Surgical Techniques

Common Foot Procedures
HAGLUND’S PROCEDURE (RETROCALCANEAL EXOSTECTOMY)

1 INCLUSION

Make a lateral incision into the most lateral aspect of the calcaneal tendon over the most lateral aspect of the prominent bone. Try not to reflect more than 15 to 20 percent of the insertion. Reflect the tendon medially.

2 RESECTION AND ANCHOR PLACEMENT

Resect the appropriate amount of bone. Then rasp the bone and flush the area. Drive in two 2.5mm Statak Soft Tissue Anchors with USP #0 polyester braided sutures at the site where the tendon will be reattached. Pull back the drill to expose the sutures of the embedded anchors. Discard the suture-retaining tube and disposable metal driver.

3 TENDON ATTACHMENT

Use a ligature bypass needle (Mayo or Martin) to pass the sutures to the superior side of the tendon.

4 SUTURE TYING

Reapproximate the tendon down to bone and hand tie the sutures. Use four or five knots to ensure that the nonabsorbable suture does not unravel. Close in the usual manner.
Use a 25-gauge needle and lateral radiographs to locate the most prominent aspect of the posterior part of the heel. Then make a lazy S incision over this point.

Make proximal and distal flaps, and suture them out of the way to maintain exposure. Use a 25-gauge needle to locate the most prominent aspect of the spur. Then make a linear incision from proximal to distal through the achilles tendon.

Reflect the achilles tendon medially and laterally. Resect the spur with as little disruption of the tendon insertion as possible. Rasp and flush the area.

Drive in two or three Statak Soft Tissue Anchors at the site where the tendon will be reattached. Approximate the anchors to maintain optimal alignment. Pull back the drill to expose the sutures of the embedded anchors. Discard the suture-retaining tube and disposable metal driver.

Reapproximate the tendon down to bone and hand tie the sutures. Use four or five knots to ensure that the nonabsorbable suture does not unravel.

Release the flaps and close in the usual manner.
1 INCISION
Incise and reflect the most dorsal insertion of the posterior tibial tendon.

2 RESECTION AND RASPING
Resect the navicular tuberosity or the accessory bone. Rasp, smooth, and flush the area.

3 ANCHOR PLACEMENT
Approximate two Statak Soft Tissue Anchors inferiorly and one dorsally in the navicular bone, and drive them in. Pull back the drill to expose the sutures of the embedded anchors. Discard the suture-retaining tube and disposable metal driver.

Use a ligature bypass needle (Mayo or Martin) to pass the sutures through the posterior tibial tendon.

4 SUTURE TYING
Reapproximate the tendon down to bone and hand tie the sutures. Use four or five knots to ensure that the nonabsorbable suture does not unravel.

Close in the usual manner.
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