Two angular stable locking options in the condylar area

- Spiral blade locking
- Standard locking

High purchase in osteoporotic metaphyseal bone
DFN. Distal Femoral Nail.

**Indications**

- Supracondylar femoral fractures (33-A1 to A3)
- Supra-diaphyseal femoral fractures (33-C1 to C3.1)
- Diaphyseal femoral fractures (32-A to C)

**The fixation of metaphyseal femoral fractures with DFN may be recommended for:**

- Obese patients
- Obstetric patients
- Ipsilateral fractures of the femoral and tibial diaphysis
- Ipsilateral fractures of the femur and patella
- Patients with implants in the proximal femoral region
- Patients with existing TKR (depending on its design)

**Spiral blade locking**
Angular stable locking of the spiral blade
Significantly larger bearing surface provides:
- Optimised load distribution
- High purchase in osteoporotic bone
- Reduced risk of nail protrusion into the knee joint
For complex fractures and/or osteoporotic bone

**Standard locking**

- Two locking screws Ø 6.0 mm
- Angular stable locking of the distal locking screw
- For less complex fractures with high bone density

**Design characteristics**

- One nail design for spiral blade and standard locking
- Diameters: 9.0 and 10.0 mm for solid nails, 12.0 mm for cannulated nails
- Antecurvature: 1.5 m radius

**Short nail**

- 160, 200 and 240 mm
- For distal fractures with latero-medial locking

**Long nail**

- 300, 340, 380 and 420 mm
- For metaphyseal or extensive fractures with antero-posterior proximal locking, with an option for immediate or secondary dynamisation

**Purchase in the condylar area**

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<thead>
<tr>
<th>Spiral blade locking</th>
<th>Standard locking</th>
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**For complex fractures and/or osteoporotic bone**