

# DT ILIAC FRACTURE PLATE

## Ease of Application

The iliac fracture plate is pre-contoured and has temporary fixation holes facilitating easy initial positioning and application.

## Secure Stabilization

The high density of screw holes, and use of two multipurpose holes, allow compression of the fracture if desired, and placement of numerous (up to 6) locking screws on either side of the fracture.

## Slim Inventory

The symmetrical design allows application to the left and right ilium, thus minimizing inventory.

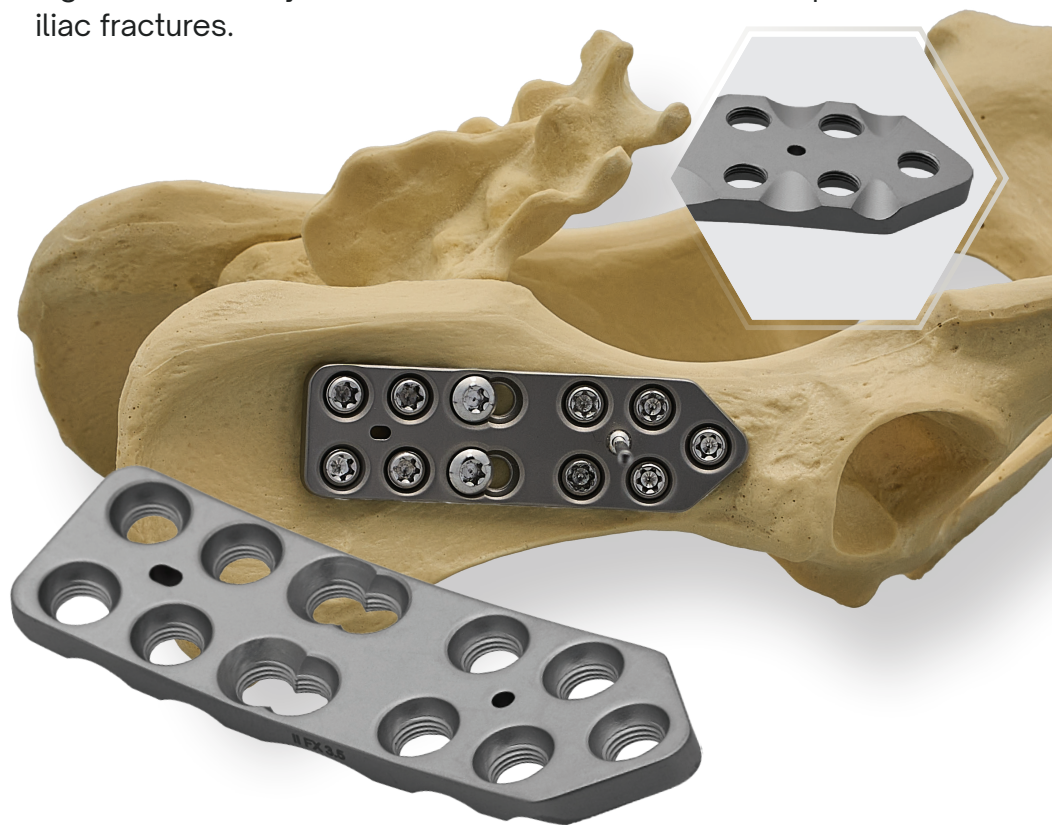
## Ease of Instrumentation

The standard VOI DT instrumentation allows for the application of the iliac fracture plate. An extended 3.5 Locking drill sleeve and Plate holder are available as well.

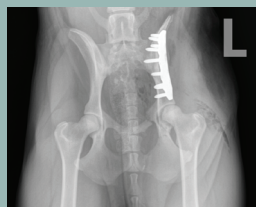
**Item #: DT L LC IF 3.5**

**More secure fixation and easier application than applying either one or two single row plates.**

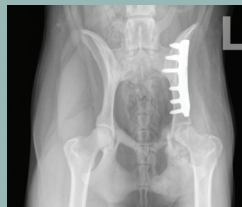
The double row of screw holes, pre-contoured shape, and high screw density allow for easier and more secure repair of iliac fractures.



Pre-Op



Post-Op



8 Weeks Post-Op

“Radiographs made at 8 weeks show excellent alignment and complete healing of the fracture.”

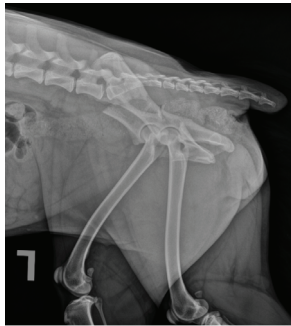
- Dr. Samuel P. Franklin

# MOVORA ILIAC FRACTURE PLATE CASE EXAMPLE

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## Case

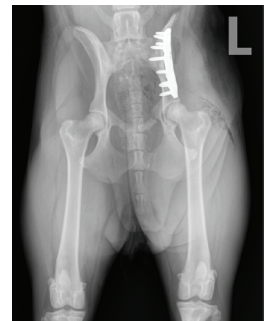
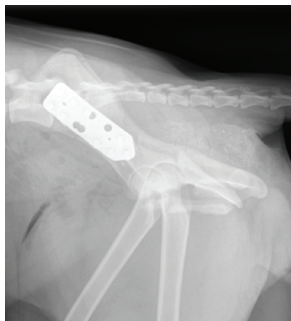
The patient was a 10-month-old, 16 kilogram, intact female Australian Shepherd that was presumed to have been hit by a car 3 days prior to presentation for fracture repair. She had fractures of her left ilium, pubis, and ischium, consistent with common locations and orientations of such fractures.



Pre-Op

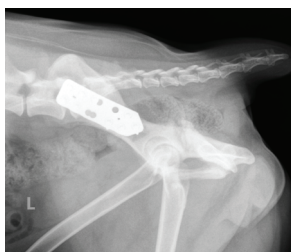
The pre-operative images show a long oblique fracture of the ilium as seen on the lateral view (left). The ventrodorsal view (right) shows the common, oblique fracture through the body of the ilium, a fracture in the ischium that is caudal to the acetabulum, and a fracture through the left pubis.

The decision was made to stabilize the fracture of the left ilium using the iliac fracture plate. Fractures of the pubis and ischium rarely require surgical stabilization as these bones are not along the weight bearing axis of the limb, and so the decision was made to focus repair on just the ilium.



Post-Op

Post operative radiographs on the ventrodorsal view (left) show excellent alignment of the iliac fracture with the pre-contoured plate. Alignment of the ischial fracture and pubic fracture have also been re-established by virtue of reducing the iliac fracture. On the lateral view, the excellent reduction of the fracture can also be appreciated. The long oblique fracture extends from caudo-dorsal to cranio-ventral and underneath two screw holes in the plate, which are devoid of screws. However, with the plurality of screw holes provided by this plate, it was still easy to apply four locking screws caudal to the fracture, and five locking screws cranial to the fracture.



8 Weeks Post-Op

At two weeks post surgery the patient was reported to be doing well clinically. At eight weeks post-operatively the patient continued to do well and was rechecked with radiographs.

Radiographs made at 8 weeks show continued excellent alignment and complete bone healing of the iliac fracture. The ischial and pubic fractures have maintained alignment and are healing by secondary ossification.

*Movora gratefully acknowledges Dr. Samuel P. Franklin for conducting and authoring the case example.*