

IntelliGuide® for Lapiplasty®

Cut Guide Placement and Fluoro Check

Items to request in addition to standard foot & ankle instrumentation:

- Straight 1/4 inch osteotome
- Fluoroscopy (mini c-arm preferred)
- Pituitary rongeur
- Sagittal saw & wire driver

If not provided with selected implant (non-TMC implants only): Fenestration Drill *Final implant construct is at surgeon discretion. The PSI System has not been cleared with any specific implant(s).*

TREACE
A Step Ahead.™

1. Direct Dorsal Incision

Locate the 1st TMT joint with fluoro and make a longitudinal 4.5cm incision as lateral as possible while staying medial to the EHL. Create a full-thickness, sub-periosteal tissue envelope, exposing the medial ridge of the metatarsal. Dissect laterally and distally between the 1st and 2nd metatarsal bases.



2. Guide Registration

Place the Patient Specific (PSI) Cut Guide in the lateral corner of the TMT joint. Register the inferior surface of the guide fully to bone.

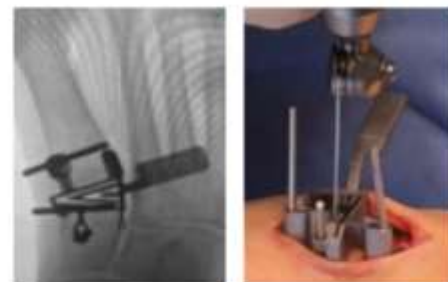
Confirm cut guide placement on a Treace AP "sunsight" view by imaging down the ICJ hole and confirming both the Joint Seeker and ICJ Marker align with the 1st TMT joint and intercuneiform joint respectively, as shown on the pre-operative plan.

The guide can be temporarily fixated with a 2mm half pin in the oblique hole.



3. Pin and Cut

Ensure the guide is fixated with three bicortical 2mm half pins in the outermost holes and the oblique hole. Maintain a vertical orientation of the saw and slowly advance with a "pecking" motion, to the full depth of the blade to complete the cuts.

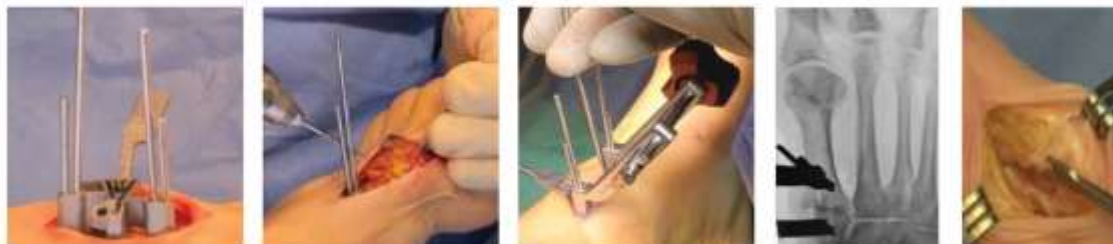


4. TMT Joint Apposition

Place two longer bicortical 2mmx100mm pins in the inner most holes and remove the oblique pin. Slide the PSI Guide off the four pins. Distract the joint and fully free up the bone slices with an osteotome, LapiTome™ or RazorTome™ to allow removal without breaking the pieces.

Generously irrigate to remove any debris. Use the 2mm drill to fenestrate subchondral bone surfaces (approximately 10+ holes per side). Avoid irrigation of the joint after fenestration. Once joint surfaces are prepped, apply the compressor over the four pins with the knob oriented medially.

Tighten the compressor to "two finger" tightness (avoid over-compression) to fully appose the TMT joint. Confirm correction and apposition on AP ("down the joint" view) and lateral fluoros. If needed, a distal lateral release can be performed with a blade or SpeedRelease™ to ensure sesamoids are covered.



5. TMT Provisional and Final Fixation

Drive two straight k-wires to provisionally fixate the TMT joint: one from the lateral side of the metatarsal into the center aspect of the cuneiform and the other from the dorsomedial aspect of the TMT joint for a second point of fixation. An optional K-wire can be thrown transversely through the shafts or heads of M1-M2. Confirm the final reduction on AP and lateral fluoros and proceed with final fixation.



*Fixation shown is for demonstration purposes only, and is at surgeon's discretion.

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