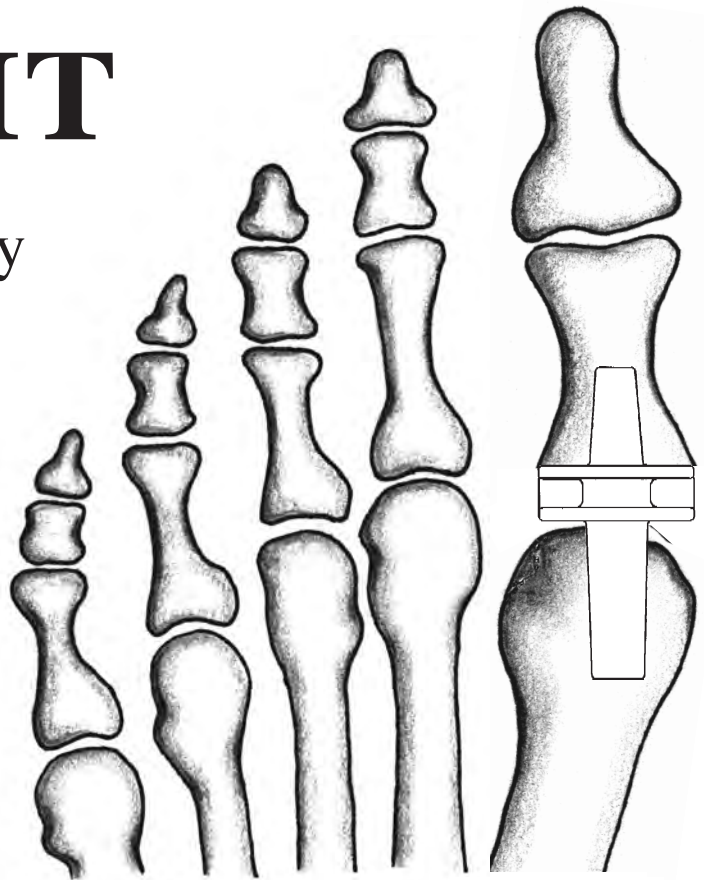


Improved...Thickest Hinge Available

THE GAIT

Great Toe Arthroplasty Implant Technique



The GAIT Implant spacer is designed for replacement of the first metatarsophalangeal joint. The GAIT MPJ prosthesis is constructed of medical grade silicone elastomer and is available in three sizes: small, medium, and large. Individual color-coded sizers are available.

The GAIT spacer procedure is reserved for Class 3 Regnault type degeneration of the first metatarsophalangeal joint with narrowing of the joint space, loss of the joint cartilage, bony spurring surrounding the joint space, and a painful range of motion of the first metatarsophalangeal joint, both with rotation and with walking.

60/60 is the criteria for this implant: over 60 years of age or less than 60% of normal push off ability.

The benefit of the surgery is to allow regular walking without the accompaniment of the degenerative arthritic pain.

This type of surgical correction is not expected to recreate a normal range of motion of the first metatarsophalangeal joint. The implant is a spacer meant to augment the Keller arthroplasty procedure by stabilizing the hallux to the first metatarsal head transverse, sagittal, and frontal plane.

*Sgarlato
Med*

Phone 408-626-9600 • 1-800-421-5303 • Fax: 408-626-9629 • www.sgarlatolabs.com

Step One

Perform a Keller type arthroplasty excising approximately ten millimeters (1/3) off the proximal phalanx base.

Step Two

Remove the dorsal and medial bony exostosis from the first metatarsal head.

Step Three

Remove the fibular sesamoid if it is indicated and appropriate.

Step Four

Drill a hole through the cartilage into the first metatarsal head and shaft. Use a broach for the final size and fit.

Step Five

Drill a hole into the proximal phalanx stump. Use a broach for final size and fit.

Step Six

Copiously flush with an antibiotic solution of your choice.

Step Seven (a)

Place the implant with the flat surface facing up across the arthroplasty space for improved toe purchase.

Step Seven (b)

Place the hinge facing up for regular use.

Step Eight

Close the joint capsule to cover the implant and stabilize the hallux to the first metatarsal.

Step Nine

If the extensor hallucis longus tendon is out of balance, lengthen appropriately.

Step Ten

Close the superficial fascia and skin in the usual manner.

