

Variable Fixation Locking Screw (VFLS[®]) Technology

Flexible at the right stage, always stable.

FAQS

- ⦿ Why is a new technology important?
- ⦿ What is VFLS® technology?
- ⦿ VFLS® anatomy.
- ⦿ What changes in the surgical technique?
- ⦿ What increase in construct flexibility can be expected using Variable Fixation Locking Screws?
- ⦿ What increase in interfragmentary movements can be expected using Variable Fixation Locking Screws?
- ⦿ What is the effect on the callus forming in the fracture gap?
- ⦿ The bone is an organ!
- ⦿ The screw at the center.
- ⦿ Why use VFLS®?
- ⦿ Evidence about Variable Fixation in peer reviewed journals.
- ⦿ How to get more information about Variable Fixation?

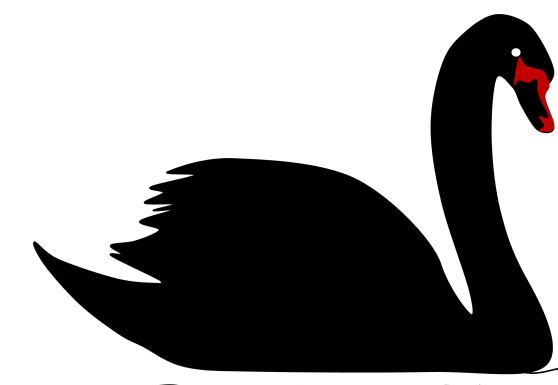
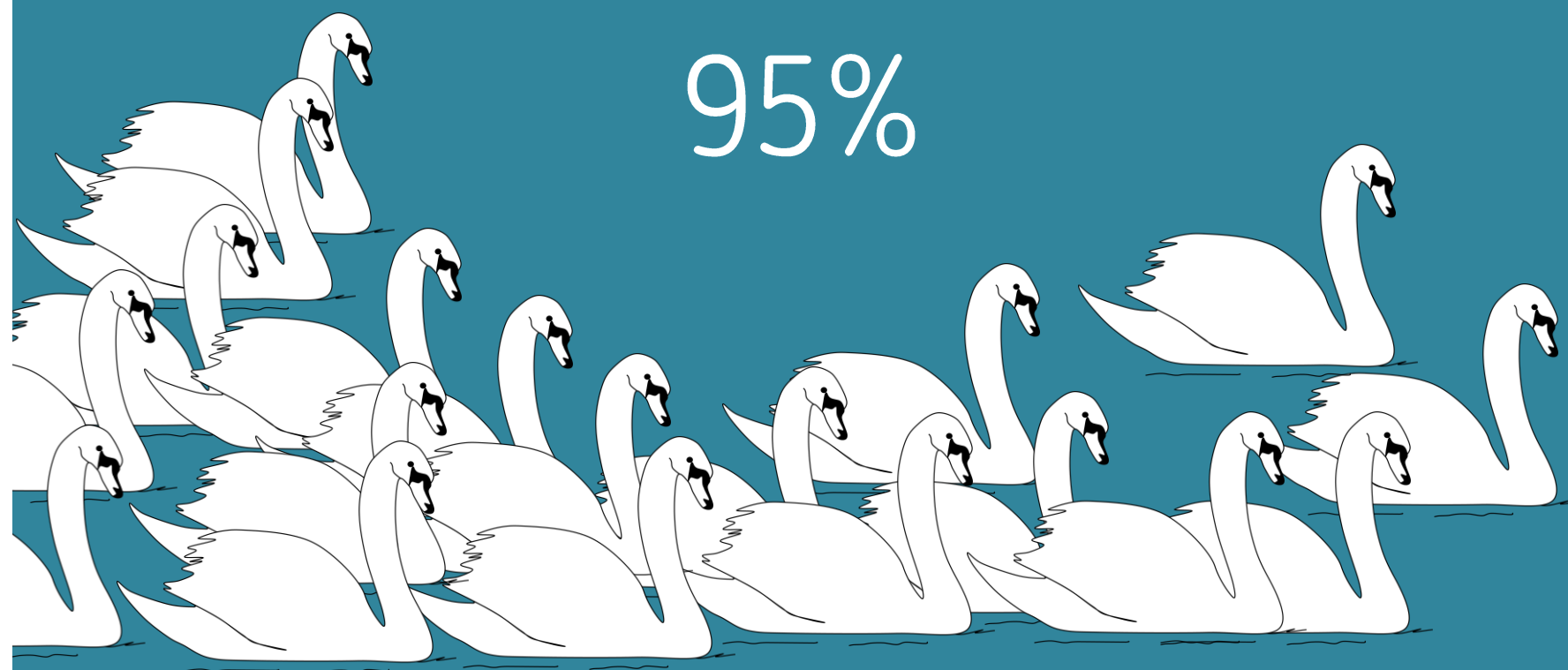
Today's screw technology is not enough for tomorrow.

Estimated incidence of healing complications on fractures.



5% the "black swan" of osteosynthesis.

95%



Extremely unpredictable events having massive impacts on patients and on the healthcare system.



In working aged population the 5% experiencing poor healing has been estimated to more than double the work losses and medical costs [1].

much longer treatment + high risk of further complications, like hardware failure, all the risks linked to additional surgeries, including infection and amputation.

Today's screw technology is not enough for **tomorrow**.

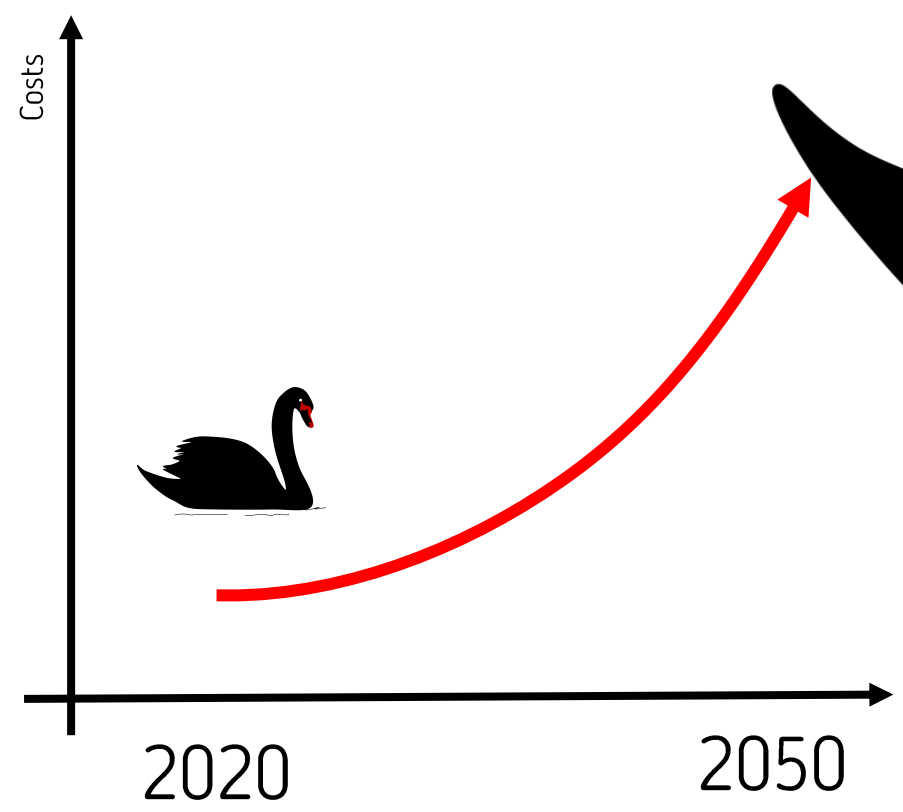
Population growing and **aging** has produced an about **+30%** increase in the absolute count of fractures worldwide between 1990 and 2018 [2]. This trend is not expected to change in the next three decades.

Such societal problem requires an interdisciplinary and collegial approach to help policy makers determining how to maximize the effect of fracture prevention and treatment programs.

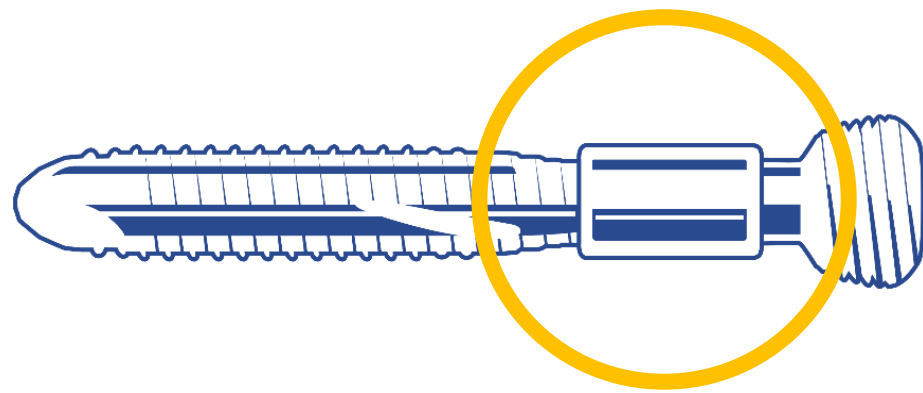


We contribute optimizing the treatment **with** a revolutionary technology.

Projection on population aging suggests that the **cost and the societal burden** of complicated fracture cases **will not be sustainable** in the coming years [3-10].



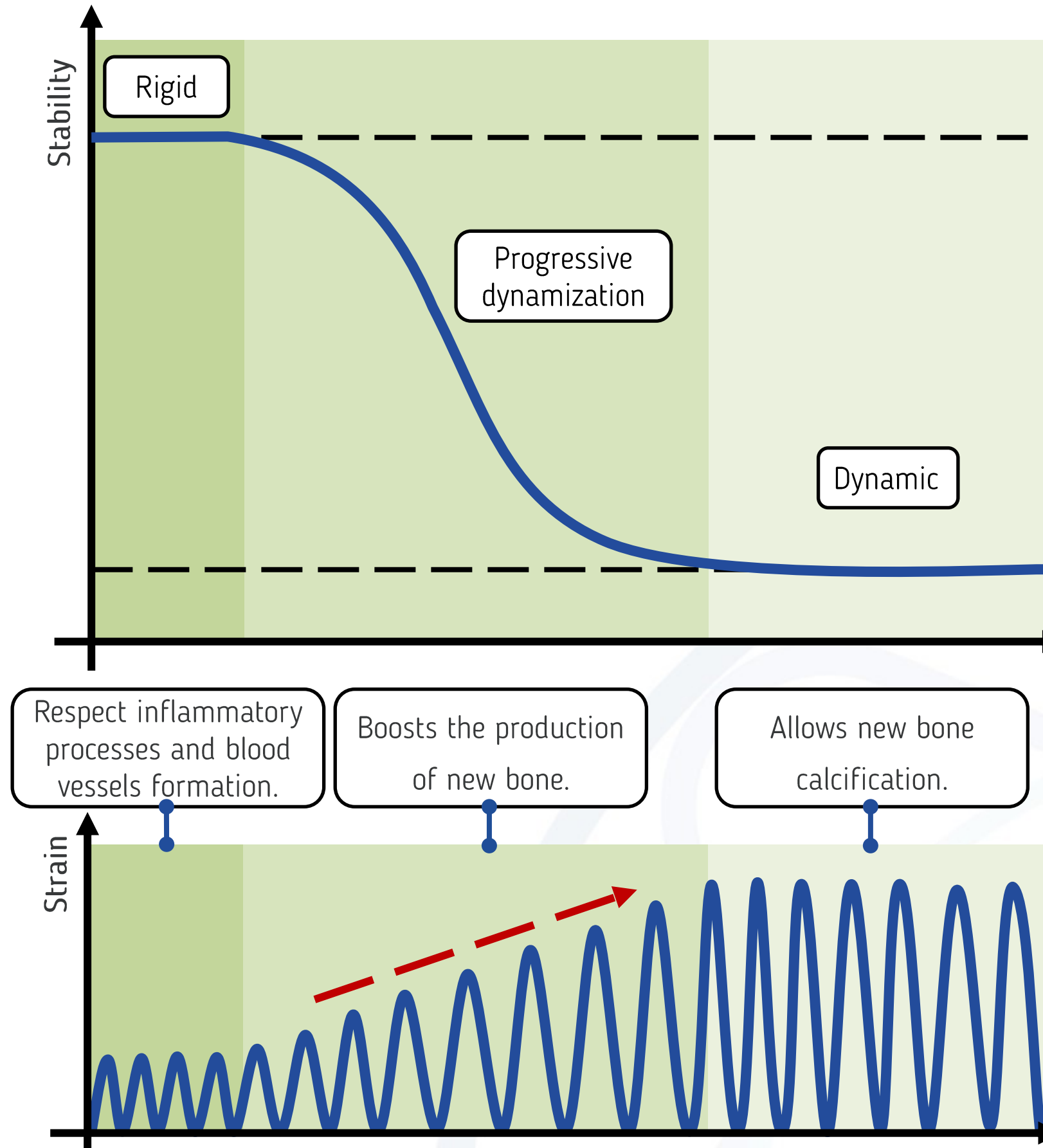
Natural transition from rigid to dynamic stability.



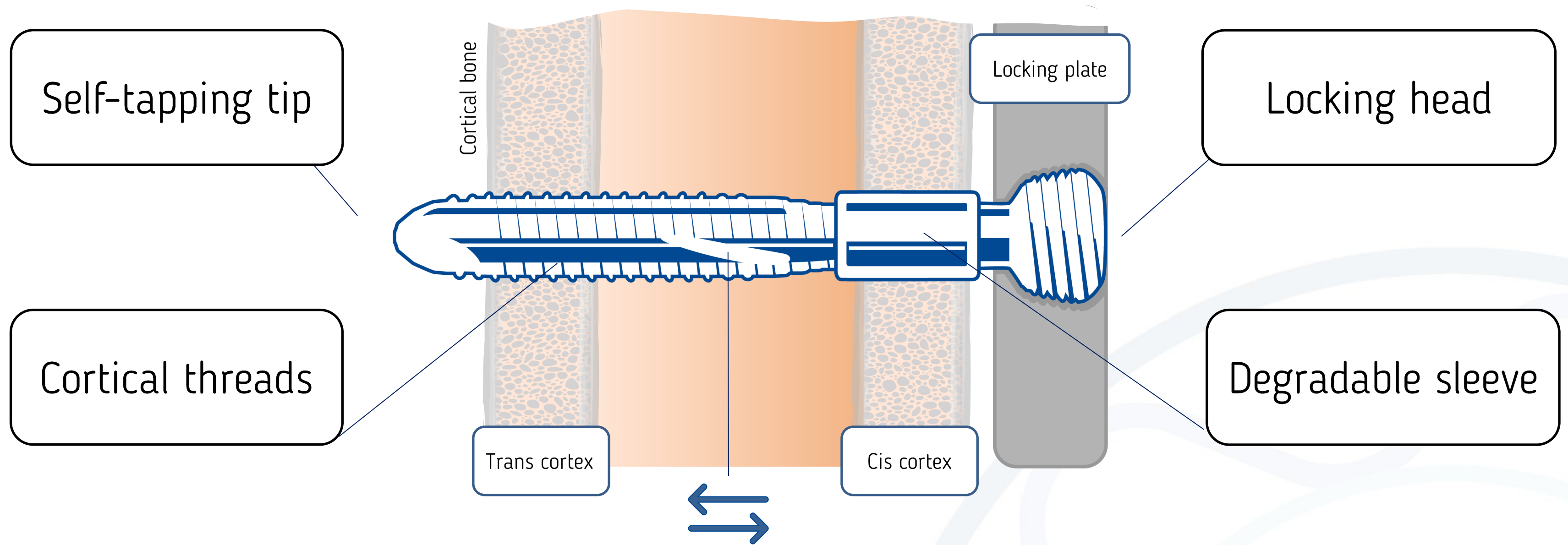
The key of Variable Fixation is the advanced resorbable sleeve.



Its degradation leads to a progressive change in fixation stability, providing a progressive stimulation of the fracture gap.



Variable Fixation Locking Screw - VFLS®



Forward and backward cutter

As the screw advances, the cutter prepares in the cis cortex a **precise sitting for the sleeve**. The same tool features reverse threaded cutting edges designed to engage and cut the cis cortex allowing screw removal at the end of treatment.

Same surgical technique.

Choose one of the following two options.

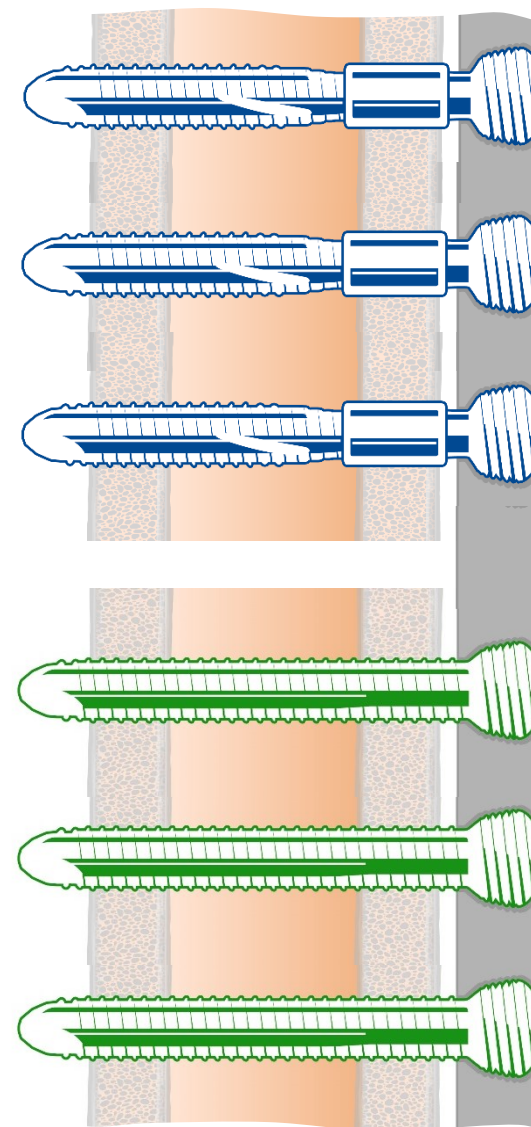
Variable Fixation

on one cortical bone segment

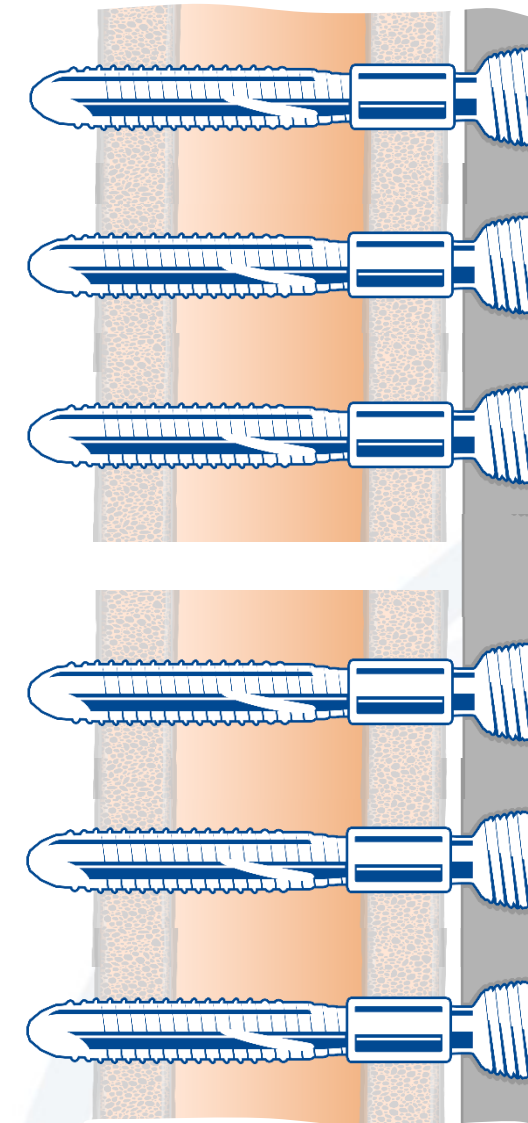
and

standard locking

on the other cortical bone segment.



OR



Variable Fixation

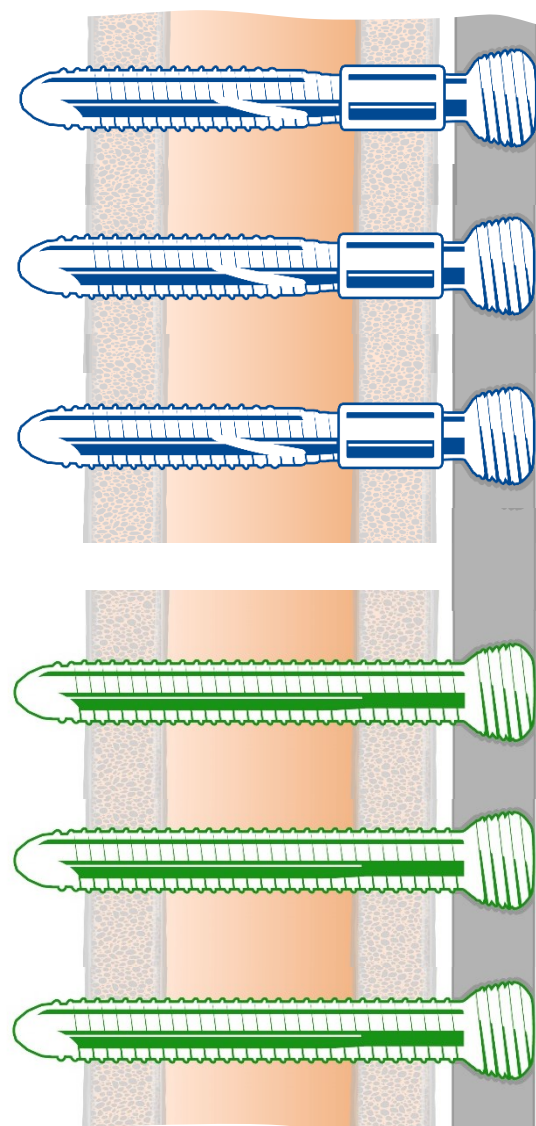
on both cortical bone segments.

Do not mix VFLS® with other screws in the same cortical bone segment.

With an intact sleeve, Variable Fixation provides the same construct flexibility provided by standard locking fixation [11].

+15%

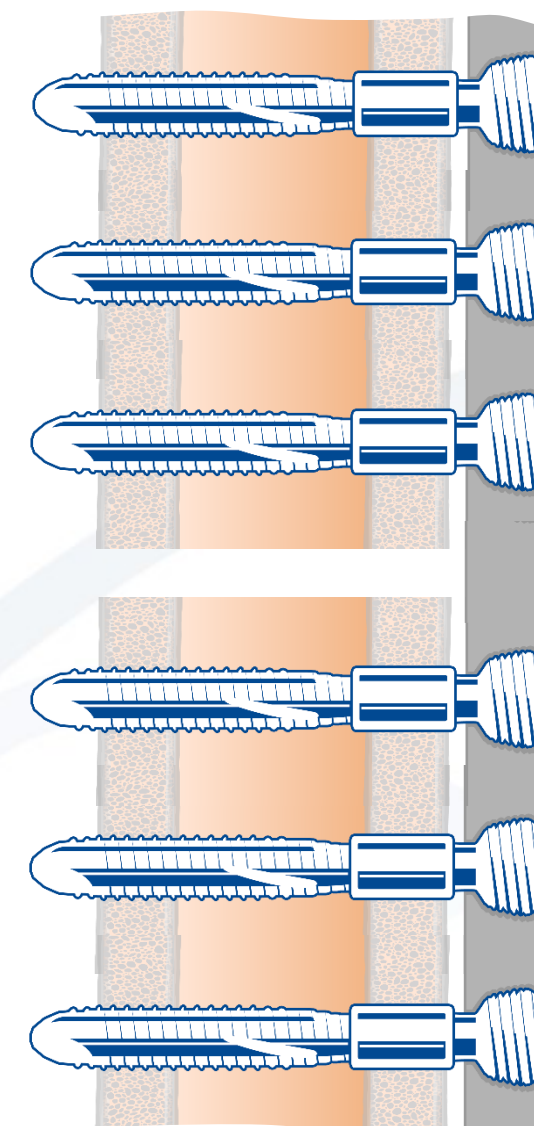
construct flexibility, at complete resorption of the sleeve.



Using Variable Fixation [11] on **one bone segment.**

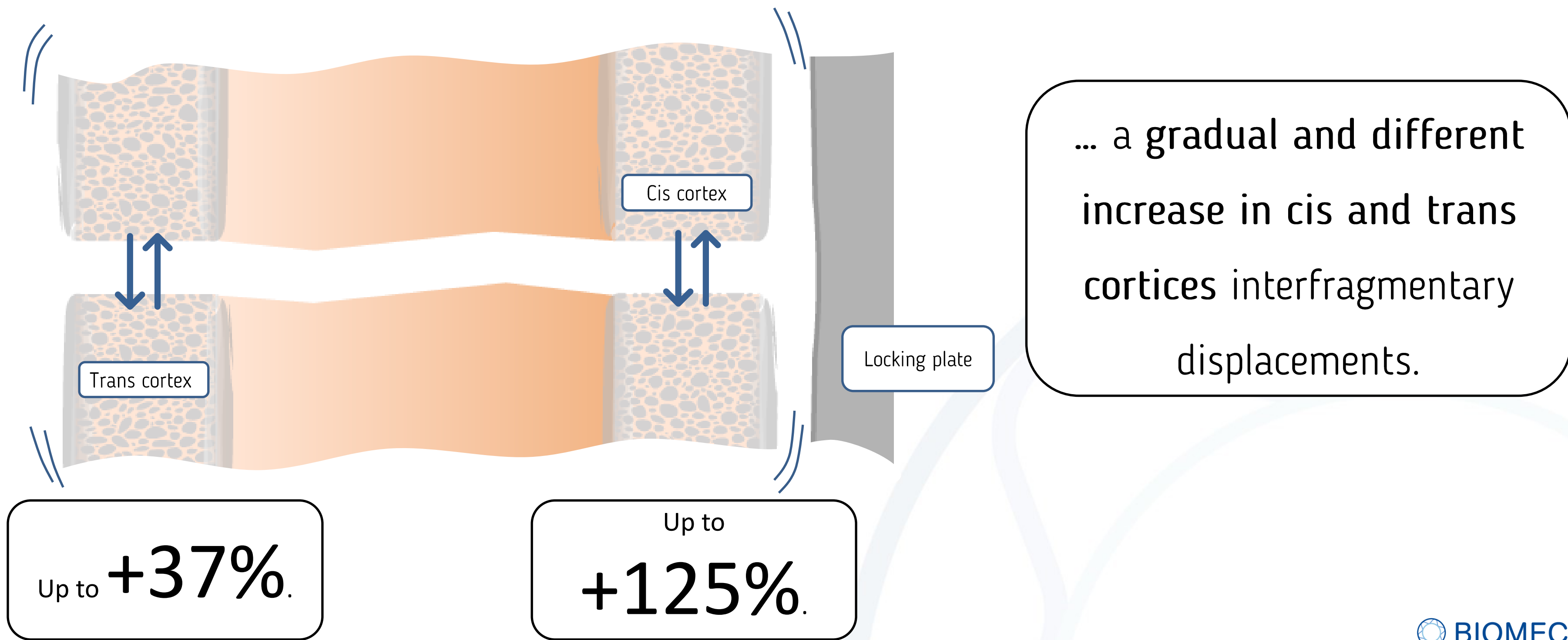
+30%

construct flexibility, at complete resorption of the sleeve.

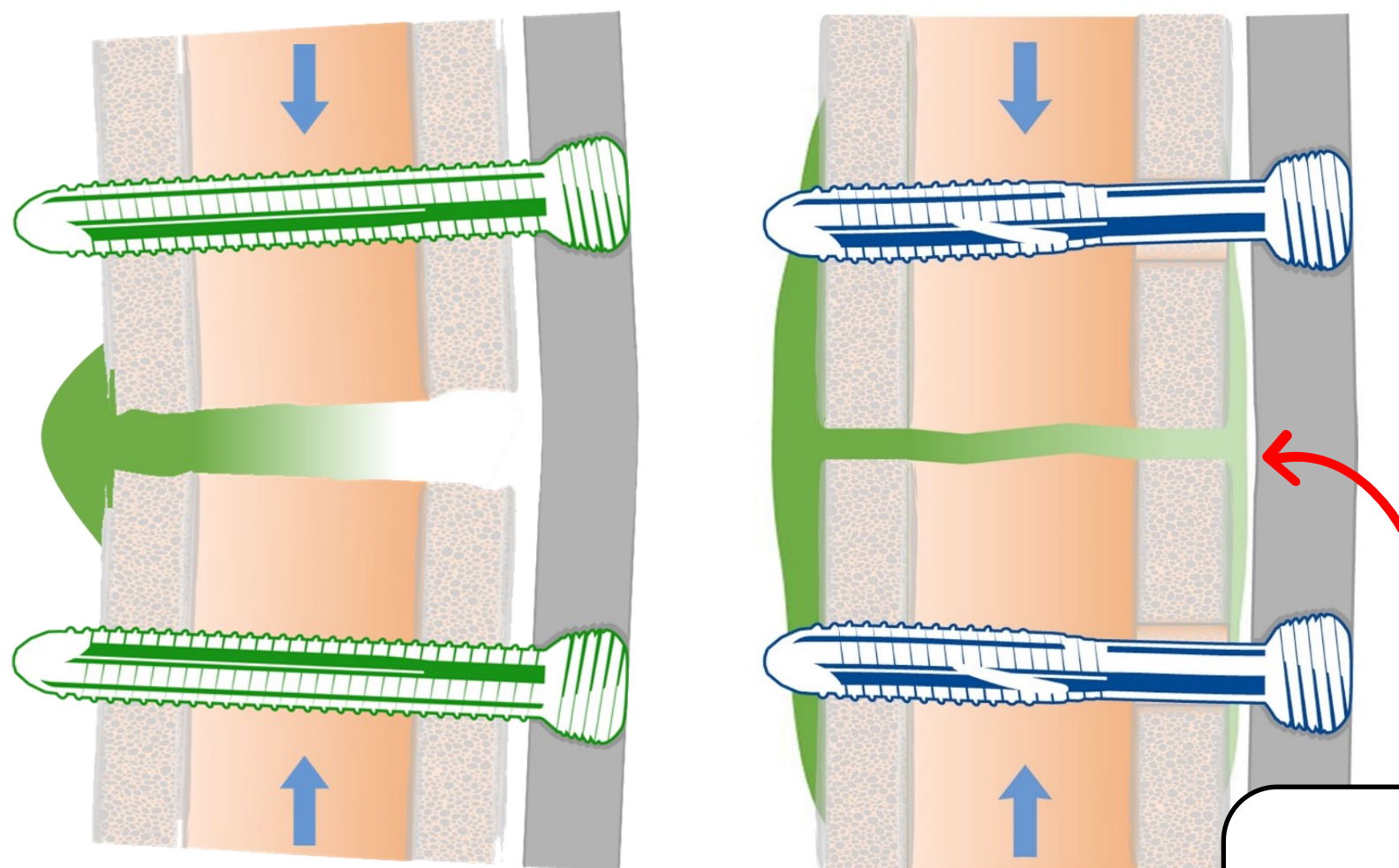


Using Variable Fixation [11] on **both bone segments.**

The gradual change in displacement trajectory of bone fragments leads ^[11] to ...



Compared to standard locking, **Variable Fixation** technology leads to the deposition of a much larger and better distributed bone callus [12].

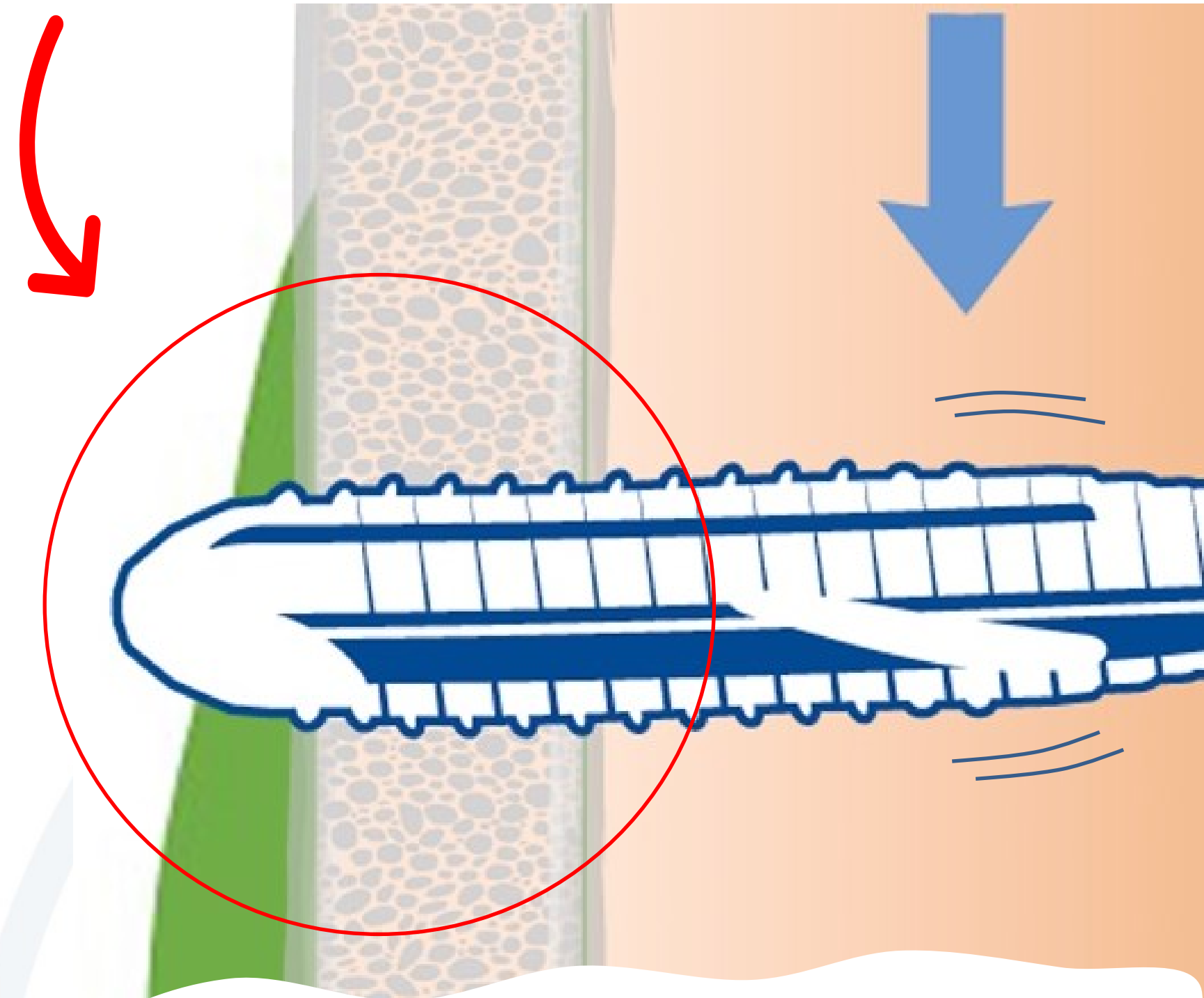


Up to **+93%** larger bone callus, **equally distributed** between cortices [12].

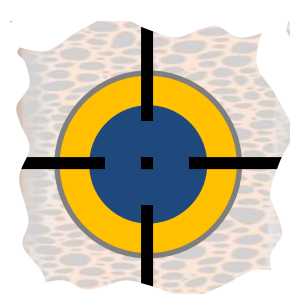
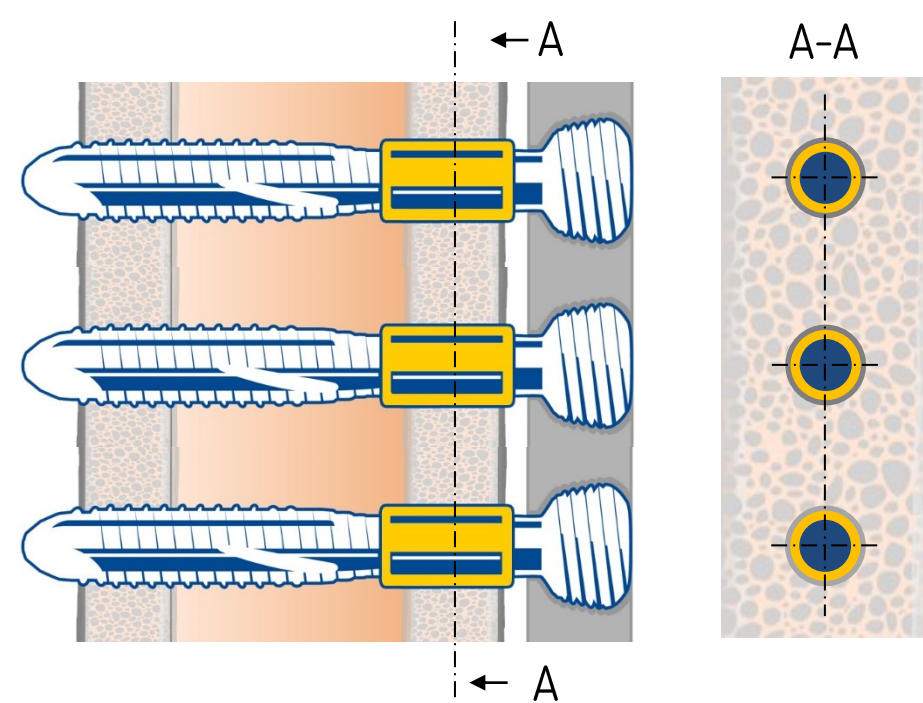
Up to **+163%** bone callus at the cis-cortex [12].

The periosteum contains skeletal stem cells with the highest bone regenerative potential and reacting to mechanical stimulation ^[13].

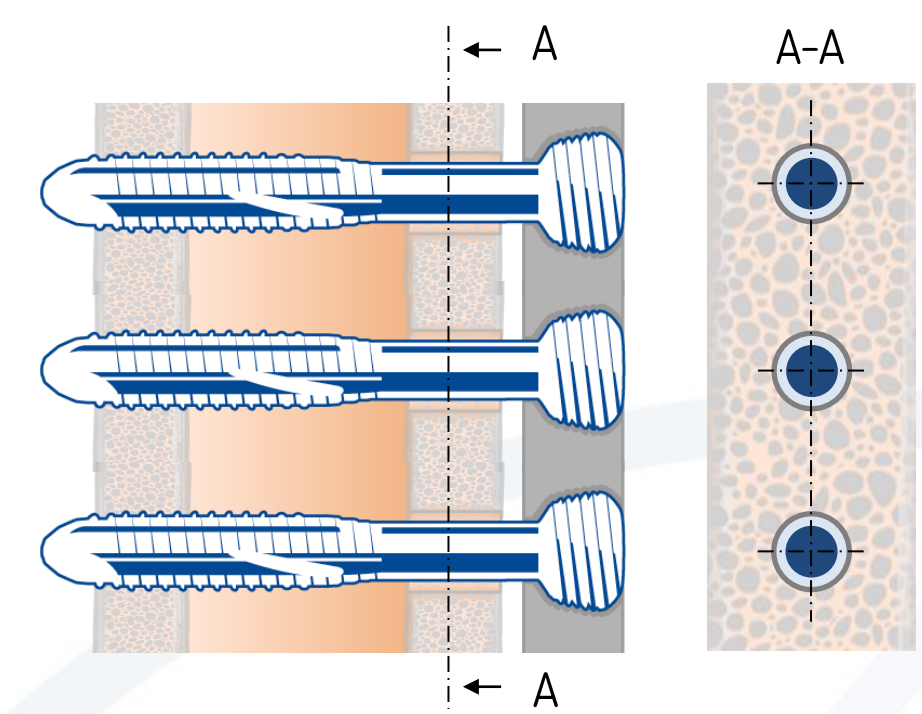
Gradually stimulating the trans cortical periosteum **Variable Fixation Locking Screws** triggers the production of additional bone callus ^[12].



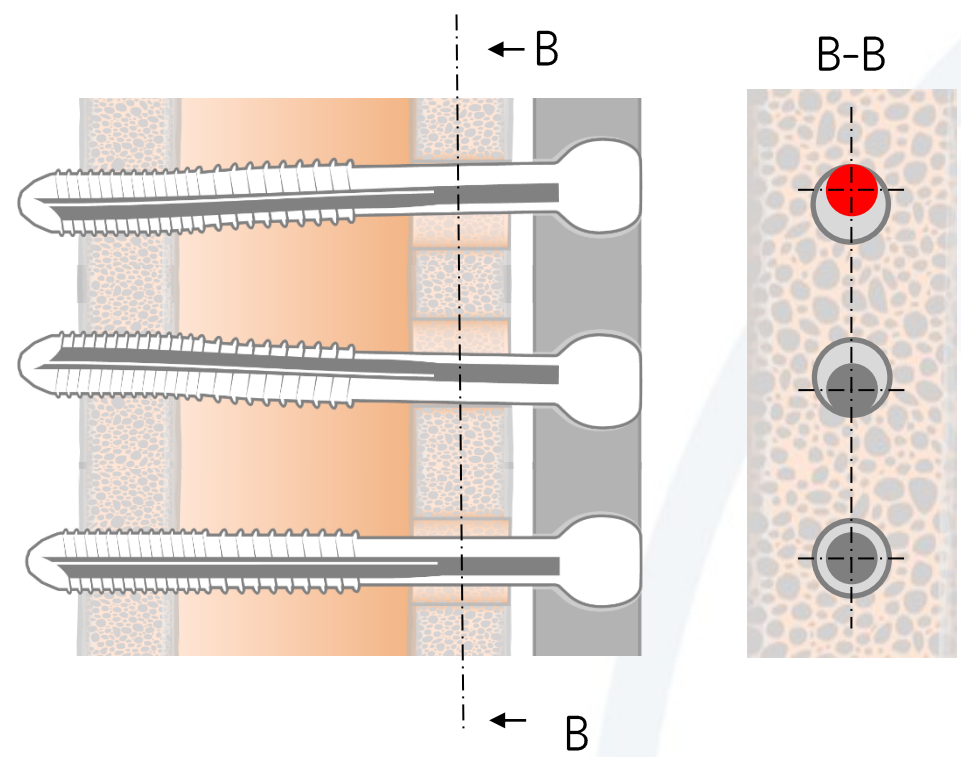
Dynamization and its benefits can be achieved only when the surgeon is able to hand-build a construct featuring all screws truly working in parallel.



The sleeve guarantees that each screw remains at the center of the hole during the insertion of other screws and the dynamization can safely and effectively take place.



Without a centering sleeve, screws don't work in parallel. The construct dynamization is extremely uncertain [14], one likely consequence is screw(s) overload and, potentially, failure [15].



Unintentionally positioning the screws, in e.g., in this configuration, the dynamization doesn't take place and one screw carries all the load applied proximally to this segment.

Same surgical technique - follows standard operative workflow.

Complementary solution - replaces existing screws and can be used alongside them.

Hand-built construct friendly - delivers consistent performance when assembled in the surgical theatre.

Construct tuning - allows fine tuning to accommodate for fracture anatomical locations, gap size, patient mass and healing expectations.

Always Stable Fixation - secure locking technology.

Progressive flexibility - gradual increase in construct flexibility.

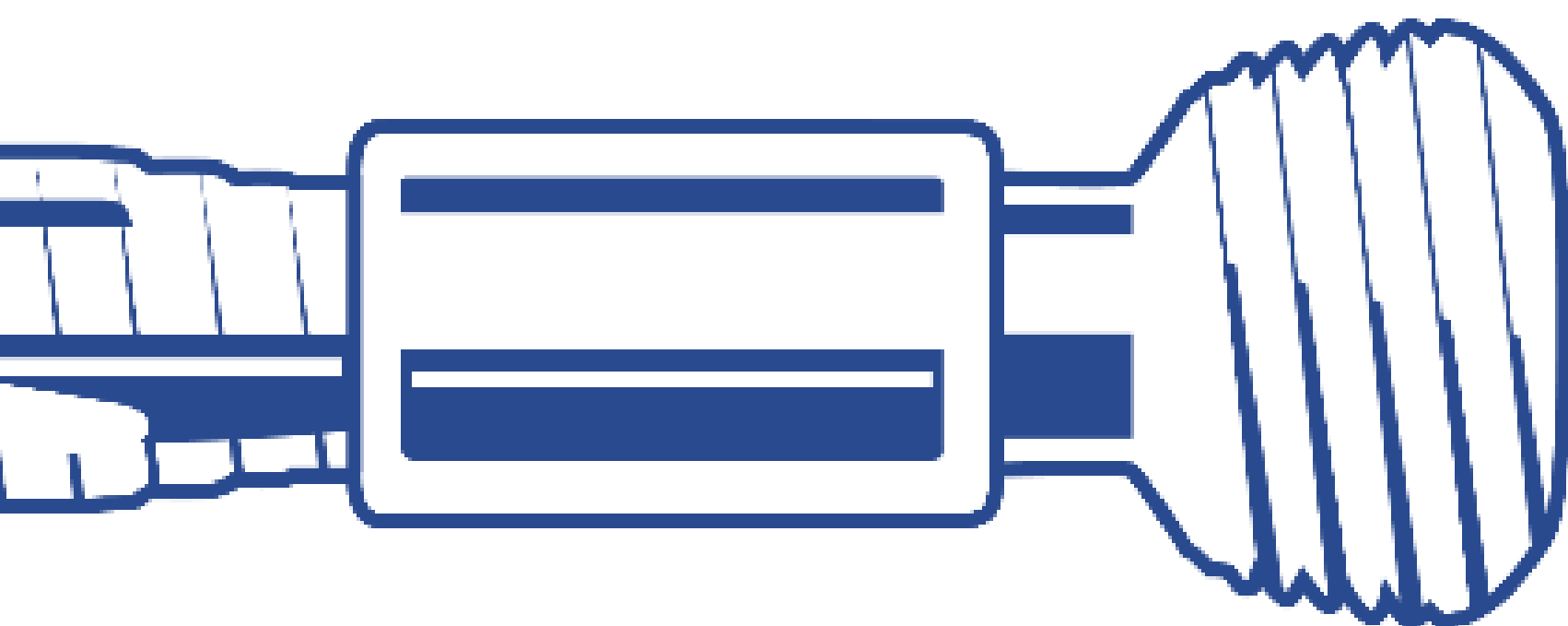
Progressive dynamization - fosters the formation of bone callus.

Circumferential callus formation - stimulate callus formation under the plate.

One design - titanium and stainless steel, according your preferences.

Variable Fixation in peer reviewed scientific journals.

- Variable Fixation Technology Provides Rigid as Well as Progressive Dynamic Fixation: A Biomechanical Investigation.
[J Bone Joint Surg Am. 2020 Jun 26](#)
- Variable fixation promotes callus formation: an experimental study on transverse tibial osteotomies stabilized with locking plates.
[BMC Musculoskelet Disord 21, 806 \(2020\)](#)
- Strategies to Improve Bone Healing: Innovative Surgical Implants Meet Nano-/Micro-Topography of Bone Scaffolds.
[Biomedicines. 2021 Jun 28;9\(7\):746](#)



Literature

- [1] Bonafede, M.; Espindle, D.; Bower, A.G. The direct and indirect costs of long bone fractures in a working age US population. *J. Med. Econ.* 2013, 16, 169–178.
- [2] GBD 2019 Fracture Collaborators. Global, regional, and national burden of bone fractures in 204 countries and territories, 1990–2019: a systematic analysis from the Global Burden of Disease Study 2019. *Lancet Healthy Longev.* 2021 Sep;2(9):e580–e592.
- [3] Court-Brown, C.M.; Clement, N. Four score years and ten: an analysis of the epidemiology of fractures in the very elderly. *Injury* 2009, 40, 1111–1114.
- [4] Court-Brown, C.M.; Caesar, B. Epidemiology of adult fractures: A review. *Injury* 2006, 37, 691–697.
- [5] Dahabreh, Z.; Calori, G.M.; Kanakaris, N.K.; Nikolaou, V.S.; Giannoudis, P.V. A cost analysis of treatment of tibial fracture nonunion by bone grafting or bone morphogenetic protein-7. *Int. Orthop.* 2009, 33, 1407–1414.
- [6] Bell, A.; Templeman, D.; Weinlein, J.C. Nonunion of the Femur and Tibia: An Update. *Orthop. Clin. North Am.* 2016, 47, 365–375
- [7] Antonova, E.; Le, T.K.; Burge, R.; Mershon, J. Tibia shaft fractures: costly burden of nonunions. *BMC Musculoskelet. Disord.* 2013, 14, 42.
- [8] Hemmann, P.; Friederich, M.; Körner, D.; Klopfer, T.; Bahrs, C. Changing epidemiology of lower extremity fractures in adults over a 15-year period – a National Hospital Discharge Registry study. *BMC Musculoskelet. Disord.* 2021, 22.
- [9] Pagani, N.R.; Varady, N.H.; Chen, A.F.; Rajaei, S.S.; Kavolus, J.J. Nationwide Analysis of Lower Extremity Periprosthetic Fractures. *J. Arthroplasty* 2021, 36, 317–324.
- [10] Cohen, S. Statistical Brief #359: The Concentration of Health Care Expenditures and Related Expenses for Costly Medical Conditions, 2009.
- [11] Variable Fixation Technology Provides Rigid as Well as Progressive Dynamic Fixation: A Biomechanical Investigation. *J Bone Joint Surg Am.* 2020 Jun 26
- [12] Variable fixation promotes callus formation: an experimental study on transverse tibial osteotomies stabilized with locking plates. *BMC Musculoskelet Disord* 21, 806 (2020)
- [13] Duchamp de Lageneste, O.; Julien, A.; Abou-Khalil, R.; Frangi, G.; Carvalho, C.; Cagnard, N.; Cordier, C.; Conway, S.J.; Colnot, C. Periosteum contains skeletal stem cells with high bone regenerative potential controlled by Periostin. *Nat. Commun.* 2018, 9, 773.
- [14] Bottlang M, Doornink J, Fitzpatrick DC, Madey SM. Far cortical locking can reduce stiffness of locked plating constructs while retaining construct strength. *J Bone Joint Surg Am.* 2009 Aug;91(8):1985–94.
- [15] FDA recall “Z-0390-2014”

How to get more information about **Variable Fixation** ?

Book **today** a 1:1 technical briefing
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