



Pega Medical

A close-up, high-contrast photograph of a telescopic intramedullary (IM) system drill bit. The drill bit is positioned vertically, with its tip embedded in a bone. The bone's porous internal structure is visible, and the drill bit's shaft is illuminated, showing its metallic texture and the spiral flutes of the drill tip. The background is dark, making the bone and the drill bit stand out prominently.

Fassier-Duval

TELESCOPIC IM SYSTEM

FAQ

FOR PATIENTS

The Fassier-Duval Telescopic Intramedullary System (Fassier-Duval) is a new telescopic rod fixed within both extremities of the bone and allows its elongation while normal growth occurs.

1

What is it indicated for?

- To straighten deformed bones;
- To prevent or stabilize fractures;
- To correct limb length discrepancy.

2

Who is it indicated for?

- For children 18 months and older suffering from OI, or younger if the child exerts pressure on his limbs to stand, causing repetitive fractures or bowed bones;
- For both children and adults in cases of limb length discrepancy.

3

For which bones is the system indicated?

- For the femur, tibia and humerus.

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Why should my doctor choose the Fassier-Duval rod?

The innovative design of the system offers more benefits to the patient than existing rods. Indeed, it provides a longer telescopic range, which translates into one extra year of growth before rod exchange might become necessary. It favours bone and joint preservation, decreases tissue trauma and minimizes blood loss during surgery. With shorter rehabilitation time, fewer scars and less pain, recovery is faster. But above all, it has the potential of reducing post-operative complications.

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Can a child with freshly broken bone undergo surgery with this rodding system?

Yes. The system's versatility makes it an excellent choice to stabilize a fracture. Pre-healing of the bone is not necessary before surgery.

How long will the new rod last?

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It depends on the age of the patient. In a very young patient, the rod may have to be exchanged for a larger one due to bone growth. Besides that, the Fassier-Duval rod will only need to be replaced if complications arise such as rod breakage, rod migration or recurrence of deformity.

How long is the immobilization time?

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For all bones – femur/tibia/humerus – immobilization time is usually no longer than three weeks (half the time of other available rodding systems).

How long after surgery will my child recover normal use of his limbs?

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The rehabilitation time depends on several parameters such as the number of limbs operated, the age of the patient, his fear, etc. Each case is particular and some patients will recover faster than others. In general, the patient can start standing activities three weeks after surgery.

What kind of rehabilitation is needed after surgery?

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After the surgery, the patient is immobilized in a posterior splint for three weeks. Then, the cast is removed and replaced by a knee-ankle-foot orthosis (KAFO) and the knee is locked in extension. Standing activities can be started on a supine stander or a tilt-table in order to regain range of motion and strength. Four weeks after surgery, the patient returns home and follows a local physiotherapy program including standing activities using walkers, quad canes or crutches. Once adequate quadriceps strength is regained, the knee is unlocked and the thigh section of the brace is removed to leave the patient with an ankle-foot orthosis (AFO) only. The patient will be kept in AFO as long as he is growing.

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What kind of complications can occur after surgery?

The risk of post-operative complications is significantly reduced, and so is the re-operation rate. However, some complications can occur such as:

- No telescopic of the rod if it is bowed;
- Device breakage or damage;
- Possibility of displacement (migration) of the implant in the knee if the insertion was improper;
- Risk of growth disturbances.

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How many patients have already undergone surgery?

From March 2000 to date over 2000 rods have been implanted in North and South America, Europe, Middle-East and Australia.

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What are the main observations resulting from the clinical studies?

In June 2005 a multicenter study concluded that the Fassier-Duval's monoblock construction eliminated many problems associated with dislodging of the components. Intra-articular migration is also rarely seen with this device. Thus far, the re-operation rate is significantly lower for the Fassier-Duval rod than for first generation telescoping rods and none of the patients needed an arthrotomy of the knee joint. This study showed that the technique for the Fassier-Duval telescopic IM system is fully replicable with similar results at each center involved. In none of the cases, growth arrest was observed



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