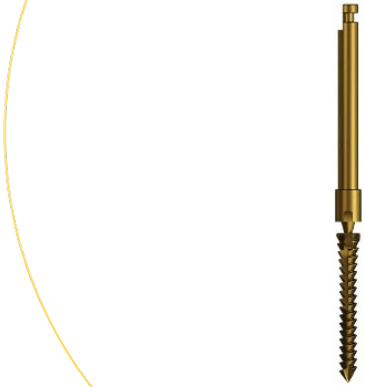
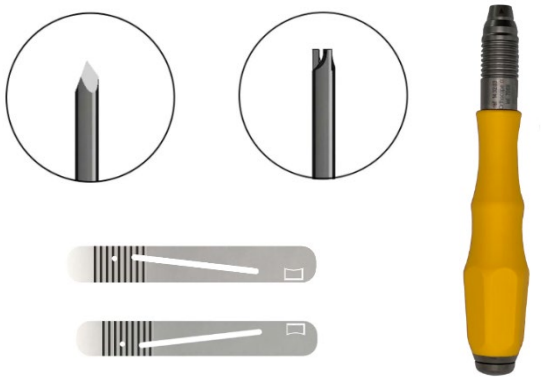
Surgical technique M.I.S.S.

(The specific ancillary equipment is required for fitting ORTHO CAPE implants)





Incision : Longitudinal, low medial, two to three centimeters, centered on the joint space and the cephalic end of the first metatarsal.

Setting up the cutting guide

(suitable for right or left side)

Subcutaneous detachment of the medial and proximal plantar surface of the metatarsal shaft and placement of the cutting guide. The tip of the proximal end of the guide is placed under the shaft and the distal end of the guide is flush with the dorsal costical. The guidewire is stabilized with two fingers, one resting through the skin at the proximal end, the other on the notch at the distal end of the guidewire.

Metatarsal osteotomy

The guide controls the cutting line in the sagittal plane, the inclination given to the saw blade in the horizontal plane allows an associated lowering effect. The guide is removed. The distal transverse cutting line, at the level of the dorsal cortex, is made under visual control, perpendicular to the axis of the second metatarsal, or with a shortening effect.

Perform bone translation ;

Set the rotation speed to about 500 rpm. position the screw on the outer cortex pre-perforated by the square tip and start the engine while exerting pressure.

Once the step engaged, the screw will flee forwards, and in compression, the screw will break.

A safety of the embrittlement causes an early separation of the screw and its screw rod: Continue screwing with the manual screwdriver (14.30.12).

The head of the inserted screw is flushing with the external cortex.