

INTERNATIONAL STANDARD

ISO
5835

First edition
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Implants for surgery — Metal bone screws with hexagonal drive connection, spherical under-surface of head, asymmetrical thread — Dimensions

*Implants chirurgicaux — Vis métalliques pour os à raccord
d'entraînement hexagonal, à embase sphérique et filetage asymétrique
— Dimensions*



Reference number
ISO 5835:1991(E)

Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

Draft International Standards adopted by the technical committees are circulated to the member bodies for voting. Publication as an International Standard requires approval by at least 75% of the member bodies casting a vote.

International Standard ISO 5835 was prepared by Technical Committee ISO/TC 150, *Implants for surgery*.

This first edition cancels and replaces the first edition of ISO 5835-1:1985. Clause 5 and the annexes are new.

Annexes A, B and C of this International Standard are for information only.

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Introduction

This International Standard lays down requirements for surgical bone screws as given in clause 1. It is necessary, however, to bear in mind that there may be a need for bone screws for particular applications, which are not covered by this Standard or by ISO 9268. Such special bone screws may differ in part from the standardized forms or may combine parts from these two product standards (see annex A).

However, there are certain areas of the design of screws such as the drive connections, the shape of the under-surface of the head and the thread form that are critical from the point of view of surgical use. These areas are those where there is an interface with bone plates (ISO 5836 and ISO 9269) or with surgical instruments or other devices such as hexagon keys (ISO 8319-1) or taps, drills and countersink cutters. No variation is permitted in these areas.

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1 Scope

This International Standard specifies dimensions and tolerances for metal bone screws used in surgery, having hexagonal drive connection, spherical under-surface of the head, and shallow and deep asymmetrical threads.

NOTES

- 1 The mechanical requirements for screws that are cited in this International Standard are specified in ISO 6475.
- 2 The interrelationship of International Standards dealing with bone screws, bone plates and relevant tools is shown for information in annex B.

2 Normative references

The following standards contain provisions which, through reference in this text, constitute provisions of this International Standard. At the time of publication, the editions indicated were valid. All standards are subject to revision, and parties to agreements based on this International Standard are encouraged to investigate the possibility of applying the most recent editions of the standards indicated below. Members of IEC and ISO maintain registers of currently valid International Standards.

ISO 6018:1987, *Orthopaedic implants — General requirements for marking, packaging and labelling.*

ISO 6475:1989, *Implants for surgery — Metal bone screws with asymmetrical thread and spherical under-surface — Mechanical requirements and test methods.*

3 Code for screw thread

The following code shall be used to identify the type of screw thread conforming to this International Standard:

Shallow thread (for cortical screws): Code HA

Deep thread (for spongiosa/cancellous screws):
code HB

4 Dimensions and tolerances

All dimensions and tolerances are given in millimetres.

4.1 Screw with shallow thread (HA)

HA screws shall be as given in figures 1 and 2 and tables 1 and 2.