

3rd International Conference on

ORTHOPEDICS

December 05-06, 2022 | Dubai, UAE

Received date: 10.11.2022 | Accepted date: 13.11.2022 | Published date: 03.01.2023



Hans-Joachim Poessel

Mediclinic Al Noor Hospital, UAE

Novel bunion surgery fixation vs old school standards - The Middle East experience

Modern surgical treatment of hallux valgus is based on radiological assessment of the deformity in standing a/p and lateral x-rays of the foot. Distal soft tissue procedures are an important part of valgus deformity correction and enable reduction of the sesamoids. However, this is mostly recommended in combination with a bony procedure. Proximal osteotomies on average allow a greater correction than distal osteotomies. Most surgeons choose a V-shaped Chevron-osteotomy for mild deformities with a hallux valgus angle (HVA) up to 19° and a intermetatarsal angle (IMA) to 13°. Diaphyseal osteotomies (Scarf-osteotomy, Ludloff-osteotomy) are recommended for moderate deformities (HVA 20° to 40°, IMA 14° to 20°). Severe deformities (HVA > 40°, IMA > 20°) are usually corrected with diaphyseal osteotomies performed by experienced surgeons or with basal osteotomies and with a Lapidus arthrodesis respectively. Correction of the distal metatarsal articular angle (DMAA) which is significantly larger in juvenile hallux valgus deformity is crucial for satisfying results, if necessary, in combination with a second rotational osteotomy (double osteotomy). Interphalangeal hallux valgus can be corrected with the Akin-Osteotomy. First metatarsophalangeal joint arthrodesis is indicated for hallux valgus in severe or neuropathic deformities and as a salvage procedure following failed surgery.

A novel fixation method, used mostly in Austria, Switzerland and Germany allows for a wider range of indication or distal surgery and acts as great option for correction while fully weightbearing. After 320 German and 101 cases in UAE it is a proven method for very happy patients, avoiding 6 weeks or longer in special shoes or non-weight bearing procedures.

Recent publications

1. Barouk LS (1997) New osteotomies in the forefoot and their therapeutic role. In: Valtin B (ed) Cahiers d'enseignements de la SOFCOT. Paris Expansion Scientifique Française 4986
2. Kitaoka HI, Alexander R, Adelaar R, et al (1994) Clinical rating system for the ankle, hindfoot, midfoot, hallux and lesser toes. Foot Ankle Int 15: 349–353
3. Klein C, Zembsch A, Kiss H, Neumann D, Dorn U (2002) Inzidenz von avasculären Köpfchennekrosen und Pseudarthrosen nach subkapitaler Osteotomie I nach Stoffella. Orthop Praxis 38:766–770

Biography

Poessel has completed his PhD in 2011 from Middleham University and postdoctoral studies at Heinrich-Heine-Universität Düsseldorf, School of Medicine. He is a senior consultant of Orthopaedic Surgery and Sports Medicine in Mediclinic Middle East, a top player in World Healthcare. He has published multiple papers in reputed journals and online and has been serving as an editorial board member of an Internet Based Journal.

e: dr.hansjpoessel@gmail.com