Surgical Skills Lab for Fracture Fixation: Internal Fixation and Lag Screws

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A PA's Guide to the Musculoskeletal Galaxy
June 5-9, 2024
Portland, OR



Disclosures

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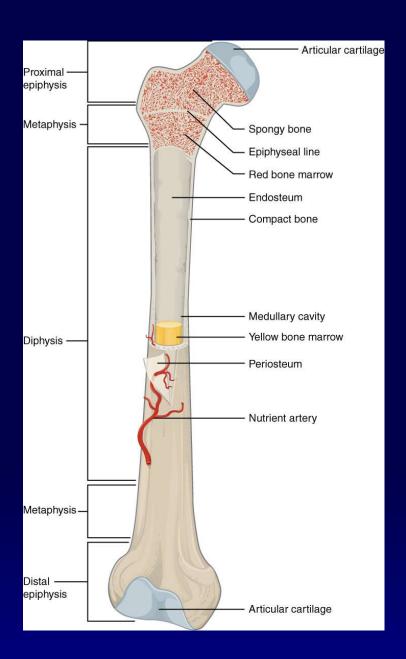
Objectives of Breakout

- Review options for managing fractures
- Review bone anatomy and healing
- Indications for internal fixation
- Techniques
 - Lag screws
 - Compression and Locking Plates
- Understanding principles allows better assistance and participation during cases



Bony Anatomy

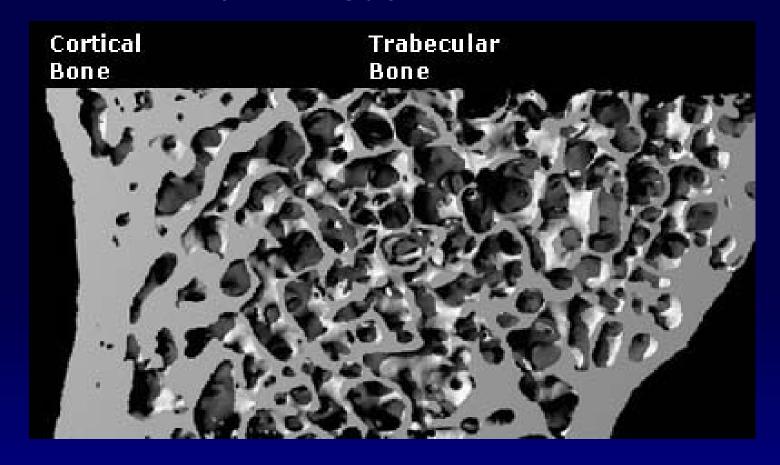
- Long Bones
 - Epiphysis
 - Metaphysis
 - Diaphysis





Bony Anatomy

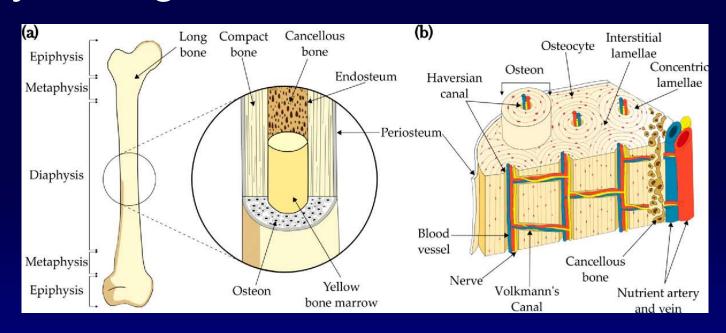
- Cortical Bone
- Cancellous (Spongy) bone





Cortical Bone

- Shell around most all bones
- Diaphyseal
- Compact and dense
- Very strong





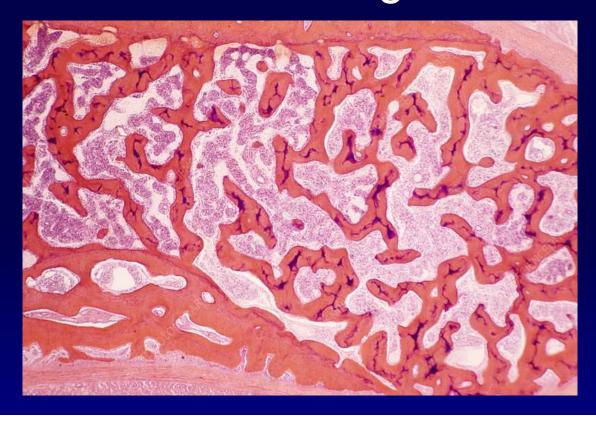
Cancellous Bone

Less dense

Metaphyseal and Epiphyseal

25% mass and 10% strength of cortical

bone





What is a Fracture?

- "Cracking or breaking of a hard object or material"
- Partial or complete loss of continuity of the normal architecture of bone
- Externally applied force exceeds the mechanical integrity of bone



Fractures

- Loss of continuity and support
- Associated soft tissue damage
- Loss of blood supply
- Types and patterns result from various forces
- Each fracture pattern requires different implants



Methods of Fracture Management

- Nothing!
- Splints
- Casts
- Percutaneous Pinning
- External Fixation
- Internal Fixation
 - Plates/screws
 - Nails
 - Wiring



Internal Fixation

- Developed in Switzerland in 1940s
- Poor outcomes and disabilities from war injuries, MVAs, and skiing accidents
- 1958: Arbeitsgemeinschaft fur Osteosynthesfragen (AO)
- "Working group for bone fusion issues"
- Association of the Study of Internal Fixation (ASIF)



Principles of Internal Fixation

- Anatomic reduction of fractures
- Stable internal fixation
- Preservation of blood supply
- Early motion to improve rehab
- Reduce "fracture disease"



Bone Healing

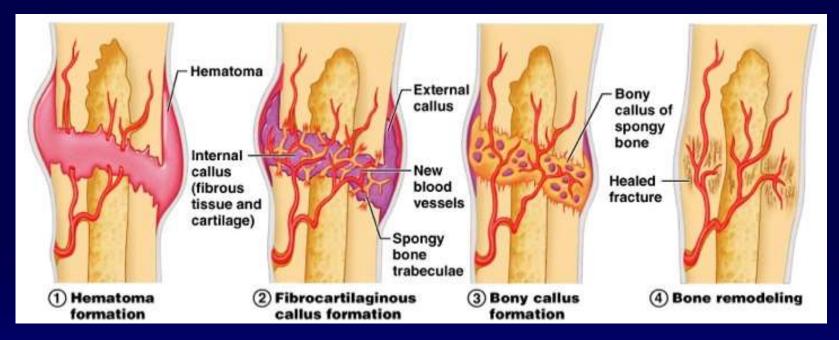
- How bone heals depends on stability and motion
 - Indirect
 - Direct





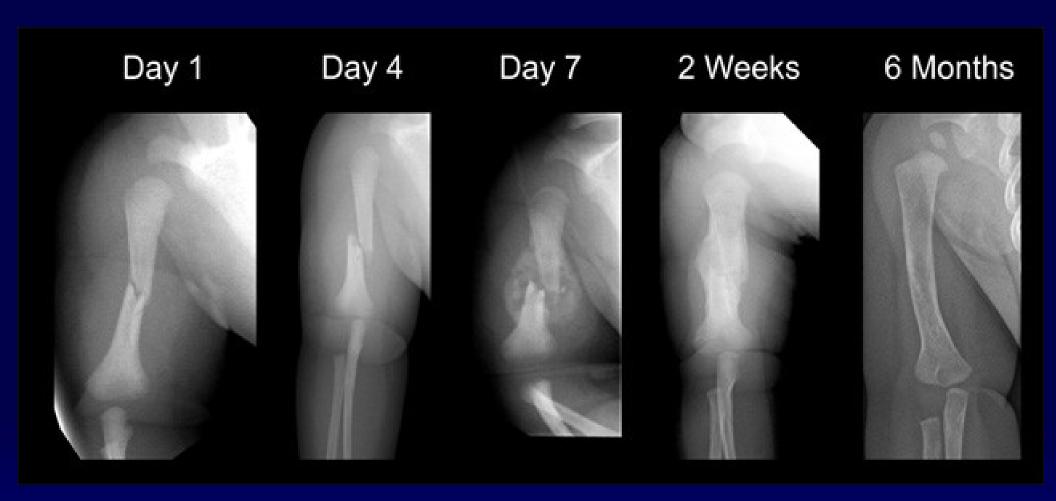
Indirect Bone Healing

- Relative stability
- Some motion between fragments
- Callus formation





Fracture Callus



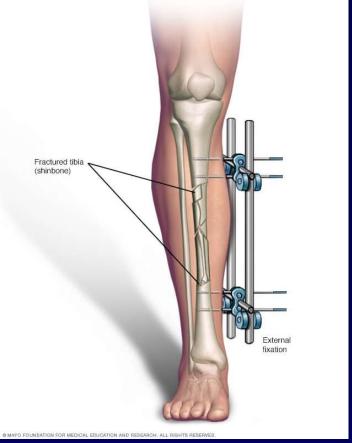


Indirect Bone Healing

- Examples:
 - Splints
 - Casts
 - Intramedullary nails
 - External fixation









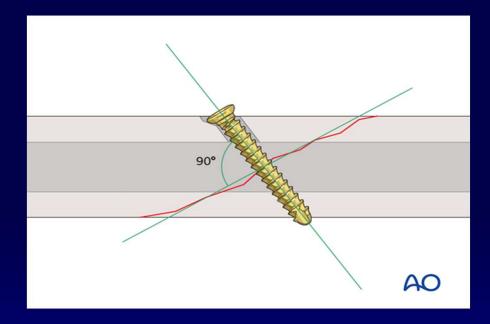
Direct Bone Healing

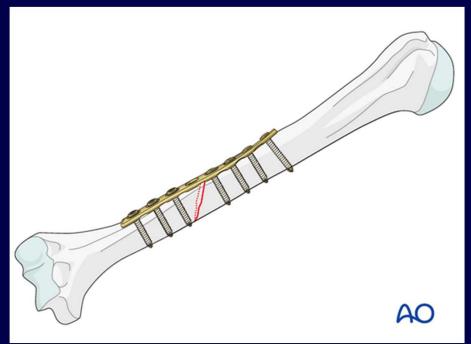
- Absolute stability
- Direct contact between fracture fragments
- Minimal or no motion between fragments
- No callus formation



Direct Bone Healing

- Examples:
 - Compression plates
 - Lag screws







Indications for Internal Fixation

- Should be considered if conservative management will result in disability or less than optimal outcomes.
- Benefits > Risks
- Open fractures
- Displaced and unstable fractures
- Most intraarticular fractures
- Most diaphyseal femur fractures
- Some other diaphyseal fractures
- NV Injury



Prerequisites for Internal Fixation

- Knowledge of anatomy and techniques required
- Trained surgeon and personnel
- Appropriate instruments and implants





Potential Benefits of Internal Fixation

- Anatomic reduction
- Stable fixation
- Earlier motion
- More predictable fracture alignment
- Potentially faster time to healing



Screws

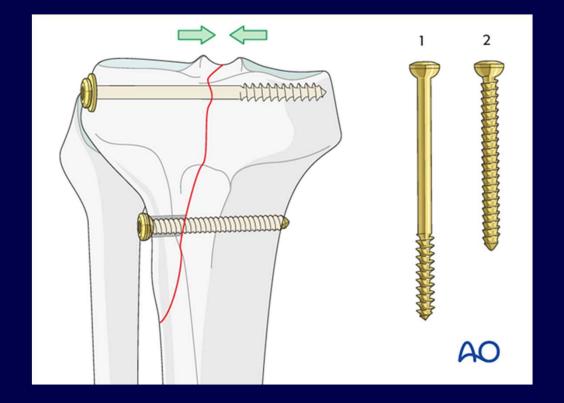
- Cortical Screws
 - Greater number of threads
 - Smaller pitch (threads closer together)
 - Lower outer thread:core diameter ratio
- Cancellous Screws
 - Fewer threads
 - Larger pitch
 - Higher thread:core ratio



Figure 1: Four-mm outer-diameter cortical (left)

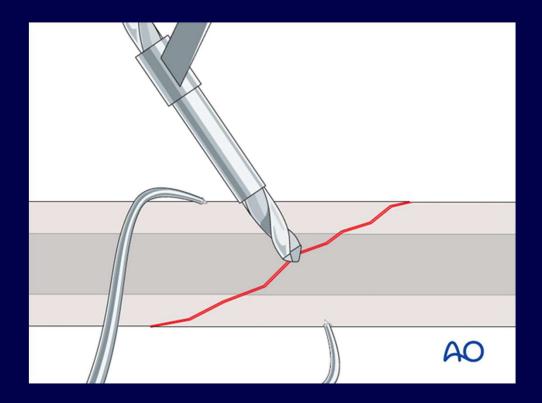


- Used to compress fracture fragments
- Compress plates on bone
- Threads engage far cortex
- Can use:
 - Partially threaded cancellous screws
 - Cortical screws



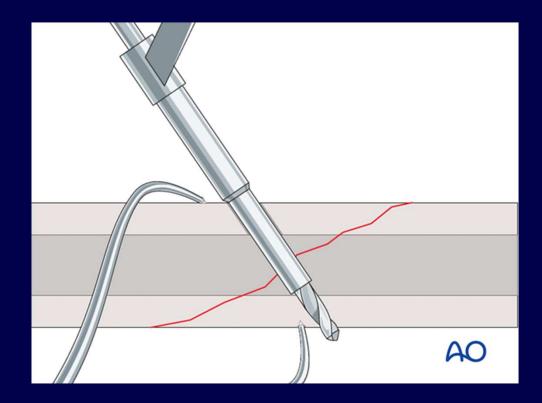


- Reduce fracture
- Hold in place with reduction forceps or provisional pin
- Drill near cortex with bit that is the same diameter as the outer diameter of screw



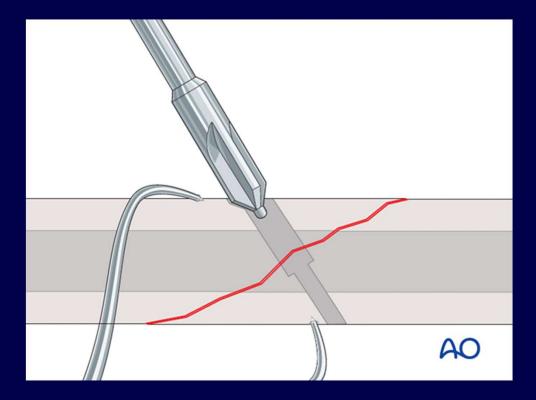


- Drill far cortex with bit that is the same diameter as the inner (core) diameter of screw
- Can use drill guide as centering device



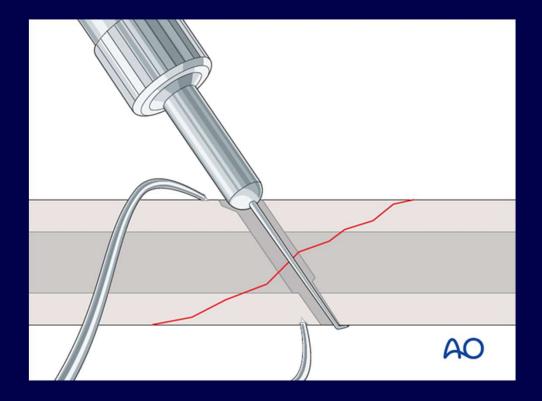


- Countersink near cortex
 - Head of screw sits flush; not prominent
 - Allows distribution of compression forces



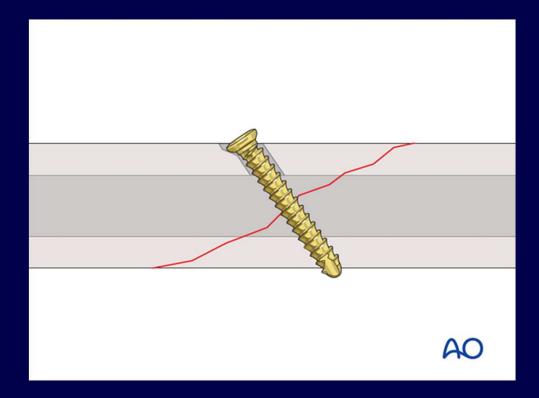


- Use depth gauge to determine length of screw
- Measure off obtuse side of far cortex



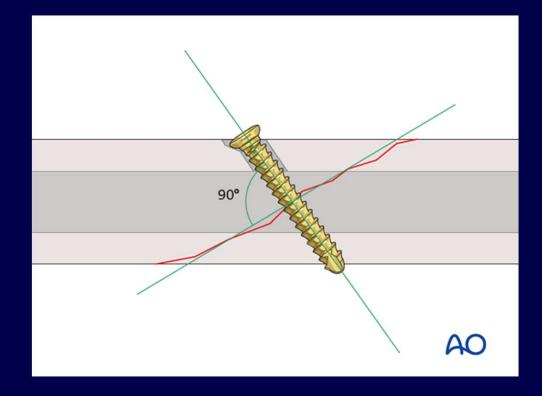


- Place appropriate screw
- Remove reduction forceps
- Close the wound
- Time for coffee



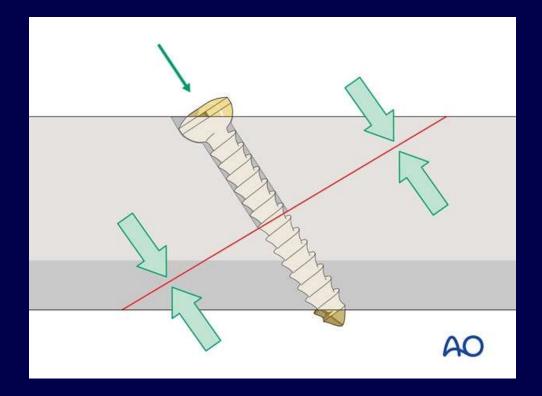


 Remember to place lag screws as close to perpendicular to fracture as possible





- Remember to place lag screws as close to perpendicular to fracture as possible
- Maximizes compression forces





Neutralization Plating

- Neutralizes forces on lag screws
- Protects from shear, bending, and rotational forces
- Acts as a bridge

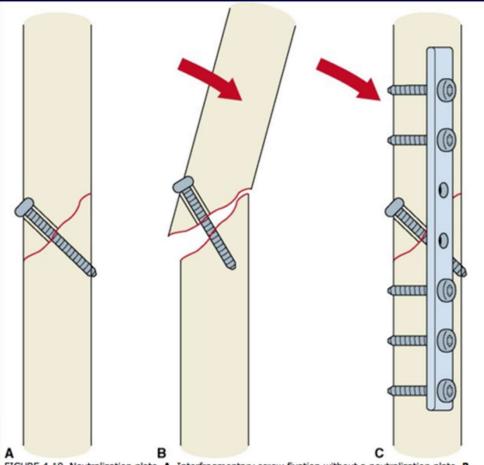
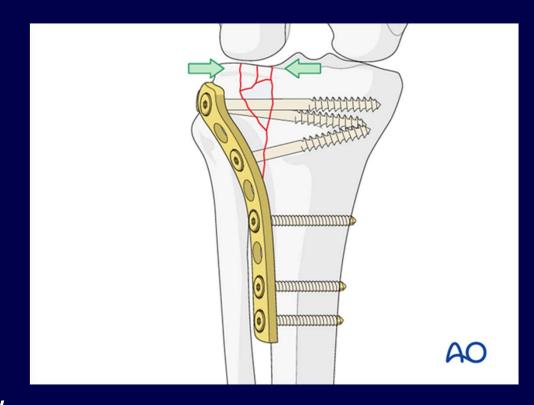


FIGURE 4-19 Neutralization plate. **A,** Interfragmentary screw fixation without a neutralization plate. **B,** Interfragmentary screw fixation without a neutralization plate in a loaded position, resulting in construct failure. **C,** Interfragmentary screw fixation with a neutralization plate effectively resisting an external load.



Buttress (Antiglide) Plating

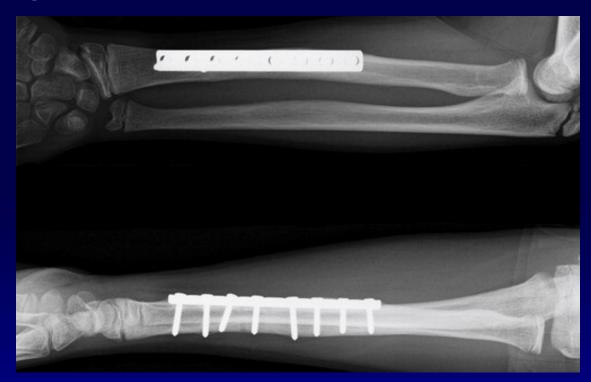
- Resists shear forces during axial loading
- Protect weakened areas of cortex
- Often used in metaphyseal section for intraarticular fractures
- Reduces risk of sliding/ collapse during healing





Compression Plating

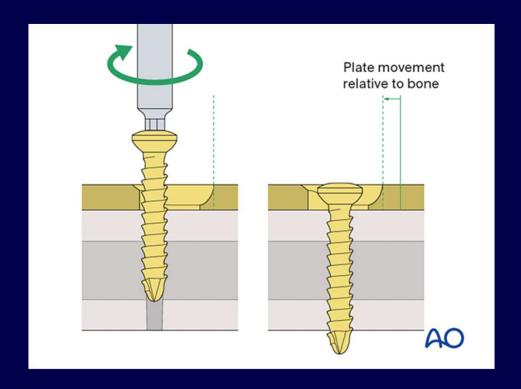
- Compression is fundamental to healing
- Decreases fracture gap
- Maintains position and stability through physiologic forces





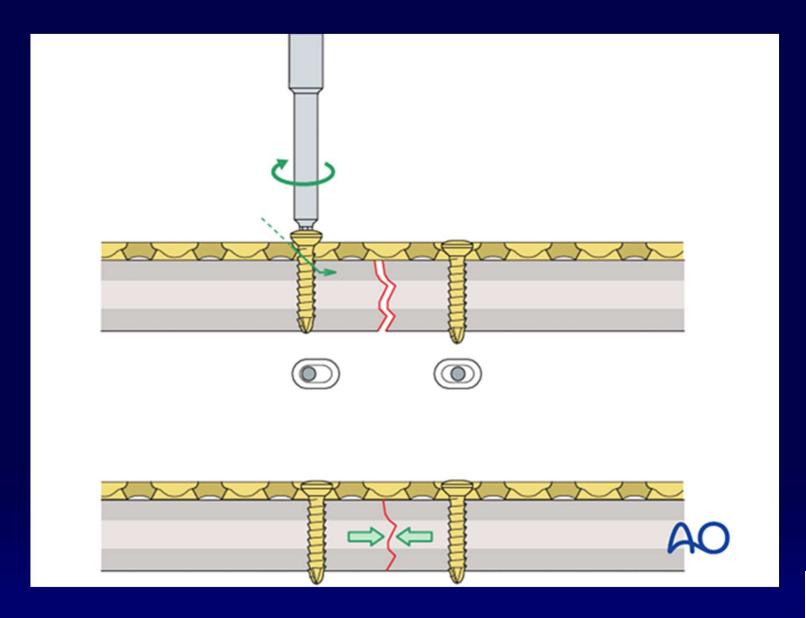
Compression Plating

- Reduce and compress transverse or short oblique fractures
- Prebending plate converts to compressive forces
- Dynamic compression with oval holes and eccentric screw placement



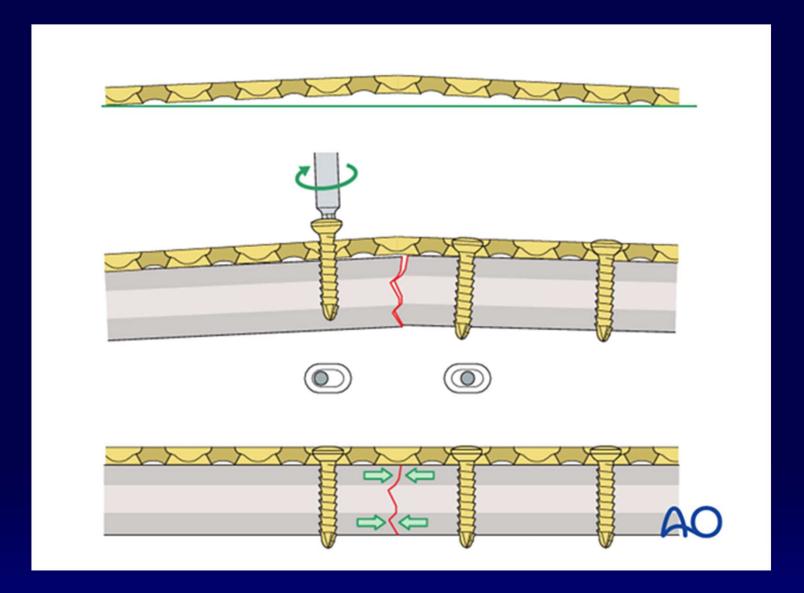


Compression Plating





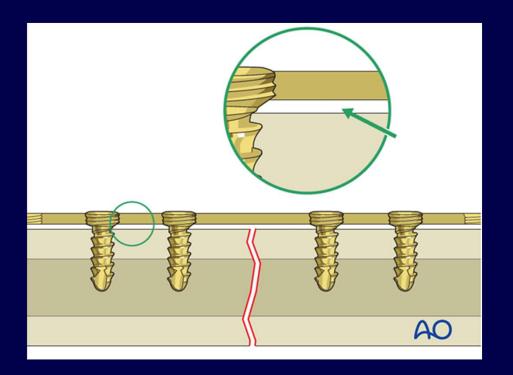
Prebending Plate





Locking Plates

- Screw heads are threaded
- Lock into plate
- Fixed angle device
- Improves axial stability
- Reduces risk of implant failure

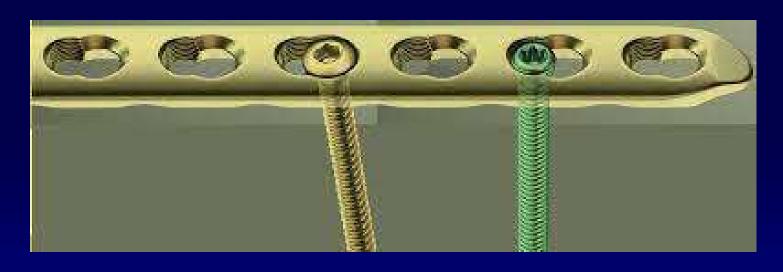




Combined LCDC Locking Plates









Specialty Plates











Take Home Points

- Numerous options for managing fractures
- Internal fixation offers advantages
- Many different plate/screw options available
- Advancing technology
- Understanding of basic biomechanical principles
- Improve capabilities



