Reducing complicances in Femoral Lengthening with Intramedullary Precice II Nails

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Director Maurizio Catagni

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COMPLICATIONS

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- COMPLICATIONS

Fracture
Nail or screw failure
Incomplete osteotomy
Polmunary embolism
Toromboembolism
Infection

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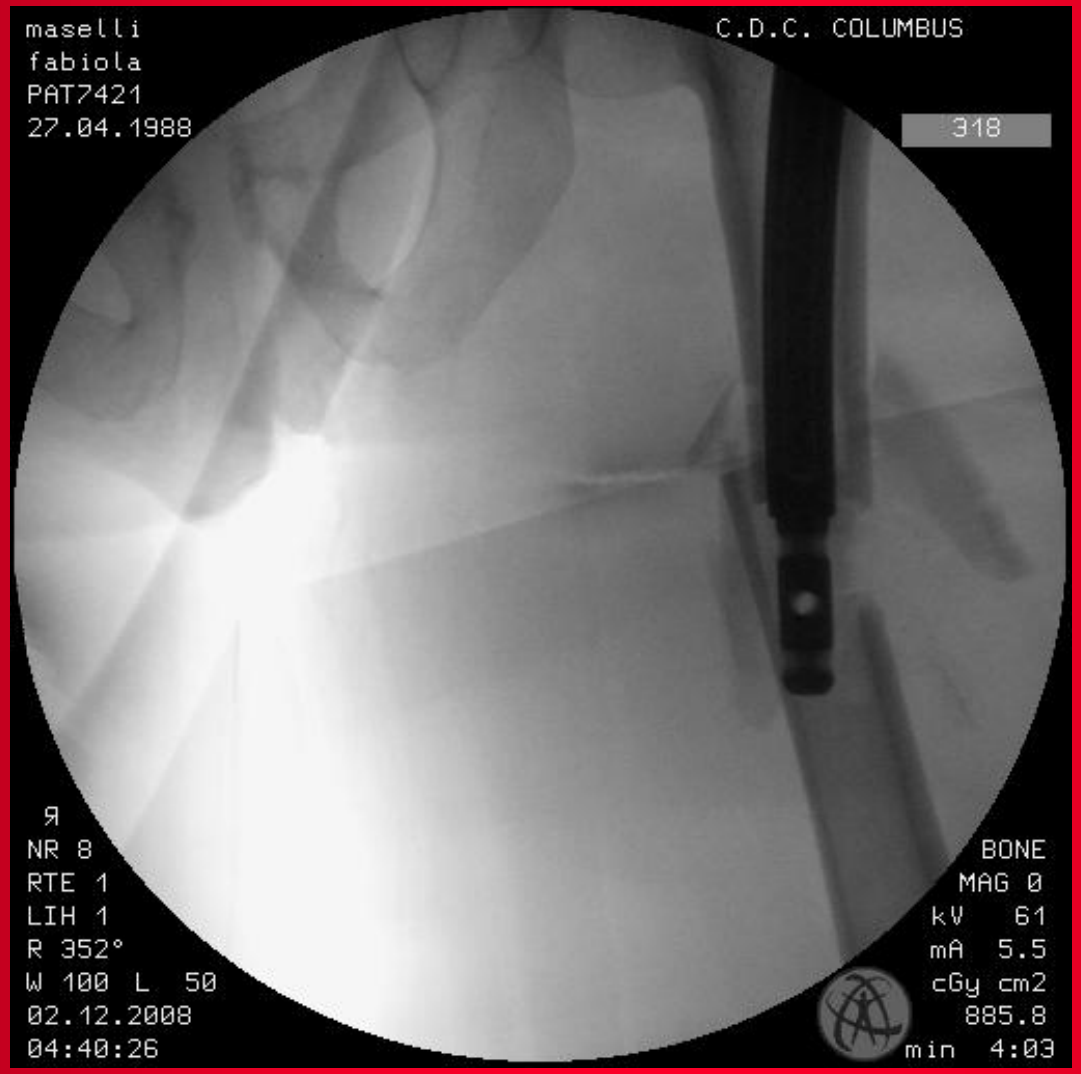

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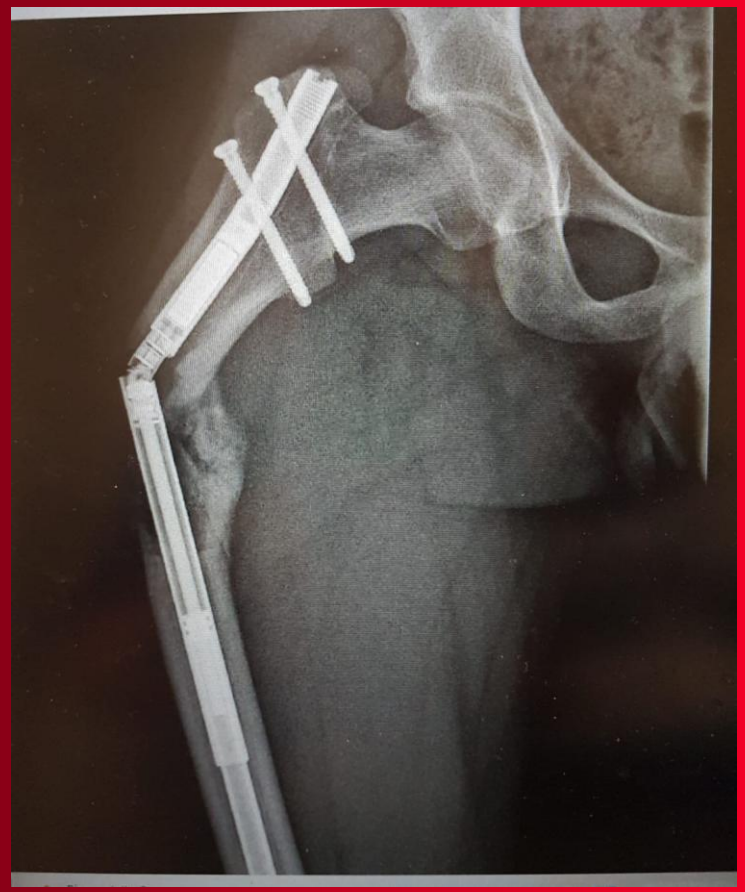

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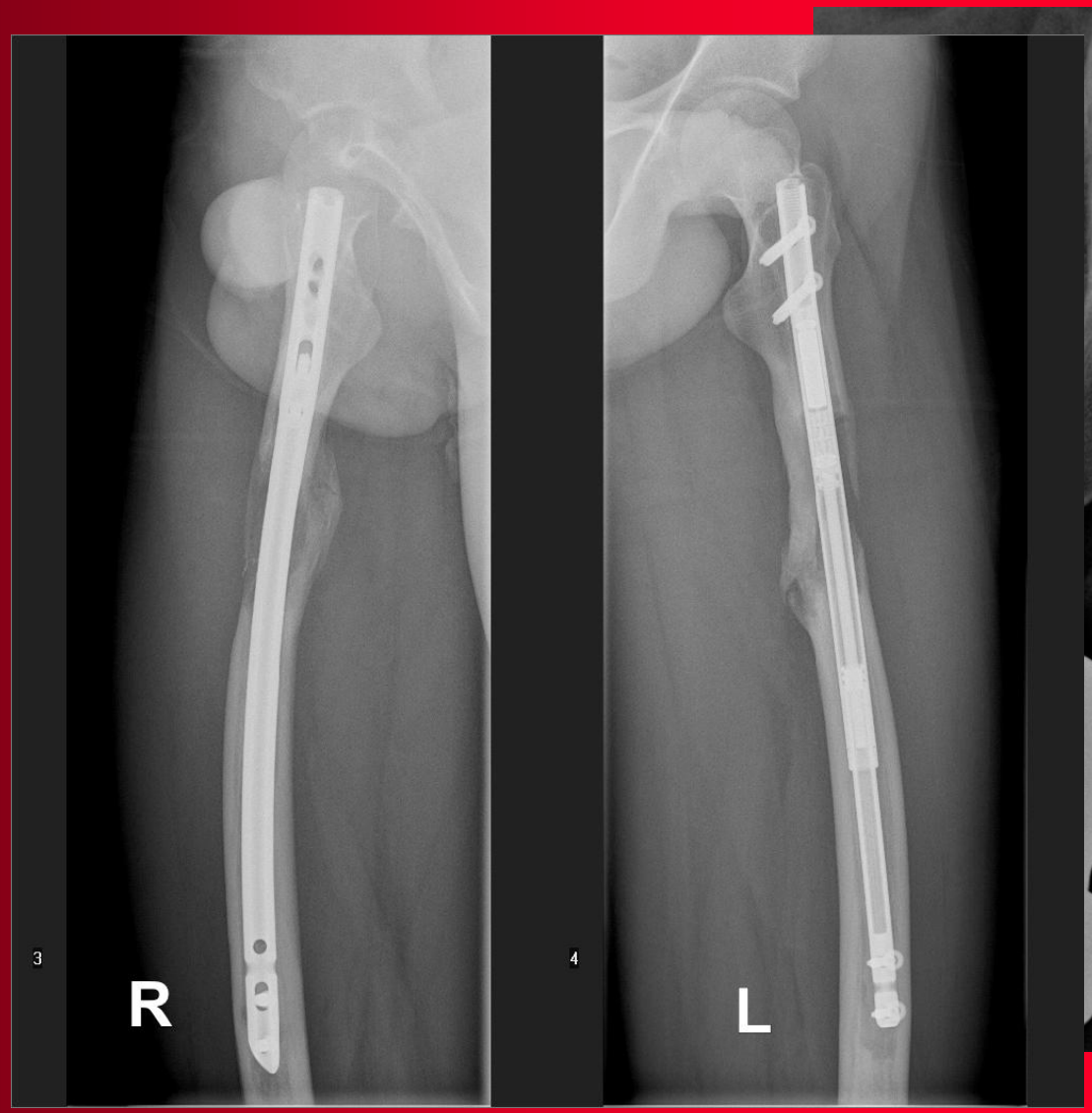

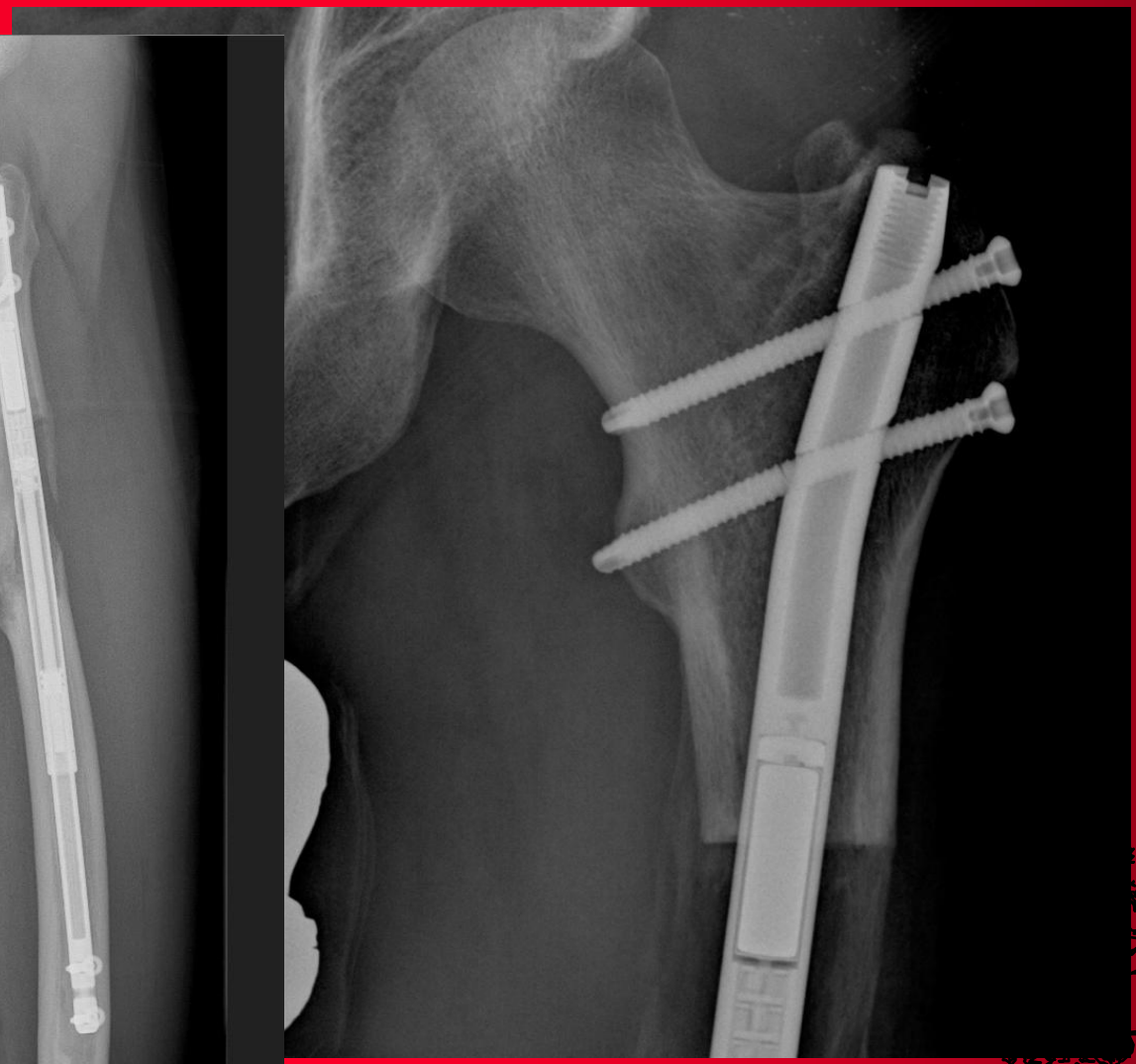

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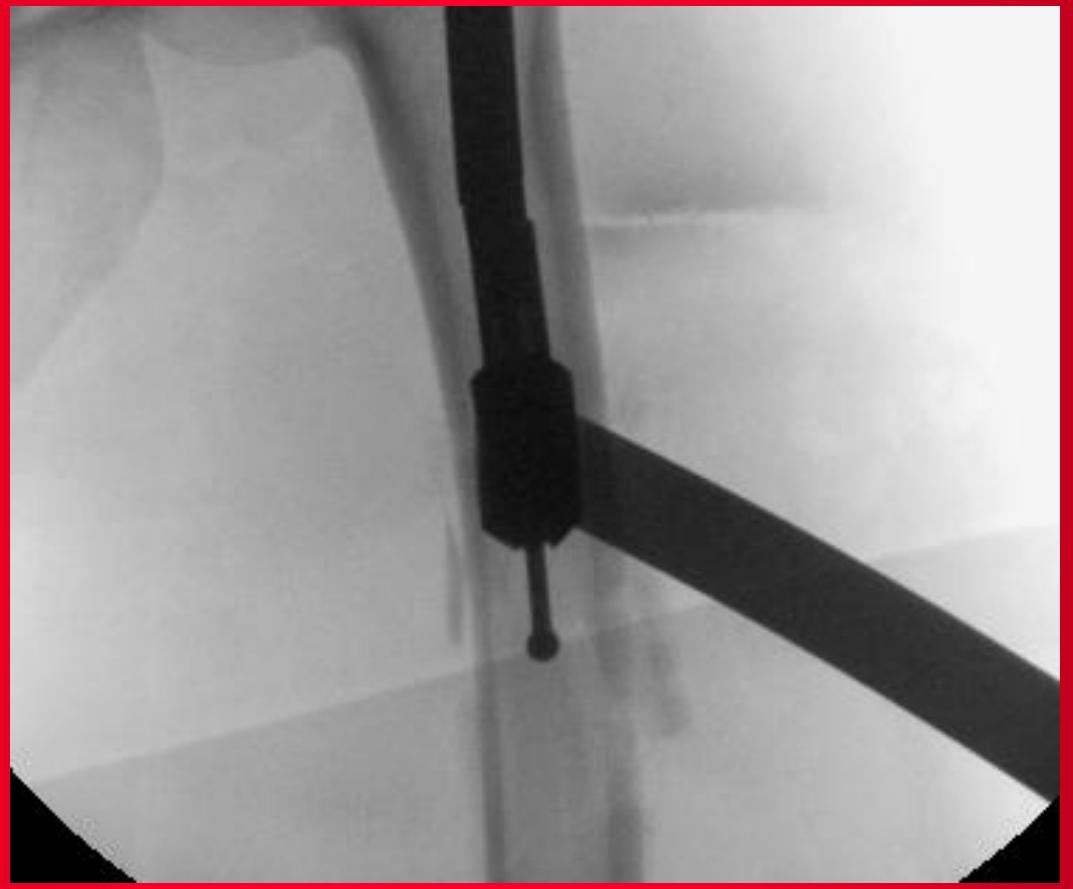

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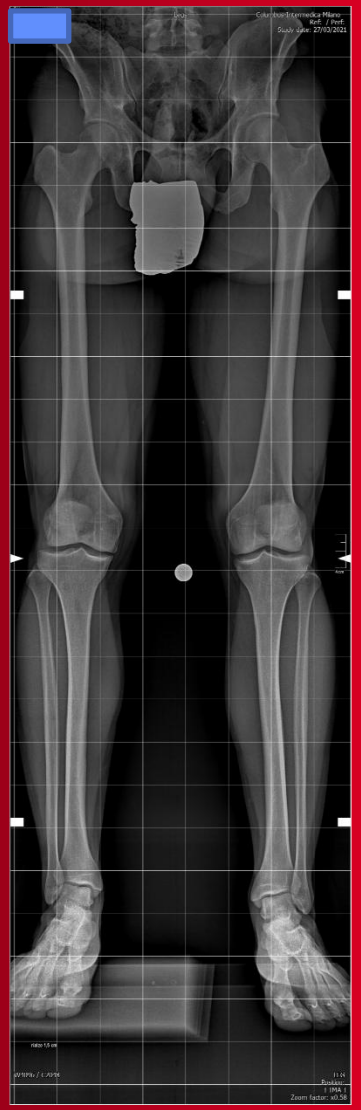
Clinical Evaluation



- Orthopedic and neurological conditions
- LLD
- Deformities
- Joint Stability
- Medical conditions

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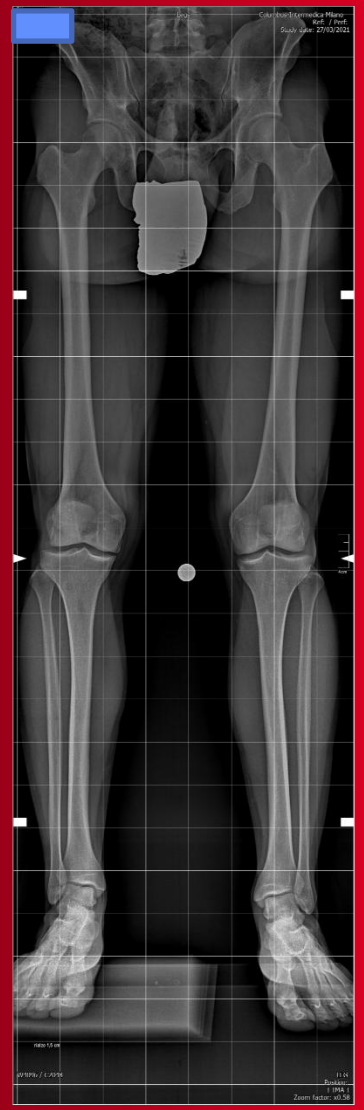
Clinical Evaluation in case of Cosmetic Patients



- Orthopedic and neurological conditions
- LLD
- Deformities
- Joint Stability
- Medical conditions
- **Previous Plastic Surgery**

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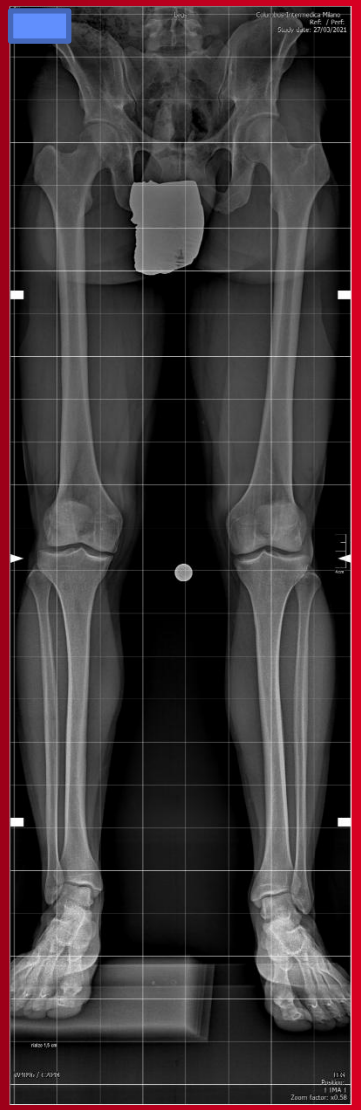
Psychological Evaluation



- Motivation
- Understanding of the procedure

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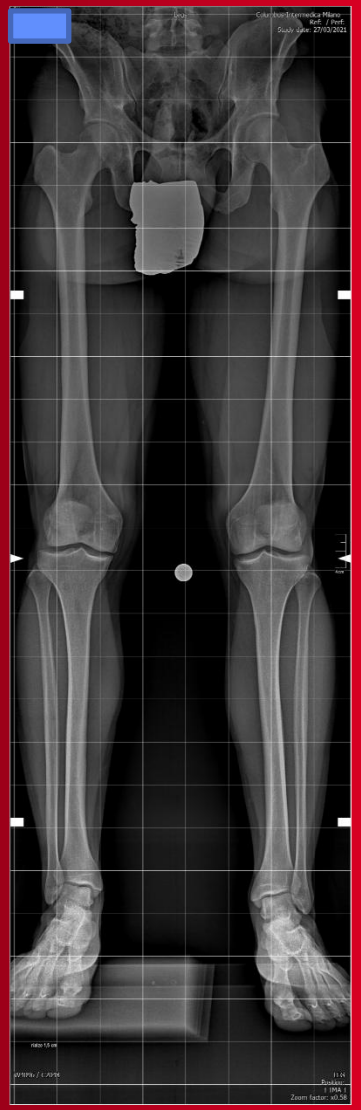
Economical Evaluation



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- Costs

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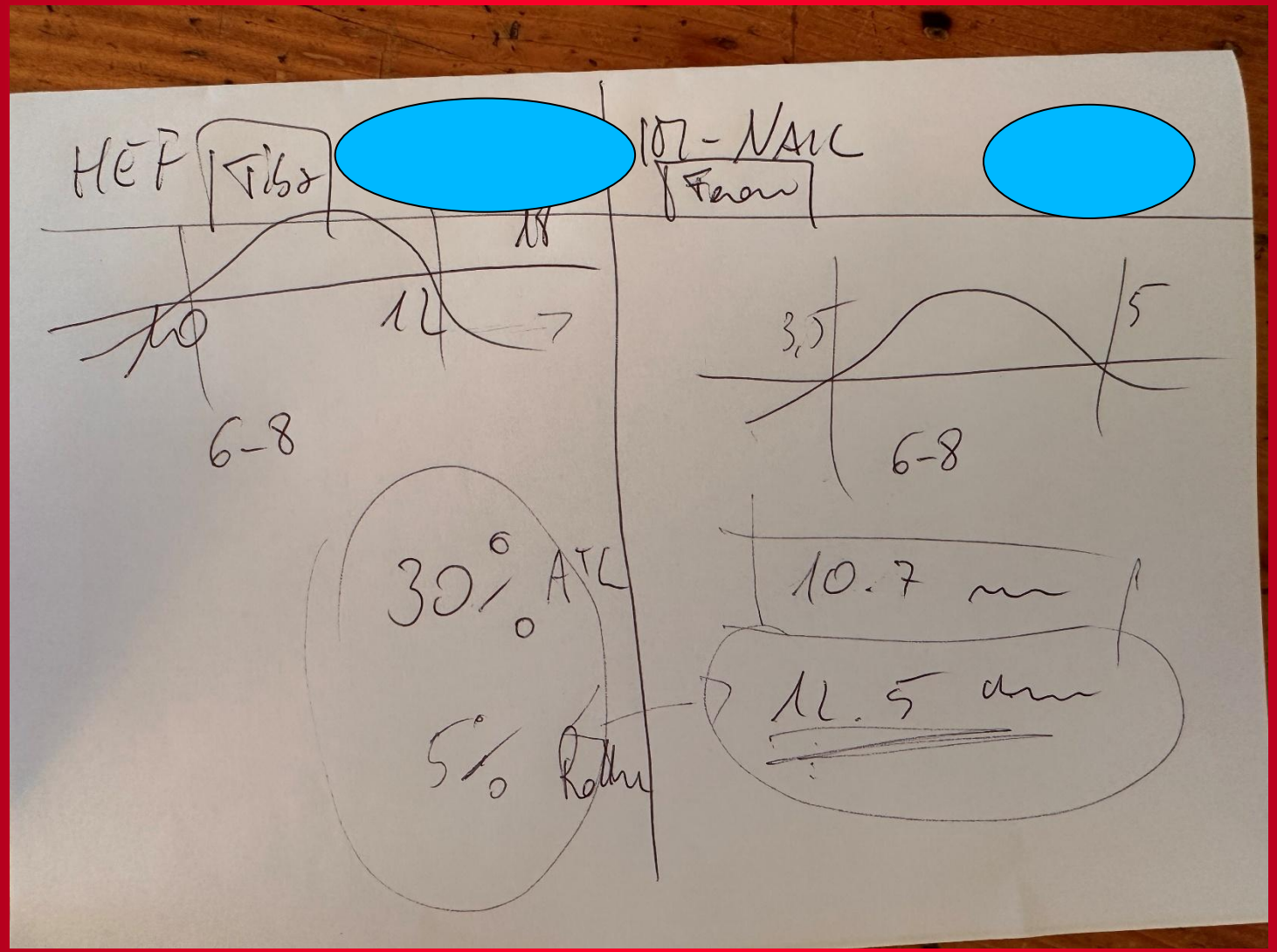

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Anesthetist Assessment

Low BP anesthesia in general or spinal anesthesia

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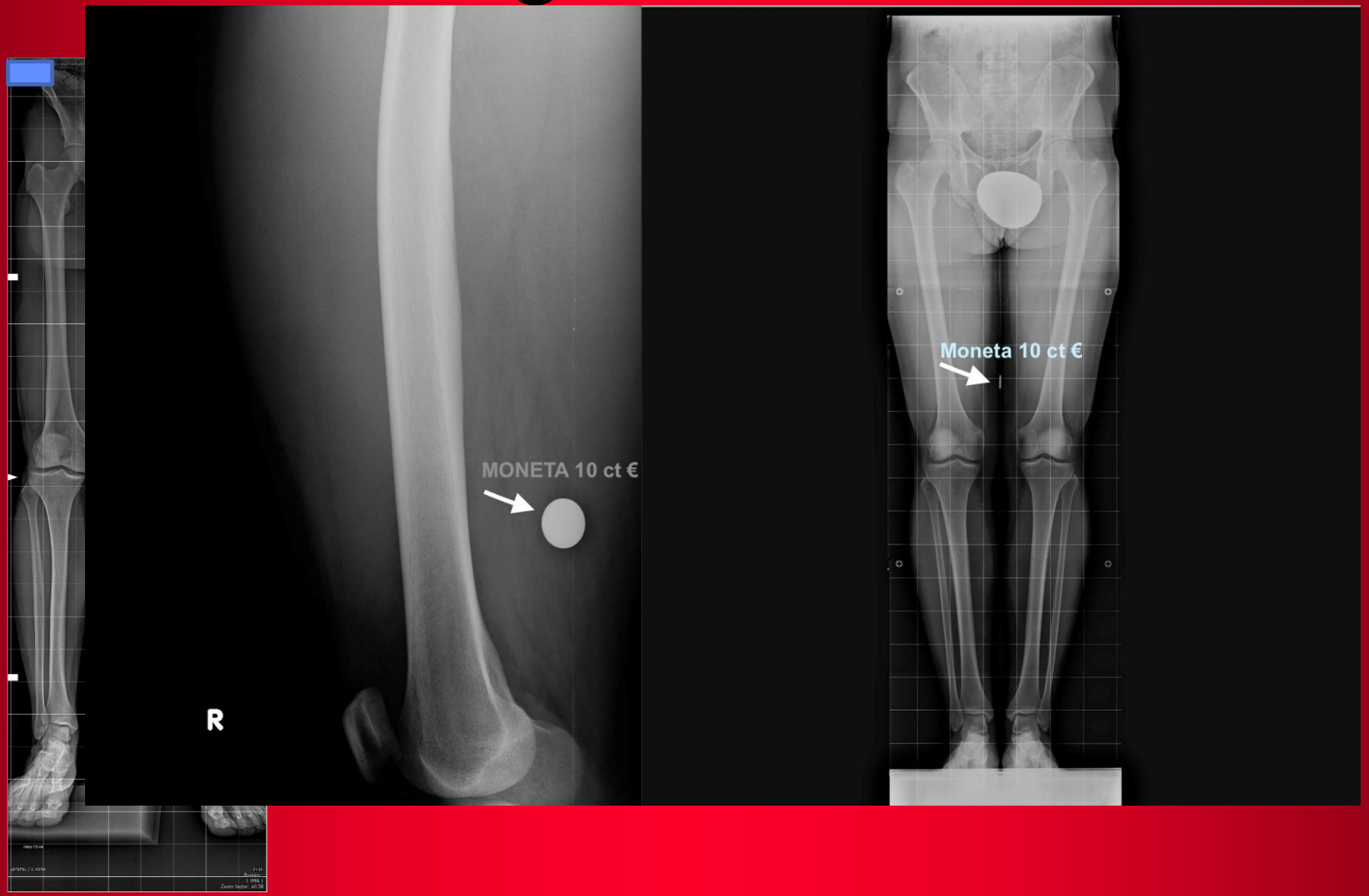
Radiological Evaluation



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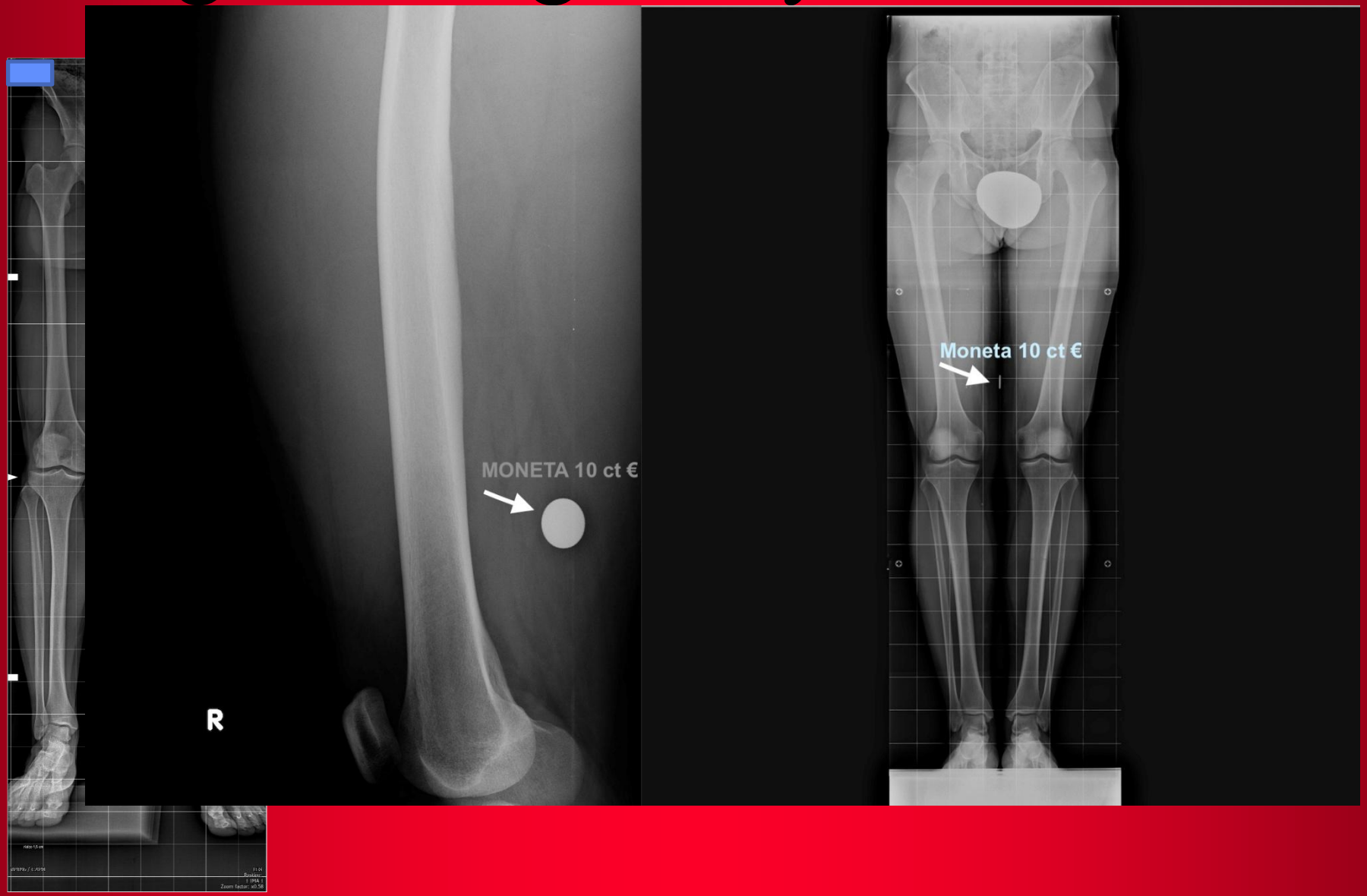
Long standing X-rays and Lateral



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Radiological Evaluation

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Device choice

12.5 mm 275 mm gold standard
Antegrade Femur Trochanteric 10

10.7 mm 245 worst scenario
Antegrade Femur Trochanteric 10

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Device choice

5.0mm Fully Threaded Screw

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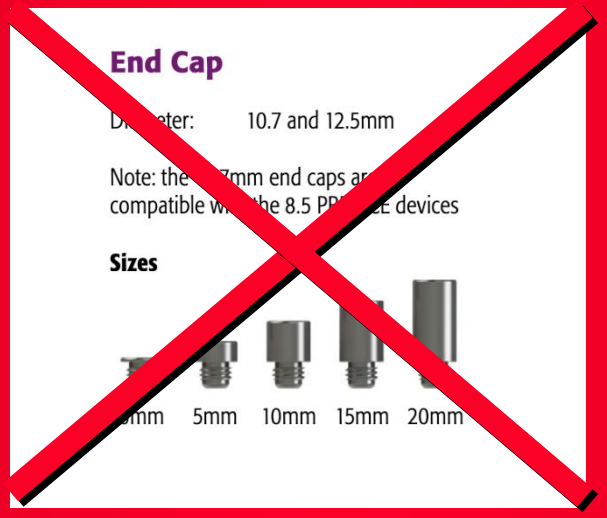
Device choice

NO End Cap



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Anesthesia

Low BP anesthesia in general or spinal anesthesia

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Imaging intensifier

Coming from the opposite side
And make sure you can get good Xrays on the table

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Positioning

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Positioning supine

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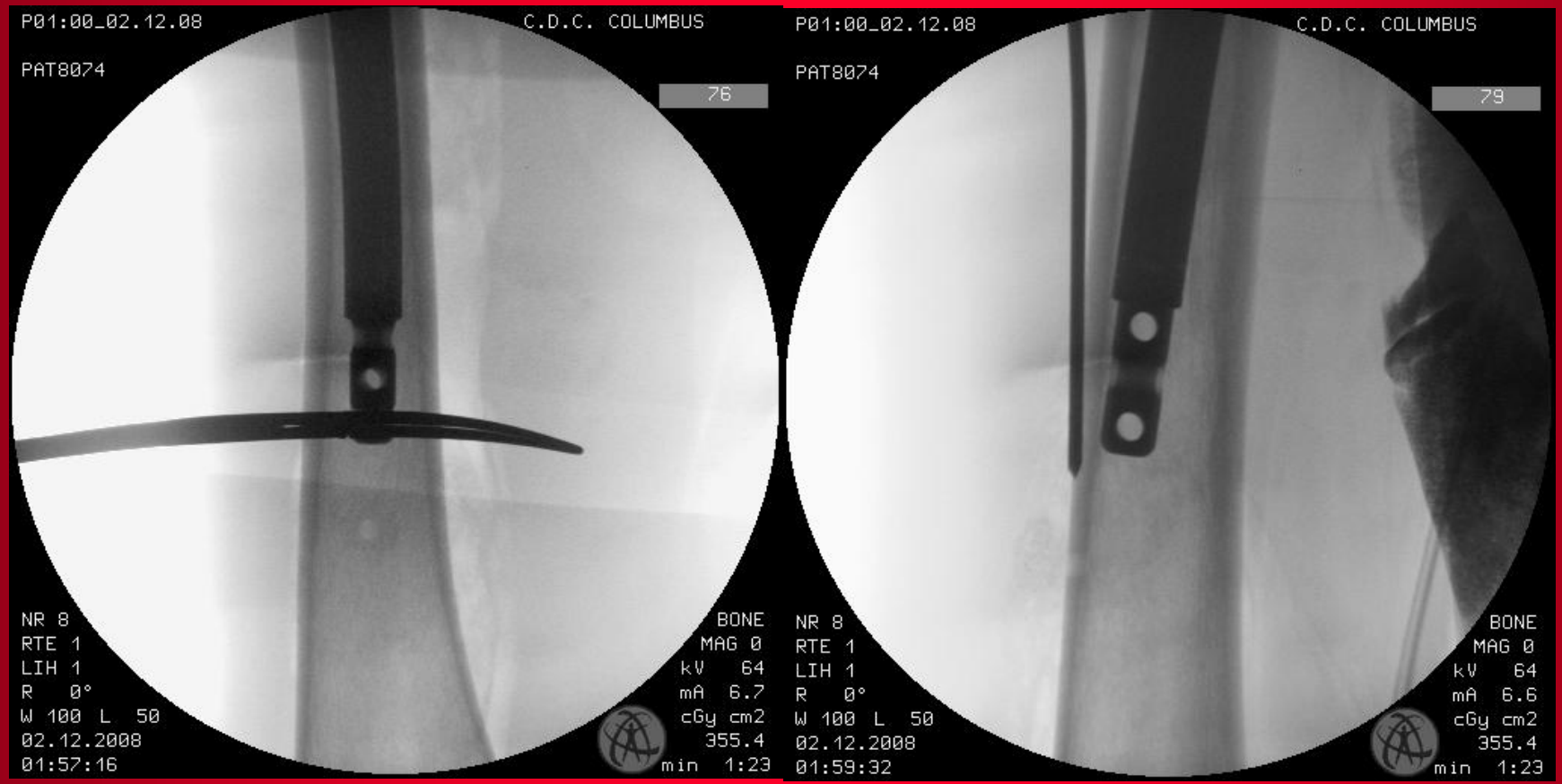
FIRST VENT AND ANTI FRACTURE HOLE



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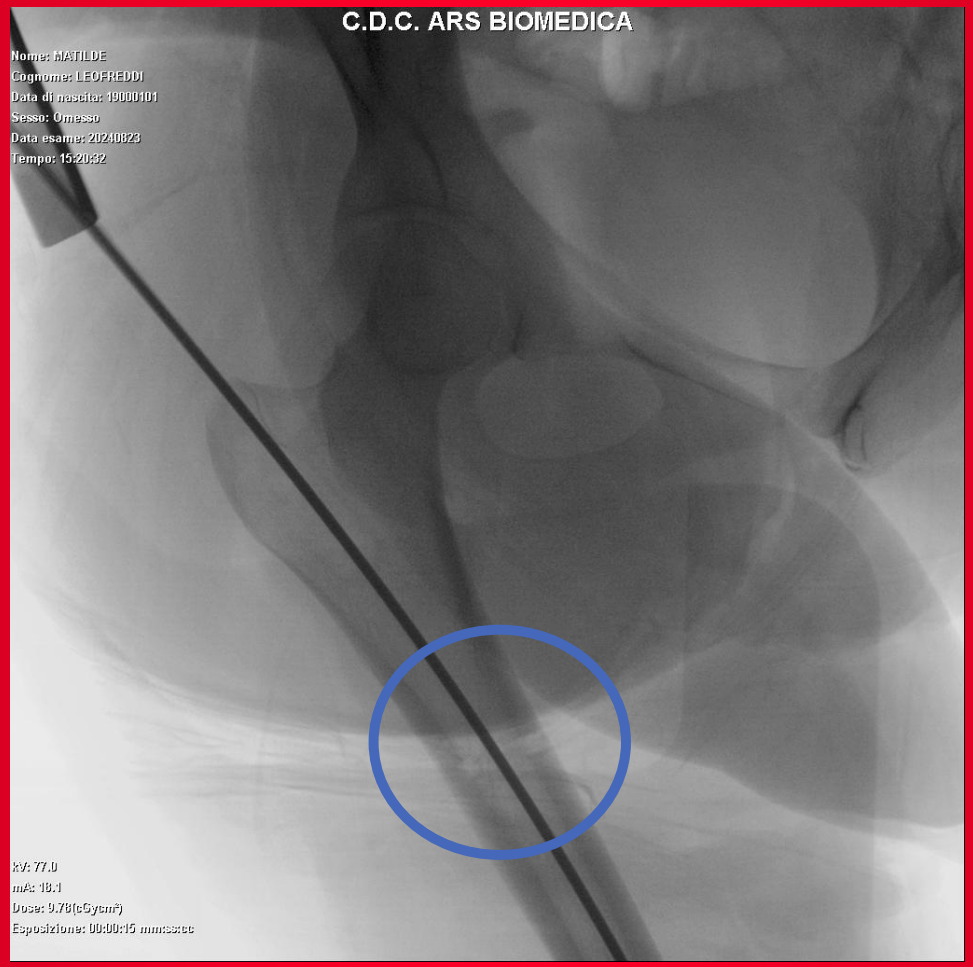
FIRST VENT AND ANTI FRACTURE HOLE



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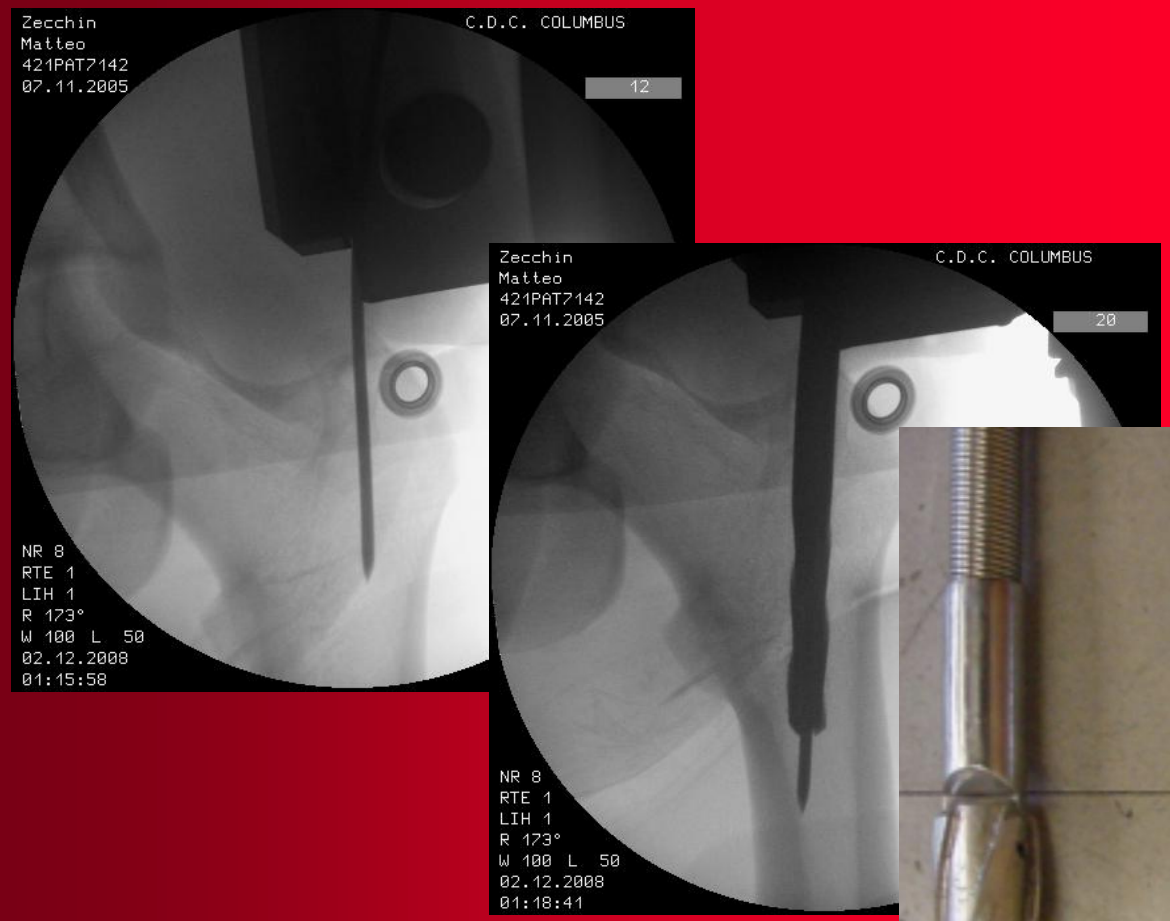
Proximal reaming and Reaming



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Surgical Technique
Osteotomy at 10.5-11.5 cm from tip

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Multiple

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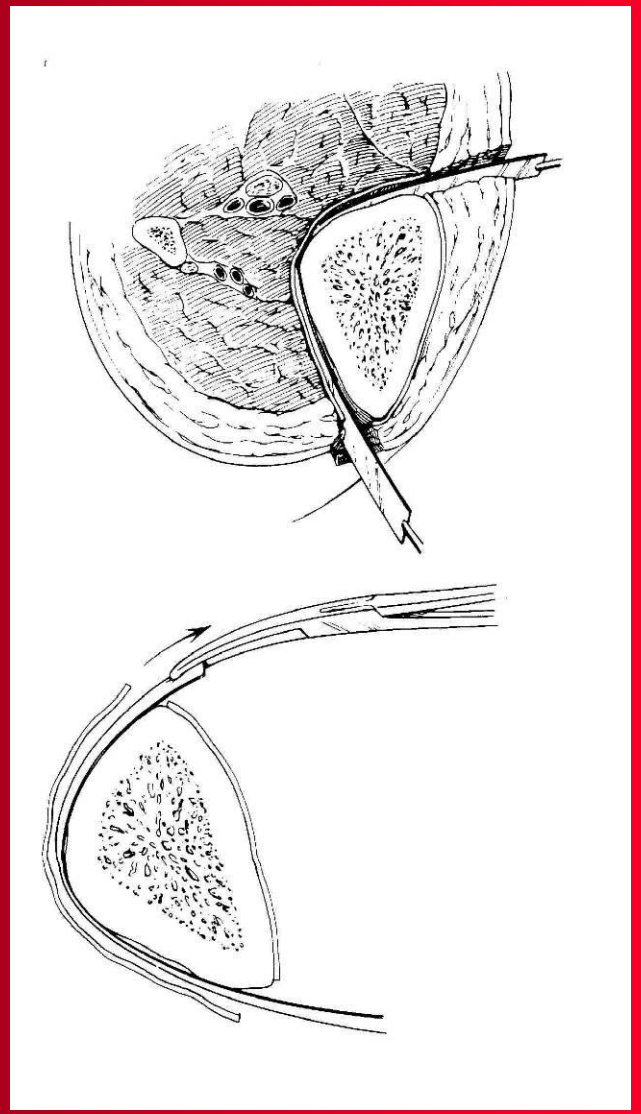

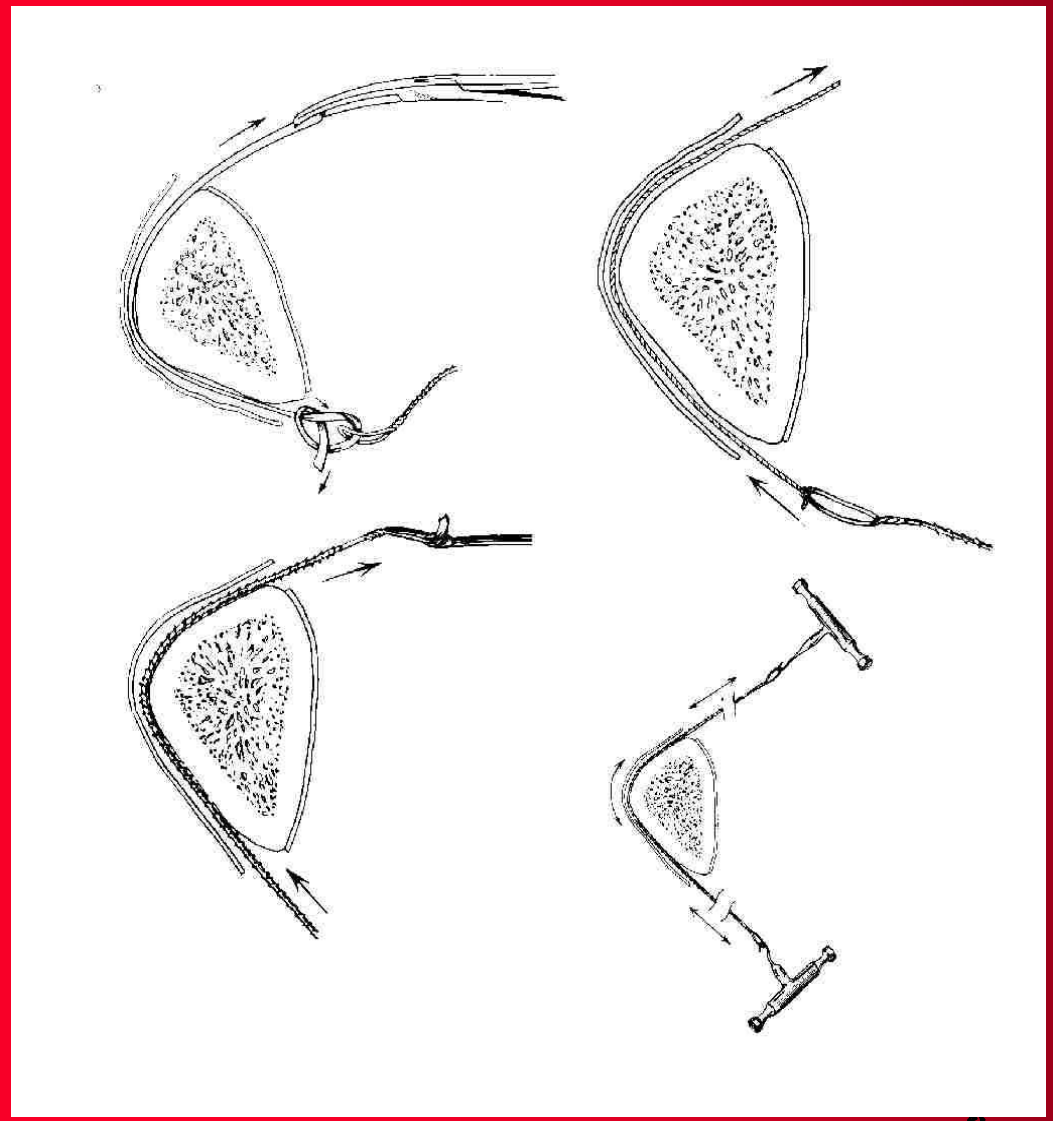

Gigli Saw Osteotomy

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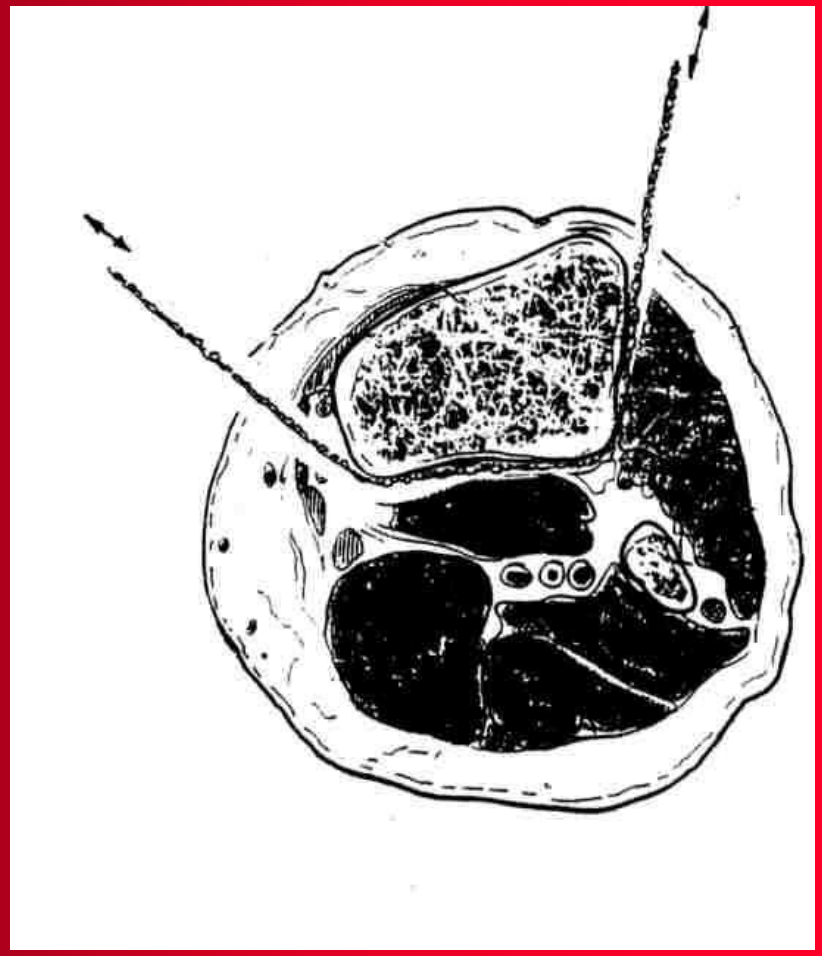

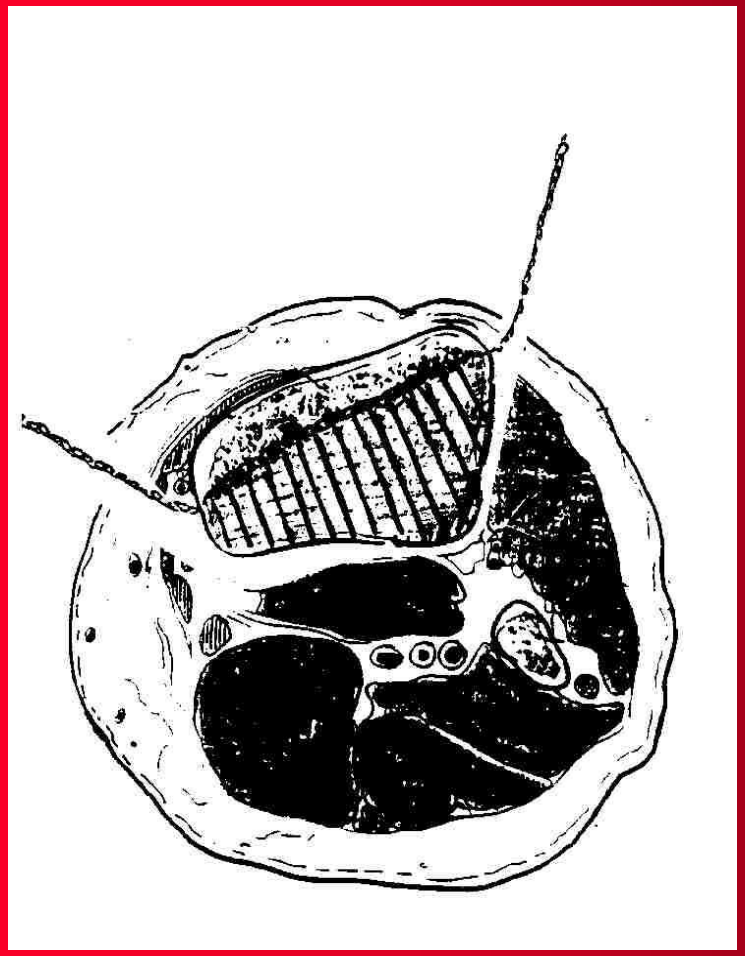

Gigli Saw Osteotomy

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Gigli Saw Osteotomy

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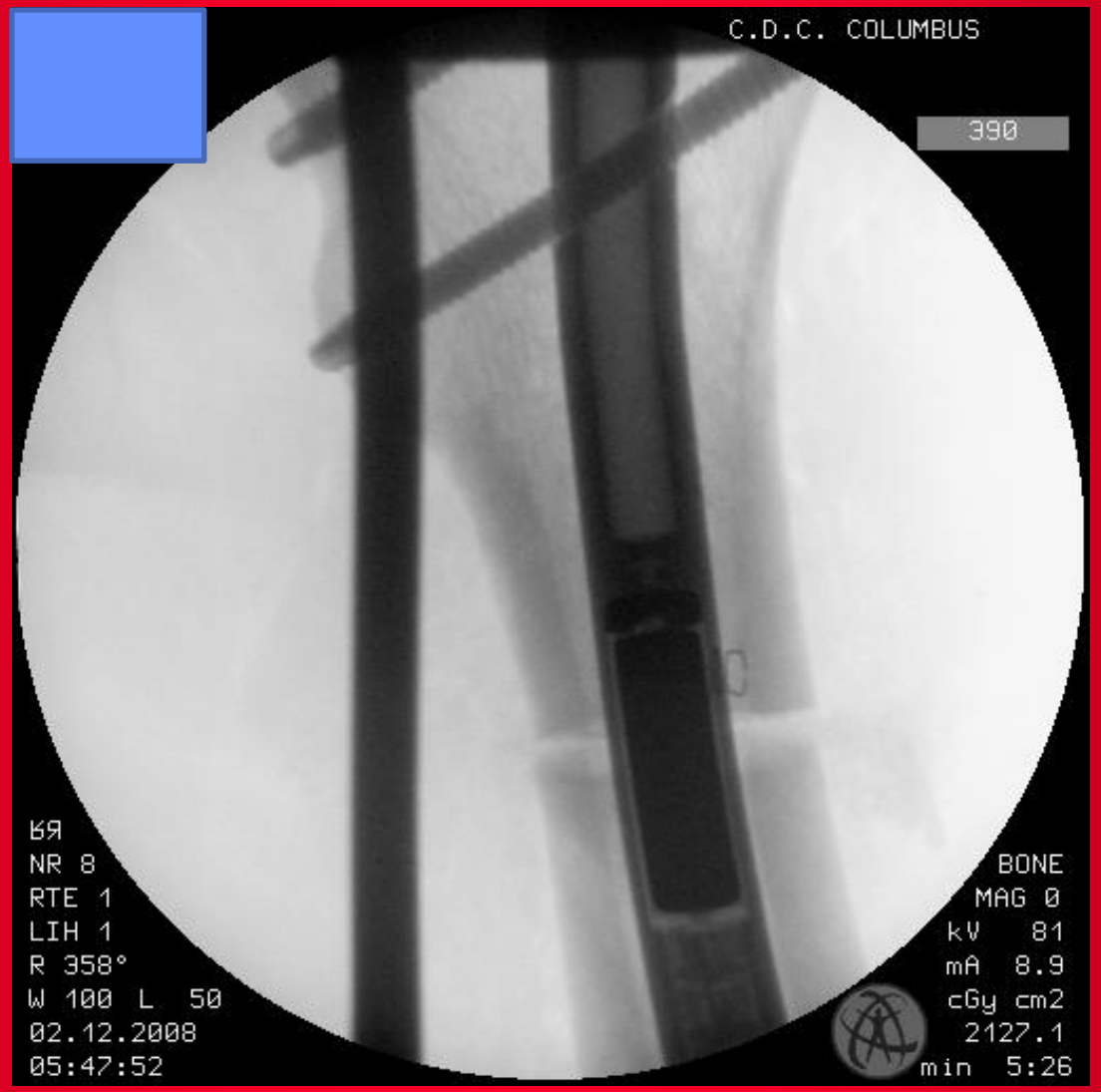
OSTETOTOMIA



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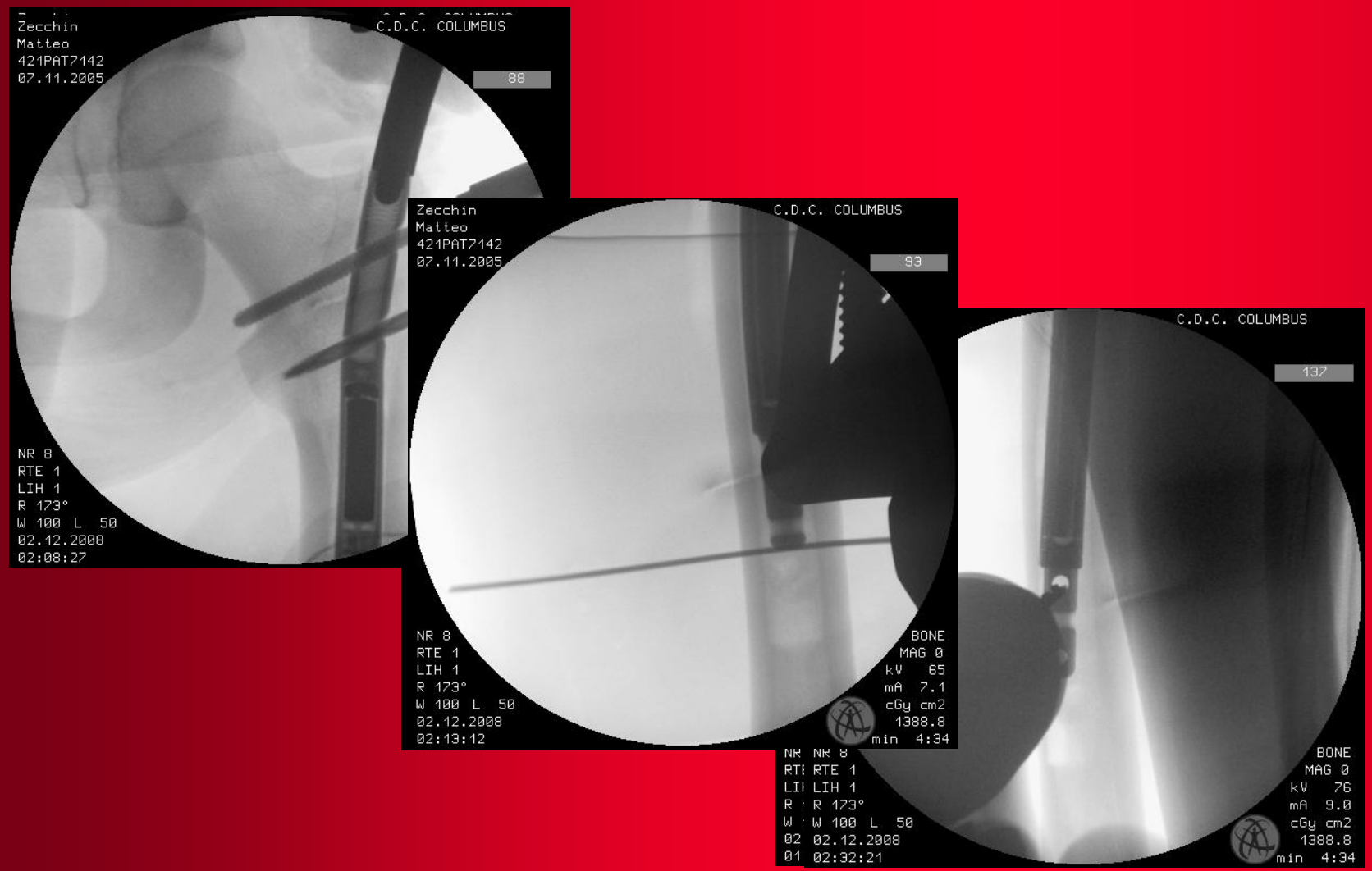
Proximal and distal locking



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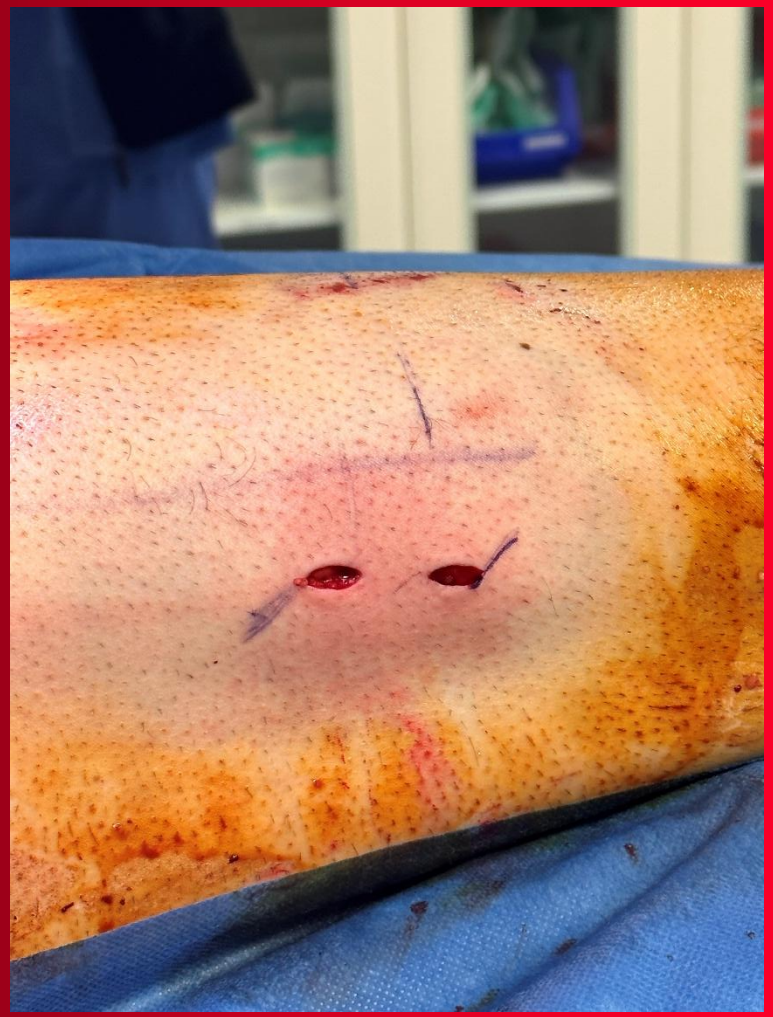
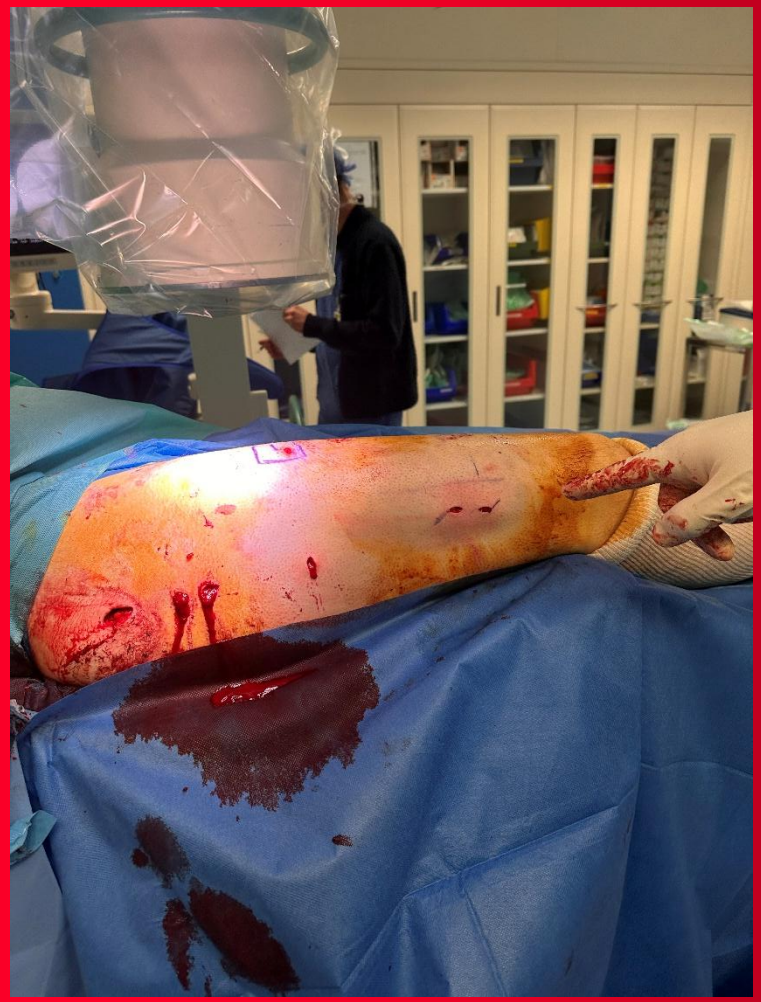
Fascia Lata





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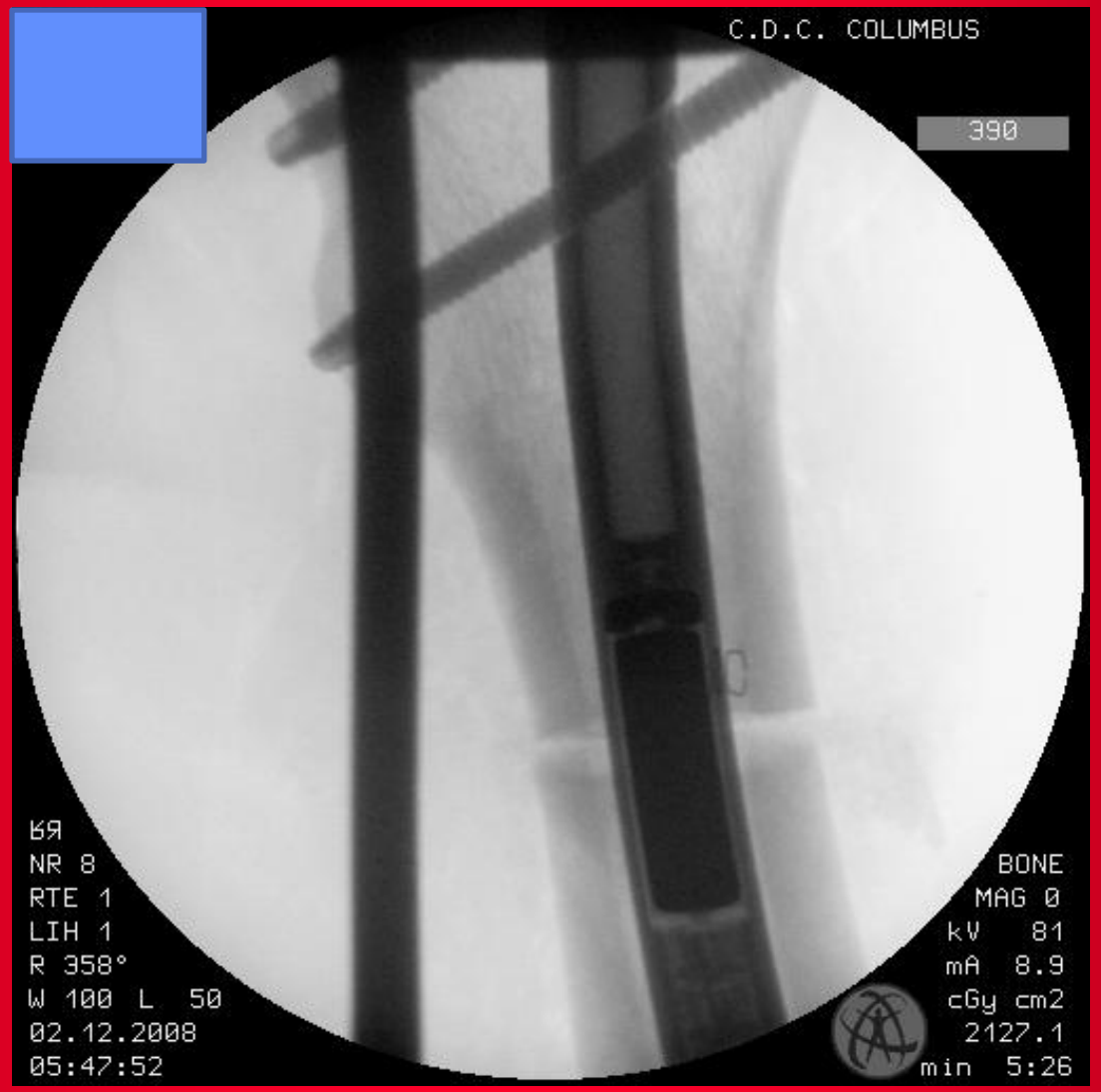
2 mm distraction in OR aand 1 mm 1 day post op



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2 mm distraction in OR aand 1 mm 1 day post op

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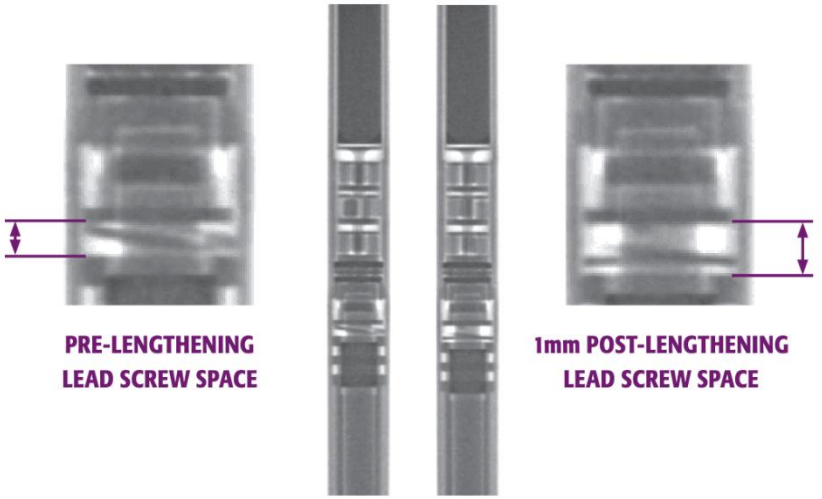
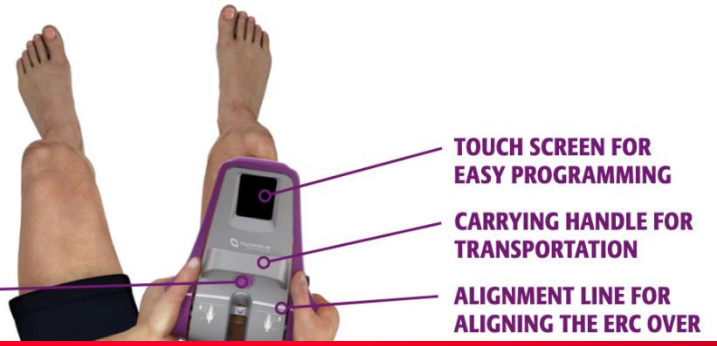
Check activation of the implant



ENTERING THE PRESCRIPTION

1. Turn on the ERC3P and type in the physician passcode
2. Choose "Prescription" from the menu
3. Select Prescription 1 (or 2 if bi-lateral)
4. Input prescription information
5. Review and confirm the prescription



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1st day post op

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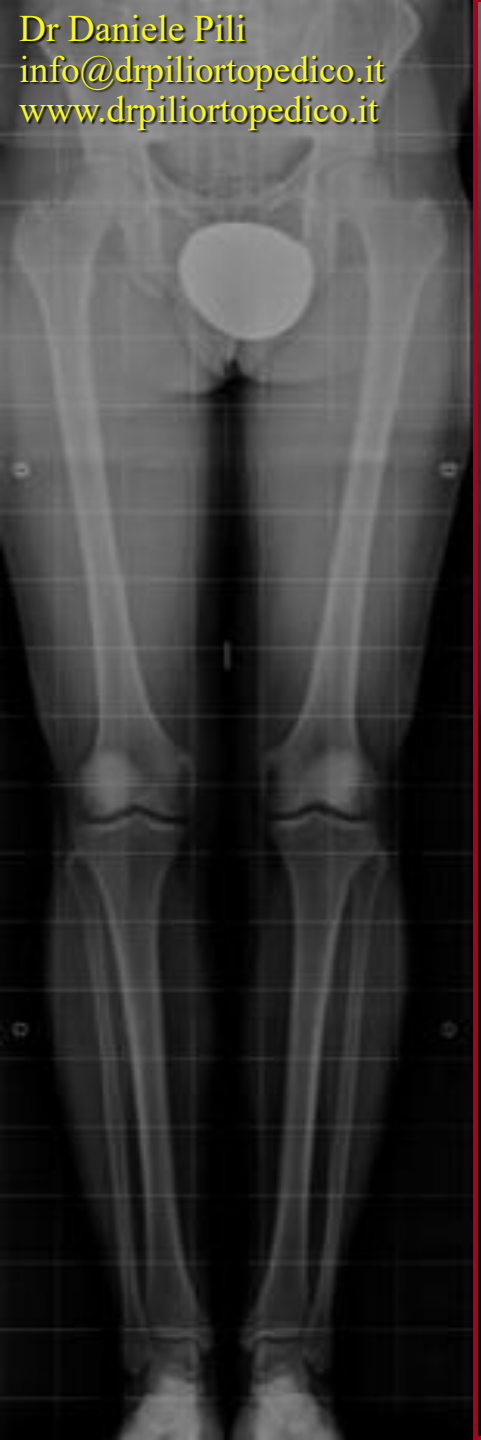

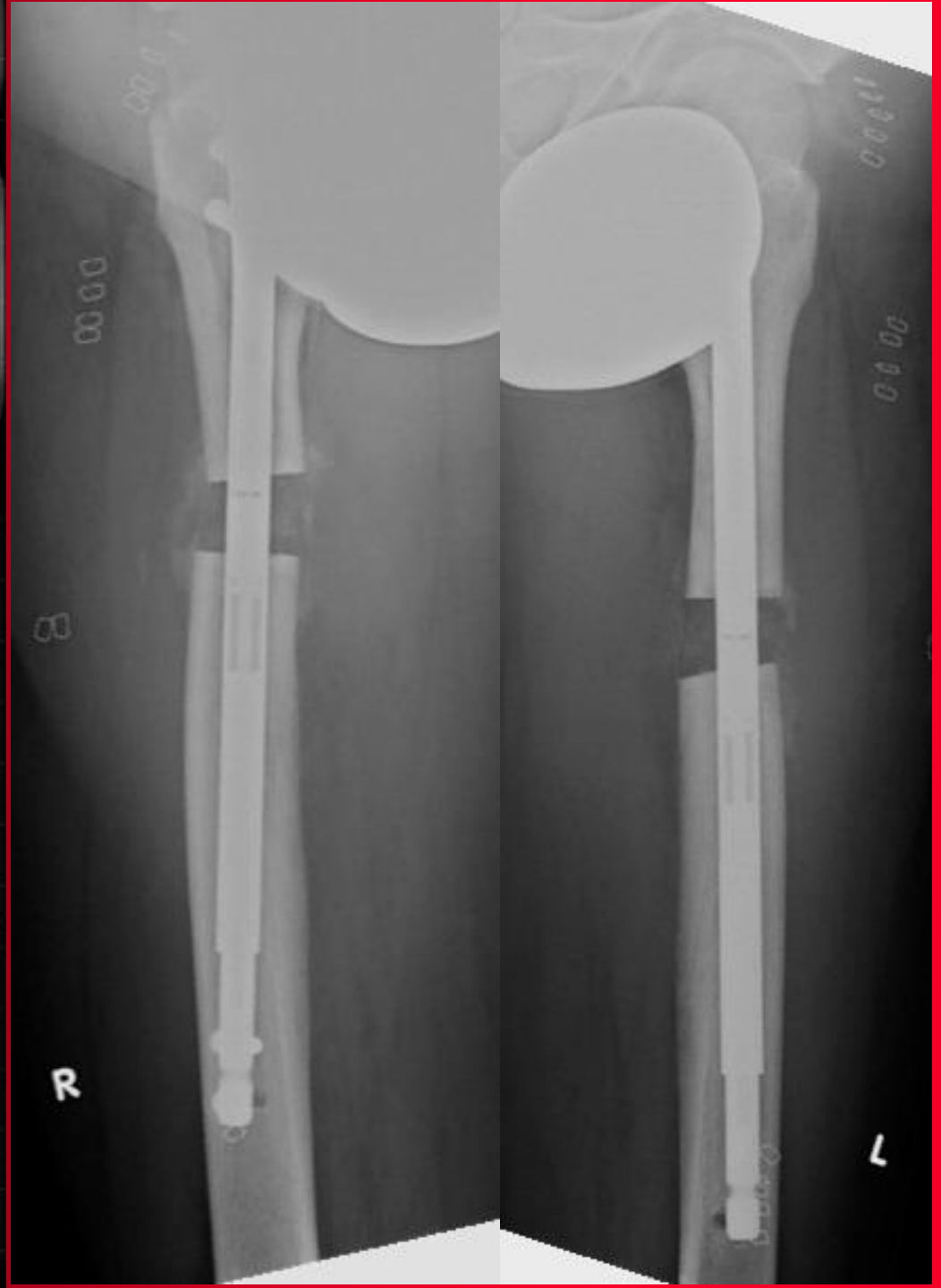

Distraction

1-2 mm / 2-3 doses per day 10 days post surgery

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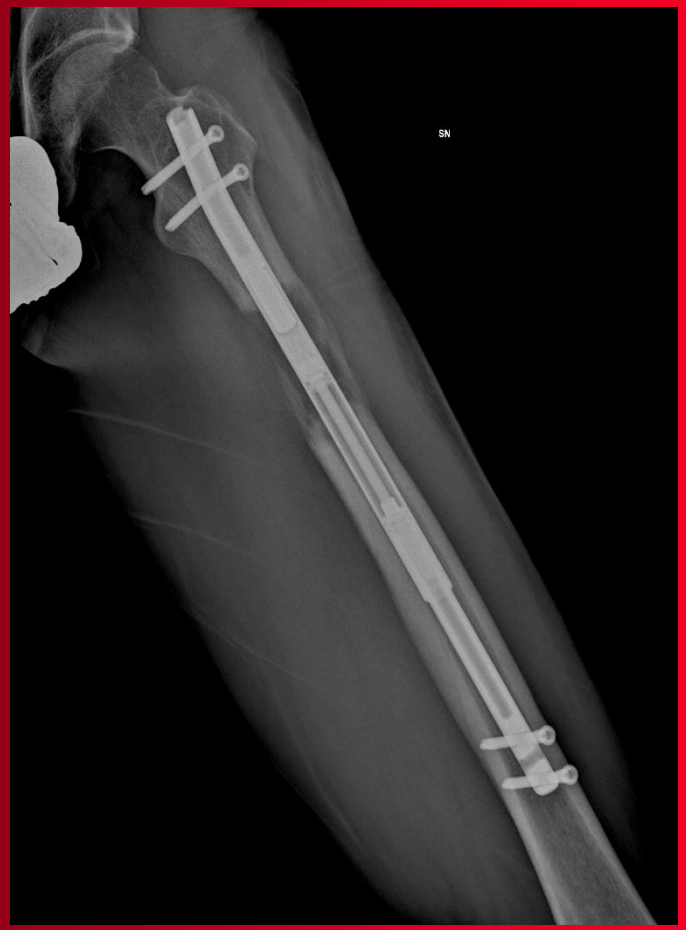
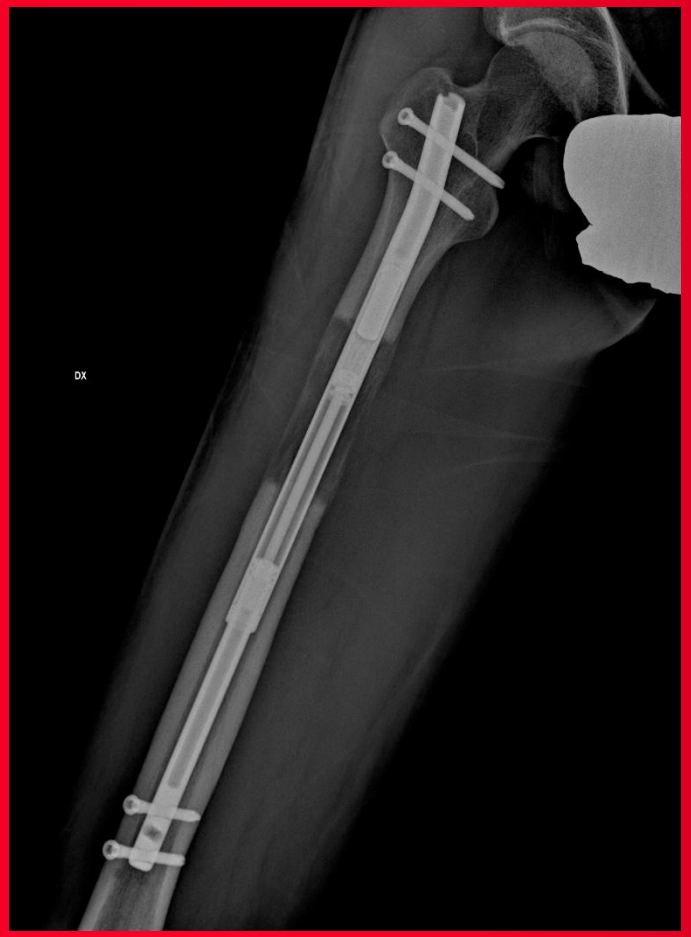
Follow ups with X-Rays every 20 mm





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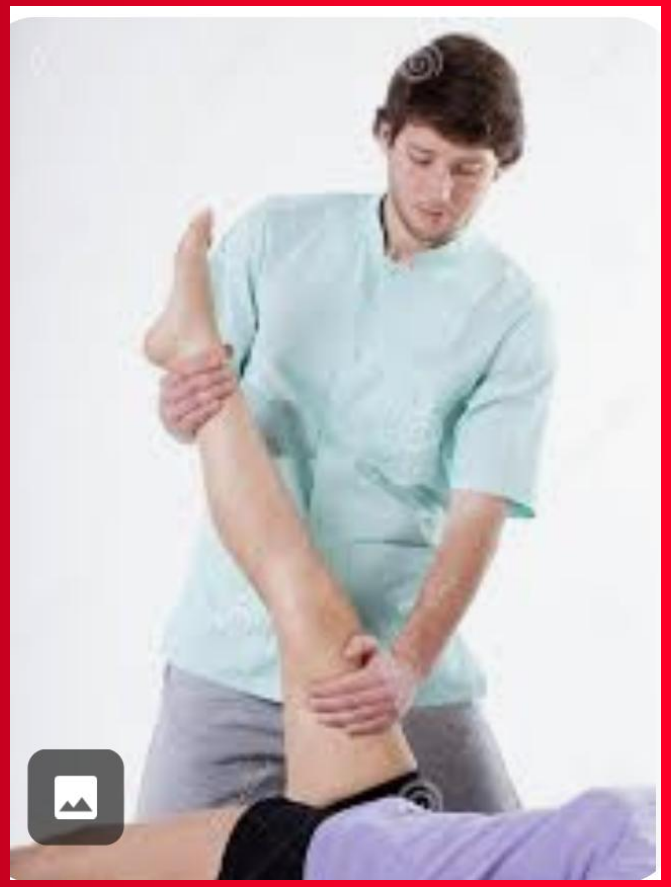
Physio start 1st day and it is booked 2-3 timas a week



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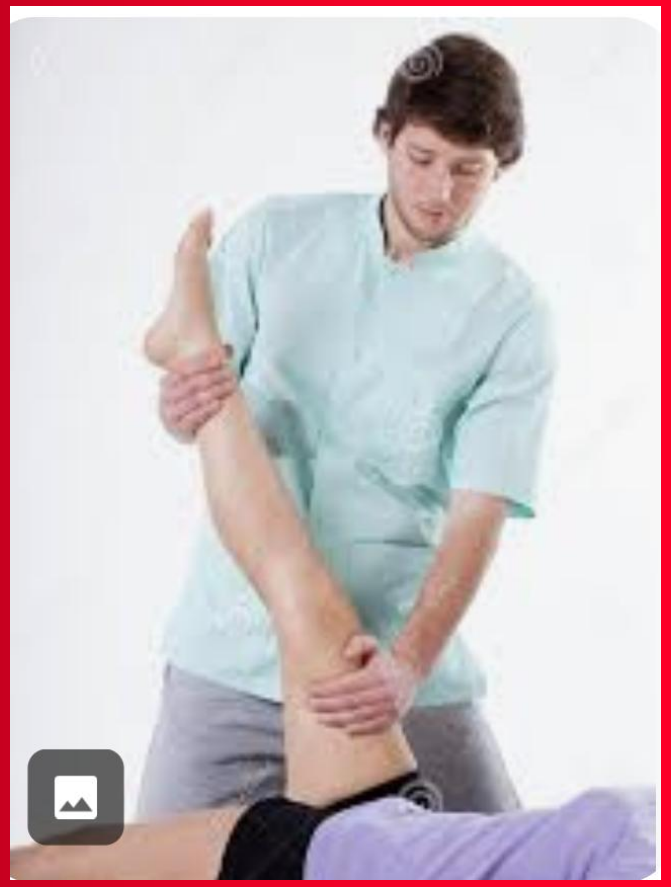
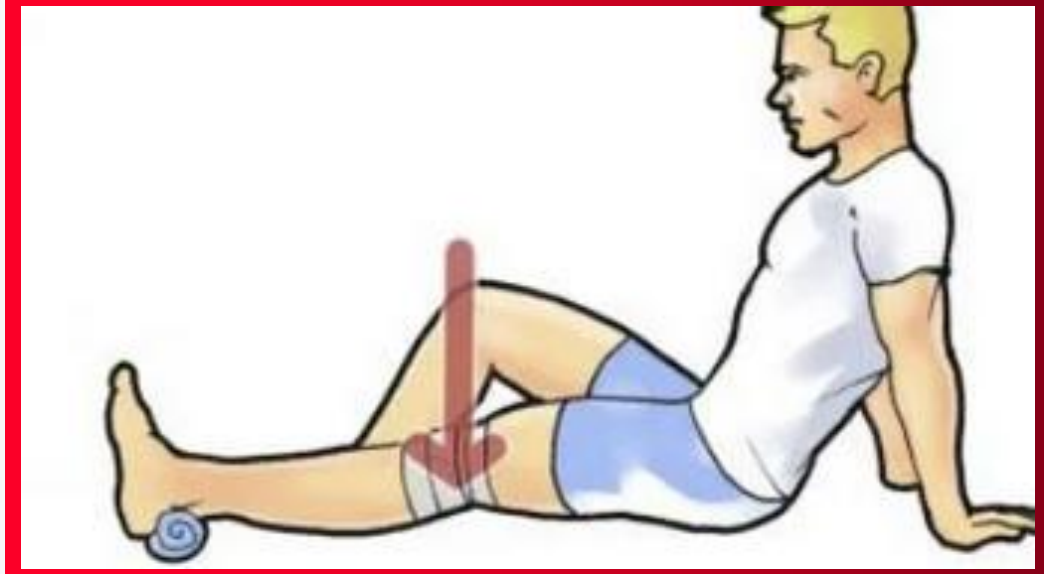
Self exercising at least 30 min a day 2 times a day





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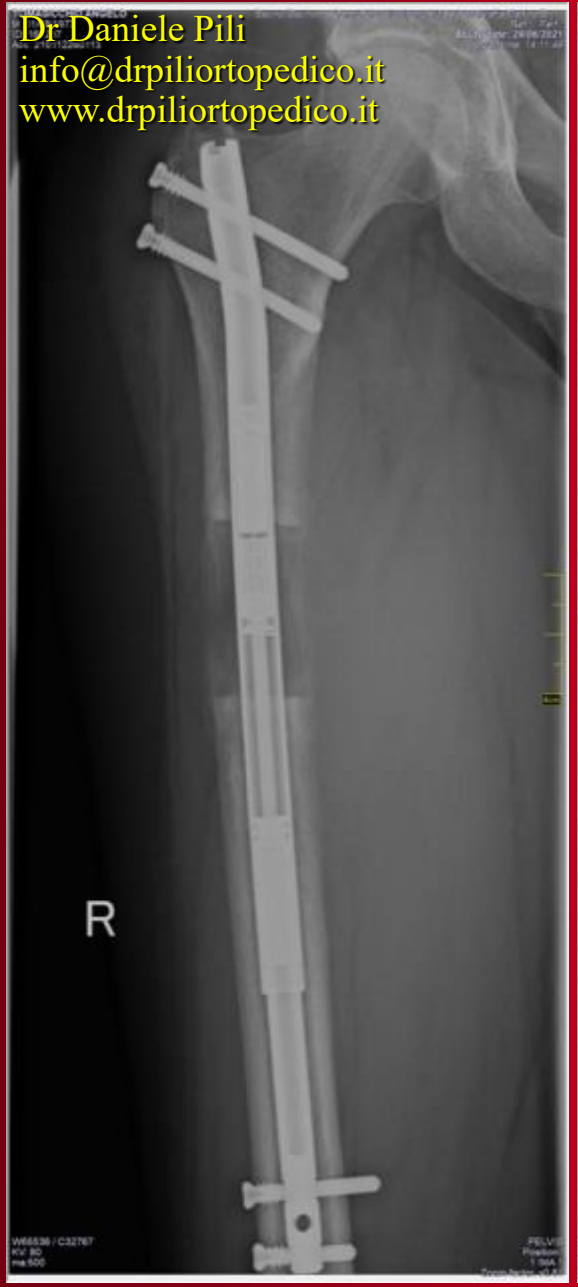

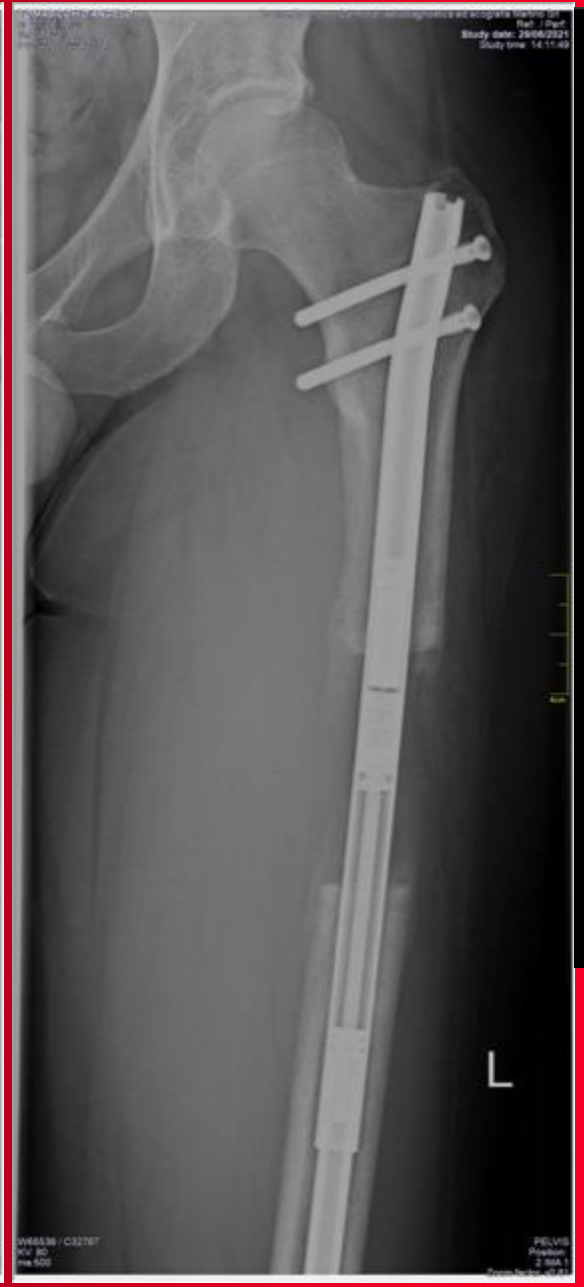

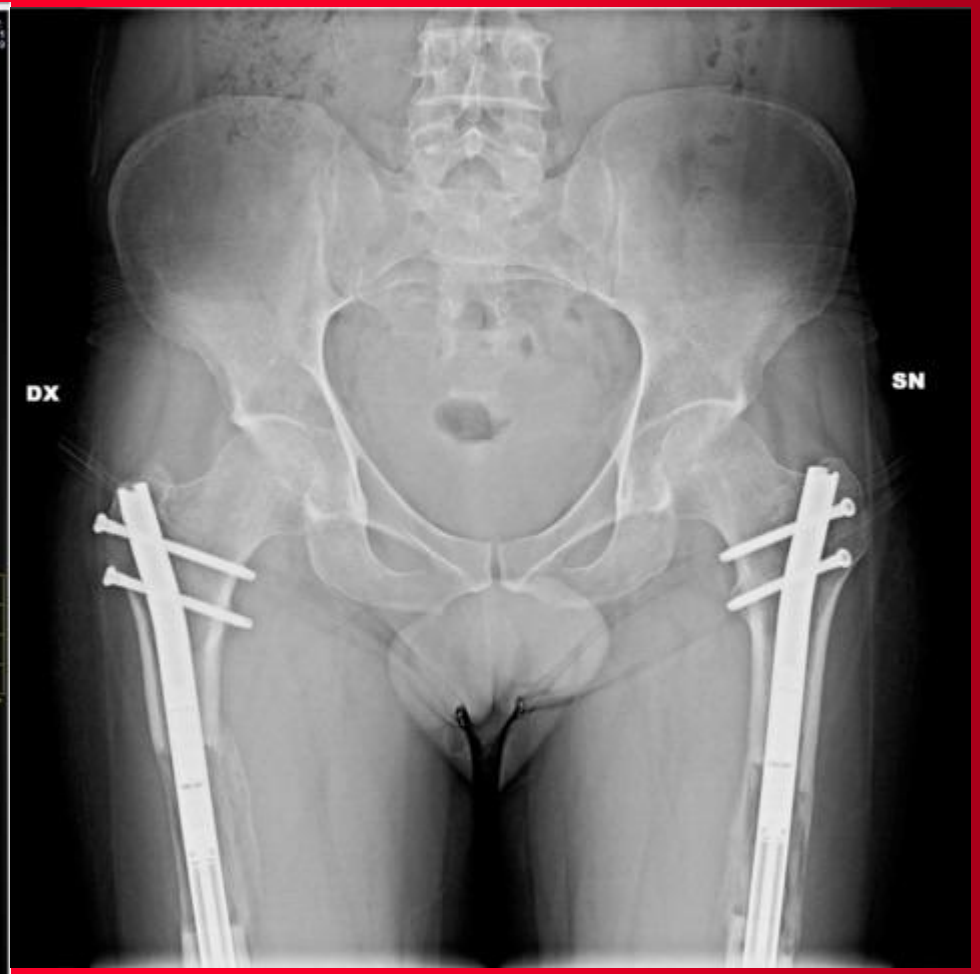

Follow up till full consolidation and return to normal activities

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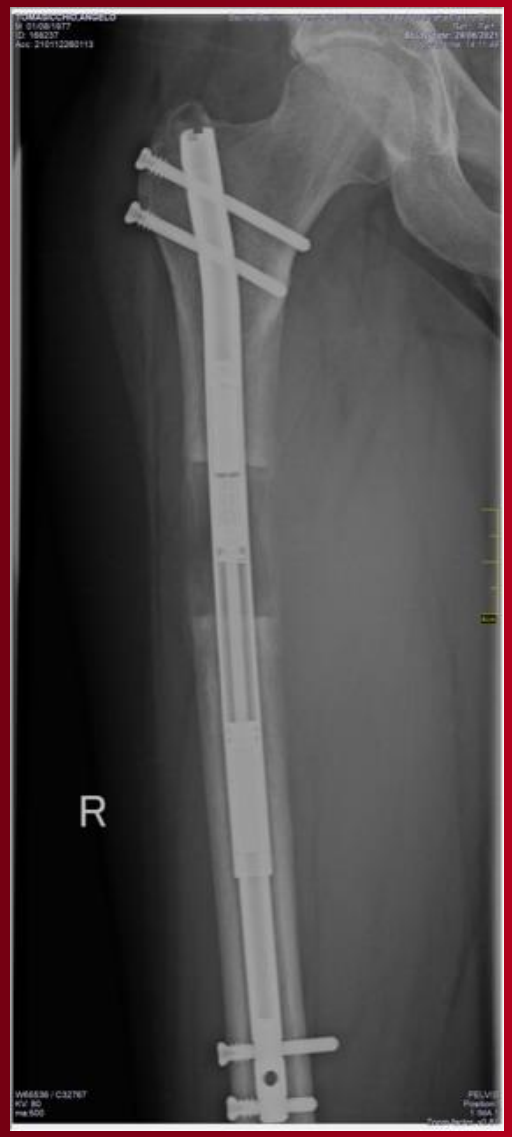

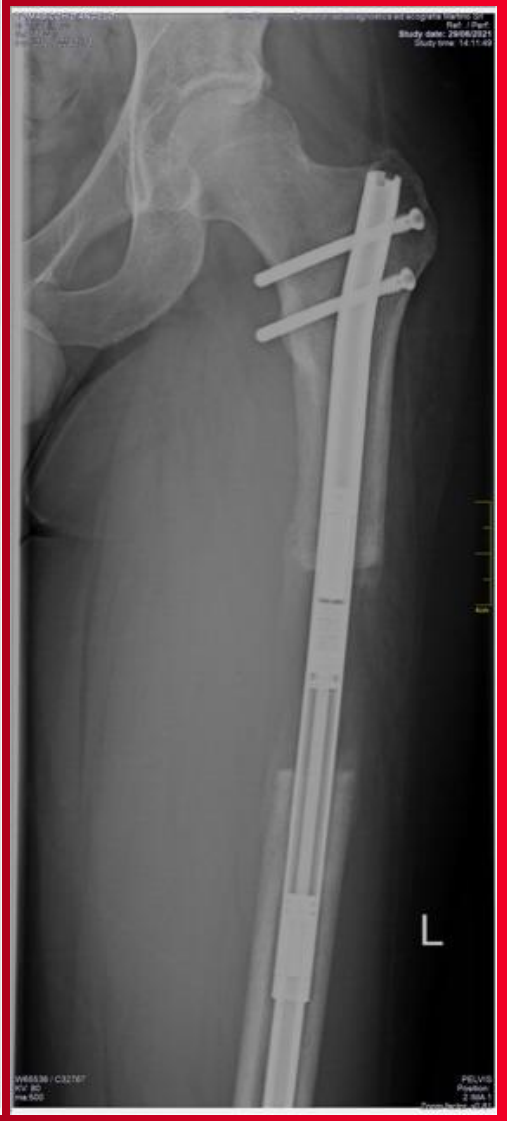

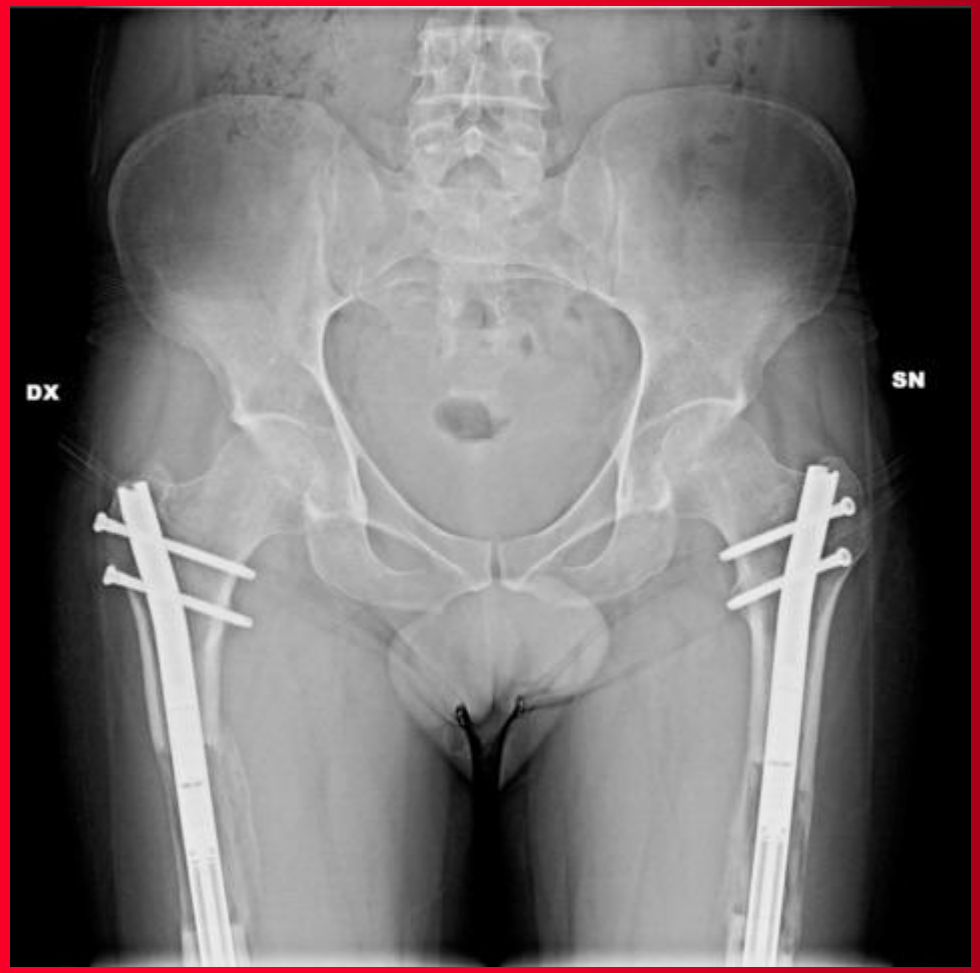

Average 4.5-6 months

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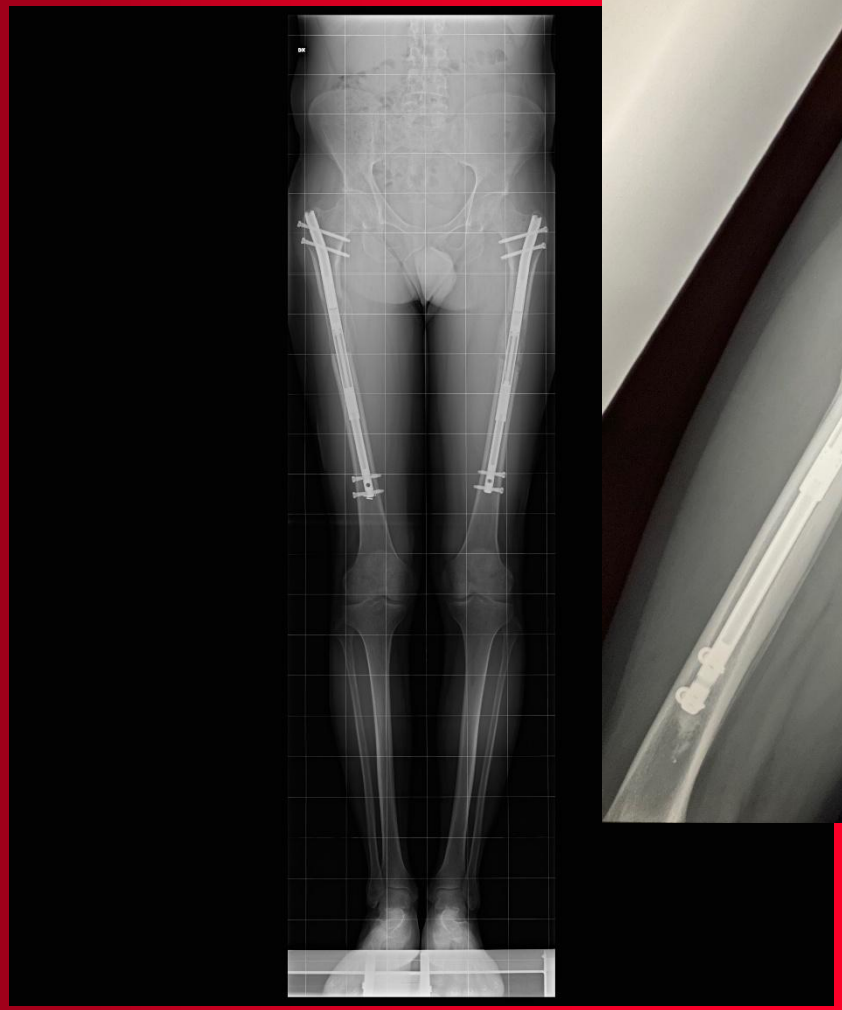
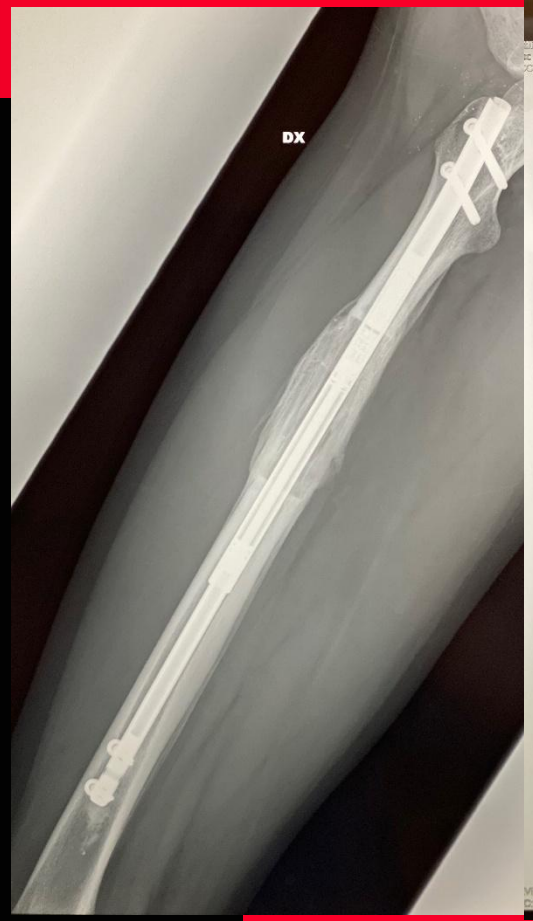
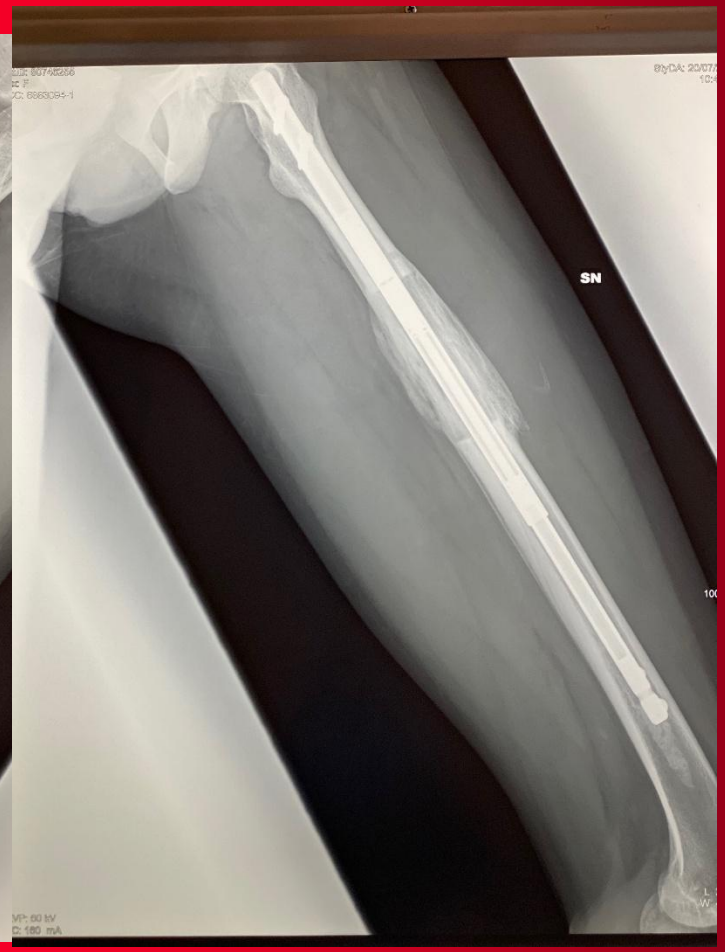
Full consolidation







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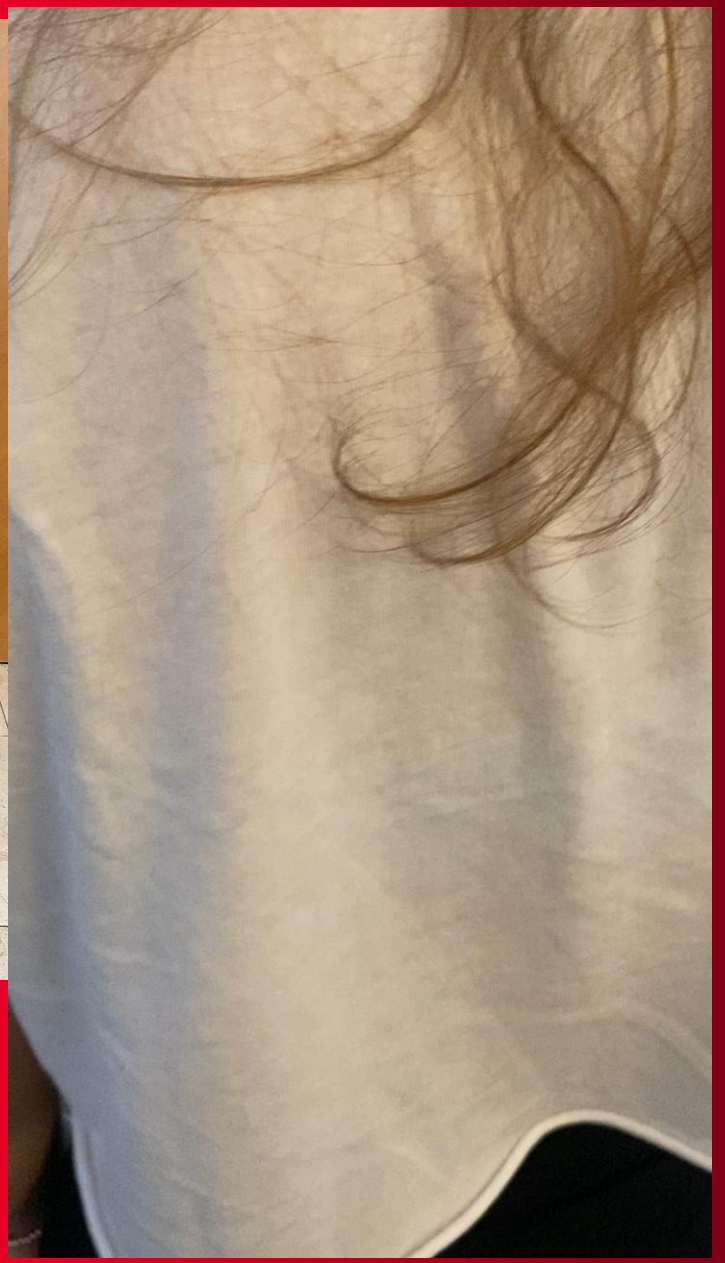

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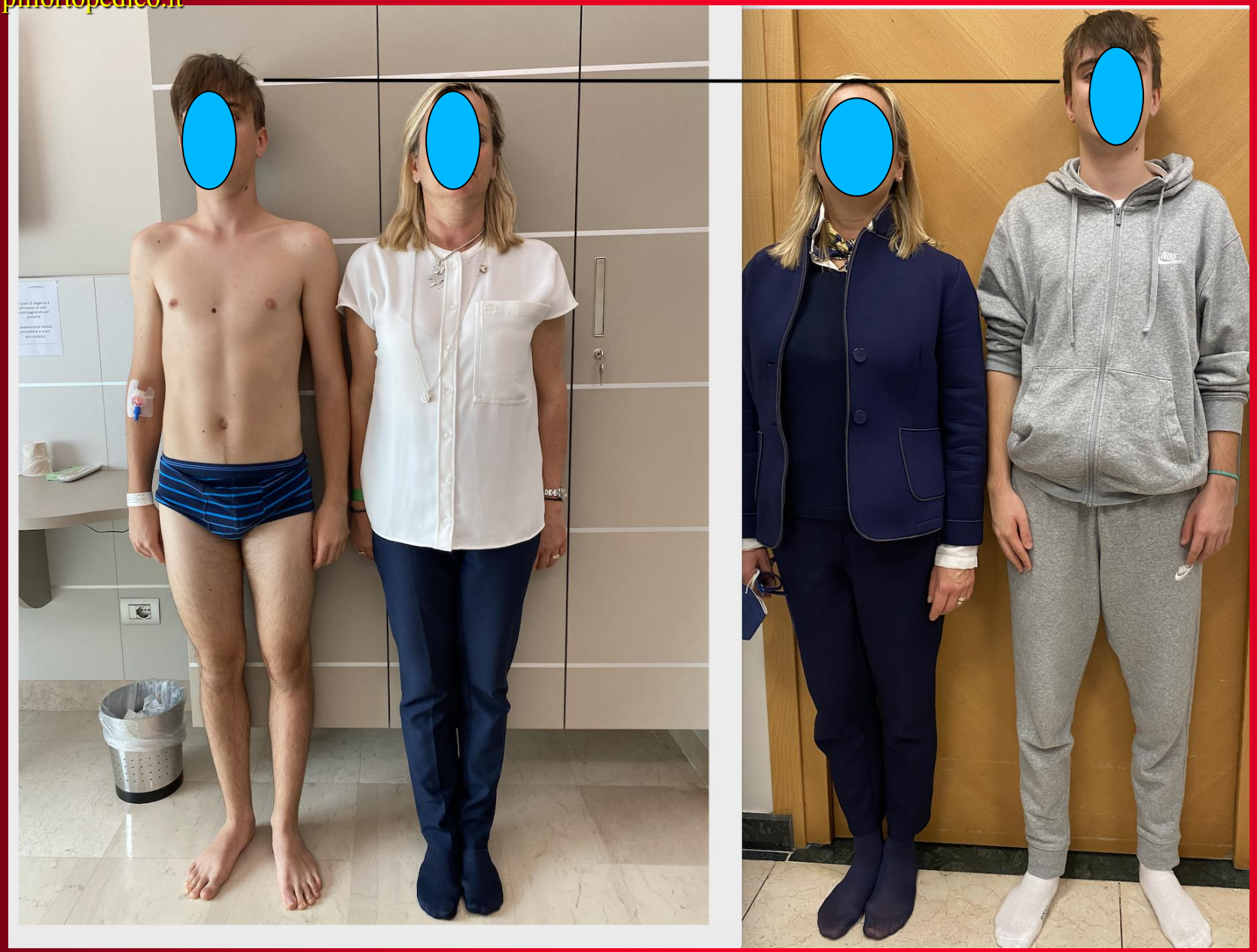

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