

Biplanar Distal Bunionectomy Fixation using the MMI EasyClip™ SI Compression Device

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Abstract

Hallux Valgus has been corrected using a Chevron type osteotomy with screw fixation for many years. New Fixation methods have allowed the standard uniplanar correction to give way to a biplanar method which utilizes the EasyClip™ SI Compression Device.

The use of staple fixation for distal bunion correction affords the surgeon stable fixation with biplanar compression of the osteotomy while reducing operative time. Due to the straightforward instrumentation and the new 15 x 15mm staple design, for distal metatarsal osteotomies, MMI has given its surgeons a viable and effective tool for Chevron type bunionectomy fixation.

PATIENT PROFILE

The patient is a 32 year old female who presented for elective Hallux Abducto Valgus repair (Figure1). She has increased pain with ambulation and decreased range of motion and is very active in outdoor activities. Recently, her shoe gear has become painful. She has an



Figure 1

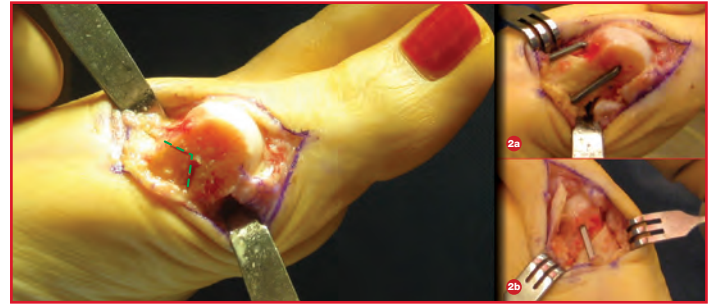


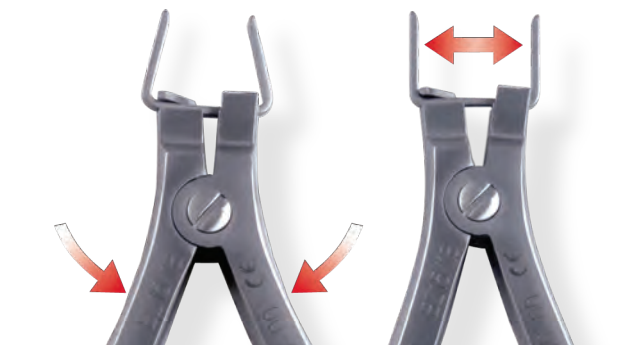
Figure 2a & 2b

unremarkable medical history and is a non-smoker. All risk, complications, benefits, and outcomes were discussed with the patient prior to the surgical procedure.

PROCEDURE

The foot was prepped and draped in the usual manner and a pneumatic ankle tourniquet was inflated to 225mmHg. A 5cm dorsal medial incision was used and dissection was carried to the joint capsule where a T shaped capsulotomy was created. A lateral release was then performed in a standard fashion. Attention was then redirected to the head of the 1st metatarsal where the hypertrophic medial eminence was resected using a sagittal saw. All prominent bone was smoothed. At this time a V-shaped osteotomy with a distal apex was created in the head of the 1st metatarsal from medial to lateral. Care is taken to keep the osteotomy in the metaphyseal bone to increase the healing potential of the osteotomy. The capital fragment was then shifted laterally to achieve the desired correction.

Fixation is then prepared using a 15mm EasyClip™ SI template/drill guide. The template is centered over the osteotomy and a 2mm drill is used to drill from dorsal to plantar. The distal hole is drilled first and then secured using a 2mm post to allow proper alignment and spacing of the 2nd proximal drill hole. Once both holes are drilled the



▲ SPREADER USE

Patented spreader/forceps that provide a secure hold and a stop for the correct angle of insertion