



INNOVATIONS IN PERIOPERATIVE
PATIENT POSITIONING

PRODUCT CATALOG

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**surgical
specialties**

Cutting Edge Innovation

www.bonefoam.com



YouTube

THROW OUT THE TOWEL.



POSITION YOURSELF WITH BONE FOAM™.

Are you looking for new ways to save time in the operating room? Do you want to eliminate unnecessary stacks of towels? If you are searching for a reusable, stable, and surgery specific positioning system, the solution has arrived.

Bone Foam pieces are made with open cell foam covered with a special vinyl coating. The result is a variety of OR positioners designed to benefit both the surgeon as well as the patient. Bone Foam can save 10-20 minutes per case by allowing the extremities to be offset, making OR imaging faster and easier.

One of the many advantages of Bone Foam is to eliminate expensive cost and time associated with laundry, so

THROW OUT THE TOWEL

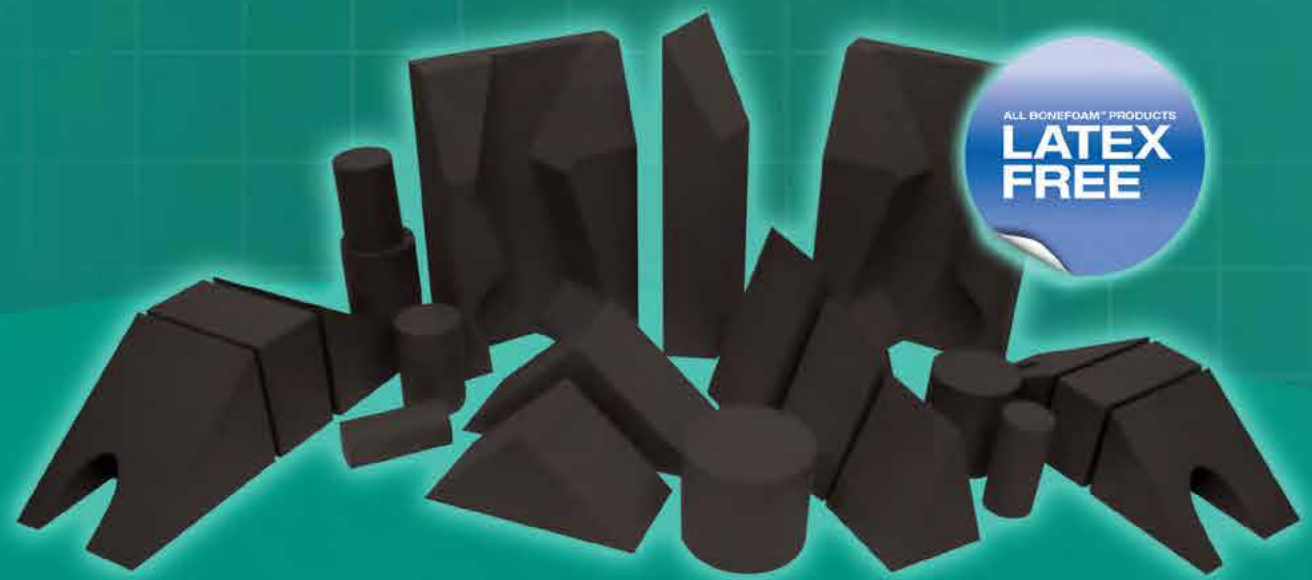
Visit our website www.bonefoam.com for more information.

WHY YOU SHOULD USE BONE FOAM™:

- Radiolucent for C-Arm Imaging
- Saves 10-20 minutes each case
- Consistent and stable
- Strategic design for each extremity
- 100% latex free
- Durable stain resistant coating
- Sterile bags available to fit most pieces
- Washable for infection control
- Fire retardant

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THE RAMP

ORIF of Tibia, Ankle, Midfoot and Forefoot FX

"The leg elevator helps me save time by positioning and stabilizing the operative leg above the nonoperative leg so lateral C-Arm Imaging is consistent and fast."

STABLE
ADULT RAMP
#925.TR



THE RAMP PRONE POSITIONER
#925.TRPP



PEDIATRIC RAMP
#925.PTR



SURGERY CENTER RAMP
#925.SCTR
Features lower profile for mini C-Arms

UNSTABLE



SURGICAL TECHNIQUE

INDICATIONS: Fractures of the foot, ankle, atibia & fibula.

For patients in the supine position

The Ramp is placed on top of table and secured. Opposite leg is protected and secured. The Ramp is then covered using a sterile drape from the OR for prep and drape, after which the leg is placed on the secure surface for the operation. The unoperated leg is now isolated from the field, not inhibiting surgeon from instrumenting or obtaining lateral flouro.

ALSO AVAILABLE!
THE RAMP KIT
SAVE TIME. SAVE MONEY.
A comprehensive kit of our three most popular ramp positioners.

LEG TUNNEL

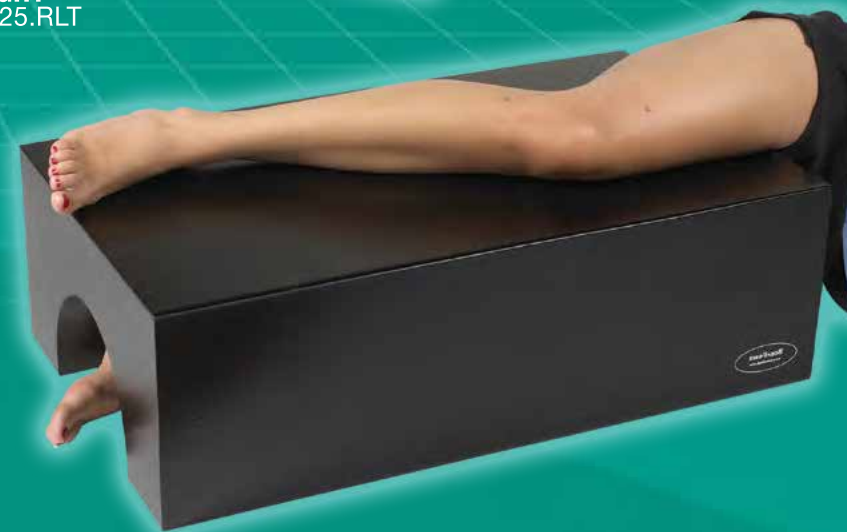
Posterolateral Bone Grafting and ORIF of Calcaneal FX, Posterior Wall Acetabular Fractures

"The leg tunnel creates a stable, flat, predictable surface on which to work, with plenty of mobility for imaging away from the down leg."



STABLE
LEFT #925.LLT RIGHT #925.RLT

STABLE
UNIVERSAL
MOON TUNNEL
#925.UMT



UNSTABLE



SURGICAL TECHNIQUE

INDICATIONS: Fractures of the calcaneus, lateral and posterior ankle, and posterolateral tibial bonegrafting.

For patients in a lateral decubitus position.

After securing airway and taping endotracheal tube in place, placing the axillary roll, and padding the knee, an arm board is extended off the bed to support the patient's upper extremities which lie 90° to the torso. A one half beanbag is used, and must be positioned not to extend beyond the proximal thigh. The peroneal nerve and bony prominences of down leg are protected, and the knee flexed approximately 20°. The Leg Tunnel is next inserted between the thighs against the perineum, tunnel side down to correspond with down leg.

KNEE WEDGES

Tibial Nailing, Retrograde Femoral Nailing

"With the acute knee wedge, the forgiveness of the foam cradles the knee to give the leg more stability when inserting a tibial nail."

STABLE
LARGE OBTUSE #925.OAKWL
SMALL OBTUSE #925.OAKWS



STERILE BAGS FOR KNEE WEDGES
 #925.SBKW

STABLE
LARGE ACUTE #925.AAKWL
MEDIUM ACUTE #925.AAKWM
SMALL ACUTE #925.AAKWS



UNSTABLE

SURGICAL TECHNIQUE

INDICATIONS: Tibial nailing, Retrograde femoral nailing

After surgical approach to the anterior knee for nail entry, the Wedge is dropped by unscrubbed member of OR team into custom sterile bag held open by scrubbed member of OR team. Opening secured by sterile sticky sheet (i.e. Ioban). Wedge then positioned with apex up under popliteal fossa of maximally flexed knee for procedure.

CYLINDRICAL BUMPS

ORIF of Tibial Plateau and Distal Femur

"Bone Foam cylinders help me quickly bump and prop any extremity."



STERILE BAGS FOR CYLINDRICAL BUMPS
 #925.SBCB

STABLE
9" BUMP #925.9CB
7" BUMP #925.7CB
5" BUMP #925.5CB



THE P3 Pudendal Post Protector

Hip Fractures, Femur Fractures, Acetabular Fractures, Pelvic Fractures, Any fracture on which you plan to use a traction table with a pudendal post

STABLE
REGULAR #925.P3



SURGICAL TECHNIQUE

INDICATIONS: For prepping upper extremity, for lower leg fracture procedures in which extremity suspension is desired. For supine or prone position extremity work.

The Bump is dropped by unscrubbed member of OR team, into custom sterile bag held open by scrubbed member of OR team, and opening secured with sticky. Position under upper arm to suspend arm off table for prep. Bump can be placed under hip in unsterile fashion, or in sterile fashion to suspend operated foot, or elevate the leg above level of opposite leg for imaging.

SURGICAL TECHNIQUE

INDICATIONS: Patients in supine or prone traction against a pudendal post.

Use with any fracture table with pudendal post. After post is secured to bed, the Pudendal Pad is placed over post. Patient now slid against post. Male unit and/or Foley catheter secured away from direct compression against post.

THE PROP™ — Pelvis Raising Operative Positioner

“The PROP creates a stable, flat predictable surface on which to lay the patient, with plenty of space and mobility for imaging and surgery.”

- Bumps up sacrum for easy hand positioning during Iliosacral screw placement
- Consistent & Stable
- Soft tissue friendly—helps reduce tissue damage at pressure points
- Radiolucent for C-Arm Imaging

**STABLE
REGULAR**
#925.PROP-R



The PROP comes in a Regular and Large Size. The Large is preferred for most patients over 200 lbs. The right PROP size gives the surgeon the right sacrum raise and easy access during Iliosacral screw placement.



REGULAR DISPOSABLE PROP
#925.PROP-R



LARGE DISPOSABLE PROP
#925.PROP-L
Preferred for patients over 200 lbs.



REGULAR REUSABLE PROP
#925.PROPC-R

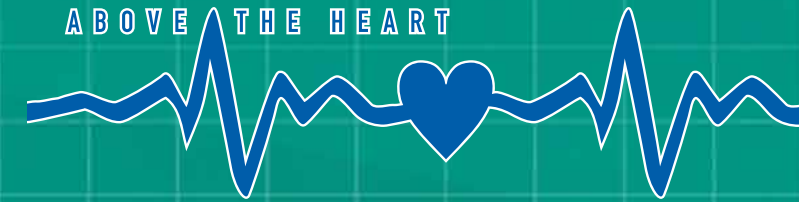


LARGE REUSABLE PROP
#925.PROPC-L
Preferred for patients over 200 lbs.

THE “ERLE” — Edema Reduction Leg Elevator

Stable Post-Op Leg Elevator

“Throw out the bed pillows and reposition patient’s care with Stable Post-Op Leg Elevators.”



**STABLE
REGULAR
DISPOSABLE**
#925.ERLE-R

**LARGE
DISPOSABLE**
#925.ERLE-L

**REGULAR
REUSABLE**
#925.ERLEC-R

**LARGE
REUSABLE**
#925.ERLEC-L

SURGICAL TECHNIQUE

INDICATIONS: For decreasing lower extremity swelling. Used in days before and after surgery. Calcaneus, tibia pilon, foot and ankle fractures, threat of compartment syndrome. Use for other conditions of obstructive lymphatic disease or venous insufficiency.

For supine position.

Unsterile piece which fits nicely in bed, has gentle elevating draft which allows knee flexion and foot elevation above heart level.

WEDGE

ORIF of Distal Humerus, Olecranon and Ulna

"The upper extremity pieces have an offset down arm tunnel that make them perfect for C-Arm imaging."

STABLE

SMALL LEFT
#925.LUEWS

SMALL RIGHT
#925.RUEWS

LARGE LEFT
#925.LUEWL

LARGE RIGHT
#925.RUEWL



UNSTABLE



SURGICAL TECHNIQUE

INDICATIONS: Fractures of the distal humerus articular surface and shaft, olecranon, complex elbow fractures and dislocations, and dorsal hand. For patients in a lateral decubitus position.

After securing airway and taping endotracheal tube in place, placing the axillary roll, and padding the knee, an arm board is extended off the bed to support the patient's upper extremities which lie out 90° to the torso. The Upper Extremity Bone Foam is placed on top of arm board. The Bone Foam tunnel covers the down arm after anaesthesia has secured IV lines and blood pressure cuff. The Bone Foam is then covered with a prep drape and is taped or "strapped down." The Operated arm is then formally prepped and can be laid upon the secure operating surface after draping.

BLOCK

ORIF of Distal Humerus and Olecranon

"The upper extremity block helps to reduce and hold reduction through surgery."

STABLE

SMALL
#925.UEBS

LARGE
#925.UEBL



UNSTABLE



SURGICAL TECHNIQUE

INDICATIONS: Fractures of the distal humerus articular surface and shaft, olecranon, complex elbow fractures and dislocations. For patients in a lateral decubitus position.

After securing airway and taping endotracheal tube in place, placing the axillary roll, and padding the knee, an arm board is extended off the bed to support the patient's upper extremities which lie out 90° to the torso. The Upper Extremity Bone Foam is placed on top of arm board. The Bone Foam tunnel covers the down arm after anaesthesia has secured IV lines and blood pressure cuff. The Bone Foam is then covered with a prep drape and is taped or "strapped down." The Operated arm is then formally prepped and can be laid upon the secure operating surface after draping.

LATERAL WEDGE

Position patients in stable “semilateral” positions between 24-45°



**STABLE
REGULAR**
#925.LW

SURGICAL TECHNIQUE

INDICATIONS: Positioning patients in “semilateral” position between 25-45°. In ortho trauma, may include freehand femoral nailing and situations in which surgeons desire more than a hip bump.

Ideal for patients with spine precautions. Patient log rolled 45° and the wedge is slid into place at either the high or low angle. Best placed from proximal buttock to chest.

Provides stable position when body strap in place around chest/abdomen.

LEG CRADLE

Supports well leg.



**STABLE
REGULAR**
#925.LC

AXILLARY CRADLE

Contoured for pressure relief and protection of the brachial plexus. Cradles the chest.



**STABLE
REUSABLE**
#925.ABCUT
DISPOSABLE
#925.ABD

FREQUENTLY ASKED QUESTIONS

How is Bone Foam manufactured?

The individual pieces are cut with CNC programmable saws from a single piece of foam.

How is Bone Foam covered?

The foam is sprayed using a vinyl based coating process. We initially tried dipping it in the coating but found bubbles under the surface. The spraying technique works better at penetrating the material.

What is the density of Bone Foam?

The foam is mostly a single layer medium grade density. Most pieces are of the same density. There are some pieces like the leg tunnels that use a strategic pattern of different density for structure support.

Are there any weight limitations?

There are no weight limitations for the foam.

How do you clean Bone Foam?

Bone Foam should be cleaned in the same manner as a surgical table after a surgery case. Use standard OR cleaning solutions and wipe down. Store the product on shelves or a storage room.

Is Bone Foam water permeable?

The product is water impermeable as long as the vinyl coated surface has not been compromised. If the surface is compromised the foam inside is water permeable.

Is Bone Foam latex free?

Yes

Is Bone Foam covered by a warranty?

Yes - the 60 day warranty applies to manufacturing defects or product defects. This does not include any cuts, rips or other damage caused by normal use.

Is Bone Foam fire retardant?

Yes – it is Grade 3 Fire Retardant rated using UL94HF-1 process.

Can Bone Foam be sterilized?

No - Bone Foam pieces will always need a sterile bag. For the bigger tunnels and Upper Extremity Blocks and Wedges you should use a 3/4 drape.

Is Bone Foam Radiolucent for C-Arm Imaging?

Yes



VISIT OUR WEBSITE AT
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