



Shape Memory Staple System for Hallux Abducto Valgus Correction

SURGICAL TECHNIQUE



Technology Serving Technique



Body Temperature Activated Shape Memory Staples

PUTTING CLOSURE TO OSTEOTOMIES

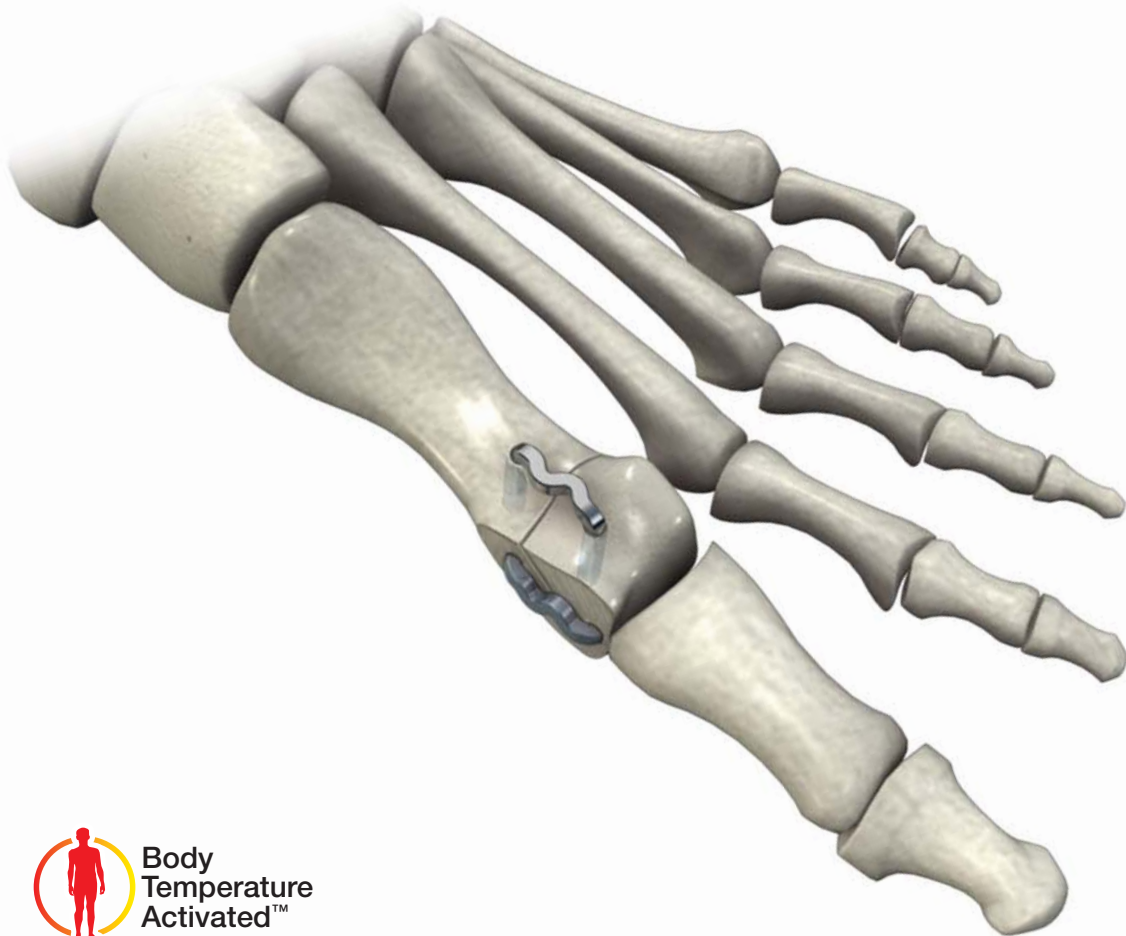
reVERTO™ Shape Memory Staples undergo continuous and active reduction at body temperature—so you have compression where you want it, when you want it.

SURGICAL TECHNIQUE

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Surgical correction of Hallux Abducto Valgus utilizing a reVERTO Shape Memory (body temperature activated) Staple in conjunction with a distal metaphyseal osteotomy of the first metatarsal phalangeal joint. Indications for correction of Hallux Abducto Valgus are classic with an intermetadistal angle of 15 degrees or less. A painful joint is noted pre-operatively both with and without shoe gear.





The reVERTO Shape Memory Staple System includes body temperature activated staples for: Osteotomies, fusions and corrections of the foot and ankle. The kit also includes a full array of corresponding instrumentation including trials, drill bits and guides.

OPERATIVE APPROACH

A 5cm dorsal incision is placed medial to the extensor hallucis longus tendon. The incision deepened in the same plane, ligating all superficial bleeding as identified. A capsulotomy of choice is carried out and the joint is exposed. Any hypertrophic bone either medially or dorsally is resected and then rasped smooth. Laterally the fibular sesamoid is freed along with a complete release of the adductor tendons.

Attention is then drawn to correcting the inter-metatarsal deviation. With the foot held in the appropriate position, a “V” osteotomy is carried out through all cortices from medial to lateral. The legs of the osteotomy are at 60 degrees with the apex of the “V” placed distally. A predetermine amount of correction is decided preoperatively based on radiographic findings. The distal fragments of the osteotomy is then moved laterally and appropriately impacted. The osteotomy is temporarily fixated with a K-wire.

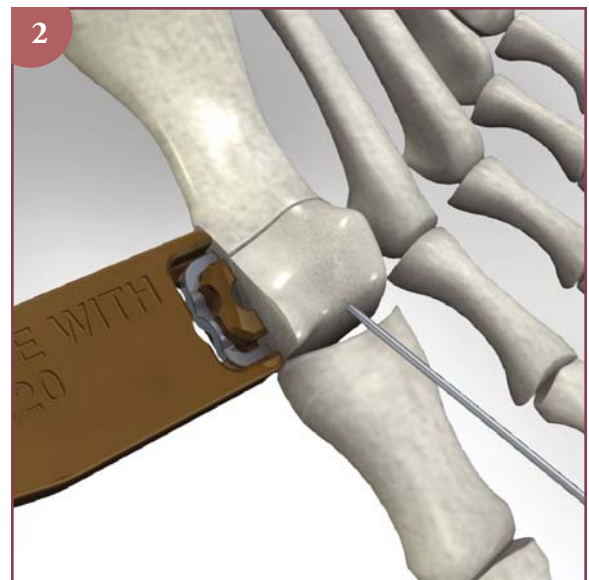
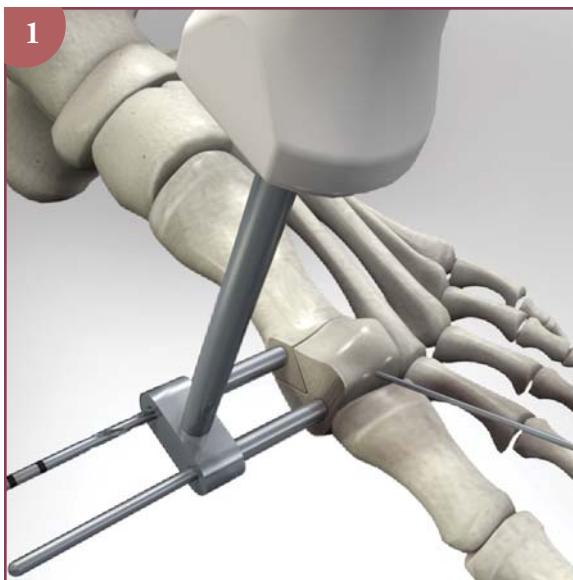


FIGURE 1: Prepare to place the ‘primary fixation staple’ on the medial side. Utilizing a drill guide, the osteotomy is first drilled distally. Place a pin in the distal hole to maintain position and then drill the proximal hole.

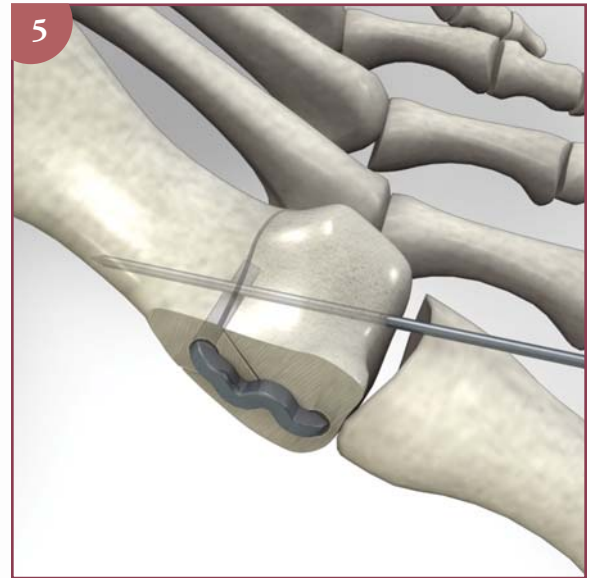
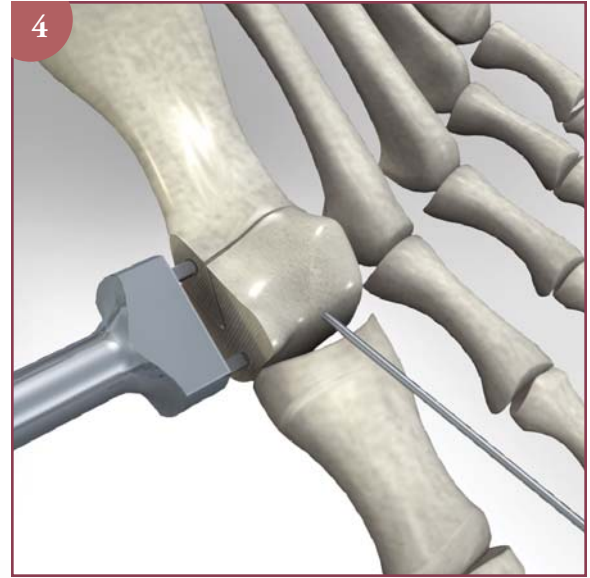
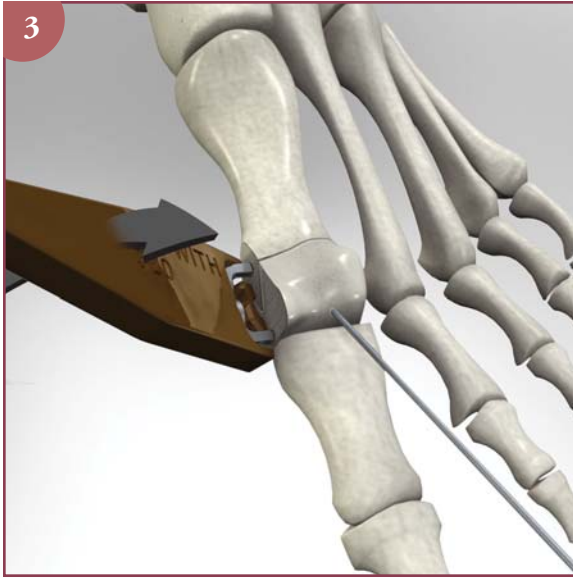


FIGURE 2, 3, 4, 5: A 10x10mm staple is then placed across the osteotomy. The patient's body heat activates staple reduction. Excellent fixation is noted.

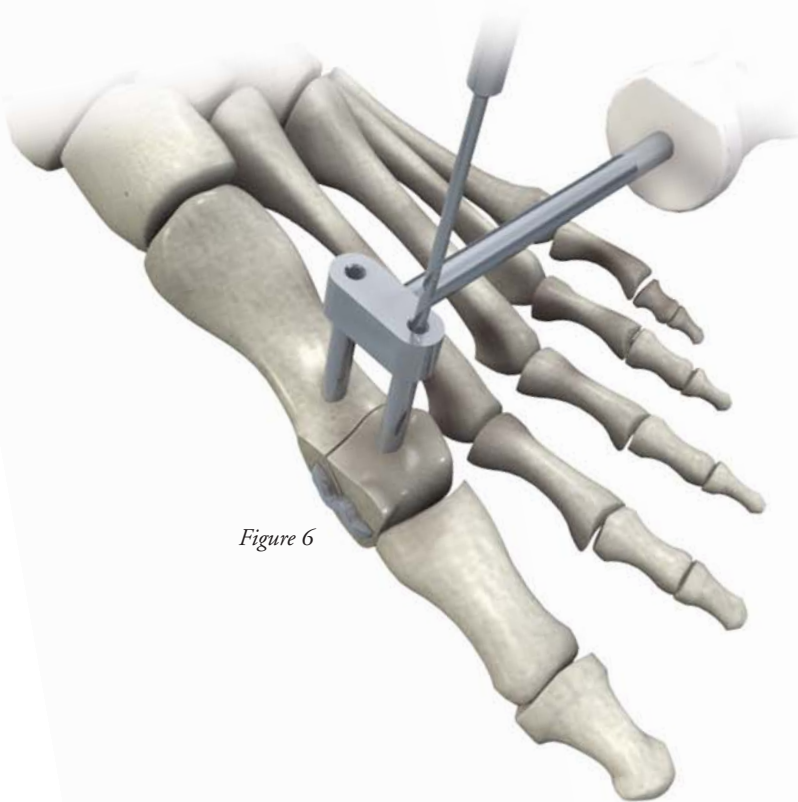


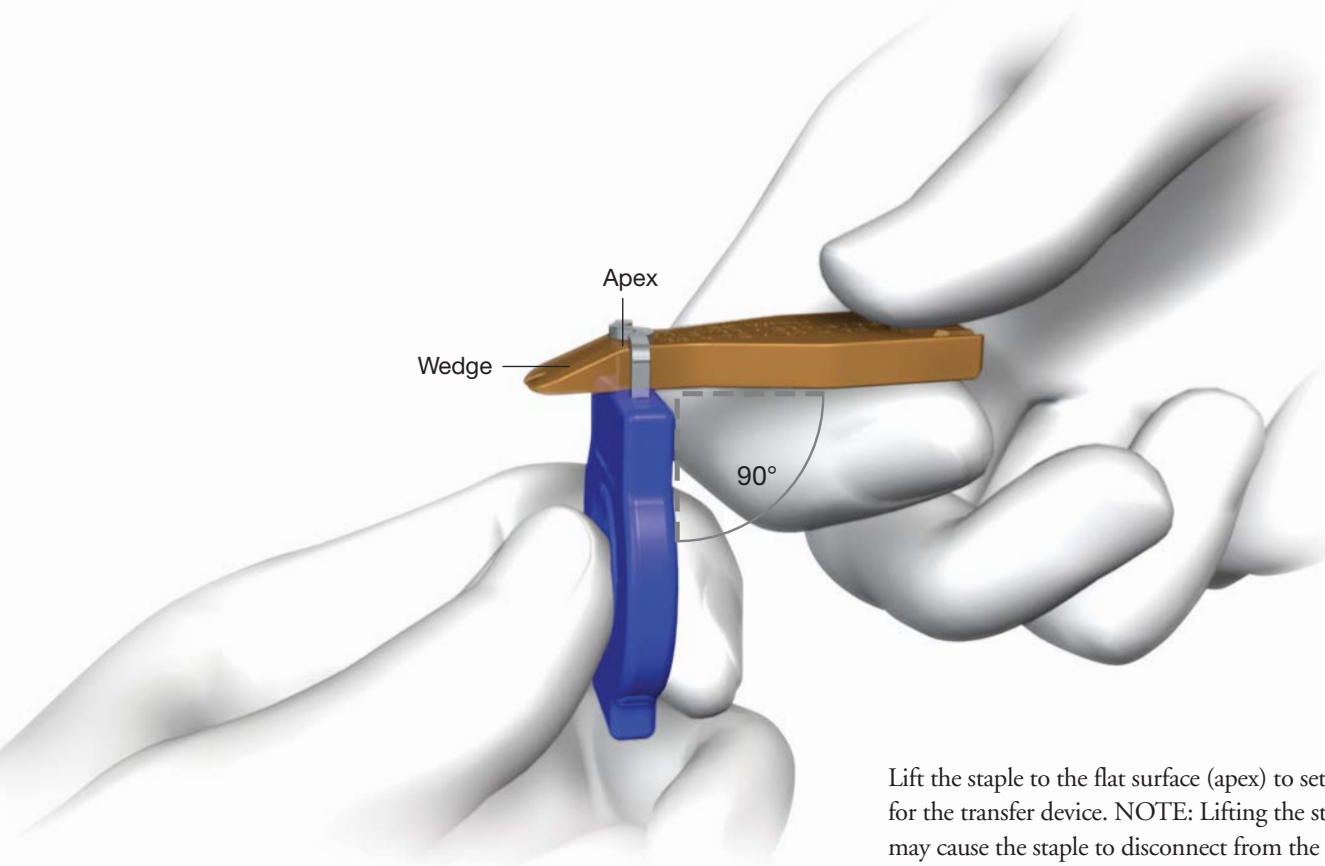
Figure 6

FIGURE 6: If necessary, a second staple may be placed dorsal to plantar. This second staple is extremely helpful in cases of a bicorrectional nature such as a decompression osteotomy for hallux limitus /rigidus.

INSTRUMENTATION OVERVIEW

Product Line Information

Anatomical Indication	Staple Part #	Staple Backspan	Arm Length (s)	Staple Configuration	Staple (Wire Size)	Drill Size	Drill Guide (Part Number)	Method of Activation
Forefoot	320-3703	10mm	10mm	2 Arm	1.5mm	2.0mm	300-5022	Body Temperature
Forefoot	320-3715	10mm	15mm -17mm	2 Arm	1.5mm	2.0mm	300-5022	Body Temperature
Forefoot	320-3709	15mm	10mm	2 Arm	1.5mm	2.0mm <td 300-5022	Body Temperature	
Forefoot	320-3721	15mm	15mm - 17mm	2 Arm	1.5mm	2.0mm	300-5022	Body Temperature
Mid-Rearfoot	320-3722	20mm	15mm	2 Arm	3mm x 2mm	3.5mm	300-5024	Body Temperature
Mid-Rearfoot	320-3723	20mm	20mm	2 Arm	3mm x 2mm	3.5mm	300-5024	Body Temperature
Mid-Rearfoot	320-3724	25mm	20mm	2 Arm	3mm x 2mm	3.5mm	300-5023	Body Temperature
Mid-Rearfoot	320-3725	30mm	20mm	2 Arm	3mm x 2mm	3.5mm	300-5023	Body Temperature



Lift the staple to the flat surface (apex) to set the height for the transfer device. NOTE: Lifting the staple too high may cause the staple to disconnect from the holder.



*reVERTO Shape
Memory Staple*



Staple Trial



Drill Bit

— 10mm
— 15mm
— 20mm



Pin



Implant Holder



Implant Transfer Device



Drill Guide



Tamp



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