

Case study: The Use of EasyFuse® in extended triple arthrodesis in a 72 year-old female

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Patient overview

- Overall healthy and active patient with no history of rheumatoid/inflammatory arthritis.
- The patient had progressive severe midfoot pain (8 out of 10) despite fluoroscopy guided injection, NSAIDs, orthotics, bracing.



Figure 1A



Figure 1B



Figure 1C

Figure 1: Preoperative weightbearing radiographs of the right foot demonstrate severe hindfoot arthritis at the transverse tarsal/subtalar joints with plantar declination/collapse of the talar head.

Figure 2: Radiographs also demonstrate chronic erosion/avascular necrosis of the lateral pole of the navicular with pseudo articulation of the talar head with the cuneiforms and cuboid and severe naviculocuneiform arthritis.



Figure 2

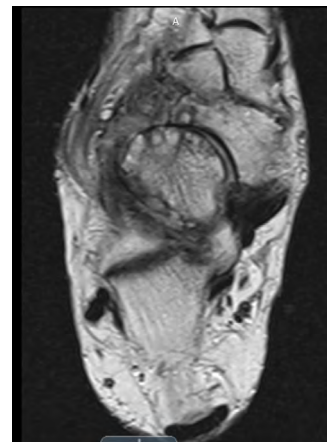


Figure 3B

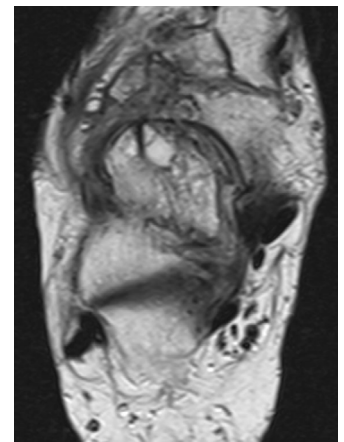


Figure 3C

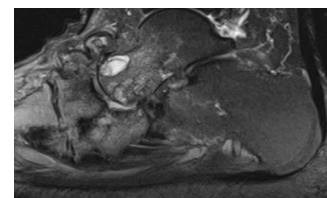


Figure 3C

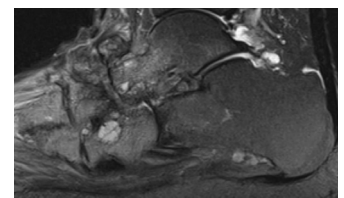


Figure 3D

Figure 3: Radiographs also demonstrate chronic erosion/avascular necrosis of the lateral pole of the navicular with pseudo articulation of the talar head with the cuneiforms and cuboid and severe naviculocuneiform arthritis.

Operative treatment plan

- The procedure performed was an extended triple naviculocuneiform arthrodesis spanning the fragmented avascular navicular utilizing:
 - EasyFuse staples
 - $25 \times 25 \times 2$ at the calcaneocuboid joint
 - $25 \times 25 \times 3$ spanning the talonavicular-cuneiform joints
 - Bone Graft

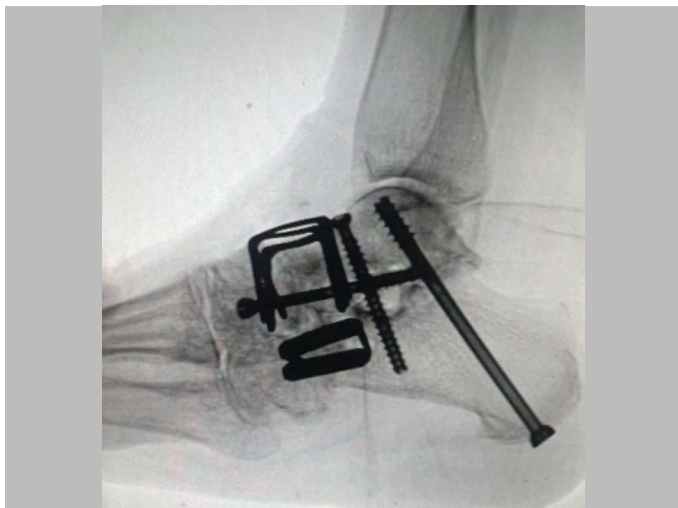


Figure 4A



Figure 4B

Figure 4: Radiographs also demonstrate chronic erosion/avascular necrosis of the lateral pole of the navicular with pseudo articulation of the talar head with the cuneiforms and cuboid and severe naviculocuneiform arthritis.

Post-operative course

- Patient was non weightbearing for 2 weeks after surgery in a postoperative splint
- The patient was then placed in short leg non weightbearing fiberglass cast for 4 additional weeks
- They were transitioned to a tall boot to begin ankle range of motion at 6 weeks but remained non-weightbearing
- They were permitted to weight bear as tolerated in a CAM boot at 8 weeks postoperatively
- The patient transitioned to normal shoed at 12 weeks

Results

- Patient reports her debilitating, severe preoperative pain is completely gone, and she is extremely pleased with her result
- At 3.5 months post-op, there was bony healing of all joints in excellent alignment. (**Figure 5**)



Figure 5A



Figure 5B



Figure 5C

Figure 5: Weightbearing radiographs of the right foot at 3.5 months postoperatively demonstrate excellent bony healing at all joints with incorporation/healing of the atrophic navicular. Bony alignment is restored with maintained correction of plantar collapse at the talonavicular joint/hindfoot shown on preoperative images.

Brief summary of important product information

Indications for use

The EasyFuse dynamic compression system is intended to be used for fracture fixation, osteotomy fixation, and joint arthrodesis of the foot and ankle.

Contraindications

General surgical contraindications

- Infection;
- Physiologically or psychologically inadequate patient;
- Irreparable tendon system;
- Possibility for conservative treatment;
- Growing patients with open epiphyses;
- Patients with high levels of activity.

Contraindications specific to EasyFuse Dynamic Compression System

None

Warning

For safe and effective use of this implant system, the surgeon should be familiar with the recommended surgical procedure for this device. In every case, accepted surgical practices should be followed in post-operative care. The patient should be made aware of the limitations of the implant and that physical activity has been implicated in premature failure of similar devices. Patient sensitivity to implant materials should be considered and assessed prior to surgery. Do not modify implants.

Dr. Lewis is a paid-consultant of Stryker. The opinions expressed by Dr. Lewis are those of Dr. Lewis and not necessarily those of Stryker. Individual experiences may vary.

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