

# WHAT'S NEW IN TAA

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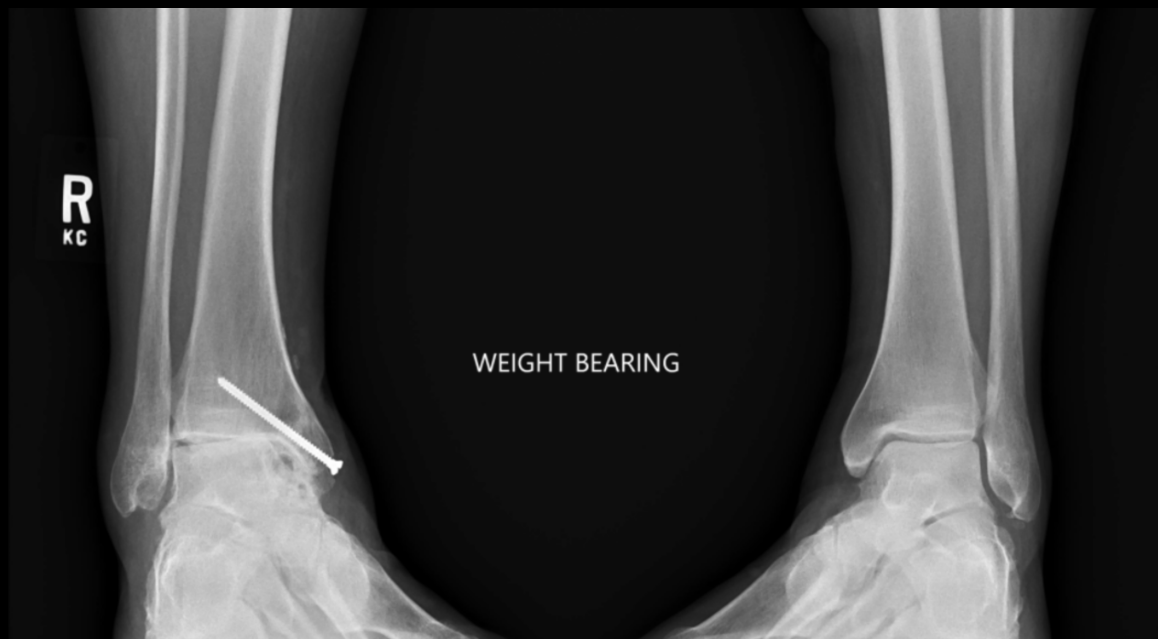
F&A Subspecialty

Wound Center Director

SMMC Chief of Orthopedics

# 69 YR MALE

- Initially injured in '77
- ORIF at that time
- Finally failed conservative care
- Workers comp
- Injections initially offered some relief
- Failed bracing
- What next?





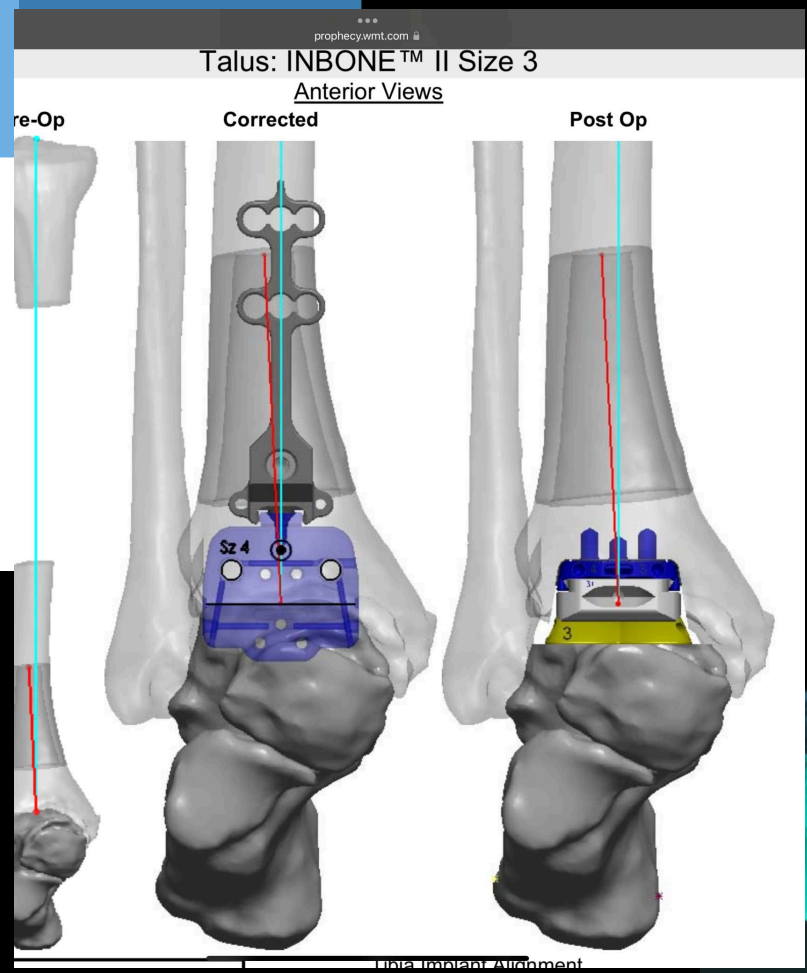
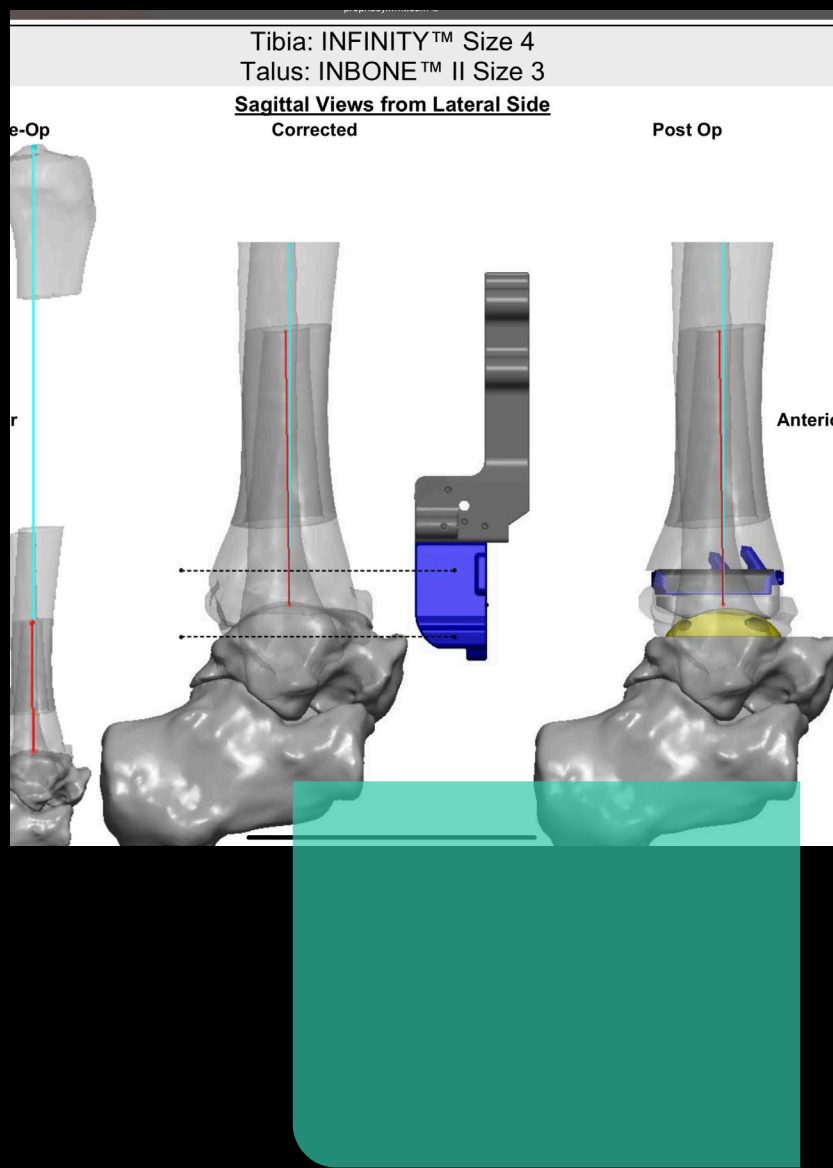
SOOO.....WE DID THIS





# BUT WAIT....HOW DID WE GET HERE

- First we start with obtaining full length CT scan
  - This allows for extensive preop planning...



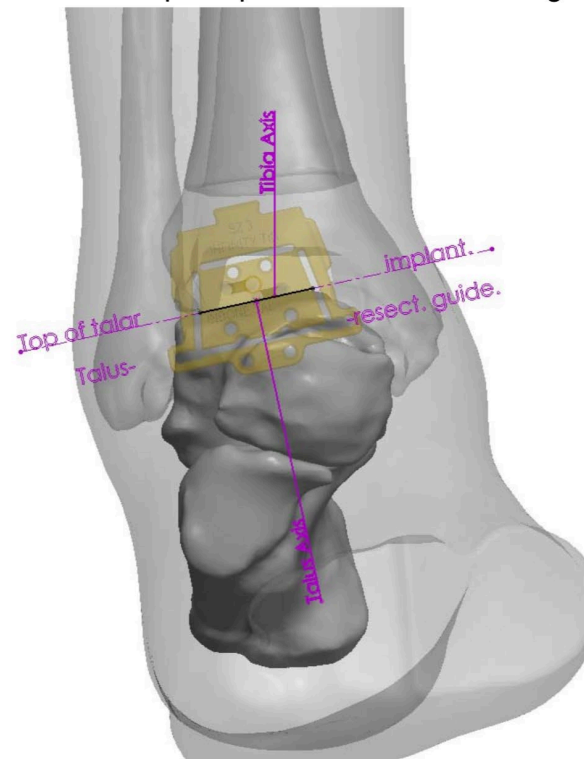
INITIAL  
REPORT

# GIVES 3D VIEW OF DEFORMITY

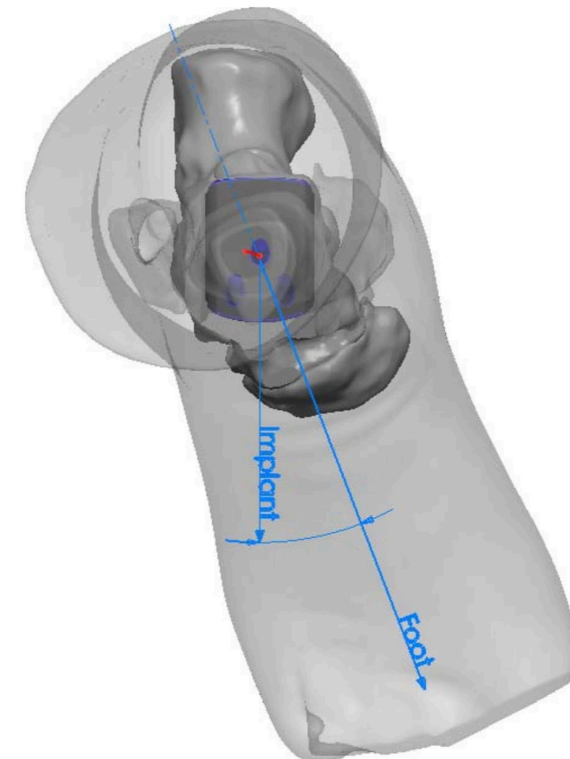
Posterior

— AP Direction: Gutter bisection

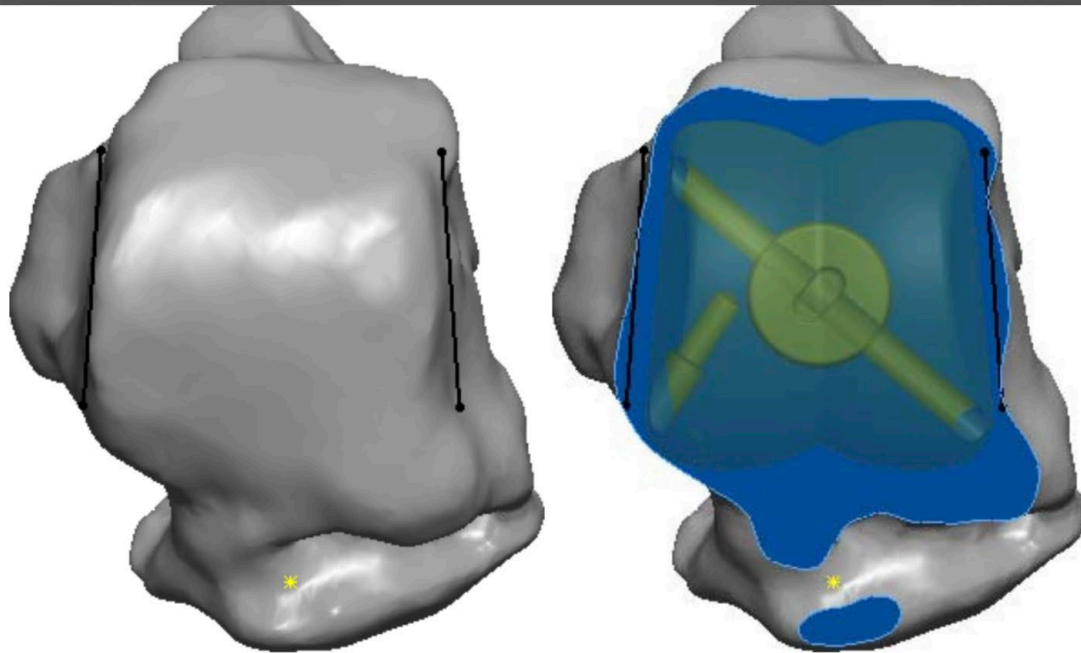
- Tibia gutter angle:  $7.3^{\circ}$ .
- A-P Tibia implant placement: Anterior edge. Posterior uncovered tibia resection: 1.7 mm.



Talus resection guide relative to the talar bone and the planned tibia alignment axis. The resections will result in a correction of  $12.3^{\circ}$  from varus. Ligament balancing may be necessary to achieve balance



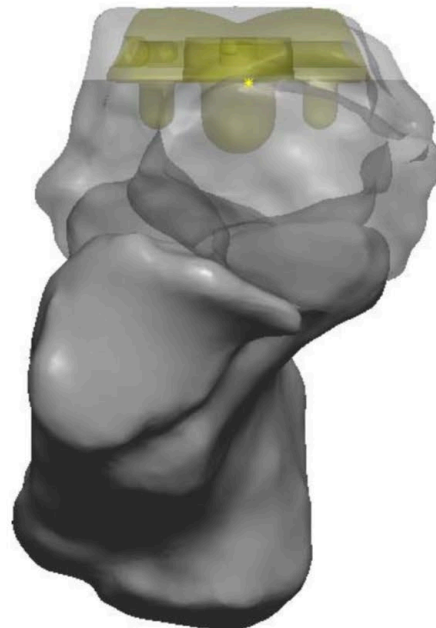
The tibia internal/external orientation is  $21.1^{\circ}$  external to the approximate foot orientation.



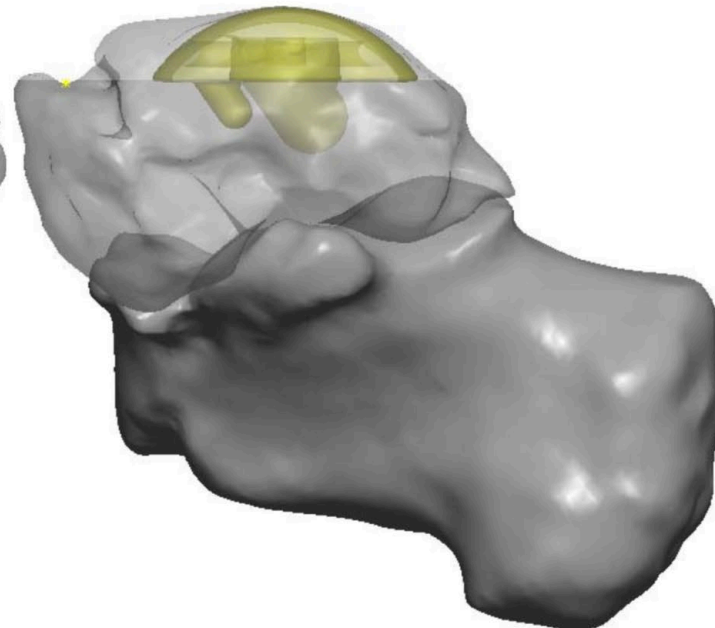
Lateral

Medial Anterior

Posterior

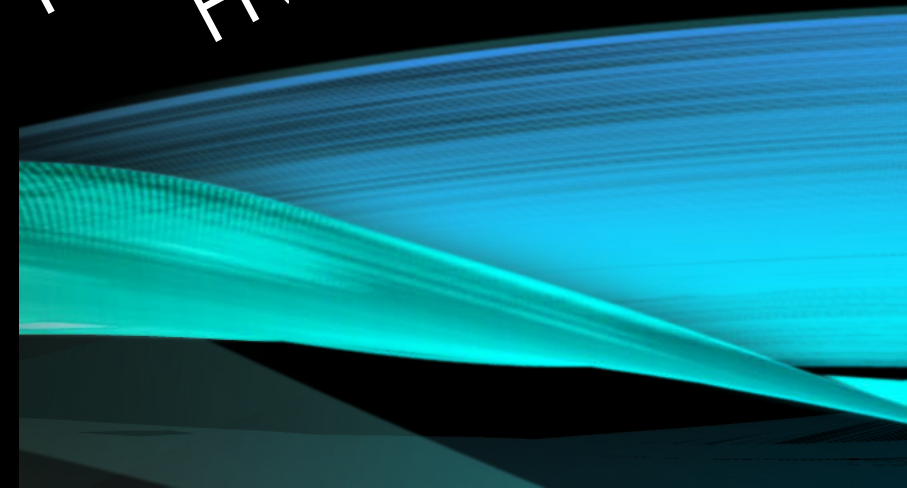


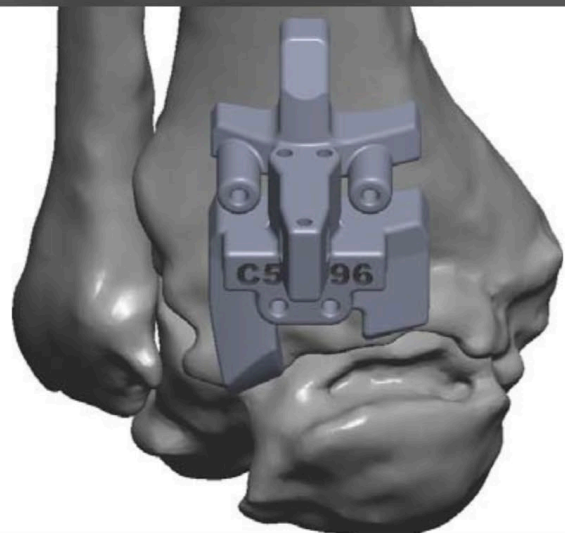
Anterior view



Medial View

ACCURATE  
REPRESENTATION OF  
HWR PLACEMENT



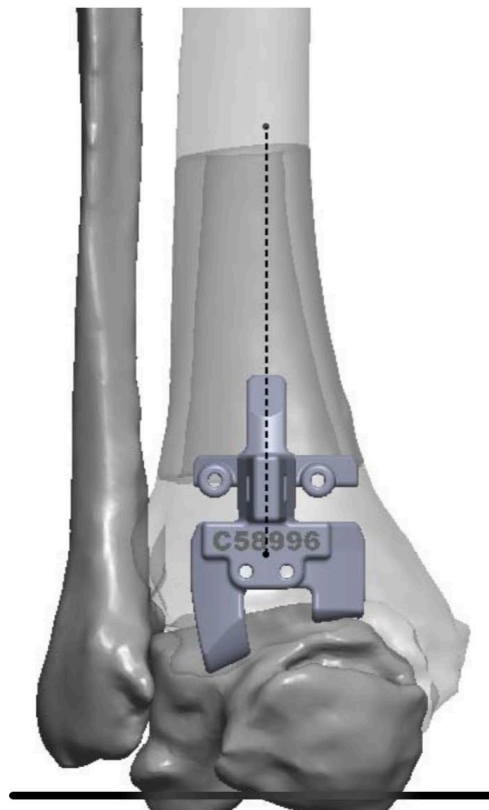


Medial view



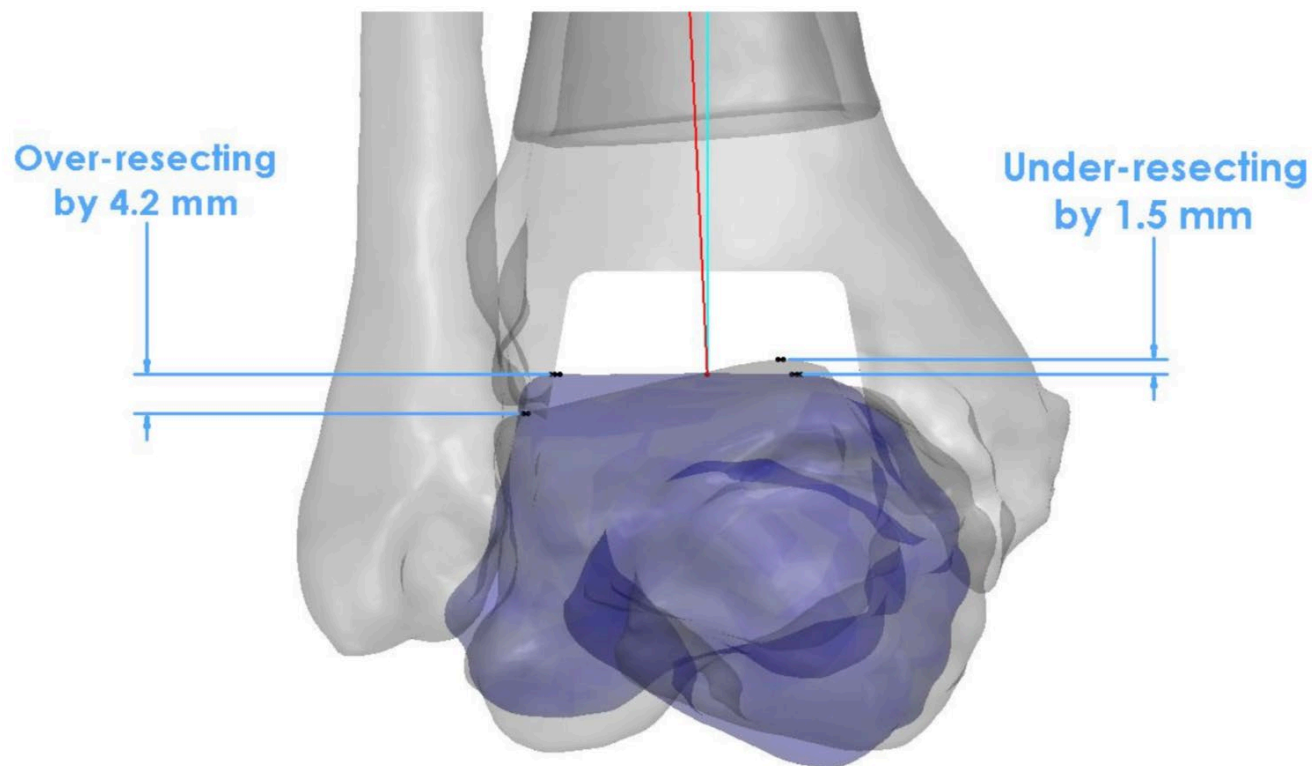
Anterior View

Lateral View



# TIBIAL CUTTING JIG PLACEMENT

Pre-op medial-lateral talar height difference: 5.7 mm



The swing of the talus & overall resection height (relative to standard implant height). The "corrected" talus is highlighted.

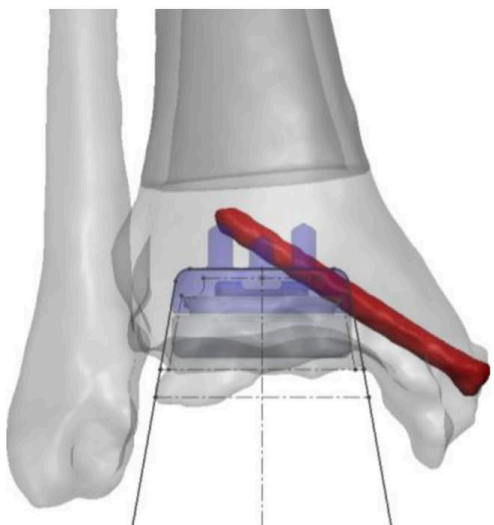
Confidential

Talus resection  
bone and t  
axis. The  
correcti

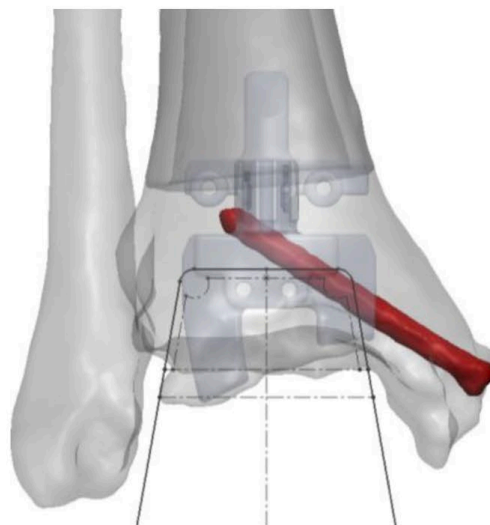
The tibia res  
as shown by  
to restore so  
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resecting les  
of the impla  
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polyethylene

Given the cu  
and the th  
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the amount  
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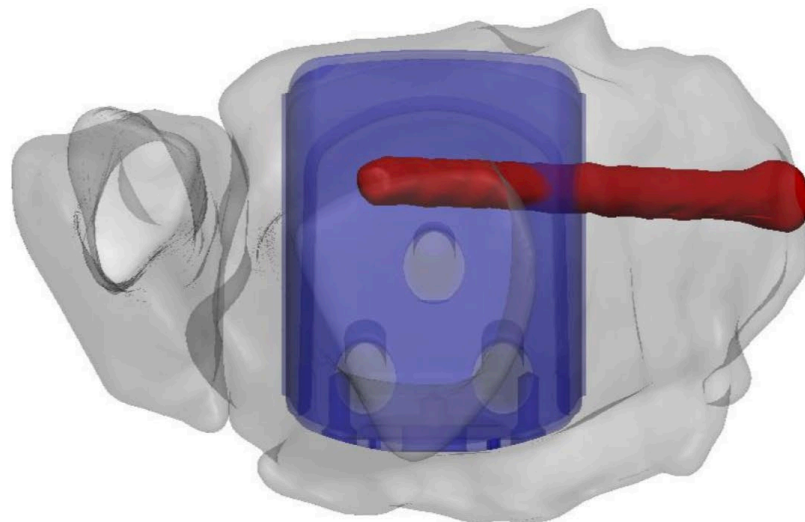
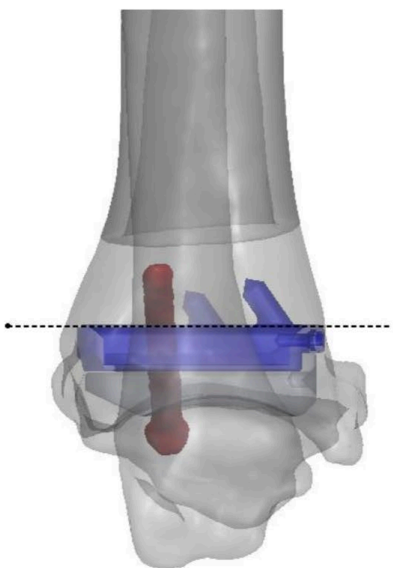
# CORRECTION OF DEFORMITY REPRESENTED



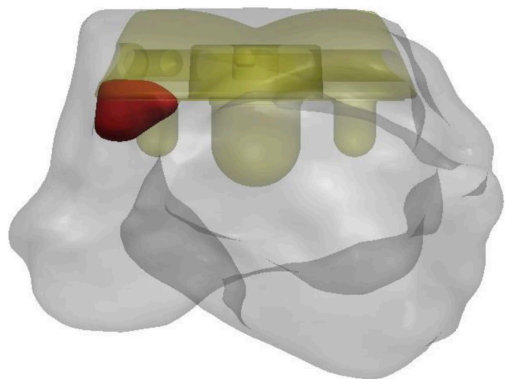
Anterior view



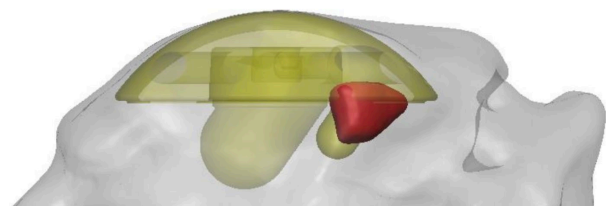
Anterior view – alignment  
guide



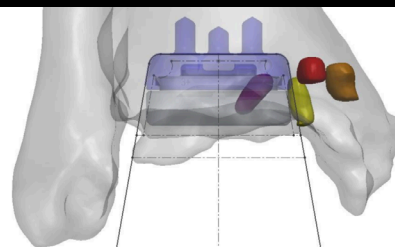
SHOWING  
PREDICTIVE  
IMPLANT  
PLACEMENT



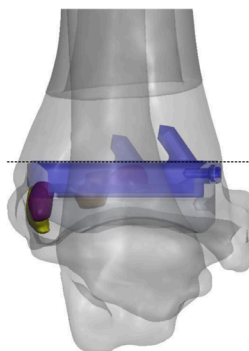
Anterior view of talus with implant.



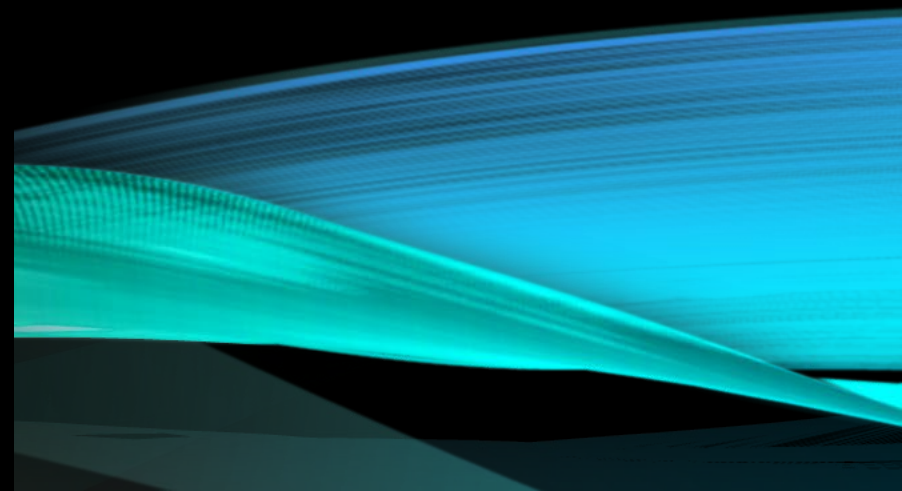
DEFECTS  
HIGHLIGHTED

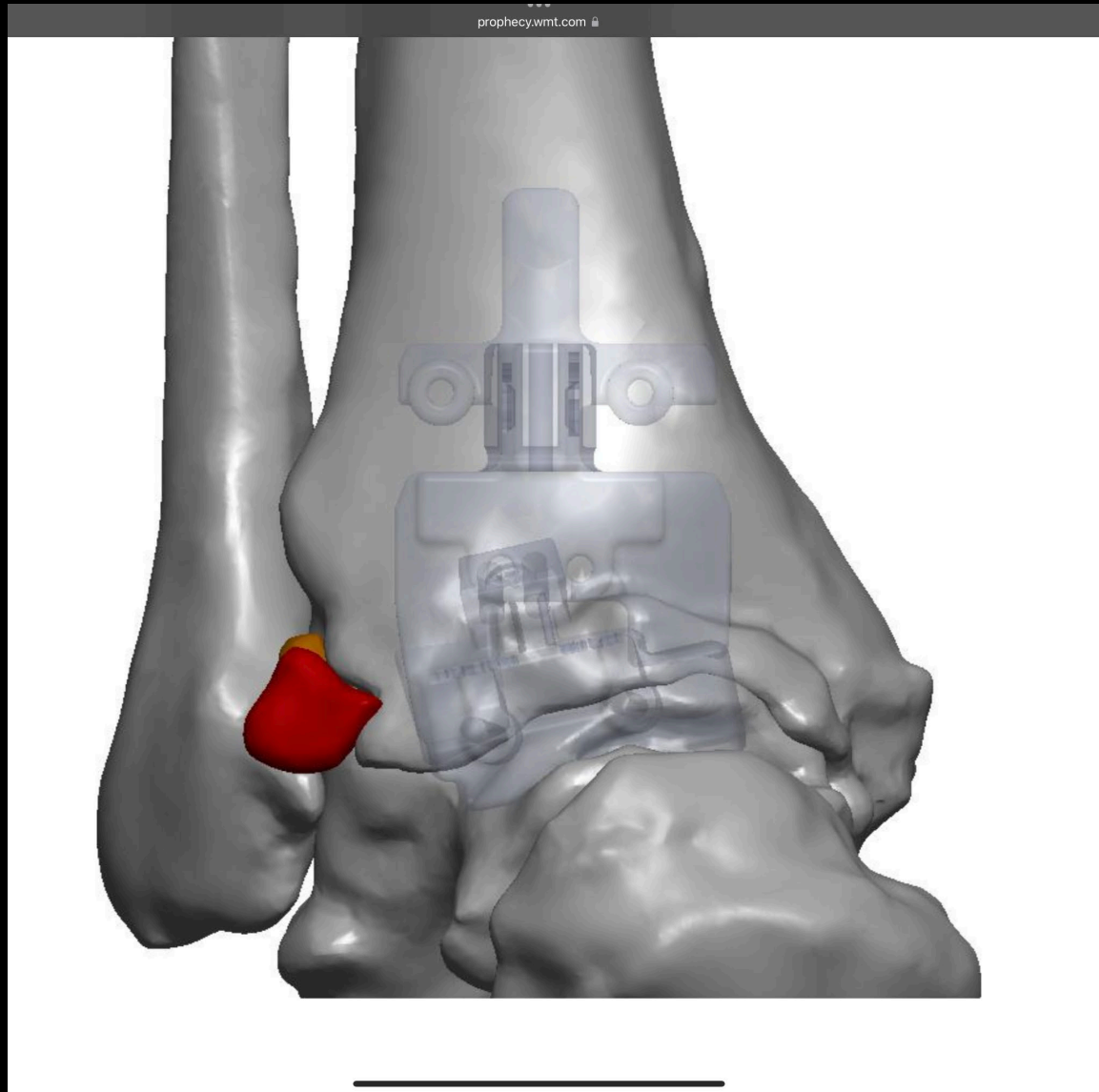


Anterior view of tibia and fibula.



Lateral view of tibia and  
fibula.

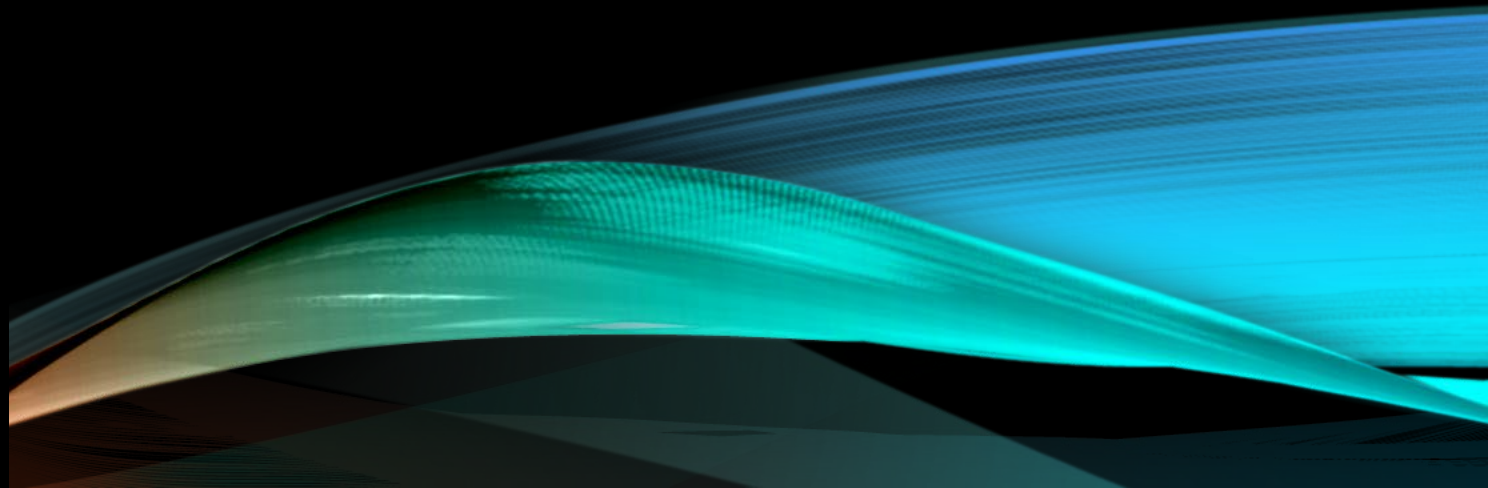




ANY POTENTIAL  
LOOSE BODIES TO  
BE REMOVED



FINALLY WITH  
GOOD  
PREPARATION....



# MODIFICATION

- Ability to add more resection to avoid defects
- Allows adjustment of implant position
- Correct rotation
- Can use chamfer infinity talus, inbone talus, inbone tibia, or infinity talus
- Adjust implant based on CT scan
  - Invision talus/tibia

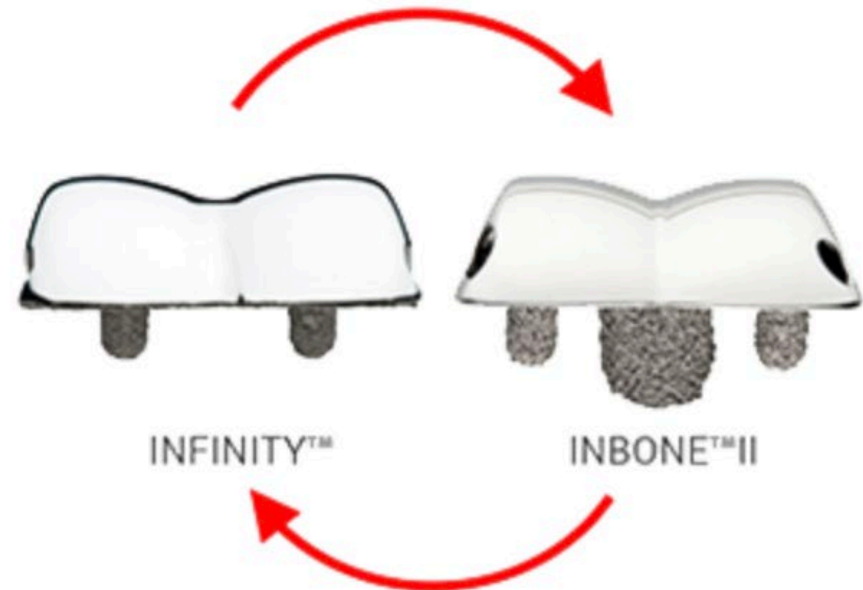
# INFINITY TALUS/TIBIA

- +/- to both options

INFINITY™  
Chamfer-Cut Talar Dome



INBONE™II  
Flat-Cut Talar Dome



# INCREASES STABILITY/FIXATION

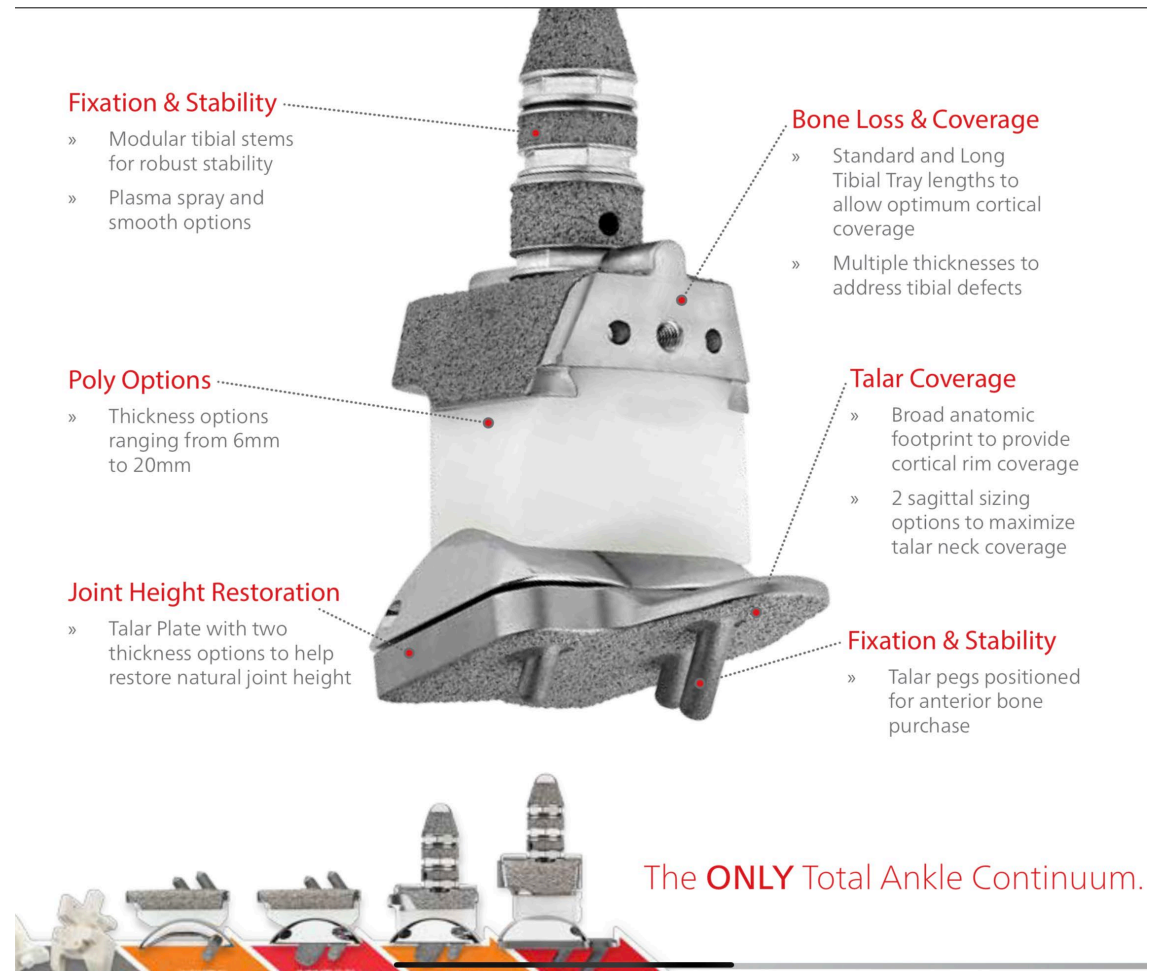
- Typically recommended for older patients
- Can require drilling through subtalar joint

INBONE



# FIRST REVISION SYSTEM....INVISION

- Allows better stability in collapsed talus
- Can help restore joint line
- Only available revision system on market at this time
- Works with prophecy



## Clinical Application

Pre-op



Post-op



*X-ray images courtesy of Steven Haddad, MD.*



SCOTT  
Orthopedic  
Member of MOUNTAIN HEALTH NETWORK

THANK YOU!

