

Valkyrie	Traditional Metal Plates
• Valkyrie PEEK plates automatically contour to the patient’s anatomy without the need for pre-bending. • Valkyrie plates can be easily cut with a variety of common cutting instruments in the event of emergent re-entry.	• Must use bending tools and trial and error to bend the metal to match the shape of the sternum. Inexact and time consuming. • Metal plates are difficult to cut, requiring strength and specialized tools.
• Valkyrie screws create their own threads in the plate during insertion, eliminating the chance for cross threading or stripping regardless of screw angle. Screws lock into the plate properly 100% of the time.	• Threads on the screw and the threads in the plate must mate perfectly to create a lock. Angling the screw in any direction increases the chances of cross threading or stripping. Screw backout is by far the number 1 complaint in FDA MAUDE reports.
• Valkyrie plates are radiolucent and will not interfere with post-op imaging.	• Metal plates show prominently, and obscure views of underlying structures in post-op imaging.
• Valkyrie plates are completely bio-inert and compatible with any metal, making them safe to use in conjunction with sternal wires or stainless-steel cables.	• Titanium and Stainless steel should not be mixed in-situ to avoid chances of galvanic corrosion. (wires and plates are often used together).
• Valkyrie screws are coated with Hydroxyapatite (HAnano) which is a bioactive material that is clinically proven to accelerate and enhance the osseointegration of implants.	• ALL other sternal closure screws are uncoated.
• ALL components of the Valkyrie system are provided sterile and are single use. NOTHING needs re-processing.	• Nearly every other system on the market requires at least some level of re-processing. Most systems re-process all plates, screws and instruments.
• Valkyrie screws are sterile packaged and pre-loaded into the “Mach” screw clip system, ensuring fast, simple and 100% reliable screw insertion.	• ALL other screws are provided loose and must be placed onto the end of the driver bit by hand or loaded into a guide during surgery.