FastGrafter

Autograft Harvesting System



Fully-sterile system for quick and efficient harvest of autogenous bone



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The FastGrafter™ Autograft Harvesting System is a sterile-packed, single-use device for quick and efficient harvest of cancellous autogenous bone from the calcaneus, distal tibia, and other harvest sites through a minimal incision approach.

- Fully-sterile system for quick and efficient harvest of autograft bone
- Dual-purpose cutting tip penetrates cortex and morcelizes cancellous bone
- Single-piece harvester designed to reduce instrumentation and system complexity



Calcaneal Autograft Harvest

Key surgical steps*



Incision & Dissection

Make a small incision over the lateral aspect of the calcaneus, posterior and inferior to the peroneal tendon and sural nerve, approximately 3cm below and 2cm posterior to the distal fibula. Use blunt dissection to expose the bone.



3. (Optional) Additional Bone Graft Harvest

To make space for the additional bone graft, insert the FastGrafter™ Pusher through the distal tip of the Harvester and push the harvested bone towards the proximal end of the cannula. Reinsert the Harvester tip into the original harvest site and make a pass approximately 20-30 degrees from the original harvest path.



Z.Bone Graft Harvest

Insert the FastGrafter™ Harvester into a 1/4" Jacobs chuck on a powered driver. Place the cutting tip of the Harvester onto the exposed bone surface. Beginning at low speed in the forward direction, advance the Harvester to the desired depth.



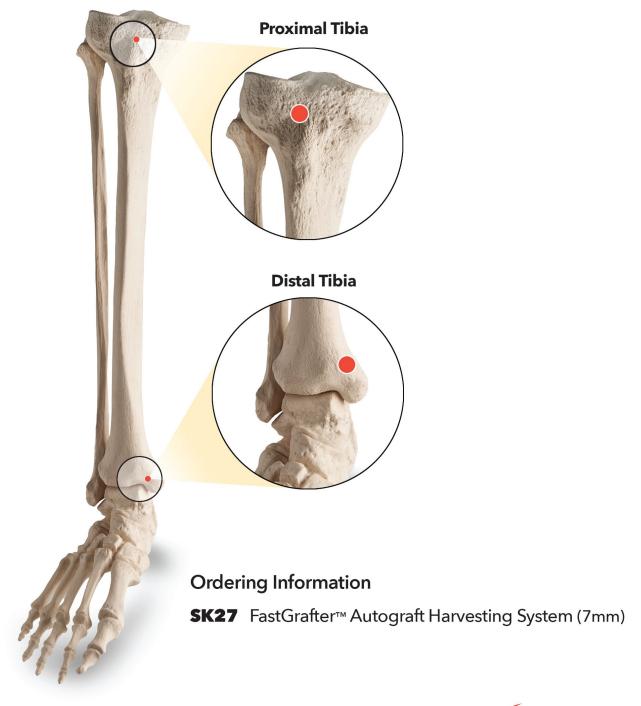
Removal of Morselized Bone Graft

Disassemble the **Harvester** from the ¼" Jacobs chuck. Over a sterile container, insert the **Pusher** through the distal tip of the **Harvester** to expel the morselized graft through the proximal opening of the **Harvester**.

^{*}Treace Medical Concepts, Inc. Surgical Technique LBL 1405-9140

Additional Harvest Sites

The FastGrafter™ Autograft Harvesting System can be used percutaneously through multiple harvest sites including the calcaneus, proximal tibia, and distal tibia.



The Future of Hallux Valgus Surgery $^{\scriptscriptstyle{\mathrm{M}}}$

