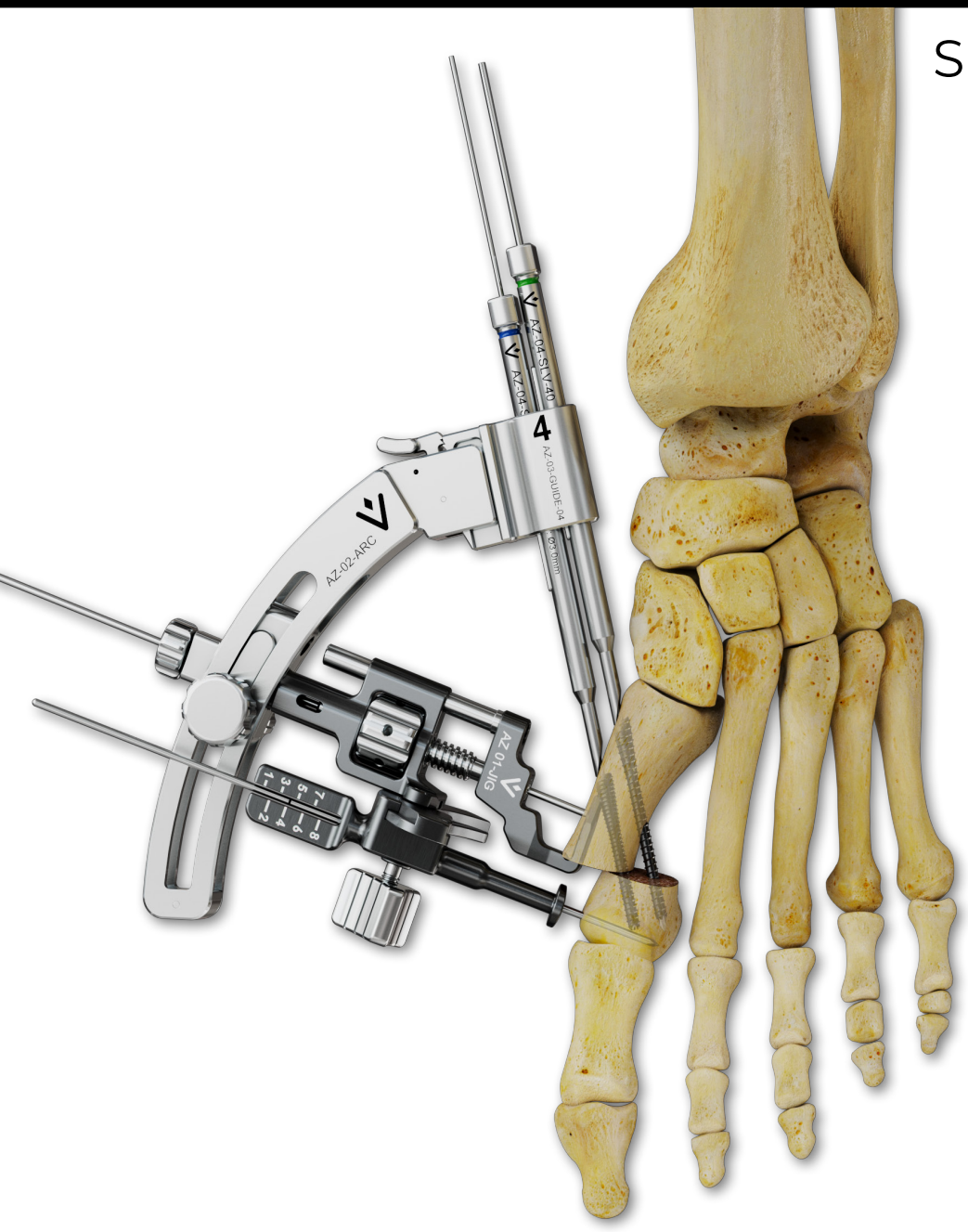
VILEX

ARTEMIS

MINIMALLY INVASIVE BUNION SYSTEM

Surgical Technique



ARTEMIS

Proper surgical procedures and techniques are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience.

For information on product availability in your area, please contact your local sales representative.

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INTRODUCTION

Minimally Invasive, Maximum Reconstruction

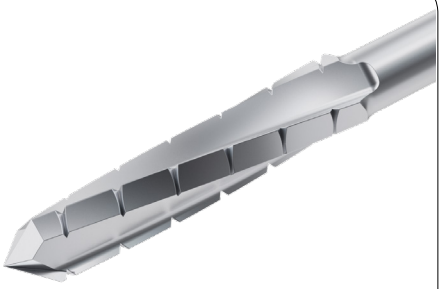
The ARTEMIS Minimally Invasive Bunion System, MIBS, provides comprehensive burr and implant options for the minimally invasive, percutaneous fixation in the foot and ankle. ARTEMIS screws are provided in diameters of 3.0mm and 4.0mm and are manufactured from titanium alloy (Ti-6Al-4V, per ASTM F136). ARTEMIS screws are offered in a comprehensive range of variable lengths in 2mm increments to provide solutions for a wide range of percutaneous fixation.

ARTEMIS implants have been designed with a chevron head and fully threaded cutting flutes to maximize compression by seating flush with the near cortex, preserving soft tissue structures.

Burr Options

Isham & Shannon Burrs

Diameter	Drill Tip Length
2mm	8mm
2mm	12mm
2.2mm	20mm
3.0mm	20mm
3.0mm	30mm



Wedge Burr

Diameter	Drill Tip Length
3mm	10mm
4mm	13mm

Implant Options

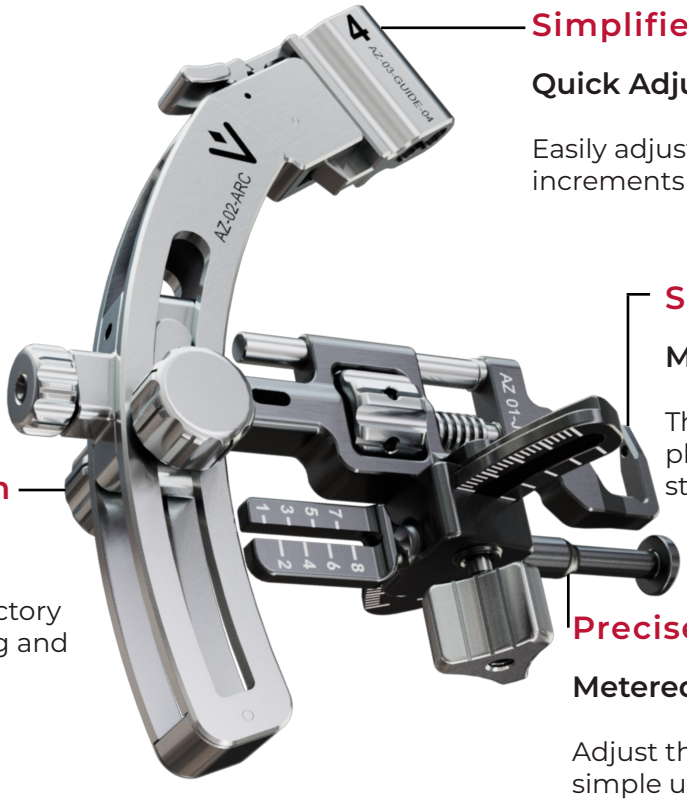
Constant Pitch Chamfer Head

Diameter	Lengths
3mm	12mm - 50mm (2mm inc.)
4mm	16mm - 70mm (2mm inc.)

ARTEMIS Surgical Technique

JIG & SCREW FEATURES

Precision Targeted Minimally Invasive Bunion Treatment



Simplified Screw Translation

Quick Adjust Drill Guide

Easily adjust screw trajectory M/L in 1mm increments by sizing the drill guide up or down.

Slotted Canal Hook

Metatarsal Shaft Stability & Translation

The slotted canal hook allows for K-Wire placement to the lateral cortex, enhancing stability and allowing for shaft translation.

Adjustable Rotation

Screw Angle Arch

Quickly adjust screw trajectory angle by unlocking, sliding and re-locking the guide arch.

Precise Capital Fragment Rotation

Metered Rotation & Enhanced Stability

Adjust the rotation of the capital fragment with a simple unlock/lock, in 1° degree increments.

Designed for Optimal Fixation

Constant Pitch

Optimal Fixation

Reduces the risk of complications due to over compression, especially in Hallux Valgus reconstruction.

45°

Chamfer Head Angle

Allows for flush implant seating with the near cortex to reduce soft tissue irritation.

Self Drillling

Three Cutting Flutes

Features forward cutting flutes designed to provide self drilling & tapping capability.

Cannulated

Cobalt Chrome

Cannulated for use with Cobalt Chrome guide wires to allow for precise placement with enhanced pull out strength.

ARTEMIS Surgical Technique

INDICATIONS & CONTRAINDICATIONS

Indications

TITANEX® ARTEMIS Screw System is indicated for fracture fixation, osteotomies, reconstruction procedures and arthrodesis in the foot and ankle.

Contraindications

Do not use Vilex implants in the presence of any contraindication. Contraindications include, but are not limited to:

- Conditions that restrict the patient's ability or willingness to follow post-operative instructions
- Presence of overt infection and/or localized inflammation
- Active infections in or near the fixation site
- Blood supply limitation
- Rapid joint disease, bone absorption, osteopenia, and/or osteoporosis
- Sepsis
- Suspected or documented metal allergy or intolerance
- Any patient having inadequate tissue coverage over the operative site
- Patients with certain metabolic diseases
- Any time implant utilization would interfere with anatomical structures or expedited physiological performance, such as impinging on vital structures
- Severe comminuted fractures such that segments may not be maintained in satisfactory proximate reduction
- Displaced, non-reduced fractures with bone loss
- All applications that are not defined by the indications are contraindicated

MRI Statement

The TITANEX™ ARTEMIS Screw System has not been evaluated for safety in the MR environment. It has not been tested for heating or unwanted movement in the MR environment. The safety of the TITANEX™ ARTEMIS Screw System in the MR environment is unknown. Performing an MR exam on a person who has this medical device may result in injury or device malfunction.

ARTEMIS Surgical Technique

FREEHAND OPERATIVE GUIDE

General Overview

The Surgical Technique steps listed below are designed to provide a general overview on the instruments and procedure for implanting a TITANEX® ARTEMIS Screw.

1. Planning & Preparation

Create a procedure-specific incision over the desired region and dissect to the bone anatomy.

The incision should be large enough to allow the necessary surgical steps – at minimum the incision must be large enough to allow the desired screw size and instruments to pass through, at least 0.5 cm.

2. Wire Insertion

After incision, determine the correct Guide Wire (AZ-K190-XXC) for the selected screw size and insert it into the bone. Confirm final wire placement position under flouroscopy.

Wire	Screw Diameter
1.1mm Wire	3.0mm Screws
1.6mm Wire	4.0mm Screws

NOTE: The system specific instruments are located in the same modular caddy as the intended screw size.

3. Length Measurement

Once final wire position has been confirmed, select the appropriate depth gauge and place the gauge over the guide wire, advancing it until the tip of the gauge rests firmly against the near bone surface.

Depth Gauge	Screw Diameter
AZ-DPTH	3.0mm Screws
AZ-DPTH	4.0mm Screws

INSTRUMENTS USED

WIRE

AZ-K190-XXC

DEPTH GAUGE

AZ-DPTH

Once in place, the position of the end of the wire against the depth gauge scale will accurately reflect the screw length needed.

Use fluoroscopy, direct visual assessment, or tactile feel to ensure that the wire tip is in the correct location before final determination of length: read the depth off of the depth gauge scale only when the end of the wire within the patient accurately represents the desired end of the screw.

NOTE: Measurement compensation may be needed for fracture reduction, osteotomy shift, washer height (if using a washer), off-angle measuring, and weak bone density. Subtracting 1-2mm from the indicated measurement may be appropriate if these conditions

4. Pre-Drilling

NOTE: All screws within the system are self-drilling and self-tapping.

If desired, the bone may be pre-drilled in preparation for screw insertion; this may be useful in cases where hard cortical bone is present.

Insert the size-specific drill into the desired driver handle using the quick-connect mechanism.

Drill	Screw Diameter
2.6mm	3.0mm Screws
3.3mm	4.0mm Screws

Alternatively, power may be used, though low speed is recommended to reduce the chance of over-drilling or damaging the guide wire.

Place the drill over the guide wire and drill clockwise through the bone to the desired depth (use fluoroscopy or direct visual assessment to determine the wire tip position relative to the drill).

NOTE: Drilling all the way to the wire tip may cause the wire to lose hold within the bone.

INSTRUMENTS USED

2.6MM DRILL

AZ-D130-26

3.3MM DRILL

AZ-D150-33

5. Implantation

Insert the size-specific driver into the desired driver handle using the quick-connect mechanism. Power is not recommended for the screw insertion process.

Driver	Screw Diameter
T10	3.0mm Screws
T15	4.0mm Screws

Remove the appropriate length screw from the caddy and place the screw over the guide wire.

Place the driver over the guide wire and insert the driver tip into the head of the screw, ensuring the driver is fully seated into the screw head as deep as possible.

Advance the screw into the bone by turning the driver clockwise, allowing the threading to self-tap into the bone. Applying firm linear pressure during the driving process ensures that the driver stays seated within the screw for the duration of the process, minimizing any chance of the screw head stripping.

Increased resistance will be felt when the screw head contacts the near cortex – visually assess the screw head seating to ensure it is as desired.

Multi-planar fluoroscopy is recommend to be used during the insertion process to ensure the screw is positioned correctly and the desired depth is achieved

6. Wire Removal

After the screw is fully-seated, grasp the wire and apply linear pressure away from the screw to remove the guide wire from the surgical incision and screw.

Once the wire has been removed, perform a final verification using fluoroscopy to ensure that the screw is fully-seated and the depth is as desired.

Repeat the previous steps as many times as needed to install the desired number of screws for the specific surgical procedure.

INSTRUMENTS USED

CANNULATED T10 DRIVER

AZ-DT10-CR

CANNULATED T15 DRIVER

AZ-DT15-CR

7. Closure & Post Operative Care

After the final screw has been placed, ensure all instrumentation is removed from the surgical incision. Irrigate the incision and perform a surgical closure of the soft tissue.

Postoperative care is the responsibility of the medical professional.

8. Implant Removal

Insert the size-specific driver into the desired AO driver handle using the quick-connect mechanism.

Driver	Screw Diameter
T10	3.0mm Screws
T15	4.0mm Screws

Utilize the Implant Driver on the ratcheting Handle to back out the screw by engaging with the screw head and turning counterclockwise on the screw.

INSTRUMENTS USED

CANNULATED T10 DRIVER

AZ-DT10-CR

CANNULATED T15 DRIVER

AZ-DT15-CR

ARTEMIS Surgical Technique

TARGETED OPERATIVE GUIDE

General Overview

The Surgical Technique steps listed below are designed to provide a general overview on the instruments and procedure for implanting a TITANEX® ARTEMIS Screw, utilizing a PETA Osteotomy and ARTEMIS MIBS Targeted Jig.

1. Planning & Preparation

Using an ink marker, draw the following reference marks on the skin over the metatarsal :

- Line on the medial side of the metatarsal defining the intended plane of the fixation screws
- Line on the medial side of the metatarsal indicating the intended location of the osteotomy **FIGURE 1**

FIGURE 1

Create a small 4-5mm incision portal, dorsolateral (MICA Osteotomy) or Medial (PETA Osteotomy) at the level of the distal metaphysal-diaphyseal junction of the first metatarsal. Utilizing a Periosteal Elevator (AZ-ELEV-ST), carefully create a small working space in the portal, ensuring the medial cutaneous nerve is not damaged.

Complete the desired osteotomy through incision portal utilizing the 2.2 X 20mm Isham Burr. **FIGURE 2**

FIGURE 2

INSTRUMENTS USED

PERIOSTEAL ELEVATOR, SINGLE

AZ-ELEV-ST

2.2MM X 20MM ISHAM BURR

DI222075R

NOT INCLUDED IN ARTEMIS MIBS TRAY
ORDER ARTEMIS BURR KIT

Utilizing fluoroscopy, confirm that the osteotomy has been completed. The Periosteal Elevator may be inserted across the incision site to distract the osteotomy and free any remaining attachments.

2. Jig Placement

Insert the intramedullary canal hook of the ARTEMIS MIBS Jig (AZ-01-JIG) through the incision into the intramedullary canal.

Advance the capital fragment shifter until it contacts the soft tissue on the medial side of the metatarsal head. **FIGURE 3**

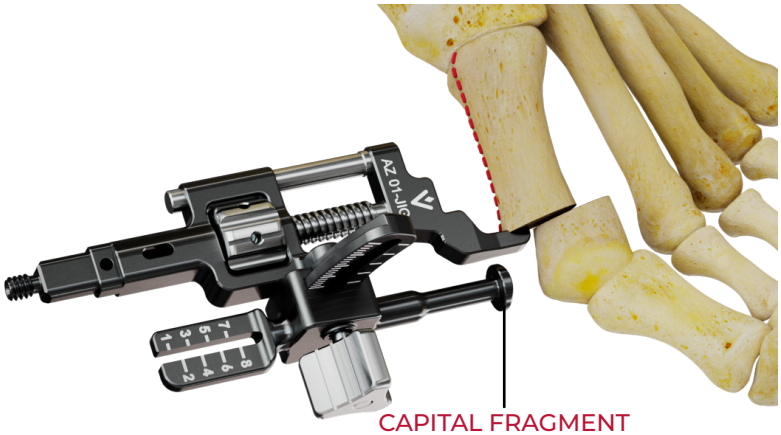


FIGURE 3

Ensure the jig is level with the desired screw plane and place the Hook Locking Pin (AZ-P150-16), marked P1, through the jig until it contacts the canal hook. Alternatively, the Locking Pin can be advanced to the lateral cortex by advancing through the canal hook. **FIGURE 4**

The purpose of the pin is to:

1. Limit the rotation of the frame about the canal hook axis
2. Prevent the hook from backing out of the intramedullary canal

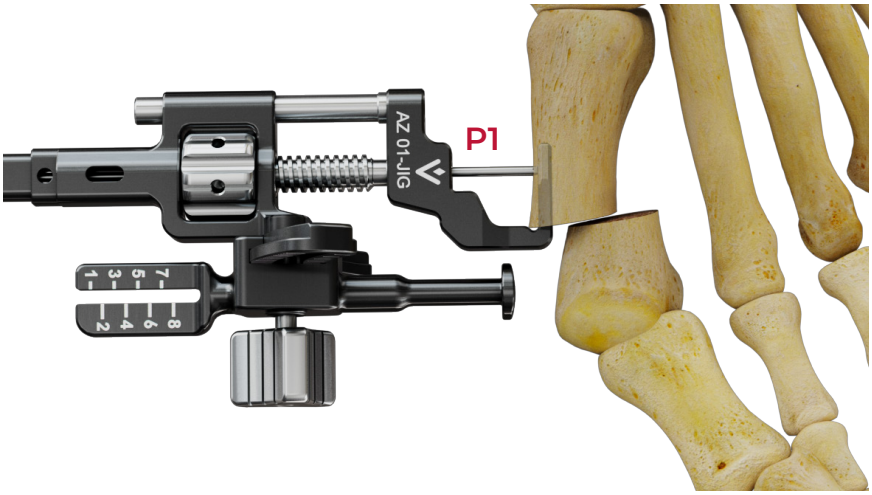


FIGURE 4

INSTRUMENTS USED

ARTEMIS MIBS JIG

AZ-01-JIG

LOCKING PIN, 2.2MM X 102MM

AZ-P102-22

Insert the Capital Fragment Wire (AZ-P150-16), marked P2, into the capital fragment through the shifter.

Under fluoroscopic imaging, advance the wire tip to the desired lateral screw tip location. **FIGURE 5**

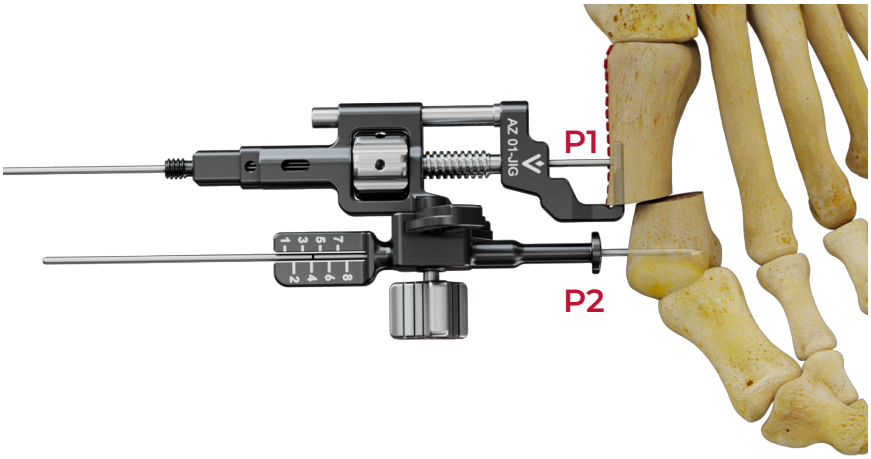


FIGURE 5

NOTE: The pin should be advanced until the surgeon feels that the tip contacts the lateral cortex of the capital fragment (resistance increases).

Use the laser mark on the Capital Fragment Wire, P2, as a reference for which Drill Guide should be used. **FIGURE 6**

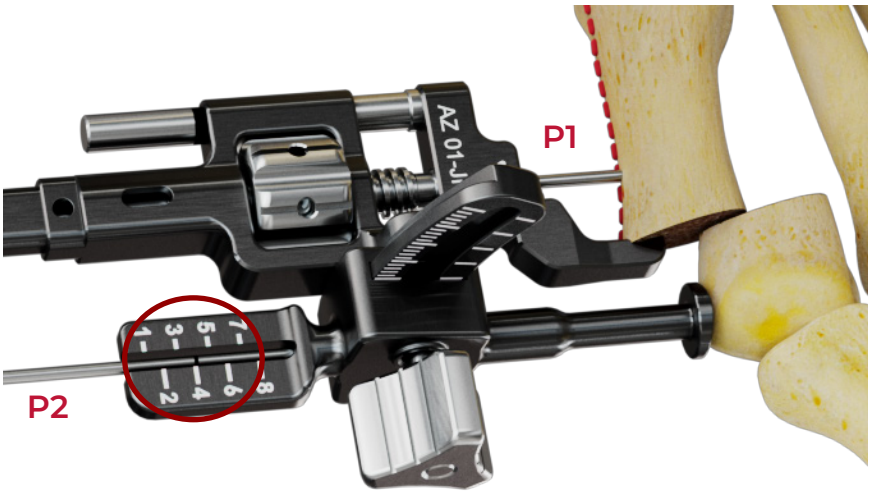


FIGURE 6

NOTE: Size indicators represent the screw end location of the distal tip of the lateral screw. The medial screw will be approximately 8mm medial of the lateral screw placement, as indicated by the Capital Fragment Wire, P2.

INSTRUMENTS USED

CAPITAL FRAGMENT WIRE, 1.6MM

AZ-P150-16

3. Jig Translation

Translation and capital fragment rotation can be performed in any order. Surgeon preference can determine which will be performed first:

Shift the capital fragment laterally, and the metatarsal shaft medially by rotating the translation knob clockwise. Continue shifting until first tarsometatarsal joint is locked out into varus. **FIGURE 7**

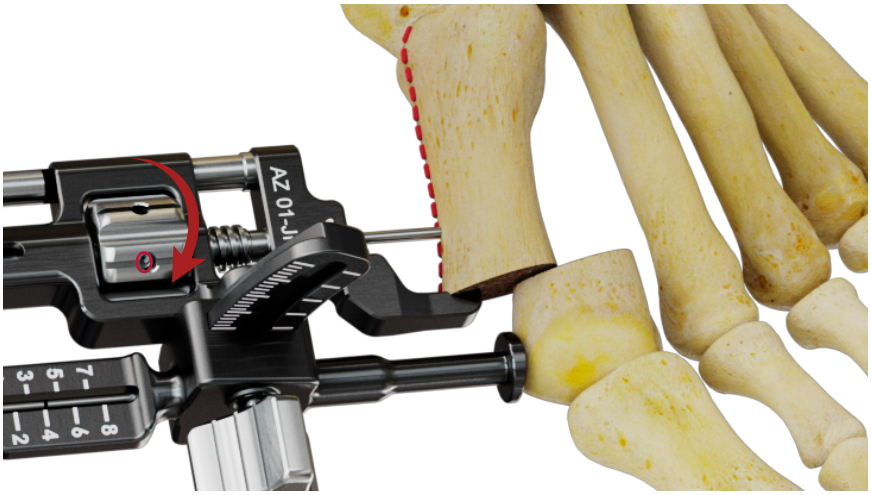


FIGURE 7

NOTE: To get greater torque when translating, an ARTEMIS MIBS Pin (AZ-P1-2-22) can be placed through the holes of the translation knob.

Once the metatarsal shaft has been translated, the capital fragment can be rotated by unlocking the knob on the capital fragment shifter by turning it counter-clockwise.

The capital fragment can be rotated once unlocked, by raising or lowering the knob along the measured scale. The scale is measured in 1° degree increments. **FIGURE 8**

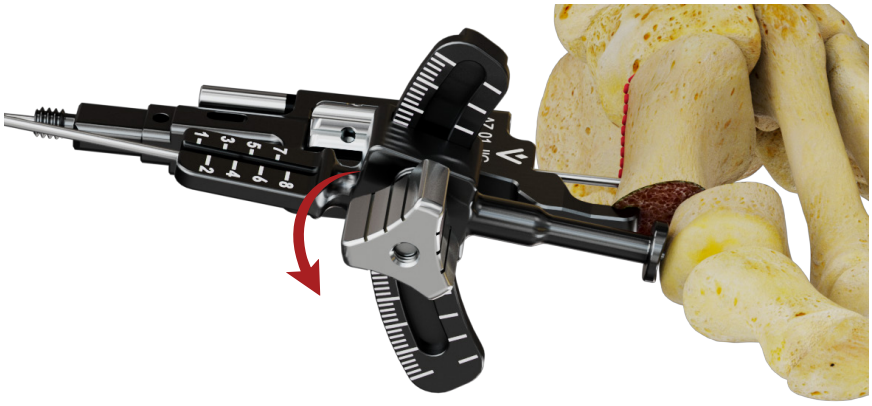


FIGURE 8

Once desired rotation translation has been achieved, lock the capital fragment shifter by turning the knob clockwise.

INSTRUMENTS USED

PIN, 2.2MM x 102MM

AZ-P102-22

Slide the Drill Guide Arch (AZ-02-ARC) over the P1 Wire, over the threaded base on the jig.

Lock the Drill Guide Arch in place by turning the locking knob clockwise. **FIGURE 9**

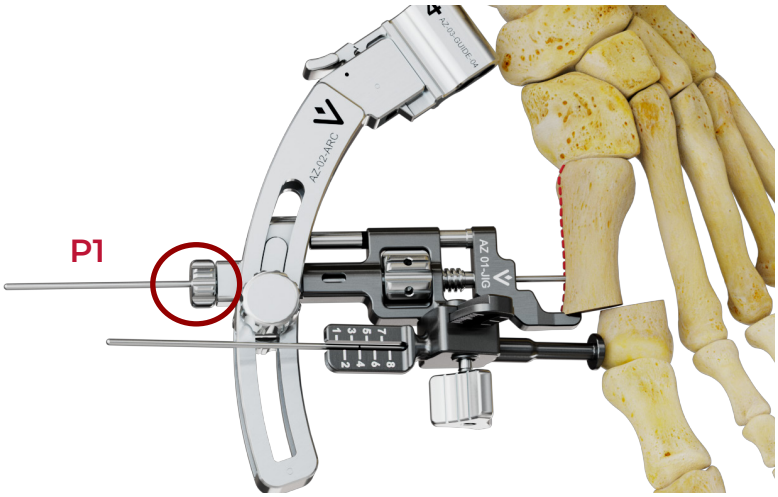


FIGURE 9

Attach the Drill Guide (AZ-03-GUIDE-0X), that corresponds with the size indicated by the P2 wire in the capital fragment shifter in previous steps, on the Drill Guide Arch. **FIGURE 10**

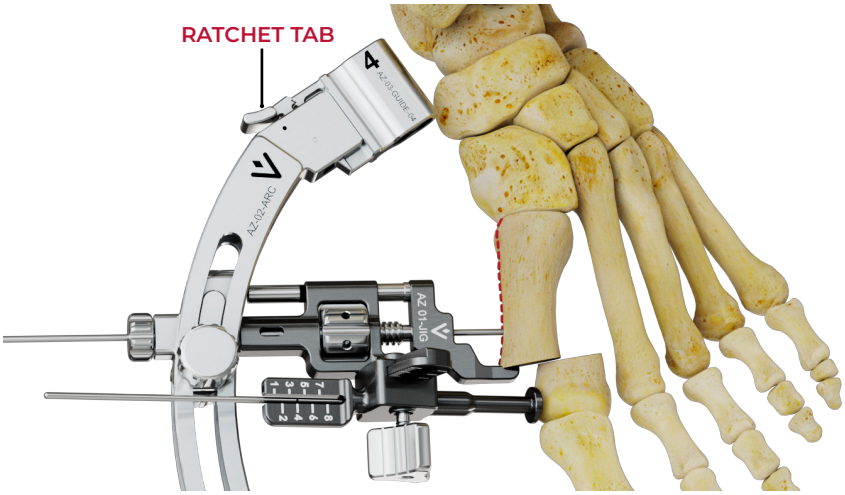


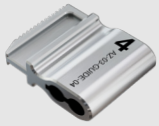
FIGURE 10

NOTE: When reviewing the screw trajectory provided by the Drill Guide, if it is desired to shift the trajectory lateral or medial, the Drill Guide can be sized up or down. The sizing between Drill Guides is 1mm. *Ex: To shift the construct pictured above medial by 1mm, exchange the size 4 Drill Guide for a size 3 Drill Guide. To shift the trajectory lateral by 1mm, exchange the size 4 Drill Guide for a size 5 Drill Guide.*

INSTRUMENTS USED

DRILL GUIDE ARCH

AZ-02-ARC



DRILL GUIDE

AZ-03-GUIDE-0X

Drill Guide arch trajectory can also be adjusted, arch and Drill Guide should be adjusted simultaneously to optimize screw entry positions.

Unlock arch rotation by turning the locking screw counterclockwise. Slide the arch as far as possible until the drill guide contacts the patient's foot. **FIGURE 11**

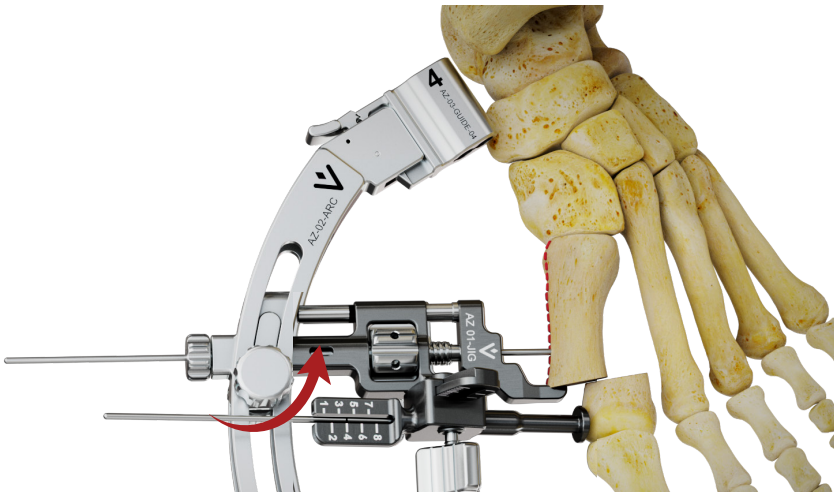


FIGURE 11

Once the optimum arch and Drill Guide have been selected, lock arch rotation by turning the locking screw clockwise.

4. Wire Placement

Select the Wire Sleeve (AZ-04-SLV-X0) that corresponds with the screw diameter desired:

Sleeve	Wire	Screw Diameter
Blue	1.1mm Wire	3.0mm Screws
Green	1.6mm Wire	4.0mm Screws

Create a small stab incision to advance the selected Wire Sleeve to the bone surface.

Ensure the tip of the Wire Sleeve is oriented properly and contacting bone to prevent the k-wire from skiving. **FIGURE 12**

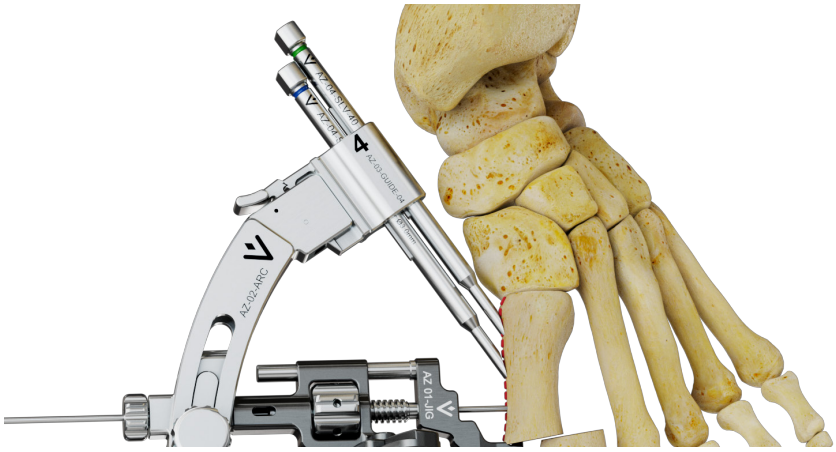
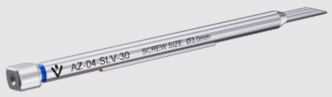


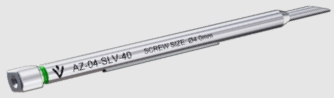
FIGURE 12

INSTRUMENTS USED



WIRE SLEEVE, 3.0MM SCREWS

AZ-04-SLV-30



WIRE SLEEVE, 4.0MM SCREWS

AZ-04-SLV-40

NOTE: The medial wire sleeve may be left out during the lateral wire placement for ease of use.

Insert the lateral K-Wire (AZ-K190-XXC) into the metatarsal using fluoroscopic imaging to control depth.

While the K-Wire is penetrating the medial cortex of the metatarsal, use a finger to press the tip of the wire sleeve against the bone. Use the dorsal view to ensure the k-wire does not skive on the lateral cortex as it is advanced.

Use anterior-lateral and dorsal views to ensure the k-wire does not skive in the medial/lateral or dorsal/plantar directions.

Insert the medial K-Wire into the metatarsal using fluoroscopic imaging to control depth. **FIGURE 13**

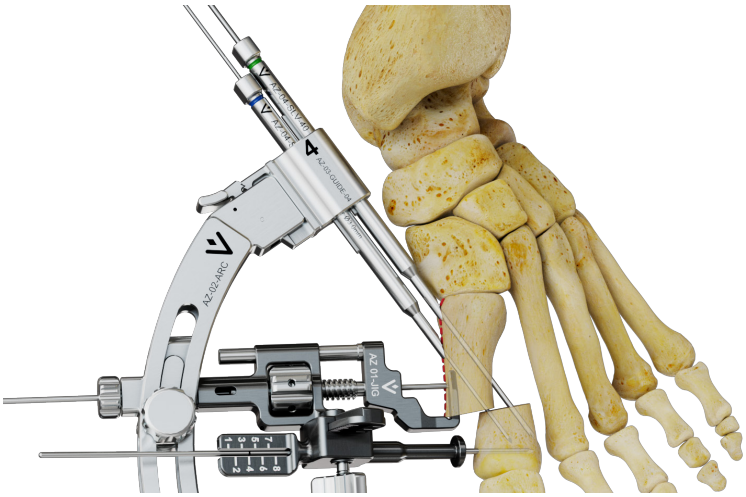


FIGURE 13

NOTE: If the P1 Wire was advanced to the lateral cortex in previous steps, it may now be backed out if it obstructs the K-Wires from advancing.

NOTE: The direct lateral view may be obscured by the instrument. However, confirmation of the planar trajectory of the k-wire is critical. If k-wires are obscured by the instrument, take fluoroscopic images from the anterior, medial side of the foot.

Once final wire position has been confirmed, remove the Wire Sleeves. Utilize the Depth Gauge (AZ-DEPTH) to determine the desired screw length.

Place the gauge over the guide wire, advancing it until the tip of the gauge rests firmly against the near bone surface.

Use fluoroscopy, direct visual assessment, or tactile feel to ensure that the wire tip is in the correct location before final determination of length: read the depth off of the depth gauge scale only when the end of the wire within the patient accurately represents the desired end of the screw.

NOTE: Measurement compensation may be needed for fracture reduction, osteotomy shift, washer height (if using a washer), off-angle measuring, and weak bone density. Subtracting 1-2mm from the indicated measurement may be appropriate if these conditions exist.

INSTRUMENTS USED

K-WIRE

AZ-K190-XXC

DEPTH GAUGE

AZ-DPTH

5. Pre-Drilling

NOTE: All screws within the system are self-drilling and self-tapping.

If desired, the bone may be pre-drilled in preparation for screw insertion; this may be useful in cases where hard cortical bone is present.

Insert the size-specific Drill (AZ-D130-XX) into the desired driver handle using the quick-connect mechanism.

Drill	Screw Diameter
2.6mm	3.0mm Screws
3.3mm	4.0mm Screws

Alternatively, power may be used, though low speed is recommended to reduce the chance of over-drilling or damaging the guide wire.

Place the drill over the guide wire and drill clockwise through the bone to the desired depth (use fluoroscopy or direct visual assessment to determine the wire tip position relative to the drill). **FIGURE 14**

NOTE: Drilling all the way to the wire tip may cause the wire to lose hold within the bone.

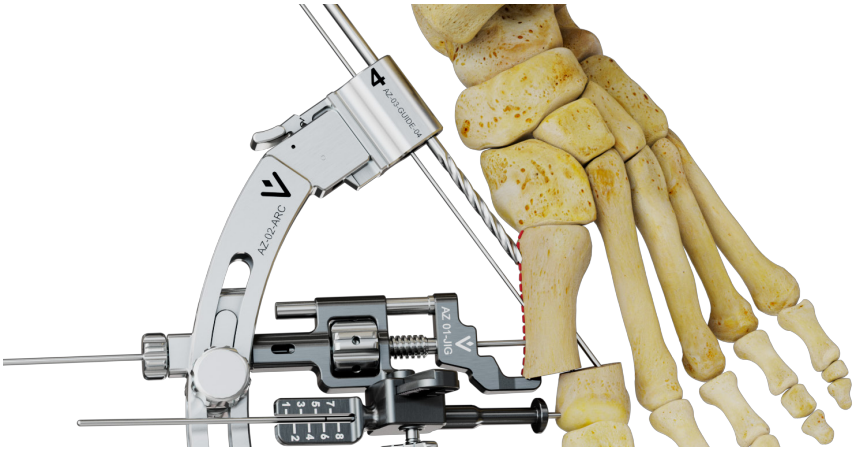


FIGURE 14

6. Implantation

Insert the size-specific Driver (AZ-DT1X-CR) into the desired Driver Handle (H254) using the quick-connect mechanism.

Power is not recommended for the screw insertion process.

Driver	Screw Diameter
T10	3.0mm Screws
T15	4.0mm Screws

INSTRUMENTS USED

2.6MM DRILL

AZ-D130-26

3.3MM DRILL

AZ-D150-33

CANNULATED T10 DRIVER

AZ-DT10-CR

CANNULATED T15 DRIVER

AZ-DT15-CR

Insert the lateral screw into the metatarsal over the k-wire and through the drill guide to control the trajectory. **FIGURE 15**

FIGURE 15

Insert the medial screw into the metatarsal over the k-wire and through the drill guide to control the trajectory. **FIGURE 16**

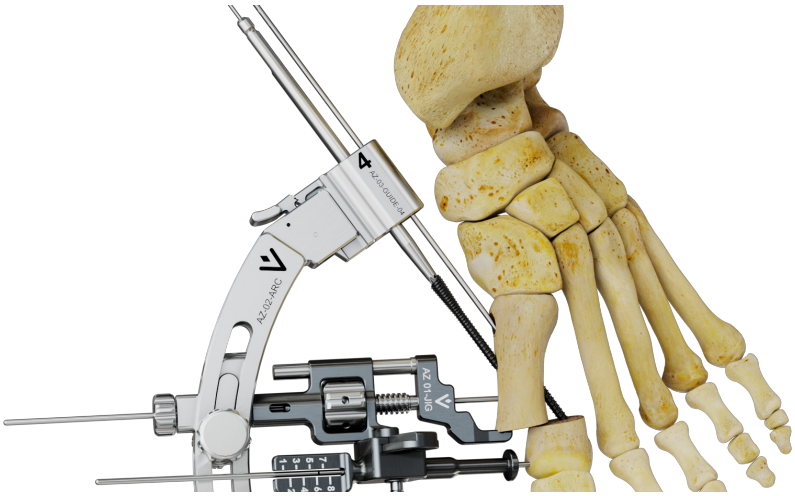


FIGURE 16

NOTE: Screws should be inserted to a depth that minimizes head prominence and aligns the chamfer with the metatarsal.

Use fluoroscopic imaging to confirm the position of the screws and the capital fragment. Once final screw position has been confirmed, remove k-wires, fixation pins, and jig.

INSTRUMENTS USED

CANNULATED T10 DRIVER

AZ-DT10-CR

CANNULATED T15 DRIVER

AZ-DT15-CR

Complete additional bone removal and Akin Osteotomy procedures as necessary. **FIGURE 17**

FIGURE 17

7. Closure & Post Operative Care

After the final screw has been placed, ensure all instrumentation is removed from the surgical incision. Irrigate the incision and perform a surgical closure of the soft tissue.

Postoperative care is the responsibility of the medical professional.

8. Implant Removal

Insert the size-specific driver into the desired AO driver handle using the quick-connect mechanism.

Driver	Screw Diameter
T10	3.0mm Screws
T15	4.0mm Screws

Utilize the Implant Driver on the ratcheting Handle to back out the screw by engaging with the screw head and turning counterclockwise on the screw.

INSTRUMENTS USED

CANNULATED T10 DRIVER

AZ-DT10-CR

CANNULATED T15 DRIVER

AZ-DT15-CR

ARTEMIS Surgical Technique

Part Reference Guide

INSTRUMENTS

Part Number	Description
AZ-K190-11C	K-Wire, Ø1.1 x 190mm CoCr
AZ-K190-16C	K-Wire, Ø1.6 x 190mm CoCr
AZ-DPTH	Depth Gage, for Ø3.0/Ø4.0 Artemis Screws
AZ-D130-26	Drill, Cannulated, Ø2.6mm x 6”
AZ-D150-33	Drill, Cannulated Ø3.3mm x 6”
AZ-DT10-CR	Cannulated T10 Straight Driver
AZ-DT15-CR	Cannulated T15 Straight Driver
H254	AO Handle
AZ-WG25	Parallel Wire Guide, 25°
AZ-WG30	Parallel Wire Guide, 30°
AZ-TTP30-40	Soft Tissue Protector
AZ-ELEV-DT	Periosteal Elevator, Double Tip
AZ-ELEV-ST	Periosteal Elevator, Single Tip
AZ-TS3040	Tissue Shield
AZ-P150-16	ARTEMIS MIBS Pin, 1.6mm x 150mm
AZ-P102-22	ARTEMIS MIBS Pin, 2.2mm x 102mm
AZ-01-JIG	ARTEMIS MIBS Jig
AZ-02-ARC	MIBS Drill Guide Arch Assembly
AZ-03-GUIDE-01	ARTEMIS MIBS Drill Guide - 01
AZ-03-GUIDE-02	ARTEMIS MIBS Drill Guide - 02
AZ-03-GUIDE-03	ARTEMIS MIBS Drill Guide - 03
AZ-03-GUIDE-04	ARTEMIS MIBS Drill Guide - 04
AZ-03-GUIDE-05	ARTEMIS MIBS Drill Guide - 05
AZ-03-GUIDE-06	ARTEMIS MIBS Drill Guide - 06
AZ-03-GUIDE-07	ARTEMIS MIBS Drill Guide - 07
AZ-03-GUIDE-08	ARTEMIS MIBS Drill Guide - 08
AZ-04-SLV-30	ARTEMIS MIBS Wire Sleeve Assembly, 3.0mm
AZ-04-SLV-40	ARTEMIS MIBS Wire Sleeve Assembly, 4.0mm

BURR KIT* Ordered Separately

Part Number	Description
AZ-RDR41	ARTEMIS 4:1 Reducer
DI208065R	Burr, Isham Short Straight Flute 2mm x 8mm x 65mm
DI201265R	Burr, Isham Short Straight Flute 2mm x 12mm x 65mm
DI222075R	Burr, Isham Short Straight Flute 2mm x 20mm x 75mm
DS302075R	Burr, Long Straight Shannon Flute 3mm x 20mm x 75mm
DS3030100R	Burr, Long Straight Shannon Flute 3mm x 30mm x 100mm
DW311065R	Wedge Burr 3mm x 30mm x 65mm
DW411365R	Wedge Burr 4mm x 13mm x 65mm

3.0MM CONSTANT PITCH CHAMFER SCREW

Part Number	Description
AC30-12T-11C	TITANEX ARTEMIS 3.0 x 12mm Screw
AC30-14T-11C	TITANEX ARTEMIS 3.0 x 14mm Screw
AC30-16T-11C	TITANEX ARTEMIS 3.0 x 16mm Screw
AC30-18T-11C	TITANEX ARTEMIS 3.0 x 18mm Screw
AC30-20T-11C	TITANEX ARTEMIS 3.0 x 20mm Screw
AC30-22T-11C	TITANEX ARTEMIS 3.0 x 22mm Screw
AC30-24T-11C	TITANEX ARTEMIS 3.0 x 24mm Screw
AC30-26T-11C	TITANEX ARTEMIS 3.0 x 26mm Screw
AC30-28T-11C	TITANEX ARTEMIS 3.0 x 28mm Screw
AC30-30T-11C	TITANEX ARTEMIS 3.0 x 30mm Screw
AC30-32T-11C	TITANEX ARTEMIS 3.0 x 32mm Screw
AC30-34T-11C	TITANEX ARTEMIS 3.0 x 34mm Screw
AC30-36T-11C	TITANEX ARTEMIS 3.0 x 36mm Screw
AC30-38T-11C	TITANEX ARTEMIS 3.0 x 38mm Screw
AC30-40T-11C	TITANEX ARTEMIS 3.0 x 40mm Screw
AC30-42T-11C	TITANEX ARTEMIS 3.0 x 42mm Screw
AC30-44T-11C	TITANEX ARTEMIS 3.0 x 44mm Screw
AC30-46T-11C	TITANEX ARTEMIS 3.0 x 46mm Screw
AC30-48T-11C	TITANEX ARTEMIS 3.0 x 48mm Screw
AC30-50T-11C	TITANEX ARTEMIS 3.0 x 50mm Screw

4.0MM CONSTANT PITCH CHAMFER SCREW

Part Number	Description
AC40-16T-16C	TITANEX ARTEMIS 4.0 x 16mm Screw
AC40-18T-16C	TITANEX ARTEMIS 4.0 x 18mm Screw
AC40-20T-16C	TITANEX ARTEMIS 4.0 x 20mm Screw
AC40-22T-16C	TITANEX ARTEMIS 4.0 x 22mm Screw
AC40-24T-16C	TITANEX ARTEMIS 4.0 x 24mm Screw
AC40-26T-16C	TITANEX ARTEMIS 4.0 x 26mm Screw
AC40-28T-16C	TITANEX ARTEMIS 4.0 x 28mm Screw
AC40-40T-16C	TITANEX ARTEMIS 4.0 x 40mm Screw
AC40-42T-16C	TITANEX ARTEMIS 4.0 x 42mm Screw
AC40-44T-16C	TITANEX ARTEMIS 4.0 x 44mm Screw
AC40-46T-16C	TITANEX ARTEMIS 4.0 x 46mm Screw
AC40-48T-16C	TITANEX ARTEMIS 4.0 x 48mm Screw
AC40-40T-16C	TITANEX ARTEMIS 4.0 x 40mm Screw
AC40-42T-16C	TITANEX ARTEMIS 4.0 x 42mm Screw
AC40-44T-16C	TITANEX ARTEMIS 4.0 x 44mm Screw
AC40-46T-16C	TITANEX ARTEMIS 4.0 x 46mm Screw
AC40-48T-16C	TITANEX ARTEMIS 4.0 x 48mm Screw
AC40-50T-16C	TITANEX ARTEMIS 4.0 x 50mm Screw
AC40-52T-16C	TITANEX ARTEMIS 4.0 x 52mm Screw
AC40-54T-16C	TITANEX ARTEMIS 4.0 x 54mm Screw
AC40-56T-16C	TITANEX ARTEMIS 4.0 x 56mm Screw
AC40-58T-16C	TITANEX ARTEMIS 4.0 x 58mm Screw
AC40-60T-16C	TITANEX ARTEMIS 4.0 x 60mm Screw
AC40-62T-16C	TITANEX ARTEMIS 4.0 x 62mm Screw
AC40-64T-16C	TITANEX ARTEMIS 4.0 x 64mm Screw
AC40-66T-16C	TITANEX ARTEMIS 4.0 x 66mm Screw
AC40-68T-16C	TITANEX ARTEMIS 4.0 x 68mm Screw
AC40-70T-16C	TITANEX ARTEMIS 4.0 x 70mm Screw

Learn more about the
ARTEMIS System

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