Ankle Malunions Supramalleolar Deformity

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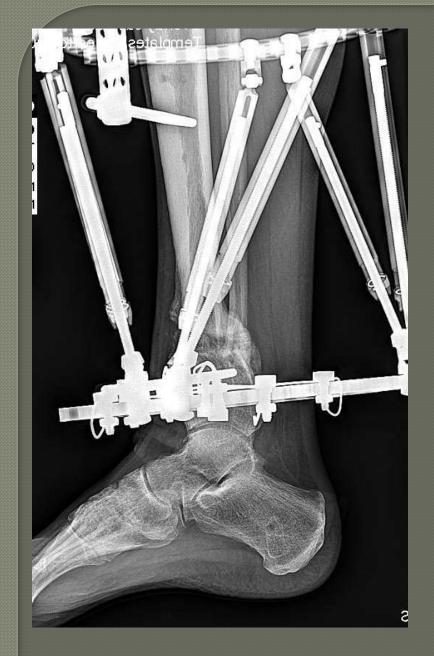


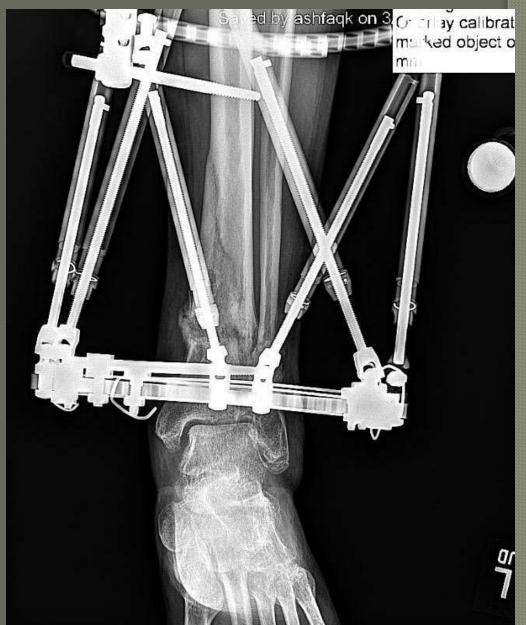


Indications























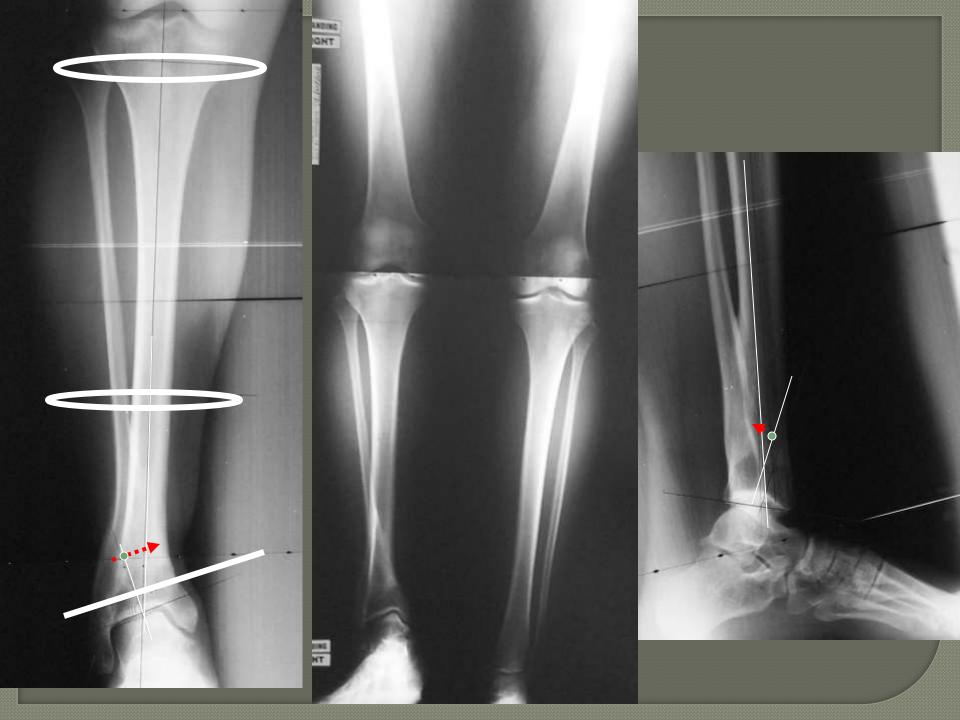
The Ilizarov Method

- Address all facets of deformity including length
- Gradual correction
 - Less traumatic
 - Patient feedback for position
 - Less risk of NV insult
- Minimally invasive exposure
- Weight bearing is allowed

Tibia malunion, LLD 6cm, BEFORE







Postop, Double level osteotomy



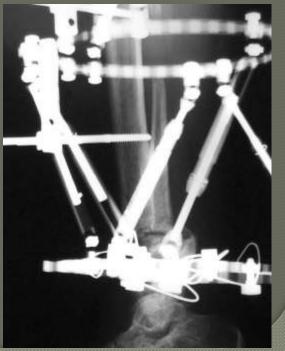


2 separate programs
Independent of eachother



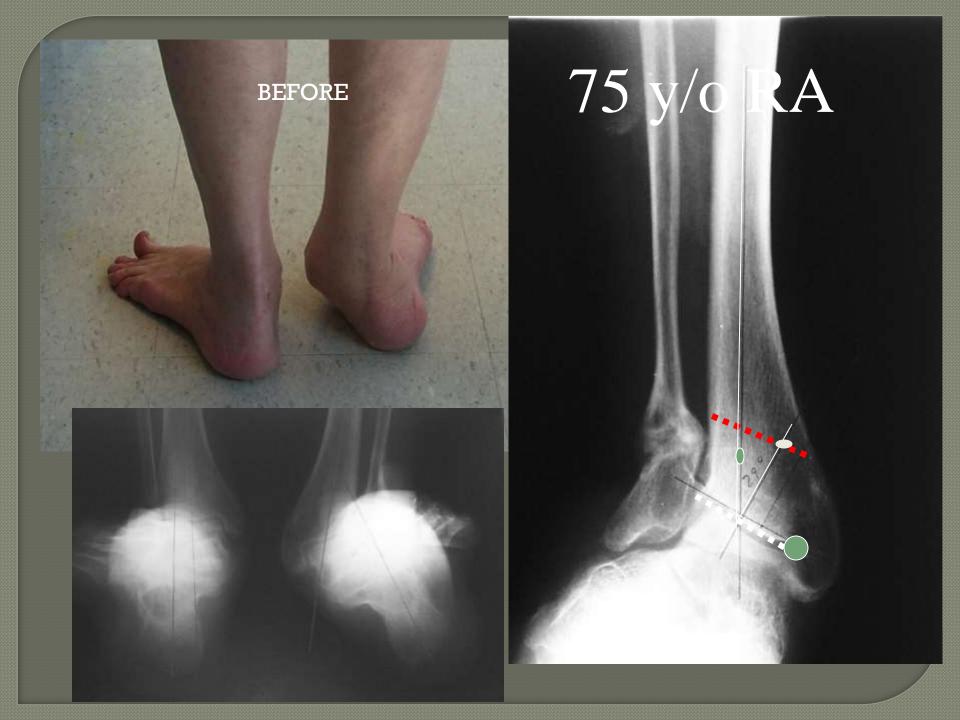




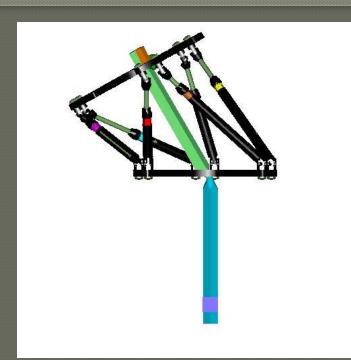


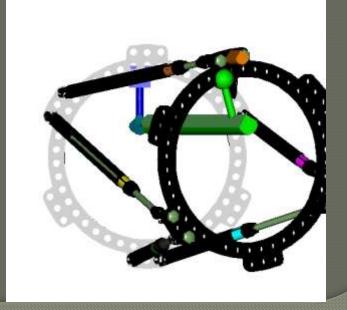


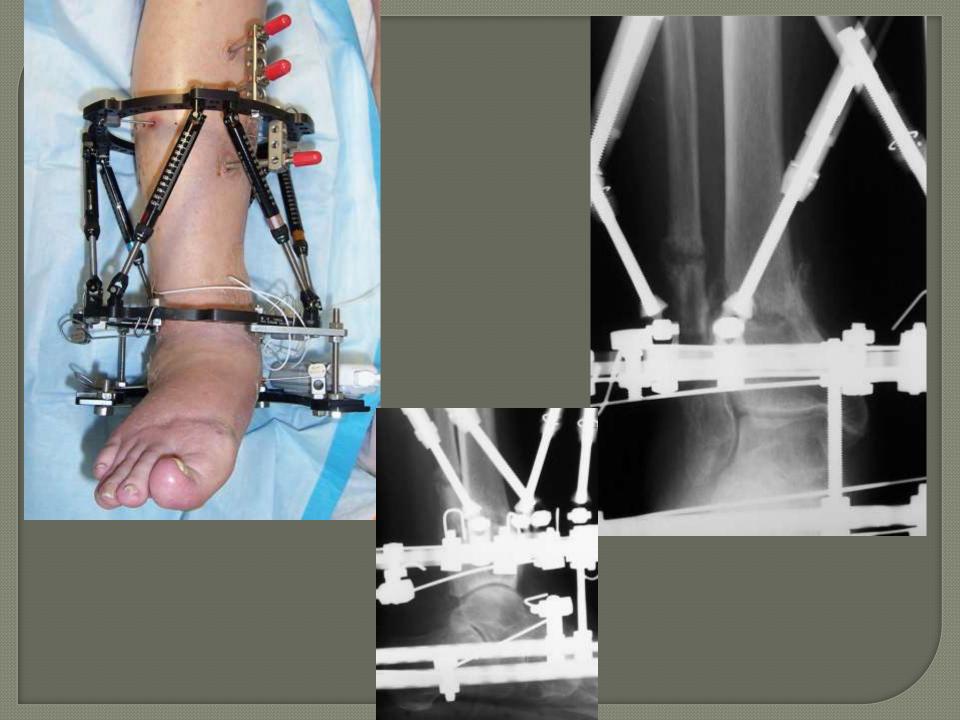












BEFORE



AFTER



Indications

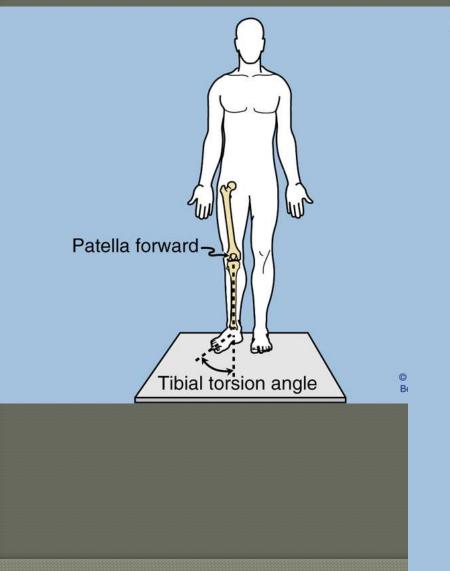
- Malunion (tibial deformity)
- Nonunion with deformity
- Supramalleolar bone loss
- Altered malleolar relationship



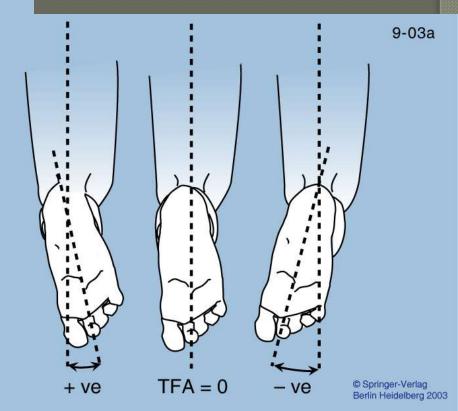
Associated issues

- Ankle contracture
- Hindfoot contracture
- Arthritis of ankle and hindfoot
- Proximal tibial deformity
- LLD

Rotational deformity -tibia

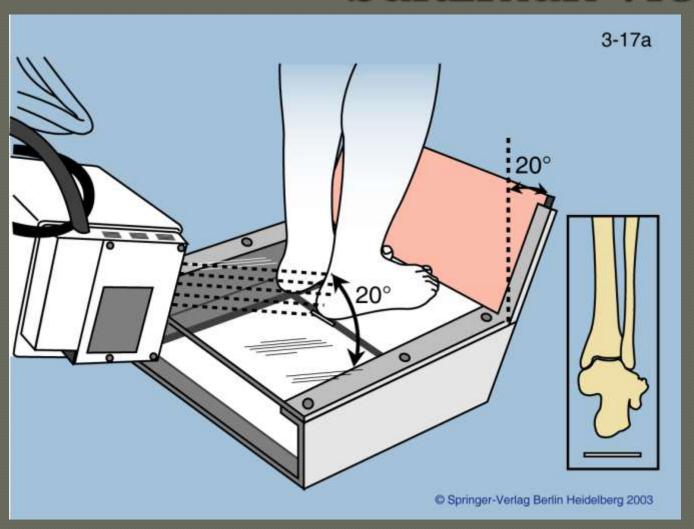


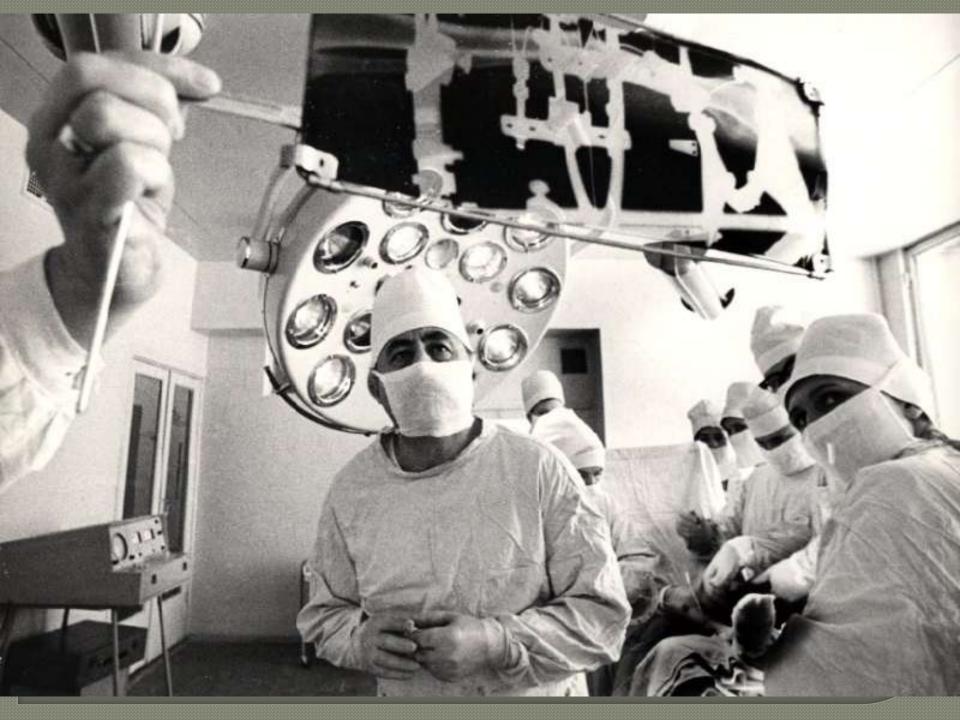
9-03c



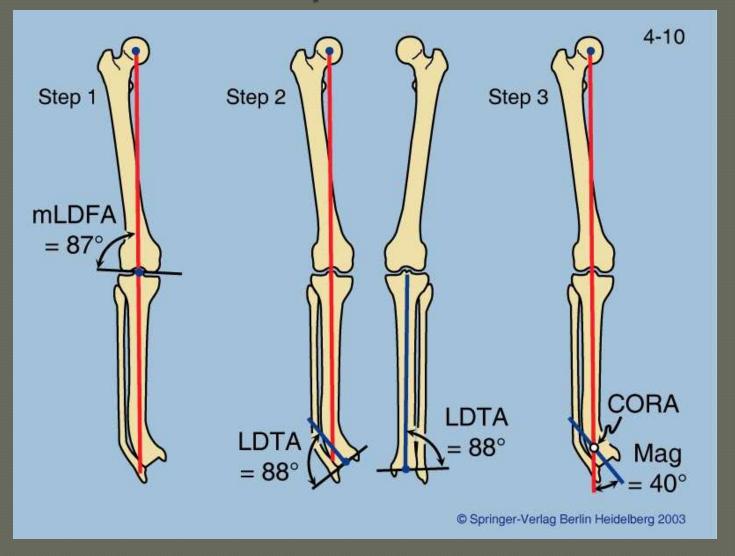


Saltzman view





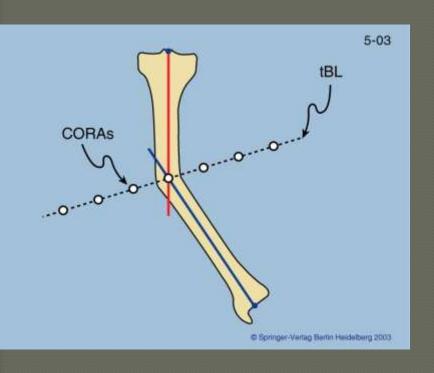
Normal femur, distal tibia varus

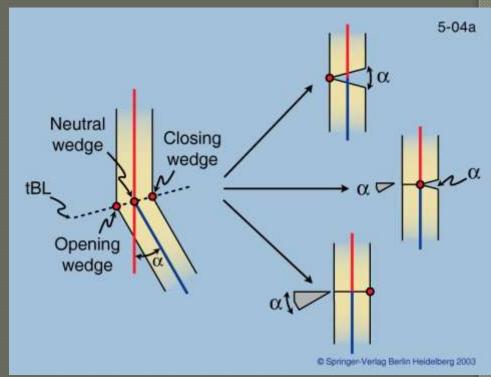


Use extension of femur mech axis for proximal tibia mech. axis

Osteotomy principle

Gain length





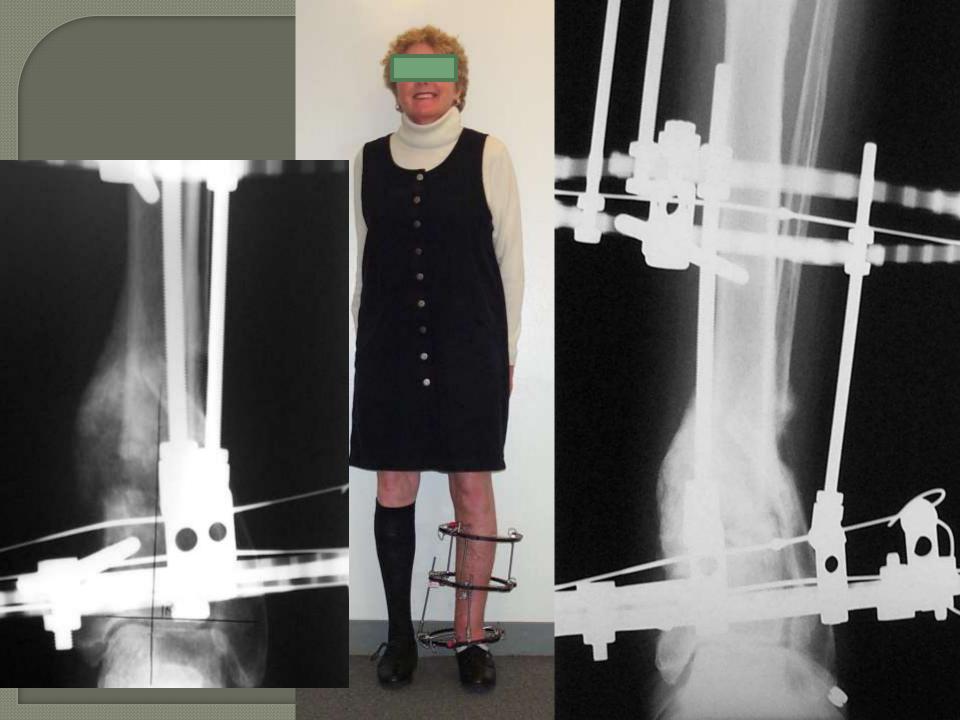
Loose length

BEFORE

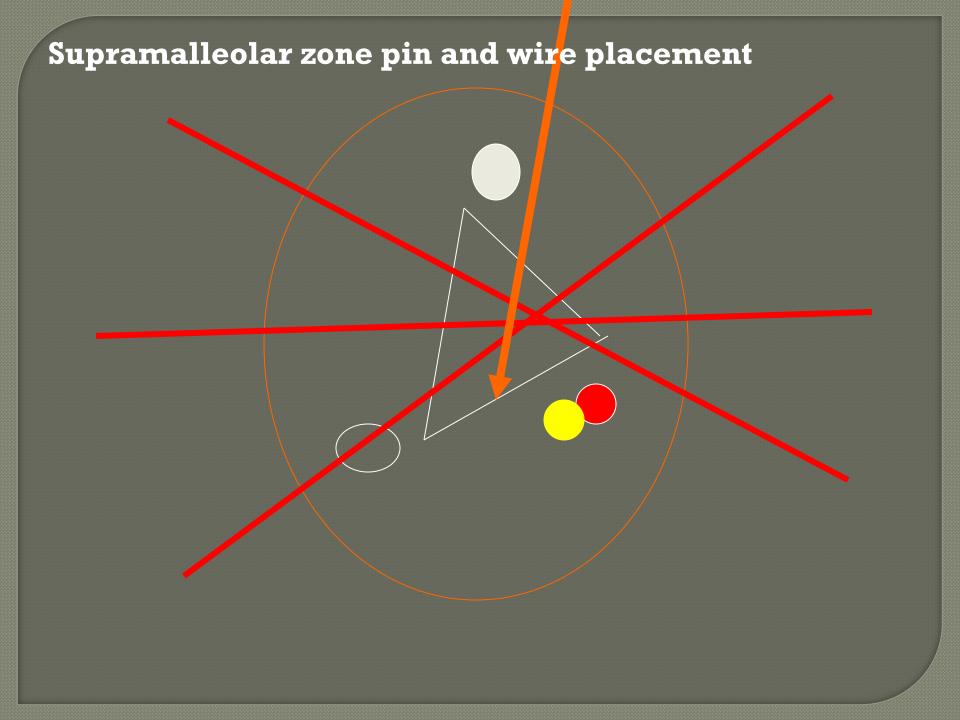


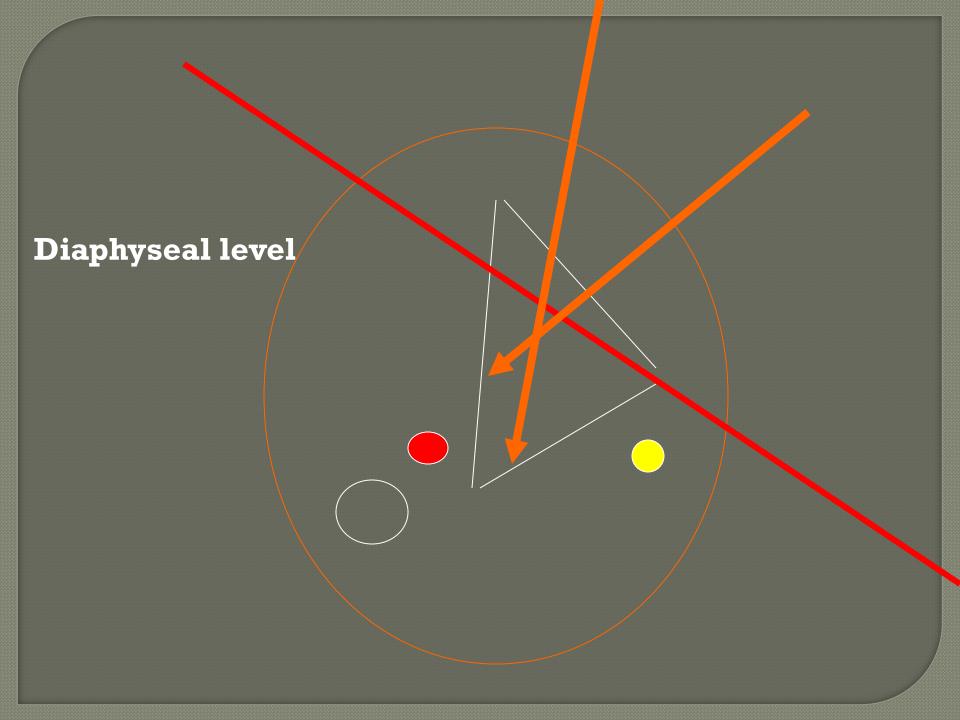




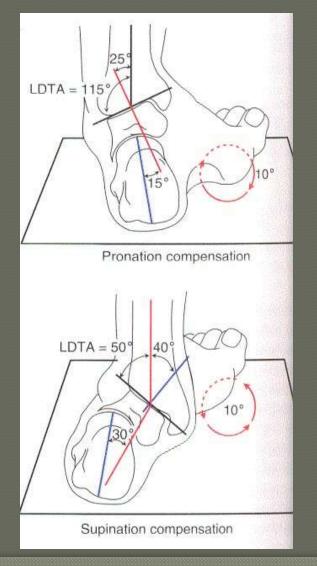








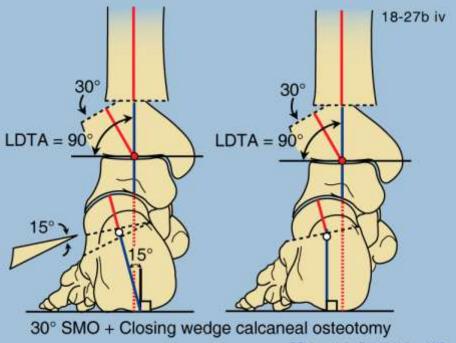
Be aware of foot compensation and determine if it is flexible or fixed

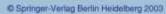


Varus tibia compensated with Hindfoot eversion and Forefoot pronation

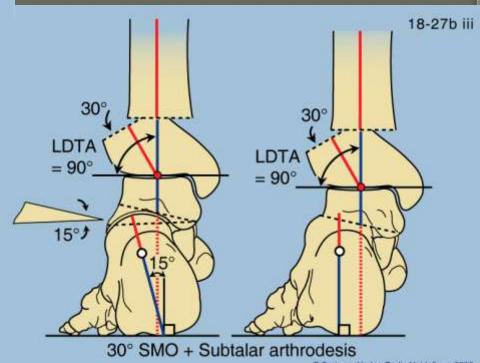
Valgus tibia compensated with Hindfoot inversion and Forefoot supination

Greater compensation Possible for valgus tibia

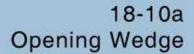


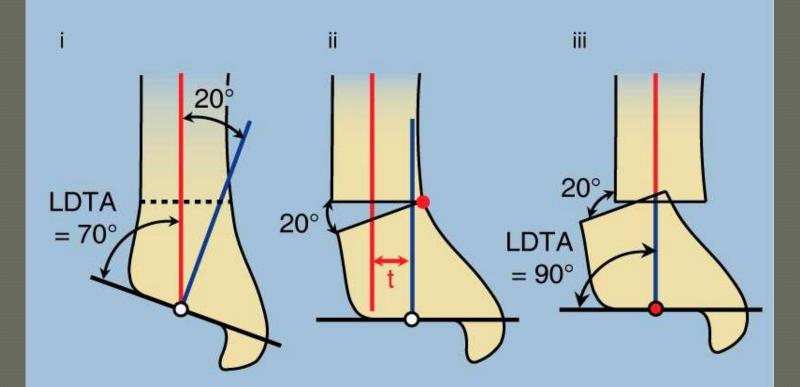






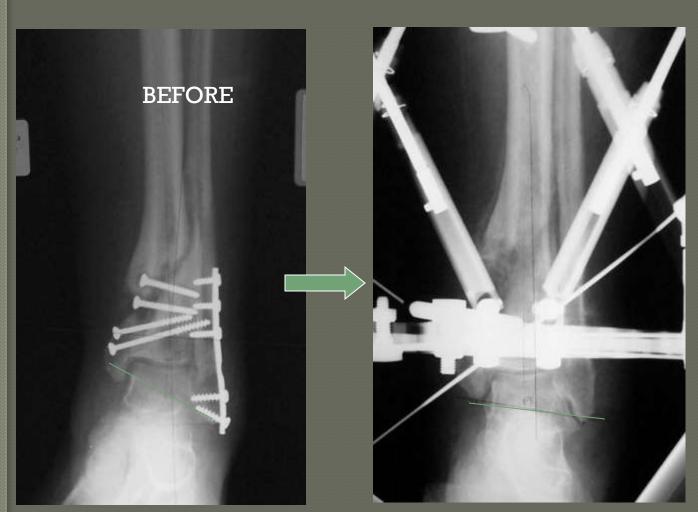
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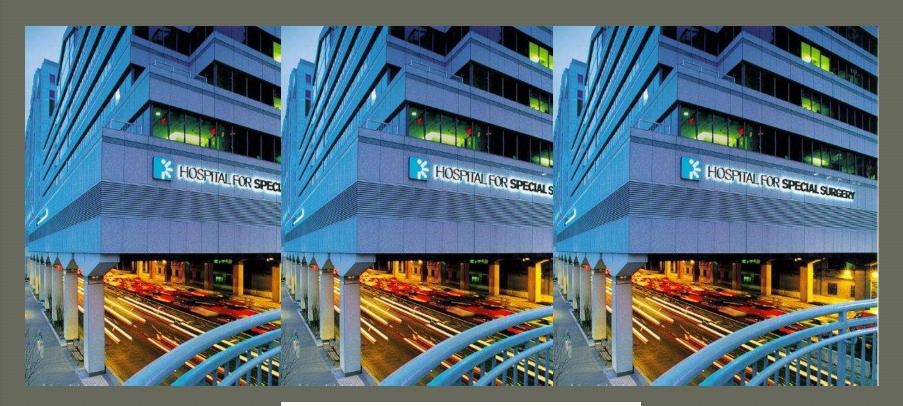
Intra-articular nonunion







Thank You



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