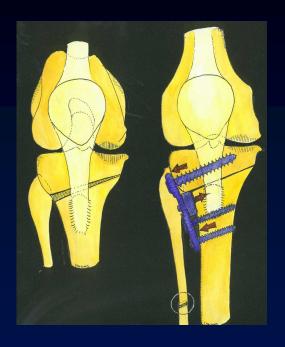


HTO closing wedge: how I do





François Kelberine, Jean Philippe Vivona
Aix en Provence



Planning

- ✓ Based on lon,g film X ray
- ✓ Normo or hypercorrection
- Medial hinge in cancelous bone
- ✓ Souple fixation / plate



Patient's setting

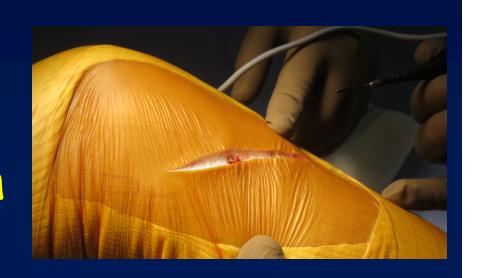
Supine position

Pad under buttock / foot vertical

Post on the lateral aspect of the tigh



Lateral approach



Fibular osteotomy first

- 1. Gentle Muscular Detachement
- 2. Flexed knee
- 3. Three retractors
- 4. Two oblique cuts from lateral to medial
- & 2 mm bone washer resection



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Fibular osteotomy first

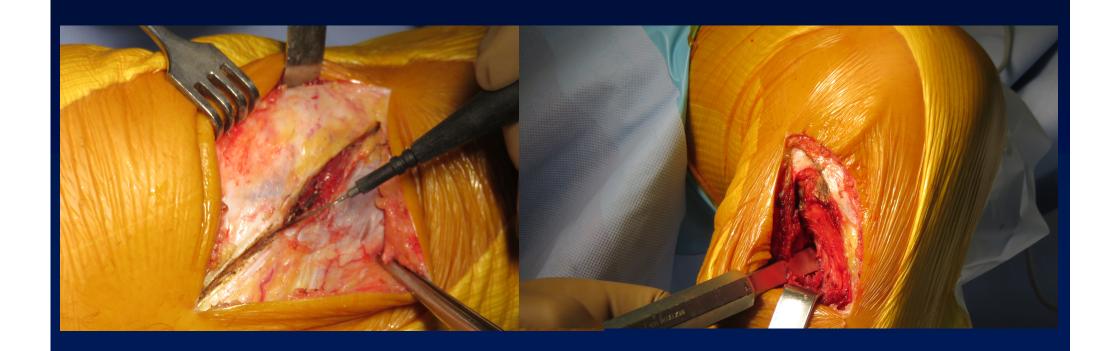
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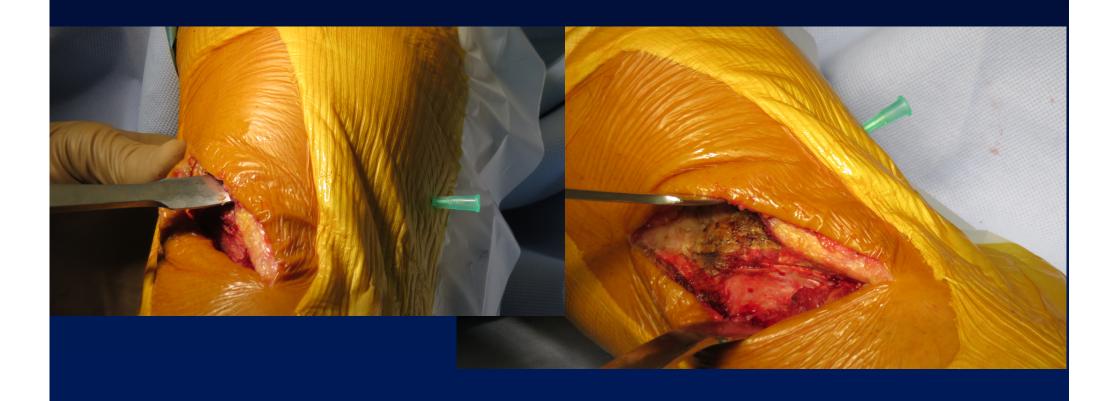
Tibial Exposure

- 1. Muscular & PT release
- 2. Retractors
- 3. Needle in the medial joint line



Tibial Exposure

- 1. Muscular & PT release
- 2. Needle in the medial joint line
- 3. Retractors



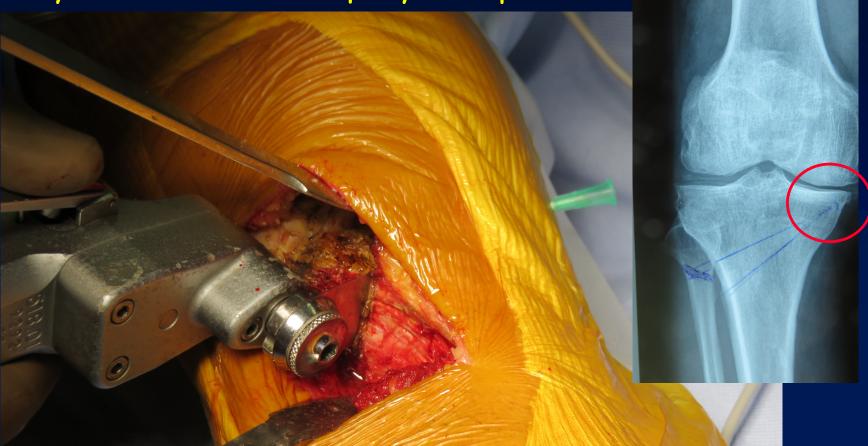
Tibial cuts

- 1. First from lateral to medial
- 2. Target = needle (cancelous bone of medial plateau)
- 3. No X-ray routinely
- 4. Pay attention to obliquity / slope

5.

6.

7.

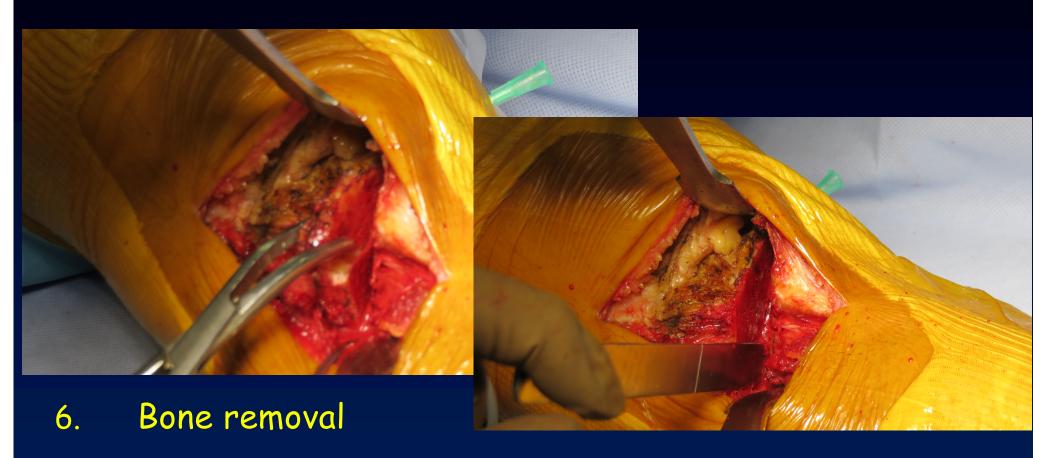


Tibial cuts



- 4. Pay attention to obliquity / slope
- 5. Second cut parallel to the blade after measurement
- 6. Bone removal
- 7. Cut tibial posteromedial cortex

Tibial cuts



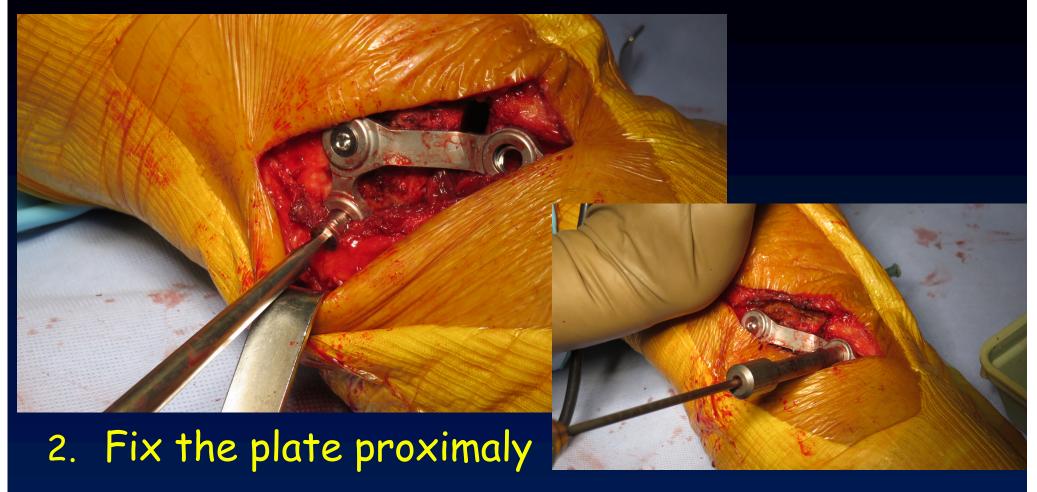
7. Cut tibial posteromedial cortex ++

Fixation

1. Progressive reduction by valgus to compact bone. (Pay attention to fibular sliding)



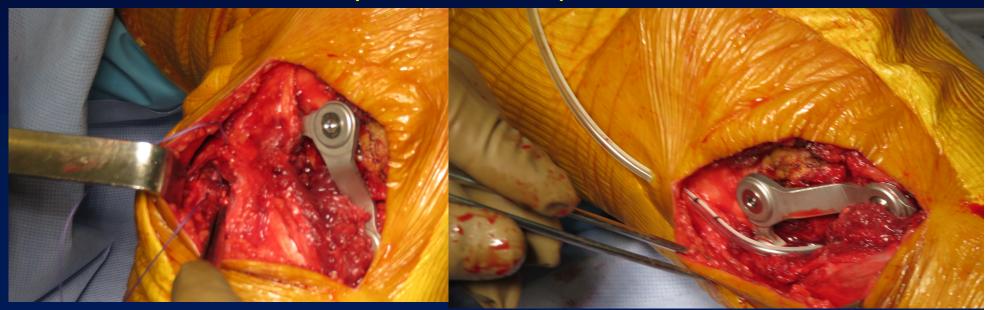
Fixation



3. Fix the plate distally with distal screw while assistant reduce manually

Closure

- ✓ Drainage
- ✓ Muscle on fibular neck
- ✓ Aponeurosis
- ✓ No block / compartment syndrom!



Dynamic fixation / Post op regimen







- 1. No limited early motion
- 2. Massage, quad strenghtening
- 3. WB to stimulate bone formation
 - 1/3 @ day 2 with splint
 - 2/3 @ day 45 w/o splint, cycling, swimming
 - ✓ Progressive to full WB @ 3 month