

2011

PRODUCT  
CATALOG

Innovations in Patient Positioning

# BONE FOAM™

[www.bonefoam.com](http://www.bonefoam.com)



## Innovations in Perioperative Positioning

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**EXCEL**  
MEDICAL SOLUTIONS, INC.

[www.bonefoam.com](http://www.bonefoam.com)

# THROW OUT THE TOWEL.



## Position Yourself to Save Time with BONE FOAM™ Products.

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 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 and contact us at **1.877.861.2663** or visit our website **[www.bonefoam.com](http://www.bonefoam.com)** for more information.

### Features of BONE FOAM™

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





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## **BONE FOAM™ FAQ**

### **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 permeable as long as the Vinyl coated surface has not been compromised. If the surface is compromised the foam inside is not 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

# Upper Extremity



## Benefits

*“The upper extremity pieces have an offset down arm tunnel that makes it perfect for C-Arm imaging.”*

## STABLE



## Upper Extremity Wedge

ORIF of Distal Humerus,  
Olecranon, Ulna

Small Left  
#925.LUEWS

Small Right  
#925.RUEWS

Large Left  
#925.LUEWL

Large Right  
#925.RUEWL

## 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.

## Upper Extremity Block

ORIF of Distal Humerus  
and Olecranon

## Benefits

*“The upper extremity block helps to reduce and hold reduction through surgery.”*

## STABLE



Large  
#925.UEBL

Small  
#925.UEBS

## 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.

# Lower Extremity

The answer for all of your lateral positioning needs, the Bone Foam Leg Tunnel.



### Leg Tunnel

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

Left #925.LLT  
Right #925.RLT

### Benefits

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



### Universal Moon Tunnel

For standard positioning left and right.

#925.UMT

### 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.

# Lower Extremity



## Benefits

*“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.”*

**Adult Ramp**  
#925.TR



## The Ramp (Leg Elevator)

ORIF of Patella, Tibia, Ankle, Midfoot and Forefoot FX

### Surgical Technique

**INDICATIONS:** *Fractures of the foot, ankle, tibia & fibula.*

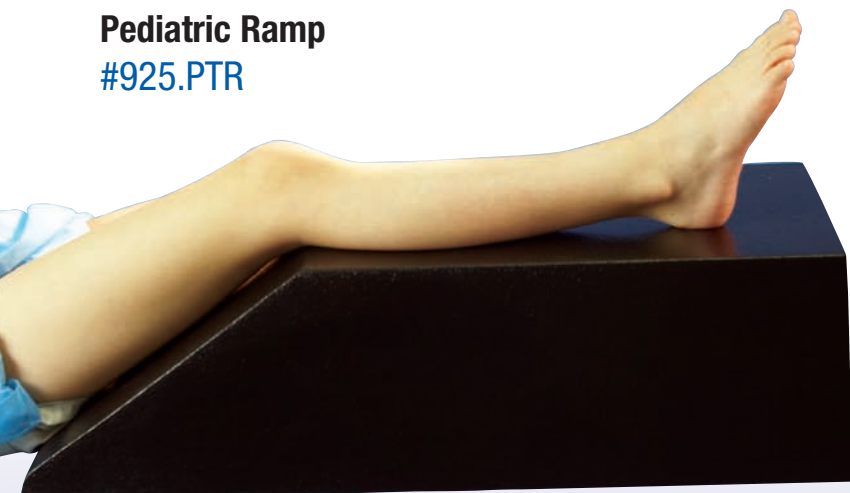
For patients in the supine position

Adult Ramp is placed on top of table and secured. Opposite leg is protected and secured. The Ramp is then covered using the Bone Foam strapped cover drape (cat# 925.CS Not Sterile) 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 fluoro.

## Pediatric Ramp

#925.PTR



**Also available in Surgery Center size**  
#925.SCTR

## Surgery Center Ramp (Leg Elevator)

Features lower profile for mini C-Arms

### Surgical Technique

**INDICATIONS:** *Fractures of the foot, ankle, tibia & fibula.*

For patients in the supine position

## STABLE

Pediatric Ramp is placed on top of table and secured. Opposite leg is protected and secured. The Ramp is then covered using the Bone Foam strapped cover drape (cat# 925.CS Not Sterile) 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 fluoro.

# PROP™ – Pelvis Raising Operative Positioner



**NEW!**

## BONE FOAM'S Newest Innovation INTRODUCING OUR NEW SURGICAL POSITIONER PROP™

- Bumps up the 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

### 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.”*

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.

#925.PROP-R Regular

#925.PROP-L Large

#925.PROPC-R  
Coated / Regular

#925.PROPC-L  
Coated / Large

**Comes in Reusable and Disposable versions**

# Lower Extremity

## Knee Wedges

Tibial Nailing

### Acute Angle Knee Wedge



STABLE

## Benefits

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

Small, Medium, Large: To get the right angle for positioning and reduction.

Small #925.AAKWS  
Medium #925.AAKWM  
Large #925.AAKWL

## Surgical Technique

INDICATIONS: *Tibial nailing*

After surgical approach to the anterior knee for nail entry, the Acute 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. loban).

Wedge then positioned with apex up under popliteal fossa of maximally flexed knee for procedure.

### Obtuse Angle Knee Wedge



STABLE

Large #925.OAKWL  
Small #925.OAKWS

## Surgical Technique

INDICATIONS: *Retrograde femoral nailing.*

After surgical approach to the anterior knee for nail entry, the Obtuse 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. loban).

Wedge then positioned with apex up under popliteal fossa of maximally flexed knee for procedure.

## Sterile Bags for Wedges

#925.SBKW



## Cylindrical Bumps

ORIF of Tibial Plateau and Distal Femur

9", 7", 5" Bumps



STABLE

#925.9CB  
#925.7CB  
#925.5CB  
#925.AB

## 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.

## Benefits

*“Bone Foam cylinders help me quickly bump and prop any extremity.”*

## Sterile Bags for Cylindrical Bumps

#925.SBCB



# Other Positioners

## Lateral Wedge

#925.LW



**STABLE**

## Leg Cradle

#925.LC



**STABLE**

### 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.



**NEW!**

## Axillary Bump

#925.ABD Disposable

#925.ABCUT Reusable

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

## The P3 (Pudendal Post Protector)

#925.P3

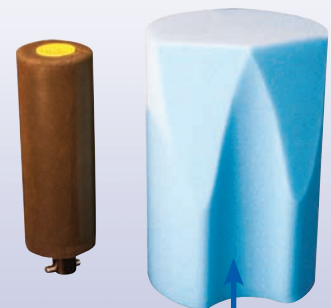
Hip Fractures, Femur Fractures, Acetabular Fractures, Pelvic Fractures, Any fracture on which you plan to use a traction table with a pudendal post

### Surgical Technique

**INDICATIONS:** Patients in supine or prone traction against a pudendal post. Hip and femur fractures, pelvic and Acetabular fractures.

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.



Disposable

**STABLE**

# Perioperative Positioners

ABOVE THE HEART



## Elevating Edema Care to New Levels.

**THROW OUT** the bed pillows and reposition patient's care with **Stable Post-OP Leg Elevators**.



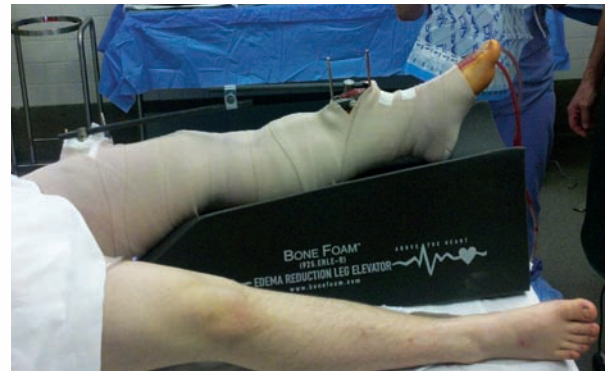
**STABLE**

**ERLE - Edema Reduction Leg Elevator**

Reusable / Coated

Regular #925.ERLEC-R

Large #925.ERLEC-L



**ERLE - Edema Reduction Leg Elevator**  
Disposable

Regular #925.ERLE-R

Large #925.ERLE-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.

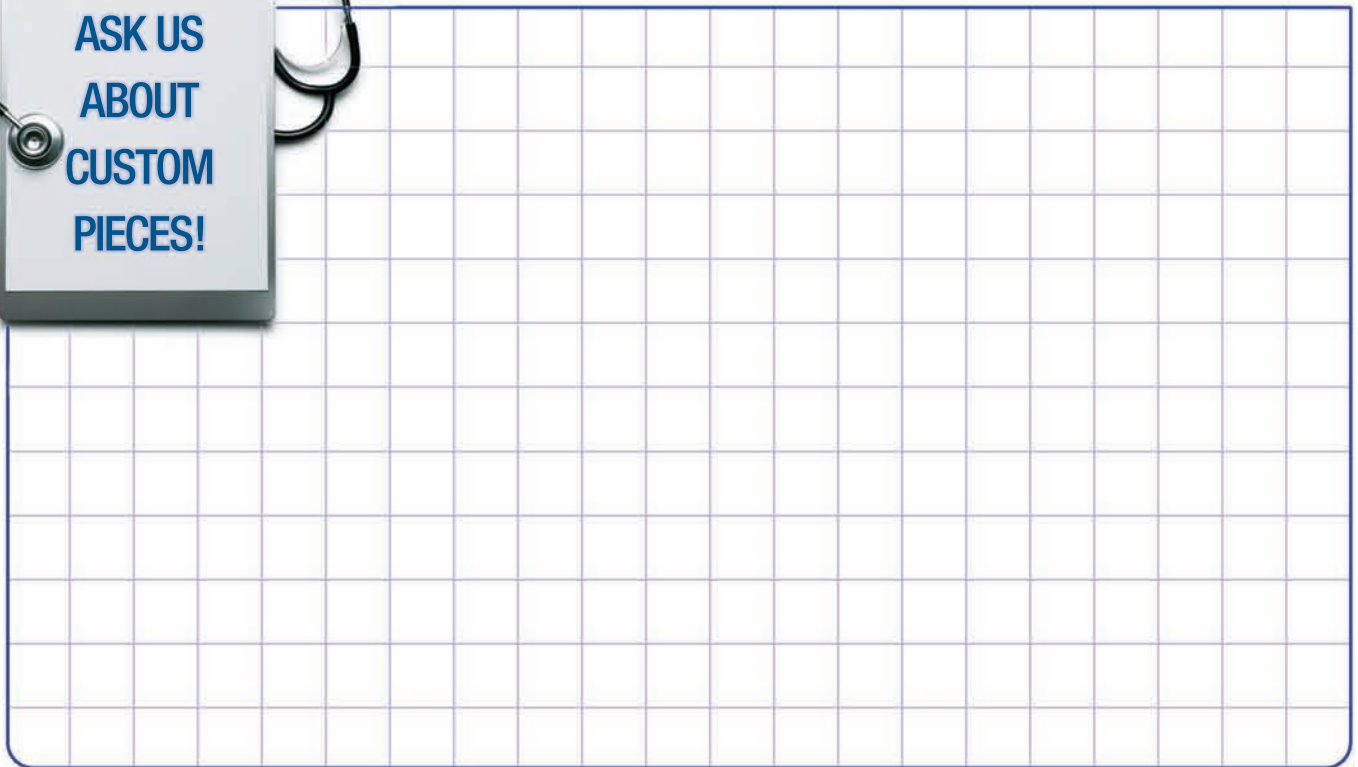
Unsterile piece which fits nicely in bed, has gentle elevating draft which allows knee flexion and foot elevation above heart level.

# To Order

Ordering is easy. You can call us at 1.877.861.2663. Fax us your PO to 763.559.1822, or e-mail us at sales@excelmedsolutions.com. We do accept Visa, MasterCard, and American Express.



Use this space to design a custom piece.



Units  = \_\_\_ inches x \_\_\_ inches

Order at  
**1.877.861.2663**

sales@excelmedsolutions.com



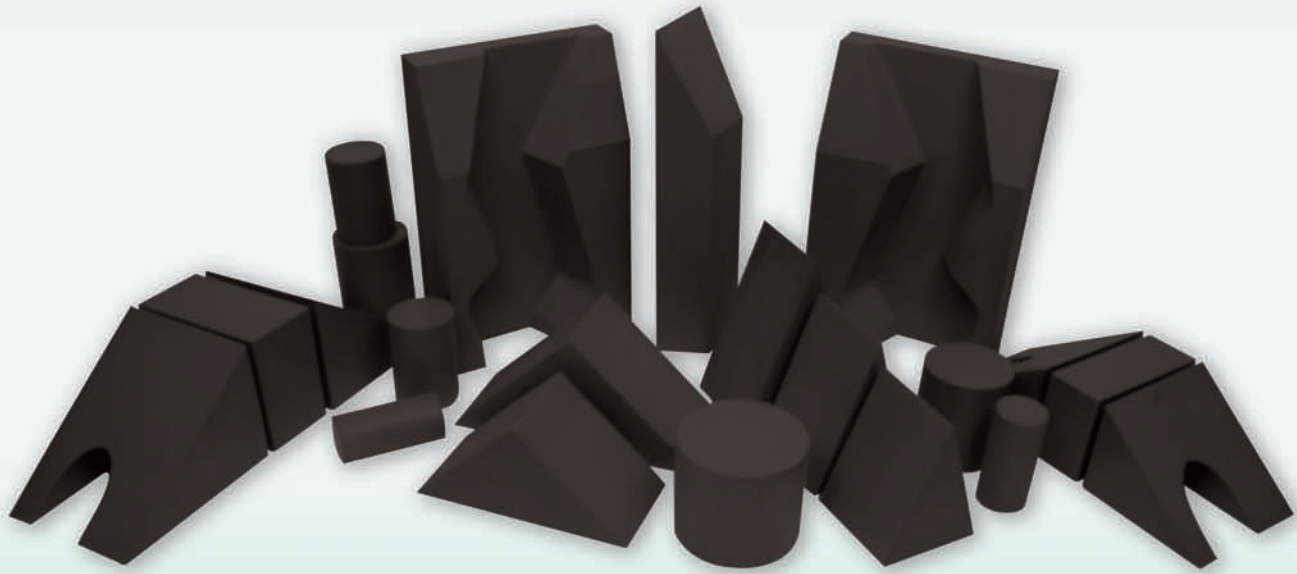
[www.bonefoam.com](http://www.bonefoam.com)

Check out the website for videos and more positioners.

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