



ARSENAL FOOT™ PLATING SYSTEM

PLATING SYSTEM

MEDIAL COLUMN ARTHRODESIS

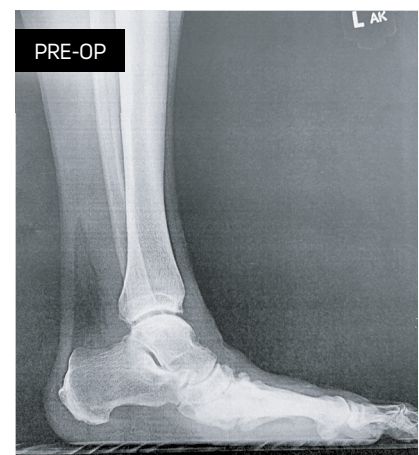
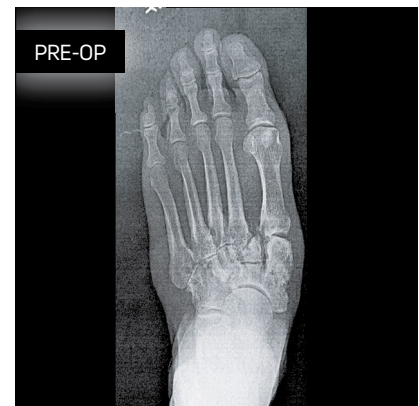
By Jason Nowak, DPM

PATIENT HISTORY

This patient is a 74-year-old male who sustained a lisfranc injury to his left foot approximately 30 years ago that went untreated. Additionally, he underwent a right ankle arthrodesis approximately 20 years ago. He developed end-stage arthritis of his subtalar joint on the right foot, along with a severely collapsed midfoot deformity on the left foot. All conservative treatment measures were previously exhausted, thus requiring surgical intervention.

TREATMENT

Treatment included a hardware removal, distal tibial autograft harvest, and subtalar joint arthrodesis on the right foot utilizing a Trilliant Surgical 7.0mm Tiger Large Cannulated Headless Screw for compression. Treatment of the left foot included distal tibial autograft harvest, medial column arthrodesis, and second tarsometatarsal joint arthrodesis. This was accomplished with the Trilliant Surgical Arsenal Medial Column Plate and several Trilliant Surgical 4.5mm Tiger Headless Cannulated Screws for compression, which was augmented with Vi-Bone® Cryopreserved Viable Bone Matrix Allograft, distributed by Trilliant Surgical, and distal tibial autograft. This allowed for excellent correction of the midfoot collapse, and restoration of the medial longitudinal arch.





POST-OPERATIVE CARE

The patient maintained non-weight bearing status on both feet for six weeks postoperatively. He was then transitioned to bilateral walking boots for six additional weeks. By postoperative week 12, he was transitioned into tennis shoes with no pain in either foot. He has since returned to normal activities such as walking and golfing without difficulty.

DISCUSSION

Hindfoot fusions and midfoot deformity correction can be quite challenging. The new Arsenal Foot Plating System provides the surgeon with excellent fixation options when dealing with these complex procedures. The Arsenal Plates allow for the greatest off-axis angulation when placing locking screws, making it much easier to insert locking screws where they are needed most. This allowed for a stronger fixation construct and earlier rehabilitation, thus earlier return to activities for this patient.

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