

Adductoplasty[®] Procedure

Key Steps & Fluoro Checks

Items to request in addition to standard foot & ankle instrumentation:

- Straight 1/4 inch osteotome
- Fluoroscopy (mini c-arm preferred)
- Pituitary rongeur
- Sagittal saw & wire driver

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Medical Concepts, Inc.

1. Incision

Utilize an oblique fluoroscopic view to locate the 2nd and 3rd TMT joints; identify and mark an incision midline and parallel with the longitudinal axis of the 3rd metatarsal shaft, approximately 6-8cm long.



Note: If also performing a 1st TMT arthrodesis procedure, it is important to ensure an adequate skin bridge (approximately 4cm or greater) between the two incisions.

2. Dissection and Joint Exposure

Carefully dissect through the skin, subcutaneous tissue, and retinaculum, taking care to leave the ligamentous attachments between the 2nd and 3rd metatarsal bases intact. The muscle belly may be split or resected.

Retract between the EDL and EDB muscle, locating and exposing the 2nd and 3rd TMT joints.

Completely release the interval between the 3rd and 4th metatarsal bases with the TriTome[®], RazorTome[®], and/or osteotome.

Tip: Insert the 1mm Fulcrum into the released interval between the 3rd and 4th metatarsal bases to serve as a retractor and protect the 4th metatarsal.



3. Plane the 2nd & 3rd TMT Joints

Insert the prongs of the Adductoplasty[®] Planer into the corresponding 2nd and 3rd TMT joints.



Advance the saw blade through the Planer to level the offset between the 2nd and 3rd TMT joints, creating a continuous, congruent joint surface for insertion of the Adductoplasty[®] Cut Guide.



4. Cut Guide Insertion

Insert the keel of the Adductoplasty[®] Cut Guide into the planed 2nd and 3rd TMT joints, ensuring the cut slots extend to the medial aspect of the 2nd TMT joint.

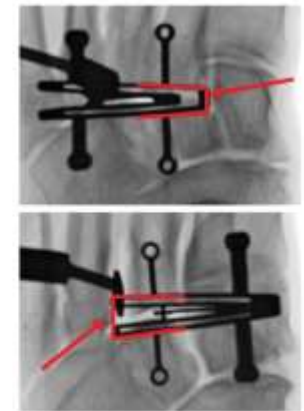


5. Confirm Cut Guide Position

Assess the Cut Guide position clinically and fluoroscopically using oblique X-ray views. Take care to visualize the 2nd and 3rd TMT cuts independently.

Note: When obtaining the proper "gunsight" fluoro views down the 2nd and 3rd TMT cut slots, the Cut Guide fixation holes should become "perfect circles."

Ensure the cut slots do not overlap into the medial cuneiform or 4th metatarsal.



Adductoplasty® Procedure Key Steps & Fluoro Checks (cont'd)

6. Pin the Cut Guide and Make Cuts

Secure the Cut Guide using three 2mm half-pins.

While making cuts, ensure that the saw is kept parallel with the pins on each cut slot.



7. Prepare and Fenestrate the Joint Surfaces

Remove the 2mm half-pins from the Cut Guide. Utilize rongeurs along with the TriTome®, LapiTome®, and/or RazorTome® to remove the bone slices and any remaining bone fragments.

Use fluoroscopy to confirm all bone fragments and articular cartilage has been removed.

Thoroughly fenestrate the 2nd and 3rd TMT subchondral joint surfaces with a fluted drill bit.

Note: The FastGraft® may be utilized for harvesting cancellous autograft; introduce the morselized bone into the fusion sites.



8. 2nd and 3rd TMT Joint Compression

Manually reduce the 2nd and 3rd TMT joints using the "up and out" technique while placing the Adductoplasty® Compressor across the most lateral aspect of the 3rd TMT joint and secure with two 2mm half-pins.

Maintain manual reduction while tightening the Compressor to "two-finger tightness."

Confirm uniform apposition of the 2nd and 3rd TMT joint surfaces clinically and radiographically. Utilize fluoroscopy to ensure full MTA correction has been achieved.



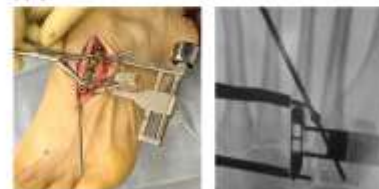
9. 3rd TMT Plating and Provisional Fixation of the 2nd TMT

With the Compressor in place, select a TMC implant and apply to the dorsal surface of the 3rd TMT joint, with the mid-section of the plate centered over the arthrodesis site.

Confirm implant position under fluoroscopy.

Drill and insert the desired implant.

Apply a 2.0mm threaded olive wire, or the Adductoplasty® Compressor, across the 2nd TMT joint for provisional fixation.



10. 2nd TMT Plating

Repeat the previous step for applying permanent fixation across the 2nd TMT joint.

Note: It is recommended that the olive wire or Compressor remain across the 2nd TMT while performing the Lapiplasty® procedure at the 1st TMT joint.

