

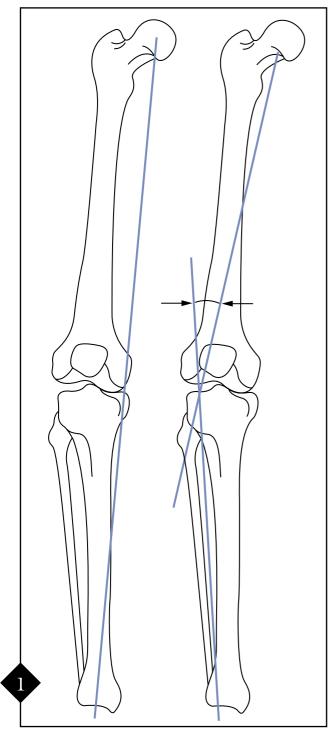
Tibial & Femoral Opening Wedge Osteotomy System

Surgical Technique





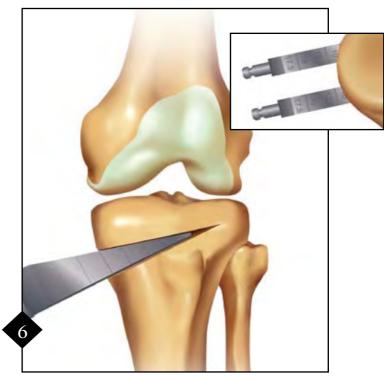
Tibial & Femoral Opening Wedge Osteotomy



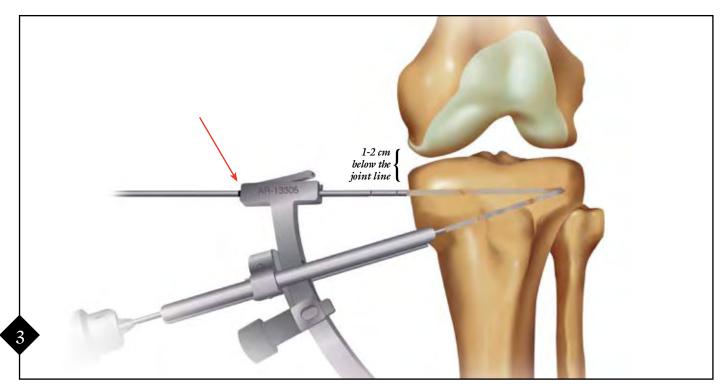
Using the full-length, standing A/P radiograph, a line is drawn from the center of the femoral head to the center of the tibial-talar joint. This demonstrates the patient's mechanical axis. Another line is drawn from the center of the femoral head to a point midway* in the lateral knee joint. A final line is drawn from the center of the tibial-talar joint to the same point in the lateral knee joint. The angle formed by the intersection of these two lines determines the degree of correction required to return the patient's mechanical axis to the point of intersection on the lateral side. Prior to final fixation, the alignment will be verified by external examination and fluoroscopy. **This point is located at 62.5% of the width of the proximal tibia* (*i.e.*, 80 mm [width of proximal tibia] x .625 = 50 mm)



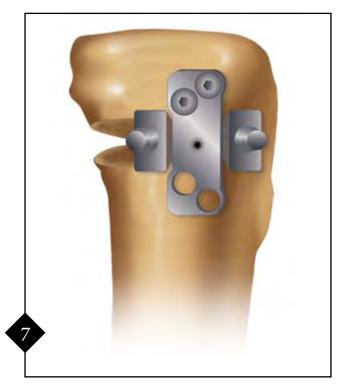
Prior to the osteotomy, a diagnostic arthroscopy is performed to verify the status of the articular cartilage and menisci. Any necessary debridement and resection is carried out at this time. Focal defects in the articular surface may be addressed using the Osteochondral Autograft Transfer System (OATS[®]).



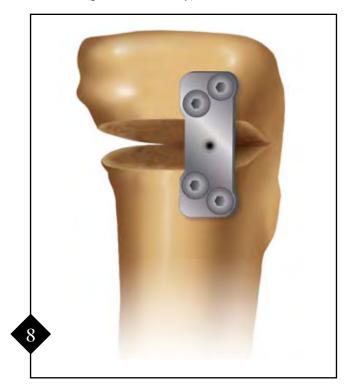
The Osteotome Jack is inserted into the cut to gently open the osteotomy. The size of correction achieved can be determined using the Wedge Trial for HTO. Or the Osteotomy Wedge may be inserted and driven slowly with a mallet to the predetermined correction. The mm marks may be read on the wedge tines. The handle is removed and the tines left in place. Bone graft may be packed in the space between the tines.



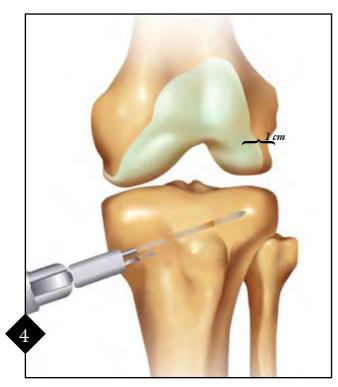
The Osteotomy Guide Pin, 3.0 mm, is inserted into the tibia (medial to lateral) and is drilled within 1 cm of the lateral cortex. The Osteotomy Guide Assembly is inserted onto the guide pin so that the laser line on the pin aligns with the back of the Guide Assembly (*as shown above*). The Parallel Guide Sleeve Assembly is inserted onto the Osteotomy Guide Assembly. The Parallel Guide Sleeve Assembly should be rotated to reproduce the existing A/P slope of the tibial plateau. Using the adjustment knob, the angle of the guide can be adjusted so the distal pins will enter the proximal tibia above the tibial tubercle. The adjustment knob is now tightened. Two Osteotomy Guide Pins, 2.4 mm, are drilled through the drill sleeves within 1 cm of the lateral cortex. If the position is acceptable, the guide and the 3.0 mm Guide Pin (placed transversely) must be removed.



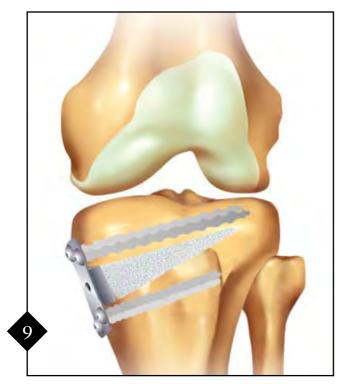
The Tibial Opening Wedge Osteotomy Plate is then inserted between the tines. The plate routinely sits just anterior to the medial collateral ligament. Two stainless steel 6.5 mm cancellous screws are fixed proximally.



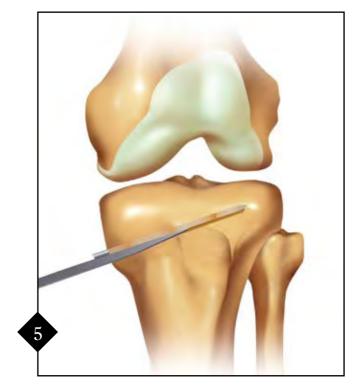
Remove the tines and close the osteotomy down onto the plate tooth ensuring optimum bone-to-tooth contact. Fix distally with two 4.5 mm cortical screws. Following plate fixation, allograft or autograft bone is inserted into the anterior and posterior aspect of the defect.



The Cutting Guide is positioned over the remaining pins. It is secured to the tibia by driving the headed pin into the central cannulation of the guide. An oscillating saw positioned against the inferior surface of the cutting guide is used to cut the tibial cortex medially, anteriorly and posteriorly to within 1 cm of the lateral cortex.



Final fixation of the Tibial Opening Wedge Osteotomy. The knee is dressed and placed in a post-op hinged brace. Passive range of motion is begun immediately with a CPM machine. Ambulation is restricted to non-weight-bearing with crutches. HATriC[™] bone substitute is used to fill the osteotomy.



The Osteotome Handle and Blades, available in widths of 10, 25 and 35 mm, are used to complete the osteotomy. The "breakaway" Guide Pins are left in place with the Osteotome used inferiorally. Fluoroscopic confirmation should be checked repeatedly throughout the cutting process.



As a comparison, the Distal Femoral Opening Wedge Osteotomy utilizes the same technique principles as the tibial system. Specifically designed femoral plates take into account the anatomical differences between the distal femur and proximal tibia.

Opening Wedge Osteotomy System Set (AR-13305S):

Opening Wedge Osteotomy System Set	<u>t (AR-13305S):</u>
Osteotomy Wedge	AR-13300
Osteotome Handle	AR-13301
Osteotome Blades, 10 mm	AR-13302-10
Osteotome Blades, 25 mm	AR-13302-25
Osteotome Blades, 35 mm	AR-13302-35
Parallel Guide Sleeve Body	AR-13304-1
Parallel Guide Sleeve, qty. 2	AR-13304-2
Osteotomy Guide Assembly	AR-13305
Osteotomy Cutting Guide	AR-13306-01 AR-13306-02
Osteotomy Cutting Guide Pin Alignment Rod	AR-13308
Femoral Osteotomy Retractor	AR-13308 AR-13309
Radiolucent Retractor	AR-13309 AR-13310
Universal Handle Extractor	AR-13310 AR-13314
Cutting Guide for HTO	AR-13315
Bone Graft Tamp	AR-13317
Application Bar for HTO Plates	AR-13318
Drill Guide for HTO	AR-13320
Drill Guide for HTO Titanium Plates	AR-13321
Bending Irons for HTO Plates, qty. 2	AR-13322
Depth Gauge for Osteotome Jack	AR-13323G
Osteotome Jack, 25 mm	AR-13323-25
Osteotome Jack, 35 mm	AR-13323-35
Wedge Trial for HTO	AR-13324
A/P Sloped Osteotomy Wedge Trial, large	AR-13325L
A/P Sloped Osteotomy Wedge Trial, small	AR-133258
Screwdriver, 3.5 mm hex	AR-13326
Screwdriver, 90°, 3.5 mm hex	AR-13326-90
Locking Guide for HTO Titanium Plates	AR-13327
Depth Gauge, large	AR-4167
Opening Wedge Osteotomy System	
Instrumentation Case	AR-13307
Storage Case for HTO Plates	AR-13307P
1	
Accessories:	
Patellar Tendon Retractor	AR-13312
Medial Retractor for HTO	AR-13313
Osteotomy Guide Pins, 2.4 mm, qty. 6, "breakaway"	AR-13303-2.4
Osteotomy Guide Pins, 3 mm, qty. 6	AR-13303-3.0
Osteotomy Plates:	
Tibial Opening Wedge Osteotomy Plate, 3.0 mm	AR-13200-03.0
Tibial Opening Wedge Osteotomy Plate, 5.0 mm	AR-13200-05.0
Tibial Opening Wedge Osteotomy Plate, 7.5 mm	AR-13200-07.5
Tibial Opening Wedge Osteotomy Plate, 9.0 mm	AR-13200-09.0
Tibial Opening Wedge Osteotomy Plate, 10 mm	AR-13200-10.0
Tibial Opening Wedge Osteotomy Plate, 11 mm	AR-13200-11.0
Tibial Opening Wedge Osteotomy Plate, 12.5 mm	AR-13200-12.5
Tibial Opening Wedge Osteotomy Plate, 15 mm	AR-13200-15.0
Tibial Opening Wedge Osteotomy Plate, 17.5 mm	AR-13200-17.5
	AD 12200DA 05 0
Tibial A/P Sloped Osteotomy Plate, 5.0 mm	AR-13200PA-05.0
Tibial A/P Sloped Osteotomy Plate, 7.5 mm	AR-13200PA-07.5
Tibial A/P Sloped Osteotomy Plate, 7.5 mm	AR-13200PA-09.0
Tibial A/P Sloped Osteotomy Plate, 10 mm Tibial A/P Sloped Osteotomy Plate, 11 mm	AR-13200PA-10.0 AR-13200PA-11.0
Tibial A/P Sloped Osteotomy Plate, 12.5 mm	
Tibial A/P Sloped Osteotomy Plate, 12.5 mm	AR-13200PA-12.5 AR-13200PA-15.0
Tibial A/P Sloped Osteotomy Plate, 15 mm	AR-13200PA-17.5
Tibla A/F Sloped Osteotomy Flate, 17.5 min	AR-132001A-17.3
Distal Tibial Opening Wedge Osteotomy Plate, 5 mm	AR-13200D-05
Distal Tibial Opening Wedge Osteotomy Plate, 6 mm	AR-13200D-06
Distal Tibial Opening Wedge Osteotomy Plate, 7 mm	AR-13200D-07
Distal Tibial Opening Wedge Osteotomy Plate, 8 mm	AR-13200D-07
Distal Tibial Opening Wedge Osteotomy Plate, 9 mm	AR-13200D-09
Distal Tibial Opening Wedge Osteotomy Plate, 10 mm	AR-13200D-10
Femoral Opening Wedge Osteotomy Plate, 5.0 mm	AR-13100-05.0
Femoral Opening Wedge Osteotomy Plate, 7.5 mm	AR-13100-07.5
Femoral Opening Wedge Osteotomy Plate, 9 mm	AR-13100-09
Femoral Opening Wedge Osteotomy Plate, 10 mm	AR-13100-10.0
Femoral Opening Wedge Osteotomy Plate, 11 mm	AR-13100-11
Femoral Opening Wedge Osteotomy Plate, 12.5 mm	AR-13100-12.5
Femoral Opening Wedge Osteotomy Plate, 15 mm	AR-13100-15.0
Femoral Opening Wedge Osteotomy Plate, 17.5 mm	AR-13100-17.5
Recommended Bone Graft Substitute:	
Osferion Osteotomy Wedge, 7 mm x 30 mm	AR-13370-1
OSferion Osteotomy Wedge, 10 mm x 30 mm	AR-13370-2
OSferion Osteotomy Wedge, 12 mm x 35 mm	AR-13370-3
OSferion Osteotomy Wedge, 15 mm x 35 mm	AR-13370-4

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.

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