stryker

PROstep™ Cheilectomy

Operative technique

PROstep™ Cheilectomy

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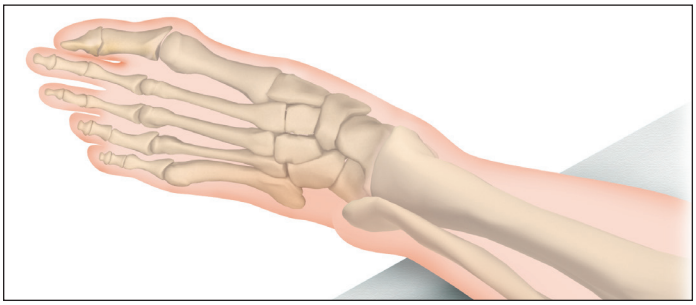
Patient positioning and setup

NOTICE

Patient positioning based on right-handed health care professional.

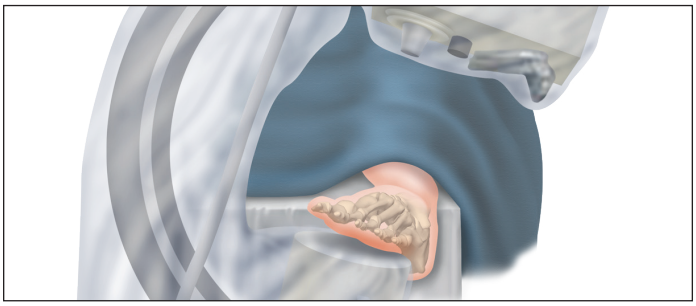
Patient positioning and equipment setup is extremely important when performing any PROstep procedure.

The patient's feet should be positioned off the end of the table, enabling ease of access for the x-ray, thereby ensuring consistent x-rays throughout the procedure.



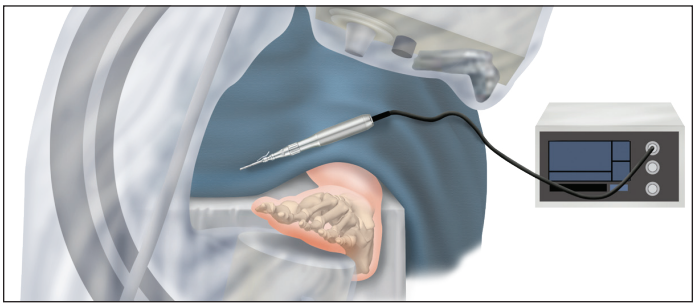
Patient positioning and setup **Figure 1**

The x-ray itself should come in from the patient's right and should be rotated to a slight oblique angle.



Patient positioning and setup **Figure 2**

The PROstep Power Box can then be positioned to the patient's left.



Patient positioning and setup **Figure 3**

This setup enables free movement around the patient's feet, to either stand at the side or the end of the table as the operation demands. The position of the equipment is independent of whether the operative side is left or right.

Patient positioning and setup **Figure 4**

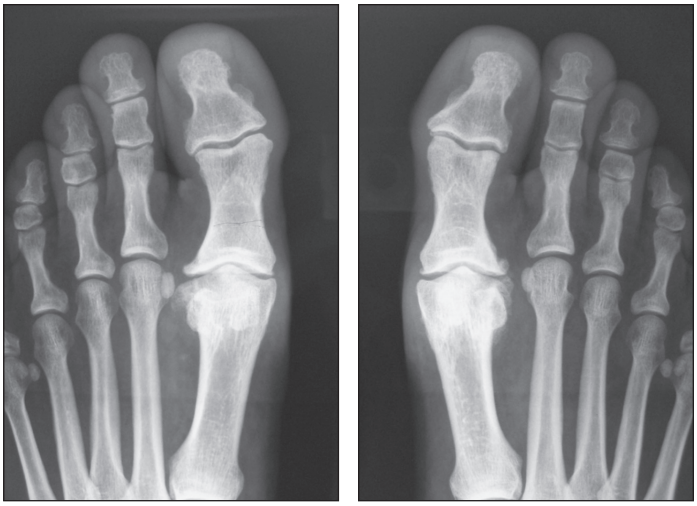
Operative technique

Surgical approach

The stab skin incision, using the blade and handle (57S1MI07), is usually placed over the medial aspect of the first metatarsal, proximal to the medial eminence.

57S1MI07
Straight periosteal elevator
(part of a set)

57S1MI07
Blade handle
(part of a set)



Preoperative x-rays **Figure 5**

The placement of this incision is vital. Firstly, the incision must avoid the dorsomedial cutaneous nerve to the hallux. If palpable, this nerve should be marked before placing the incision. The incision must also allow sufficient access to the dorsal osteophyte. A separate incision will be required to access lateral osteophytes if present when employing this approach. The additional stab skin incision is placed over the dorsum of the first MTPJ, just to the lateral side of the EHL tendon sheath. This additional portal will allow access to lateral osteophytes if present.

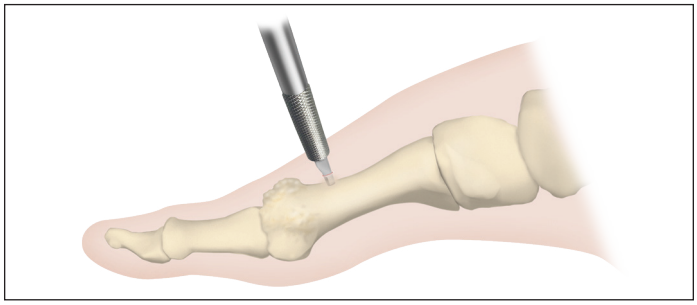


Figure 6

Once the incision has been made, the straight periosteal elevator is used to carefully lift the capsule from the osteophytes, creating a working area for the burr.

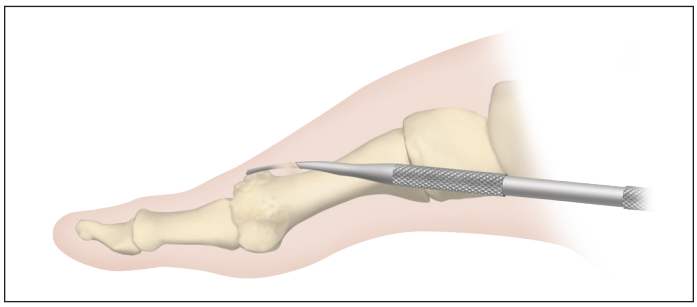
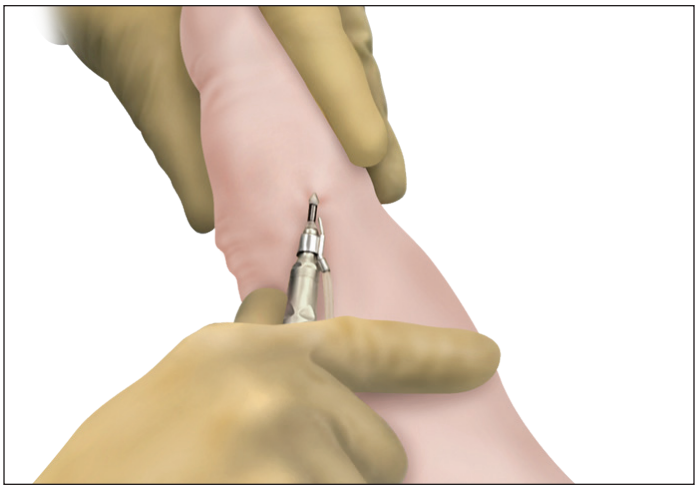


Figure 7

Osteophyte excision with burr

The osteophytes are shaved using a 3.1mm x 13mm MICA Wedge Burr (57SW3113), taking care to avoid thermal injury/maceration to the working portal.

57SW3113
3.1mm x 13mm MICA Wedge Burr



Osteophyte excision with burr **Figure 8**

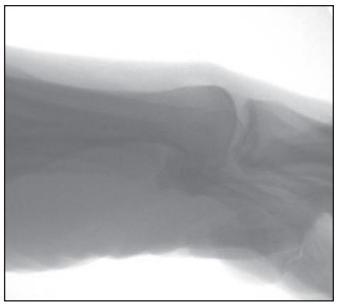


Figure 9
Preoperative x-rays

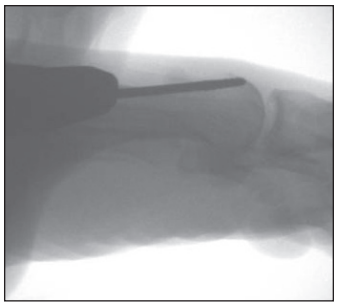
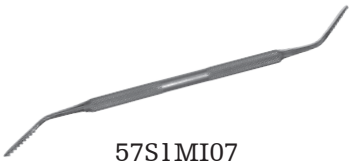


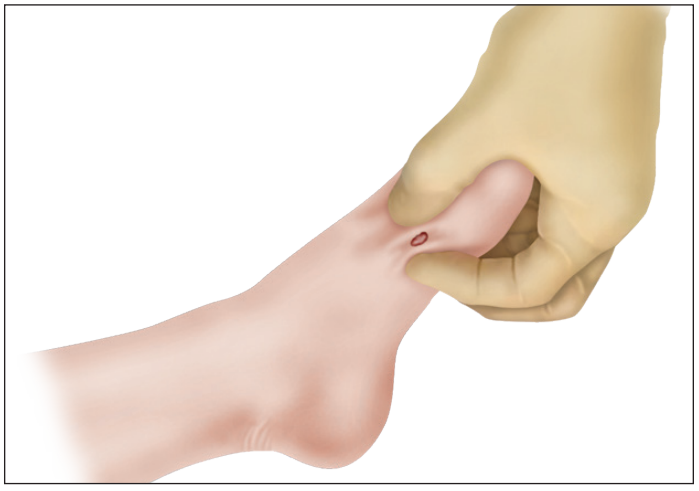
Figure 10
3.1mm MICA Wedge Burr

As the osteophyte is burred away, the removed bone emerges from the portal in a paste.



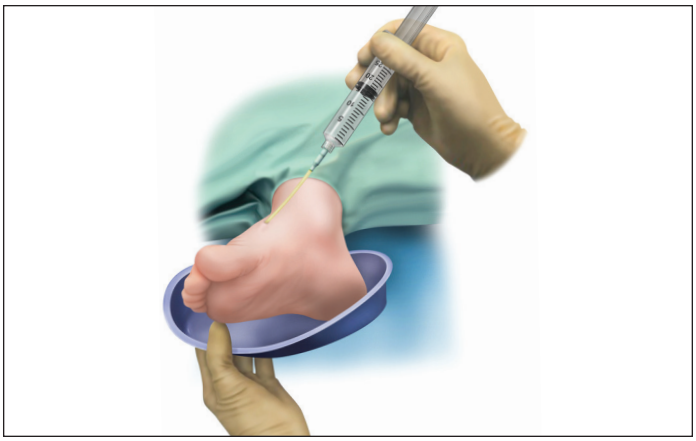
57S1MI07
Straight periosteal elevator
(part of a set)

The burring process is made easier if, at regular intervals, the bone paste is 'milked' out of the portal followed by irrigation with saline.



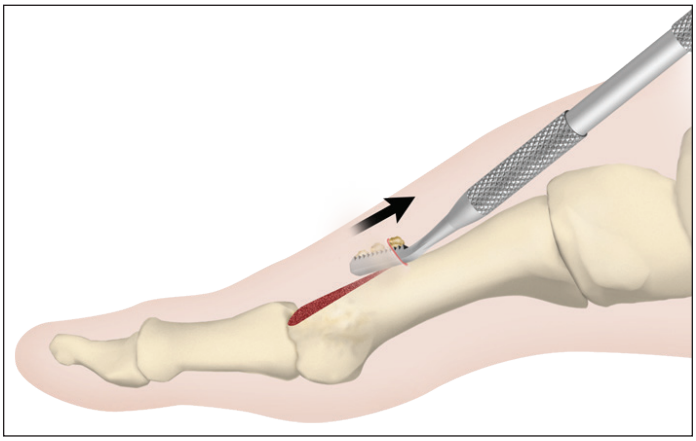
Bone paste **Figure 11**

Saline may be delivered through the portal under pressure from a syringe, e.g., via venous cannula, to wash away smaller fragments.



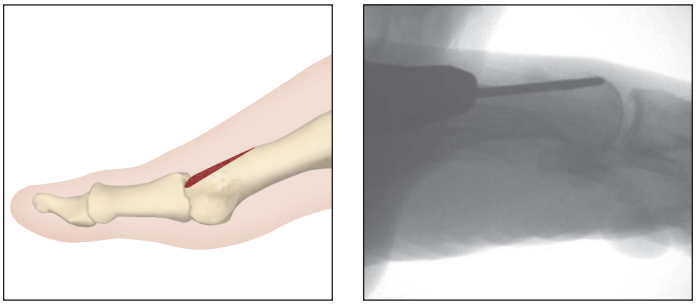
Irrigation **Figure 12**

The double-ended rasp is introduced through the portal. Orient the rasp surface away from bone and withdraw with gentle digital pressure on overlying skin to remove more debris. Care must be taken to ensure that the rasp is not used to smooth the bone surface, merely to clear bony fragments from the soft tissues.



Bone fragment removal **Figure 13**

This process is continued until sufficient bone has been removed as confirmed on the x-ray.



Flattened dorsal surface **Figure 14**

Postoperative management

Postoperative care is the responsibility of the medical professional.

Ordering information

Part number	Description
57SW3113	MICA Wedge Burr - 3.1mm x 13mm
57S1M107	MIS sterile instrument pack Handle Curved elevator Straight elevator Double-ended rasp Blade

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Foot & Ankle

This document is intended solely for the use of healthcare professionals. A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

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