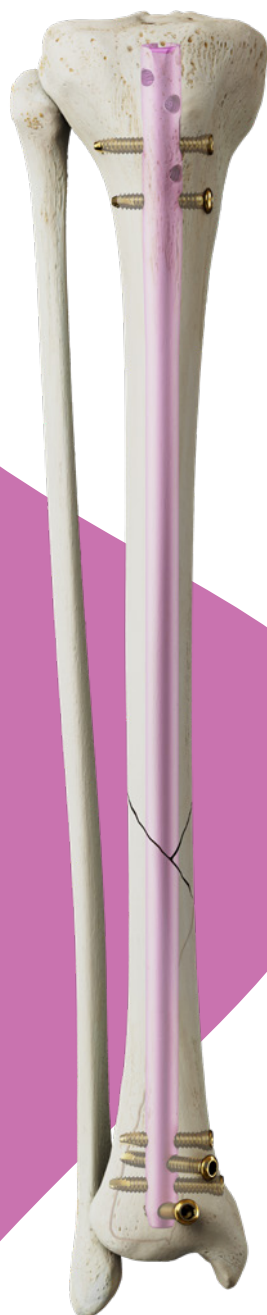


+ Next level nailing

Smith+Nephew

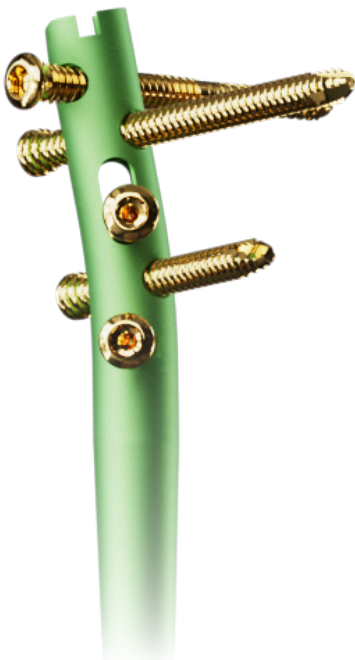
TRIGEN[◇] MAX
Tibia Nailing System

Messaging Brochure



TRIGEN[®] MAX Tibia Nailing System

We've built upon a legacy of over two decades of clinical performance with the TRIGEN Nail System, demonstrating excellent union rates^{1-4*} and minimal anterior tibial pain^{5*†}. The TRIGEN MAX System takes this to the next level with **side-specific nails and threaded locking holes**, paving the way to set a new standard of care for intramedullary nails.



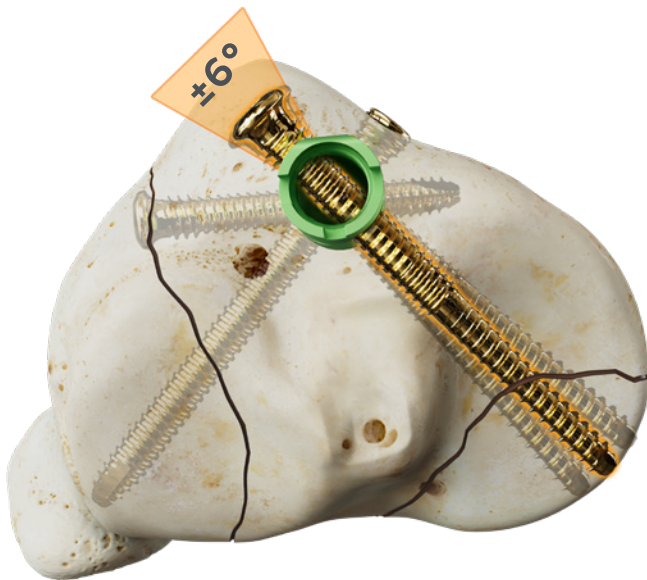
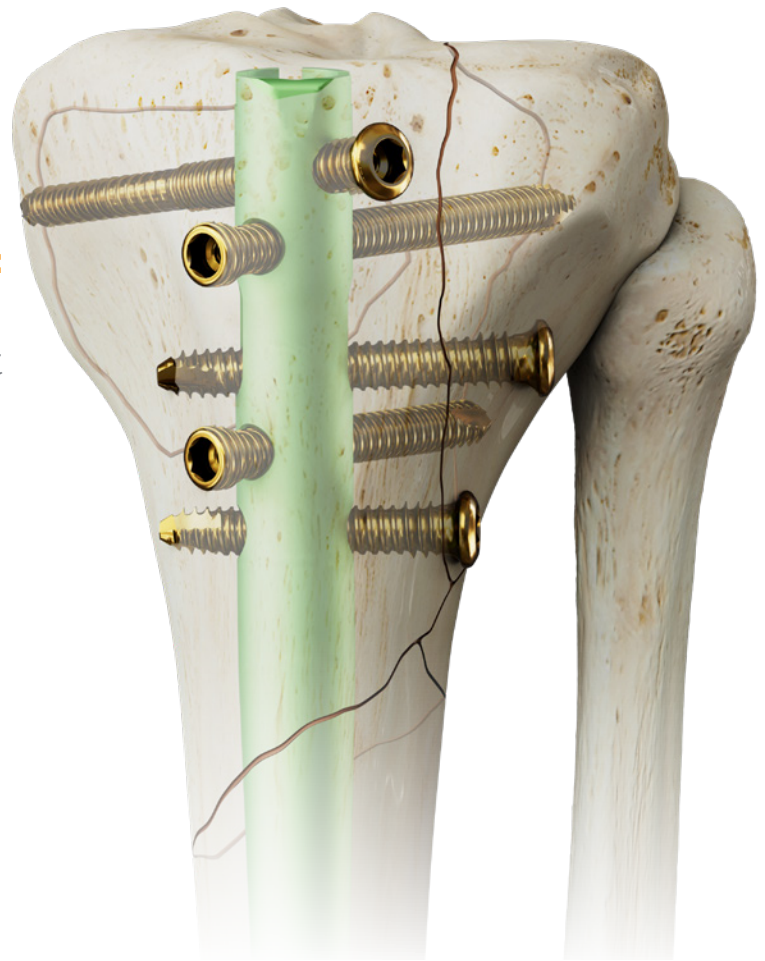
Adopt a patient-centric approach to stable and unstable fractures with the new TRIGEN MAX Tibia Nailing System. This comprehensive solution is designed to maximize fixation, optimize fragment fixation, minimize soft tissue irritation, and streamline the surgeon experience.⁶⁻⁸



Nail overview:

Designed for maximum proximal fixation

- **Five proximal locking options** in a compact, 46mm cluster
- **Four-plane screw configuration** for stable fixation^{9*‡}
- **Targeted proximal screw placement:**
The proximal-most screw is designed to target the posteromedial fragment and avoid the medial tibia plateau.
- **Minimized tubercle impingement:**
Side-specific nails ensure that proximal screws do not impinge the tubercle.

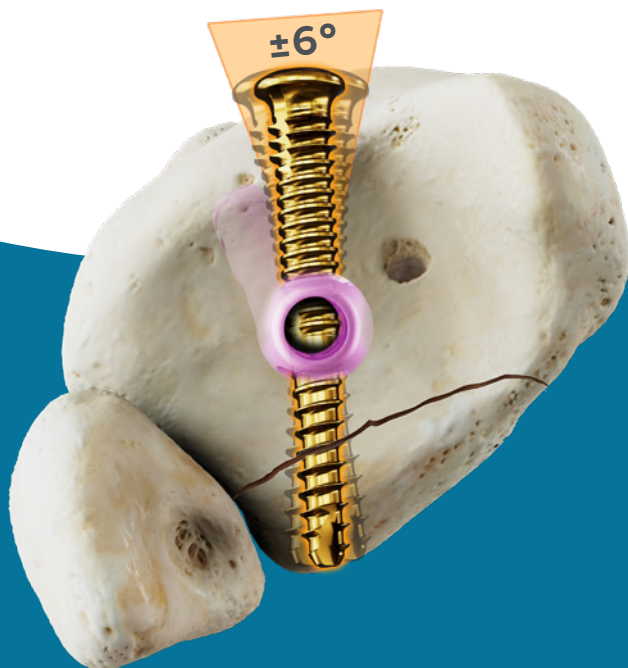


- **Variable angle technology:** $\pm 6^\circ$ of variable angulation in the most proximal hole empowers surgeons to achieve fragment-specific fixation.

Nail overview:

Designed for maximum distal fixation

- **Four distal locking options** in a tight 27mm cluster
- **Three-plane screw configuration** for stable fixation^{9*‡}
- **Targeted distal screw placement:** The distal-most screw is designed to avoid the incisura while targeting the posterior malleolus.
- **Optimized working length:** The oblique screw trajectory in the most distal screw hole allows the distal end of the screw to sit below the distal end of the nail (10 degree decline), maximizing the implant construct's working length.
- **Designed with soft-tissue in mind:** The most distal hole is an oblique screw hole designed to minimize the necessary dissection of local anatomy and the potential for soft tissue irritation by avoiding the tibialis tendon.⁶

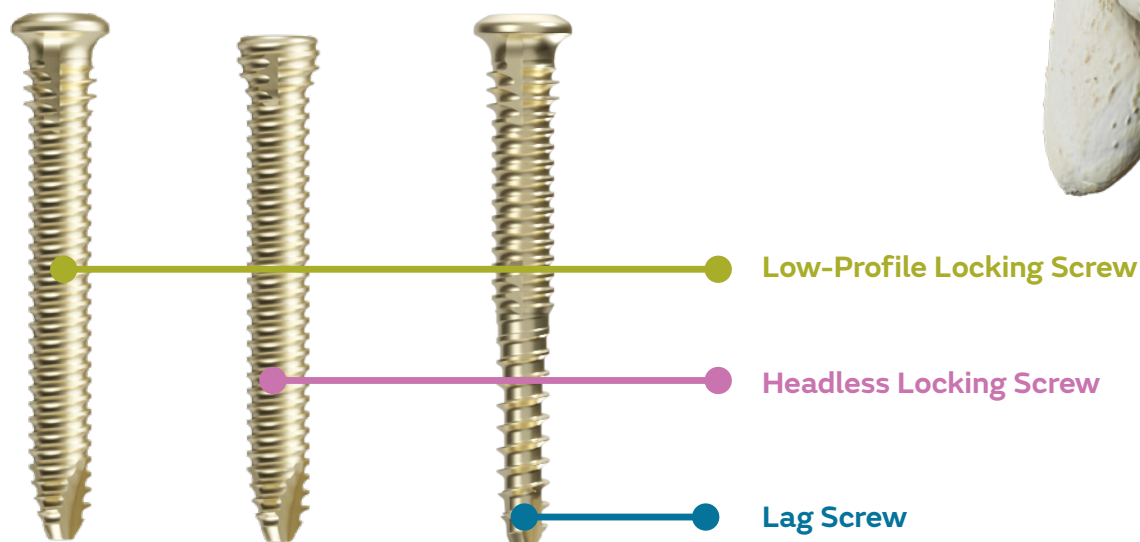


- **Variable angle technology:** $\pm 6^\circ$ of variable angulation in the most distal hole empowers surgeons to achieve fragment-specific fixation.

Screw overview:

Designed for patient comfort

The TRIGEN® MAX Tibia Nailing System offers 4.5mm and 5.0mm Locking Screws and Headless Screws, and 5.0mm Lag Screws.

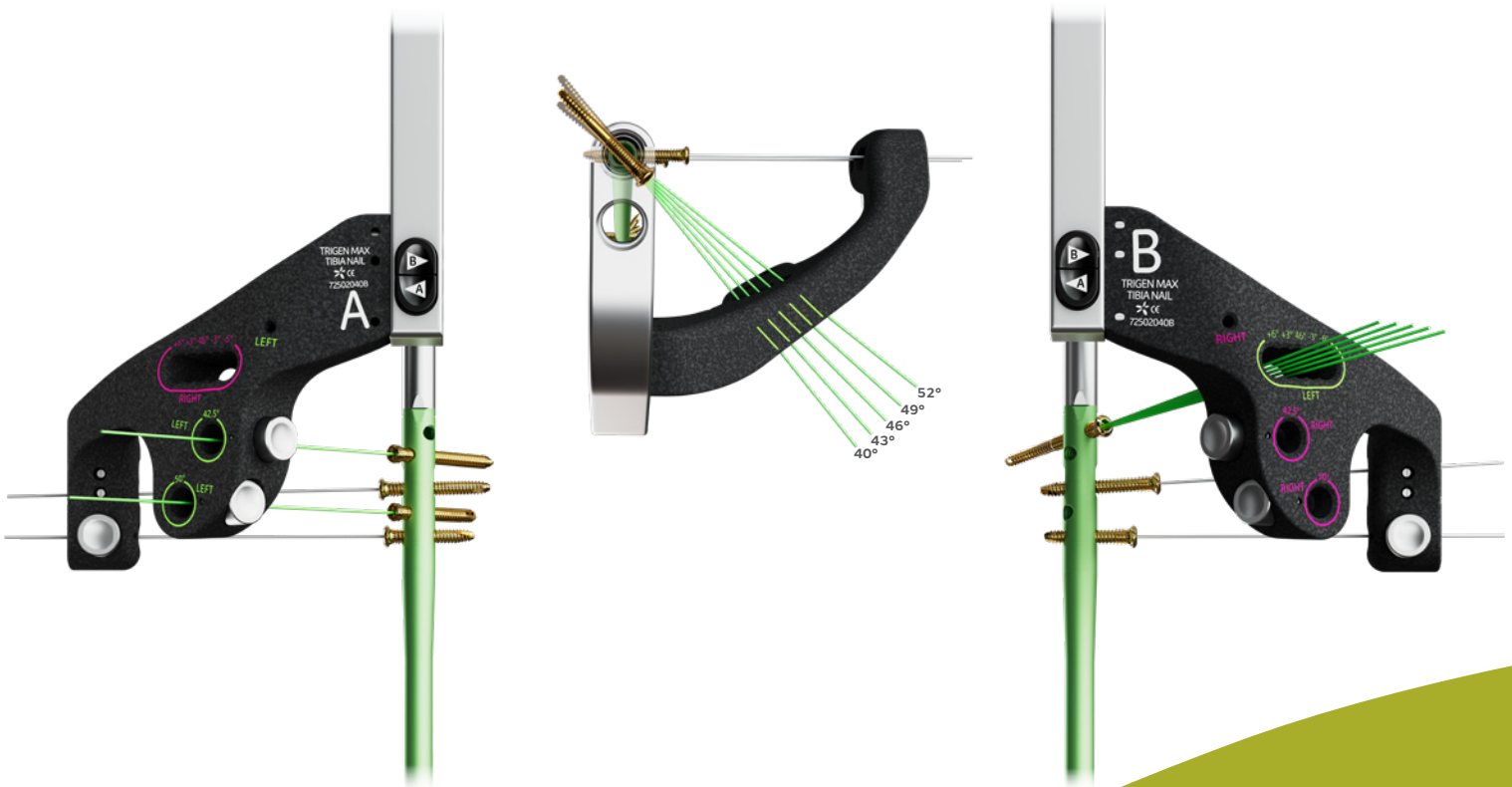
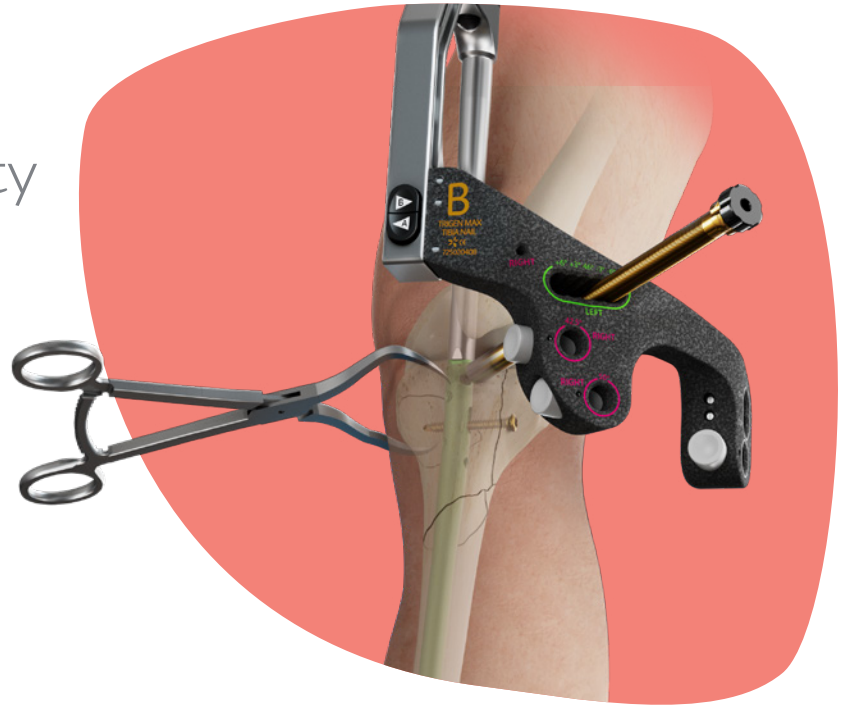


- **Low-profile & Headless Screws:** Headed screws are designed to be low-profile, while headless screws can be inserted flush with the bone.⁷ Both help minimize soft tissue irritation and accommodate plate placement.
- **Efficient Lag Screws for compression:** 5.0mm Lag Screws are designed to compress the fracture in one screw insertion step, streamlining the workflow.⁸
- **Secure screw anchorage:** Threaded screw holes combined with multiplanar screw configurations offer a stable, locked construct.^{10,11*‡}
- **Tactile feedback upon seating:** Locking screws are designed to provide tactile feedback so that the user can clearly feel when they're fully seated.⁸

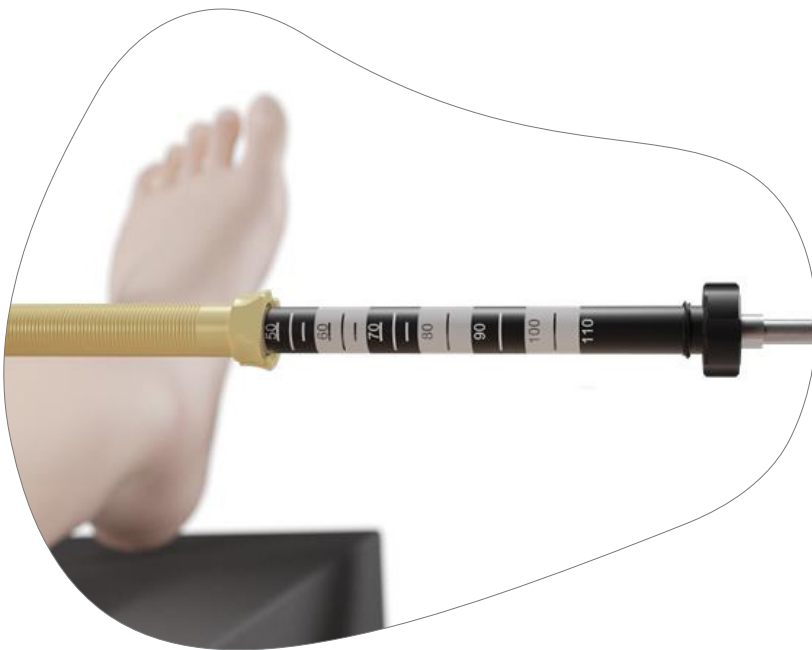
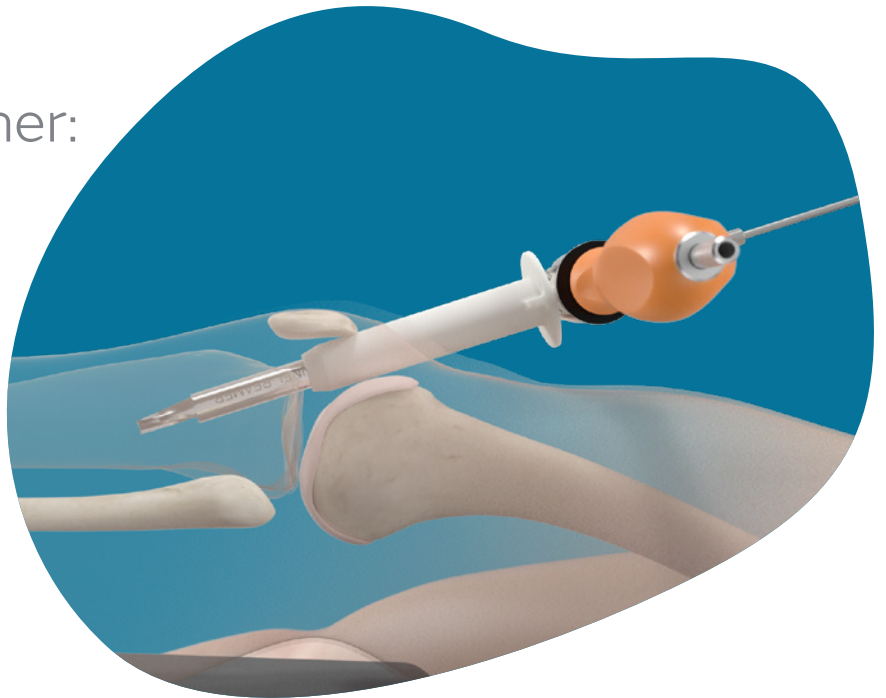
Instrumentation overview:

Discover the power to do things differently

Modular Drop System:
Designed for enhanced
visualization and flexibility



12.5mm Channel Reamer:
Designed for entry
point protection



Multiple
measurement methods:
Delivering ease
and flexibility

+ Next level nailing

The TRIGEN[®] MAX Tibia Nailing System supports surgeons in tackling complex tibia fractures with efficiency, ultimately optimizing patient recovery.^{1-8*}

"What takes the TRIGEN MAX Tibia Nailing System to the next level is its ability to reach fractures we never imagined treating with an intramedullary implant before – but we're there now," said Joseph R. Hsu, MD, Orthopaedic Trauma Surgeon at Atrium Health in Charlotte, NC. "It's not just a nail, it's a platform that allows us to rethink how we approach complex injuries. Most importantly, it makes those treatments reproducible. What's especially exciting is that the TRIGEN MAX system represents a truly patient-centered approach; from the design of the instruments to the implants themselves, it's all about optimizing recovery and addressing each patient's unique anatomy and potential complications."

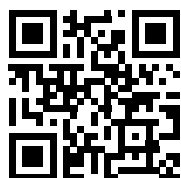
* Claims on the TRIGEN Tibial Nail System are based on evidence using TRIGEN META Tibia Nail

† n=19, semi-extended approach

‡ as demonstrated in benchtop testing

The clinician testimonial depicted in this brochure represents the individual clinician's own opinions, findings, beliefs, and/or experiences. Individual results will vary.

The clinician featured in this brochure is a paid consultant of Smith+Nephew.



Scan to view the TRIGEN[®] MAX
Tibia Nailing System Surgical
Technique animation

Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Smith+Nephew representative or distributor if you have questions about the availability of Smith+Nephew products in your area. For detailed product information, including indications for use, contraindications, precautions and warnings, please consult the product's applicable Instructions for Use (IFU) prior to use.

Smith & Nephew, Inc.
1450 Brooks Road
Memphis, TN 38116
USA

www.smith-nephew.com

[®]Trademark of Smith+Nephew.
All trademarks acknowledged.
©2026 Smith+Nephew.
48051 V2 08/26

References

1. Chan DS, Serrano-Riera R, Griffing R, et al. Suprapatellar Versus Infrapatellar Tibial Nail Insertion: A Prospective Randomized Control Pilot Study. *Journal of orthopaedic trauma*. 2016;30(3):130-134. **2.** Sun Q, Nie XY, Gong JP, et al. The outcome comparison of the suprapatellar approach and infrapatellar approach for tibia intramedullary nailing. *International Orthopaedics*. 2016;40(12):2611-2617. **3.** Say F, Bülbül M. Findings related to rotational malalignment in tibial fractures treated with reamed intramedullary nailing. *Archives of Orthopaedic and Trauma Surgery*. 2014;134(10):1381-1386. **4.** Beytemür O, Baris A, Albay C, Yüksel S, Çağlar S, Alagöz E. Comparison of intramedullary nailing and minimal invasive plate osteosynthesis in the treatment of simple intra-articular fractures of the distal tibia (AO-OTA type 43 C1-C2). *Acta orthopaedica et traumatologica turcica*. 2017;51(1):12-16. **5.** Sanders RW, Dipasquale TG, Jordan CJ, Arrington JA, Sagi HC. Semiextended intramedullary nailing of the tibia using a suprapatellar approach: Radiographic results and clinical outcomes at a minimum of 12 months follow-up. *Journal of Orthopaedic Trauma*. 2014;28(5):245-255. **6.** Smith+Nephew 2023, Internal Report 10092864 Ver A.7. I20-4GEN-A Verification Activity - TRIGEN MAX Tibial Nail **7.** Smith+Nephew 2023, Internal Report 10092852 Ver A. I20-4GEN-A Verification Activity - Screw Prominence **8.** Smith+Nephew 2023, Internal Report 10140753. I20-4GEN-A-TRIGEN MAX Tibia Validation Lab **9.** Smith+Nephew 2021. Construct Fatigue Testing of the Proximal Section of Tibial Nails. Internal Report. OR-21-080. **10.** Smith+Nephew 2006. Clinically Relevant Construct Fatigue Testing of the TRIGEN META Tibia Nail with a Proximal Fracture Model. Internal Report. OR-06-110. **11.** Smith+Nephew 2006. Clinically Relevant Construct Fatigue Testing of the TRIGEN META Tibia Nail with a Distal Fracture Model. Internal Report. OR-06-030