

SURGICAL TECHNIQUE

The Accu-Joint® Hemi Implant System is a revolutionary, patented, FDA-approved resurfacing treatment for arthritic disorders of all 5 MTP joints that is designed to restore natural motion and preserve an active lifestyle.



STEP 1



Obtain full exposure. Perform an aggressive extra-articular cheilectomy including the dorsal exostectomy and reduce the joint size to normal.

STEP 2



A McGlamry elevator is utilized to free up the sesamoid apparatus and reduce flexor binding. Release of these adhesions is necessary for restoration of anatomic motion. Complete a full 360 degree extra-articular cheilectomy. Resection of the dorsal exostosis is important to reduce the enlarged joint to its original size, and to recreate the dorsal articulation.

STEP 3



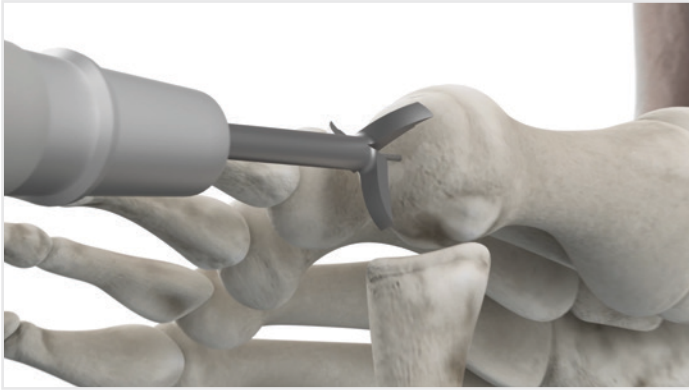
Center and align the trial to the bone articular surface. The trial for the Accu-Joint® Hemi Implant should be positioned perpendicular to the articular set angle with the stem of the implant angled slightly plantarly.

STEP 4



The trial can be used as a guide for the insertion of the K wire and visualizing with C-ARM is essential to ensure the wire is properly placed. 30-40 mm of the wire should be left exposed to aid with instrumentation. The K-wire should be positioned so the stem of the implant rests in the plantar half of the first metatarsal.

STEP 5



Use the two-stage reamer gently and lightly with high-speed revolution for removal of worn cartilage and any indicated decompression. The subchondral bone remains preserved for rigid fixation of the Accu-Joint®.

STEP 6



Drill the pilot hole until the top of the counterbore is flush with the surface of the bone. For soft bone only drill to the bottom of the counterbore.

STEP 7



The trial is placed, the K-wire removed and range of motion simulated. The goal is to achieve 90 degrees of dorsiflexion during this step. If desired range of motion is not achieved, remove the trial and decompress further. Ensure the implant is sized appropriately and does not overhang the prepared surface. The Tap can be utilized at surgeon discretion.

STEP 8



Thread the Accu-Joint® Hemi Implant into the pilot hole using the T-6 driver. Ensure 360 degree seating of the implant onto the bone with no gapping. Confirm adequate seating with X-ray.

STEP 9



Ensure that smooth range of motion is verified using simulated weight bearing. Flush and closure is completed followed by another final check of the range of motion. Postoperatively, immediate and full weight bearing is allowed using a surgical shoe. During the first 3 days rest, ice, and elevation are encouraged. Further care will follow a normal postoperative protocol.

This material is intended for health care professionals. Distribution to any other recipient is prohibited. For product information, including indications, contraindications, warnings, precautions, potential adverse effects, and patient counseling information, see the package insert and www.accufixsurgical.com. The Accu-Joint® hemi implant, a hemi-arthroplasty metatarsal head or phalangeal base implant for the metatarsophalangeal (MTP) joint, is indicated for use in the treatment of patients with degenerative and post-traumatic arthritis in the MTP joint in the presence of good bone stock, along with the following clinical conditions: Hallux Limitus, Hallux Valgus, Hallux Rigidus, and an unstable or painful MTP joint. The Accu-Joint® hemi implant is intended to be used with bone cement. The metatarsal head and phalangeal base may not be used together at the same joint. Potential risks include, but are not limited to, risks of the procedure, including the risk of implant breakage, failure or loosening, bone fracture, allergic reaction to implant materials or infection, any of which can require additional surgery. For complete prescribing information, see the package insert and www.accufixsurgical.com.