10<sup>th</sup> Advanced Course on Knee Surgery

# Lateral opening wedge: indications and technique

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#### Indications:

- Valgus limb alignment
- LDFA > 87
- Lateral compartment pain generator – combined chondral and meniscal damage
- (Functionally demanding patient not suitable for arthroplasty solutions)



#### Indications:

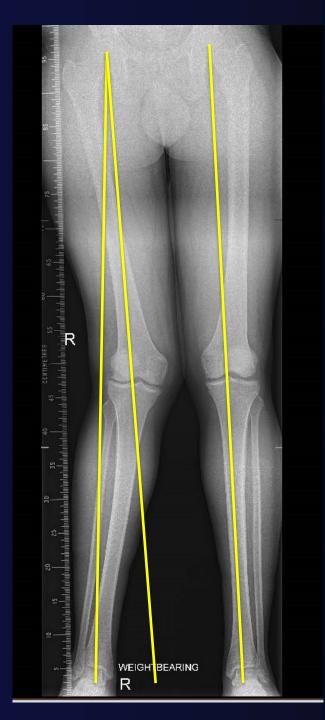
- 36 year old man
- Previous lateral menisectomy
- Lateral knee pain
- Recurrent effusions
- Unable to run/play sports





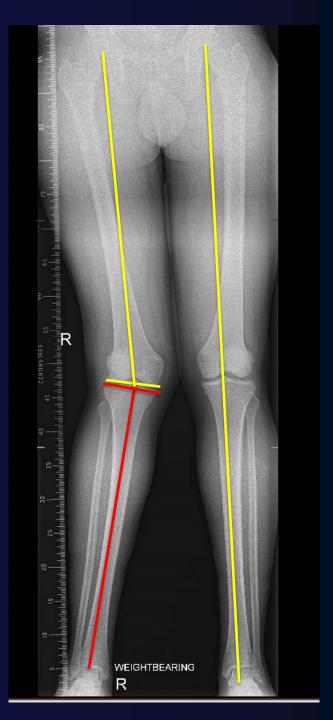


• 7 deg valgus



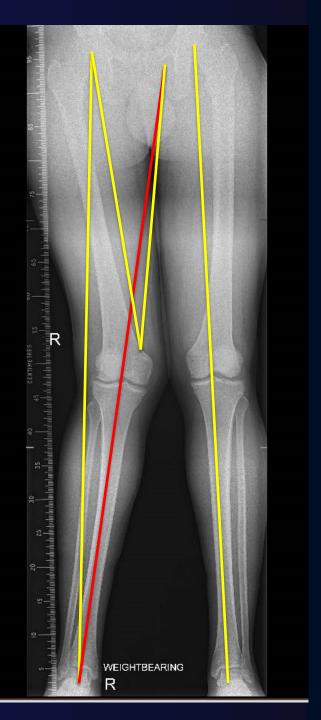


- 7 deg valgus
- 80 deg LDFA
- 90 deg MPTA



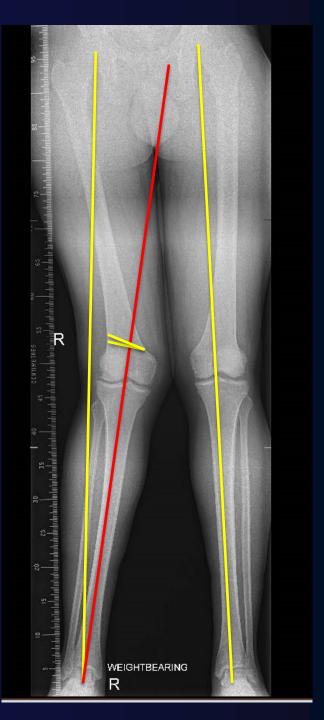


- Plan correction:
  - Correction of axis
  - Angular correction at hinge





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  - Rotate to osteotomy plane





# Planning

- Plan correction:
  - Correction of axis
  - Angular correction at hinge
  - Rotate to osteotomy plane
  - Measure opening (8mm)

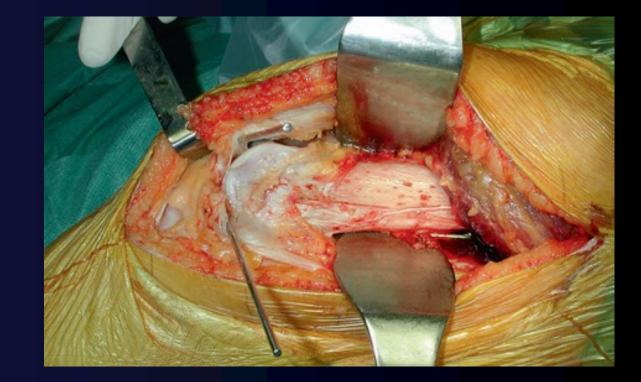




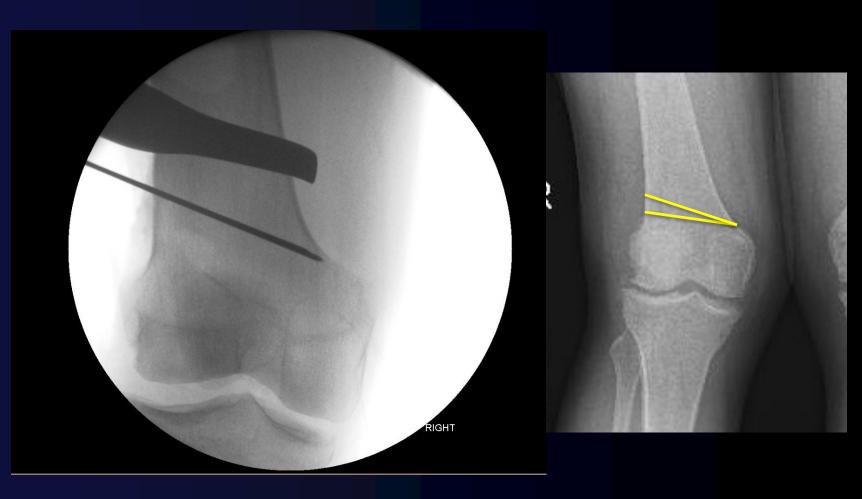
- Standard lateral approach
- Mini approach possible with experience
- Lateral incision



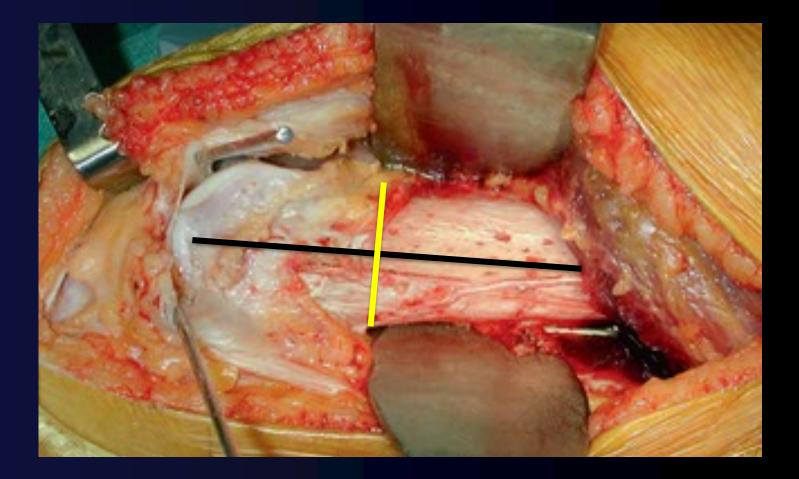
- Standard lateral approach
- Mini approach possible with experience
- Lateral incision
- Split ITB and elevate vastus lateralis from intermuscular septum



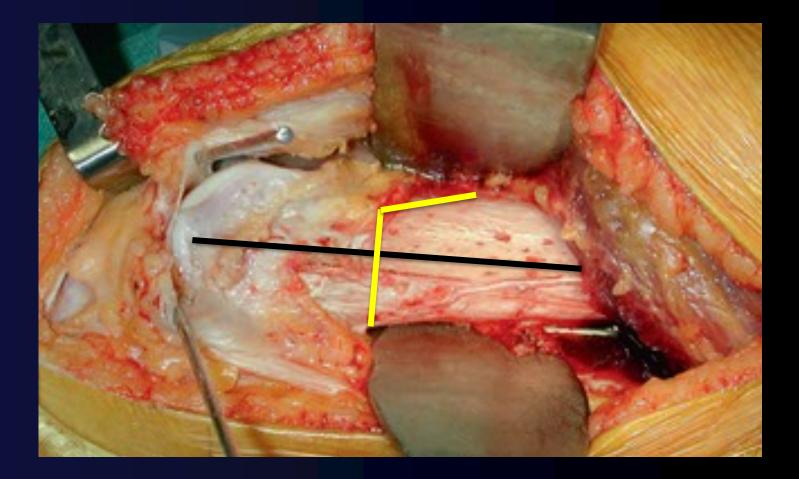
- Pass guide wire under image intensifier control
- Remember your plan!



• Single plane or 2 plane osteotomy



• Single plane or 2 plane osteotomy



- Osteotomy with power saw and osteotomes
- Sequential stacking of osteotomes to ease osteotomy open



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- Optional bone graft to maintain desired correction



- Osteotomy with power saw and osteotomes
- Sequential stacking of osteotomes to ease osteotomy open
- Optional bone graft
- Plate fixation



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- 50%WB for 4/52, FROM
- Union at 3-6 months



#### Conclusion

- Safe and reliable technique
- Good survivorship at 7-10 years
- Avoid over-correction
- Allows return to full activity
- Bulky plates often need removing



#### Thank you



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