Cable-Ready®
Greater Trochanteric Reattachment
Surgical Technique
Table of Contents

Surgical Technique for Cable-Ready Short GTR Plate
Cable Insertion 2
Impaction 2
Tensioning and Locking the Cable 2

Surgical Technique for Cable-Ready Long GTR Plate
Cable Insertion 3
Impaction 3
Tensioning and Locking the Cable 4

Surgical Technique for Cable-Ready Extended GTR Plate
Cable Insertion 5
Impaction 5
Fracture Reduction 5
Tensioning and Locking the Cable 6

Instruments and Implants 7
Short Integral Crimp GTR Surgical Technique

Cable Insertion
Individual cables may be inserted into the GTR before or after the GTR is attached to the bone. However, the cables must be inserted into the GTR prior to passing the cable around the femur. Two cables are included with the GTR device. Should the most distal cable be necessary, it is not packaged with the device but is available separately (item #00-2232-004-18).

In the usual lateral approach to the femur, insert the cable into the posterior side of the GTR (transverse hole without the set screw), and pull until the plug countersinks into the plate. Pass the large Cable Passer around the proximal femur from posterior to anterior. Insert the free end of the cable into the tip of the Cable Passer until the cable is seen exiting from the shaft of the Cable Passer (Fig. 1). Withdraw the Cable Passer, leaving the cable around the bone. Insert the cable through the transverse hole with the Cable Passer.

Note: Cables can be passed from medial to lateral or lateral to medial depending on surgeon preference. Place the first cable just distal to the lesser trochanter, and the second cable distal to the first cable. Do not place the cable directly around the prosthesis.

Impaction
Screw the Impact Driver into the GTR. Impact the GTR onto the greater trochanter. The upper hooks should engage and wrap around the superior portion of the trochanter (Fig. 2).

Tensioning and Locking the Cable
It is recommended to use a cable at each transverse pair of holes. Whether or not a cable is utilized at a particular location in the GTR, all set screws must be seated at completion of the procedure.

To tension the cable, insert the Cable Plate Tensioner Bit (#00-2232-009-00) into the tensioner. Thread the cable completely through the tensioner and pull the slack out of the cable. Depress the lever at the back end of the tensioner to lock the cable. To remove any remaining slack in the cable, depress the button on the tensioner and pull out the excess slack. Rotate the handle of the tensioner clockwise until the desired tension is achieved (Fig. 3).

If an osteotomy was performed, use the Impact Driver as a guide and advance the greater trochanter onto a good bed of bleeding bone.

Note: The most common reason for nonunion of the greater trochanter is poor or inadequate bone contact between the greater trochanter and proximal femur.

The following tensioning sequence is recommended. Tension the cables in proximal to distal direction, using the tensioner bits to hold the tension. Note: If a third cable is desired when using the Short GTR, an externally crimped cerclage cable (#00-2232-004-18) can be passed through the distal hole, and tensioned using the Cerclage Attachment Bit (#00-2232-008-00).

Start proximally and work distally, tensioning each cable and locking by screwing in the appropriate set screw in the GTR.
Note: Whether or not all cable locations are utilized, all set screws should be locked down at the completion of the procedure.

After each set screw is firmly seated (Fig. 4), the tensioner and bits are removed and the excess cable is cut off flush with the GTR (Fig. 5).

Long Integral Crimp GTR Surgical Technique

Cable Insertion

Individual cables may be inserted into the GTR before or after the GTR is attached to the bone (Fig. 6). However, the cables must be inserted into the GTR prior to passing the cable around the femur.

Pass the large Cable Passer around the proximal femur from posterior to anterior. Insert the free end of the cable into the tip of the Cable Passer until the cable is seen exiting from the shaft of the Cable Passer. Withdraw the Cable Passer, leaving the cable around the bone. Insert the cable through the transverse hole with the set screw.

Note: Cables can be passed from medial to lateral or lateral to medial depending on surgeon preference. Place the first cable just distal to the lesser trochanter, and the second cable distal to the first cable. Do not place the cable directly around the prosthesis.

Impaction

Screw the Impact Driver into the GTR. Impact the GTR onto the greater trochanter. The upper hooks should engage and wrap around the superior portion of the trochanter (Fig. 8).

In the usual lateral approach to the femur, insert the cable into the posterior side of the GTR (transverse hole without the set screw), and pull until the plug countersinks into the plate (Fig. 7).
If an osteotomy was performed, use the Impact Driver as a guide and advance the greater trochanter onto a good bed of bleeding bone.

**Note:** The most common reason for nonunion of the greater trochanter is poor or inadequate bone contact between the greater trochanter and proximal femur.

**Tensioning and Locking the Cable**

It is recommended to use a cable at each transverse pair of holes. Whether or not a cable is utilized at a particular location in the GTR, **all set screws must be seated at completion of the procedure.**

To tension the cable, insert the Cable Plate Tensioner Bit (#00-2232-009-00) into the tensioner. Thread the cable completely through the tensioner and pull the slack out of the cable. Depress the lever at the back end of the tensioner to lock the cable. To remove any remaining slack in the cable, depress the button on the tensioner and pull out the excess slack. Rotate the handle of the tensioner clockwise until the desired tension is achieved (Fig. 9).

The following tensioning sequence is recommended. Tension the two proximal cables first, using the tensioner bits to hold the tension. The distal cables in the plate section of the Long GTR can then be tensioned, again using the Bone Plate Tensioner Bits to hold the tension (Fig. 10). The set screws are **not** locked down at this time.

Start proximally and work distally, tensioning each cable and locking by screwing in the appropriate set screw in the GTR.

**Note:** Whether or not all cable locations are utilized, **all set screws should be locked down at the completion of the procedure.**

After each set screw is firmly seated, the tensioner and bits are removed and the excess cable is cut off flush with the GTR (Fig. 11).
Cable-Ready Greater Trochanteric Reattachment Surgical Technique

**Extended Integral Crimp GTR Surgical Technique**

**Cable Insertion**
Individual cables may be inserted into the GTR before or after the GTR is attached to the bone (Fig. 12). However, the cables must be inserted into the GTR prior to passing the cable around the femur.

Pass the large Cable Passer around the proximal femur from posterior to anterior. Insert the free end of the cable into the tip of the Cable Passer until the cable is seen exiting from the shaft of the Cable Passer. Withdraw the Cable Passer, leaving the cable around the bone. Insert the cable through the transverse hole with the set screw.

**Note:** Cables can be passed from medial to lateral or lateral to medial depending on surgeon preference. Place the first cable just distal to the lesser trochanter, and the second cable distal to the first cable. Do not place the cable directly around the prosthesis.

**Extended GTR Tech Tip #1** - the cables may be harder to insert at the distal end of the GTR if access is limited due to the muscles, so it may be easier to insert the distal cables into the GTR prior to inserting the GTR.

**Impaction**
Screw the Impact Driver into the GTR. Impact the GTR onto the greater trochanter. The upper hooks should engage and wrap around the superior portion of the trochanter.

If an osteotomy was performed, use the Impact Driver as a guide and advance the greater trochanter onto a good bed of bleeding bone.

**Note:** The most common reason for nonunion of the greater trochanter is poor or inadequate bone contact between the greater trochanter and proximal femur.

**Fracture Reduction**
The order of cable insertion depends upon the fracture pattern, particular use or situation. The cables can be loosely tensioned by hand and held with retensioning bits. The bone fragments are then manipulated and final reduction accomplished.

**Extended GTR Tech Tip #2** - If cables are inserted and pre-tensioned proximally and on each end of the plate section of the Extended GTR, the GTR and bone can be grossly stabilized (Fig. 14). The cables are very useful in holding the reduction while cortical bone screws are inserted.

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![Fig. 12](image1.png)

**Cable Passer**

![Fig. 13](image2.png)

**Plug Countersinks into plate**

![Fig. 14](image3.png)
**Tensioning and Locking the Cable**

It is recommended to use a cable at each transverse pair of holes. Whether or not a cable is utilized at a particular location in the GTR, **all set screws must be seated at completion of the procedure**.

To tension the cable, insert the Cable Plate Tensioner Bit (#00-2232-009-00) into the tensioner. Thread the cable completely through the tensioner and pull the slack out of the cable (Fig. 15).

*Extended GTR Tech Tip #3 - Once the cables are pre-tensioned and the fracture is reduced, cortical screws can be inserted through the applicable slots in the GTR (Fig. 16). Screws add rotational stability, while cables add bending strength to the construct. Because cables do not provide rotational stability, cortical screws should always be used on both sides (proximal and distal) of the fracture, even if only unicortical screws are used (4.5mm Trilogy® Acetabular System Cortical Bone Screw Fixation or NexGen® Complete Knee Solution Osteotomy Screws are recommended). Cables should not be locked down until after screws are added, because the addition of screws will fixate the GTR to the bone and may loosen the tension in the cables.*

After screws have been added to the GTR, the cables can be brought to final tension. Start proximally and work distally, tensioning each cable and locking by screwing in the appropriate set screw in the GTR (Fig. 17).

*Note: Whether or not all cable locations are utilized, all set screws should be locked down at the completion of the procedure.*

After each set screw is firmly seated, the tensioner and bits are removed and the excess cable is cut off flush with the GTR (Fig. 18).

Depress the lever at the back end of the tensioner to lock the cable. To remove any remaining slack in the cable, depress the button on the tensioner and pull out the excess slack. Rotate the handle of the tensioner clockwise until the desired tension is achieved.

The following tensioning sequence is recommended. Tension the two proximal cables first, using the tensioner bits to hold the tension. The distal cables in the plate section of the 4-hole and 5-hole Extended GTRs can then be tensioned, again using the Cable Plate Tensioner Bits to hold the tension. The set screws are not locked down at this time.
Instruments and Implants

Greater Trochanter Reattachment Device

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<th>Prod. No.</th>
<th>Description</th>
<th>Size</th>
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<tr>
<td>00-2232-002-04</td>
<td>Integral Short GTR w/2 Cables* 23 x 53mm</td>
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<tr>
<td>00-2232-002-05</td>
<td>Integral Long GTR w/4 Cables* 23 x 121mm</td>
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<td>00-2232-002-06</td>
<td>Extended 4-hole GTR w/4 Cables* 23 x 232mm</td>
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<td>00-2232-005-18</td>
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Bone Screws

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<tr>
<td>00-6250-045-XX</td>
<td>Trilogy Acetabular 4.5mm Cortical Bone Screws</td>
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<td>00-5250-045-XX</td>
<td>NexGen Osteotomy 4.5mm Cortical Bone Screws</td>
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Cable Instrumentation

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<td>Cable Tensioner for 1.8mm Cable</td>
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<td>00-2232-095-00</td>
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Please refer to package insert for complete product information, including contraindications, warnings, precautions and adverse effects.