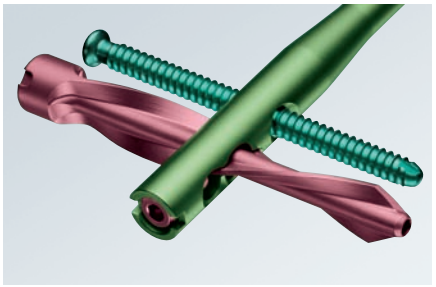
DFN. Distal Femoral Nail.

Two angular stable locking options in the condylar area

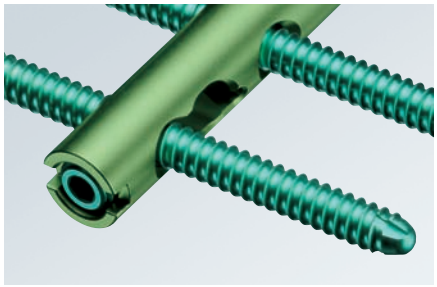
– Spiral blade locking
– Standard locking

High purchase in osteoporotic metaphyseal bone

DFN. Distal Femoral Nail.

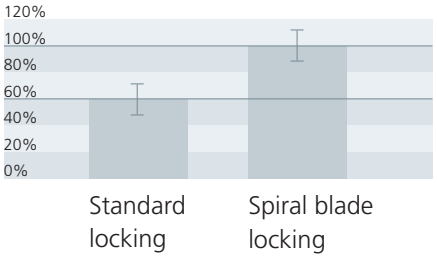


Spiral blade locking
Angular stable locking of the spiral blade
Significantly larger bearing surface provides:
– optimised load distribution
– high purchase in osteoporotic bone
– reduced risk of nail protrusion into the knee joint
For complex fractures and/or osteoporotic bone



Standard locking
– Two locking screws ∅ 6.0 mm
– Angular stable locking of the distal locking screw
– For less complex fractures with high bone density

Purchase in the condylar area



Ito K, Hungerbuhler R, Wahl D, Grass R (2001). Improved intramedullary nail interlocking in osteoporotic bone. J Orthop Trauma 3: 192-196.

Design characteristics
– *One* nail design for spiral blade and standard locking
– Diameters: 9.0 and 10.0 mm for solid nails, 12.0 mm for cannulated nails
– Antecurvature: 1.5 m radius

Short nail
– 160, 200 and 240 mm
– for distal fractures with latero-medial locking

Long nail
– 300, 340, 380 and 420 mm
– for metaphyseal or extensive fractures with antero-posterior proximal locking, with an option for immediate or secondary dynamisation

Indications
– Supracondylar femoral fractures (33-A1 to A3)
– Supra-diacondylar femoral fractures (33-C1 to C3.1)
– Diaphyseal femoral fractures (32-A to C)

The fixation of metaphyseal femoral fractures with DFN may be recommended for:
– obese patients
– obstetric patients
– ipsilateral fractures of the femoral and tibial diaphysis
– ipsilateral fractures of the femur and patella
– patients with implants in the proximal femoral region
– patients with existing TKR (depending on its design)

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Synthes GmbH
Eimattstrasse 3
CH-4436 Oberdorf
www.synthes.com

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