Immediate weight bearing post modified Lapidus arthrodesis

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Statement of Purpose
The retrospective study evaluates chart data on patients who underwent a modified Lapidus arthrodesis with immediate weight bearing in a removable ankle foot orthotic.

Introduction
The procedure was first described by Paul W. Lapidus in 1931 (1). The original indication for the procedure was to correct metatarsus primus varus, now utilized for severe or recurrent hallux valgus. The goal of the original indication for the procedure was to correct metatarsus primus varus, and it is now utilized for severe or recurrent hallux valgus.

Methods
Patients and methods
Patients (n=58) who underwent a modified Lapidus arthrodesis using a locking plate with or without an interfragmentary screw were included in this study. Exclusion criteria was based on whether or not there was a complete medical record, including pre and post operative weight bearing radiographs.

Surgical technique
A linear incision measuring 6 cm was made at the dorsolateral aspect of the first metatarsocuneiform joint (MCC). Triplane correction was achieved at the MCC. The medial sesamoid was repositioned and fixed with a 4.0-mm cortex screw. A bone graft was placed on the dorsum of the joint during the procedure.

Debridement of the medial base of the second metatarsal was also performed. The first ray was then held in a corrected position with a K-wire with a posterior plate and hardware utilized three 4.0-mm cortex screws to achieve fixation. A lamina spreader was also placed on the dorsum of the joint for stress-relieving bone graft. The subchondral plate was perforated with drill bits until bleeding bone was identified.

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BONE SCAN FINDINGS
A series of radiographs were taken postoperatively at regular intervals to evaluate bony union. Minimum recommendations of six to eight weeks of protected non weight bearing or post-operative weight bearing were included in this study. Exclusion criteria was based on whether or not there was a complete medical record, including pre and post operative weight bearing radiographs.

Discussion
Minimum recommendations of six to eight weeks of protected non weight bearing or post-operative weight bearing were included in this study. Exclusion criteria was based on whether or not there was a complete medical record, including pre and post operative weight bearing radiographs.