

# IntelliGuide® for Adductoplasty\*

## Key Steps & Fluoro Checks

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

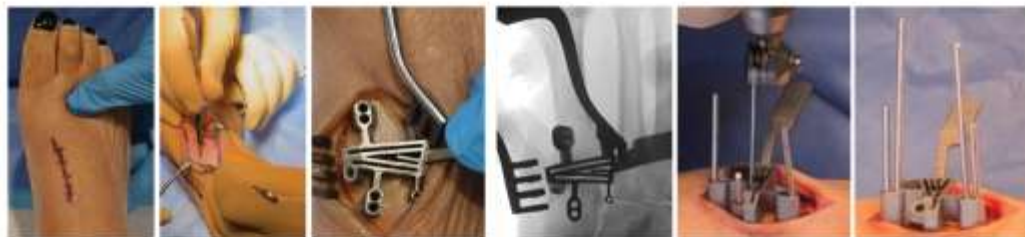
- Straight 1/4 inch osteotome
- Pituitary rongeur
- Fluoroscopy (mini c-arm preferred)
- Sagittal saw & wire driver

*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. 1st TMT Incision and Cut

If also correcting the 1st TMT, do your 1st TMT cuts prior to fixing the lesser to keep anatomy intact from the CT scan and keep full correction. Follow steps 1-4 within the IntelliGuide for Lapiplasty® Key Step Guide for more detail.



### 2. Lesser TMT Incision

Utilize an oblique fluoroscopic view to locate the 2nd and 3rd TMT joints; identify and mark an incision midline and parallel with the longitudinal axis of the 3rd metatarsal shaft.



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

### 3. Lesser TMT Cut Guide

Place the IntelliGuide™ Patient Specific (PSI) Cut Guide on bone until it fully registers. Temporarily secure with a 2.0mm half-pin.

Assess the Cut Guide position clinically and fluoroscopically using oblique X-ray views. Take care to visualize the 2nd and 3rd TMT cuts independently.

Note: When obtaining the proper "gunsight" fluoro views down the 2nd and 3rd TMT cut slots, the Cut Guide fixation holes should become "perfect circles". Ensure the cut slots do not overlap into the medial cuneiform or 4th metatarsal.

Secure the Cut Guide by inserting 2.0mm half-pins into the remaining holes. While making cuts, ensure that the saw is kept perpendicular to the respective dorsal surface of the Cut Guide.



### 4. Lesser TMT Joint Prep

Remove the 2mm half-pins and the Cut Guide. Utilize rongeurs along with the LapiTome™, RazorTome™ or other osteotome to remove the bone slices and any remaining bone fragments. Irrigate the surgical site to remove any debris. Use fluoroscopy to confirm all bone fragments and articular cartilage has been removed.

Thoroughly fenestrate the 2nd and 3rd TMT subchondral joint surfaces with a fluted drill bit.



**Note:** The FastGraft® may be utilized for harvesting cancellous autograft and/or CortiFuse™ allograft introduce the morselized bone into the fusion sites.

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### 5. Lesser TMT Joint Compression

Completely release the interval between the 3rd and 4th metatarsal bases using the TriTome® or other osteotome.

Manually reduce the 2nd and 3rd TMT joints using the "up and out" technique while placing the Adductoplasty® Compressor across the most lateral aspect of the 3rd TMT joint and secure with two 2mm half-pins.

Maintain manual reduction while tightening the Compressor to "two-finger tightness".

Confirm uniform apposition of the 2nd and 3rd TMT joint surfaces clinically and radiographically, while also ensuring full MTA correction has been achieved.



### 6. Lesser TMT Fixation

With the Compressor in place, proceed with fixation of the joint with the preferred fixation system per the respective surgical technique.

Confirm implant position under fluoroscopy.

A 2.0mm threaded olive wire, or the Adductoplasty® Compressor may be placed across the 2nd TMT joint for provisional fixation, if desired.

Repeat the previous step for applying permanent fixation across the 2nd TMT joint



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If also correcting the 1<sup>st</sup> TMT, continue to steps 7 and 8

### 7. 1st TMT Joint Apposition

Distract the joint and fully free up the bone slices with an osteotome, LapiTome™ or RazorTome™ to allow removal without breaking the pieces.

Use the 2mm drill to aggressively fenestrate subchondral bone surfaces (10+ holes per side). Do not irrigate joint after fenestration. Once joint surfaces are prepped, apply the compressor over the four pins with the knob orientated medially.

Tighten the compressor to "two finger" tightness (do not overcompress) 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.



### 8. 1st 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 the preferred final fixation per the respective surgical technique.

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