

### LAPIDUS: ARE WE OVERTHINKING IT?



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### **Bunion Root Cause**

- No unifying thought on cause
- Multifactorial & genetic predisposition
  - 1. Is it the bone morphology, joints laxity, ligament failure, muscles imbalance or tendon dysfunction?
  - 2. What is the primary underlying reason for an otherwise anatomically normal foot to become so deformed later in life?





### **HAV Parameters**

Traditional Radiographic Classification of Hallux Valgus Deformity (Severity Based).

Severity of Deformity	Hallux Valgus Angle (HVA)	First-Second Intermetatarsal Angle (IMA)	Treatment
Normal	<15°	<9°	None
Mild	<20°	9-11°	Distal osteotomy ± soft tissue procedure
Moderate	20-40°	11-16°	Proximal osteotomy  ± soft tissue procedure
Severe	>40°	>16°	Proximal osteotomy or first tarsometatarsal
a As	A 自由		arthrodesis ±

Evaluation of x-rays ·IMA (normal 8-9°) (normal 15-20°) \*DMAA (normal 10-15°) •PAA (normal 7-10°) ·OA changes

 Position of sesamoids Incongruent or subluxated jo



#### Angles:

- 1. Metatarsus primus varus angle: N < 25
- 2. Hallux yalgus angle: N < 15
- 3. Hallux interphalangeus angle: N < 8 4. Intermetatarsal angle: N < 10
- 5. Distal metatarsal articular angle: N = 0

#### Sesamoid position:

- Grade 0: No displacement Grade 1: overlap < 50%
- Grade 2: Overlap > 50%
- Grade 3: Complete displacement

#### Metatarsals:

Relative lengths of MT1 & MT2 Shape of MT1 head: flat/ round/ domed

Lateral facet at base: present/ absent Medial eminence at head: size

#### Other:

MTP joint: congruent/ deviated/ subluxed 1st MT-cuneiform orientation: flat/ olique/

Degree of degenerative change at 1st MTP Crossover second toe deformity

Hallux valgus deformity

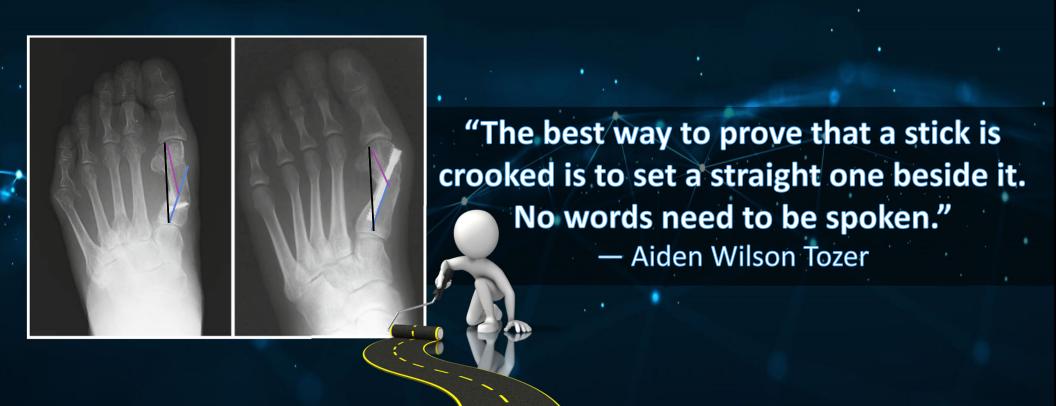
**Bunion Surgery Conundrum** 

- If we can't agree on a cause, how could we ever agree on a definitive solution
- Over 150 procedures have been reported. On average, we each utilize an average of 4 techniques each to address differing degrees of deformity

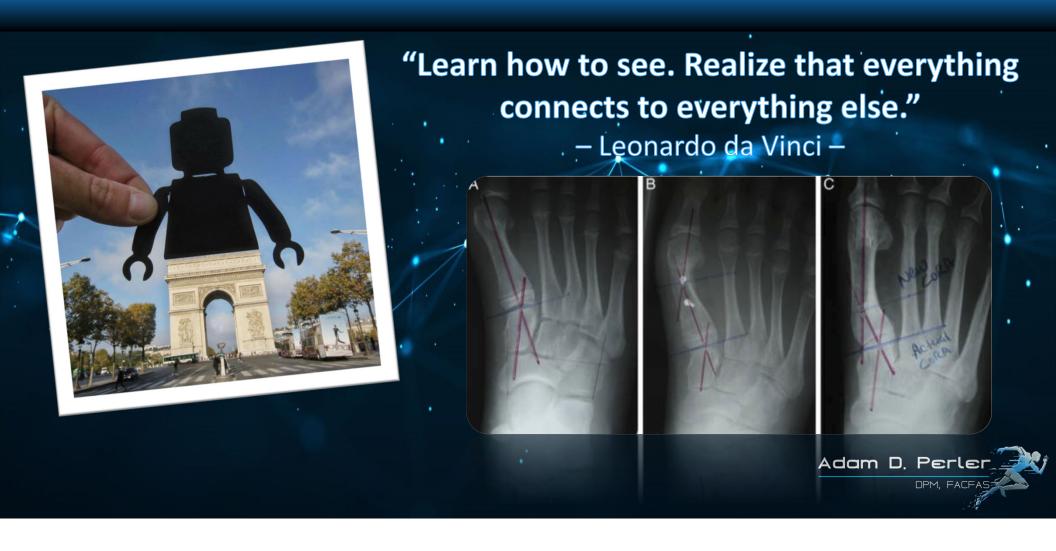




## A Problem of Perspective



## Center of Rotational Angulation (CORA)



#### If we built houses like we correct bunions...

"Since when is it the best solution to fix one problem through the creation of another?"

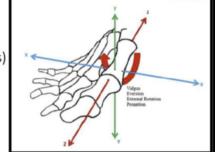








- · First ray axis (Hicks)
  - · Dorsiflexion w/inversion
  - · Plantarflexion w/ eversion
- Debate:
  - · Varus position of 1st metatarsal (Hicks)
  - Valgus position of 1<sup>st</sup> metatarsal (Roukis & Landsman)
- Current research:
  - · 1st metatarsal in valgus position
  - Primary deformity at 1st TMTJ



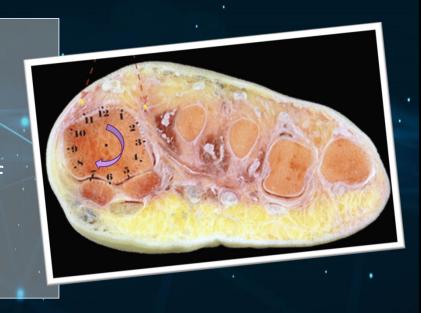
Clarification of the Anatomic Dentition of the Bunion Deformity: Dayton et all. JFAS (2014)

- Primary deformity at 1st TMTJ
- T. HIS COLOR DOLL HE AGERDA HOSERIO



## Should frontal plane play a "roll"

- Frontal plane often overlooked
- Frontal plane rotation is a significant factor
- Procedure:
  - 1. Modified Lapidus arthrodesis using 3 planes of correction w/ emphasis on frontal plane.
  - 2. No violation of  $1_{\rm st}$  MTPJ



DiDomenico & Luckino, Podiatry Today (April 2015)



Most of us fail to see what we are actually looking at!



### Full Frontal Assault

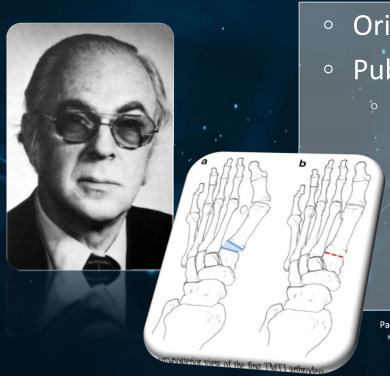


Correction of Frontal Plane Rotation of Sesamoid Apparatus during the Lapidus Procedure: A Novel Approach (DiDomenico et al, JFAS - 2014)

- Modified Lapidus
- Utilization of soft tissues to reduce sesamoids
- All rotated into neural position as 1 unit
- Fixated with 3.5 mm cortical screw and 6-hole plate medially
- Relationship of Frontal Plane Rotation of First Metatarsal to Proximal Articular Set Angle and Hallux Alignment in Patients Undergoing TarsometatarsalArthrodesis for Hallux AbductoValgus: A Case Series and Critical Review of the Literature (Dayton et al, JFAS - 2013)
  - Retrospective review of radiographs pre-op and postop: IMA, HAA, PASA, and tibial sesamoid position
  - Purpose: Determine if measurements accurately describe the HAV deformity and question the necessity of the 1st MTPJ release & ST balancing



## Historical Perspectives



- Originally described by Albrecht in 1911
- Published by Paul Lapidus (1934)
  - First metatarsal—cuneiform arthrodesis + arthrodesis of the 2nd metatarsal + resection of the 1st metatarsal dorsomedial eminence and distal soft tissue repositioning Conservatism and individualization is indicated for operative correction of a bunion. No operative procedure is satisfactory, unless correction of metatarsus varus primus is accomplished.

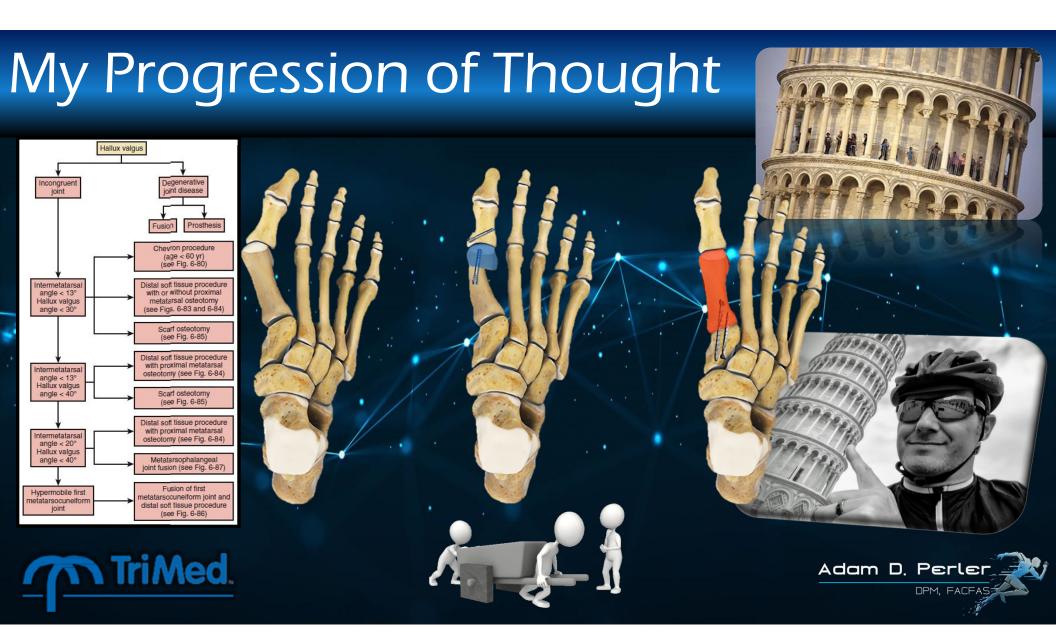
Paul Lapidus: Lapidus: Operative Correction fo the Metatarsus Varus Primus: In: Surgery, Gynecology and Obstetrics. (1934)



## Advantage Lapidus

- Addresses problem at apex (CORA) thus creating a longer lever arm compared to distal procedures
- Allows for triplanar correction of the 1<sup>st</sup> ray including the restoration of normal tracking of the sesamoid apparatus
- Ability to restore 1<sup>st</sup> mpj congruency without sacrificing mobility
- Stabilizes the medical column by increasing the advantage of the peroneus longus.
- Literature shows a significantly reduced rate of recurrence compared to traditional head procedures





My Lapidus Indications

- Hallux Valgus
- Metatarsal Cuneiform Arthritis
- Metatarsal Cuneifrom Hypermobilty
- Frontal Plane Deformity (abnormal sesamoid position)









## The Lapidus Approach

- Typically dorsal medial approach or straight medial approach
- Circumferential soft tissue release necessary at base of 1st met
- Distal lateral release may improve frontal plane reduction/mobility
- Resection of articular surface via curettage or saw cuts
  - Curettage advantage is less shortening, but does not allow for as much frontal plane derotation due to curvature of the joint
  - Saw cut allows for greater reduction, especially in the frontal plane but risks shortening
- Perforation of the subchondral bone is recommended
- Correction of the deformity in all three planes
- Adequate compression across fusion site is a must
- Look distal for soft tissue rebalancing as necessary
- Choose stabile fixation constructs to allow for early weight bearing







Evolution of Technique (and marketing)







## Revolution of the Base



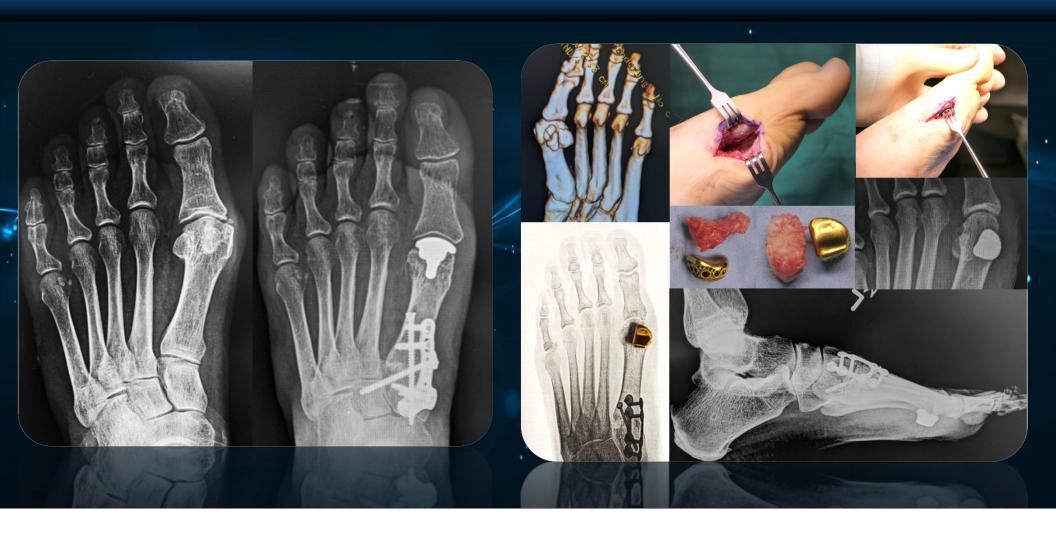
## Evolution of the Technique



## Is Fusion the Solution (MPJ or TMT)?



# Adjunct to Lapidus



## We Mock What We Don't Understand



## So, are we overthinking the Lapidus?

