

Plating Are rarely plate **tibial** diaphyseal fractures. However, the operation involves making an incision on the anterolateral aspect of the tibia in order to place the plate on the lateral aspect of the tibia. An extraperiosteal plating technique is undertaken using a 4.5 broad or narrow low-contact dynamic compression plate depending on the size of the tibia.

PLATE FIXATION

Can achieve excellent reduction

Risk of skin necrosis and infection is higher

Traditional: Open, Incision 1 cm lateral to the shin, Plate over the medial or lateral side, Contour distal and proximally , AO 4.5 Narrow plate

Disadvantages: Prolonged NWB, higher rate of nonunion and infection

More suitable for metaphyseal fracture

External Fixator

Exceptionally small medullary cavity [$< 8\text{mm}$]

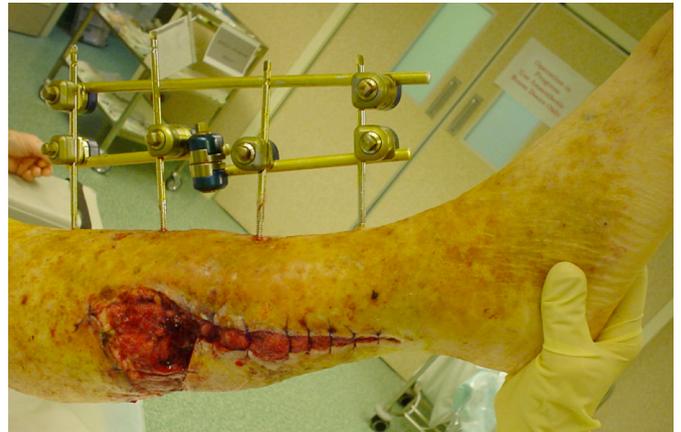
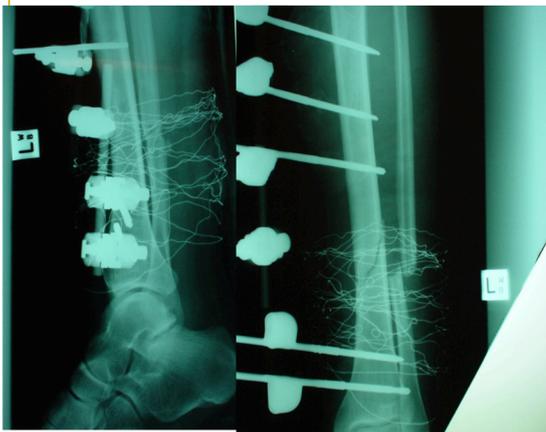
Metaphyseal comminuted fracture [Hybrid]

Open Type IIIb and C

Polytrauma: damage control

Stability of the fixator

1. Allowing the fracture ends to contact
2. Increase diameter of the pin [on stiffness is proportional the 4th power of diameter]
3. Bars close to the skin [the stiffness of each pin is inversely proportional to the third power of the bone to bar distance]
4. II bar at 90°
5. Increase number of Pins



6. Predrill: