



SUB-TALAR AND TRIPLE ARTHRODESIS



EFAS IC
2015
Antwerp

J de Halleux
With the members of Education Committee



INDICATIONS

- ARTHRITIS OF THE SUB-TALAR AND/OR MID-TARSAL JOINTS
- RIGID VARUS OR VALGUS DEFORMITY OF THE HIND-FOOT
- COALITIONS
- SEVERE INSTABILITY OF THE HIND-FOOT

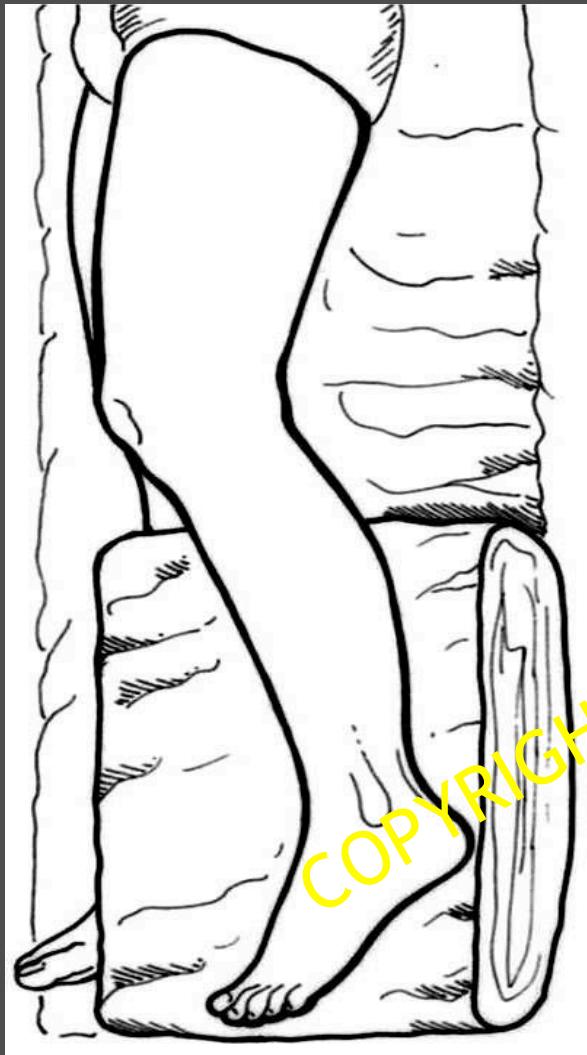


COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



SUB-TALAR ARTHRODESIS

PATIENT IN LATERAL OPPOSITE POSITION



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



EFAS IC

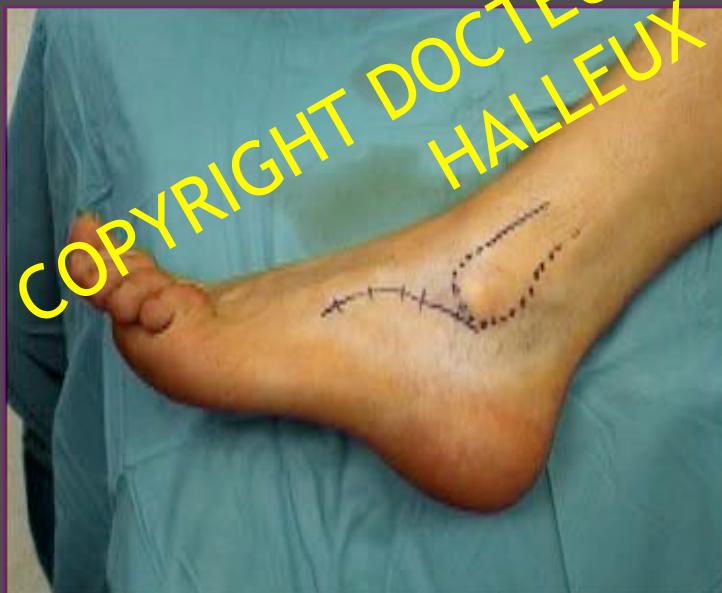
2015

Antwerp



INCISION

- FROM THE TIP OF THE FIBULA
OVERLYING THE SINUS Tarsi
- UP TO CALCANEOCUBOID JOINT



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



EXCISION OF THE SINUS TARSI SOFT TISSUES



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX

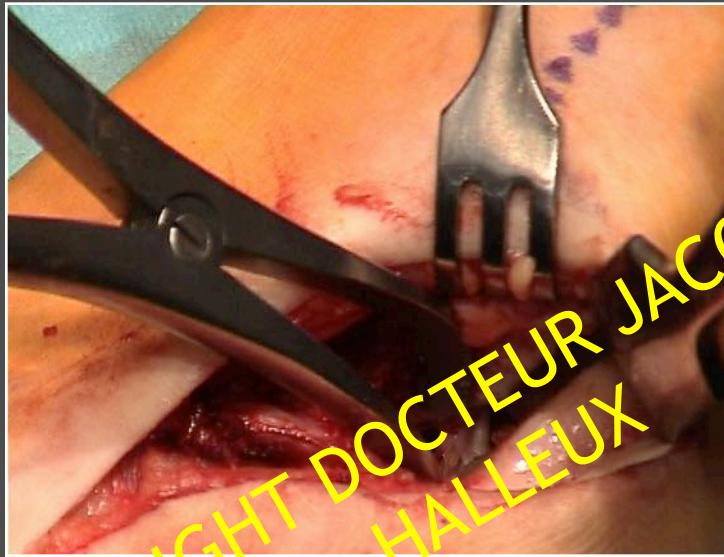
EFAS IC

2015

Antwerp



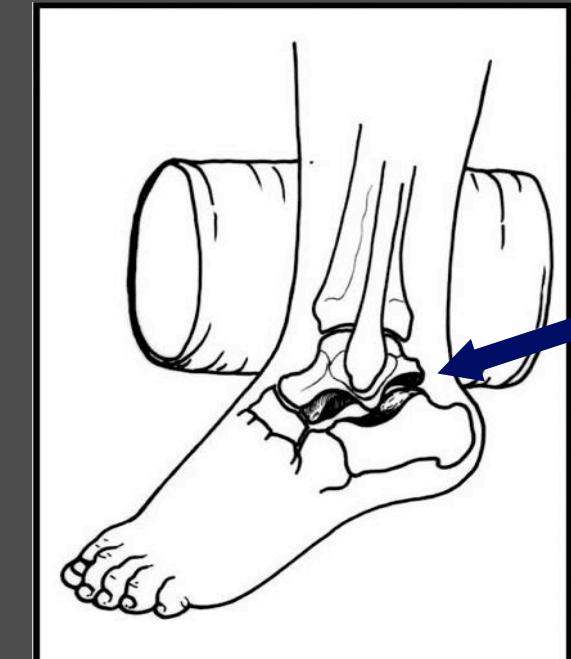
OPENING OF THE JOINT



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX

- bulk under medial malleolus

*to stress the foot in varus
and to facilitate the opening*





REMOVAL OF CARTILAGE AND BONE ACCORDING WITH THE DEFORMITY



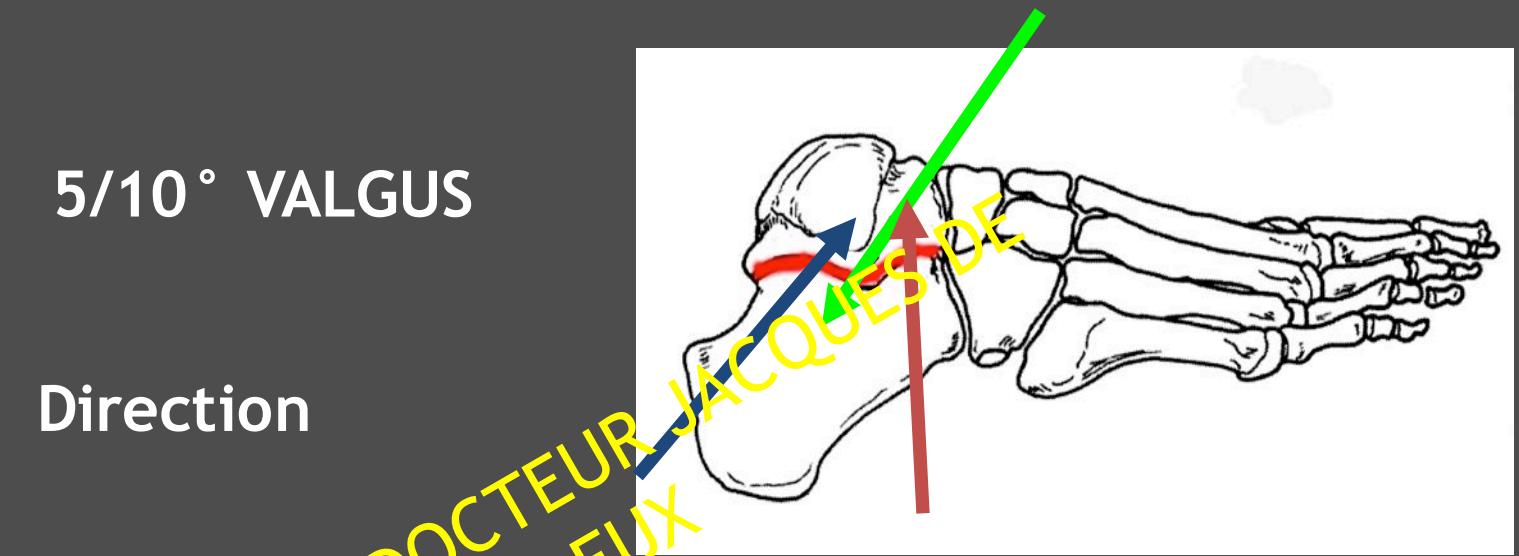
- CHISEL
- CURRETTE
- BURR



REDUCTION + FIXATION

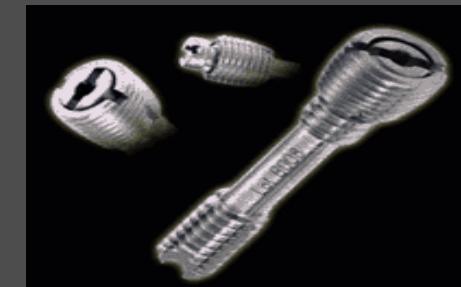
5/10° VALGUS

Direction



1 or 2 screws

Type



EFAS IC

2015

Antwerp



CANNULATED SCREWS

- FREEHAND
- FLUOROSCAN



EFAS IC

2015

Antwerp



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



EFAS IC

2015

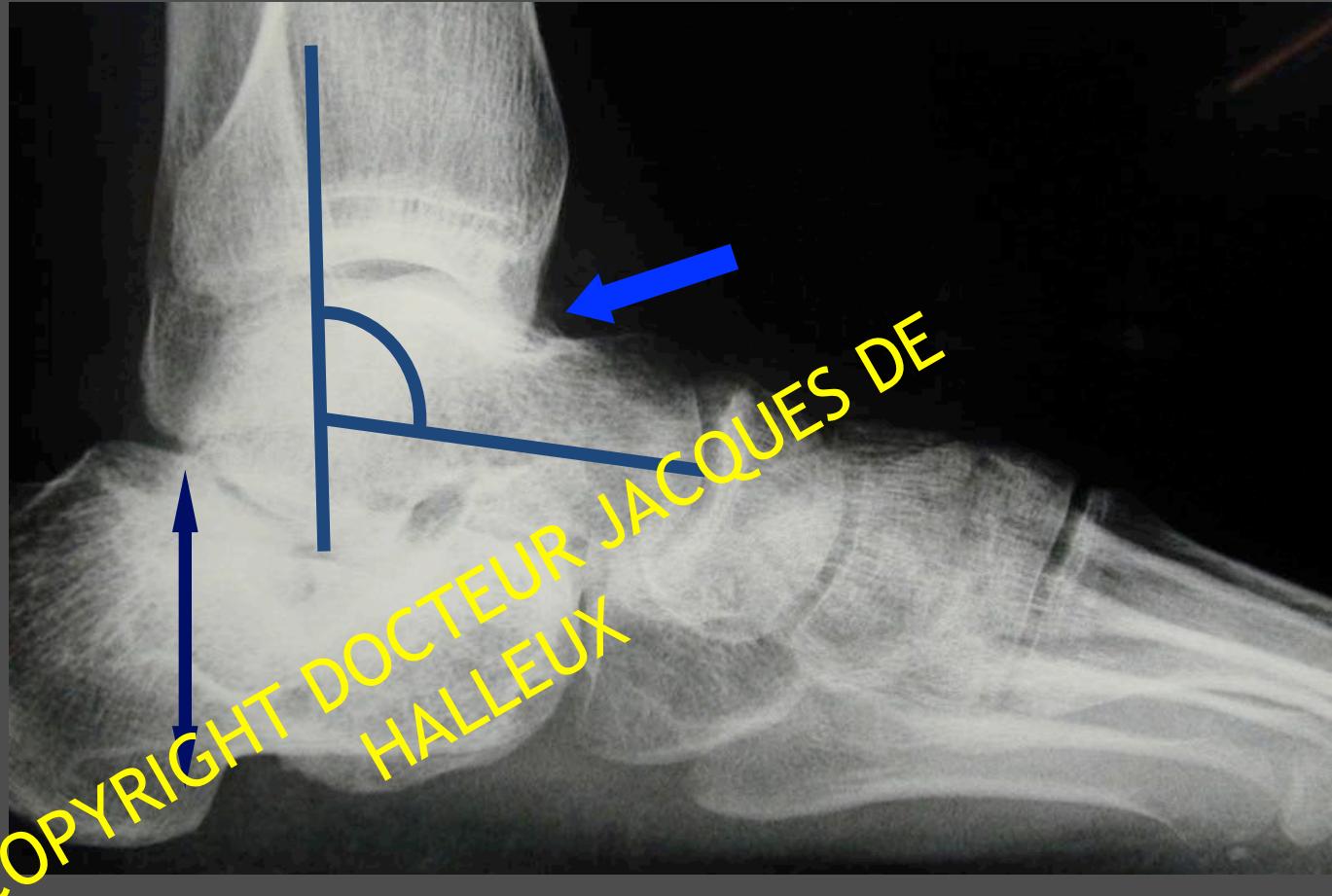
Antwerp

A.O.

ICOS



OUTCOME OF CALCANEAL FRACTURE



- Reduction of calcaneous high
- Reduction of tibio-talar angle (n.v. ~ 120°)
- Anterior impingement of ankle joint



DISTRACTION BONE BLOCK FUSION

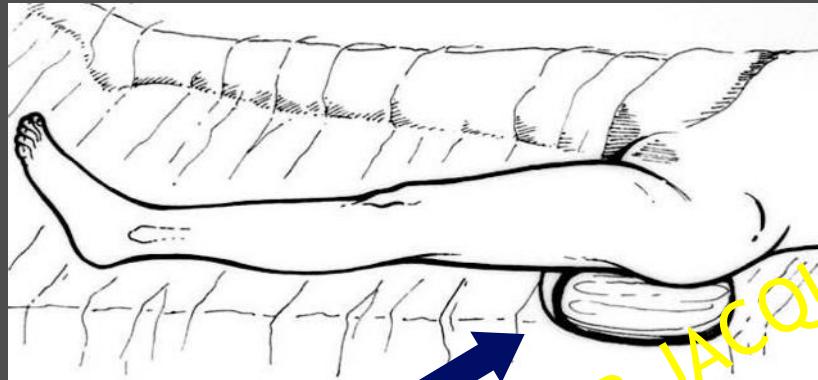


- Bone graft from femoral head



TRIPLE ARTHRODESIS

SUPPINE POSITION



FIRST STEP

*(sandbag underneath the ipsilateral buttock
the medial malleolus)*

Sub-talar joint

+/- calcaneo-cuboid joint

SECOND STEP

Talo-navicular
joint

COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



OPTIMAL POSITION FOR FUSION

- Subtalar joint = 5 to 10° valgus
- Rotate transverse tarsal joint into a plantigrade position
- *!NO forefoot varus/supination position!*

COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



SURGICAL TECHNIQUE : 1° Step (ST +/- CC)

- Lateral incision (*tip fibula to base MT4*)
 - Sural nerve inferiorly
 - Fib Sup nerve superiorly



EFAS IC

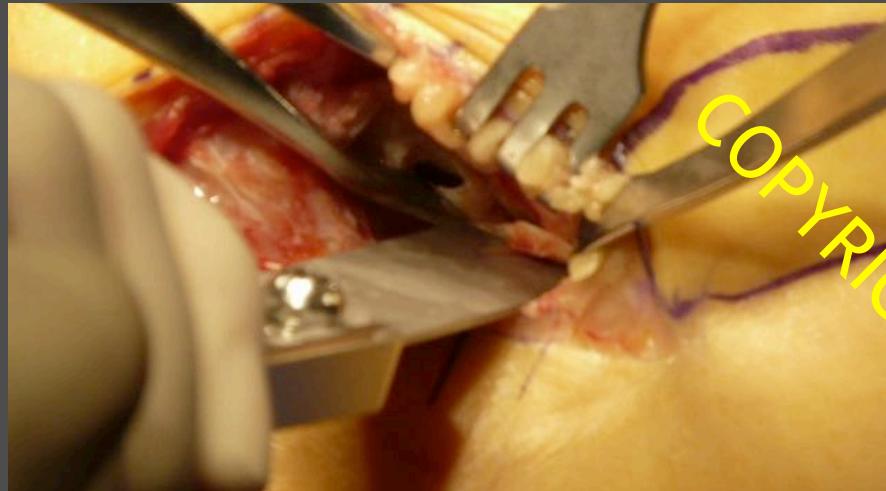
2015

Antwerp

Pathologie du Pied et de la Cheville, Th Leemrijse et B Valtin, 2009



Remove articular cartilage from the subtalar joint
(anterior and posterior facets)



COPYRIGHT DOCTEUR JACQUES DE HALLEUX



! FHL in the postero-medial subtalar joint

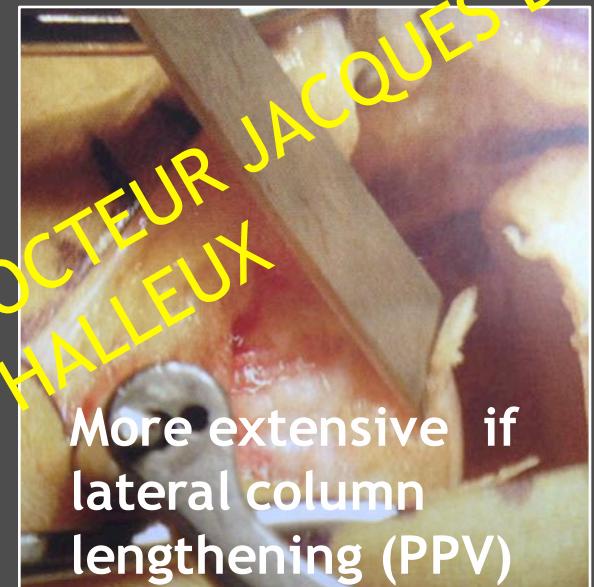
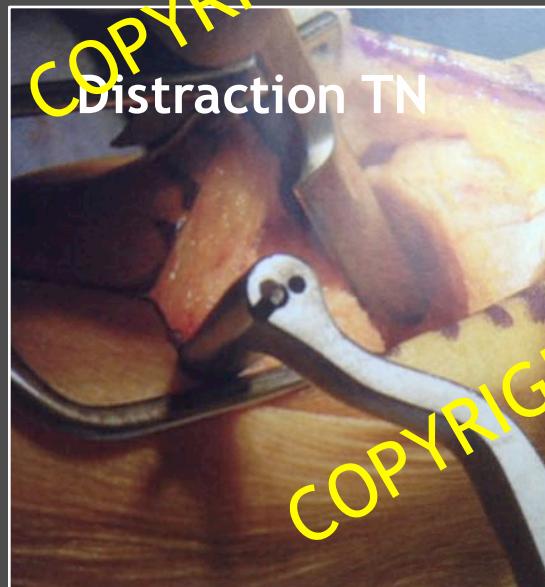
EFAS IC

2015

Antwerp



SURGICAL TECHNIQUE : 2° Step (TN)





DO WE NEED TO STABILISE THE CALCANEO-CUBOIDAL JOINT?

Effect of isolated hindfoot arthrodesis

Type of arthrodesis	Diminution ROM subtalar	Diminution ROM TN	Diminution ROM CC	Diminution ROM TT
subtalar	100%	26%	56%	13° loss
Talo-navicular	>60%	100%	>90%	10-15° loss
Calcaneo-cuboidal	15-35%	%	100%	?

Copyright DOCTEUR JACQUES HALLEUX



CC ARTHRODESIS only if:

- painful CC arthritis
- need for lateral column shortening or lengthening



REMOVAL OF CARTILAGE AND BONE
ACCORDING WITH THE DEFORMITY

PPV + abduction FF



lateral column lengthening

PCV + adduction FF

lateral column shortening



REDUCTION + temporary STABILISATION

1° = TN JOINT

- TN = Key joint to allow excellent correction of the 3 joints
- Rotate transverse tarsal joint into a plantigrade position

!NO forefoot varus/supination position!



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX





REDUCTION + temporary STABILISATION

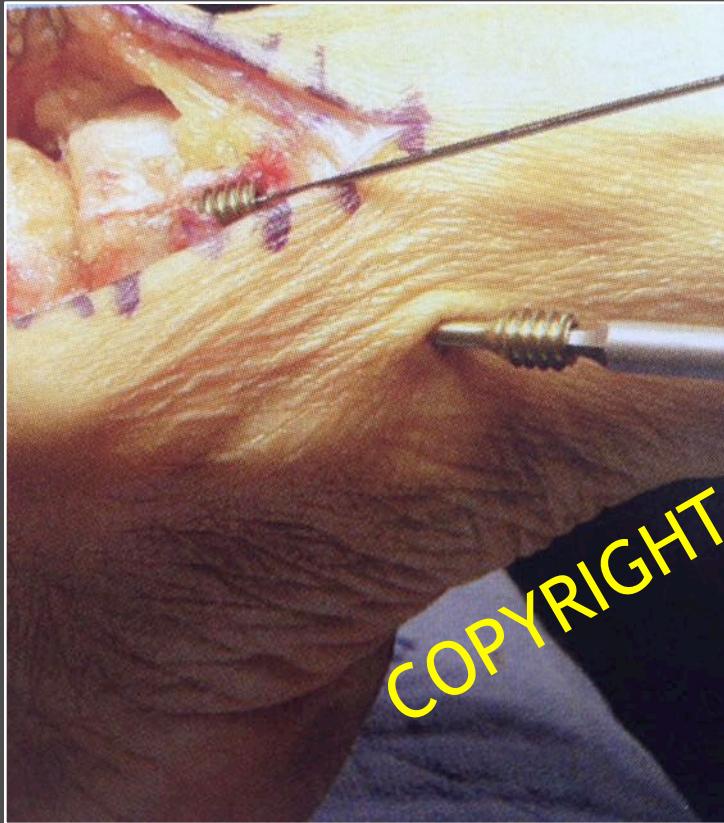
$2^\circ = \text{TC JOINT}$

- *Subtalar joint = 5 to 10° valgus*



EFAS IC
2015

Antwerp



Talo Navicular Screws

2 canulated screw

4,5 mm

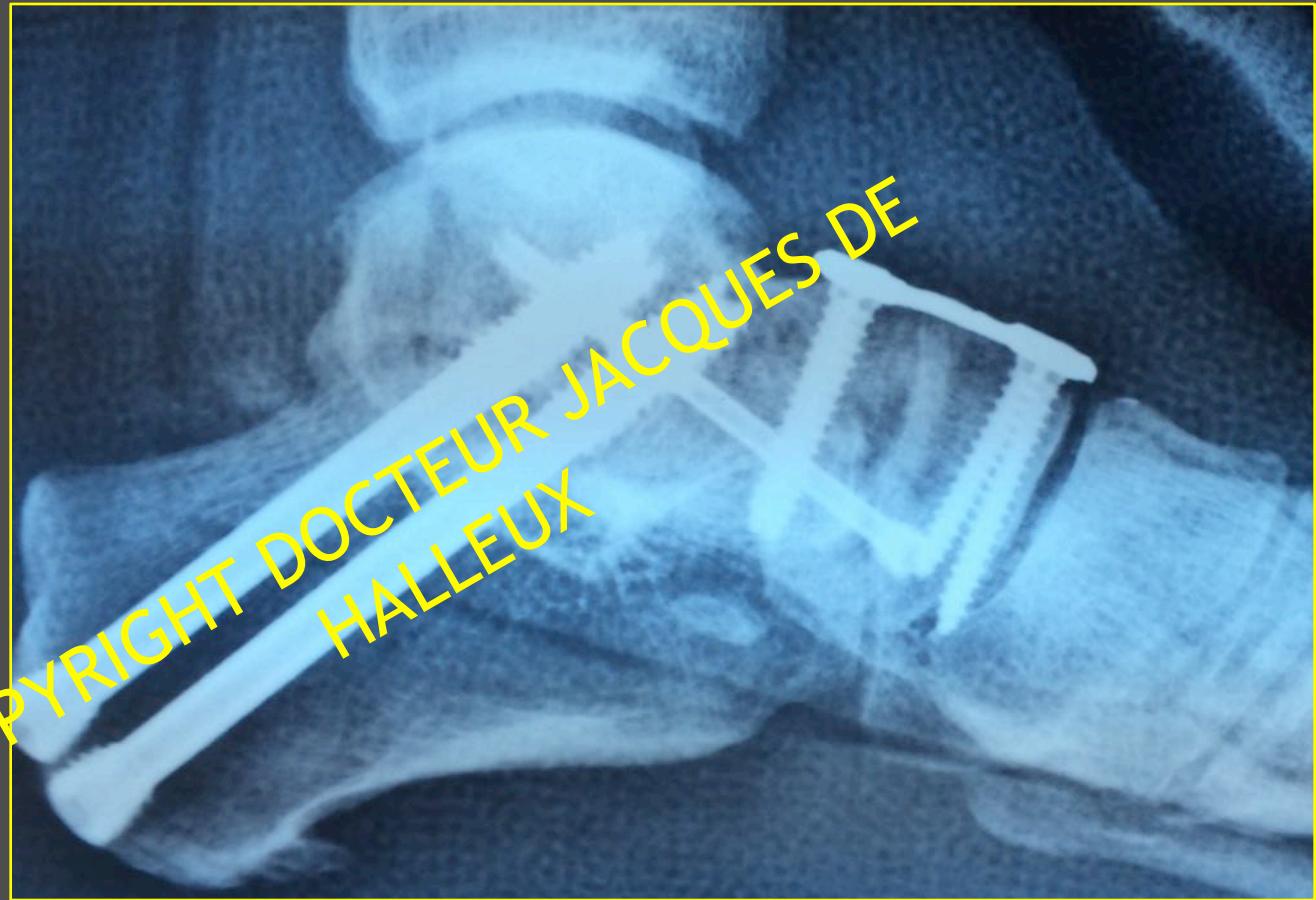
Talo Calcaneal screw

1 or 2 cannulated screws

6,5 / 7,0 mm



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



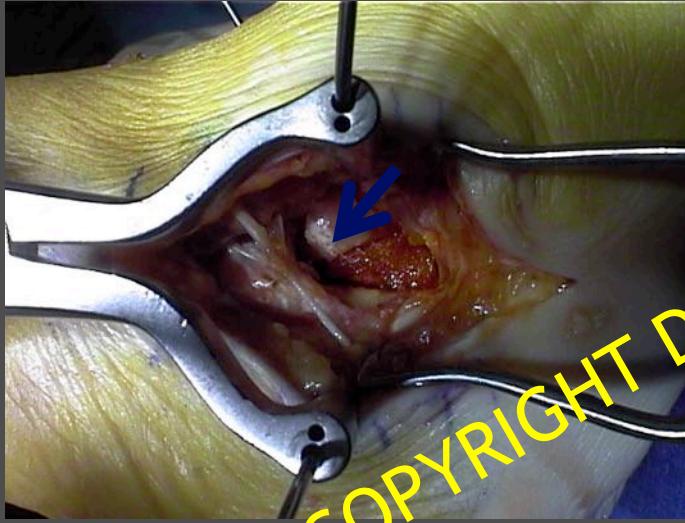
EFAS IC

2015

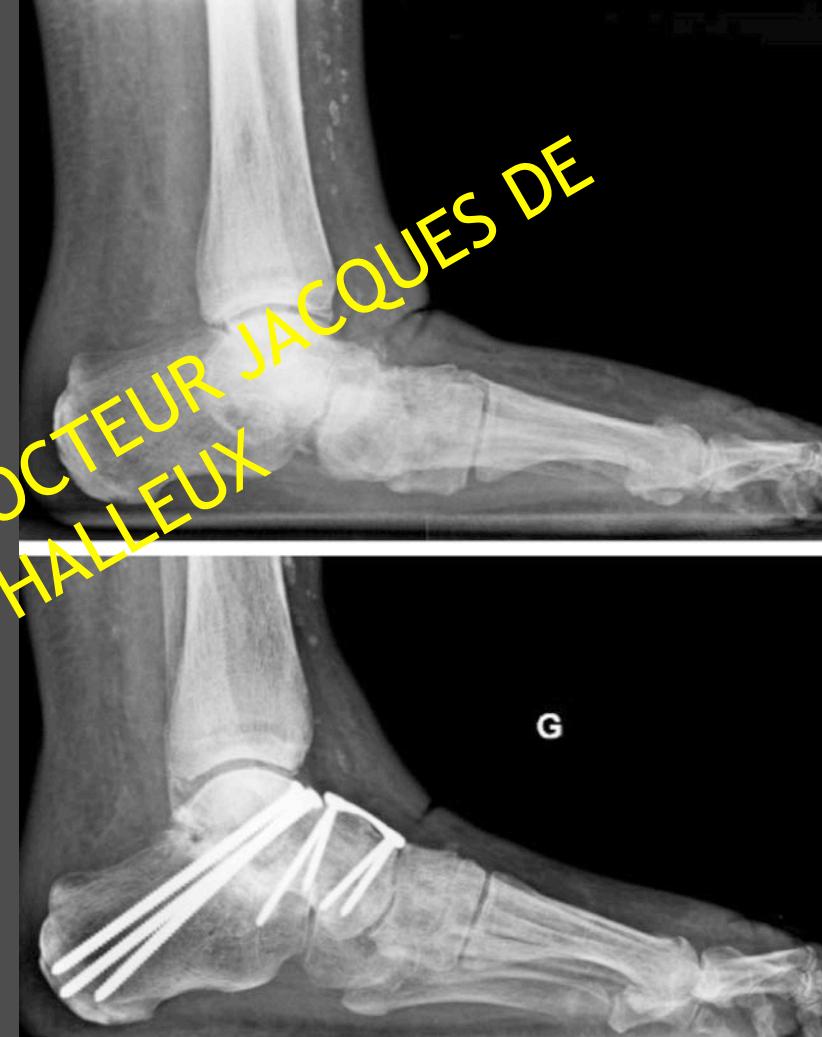
Antwerp



Auto - & allografts ?



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



EFAS IC

2015

Antwerp

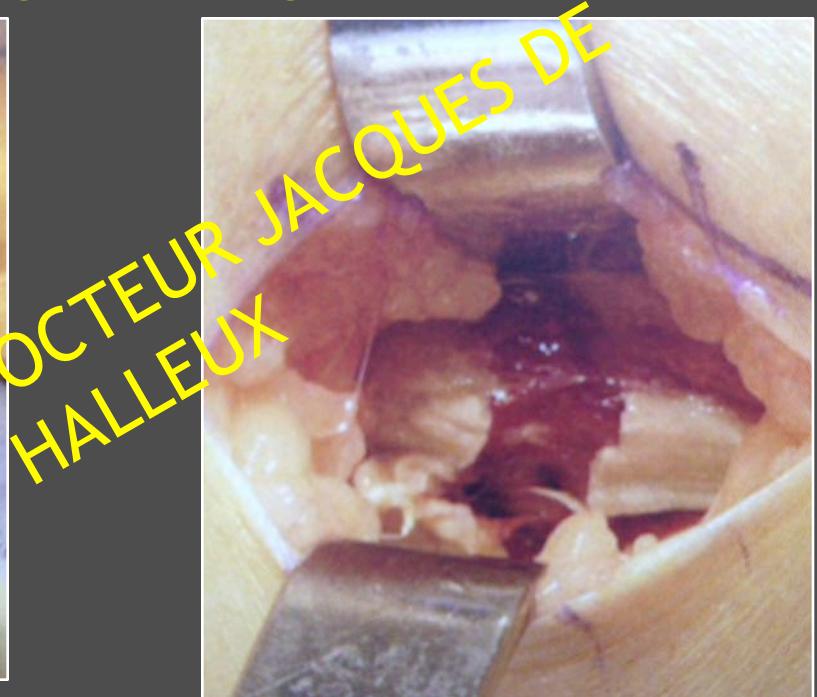


If Triple arthrodesis performed :

peroperative difficulty to correct hindfoot deformitie

Achilles Tendon tightness

→ lengthening



EFAS IC

2015

Antwerp

Transverse incision fascia gastrocnemius

Foot is supinated and dorsiflexed to have elongation

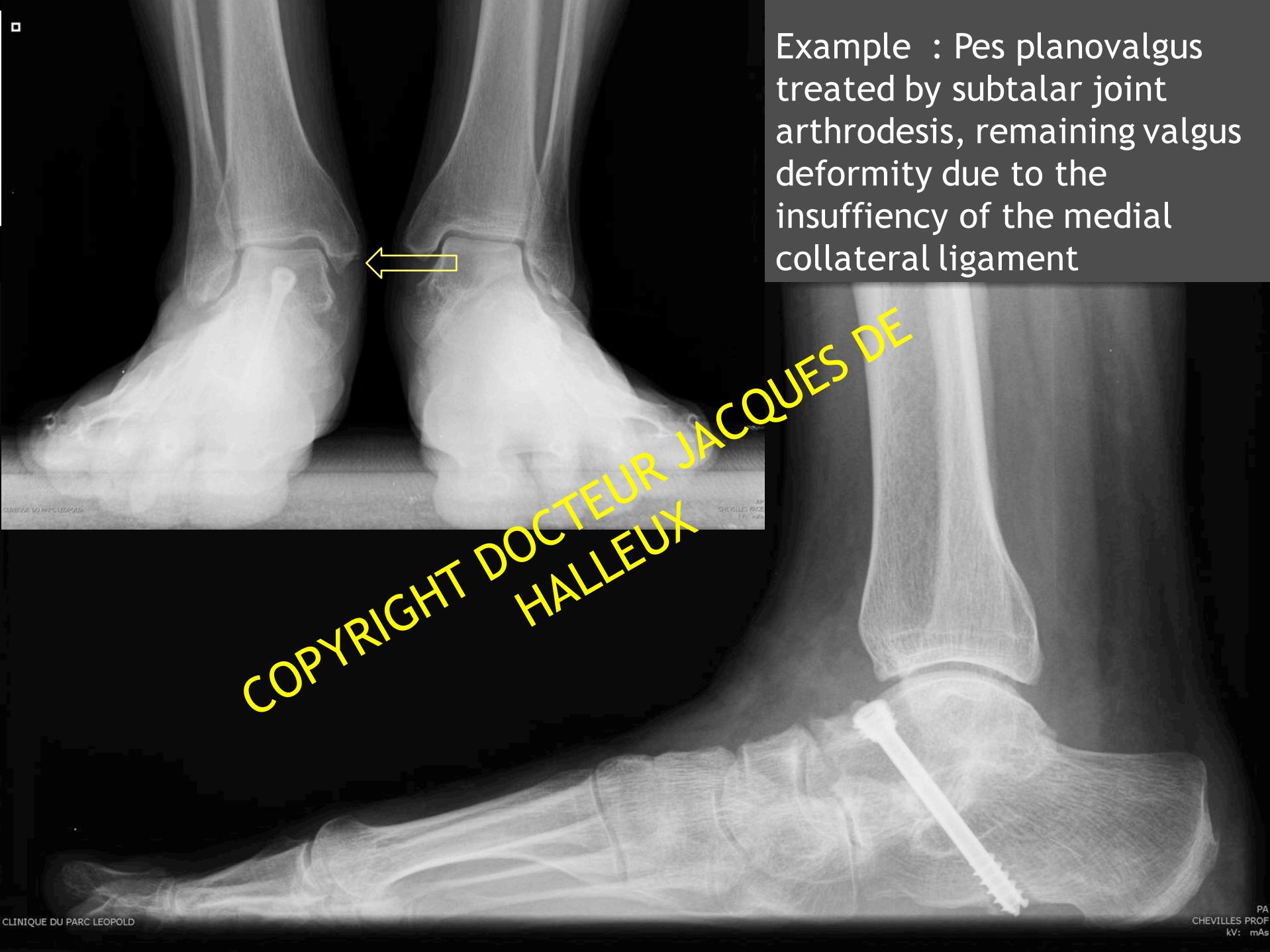


Additional procedures ?

- If hindfoot deformity is associated to the bone morphology : additional osteotomies of the calcaneus
 - Valgus : Myerson
 - Varus : Dwyer type
- If instability of the first column : arthrodesis of the medial column
- If insufficiency of medial collateral ligament = additional procedures mandatory

COPYRIGHT DOCTEUR JACQUES DE
HALLEUX

Example : Pes planovalgus treated by subtalar joint arthrodesis, remaining valgus deformity due to the insufficiency of the medial collateral ligament





R/ medial ligamentoplasty
triple arthrodesis
calcaneal osteotomy Myerson



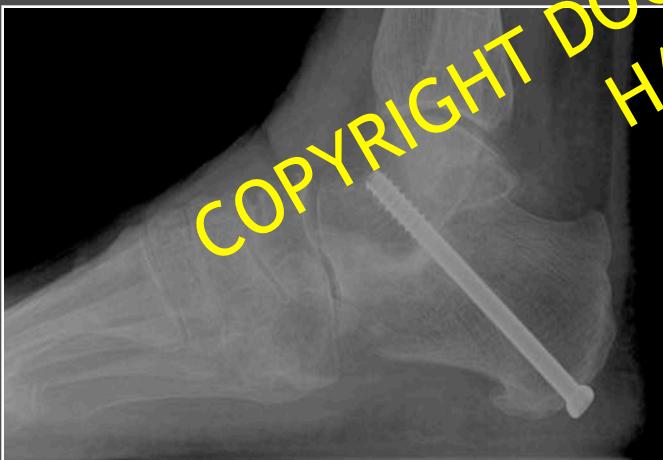
EFAS IC

2015

Antwerp



ARTHROSCOPIC TECHNIQUE



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX

- *LIMITED INDICATIONS*
- *NO DEFORMITY CORRECTION*



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX

THANK YOU !!!

EFAS IC

2015

Antwerp



COPYRIGHT DOCTEUR JACQUES DE
HALLEUX



EFAS IC

2015

Antwerp