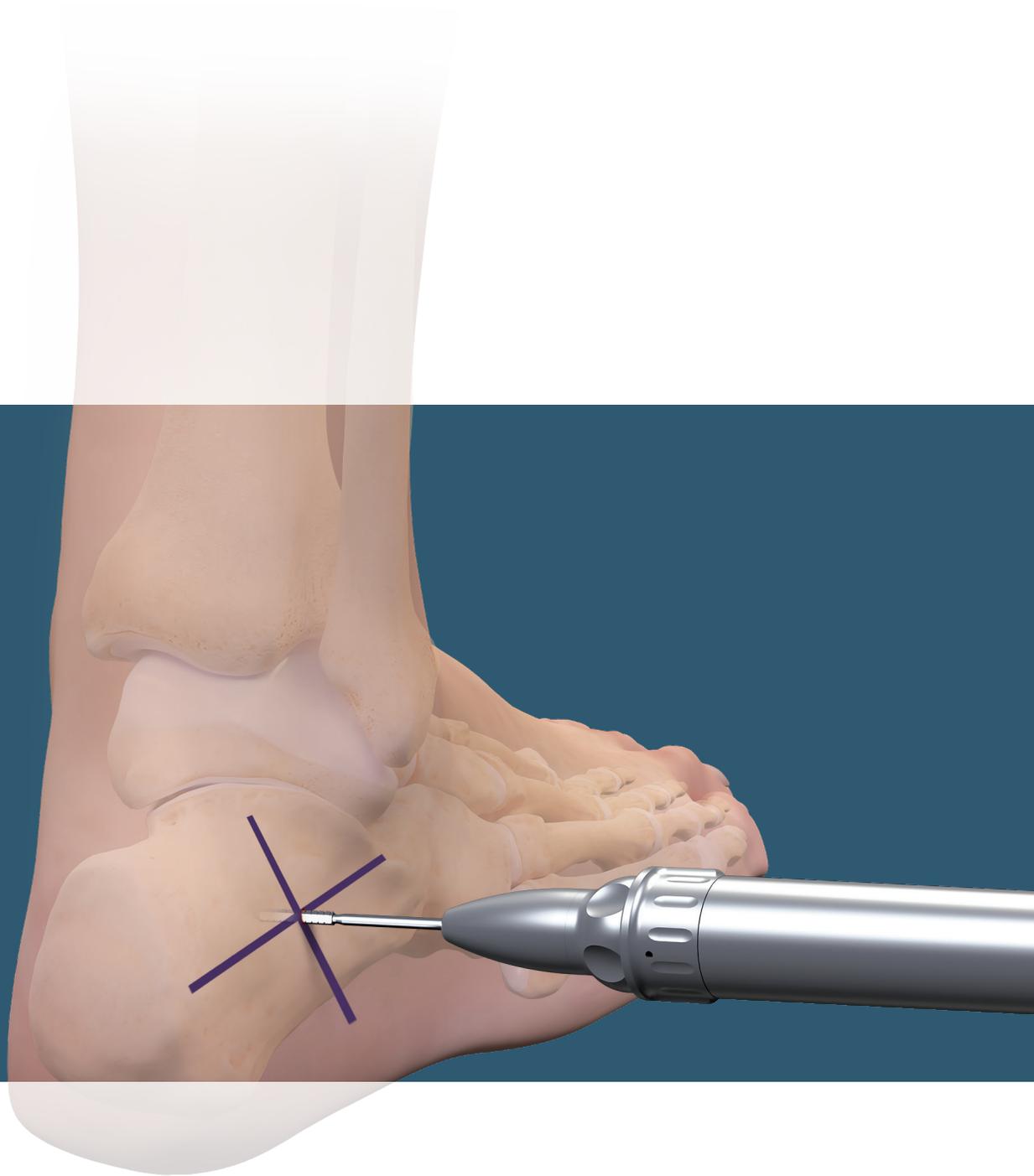


# Minimally Invasive Surgery

Medializing Calcaneal Osteotomy Surgical Technique



**Arthrex**® 

## Minimally Invasive Foot Surgery

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The Arthrex MIS product portfolio provides surgeons with all the tools necessary to perform minimally invasive or percutaneous surgery of the foot. First, Arthrex offers a dedicated, high-quality power unit with the ideal performance parameters for MIS surgery. Next, Arthrex offers an array of disposable burrs designed specifically for the various osteotomies performed during MIS procedures. Furthermore, Arthrex offers surgeons a small, reusable instrument set complete with a reusable blade handle and other reusable rasps and elevators. Finally, in instances where bony fixation is needed, Arthrex offers a comprehensive line of cannulated, headless, fully threaded Compression FT screws which allow for stable fixation of any osteotomy.



### DrillSaw Power™ System

This ergonomic, low-speed and high-torque pencil grip driver allows for safe and effective creation of osteotomies during minimally invasive or percutaneous procedures.



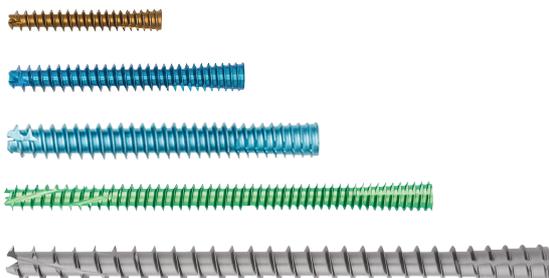
### Percutaneous Burrs

The vast array of single use burrs is designed for various procedures including cheilectomies, exostectomies, and osteotomies.



### Minimally Invasive Instrument set

This small yet functional, reusable set cuts down on cost, offering an array of the more commonly used instruments during minimally invasive or percutaneous procedures.



### Fully Threaded Compression Screws

With available diameters ranging from 2.5 mm to 7 mm and lengths from 8 mm up to 140 mm, the Compression FT screws offer surgeons a vast array of options for osteotomy fixation.

## Minimally Invasive Medializing Calcaneal Osteotomy



Under fluoroscopic guidance, use a skin marker to draw the trajectory of the osteotomy and screw fixation. The yellow shading demonstrates the 11 mm safe zone for the osteotomy.

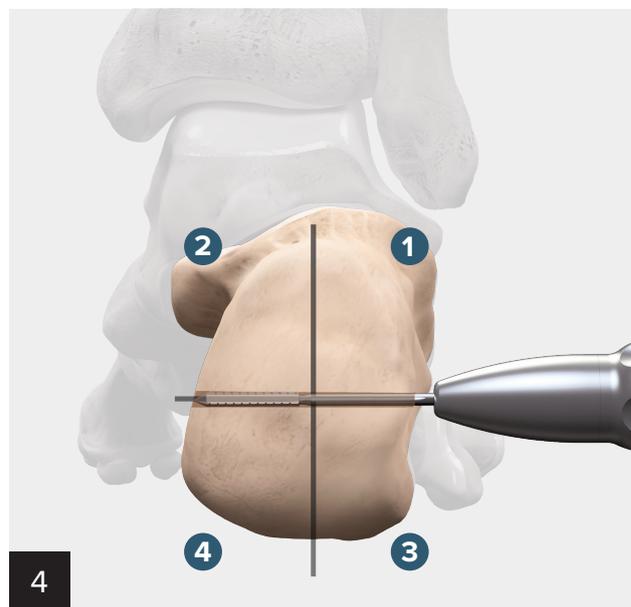
Alternatively, a chevron osteotomy can be performed. Inset shows a typical .5 cm incision for an osteotomy.



Make a small incision using a beaver blade and carry the blunt dissection down to bone using a hemostat or elevator.



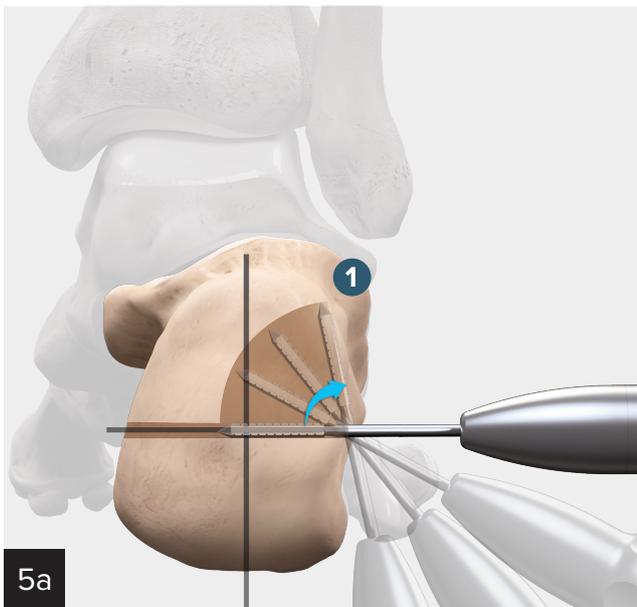
Introduce the 3 mm × 20 mm Shannon burr through the incision and, initially, run the burr to penetrate through both cortices.



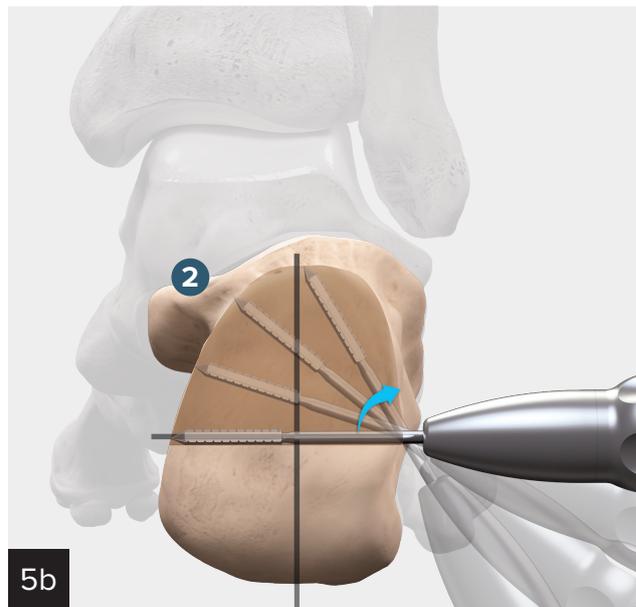
It is important to address the osteotomy in quadrants, starting with the near superior quadrant, then the far superior, the near inferior, and finally, the far inferior quadrant.

Alternatively, surgeons may choose to start with near superior, near inferior, and then finish with far superior, far inferior.

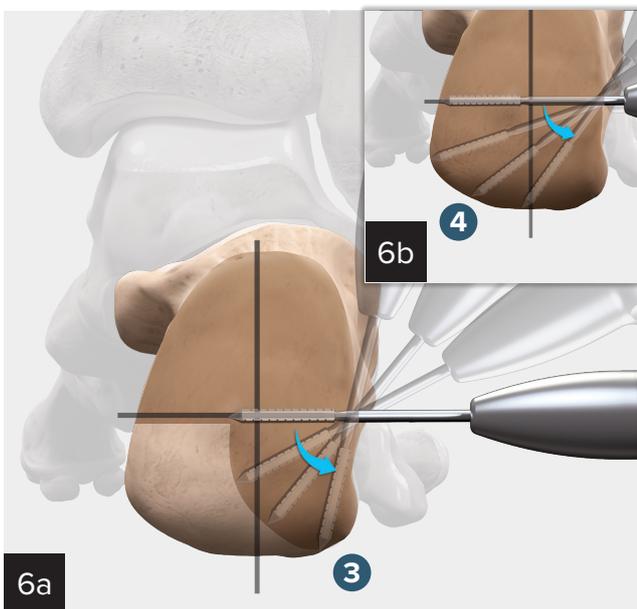
## Minimally Invasive Medializing Calcaneal Osteotomy



Ensuring that the flutes are buried into bone, first resect the near superior quadrant. It is important that the burr pivots inside the bone as opposed to translating the burr. Translation will enlarge the skin incision.



Advance the burr through the original bicortical track and resect the far superior quadrant.

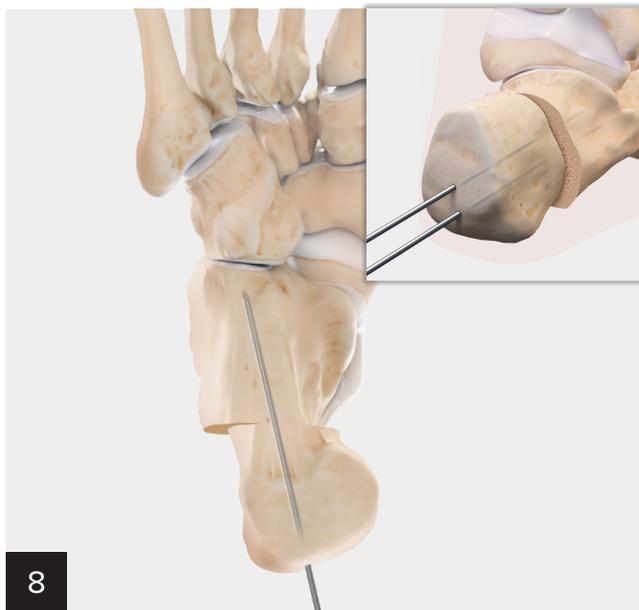


Retract the burr again so as to just bury the flutes. Resect the near inferior quadrant of bone followed by the far inferior quadrant (6b) to complete the osteotomy.



Upon completion of the osteotomy, insert the sayre elevator or similar device within the osteotomy and lever it within the lateral cortex to effect a medial shift of the tuberosity.

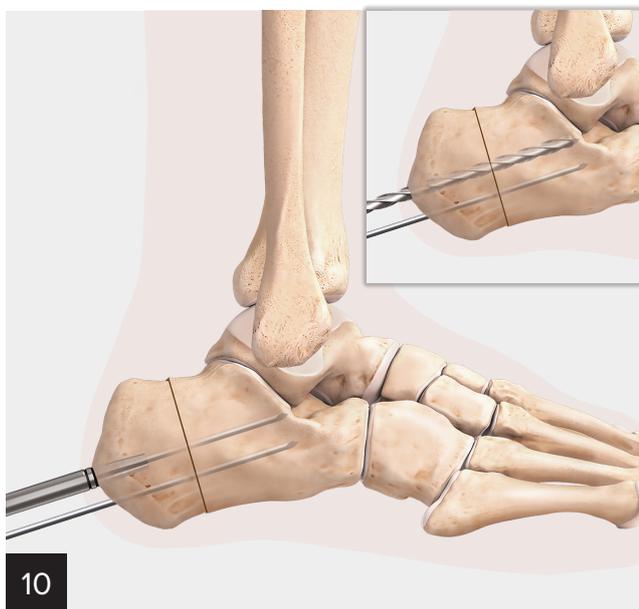
## Minimally Invasive Medializing Calcaneal Osteotomy



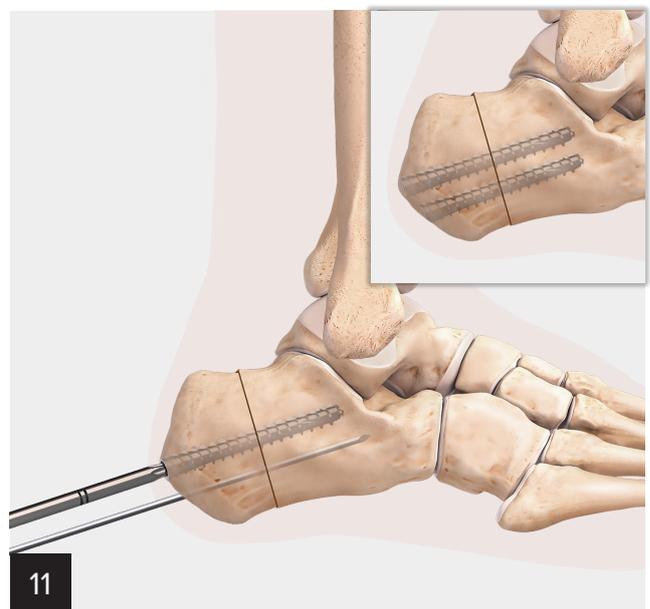
Upon creating the appropriate amount of shift confirmed by fluoroscopy, insert two K-wires in a parallel fashion to prepare for insertion of the 7.0 mm XL Compression FT screws.



Confirm the appropriate depth of the screw using a cannulated depth gauge.



Proceed with the initial profile drill over both K-wires followed by the standard cannulated drill over both wires to the appropriate depth.



Finally, insert the two Compression FT screws to complete the construct.

## Ordering Information



### MIS Instrument Set (AR-8880S)

Product Description	Item Number
Scalpel Handle, 13 cm	<b>3KL</b>
Rasp and Blunt Elevator, small	<b>AR-8880-01</b>
Rasp and Blunt Elevator, medium	<b>AR-8880-02</b>
Combination Elevator, straight and curved ends, sharp	<b>AR-8880-03</b>
MIS Instrument Case	<b>AR-8880C</b>

### DrillSaw Highspeed 200™ Set (AR-200)

Product Description	Item Number
<b>Instruments</b>	
DrillSaw Highspeed 200 set console	<b>AR-200C</b>
Motor w/ Cable 0-15,000 rpm	<b>AR-200M</b>
Irrigation Clip	<b>AR-200SP</b>
Foot Pedal	<b>OEM06202400</b>
IV Stand	<b>OEM04005900</b>
Motor Support	<b>OEM06177800</b>

### Disposables, sterile

Product Description	Item Number
Mini Scalpel Blades, sterile, qty. 10	<b>64/ST</b>
Irrigation Tubing Set, qty. 6	<b>OEM04364100</b>
<b>Osteotomies for Lesser Toe Deformity Correction</b>	
Burr, straight, sterile, 8 mm × 2 mm	<b>AR-300-B002</b>
Burr, straight, sterile, 12 mm × 2.2 mm	<b>AR-300-B003</b>
<b>Osteotomies for Hallux Valgus Correction</b>	
Burr, straight, sterile, 13 mm × 2 mm	<b>AR-300-B001</b>
Burr, straight, sterile, 19.5 × 2 mm	<b>AR-300-B201</b>
<b>Bone Resection for Hallux Valgus/Hallux Rigidus Correction</b>	
Burr, conical, sterile, 13 mm × 4.3 mm	<b>AR-300-B101</b>
Burr, straight, sterile, 13 mm × 2.9 mm	<b>AR-300-B102</b>
Burr, oval, sterile, 15 mm × 5 mm	<b>AR-300-B103</b>
<b>Chevron Osteotomy for Calcaneal Displacement</b>	
Burr, straight, sterile, 20 mm × 3.1 mm	<b>AR-300-B202</b>

### Accessories

Product Description	Item Number
Motor w/ Cable, 3.5 m	<b>AR-200M</b>
MIS Burr Adapter, 2.35 mm	<b>AR-300B</b>
Spray Clip	<b>AR-200SP</b>

### Optional

Product Description	Item Number
Sayre Elevator	<b>AR-8954-05</b>

### Compression FT Screws

Product Description	Item Number
<b>2.5 Micro Compression FT™ Screws</b>	
8 mm-14 mm (1 mm increments)	<b>AR-8725-08H – 14H</b>
16 mm-50 mm (2 mm increments)	<b>AR-8725-16H – 50H</b>
<b>3.5 Mini Compression FT™ Screws</b>	
12 mm-60 mm (2 mm increments)	<b>AR-8730-12H – 60H</b>
<b>4.0 Standard Compression FT Screws</b>	
16 mm-60 mm (2 mm increments)	<b>AR-8740-16H – 60H</b>
<b>5.0 mm Large Compression FT Screws</b>	
20 mm-50 mm (2 mm increments)	<b>AR-8750-20H – 50H</b>
55 mm-90 mm (5 mm increments)	<b>AR-8750-55H – 90H</b>
<b>7.0 mm X-Large Compression FT Screws</b>	
35 mm-120 mm (5 mm increments)	<b>AR-8770-35H – 120H</b>
125 mm-140 mm (5 mm increments)	<b>AR-8770-125HS – 140HS</b>

### Multimedia

Product Description	Item Number
Minimally Invasive Akin Osteotomy Surgical Technique, Presented by Jorge Acevedo, MD, video	<b>VID1-01430-EN</b>
Minimally Invasive Cheilectomy Sawbone Demonstration, Presented by Jorge Acevedo, MD, video	<b>VID1-01431-EN</b>
Minimally Invasive Chevron Osteotomy Sawbone Demonstration, Presented by Jorge I. Acevedo, MD, and James McWilliam, MD, video	<b>VID1-01433-EN</b>
Minimally Invasive Calcaneal Osteotomy, Presented by Jorge I. Acevedo, MD, and James McWilliam, MD, video	<b>VID1-01434-EN</b>
Minimally Invasive Calcaneal Osteotomy Surgical Technique, Presented by Jorge I. Acevedo, MD, and James McWilliam, MD, video	<b>VID1-01405-EN</b>
Minimally Invasive Chevron and Akin Osteotomy, Presented by Jorge I. Acevedo, MD, video	<b>VID1-01406-EN</b>
Minimally Invasive Cheilectomy Surgical Technique, Presented by Jorge I. Acevedo, MD, and James McWilliam, MD, video	<b>VID1-01407-EN</b>
Minimally Invasive Bunionette, video	<b>VID1-01409-EN</b>

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This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

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