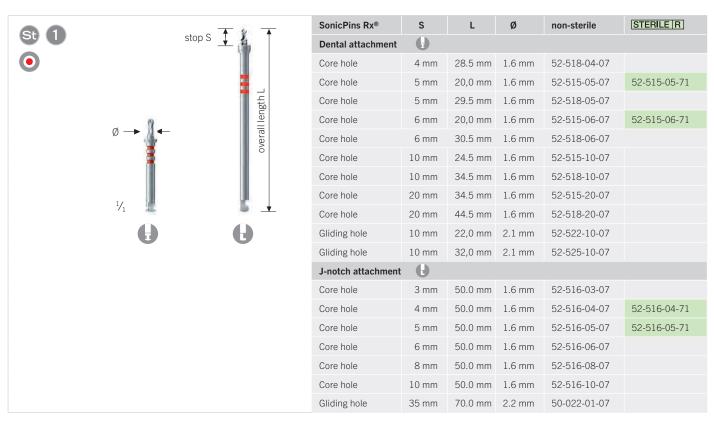
Twist drills for 1.6-mm SonicPins Rx®



^{*)} Note:
Before using the SonicPin Rx®, it is recommended to use a pre-drill that is 1 mm longer than the length of the SonicPin Rx®.



Twist drills for 2.1-mm SonicPins Rx®



^{*)} Note: Before using the SonicPin Rx®, it is recommended to use a pre-drill that is 1 mm longer than the length of the SonicPin Rx®.



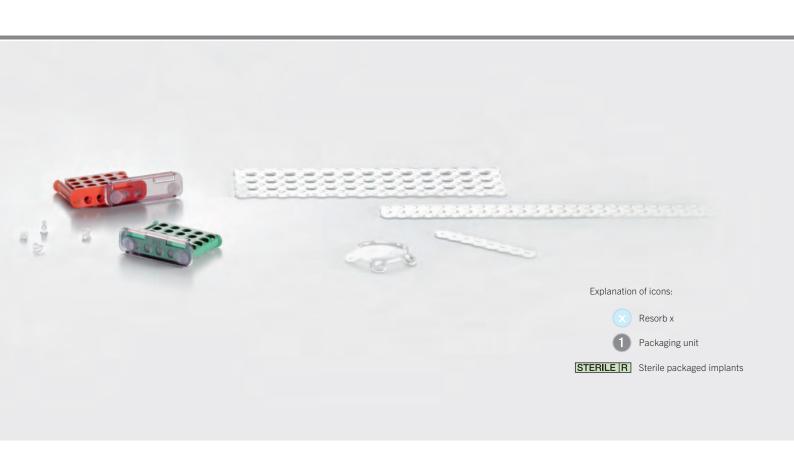
1.6-mm SonicPins Rx®





1.6-mm Micro SonicPins Rx®

			Pin length	Item No.	Item No.
(x)			5 mm	52-519-25-04 2	52-519-45-04 4
•					
1/1	3/1	No.			



2.1-mm SonicPins Rx®





2.1-mm Micro SonicPins Rx®

		Pin length	Item No.
(X)		4 mm	52-641-14-04 1
		5 mm	52-641-15-04 ①
A			
1/1	3/1		

Implants Resorb x Plates



 $= 0.8 \, \text{mm}$

52-080-04-04 🕠 🕕

52-075-04-04

= 1.0 mm

52-175-04-04 AI 1

Template

52-082-04-04

 $= 0.8 \, \text{mm}$

52-077-04-04

= 1.0 mm

52-177-04-04 AI 1 Template

52-076-04-04

Magdeburg

 $= 1.0 \, \text{mm}$

52-176-04-04 A 1

Template

52-075-08-04 🕠 🕕

== 1.0 mm

52-175-08-04 AI 1 Template

52-076-22-04 🕠 🕕

 $= 1.0 \, \text{mm}$

52-076-08-04 🕠 🕦

52-176-08-04 A 1

Template

== 1.0 mm









Packaging unit



Plate profile

STERILE R Sterile packaged implants



52-095-06-04 🕥 🕕



52-196-06-04 AI 1



Template

 $= 1.0 \, \text{mm}$



52-096-06-04

== 1.0 mm

52-196-06-04 AI 1

Template



52-095-07-04 🕥 🕕

 $= 1.0 \, \text{mm}$

52-196-07-04 A 1

Template



52-096-07-04 🕟 🕕



== 1.0 mm

52-196-07-04 A 1

Template



52-085-05-04 🕥 🕕

 $= 1.0 \, \text{mm}$

52-185-05-04 A 1

Template



52-090-06-04

== 1.0 mm

52-190-06-04 AI 1

Template



52-088-06-04

 $= 1.0 \, \text{mm}$

52-188-06-04 A 1

Template

Resorb x Meshes and Templates





flexible, 29 x 29 mm

52-306-26-04

flexible, 29 x 29 mm

 $= 0.6 \, \text{mm}$

 $= 0.3 \, \text{mm}$



52-303-25-04 🕟 🛈

26 x 26 mm

 $= 0.3 \, \text{mm}$

52-306-25-04 🕠 🛈

26 x 26 mm

⊕ = 0.6 mm

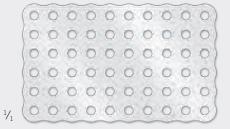
52-310-25-04 🕠 🕕 26 x 26 mm

== 1.0 mm



52-313-25-04 🛈 🕦

25 x 25 mm Template



52-303-32-04 🖸 🕕

31 x 51 mm

= 0.3 mm

52-306-32-04 🖸 🕕

31 x 51 mm

⊕ = 0.6 mm

Explanation of icons:

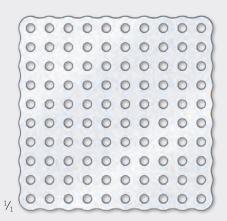
Resorb x

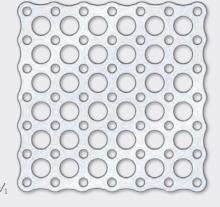
Titanium

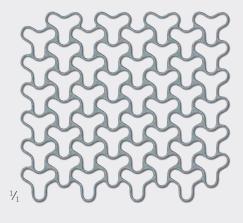
Packaging unit

Plate profile

STERILE R Sterile packaged implants







52-303-50-04 🖸 🕕

51 x 51 mm

 $= 0.3 \, \text{mm}$

52-306-50-04 🖸 🕕

51 x 51 mm

= 0.6 mm

52-308-50-04 🕟 🕕

53 x 53 mm

 $= 0.8 \, \text{mm}$

52-310-50-04 🕥 🕕

51 x 51 mm

= 1.0 mm

52-303-51-04 🕟 🛈

flexible, 51 x 51 mm

 $= 0.3 \, \text{mm}$

52-306-51-04 🕠 🕕

flexible, 51 x 51 mm

 $= 0.6 \, \text{mm}$

52-310-53-04 🕠 🕕

flexible, 51 x 51 mm

 $= 1.0 \, \text{mm}$

52-313-50-04 11 1

50 x 50 mm

Template

Implants Resorb x Meshes



52-306-27-04 🕠 🕕 29 x 104 mm

 $= 0.6 \, \text{mm}$

52-310-27-04

29 x 104 mm

 $= 1.0 \, \text{mm}$



52-310-31-04 31 x 106 mm

 $= 1.0 \, \text{mm}$



52-308-11-04

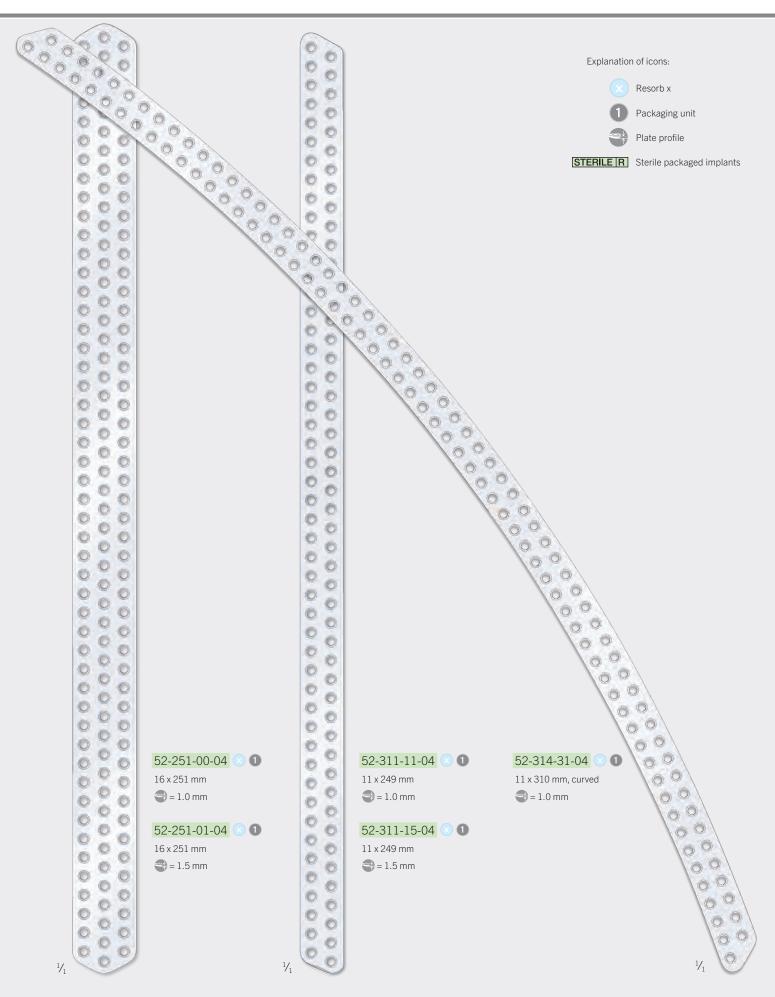
11 x 126 mm

 $= 0.8 \, \text{mm}$

52-310-11-04

11 x 126 mm

 $= 1.0 \, \text{mm}$



Resorb x Orbita Floor Meshes and Burr Hole Covers







 $17 \times 17 \text{ mm}$ Foil for orbital floor





52-306-19-04



23 x 19 mm Mesh for orbital floor





52-306-23-04



Ø 23 mm

Mesh for orbital floor

 $= 0.6 \, \text{mm}$



52-306-30-04 🕟 🕕



Foil for orbital floor $= 0.6 \, \text{mm}$

Ø 30 mm



52-306-40-04



0000

0000

Foil for orbital floor

 $= 0.6 \, \text{mm}$

40 x 40 mm



52-306-24-04



Ø 30 mm

Foil for orbital floor

 $= 0.6 \, \text{mm}$





X Resorb x



1 Packaging unit



Plate profile

STERILE | R | Sterile packaged implants

flat



52-312-12-04 🕟 🛈

Ø = 12 mm

 $= 1.0 \, \text{mm}$



52-312-17-04

 $\emptyset = 17 \text{ mm}$

= 1.0 mm



52-312-22-04

Ø = 22 mm

 $= 1.0 \, \text{mm}$





52-091-06-04

= 1.0 mm

contoured



52-312-13-04

Ø = 12 mm

= 1.0 mm



52-312-18-04

Ø = 17 mm

== 1.0 mm



52-312-23-04 **1 1**

Ø = 22 mm

== 1.0 mm

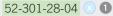


52-092-06-04 🕠 🕕

 $= 1.0 \, \text{mm}$

Resorb x Membranes and Foils







25 x 25 mm = 0.1 mm



52-301-38-04 🕟 🕕

= 0.1 mm

25 x 25 mm



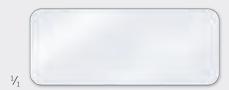


52-302-31-04



30 x 30 mm

= 0.2 mm



52-301-20-04

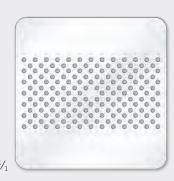


50 x 20 mm = 0.1 mm



52-302-30-04 🕟 🕕

50 x 20 mm $= 0.2 \, \text{mm}$



52-302-41-04

40 x 40 mm

= 0.2 mm

Explanation of icons:



Resorb x

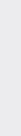


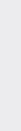
1 Packaging unit

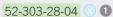


Plate profile

STERILE R Sterile packaged implants







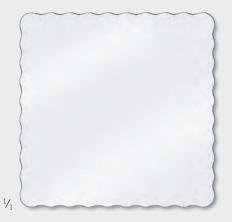
26 x 26 mm

= 0.3 mm

52-306-28-04 🕟 🕕

26 x 26 mm

 $= 0.6 \, \text{mm}$



52-303-52-04

51 x 51 mm

⊕ = 0.3 mm

52-306-52-04 🕟 🕕

51 x 51 mm

 $= 0.6 \, \text{mm}$

52-310-52-04

51 x 51 mm

= 1.0 mm



52-310-32-04

31 x 51 mm = 1.0 mm

52-310-14-04 🕟 🕕

11 x 126 mm

1/1

= 1.0 mm

Resorb x Meshes and Dental Applications







X Resorb x



Packaging unit Plate profile



St Stainless steel



J-notch attachment



Dental attachment

STERILE R Sterile packaged implants





52-301-07-04 🕟 🕕

Resorb x Alveolar Protector = 0.1 mm





52-301-00-04 🕟 🕕



Resorb x Alveolar Protector Plus

consisting of

52-301-07-04 1

Resorb x Alveolar Protector

52-519-25-04 2

Micro SonicPin Rx® 1.6 x 5 mm





SonicPins Rx®	L	Ø	non-sterile	
Step drill	100 mm	1.6 mm	52-516-51-07	•
Step drill	75 mm	1.6 mm	52-516-52-07	H
Adjusting sleeve	100 mm	1.6 mm	52-516-60-07	



More information can be found in our separate brochure "SonicWeld Rx® Dental Applications".

Implants Resorb xG

Since Resorb x was launched back in 2000, the intrinsically amorphous polymer consisting of PDLLA is well-known all over the world.

Now, we are pleased to be able to present another resorbable polymer that supplements the SonicWeld technology:

Resorb xG

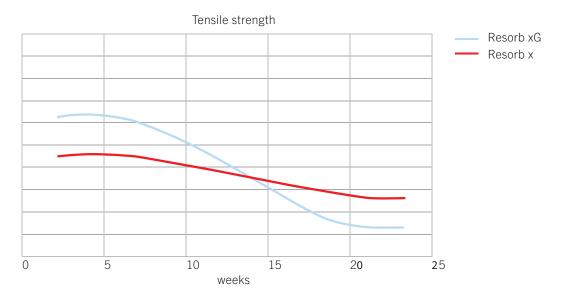
Its base material is PLLA-PGA. The two substances are mixed at a ratio of 85% PLLA (poly-L-lactic acid) and 15% PGA (poly glycolic acid). The initial tensile strength of Resorb xG is significantly higher than that of Resorb x. Furthermore, PGA is a substance that binds water easily to store it. Consequently, Resorb xG tends to degrade faster than Resorb x (12 - 14 months).

Thanks to those facts, however, Resorb xG implants tend to be superior to Resorb x implants in some clinical applications.

Resorb xG implants are also compatible with the SonicWeld Rx $^{\circ}$ technology without any handling differences compared to Resorb x and can be fixed in place with the usual SonicPins Rx $^{\circ}$.



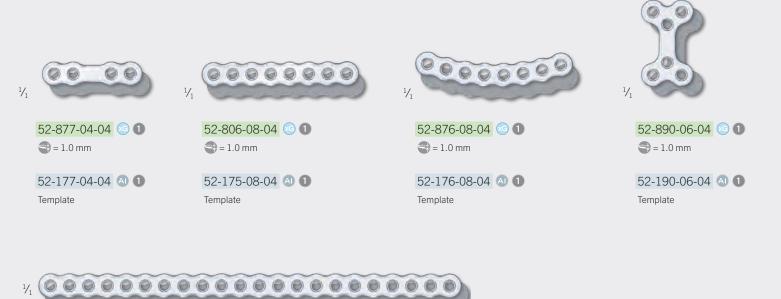
Resorbable materials maintain the majority of their strength for 8 - 10 weeks. After the loss of strength, the material will be processed by the body in the Krebs cycle into CO_2 and water. Complete degradation of the implant will vary depending on the size and location of the implant, and the age of the patient.



Example for mechanical properties

The chart above compares the tensile strength of Resorb x and Resorb xG polymers. The measurements were done in vitro with standardized tensile bars at 37°C.

Resorb xG Plates, Meshes and Burr Hole Covers





== 1.0 mm

52-876-22-04 0 1

52-808-22-04 AI 1

Explanation of icons:





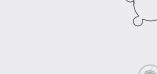


Packaging unit

Plate profile

STERILE R Sterile packaged implants







52-812-19-04 💿 🕕



52-806-50-04 @ 1

51 x 51 mm

 $= 0.6 \, \text{mm}$

0000000000 0000000000 0000000000 0000000000 0000000000 0000000000 0000000000 0000000000 0000000000 0000000000

52-808-50-04 💿 🕕

51 x 51 mm

 $= 0.8 \, \text{mm}$

52-810-50-04 @ ①

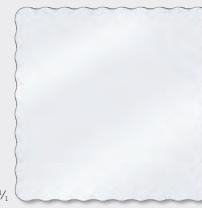
51 x 51 mm

= 1.0 mm

52-808-55-04 💿 🕕

51 x 51 mm

 $= 1.5 \, \text{mm}$

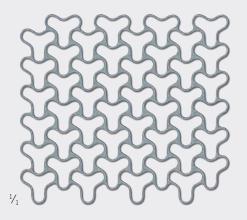




52-810-52-04 💿 🕕

51 x 51 mm

= 1.0 mm



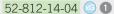
52-313-50-04 11 11

50 x 50 mm

Template









= 1.0 mm









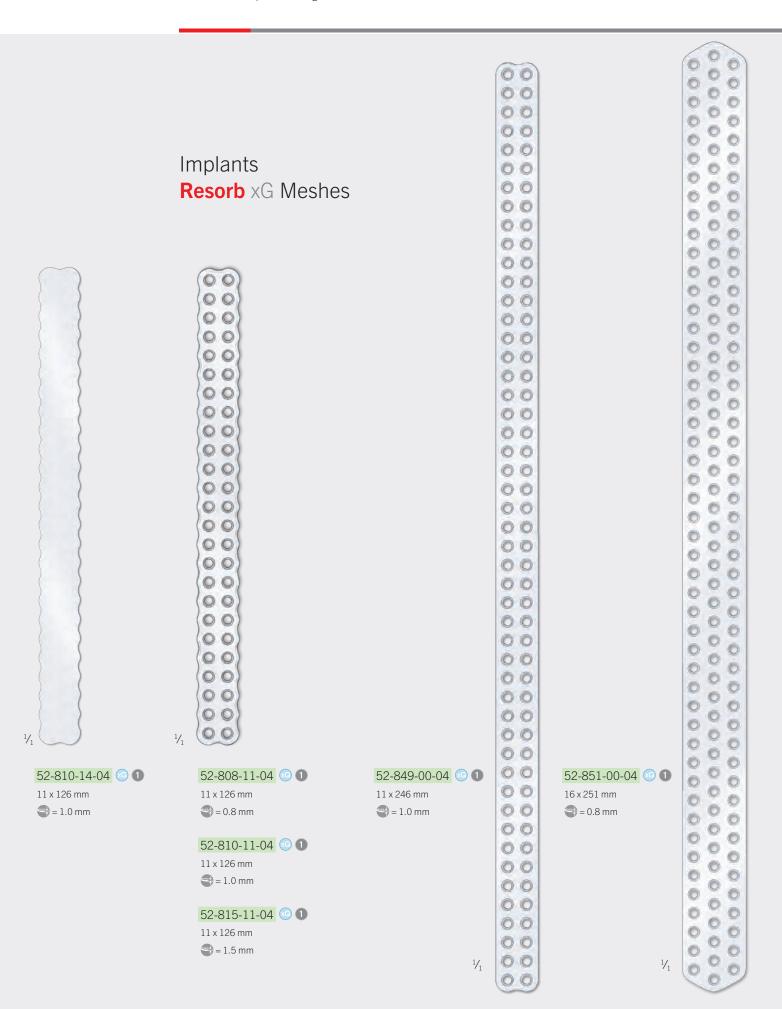












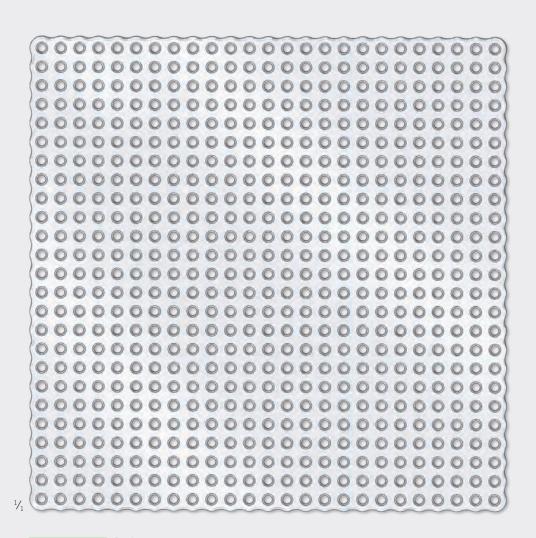
Explanation of icons:

Resorb xG

Packaging unit

Plate profile

STERILE R Sterile packaged implants



52-806-13-04 0 1

126 x 126 mm

= 0.6 mm

52-810-13-04 💿 🕕

126 x 126 mm

== 1.0 mm

Storage

Component Trays



55-969-44-04 **1**Component tray



55-969-46-04 **1**Small parts module



55-962-45-04 1 Storage rack for clip magazines



55-891-40-01 **1** 80 x 80 x 40 mm Small-parts basket, fine-mesh





55-962-44-04 **1**Bottom part for twist drills



55-962-43-04 **1**Upper part for sonotrodes and small parts



55-963-51-04 **1**Sliding cover

Storage Trays and Containers



55-804-15-01 **1**Tray for miniSet container incl. lid

277 x 172 x 51 mm (L x W x H)



55-861-70-04 1 microStop® miniSet container
Ext. dimensions 310 x 189 x 90 mm (L x W x H)

Int. dimensions 283 x 177 x 65 mm (L x W x H)



55-964-30-04 **1** Storage tray

24 x 24 cm



55-440-10-04 10 microStop® container Ext. dimensions 272 x 267 x 122 mm (L x W x H)

Int. dimensions 267 x 262 x 81 mm (L x W x H)

Storage Options

Option 1



55-804-15-01		Tray for miniSet container incl. lid
		277 x 172 x 541 (L x W x H)
55-891-40-01		Small-parts basket, fine-mesh, 80 x 80 x 40 mm
55-969-46-04		Small-parts module
55-806-50-04	Зх	Separators, 123 x 9 x 22 mm
55-806-33-04	2x	Shaft holder, 8-10 mm

Option 2



55-969-44-04	Component tray, consisting of:
55-962-44-04	Bottom part for twist drills
55-962-43-04	Upper part for sonotrodes and small parts
55-963-51-04	Sliding cover
55-969-42-04	Storage and processing tray, complete, consisting of:
55-969-42-04 55-964-30-04	Storage and processing tray, complete, consisting of: Storage tray 26 x 26 cm
55-964-30-04	Storage tray 26 x 26 cm

Option 3



55-969-46-04	Small-parts module
55-969-42-04	Storage and processing tray, complete, consisting of:
55-964-30-04	Storage tray 26 x 26 cm
55-969-93-04	Silicone mat
55-963-38-04	Lid for storage tray

11	52-306-25-0442	52-510-07-0736	52-616-24-04
11-180-15-0733	52-306-26-0442	52-510-07-7136	52-616-25-04
	52-306-27-0444	52-510-08-0736	52-621-24-04
50	52-306-28-0449	52-512-05-0736	52-621-25-04
50-022-01-0737	52-306-30-0446	52-512-06-0736	52-641-14-04
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	52-306-50-0443	52-515-06-0737	52-806-13-04
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52-251-01-04	52-500-24-0430 52-501-21-0430,31	52-521-31-0439	55-964-30-0460,6
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52-301-20-0448	52-501-21-7131	52-521-35-0439	55-969-46-0458,6
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52-306-17-0446	52-510-04-7136	52-616-04-0735	
52-306-19-04	52-510-05-07	52-616-04-7135	
52-306-24-0446	52-510-05-7136 52-510-06-0736	52-616-05-0735 52-616-10-0735	
JZ-JUU-Z4-U440	52-510-00-0730	32-010-10-0733	

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52-815-11-0456
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