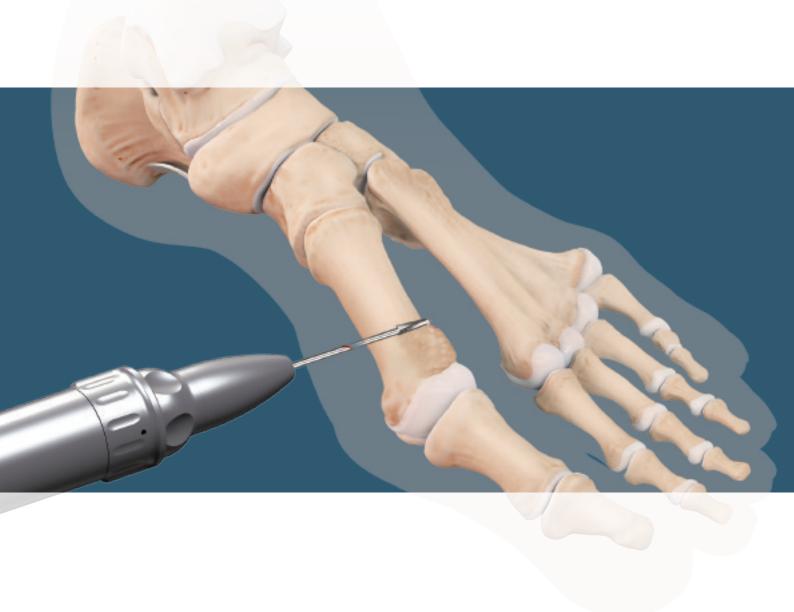
Minimally Invasive Surgery Cheilectomy Surgical Technique





Minimally Invasive Foot Surgery

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 that 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.



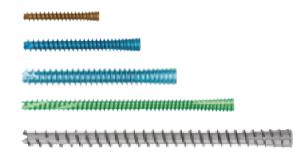
Percutaneous Burrs

The wide selection of single-use burrs are designed for various procedures including cheilectomies, exostectomies, and osteotomies.



Minimally Invasive Instrument set

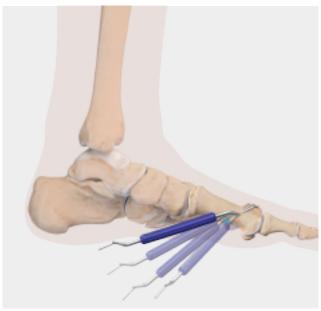
This small yet functional, reusable set cuts down on cost, offering an array of the more commonly used instruments during minimally invasive or percutaneous procedures.



Fully Threaded Compression Screws

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



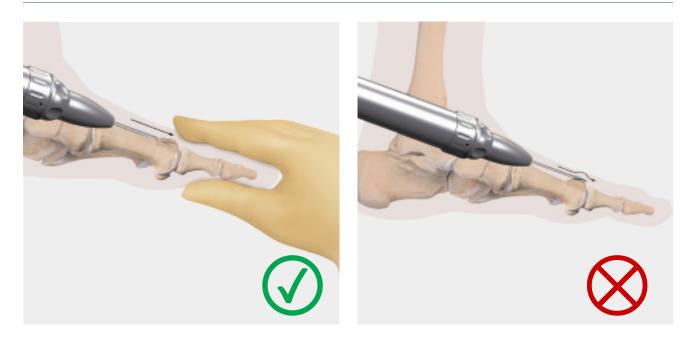


Make an incision at the dorsal one-third of the metatarsal shaft approximately 15 mm proximal to the MTP joint. Using the periosteal elevator, free the dorsal capsule and soft tissue from the bone spur at the metatarsal.

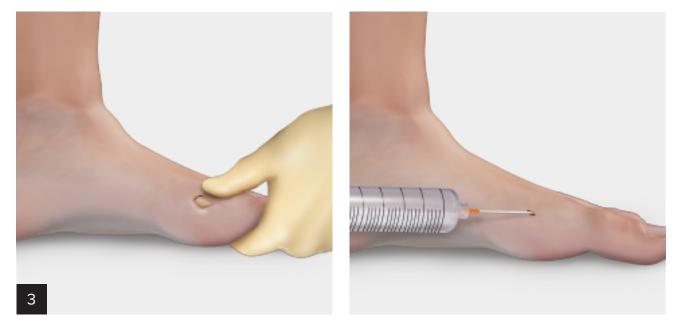




Introduce the burr through the incision and begin to resect the bone spur. Rotate the burr from lateral to medial, making sure to avoid superior migration over the spur.



Do vs Don't: It is important to rotate the burr into the spur as depicted in the image on the left. Do not let the burr rotate over the top of the spur (image on right).



Upon completion of the bony debridement, remove the bony debris via manipulation and compression toward the incision site. A large syringe filled with saline may be used to remove any remaining bony debris.



Finally, use the small or large rasps to further remove any bony debris from the surrounding soft tissue. It is important to note that the rasps are not used to smooth out the bone spur, but rather to gently remove any remaining bony debris.



Final confirmation of an adequate resection should be confirmed using fluoroscopy. Dorsiflexion improvement should also be noted.





Midfoot Cheilectomy: Alternatively, bone spurring at the midfoot can also be addressed and removed through a minimally invasive approach. Use the same procedural steps as previously outlined.

Ordering Information



MIS Instrument Set (AR-8880S)

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

DrillSaw Highspeed 200™ Set (AR-200)

Product Description	Item Number
Instruments	
DrillSaw Highspeed 200 set console	AR- 200C
Motor w/ Cable 0-15,000 rpm	AR- 200M
Irrigation Clip	AR- 200SP
Foot Pedal	OEM 06202400
IV Stand	OEM 04005900
Motor Support	OEM 06177800

Disposables, sterile

Item Number
64/ST
OEM 04364100
AR- 300-B002
AR- 300-B003
AR- 300-B001
AR- 300-B201
tion
AR- 300-B101
AR- 300-B102
AR- 300-B103
AR- 300-B202

Accessories

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

Optional

Product Description	Item Number
Sayre Elevator	AR- 8954-05

Compression FT Screws

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

Multimedia

Product Description	Item Number
Minimally Invasive Akin Osteotomy Surgical Technique,	VID 1-01430-EN
Presented by Jorge Acevedo, MD, video	
Minimally Invasive Cheilectomy Sawbone Demonstration,	VID 1-01431-EN
Presented by Jorge Acevedo, MD, video	
Minimally Invasive Chevron Osteotomy Sawbone	VID 1-01433-EN
Demonstration, Presented by Jorge I. Acevedo, MD, and	
James McWilliam, MD, video	
Minimally Invasive Calcaneal Osteotomy, Presented by	VID 1-01434-EN
Jorge I. Acevedo, MD, and James McWilliam, MD, video	
Minimally Invasive Calcaneal Osteotomy Surgical	VID 1-01405-EN
Technique, Presented by Jorge I. Acevedo, MD, and	
James McWilliam, MD, video	
Minimally Invasive Chevron and Akin Osteotomy, Presented	VID 1-01406-EN
by Jorge I. Acevedo, MD, video	
Minimally Invasive Cheilectomy Surgical Technique,	VID 1-01407-EN
Presented by Jorge I. Acevedo, MD, and James	
McWilliam, MD, video	
Minimally Invasive Bunionette, video	VID 1-01409-EN

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.



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 and/or outcomes.

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