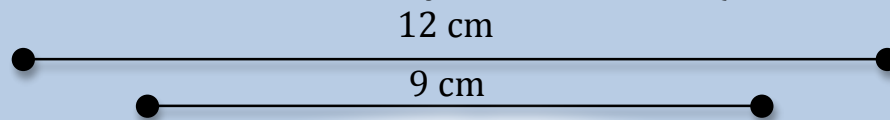




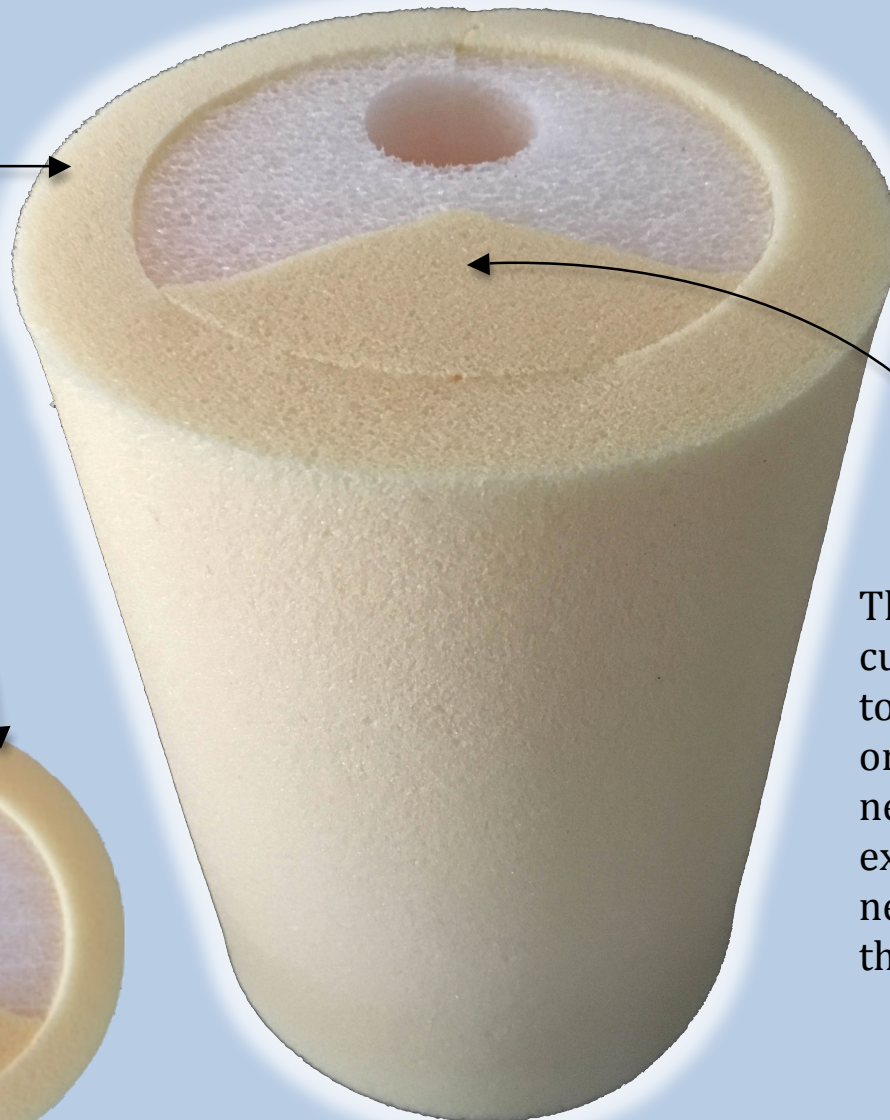
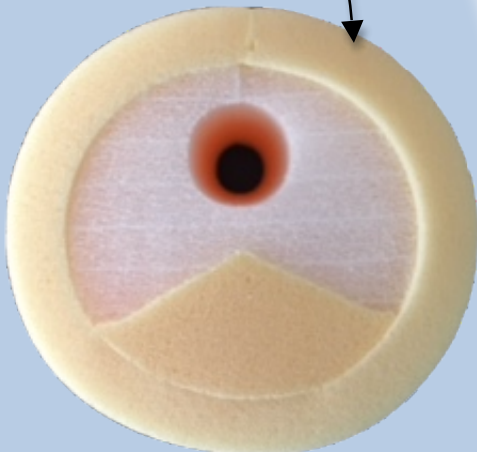
Amerisurg Foam

Fracture Post Pad for Orthopedic Table

The average distance between ischial tuberosities is 8-10 cm. To equally distribute countertraction pressure, while reducing nerve entrapment neuropathy at the ischial ramus, a perineal post pad of at least 10 cm in width should be used for orthopedic cases on a lower extremity traction table (studies on reverse side).



1.7 cm soft edge will compress to .6 cm yielding the clinically desired width of 10.2 cm. The soft outer layer is designed to protect the patient's skin.



The anatomical cutout is designed to reduce pressure on the pudendal nerve and extensive sensory nerve network of the perineum.

*****US Patent Pending Product*****

AM1015R – Fracture Post Pad for Orthopedic Table

Please Contact American Surgical for a Free Trial

Phone: 866-387-7021 Email: sales@americansurg.com

“The incidence of pudendal nerve palsy following routine trauma and elective orthopaedic surgery procedures ranges from 1.9% to 27.6%. Excessive and/or prolonged traction against the perineal post of a traction table, leading to direct compression and localised ischaemia to the nerve are suggested mechanisms of injury.”

“Perineal post diameter and positioning; the perineal post should be placed between the genitalia and the contralateral leg. A well-padded, large-diameter perineal post should be used (>10 cm).”

(Polyzois, Tsitskaris, Oussedik, 2013: Injury, Int. J. Care Injured 44 (2013) 1721–1724)

“The average distance separating the two ischial tuberosities in male adults (8 to 10 cm). This can increase the pressure on the bony prominence of the ischial ramus, the precise location of the dorsal nerve of the penis. We therefore recommend using a 8 to 10 cm in diameter countertraction post.”

“The results of this study highlight the high prevalence of ED after femoral shaft fracture treated by intramedullar nailing due to a selective impact on rigidity maintenance. This is suspected to result from harmful pressure exerted on the pudendal nerves by countertraction on the perineal post.”

(Mallet, Tricoire, Rischmann, Sarramon, Puget, Malavaud, 2005: Adult Urology)

“Strategies to avoid perineal traction injuries include using a well-padded wide perineal post to distribute traction on the perineum.”

(Rajbabu, Brown, Poulsen, 2007: International Journal of Impotence Research)

“Pudendal nerve palsy and erectile dysfunction are the most common complications associated with the perineal post traction. The incidence remains uncertain and is estimated to range from 1.9% to 15%.”

“Measures to preventive genitoperineal complications were recommended, including: (1) use of a wide post with at least 10 cm diameter.”

(Coelho, Gomes, Sakaki, Montag, Guglielmetti, Filho, Srougi, 2008: The Journal of TRAUMA_ Injury, Infection, and Critical Care)

“Lower limb traction is applied with counter traction in the groin. The resultant tissue pressures can be high and may result in skin necrosis or nerve palsies.”

“Larger (10 cm) padding devices significantly reduced the pressures. When employing the perineal traction post, care should be taken to pad this carefully to avoid the sequelae of high tissue pressure.”

(Topliss, Webb, 2001: International journal of the care of the injured)

“Kao and coworkers reviewed 65 femoral nailings done on a fracture table and detected a 15% pudendal nerve palsy rate. All of the palsies were transient, with symptoms lasting up to 173 days.”

(Nors and Meislin, 2010: Bulletin of the NYU Hospital for Joint Disease)

“It is well known that severe pelvic fractures are associated with perineal soft tissue injury. Furthermore, such injuries are vulnerable to subsequent compromise from a pudendal post. This report presents a dramatic illustration of such a case. Although our patient had no open perineal injuries, given the fracture pattern, it could be assumed that the perineum was at risk. We think that the imposition of a pudendal post on our patient's threatened tissues was deleterious.”

(Hammit, Cole, Kregor, 2002: Journal of Orthopaedic Trauma)