MatrixMANDIBLE Subcondylar Plates. Specialized implants for the subcondylar region.

Addressing a variety of subcondylar fractures

Optimized shapes and screw placement

Stable fixation
MatrixMANDIBLE Subcondylar Plates. Specialized implants for the subcondylar region.

Overview

The Synthes MatrixMANDIBLE Subcondylar Plates are designed to accommodate the curved topography and limited lateral bone surface in the condylar neck region of the mandible.

Features

Ergonomically designed and developed with surgeon input, the Subcondylar Plates provide stable fixation for the mandibular subcondylar region:

- Multiple designs allow surgeon preference in addressing various types of fractures
- Plate shape and screw hole positioning help prevent inadvertent placement of screws over mandibular foramen and into the nerve
- MatrixMANDIBLE locking hole geometry for stable fixation
- Compatible with MatrixMANDIBLE screws and instrumentation
- Green-silver MatrixMANDIBLE color-coding indicates 1.0 mm plate thickness and malleability

Please refer to the MatrixMANDIBLE Technique Guide for full instructions for use (036.000.971).
Indications

The Synthes MatrixMANDIBLE Subcondylar Plates are intended for the trauma of the mandible, specifically for fractures of the subcondylar region of the mandible and fractures of the condylar basis region of the mandible.

Note: New AO fracture classification of the condylar process includes high/low condylar neck and subcondylar (base) fractures. See www.aofoundation.org.
Strut plate (left and right)

- Small size allows placement using multiple surgical approaches, such as intraoral, retromandibular, submandibular and preauricular
- For placement, the straight 3 hole segment should be nearly parallel to the posterior border and aligned with the condylar head
- Adjustable to fit patient anatomy (superior holes can be bent independently)
- Middle hole can be left empty for more “vertical” fractures
**Lambda plate (left and right)**

- Emulates two-plate technique with simplified application
- Lambda shape and 7-hole design address a large fracture zone
- Linear hole arrangement facilitates fixation of higher subcondylar fractures than trapezoidal plate
- Design guides proper placement adjacent to posterior border and sigmoid notch
- Fixation arms straddle the mandibular canal to avoid nerve injury

- Preferred surgical approaches are intraoral, retromandibular, or submandibular
- For placement, the straight 5-hole segment should be nearly parallel to the posterior border and aligned with the condylar head
- Adjustable to fit with the approach and patient anatomy (anterior arm may be bent, holes can be cut)

**Lambda plate**
- Plate’s extreme positions and limiting positioning factors (nerve)

**Adjustable plate**
- Bendable anterior arm
- Holes can be cut

**Approximate entry of nerve on lingual side (mandibular foramen)**

Fracture area

Plate placement
Trapezoidal plate

- Small size allows placement using multiple surgical approaches: intraoral, retromandibular, submandibular and preauricular
- Superior placement limited by the width of the condylar neck
- Precontoured to fit the curved topography of the subcondylar region
- Plate shape and screw hole location designed to straddle mandibular canal

Fracture area

Plate placement
# Ordering information

## Implants

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<tr>
<th>Code</th>
<th>Description</th>
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<tr>
<td>04.503.830</td>
<td>MANDIBLE Subcondylar Lambda Plate, right, 7 holes, thickness 1.0 mm, malleable, Pure Titanium</td>
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<tr>
<td>04.503.830S</td>
<td>MANDIBLE Subcondylar Lambda Plate, right, 7 holes, thickness 1.0 mm, malleable, Pure Titanium, sterile</td>
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<td>MANDIBLE Subcondylar Lambda Plate, left, 7 holes, thickness 1.0 mm, malleable, Pure Titanium, sterile</td>
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<td>04.503.832</td>
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### Notes:
- Implants are shown on a 1:1 scale
- STL files of the implants are available for preoperative planning on request
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Strut plate

Lambda plate

Trapezoidal plate