



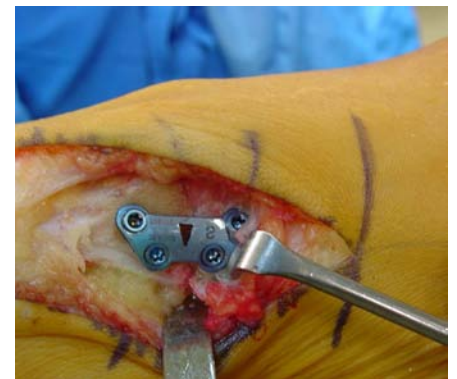
Lapidus arthrodesis with the PEDOFIX® plate

The Lapidus arthrodesis procedure corrects the intermetatarsal angle in the TMT-I joint. The original method used by Lapidus in 1934 only fixed the joint with a plaster cast; this resulted in numerous cases of pseudoarthrosis and relapses, so that surgical procedures soon departed from this technique.

Screw osteosynthesis from the dorsal approach was the new version in the '90s. The screws, or screw and wire, or screw and staple, were inserted from the dorsal direction. This produced a good correction and good bone building, but the patients had to refrain from putting pressure on the joint for 8 weeks. This restricted the indication. Only those who could cope with this technique were a candidate for the Lapidus operation.

Orthner/Wels developed the angle stable graduated plate from the dorsal approach. This solved the problem of plantar displacement, but not the loading ability.

Implantation of an angle stable "Pedofix® Miniplate" from the medio-plantar approach makes the crucial difference. The arthrodesis is correctly tensioned by biomechanical means along the lines of a tension band, i.e. when the patient applies partial load after the operation, he compresses the arthrodesis and improves the bone building process. Partial load in the Orthowedge shoe considerably simplifies postsurgery treatment. This results in a considerable expansion of the indication.



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