Bio-Compression Screws are versatile and may be used to treat a broad range of indications in both lower and upper extremities. Designed with a stepped pitch and taper, this screw draws two fragments together using straightforward instrumentation for drilling and tapping. Made of solid enhanced PLLA material, the BCS absorbs over time without losing strength during insertion or through the critical phases of healing. With Bio-Compression Screw technology, surgeons are able to achieve zero-head-prominence above the cortex and zero image on x-ray, creating a very natural repair for their patients.

Offered in two families, 3 mm and 3.5 mm, the 3 mm screws range in two millimeter lengths from 16 – 26 mm. The 3.5 mm screws are fully cannulated and come in two millimeter lengths from 16 – 32 mm with a variable proximal diameter.
Applications in the foot and ankle include OCDs, fractures, osteotomies and arthrodesis of the tarsals, metatarsals and phalanges. From bunion correction to trauma management, the Bio-Compression Screw provides excellent compression and holding power maintained throughout the normal healing period.

For lower extremity surgery, the Bio-Compression Screw may be inserted either percutaneously or in an open procedure. Accurate placement of the screw can be ensured by using the cannulated instrumentation in the set.

The Bio-Compression Screw is an excellent solution for complications such as hardware prominence and postoperative imaging. Arthrodesis of small bones in the wrist or fingers are also situations where the compression and zero-prominence benefits of the screw come into play.

For upper extremity surgery, the Bio-Compression Screw may be inserted either percutaneously or in an open procedure. Accurate placement of the screw can be ensured by using the cannulated instrumentation in the set.

Osteochondral fragments, flaps or grafts with sufficient bone stock are ideal candidates for fixation with the Bio-Compression Screw.

Preoperatively, radiographs and MRIs should be examined to determine location and size of the osteochondral defect and its suitability for fixation. For the more common medial condyle defect the lateral portal is used for visualization and the medial portal is used for hardware placement. The fracture site should be debrided and brought down to bleeding bone using burrs, osteotomes, Chondro Picks, curettes, or a 2 mm drill bit (per surgeon preference).*

Postoperatively, the patient should be limited to nonweight-bearing or TTWB for 6 – 8 weeks with full range of motion. Begin weight-bearing at 6 – 8 weeks and a full return to activity at 12 weeks or upon radiographic healing.*

*standard of care
Should a smaller size rotational fixation be desired, Chondral Darts™ or a Trim-iT Drill Pin® (if performed open) can be placed adjacent to the Bio-Compression Screw.

In provisional fixation, secure the osteochondral defect/flap with one or two K-wires such that they will provisionally stabilize the fragment during screw insertion and not interfere with the desired screw locations.

In articular applications, drill through a clear cannula with the tapered drill until the shoulder of the drill contacts the cannula and the second laser line is at the surface. This will set the screw 2-3 mm deep.

In nonarticular applications, drill to the first laser line. Orientation of the first screw should be perpendicular to the fracture for optimal compression. Any subsequent screws should be from slightly divergent angles to provide multi-planar stability.

Tap the drill hole through the clear cannula with a tapered tap until the shoulder of the tap contacts the cannula. This will correspond to the end of the drill hole. In nonarticular applications, tap until the threads are just buried.

Load the Bio-Compression Screw onto the tip of the hex driver. The screw will remain 3 mm from the smooth shaft of the driver when seated.

Insert the Bio-Compression Screw through the clear cannula until the shoulder of the driver contacts the cannula. Typically the tapered screw will easily insert 60% before it engages bone. At full seating, the screw should be 2-3 mm below the articulating surface. Disengage the driver by pulling straight out.

Insert additional Bio-Compression Screws using the same technique.

*Data on file
### Ordering Information

<table>
<thead>
<tr>
<th>3 mm Bio-Compression Screw Instrumentation Set (AR-5025S) includes:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bio-Compression Screw Driver, noncannulated</strong> AR-5025DB</td>
</tr>
<tr>
<td><strong>Small Handle w/AO Connection</strong> AR-2001AO</td>
</tr>
<tr>
<td><strong>Bio-Compression Screw Dilator Tap, 20 mm</strong> AR-5025TB</td>
</tr>
<tr>
<td><strong>Bio-Compression Screw Driver Guide, 20 mm</strong> AR-5025G</td>
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<tr>
<td><strong>Bio-Compression Screw Drill Bit, 20 mm</strong> AR-5025TD</td>
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<tr>
<td><strong>Bio-Compression Cannulated Dilator Tap, 16 mm</strong> AR-5025TBC-16</td>
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<tr>
<td><strong>Bio-Compression Cannulated Dilator Tap, 18 mm</strong> AR-5025TBC-18</td>
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<tr>
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<td><strong>Bio-Compression Cannulated Dilator Tap, 24 mm</strong> AR-5025TBC-24</td>
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<td><strong>Bio-Compression Cannulated Dilator Tap, 26 mm</strong> AR-5025TBC-26</td>
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<tr>
<td><strong>Bio-Compression Screw Cannulated Drill Bit, 16 mm</strong> AR-5025TDC-16</td>
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<tr>
<td><strong>Bio-Compression Screw Cannulated Drill Bit, 18 mm</strong> AR-5025TDC-18</td>
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<tr>
<td><strong>Bio-Compression Screw Cannulated Drill Bit, 20 mm</strong> AR-5025TDC</td>
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<tr>
<td><strong>Bio-Compression Screw Cannulated Drill Bit, 26 mm</strong> AR-5025TDC-26</td>
</tr>
<tr>
<td><strong>Bone Reduction Forceps</strong> AR-4160FT</td>
</tr>
<tr>
<td><strong>Bio-Compression Screw Instrumentation Case</strong> AR-5025C</td>
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<tr>
<th>Bio-Compression Screw, 3 - 3.7 mm x 16 mm AR-5025B-16</th>
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<tr>
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<tr>
<td>Bio-Compression Screw, 3 - 3.7 mm x 20 mm AR-5025B-20</td>
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<td>Bio-Compression Screw, 3 - 3.7 mm x 22 mm AR-5025B-22</td>
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<tr>
<td>Bio-Compression Screw, 3 - 3.7 mm x 26 mm AR-5025B-26</td>
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<th>3.5 mm Bio-Compression Screw Instrumentation Set (AR-5026S) includes:</th>
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<tr>
<td><strong>Bio-Compression Screw (Hexalobe) Driver, cannulated</strong> AR-5026DB</td>
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<tr>
<td><strong>Small Handle w/AO Connection</strong> AR-13221AO</td>
</tr>
<tr>
<td><strong>Cannulated Depth Device</strong> AR-5025DG</td>
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<tr>
<td><strong>Bio-Compression Screw Driver Guide</strong> AR-5026G</td>
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<td><strong>Bio-Compression Dilator Tap, 16 mm</strong> AR-5026TBC-16</td>
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<tr>
<td><strong>Bio-Compression Screw Tapered Drill Bit, 32 mm</strong> AR-5026TDC-32</td>
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<tr>
<td><strong>Bone Reduction Forceps</strong> AR-4160FT</td>
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<td><strong>Bio-Compression Screw Instrumentation Case</strong> AR-5026C</td>
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<td>Bio-Compression Screw, 3.5 - 4.8 mm x 24 mm AR-5026B-24</td>
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<td>Bio-Compression Screw, 3.5 - 4.9 mm x 26 mm AR-5026B-26</td>
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<td>Bio-Compression Screw, 3.5 - 5.0 mm x 28 mm AR-5026B-28</td>
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<tr>
<td>Bio-Compression Screw, 3.5 - 5.1 mm x 30 mm AR-5026B-30</td>
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<tr>
<td>Bio-Compression Screw, 3.5 - 5.2 mm x 32 mm AR-5026B-32</td>
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**Disposable Accessories (may be used with both sets):**

<table>
<thead>
<tr>
<th>Hot Loop Cutter AR-4160HC</th>
</tr>
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<tbody>
<tr>
<td>.045” Guide Wire with Trocar Tip AR-5025K</td>
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