**STEP 1: JOINT EXPOSURE**

- Make a 2 cm glabrous skin incision centered on the CMC joint exposing palmar edge of the APL.
- Make capsular incision along APL.
- Elevate capsule edges and APL to expose radial horn of trapezium.

Elevate the APL. Open Capsule under APL, between AOL and DRL.

**STEP 2: JOINT SPACE PREPARATION**

- If the peripheral rasp cannot be inserted across the joint, there may be too much trapezial curvature. The trapezium should be flattened, using a rongeur, until the rasp can cross the joint space.
- Remove any osteophytes that are interfering with the saddle rasp, using a rongeur or burr. Shape the base of the metacarpal with arcing pull strokes of the rasp.
**STEP 3: TRIAL SIZING**

The trial should insert easily across the joint and be stable. If not, assess the A/P radiograph, then continue to remove osteophytes and shape joint surfaces to create more joint space.

Under fluoroscopy, evaluate Trial-Implant sizing:

a. The trial does not interfere with range of motion of the joint.

b. The metacarpal base is wrapped with the trial.

c. There is center contact of the implant on both the metacarpal and trapezium.

**STEP 4: IMPLANT INSERTION**

Use trial to confirm implant orientation before inserting.