LCP Pediatric Hip Plates (3.5 and 5.0) 130°. For fracture treatment and rotation correction.

Angular stability with locking screws

Easy and safe surgical technique

Anatomical design

Low profile
Angular stability with locking screws
Guarantees safe fixation. Additional rotational stability achieved with third proximal screw (hole C). Reduces need for additional medialization in the majority of cases.

Easy and safe surgical technique
Initial positioning with Kirschner wires allows easy plate adjustment with less damage to the bone.

Anatomical design
Optimal proximal femoral fit allows easy plate positioning.

Low profile
Plate design and locking screw system causes minimal muscle damage and soft tissue irritation.

Wide range of screws
Depending on the fracture level, a wide range of screw lengths guarantees stability in the femoral neck and minimizes the number of plates required (compared to angled blade plate).
Considerations for fracture treatment

- An open approach, including open fracture reduction, is necessary (1).
- Before inserting the positioning Kirschner wire in plate hole D, use temporary Kirschner wire fixation to reduce the fracture (1).
- Insert the positioning Kirschner wire using the assembled positioner for aiming block / aiming block at fixed angle: 130° for the 130° plate; 120° for the 120° plate (2).

**Note on achieving compression:**
First insert a cortex screw as a lag screw in plate hole C. Then insert locking screws in plate holes A and B and replace the lag screw in plate hole C with a locking screw.

**Note:** This plate fixation is indicated for trans-trochanteric fractures with sufficient medial support, and femoral neck fractures Type I to III (see AO fracture classification on back page).

Considerations for external/internal rotation osteotomy

In the case of planned external or internal rotation osteotomy, insert Kirschner wires bicortically proximal into the greater trochanter and distal, either in the shaft or the knee, to control the internal or external rotation.*

For example, Kirschner wires with divergent angle of 35°, wherein the angle is defined by the distal wire as the distal fragment will be rotated (30° angle plus 5°) (3).

Further, during reduction, the plate is fixed with the forceps and the distal femur is rotated until the two rotation wires are parallel in axial view (4).

* The surgical technique guide “LCP Pediatric Hip Plate 3.5 and 5.0 for varus osteotomies” (036.001.073) is used as a basis for these considerations.

X-ray images courtesy of: Theddy F. Slango, MD Children’s University Hospital Bern, Switzerland.
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### Ordering Information

#### Plates for fractures and rotation osteotomies
- **02.108.330** LCP Pediatric Hip Plate 3.5, 130°, width 19 mm, length 62 mm
- **02.108.340** LCP Pediatric Hip Plate 5.0, 130°, width 23 mm, length 79 mm
- **02.108.331** LCP Pediatric Hip Plate 3.5, 130°, width 19 mm, length 88 mm
- **02.108.341** LCP Pediatric Hip Plate 5.0, 130°, width 23 mm, length 111 mm
- **02.108.332** LCP Pediatric Hip Plate 3.5, 130°, width 19 mm, length 114 mm
- **02.108.342** LCP Pediatric Hip Plate 5.0, 130°, width 23 mm, length 143 mm
- **02.108.333** LCP Pediatric Hip Plate 3.5, 130°, width 19 mm, length 140 mm
- **02.108.343** LCP Pediatric Hip Plate 5.0, 130°, width 23 mm, length 175 mm
- **02.108.313** LCP Pediatric Hip Plate 3.5, 120°, width 19 mm, length 75 mm
- **02.108.323** LCP Pediatric Hip Plate 5.0, 120°, width 23 mm, length 95 mm

#### Modules for implants
- **68.108.030** Modular Tray for LCP Pediatric Plates 3.5, size 1/2, without Contents, Vario Case System
- **68.108.031** Modular Tray for LCP Pediatric Plates 5.0, size 1/2, without Contents, Vario Case System

#### Modules for instruments
- **68.108.040** Modular Tray for Instruments for LCP Pediatric Plates 3.5 and 5.0, size 1/1, without Contents, Vario Case System
- **68.108.042** Modular Tray for General Instruments, for LCP Pediatric Plates 3.5 and 5.0, size 1/1, without Contents, Vario Case System

#### Specific instruments
- **03.108.001** Aiming Block for Screws 3.5 mm, for LCP Pediatric Hip Plates
- **03.108.002** Aiming Block for Screws 5.0 mm, for LCP Pediatric Hip Plates
- **03.108.003** Direct Measuring Device for Kirschner Wires 2.8 mm, length 200 mm
- **03.108.004** Reduction Sleeve 4.3/2.8
- **03.108.005** Kirschner Wire 2.8 mm with spade point tip
- **03.108.006** Positioner for Aiming Block
- **03.108.007** Instrument for medialization
- **03.108.008** Positioner for Osteotomy
- **03.108.009** LCP Drill Sleeve 3.5, for Drill Bits 2.8 mm, for LCP Pediatric Hip Plate
- **03.108.010** LCP Drill Sleeve 5.0, for Drill Bits 4.3 mm, for LCP Pediatric Hip Plate
- **03.108.040** Adapter for Kirschner Wires 2.8 mm, for LCP Pediatric Hip Plates 3.5/5.0

#### Cortex screws, self-tapping, stainless steel
- **204.816** Cortex Screws 3.5 mm, lengths 16–60 mm
- **204.860** Cortex Screws 4.5 mm, lengths 18–70 mm
- **02.200.016** Cortex Screws Stardrive 3.5 mm, lengths 16–70 mm
- **02.200.070** Cortex Screws Stardrive 4.5 mm, lengths 18–70 mm

#### Locking screws, self-tapping, stainless steel
- **213.016** Locking Screws 3.5 mm, lengths 16–60 mm
- **213.060** Locking Screws Stardrive 3.5 mm, lengths 16–60 mm
- **212.104** Locking Screws 5.0 mm, lengths 18–75 mm
- **212.124** Locking Screws Stardrive 5.0 mm, lengths 18–75 mm
- **213.318** Locking Screws 5.0 mm, lengths 18–75 mm
- **213.375** Locking Screws Stardrive 5.0 mm, lengths 18–75 mm
- **212.203** Locking Screws Stardrive 5.0 mm, lengths 18–75 mm
- **212.224** Locking Screws Stardrive 5.0 mm, lengths 18–75 mm

#### AO fracture classification

**Type I: Midcervical**

**Type II: Basicervical**

**Type III: Transtrochanteric**