Foot and Ankle Technique Guide
Proximal Inter-Phalangeal (PIP) Fusion

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HAT-TRICK°
Lesser Toe Repair System
Surgical Technique

Smith & Nephew does not provide medical advice and recommends that surgeons exercise their own professional judgment when determining a patient’s course of treatment. This guide is presented for educational purposes only.

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Table of contents

Introduction ............................................................................................................... 3

Position the patient ................................................................................................. 4

Proximal Inter-Phalangeal (PIP) Fusion Technique ............................................... 4
  Exposure and joint preparation ............................................................................... 4
  Prepare the pilot holes at the insertion sites ......................................................... 5
  Drill the pilot holes ................................................................................................ 6
  Tap the middle phalanx insertion site ................................................................. 7
  Tap the proximal phalanx ..................................................................................... 8
  Insert the middle phalanx implant ....................................................................... 9
  Insert the proximal phalanx implant .................................................................. 11
  Implant removal .................................................................................................. 14
  Postoperative care ............................................................................................... 14

Ordering information .............................................................................................. 15
This technique provides a complete description of proximal inter-phalangeal (PIP) fusion using the Smith & Nephew HAT-TRICK™ PIP Fusion System. The system consists of single use disposable implant packs containing fusion implants of various sizes, and a sterilization tray with reusable instruments.

This system may be used in conjunction with the complete HAT-TRICK Lesser Toe Repair System, which also includes the HAT-TRICK MTP Joint Repair System (Bilateral and Unilateral) and the HAT-TRICK Metatarsal Osteotomy Guide.

Standard K-wire treatment is associated with a number of complications, including swelling and pain, pin-tract infection, delayed union, delayed healing of the arthrodesis site due to lack of compression, motion and rotational concerns, and pain upon removal.

Benefits of the HAT-TRICK PIP Fusion System include:

• **PEEK construction:** The implant is made of PEEK (polyetheretherketone), which requires no special handling, including refrigeration or heating.
• **Radiolucent:** The implant is radiolucent for easy viewing on an X-ray
• **Controlled compression:** Surgeon can dial in the required compression.
• **Easy removal:** Allows straightforward removal of the implant with a 0.5mm bone resection (no window required).

Information regarding the instruments used in this procedure can be found in the "Ordering information" section at the end of this document.
Position the patient

1. Place the patient in the supine position with the foot at the end of the bed.
2. Apply a thigh tourniquet.

Proximal Inter-Phalangeal (PIP) Fusion Technique

Prior to performing this technique, consult the Instructions for Use documentation provided with the devices – including indications, contraindications, warnings, cautions, and instructions.

Exposure and joint preparation

1. Make an approximately 3cm longitudinal dorsal incision centered over the PIP joint (Figure 1).

![Figure 1: Incision](image)

2. Transect the extensor hood transversely to expose the dorsal aspect of the PIP joint.
3. Sharply transect the collateral ligaments of the proximal phalanx and the middle phalanx (Figure 2) and distract the joint.

![Figure 2](image)
Prepare the pilot holes at the insertion sites

1. Use a microsagittal saw to resect the distal condyles of the proximal phalanx perpendicular to the shaft.
   
   **Note:** The proximal phalanx implant is available in two angles, 0° and 10°. If the desired position of the toe is in slight flexion and the 10° implant is used, angle the cut 10 degrees in the plantar direction. Ensure that the proximal phalanx is tapped along its central axis. How much bone is removed depends upon the degree of the contracture as well as the length relationship to the neighboring toes (Figure 3).

![Figure 3](image)

2. To prepare the middle phalanx, perform a minimal resection. Preserve as much subchondral bone as possible in order to optimize implant purchase in the bone.

   **Note:** The saw cuts to the proximal and middle phalanges must be parallel to ensure good bony apposition (Figure 4).

![Figure 4](image)
Drill the pilot holes

1. Use a 1.6mm Drill Tip Wire (REF 71101502) to drill a pilot hole along the central axis of the middle phalanx (Figure 5). Drill to a sufficient depth to accommodate the length of the implant.

Figure 5

2. Drill a pilot hole along the central axis of the proximal phalanx using a 1.6mm drill tip wire.

Note: Drill beyond the isthmus of the proximal phalanx (Figure 6).

Figure 6
Tap the middle phalanx

1. Assemble the HAT-TRICK® Modular Handle and HAT-TRICK PIP 4.0mm Middle Phalanx Tap (REF 72204362).
   
   **Note:** For larger-boned patients, a 5mm middle phalanx implant (REF 72204594) and tap (REF 72204598) are available.

2. Tap the middle phalanx until the top of the laser mark on the tap is flush with the bone (Figures 7 and 8).

   ![Figure 7: Tap the middle phalanx](image)

   ![Figure 8: Tap until the laser mark is no longer visible](image)

3. Record the largest tap size used.
Tap the proximal phalanx

1. Assemble the HAT-TRICK™ Modular Handle (REF 72204337) and the HAT-TRICK 2.7mm Proximal Phalanx Tap (REF 72204358).

2. Tap the proximal phalanx until the top of the laser mark band on the tap is flush with the cut surface of the bone, so that the black line is no longer visible (Figures 9 and 10).

![Figure 9: Tap the proximal phalanx](image)

![Figure 10: Tap until the laser mark is no longer visible](image)

3. Continue to tap with progressively larger size taps (3.2mm, REF 72204359; 3.7mm, REF 72204360; and 4.2mm REF 72204361) until the resistance from the cortical bone on the isthmus of the proximal phalanx is detected.

   **Note:** Be careful not to fracture the cortex of the phalanx.

4. Record the largest tap size used.
Insert the middle phalanx implant

1. Select the implant size pack based on the largest tap size used in the proximal and middle phalanges.
   
   **Note:** The proximal phalanx implant is available in two angles: 0° and 10°. Use the appropriate implant in order to achieve the desired alignment as determined by the resection in Step 1 of the “Prepare the pilot holes” section of this technique.

2. Assemble the HAT-TRICK™ Modular Handle and the HAT-TRICK PIP Middle Phalanx Driver.

3. Attach the middle phalanx implant to the driver.

4. Insert the middle phalanx implant into the middle phalanx until the implant is flush with or slightly countersunk in the bone (Figures 11–13).

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**Figure 11:** Assemble the middle phalanx implant to the driver

**Figure 12:** Insert the middle phalanx implant

**Figure 13:** Implant inserted flush with or slightly countersunk in the bone
Insert the proximal phalanx implant

1. Assemble the HAT-TRICK™ Modular Handle (REF 72204337) to the appropriate angle specific HAT-TRICK Driver (0° Driver, REF 72204355; 10° Driver, REF 72204356; REF 72204357) for proximal phalanx implants (Figure 14).

Figure 14: Attach the proximal phalanx implant to the driver
2. Insert the proximal phalanx implant into the proximal phalanx until the barbs on the top part of the implant reach the osteotomy site (Figures 15 and 16).

**Note:** For a 10° implant, utilize the laser mark on the 10° driver shaft to achieve the desired orientation.
3. Connect and compress the proximal and middle phalanx implants to complete the fusion (Figures 17 and 18).

Figure 17

Figure 18. Completed repair
Implant removal

In the unlikely event that the PEEK implant must be removed, use a power saw to cut through the post that connects the implant components at the osteotomy site. Loosen each component and retrieve it. If the components are rigidly fixed, core drill, and then utilize an extractor with reverse threads. Alternatively, a high-speed burr can be used to remove any remaining part of the implant.

Postoperative care*

As with any arthrodesis procedure, a bony fusion is the long-term means of bearing load. The PIP Fusion Implant is designed to hold the bones in apposition to one another during the healing process. Please follow the postoperative instructions below carefully as the PEEK fusion implant is not intended for use under tension or load-bearing conditions.

- 6 weeks: In a postop shoe, crutches, and partial weight bearing as tolerated on heel only.

- 6 to 12 weeks: No postop shoe, weight bear as tolerated with activities limited to walking only.

- >12 weeks: Return to aerobic activities (bike, pool, hiking). No jumping, turning, twisting or high impact sports.

- >16 weeks: Resume athletic activity if no pain.

* The views and opinions expressed for postoperative care are solely those of the surgeon(s) and do not reflect the views of Smith & Nephew, Inc. In no event shall Smith & Nephew, Inc. be liable for any damages whatsoever (including, without limitation, damages for loss of business profits, business interruption, loss of business information, or other pecuniary loss) arising out of the use of or inability to use the expressed views.
Ordering information

To order the items used in this technique, call +1 800 821 5700 in the US or contact an authorized Smith & Nephew representative.

Prior to performing this technique, consult the Instructions for Use documentation provided with individual components – including indications, contraindications, warnings, cautions and instructions.

HAT-TRICK™ PIP Fusion System Components

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References