Fixation of a Transverse Fracture of the Symphysis of the Mandible with 2.4mm Lag Screws

George M Kushner (US)
Neal Futran (US)
Michael Ehrenfeld (DE)
Objectives:

- The importance of correct occlusion and anatomical reduction to achieve the original shape of the mandible prior to fracture fixation

- The correct sequence of fixation using the lag screw technique
Advantages of the Lag Screw Technique:

- Absolute stability using a minimum of implants

- No plate bending
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- Absolute stability using a minimum of implants
- No plate bending

Keep in mind:

- Precision is essential
- There can be no corrections
Reduction and fixation
Fixation of a Transverse Fracture of the Symphysis of the Mandible with two 2.0 Mandible Mini Plates

Michael Ehrenfeld (DE)
George M Kushner (US)
Neal Futran (US)
Objectives:

- The importance of correct occlusion and anatomical reduction to reproduce the original shape of the mandible before fracture fixation

- The correct technique for applying two 2.0 mandible mini plates
Fixation of a Transverse Fracture of the Mandibular Angle with a 2.0 Mandible Mini Plate and an Angled 2.4 Universal Fracture Plate (with skin)

Adrian W Sugar (UK)
Warren Schubert (US)
Robert Bentley (UK)
Objectives:

- The concept of load sharing
- The differences between a universal fracture and reconstruction plate
- The use of transbuccal instrumentation
- Correct application of a 2.0 mandible mini plate at the upper border in combination with a 2.4 universal fracture plate at the lower border
Universal fracture and reconstruction plates
Fixation of a Comminuted Fracture of the Lateral Body of the Mandible with a 2.4 Locking Reconstruction Plate following Simplification with 2.0 Adaption Plates

Neal Futran (US)
George M Kushner (US)
Michael Ehrenfeld (DE)
Objectives:

- Basic principles of the locking reconstruction plate
- Correct application of the reconstruction plate and the supporting adaption plates
Bridging of a Segmental Defect of the Lateral Body of the Mandible with a 2.4 Locking Reconstruction Plate

Marcelo Figari (AR)
Gregorio Sánchez Aniceto (ES)
Gerson Mast (DE)
Fixation of a Zygomatico-maxillary Fracture using a 1.3 Adaption and a 1.5 L-plate and an Orbital Floor Fracture with an Orbital Floor Mesh Plate

Michael Ehrenfeld (DE)
George M Kushner (US)
Neal Futran (US)
Objectives:

- Correct anatomical reduction to reproduce the original structure of the zygomatico-maxillary complex and the orbital walls

- Importance of restoring normal orbital volume
Fixation of a Complex Midface Fracture with 1.3 and 1.5 Adaption Plates

Warren Schubert (US)
Robert Bentley (UK)
Adrian W Sugar (UK)
Correct sequence:

- Fixation of the zygomatico-frontal suture
- Fixation of the zygomatic arch
- Plating of the inferior orbital aperture and naso-frontal fracture
- Fixation of the maxillary buttresses
- Orbital floor reconstruction (if needed)