

Aesculap[®] Targon[®] RF

Retrograde Femoral Nail



Aesculap Orthopaedics

Targon® RF



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The implantation of interlocking nails from an antegrade access has become the gold standard for most fractures of the femoral shaft. In the interests of optimally expanding the indications for the antegrade procedure, the distal interlocking holes have been moved a great distance toward distal and tripled in number in the Targon® Femoral System. Nevertheless, there are still a number of very good or relative indications for the retrograde nailing procedure.

Today supracondylar and transcondylar femoral fractures (Type A and C of the AO Classification) constitute recognized indications for retrograde nailing. The advantage of intramedullary fixation of these fractures lies in the lower demands placed on the lateral articular layers of the distal femur in comparison with the soft tissue preparation required for extramedullary implant support. Because this procedure is only minimally invasive, pain-free mobilization of the knee joint is achieved very soon after surgery.



The new retrograde femoral nailing system is based on clear-cut and safe surgical steps. The nail design and instrumentation make both primary internal knee damage (caused by bore dust) and secondary internal damage (due to protruding edges of the distal nail tip) highly improbable. The screws have a strong design that can

withstand prolonged maximum loads. With a new type of threaded sleeve, osteoporotic bone structure is no longer an obstacle to nailing. This reduces the danger of secondary protrusion of the implant into the knee joint and of screw loosening resulting in consecutive loss of reduction. For most forms of distal metaphyseal femoral fractures, the system offers the possibility of fixating the nail additionally at the distal end of the shaft fragment; this 'transfixation' is an effective way to neutralize the forces acting on the fracture zone. In particular, it promotes the endosteal fracture-healing processes in the metaphysis.

A long-nail version is available for the retrograde nailing of shaft fractures; this version is interlocked in the sagittal direction in the proximal femoral region. There are several recommended or even unavoidable indications for this procedure: e.g. 'floating knee', fractures seen in persons with extremely severe injuries, decubital ulcers in the trochanter region, ankylosis and arthrodesis of the hip joint, etc.

The retrograde nail rounds off the fixation options offered by the Targon® System for femoral fractures.'

Stable Fixation of Femoral Metaphyseal Fractures



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The System



■ Reaming debris in the knee joint?

The distribution of reaming debris in the knee joint is avoided by opening the joint with the hollow reamer.

■ Internal knee damage caused by implant protrusion?

Sufficiently recessed placement of the implant prevents protruding implant edges. As a result of the ventral and dorsal oblique surfaces of the Targon® RF, the nail recess can be kept small, leaving more space for interlocking.

■ Angular play in the metaphysis?

Angular play in the metaphysis and screw sliding can cause excessive instability in the fracture area. This is prevented by locking the distal screw with the closure screw.

■ Shearing motions in the fracture area?



The transfixation of the fracture on the distal shaft fragment via the fourth screw cancels shearing motions between the metaphyseal and shaft fragments.

Solves the problems posed by surgical treatment of the femur from a retrograde access



■ Deviation of nail curvature from anatomical curvature?

If the proximal locking holes are located to one side of the large femoral shaft diameter, the groundwork is laid for incorrect drillings. Incorrect drillings are distinctly reduced by the anatomical curvature of the nail.

■ Screw loosening in patients with osteoporosis?

The threaded sleeves, which can be used on both sides of the metaphysis, counteract the insufficiently secure screw seating which can be a problem in patients with osteoporosis.

■ Excessive intramedullary pressure?

The long grooves exert a drainage effect which lowers the medullary pressure during nail insertion.

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The Implant



4-way interlocking

- Possibility for placing the transfixation screws
- Enhanced fracture stabilization

Ventrodorsal nail tip

- Prevents nail protrusion in the knee joint

Special nail tip design

- Facilitates implantation into the cancellous trochanteric region

Long grooves

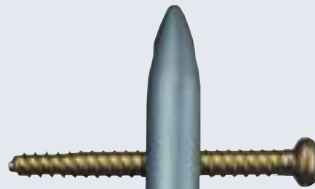
- Result in higher elasticity and therefore a more favorable distribution of forces, thereby lessening the danger of fracture
- Accelerate regeneration of the endosteal blood supply
- Help to alleviate pressure during the implantation of the nail

Anatomical nail design

- Easy nail implantation
- Central position of the locking holes in the medullary canal

Implant material:
Titanium alloy Ti6Al4V





The threaded sleeve allows screw fixation in patients with osteoporosis

- Internal thread for secure connection between the threaded sleeve and the screw (dia. 6 mm)
- Self-tapping outer thread enables large-area bone contact



Interlocking screws

- Extremely strong titanium alloy with a proven design

Closure screw

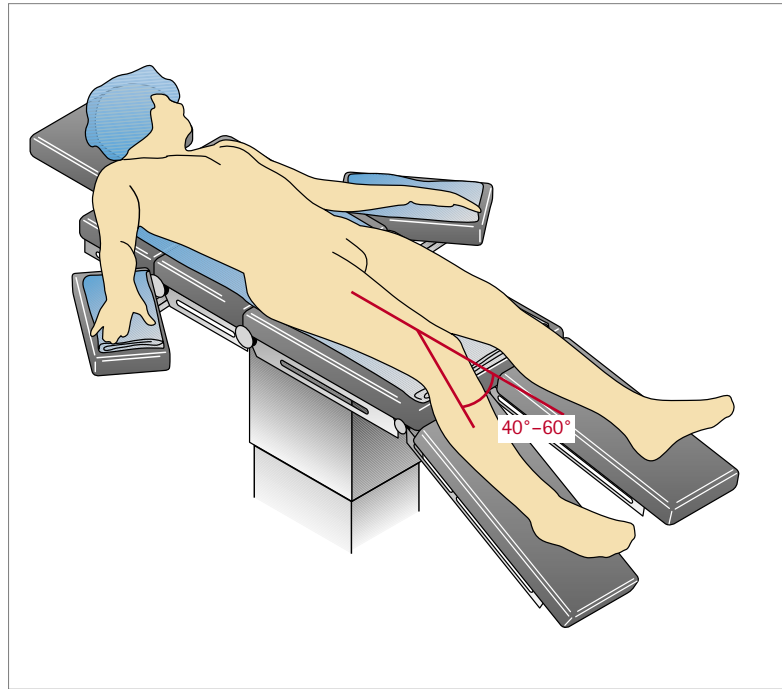


- Locks the distal screw to prevent screw sliding and angular metaphyseal movement

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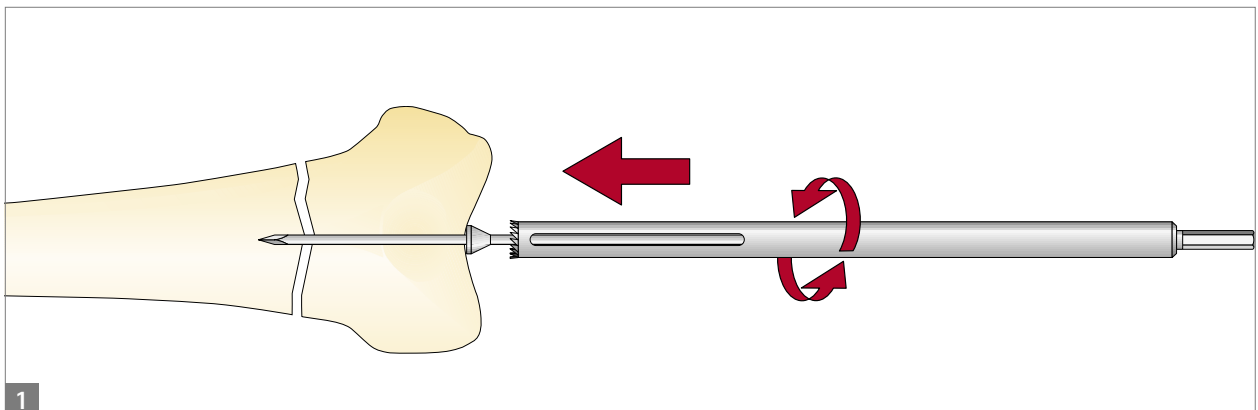
Operating Technique

- Patient Positioning
- Preoperative Planning



Preoperative planning

- Nail diameters required
- Nail length
- Type of fixation
- Nail insertion point

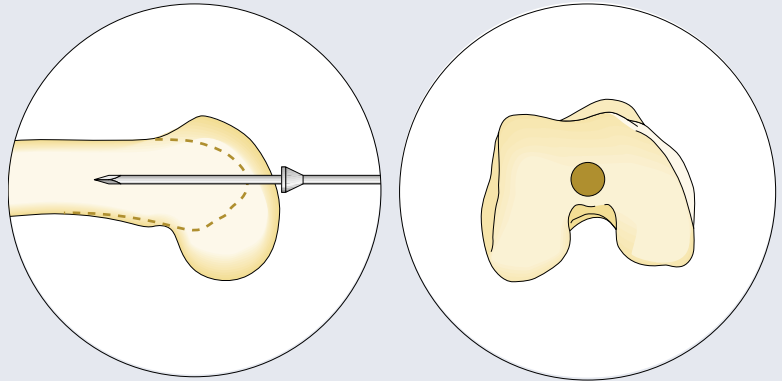


Access and preparation of the nail bed [1]

Access

- Hollow reamer (Ø 12.5 mm) KH392R
- Guide pin KH393R
- Universal handle KH319R

Cutaneous incision and tissue splitting. Insert the guide pin with the universal handle or a motor-driven instrument; monitor the position with an image intensifier. Open the entry hole with the hollow reamer.

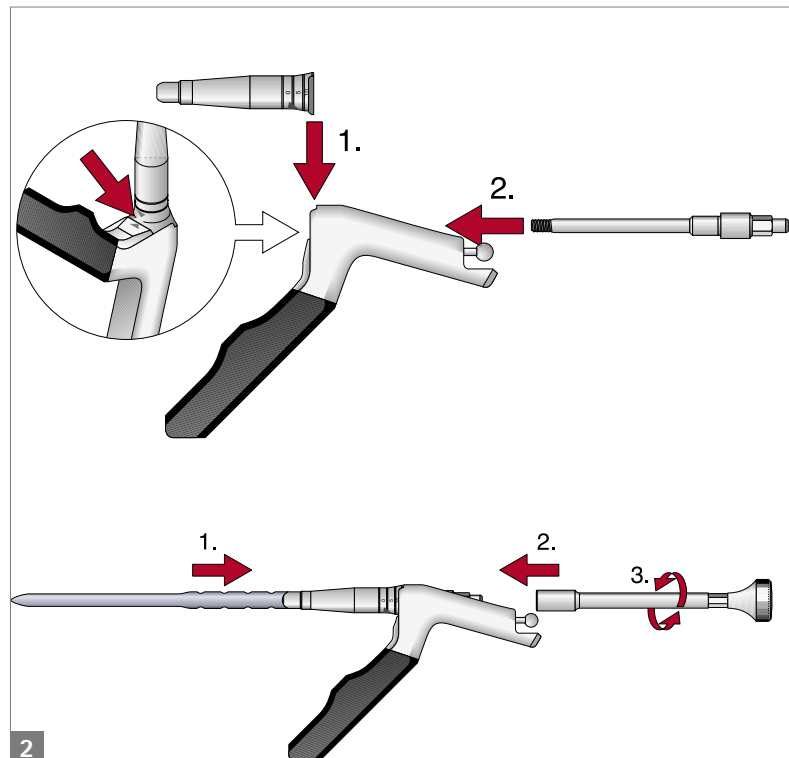


Nail insertion [2]

Attaching the nail to the targeting device

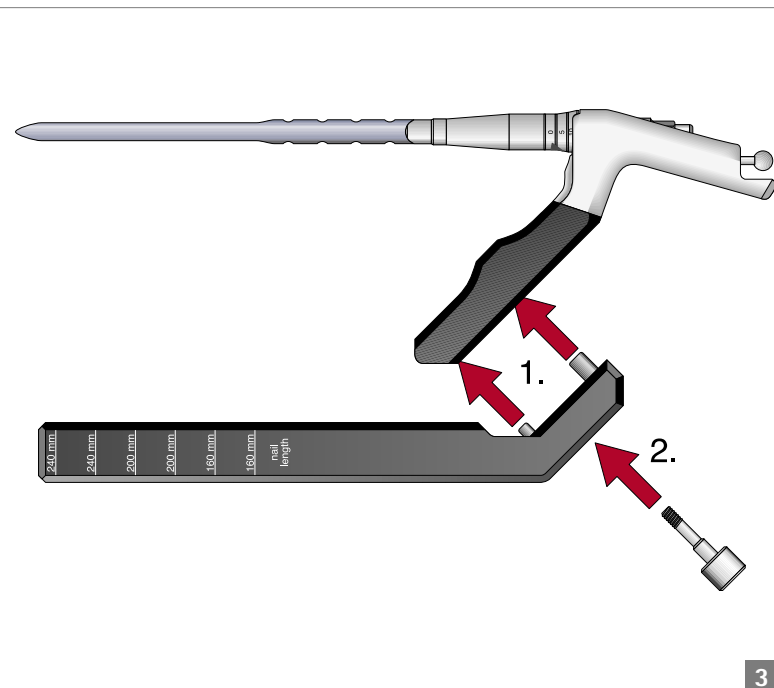
- Targeting device KH210
- Nail adapter KH396R
- Nail adapter screw KH397R
- Tightening sleeve KH321R

Connect the nail adapter to the targeting device. Insert the nail adapter screw until above the light pressure point. Attach the selected nail, tighten by hand with the tightening sleeve. Pay attention to the curvature of the nail and the lateral position of the targeting device.



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Operating Technique



Attaching the targeting bow to the targeting device [3]

- Targeting bow KH395P
- Screw for the targeting bow KH409R

Place the targeting bow in the recess in the targeting device and fasten it with the screw for the targeting bow.

Adjust nail position with respect to the targeting bow [4]

(nail up to 240 mm in length)

- Nail centering pin KH394R
- Tightening sleeve KH321R
- Socket key KH324R

To match the locking holes on the nail with those of the targeting bow, insert the centering pin through the targeting bow and into the locking holes. Then tighten with the tightening sleeve and socket key.

Important:

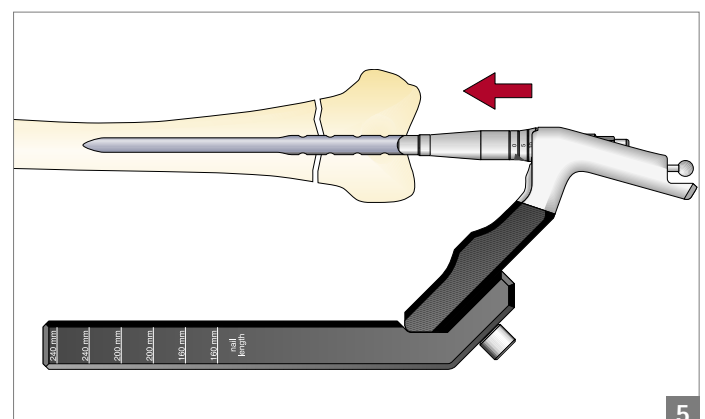
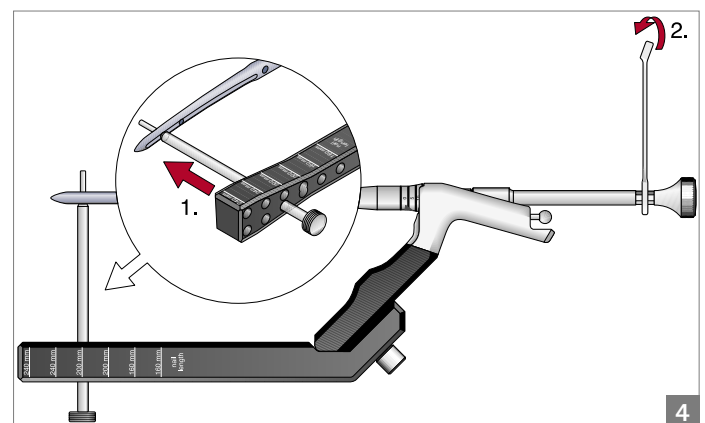
Pay attention to the nail length and the position of the centering pin in the lower row of the targeting bow.

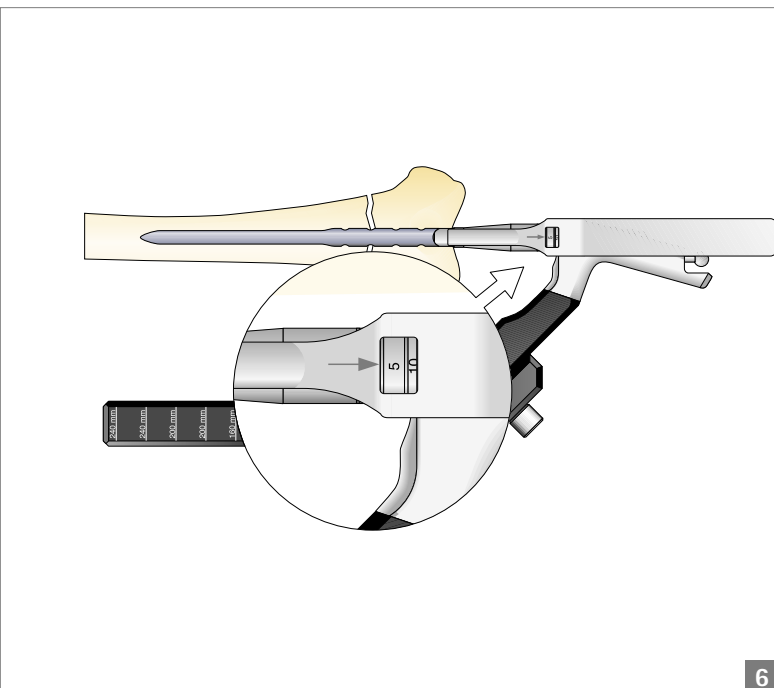
Introduction of the nail [5]

Introduction of the nail Insert the nail manually.

Important:

If a hammer is used to insert the long-nail version, remove the targeting bow.

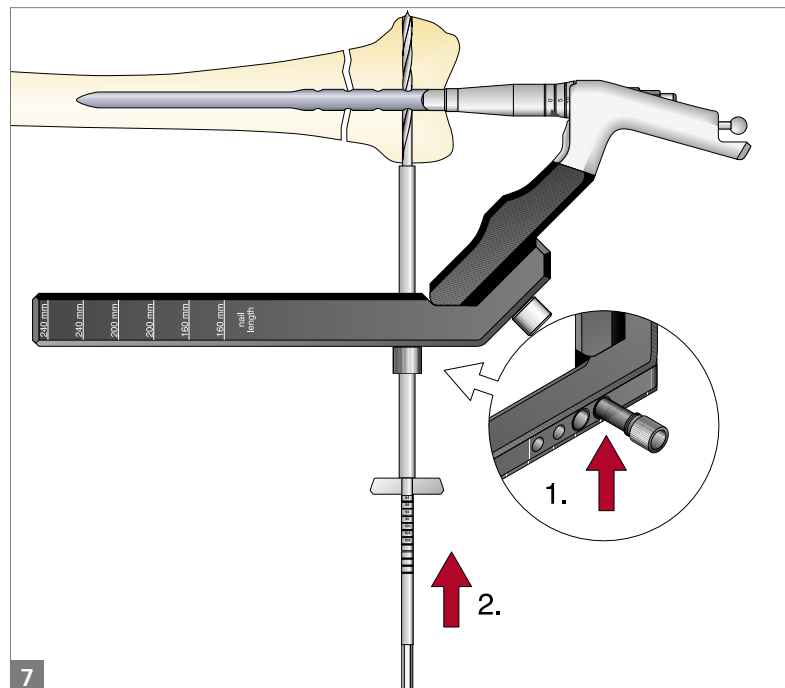




Precise positioning of the nail [6]

■ Nail depth scale KH406R

Check the nail position with an image intensifier. Push the nail depth scale over the targeting device up to the condyles. The insertion depth of the nail (0 – 10 mm) can be read in the window of the nail depth scale.



Distal interlocking [7]

Drilling

- Screw sleeve KH410P
- Tissue-protection sleeve KH429R
- Obturator KH383R
- Twist drill (Ø 5 mm) KH385R

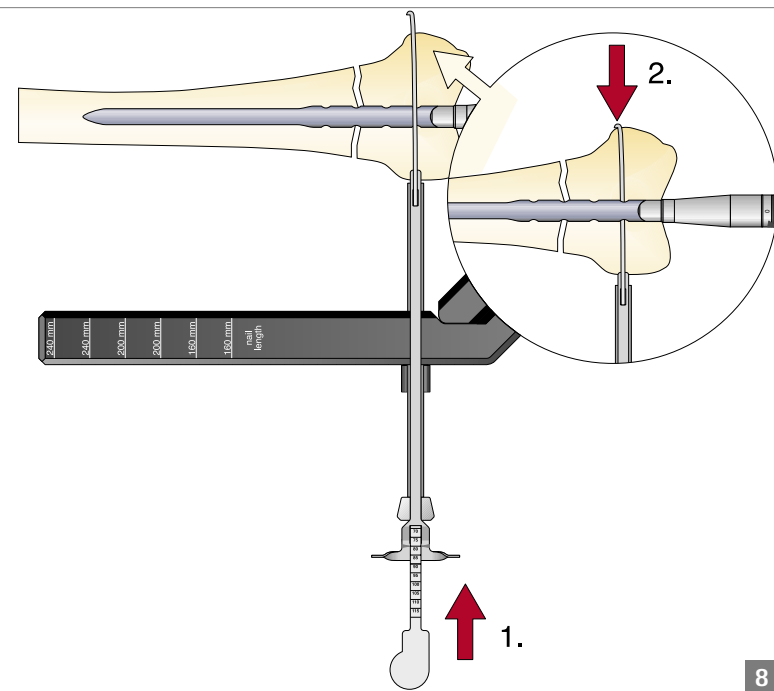
Screw the screw sleeve into the targeting bow. Insert the tissue-protection sleeve. Make the stab incision. Widen the incision. Using the obturator, advance the tissue-protection sleeve up to the bone. Drill open the screw hole with the twist drill (Ø 5 mm).

Important:

It is essential to follow this sequence. Do not change the flexion position of the knee, since this could pull the tissue protection sleeve through the iliotibial tract and cause a drilling error.

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Operating Technique



8

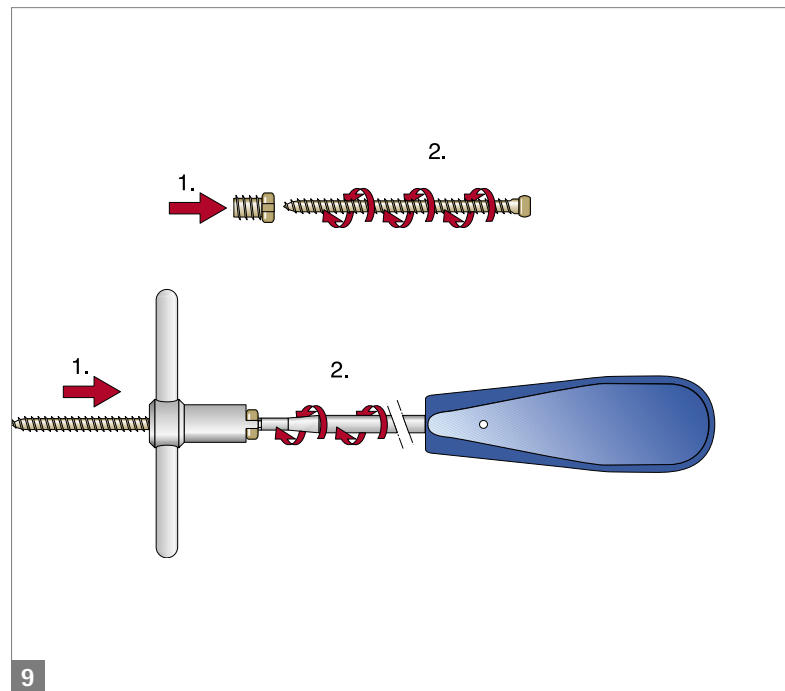
Interlocking [8]

- Screw scale KH274R
- Screwdriver KH322R

Determine the screw length with the screw scale. The length shown determines the distance between the cortical layers. Insert the selected screw (Ø 6 mm) with the screwdriver.

Important:

Do not manipulate using force! This could result in misalignment of the guide wire and the nail hole for proximal locking.



9

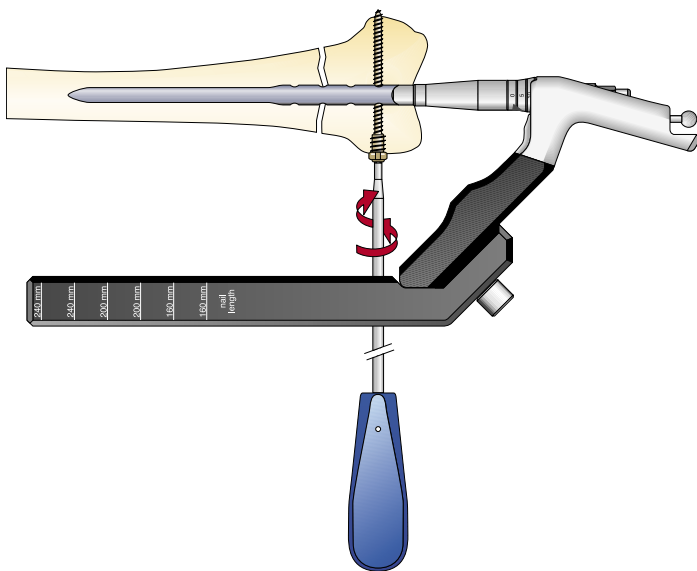
Lateral use of the threaded sleeve [9]

- Counterhandle KH405R
- Screwdriver KH322R

Screw the threaded sleeve onto the selected screw by hand. Tighten the connection with the counterhandle and screwdriver.

Important:

Before inserting the threaded sleeve from medial, insert all the required lateral screws. This prevents unnecessary moving of the targeting bow.



10

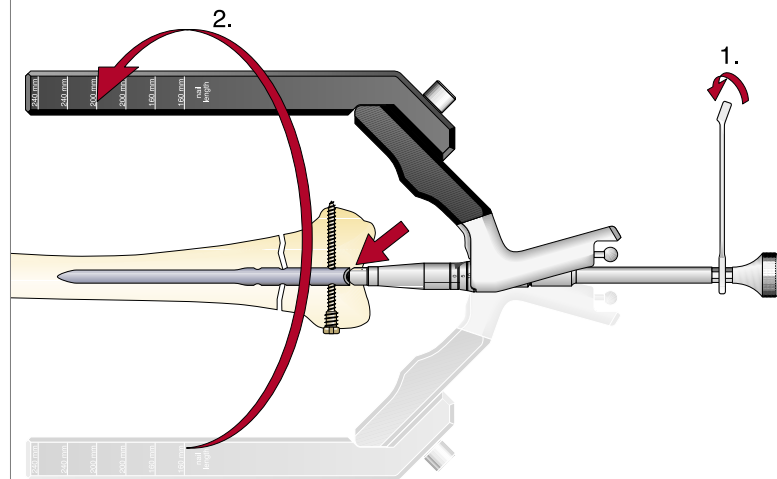
Insertion of the interlocking screw with the threaded sleeve from lateral [10]

■ Screwdriver KH322R

Remove the screw sleeve and attach the screw/sleeve combination through the targeting bow up to the cortical stop.

Important:

After the tissue protection sleeve has been pushed up to the bone the flexion position of the knee must not be changed, since any alteration could pull the tissue protection sleeve through the iliotibial tract and cause a drilling error.



11

Folding of the targeting bracket to medial [11]

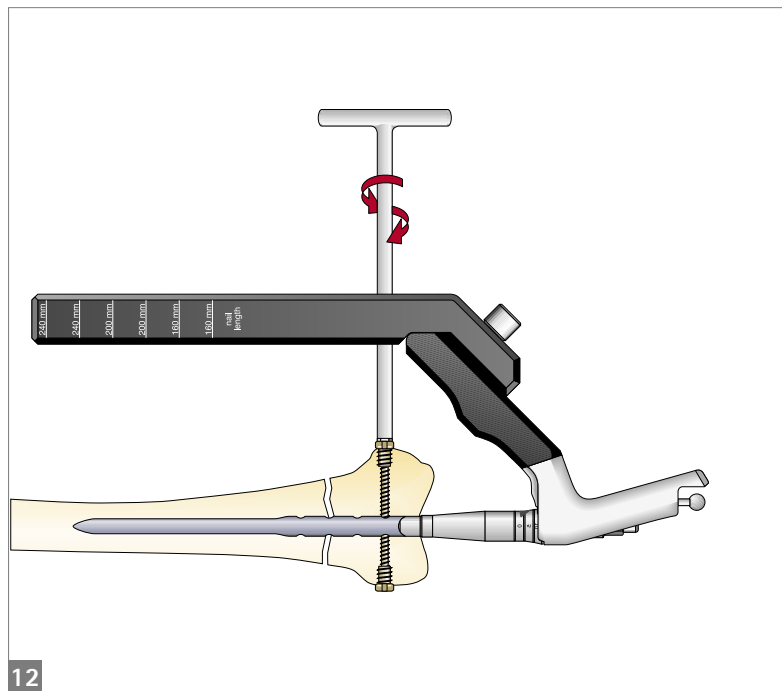
■ Tightening sleeve KH321R

■ Socket key KH324R

When all screws are in place from lateral, the adapter screw at the targeting bracket is loosened using the tightening sleeve and the socket key (about 3 turns). Do not detach the bracket completely. The targeting bow with the targeting device is then folded to the medial side and the adapter screw is tightened again with the spanner.

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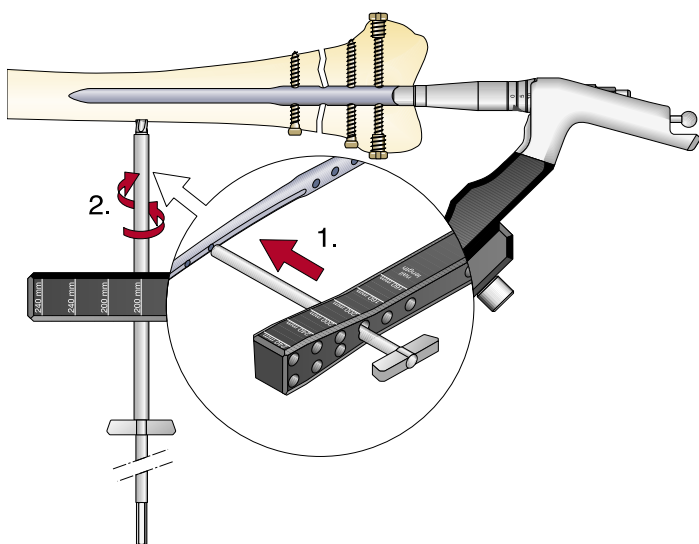
Operating Technique



Insertion of the threaded sleeve from medial [12]

■ Inserter for threaded sleeve KH404R

Remove the screw sleeve from the targeting bow. Screw in the threaded sleeve with the sleeve driver up to the cortical stop.



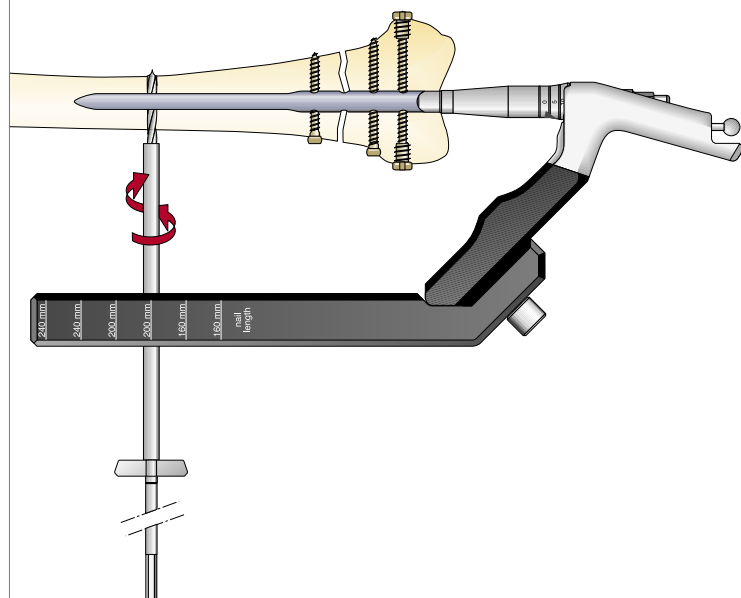
13

Proximal interlocking [13]

Preparation of the entry cortex with the facing cutter (nail up to 240 mm in length)

- Facing cutter KH376R
- Tissue protection sleeve KH429R
- Obturator KH383R

Insert the tissue protection sleeve. Make the stab incision. Widen the incision. Advance the tissue protection sleeve with the obturator up to the bone. Prepare the shaft cortex with the facing cutter.



14

Drilling for interlocking screws [14]

(nail up to 240 mm in length)

- Twist drill (Ø 4 mm) KH384R
- Screw scale KH274R
- Screwdriver KH322R

Drill open the cortex with the twist drill (Ø 4.0 mm). Determine the screw length with the screw scale. Screw in the selected interlocking screw (Ø 4.5 mm).

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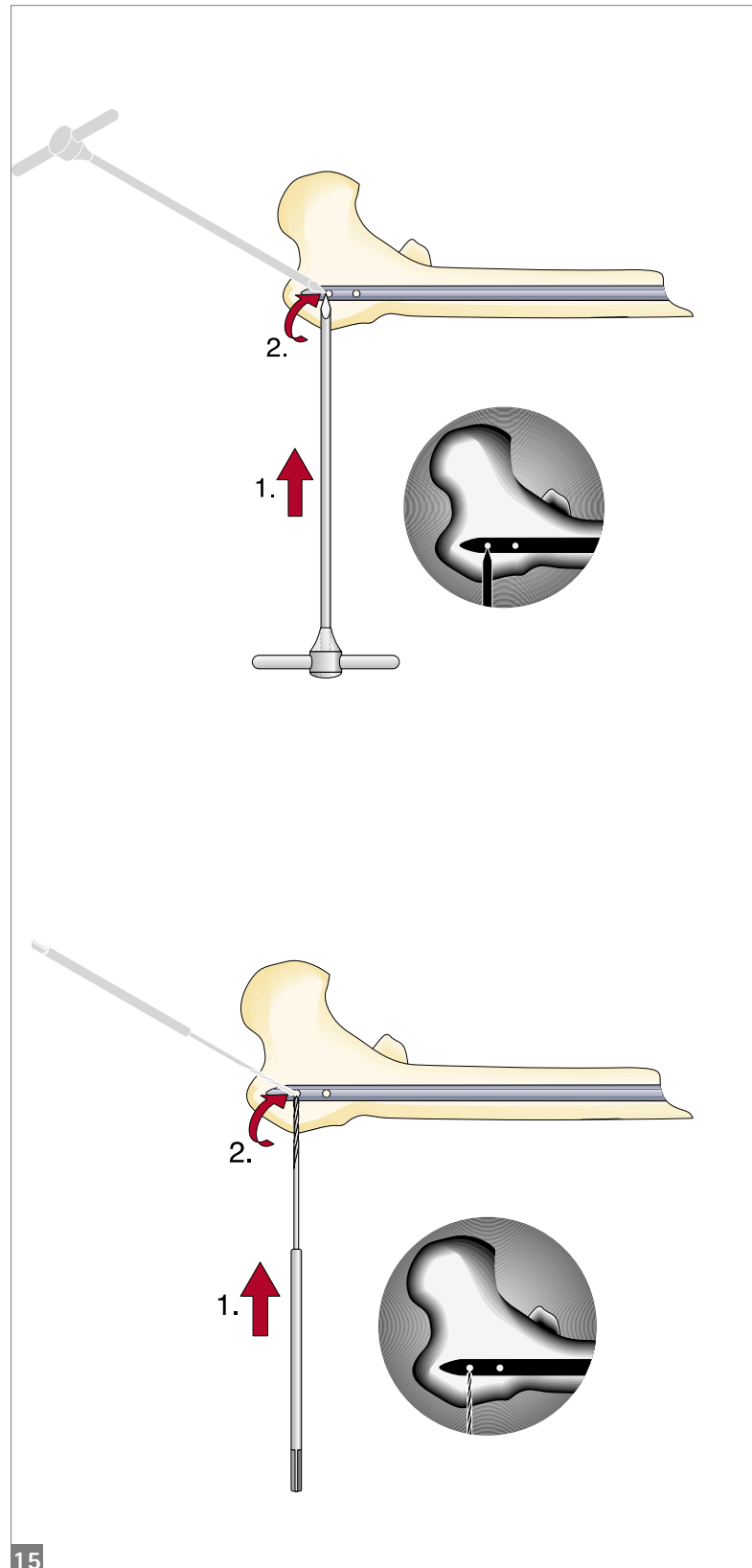
Operating Technique

Freehand interlocking [15]

(nails from 300 - 460 mm length)

- Centering drill KH265R
- Twist drill (Ø 3.5 mm) KH267R

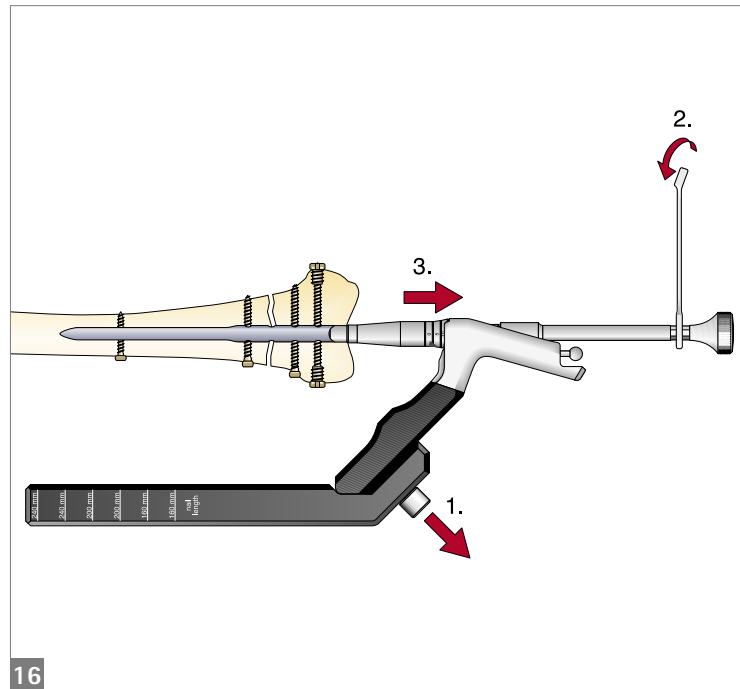
For nail lengths of 300 mm and above, proximal antero-posterior interlocking should be carried out with the free-hand technique. Care should be taken here to select the nail length such that the proximal interlocking lies flat in the area of the greater and lesser tubercle.



Removal of the targeting bow [16]

- Tightening sleeve KH321R
- Socket key KH324R
- Screwdriver KH322R

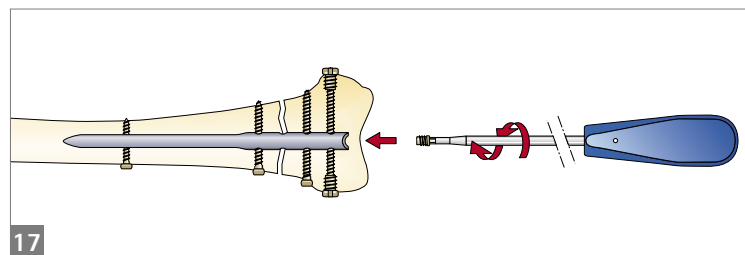
The connecting screw between the targeting bow and the targeting device can be loosened with the screwdriver. Loosen the nail adapter screw and remove the targeting device with the adapter.



Insertion of the closure screw [17]

- Screwdriver KH322R

Screw in the closure screw with the screwdriver until the distal interlocking screw is firmly locked.



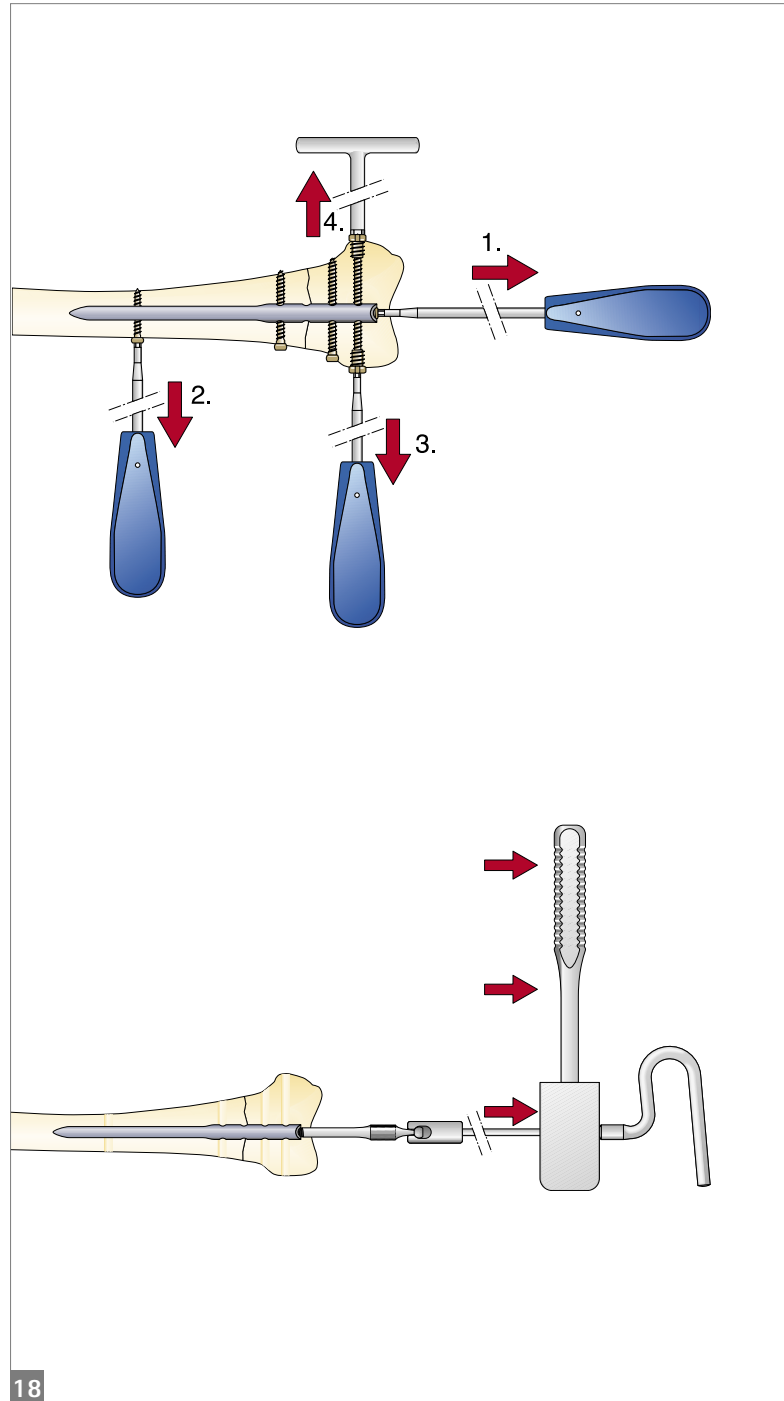
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Operating Technique

Removal of metal [18]

- Screwdriver KH322R
- Inserter for threaded sleeve KH404R
- Extractor adapter KH311R
- Extractor instrument KH310R
- Slotted hammer KH113R

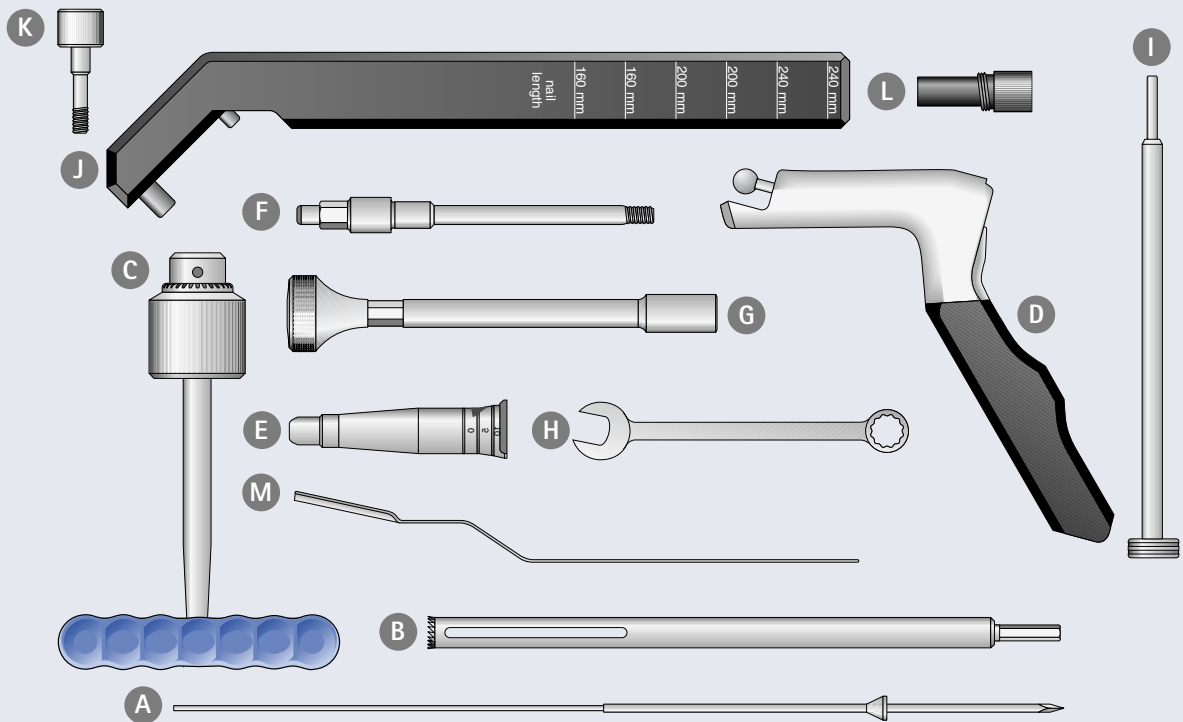
The patient should be placed in the same positioning as for implantation. It should be assumed that there is bony overgrowth of the distal nail tip. After opening the joint via the old scar, introduce the guide pin centrally in the nail hole; monitor with the image intensifier. Cautiously expose the distal nail tip with the hollow reamer. Remove the closure screw and the distal and proximal interlocking screws. Screw in the extractor adapter. Remove the nail with the aid of the extractor instrument and the slotted hammer.





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Instrument Overview – Set 1

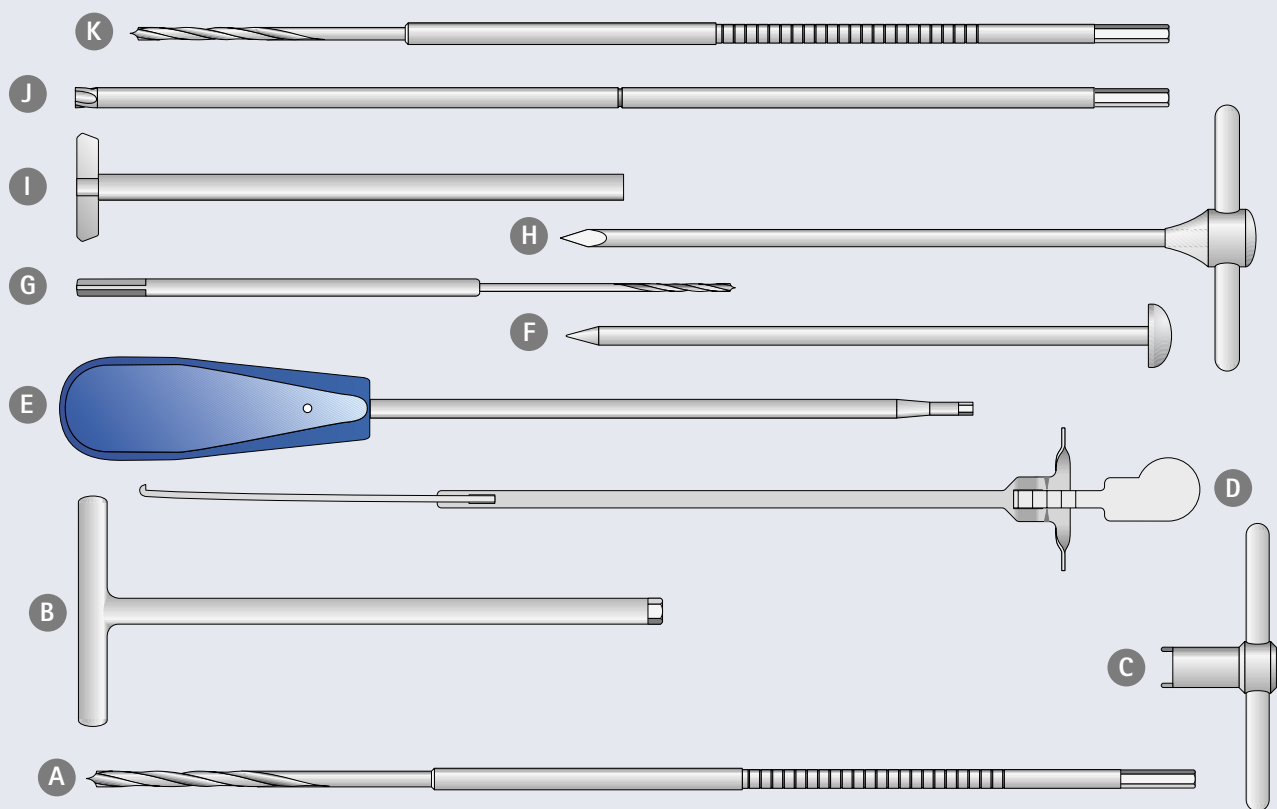


	Article No.	Description
A	KH393R	Guide pin
B	KH392R	Hollow reamer Ø 12.5 mm
C	KH319R	Universal handle
D	KH210R	Targeting device
E	KH396R	Nail adapter
F	KH397R	Nail adapter screw
G	KH321R	Tightening sleeve 10 width across flats

	Article No.	Description
H	KH324R	Socket key 10 width across flats
I	KH394R	Nail centering pin
J	KH395P	Targeting bow
K	KH409R	Screw for targeting bow
L	KH410P	Screw sleeve
M	KH406R	Nail depth scale

Targon® RF

Instrument Overview – Set 2



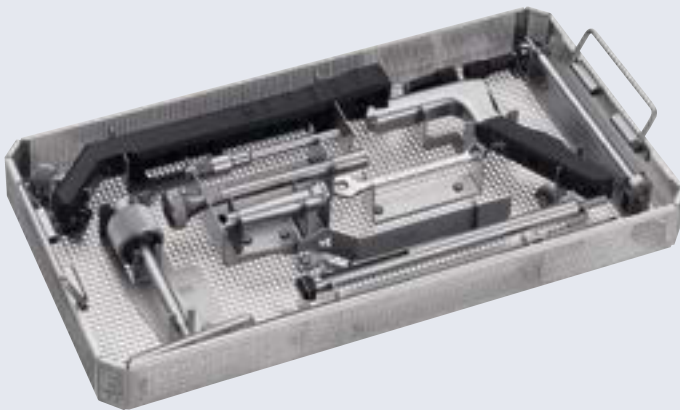
	Article No.	Description
A	KH385R	Twist drill Ø 5 mm
B	KH404R	Inserter for threaded sleeve
C	KH405R	Counter handle
D	KH274R	Screw scale
E	KH322R	Screwdriver
F	KH383R	Obturator
G	KH267R	Twist drill Ø 3.5 mm
H	KH265R	Centering drill

	Article No.	Description
I	KH429R	Tissue protection sleeve
J	KH376R	Facing cutter
K	KH384R	Twist drill Ø 4 mm

Targon® RF – Ordering Information

Instrument Sets

Targon® RF KH334 Basic Instrument Set 1



Consisting of:

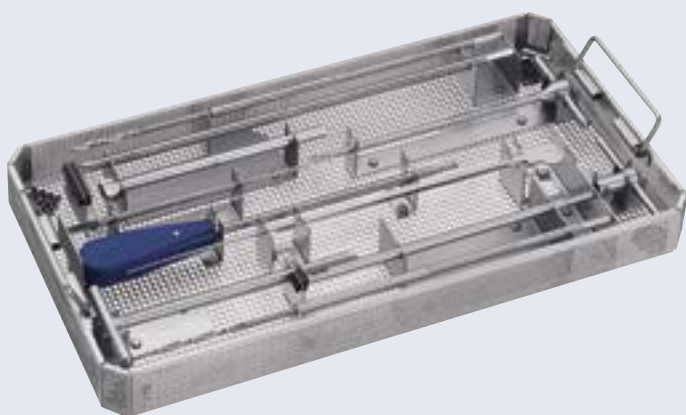
Targeting device	KH210R
Nail adapter screw	KH397R
Nail adapter	KH396R
Targeting bow	KH395P
Tightening sleeve 10 width across flats	KH321R
Socket key 10 width across flats	KH324R
Universal handle	KH319R
Nail centering pin	KH394R
Hollow reamer Ø 12.5 mm	KH392R
Guide pin	KH393R
Nail depth scale	KH406R
2 x Screw sleeve	KH410P
Screw for targeting bow	KH409R
Basket with storage	KH333R
Wrapping drape	JF511
Packing template	TE600
X-ray template	KH408

recommended container for KH334 with lid:

JK442 + JK 489 (lid)

recommended lid for basket: JF217R

Targon® RF KH334 Basic Instrument Set 2



Consisting of:

Twist drill Ø 4 mm	KH384R
Facing cutter	KH376R
Tissue protection sleeve	KH429R
Obturator	KH383R
Centering drill	KH265R
Twist drill Ø 3.5 mm	KH267R
Screwdriver	KH322R
Screw scale	KH274R
Insert for threaded sleeve	KH404R
Counter handle	KH405R
Twist drill Ø 5 mm	KH385R
Basket with storage	KH335R
Wrapping drape	JF511
Identification label	JG785B
Identification label	JG756B
Packing template	TE607

Please order separately: Extraction instruments

Extraction instrument	KH310R
Extraction adapter	KH311R
Slotted hammer	KH113R

recommended container for KH334 with lid:

JK442 + JK 489 (lid)

recommended lid for basket: JF217R

Targon® RF – Ordering Information

Implant Sets



KH336 Set Targon® RF nails

Consisting of:

10 x 160 mm	KD902T
10 x 200 mm	KD904T
10 x 240 mm	KD906T
10 x 300 mm	KD388T
10 x 320 mm	KD390T
10 x 340 mm	KD392T
10 x 360 mm	KD394T
10 x 380 mm	KD396T
10 x 400 mm	KD398T
10 x 420 mm	KD400T
10 x 440 mm	KD402T
Basket with storage	KH337R
Wrapping drape	JF511
Identification label	JG785B
Identification label	JG786B
Packing template	TE606

recommended container for KH156 or KH154:

JK440 + JK489 (lid)

recommended lid for basket: JF217R



KH338 Set Components

Locking screw, Ø 6 mm 		
36 mm	KB636T	2
40 mm	KB640T	2
44 mm	KB644T	2
48 mm	KB648T	2
52 mm	KB652T	4
56 mm	KB656T	4
60 mm	KB660T	4
64 mm	KB664T	4
68 mm	KB668T	4
72 mm	KB672T	4
76 mm	KB676T	4
80 mm	KB680T	4
84 mm	KB684T	4
88 mm	KB688T	4
92 mm	KB692T	4
96 mm	KB696T	2
100 mm	KB700T	2
104 mm	KB704T	2
108 mm	KB708T	2
112 mm	KB712T	2
116 mm	KB716T	2

recommended container for KH338: JK440 + JK489 (lid)

recommended container for KH336 or KH338: JK444 + JK489 (lid)

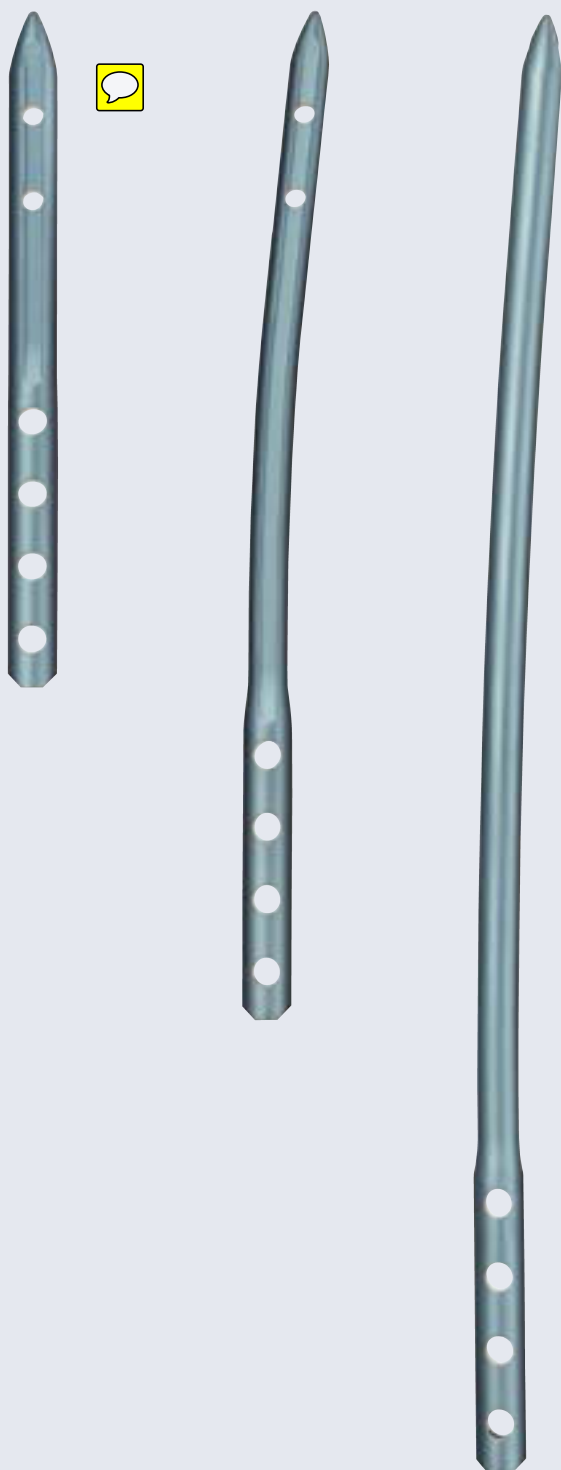
Locking screw, Ø 4.5 mm 		
20 mm	KB320T	2
24 mm	KB324T	2
28 mm	KB328T	2
32 mm	KB332T	4
36 mm	KB336T	4
40 mm	KB340T	4
44 mm	KB344T	4
48 mm	KB348T	2
52 mm	KB352T	2
56 mm	KB356T	2
60 mm	KB360T	2
64 mm	KB364T	2
68 mm	KB368T	2
72 mm	KB372T	2
76 mm	KB376T	2
80 mm	KB380T	2

Closure screw 	Threaded sleeve 
KB630T 2	KB616T 6

Storing:		
Basket with storage/lid	KH339R	1
Wrapping drape	JF511	1
Identification label	JG785B	2

Targon® RF – Ordering Information

Implant Program



Targon® RF Nail, Ø 10 mm

160 mm	KD902T
200 mm	KD904T
240 mm	KD906T
300 mm	KD388T
320 mm	KD390T
340 mm	KD392T
360 mm	KD394T
380 mm	KD396T
400 mm	KD398T
420 mm	KD400T
440 mm	KD402T


Targon® RF Nail, Ø 11 mm

340 mm	KD492T
360 mm	KD494T
380 mm	KD496T
400 mm	KD498T
420 mm	KD500T
440 mm	KD502T
460 mm	KD504T

Targon® RF Nail, Ø 12 mm

160 mm	KD922T
200 mm	KD924T
240 mm	KD926T

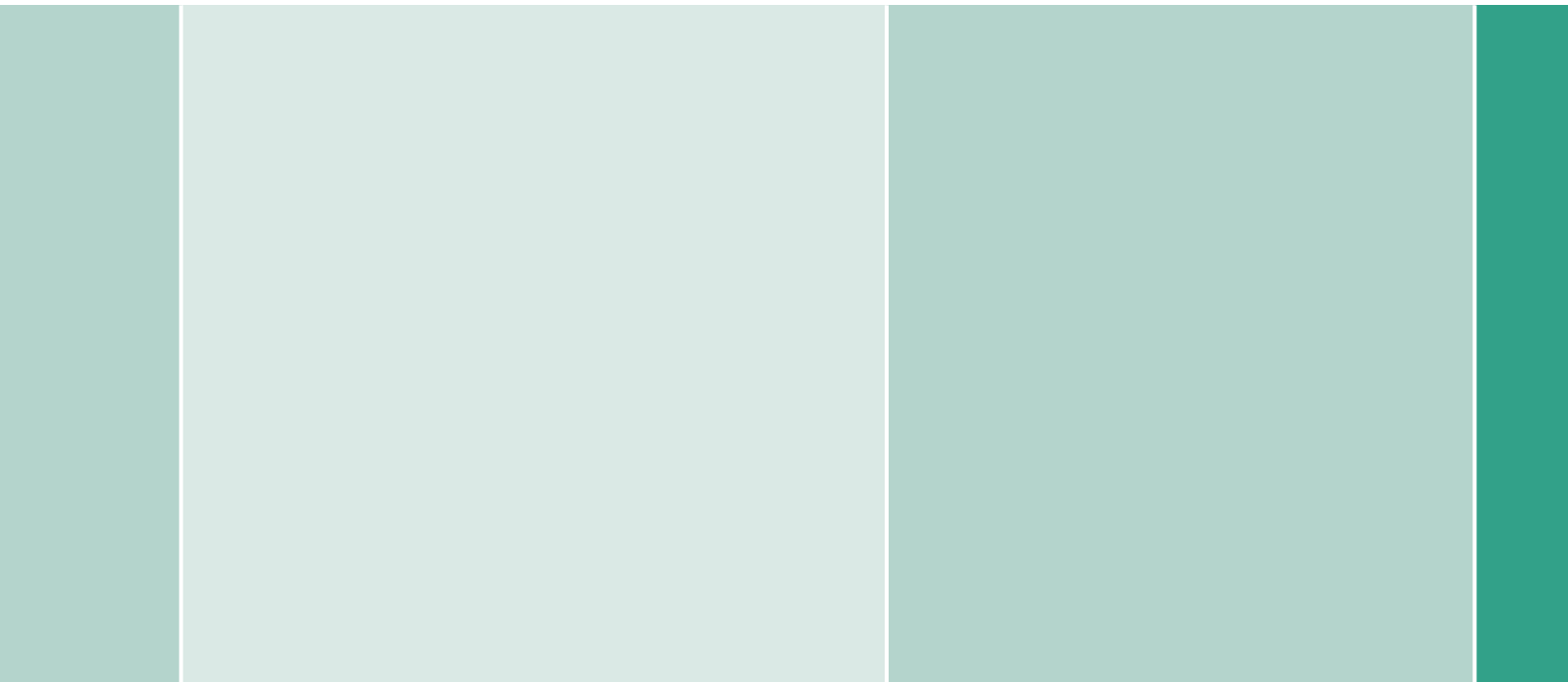


Locking screw, Ø 6 mm 	
36 mm	KB636T
40 mm	KB640T
44 mm	KB644T
48 mm	KB648T
52 mm	KB652T
56 mm	KB656T
60 mm	KB660T
64 mm	KB664T
68 mm	KB668T
72 mm	KB672T
76 mm	KB676T
80 mm	KB680T
84 mm	KB684T
88 mm	KB688T
92 mm	KB692T
96 mm	KB696T
100 mm	KB700T
104 mm	KB704T
108 mm	KB708T
112 mm	KB712T
116 mm	KB716T

Locking screw, Ø 4.5 mm 	
20 mm	KB320T
24 mm	KB324T
28 mm	KB328T
32 mm	KB332T
36 mm	KB336T
40 mm	KB340T
44 mm	KB344T
48 mm	KB348T
52 mm	KB352T
56 mm	KB356T
60 mm	KB360T
64 mm	KB364T
68 mm	KB368T
72 mm	KB372T
76 mm	KB376T
80 mm	KB380T

Threaded sleeve 	KB616T
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Closure screw 	KB630T
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