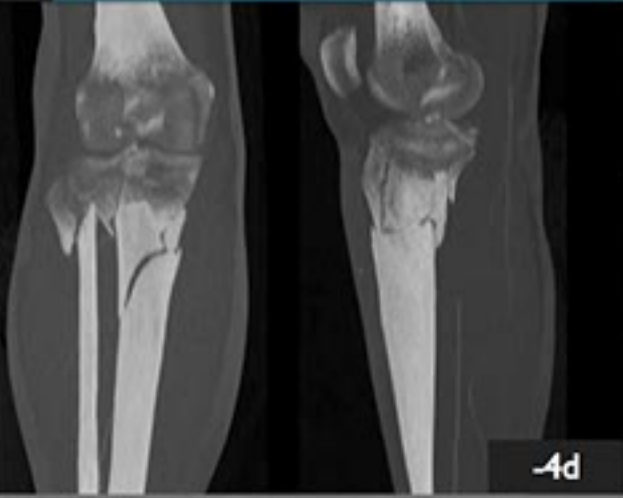
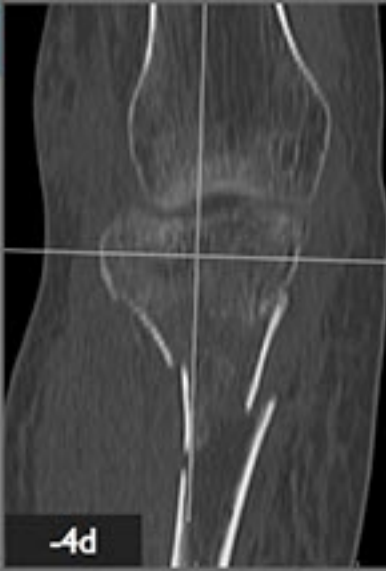


Mar 2015

COMMENTED by Michael Schütz



-4d



-4d



0w

72w



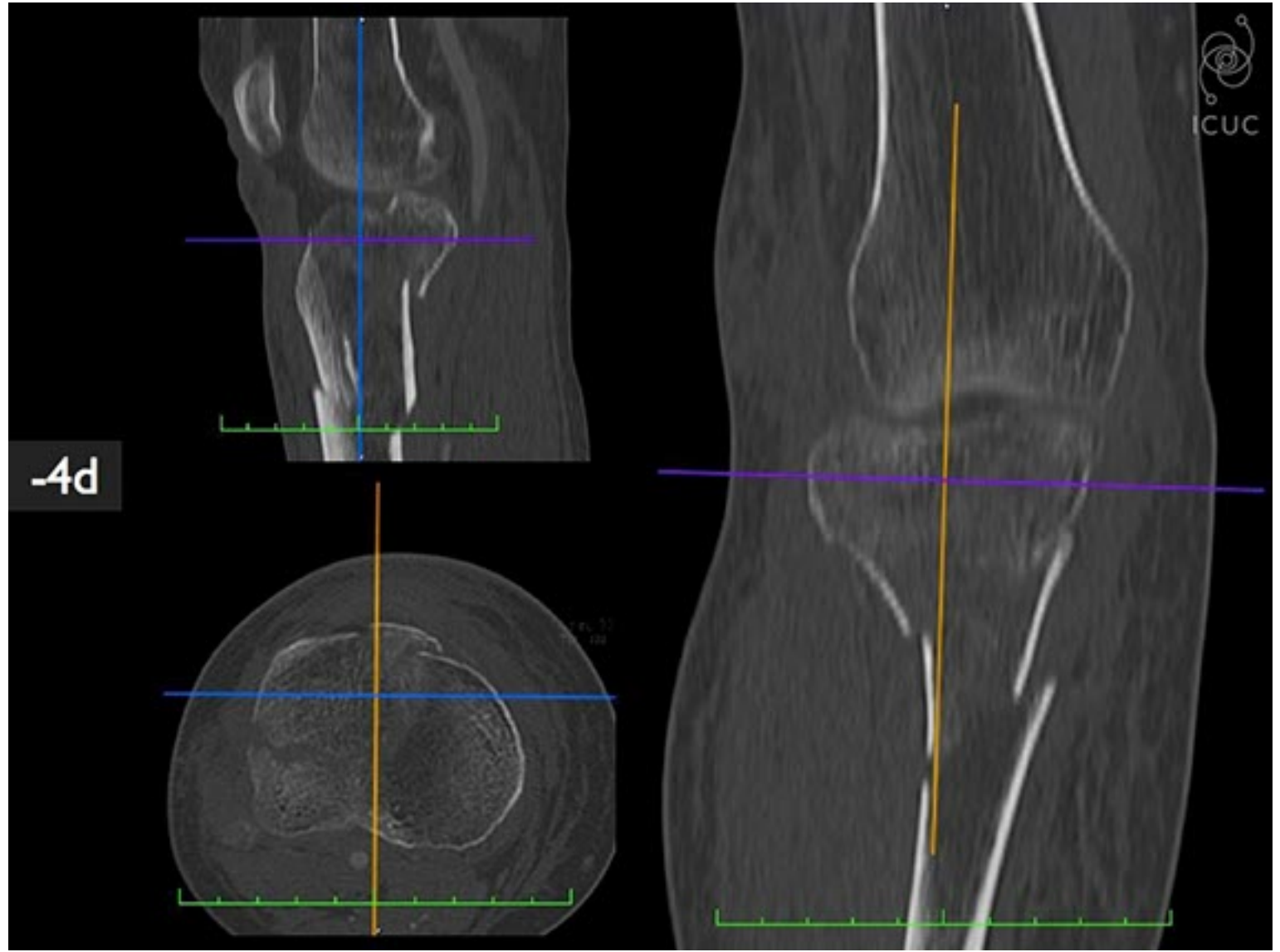
PATIENT'S SURGICAL HISTORY



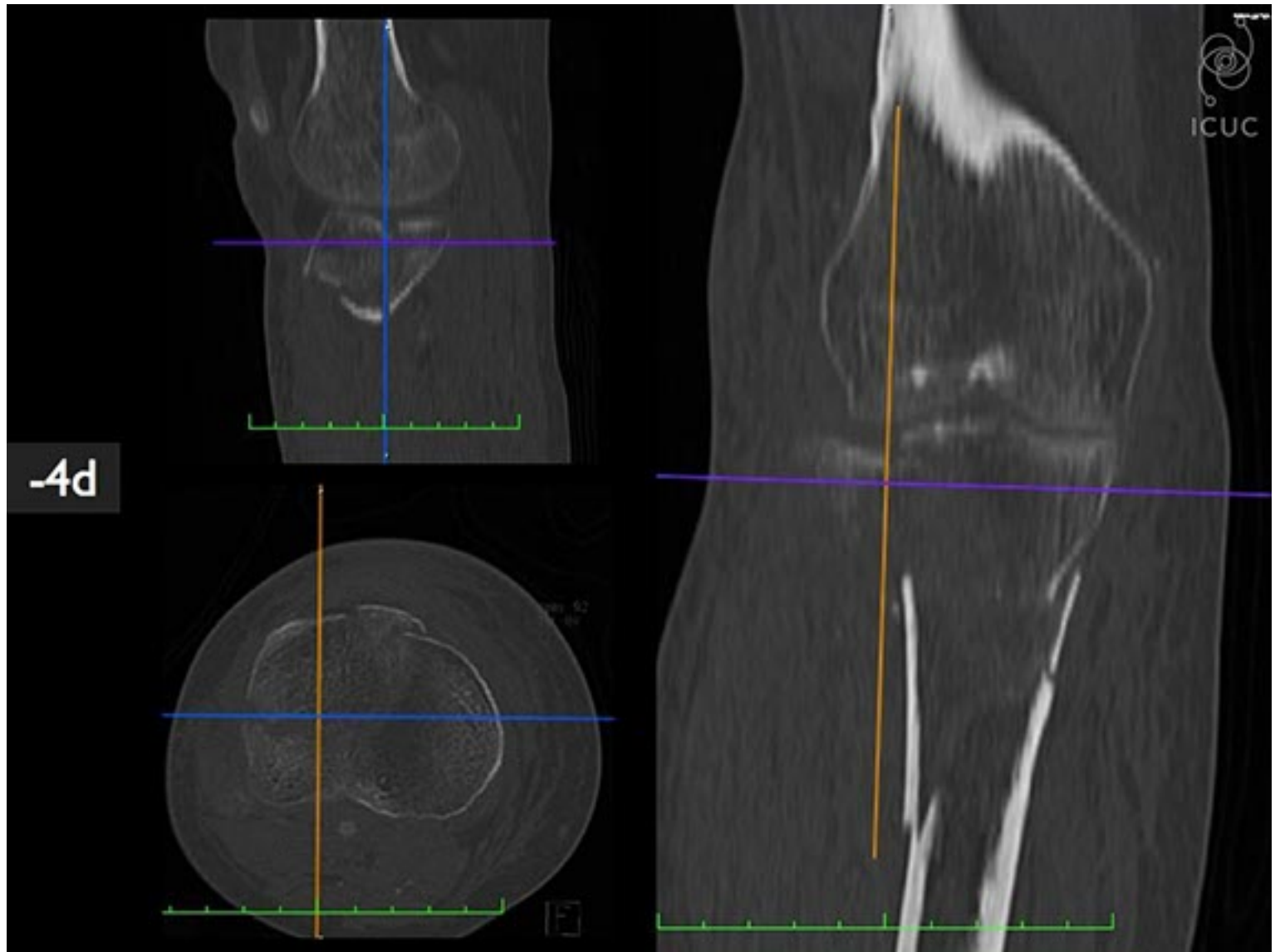
-4d

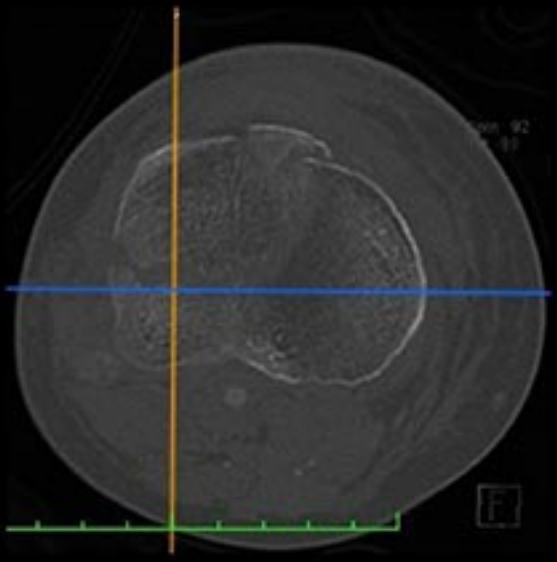


This is a complex Schatzker 6 case.

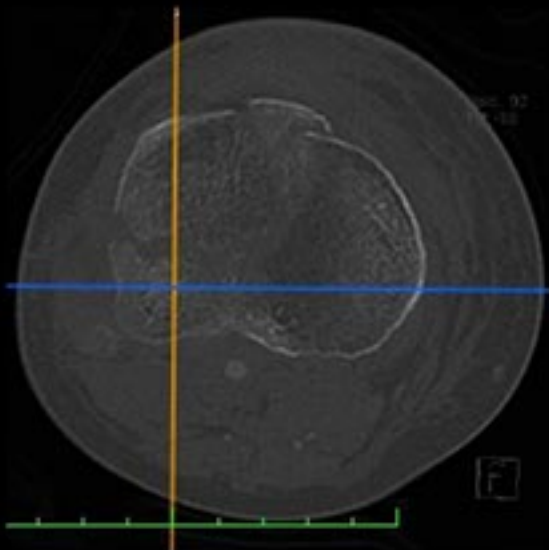


-4d

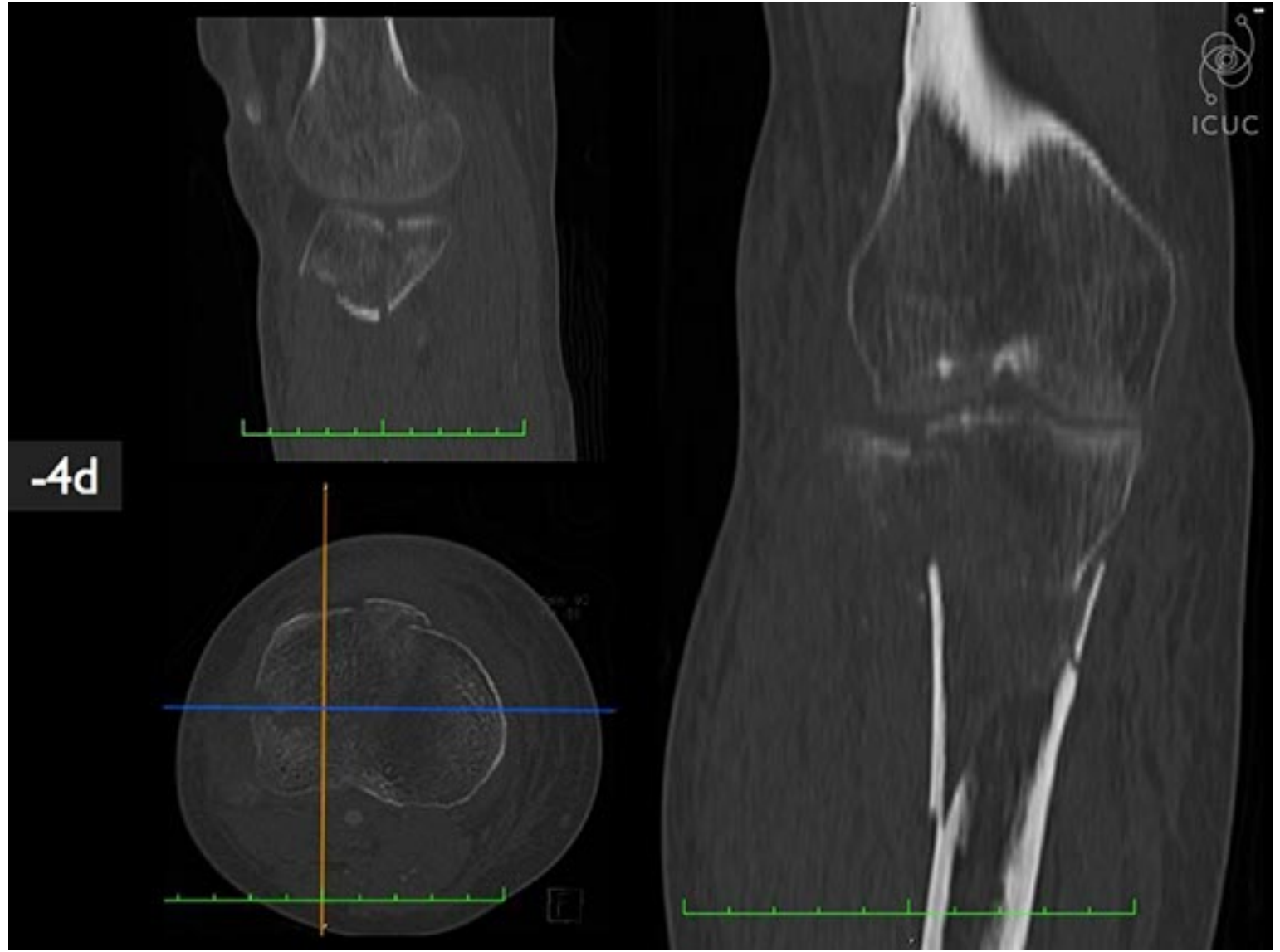


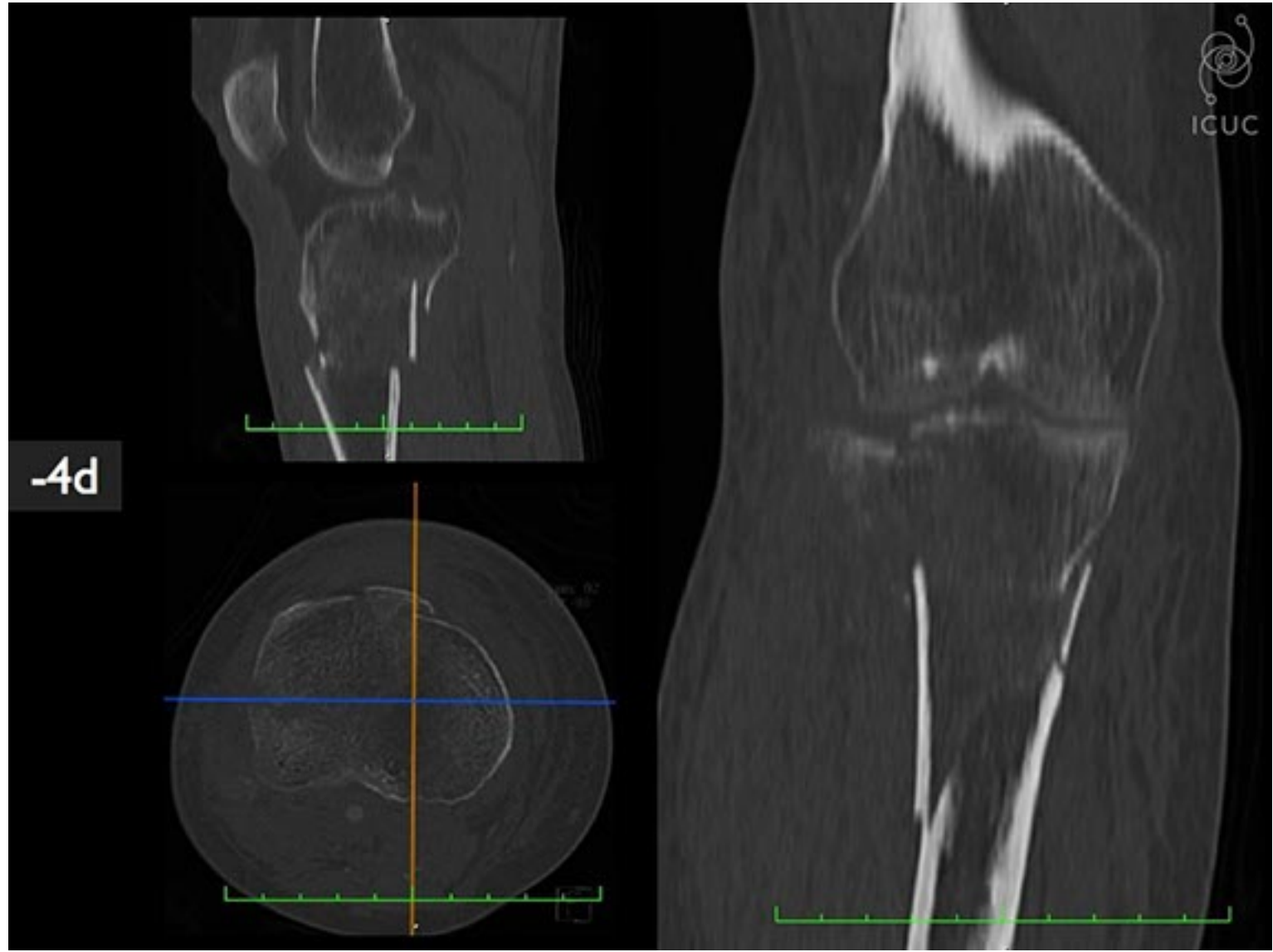


-4d



-4d





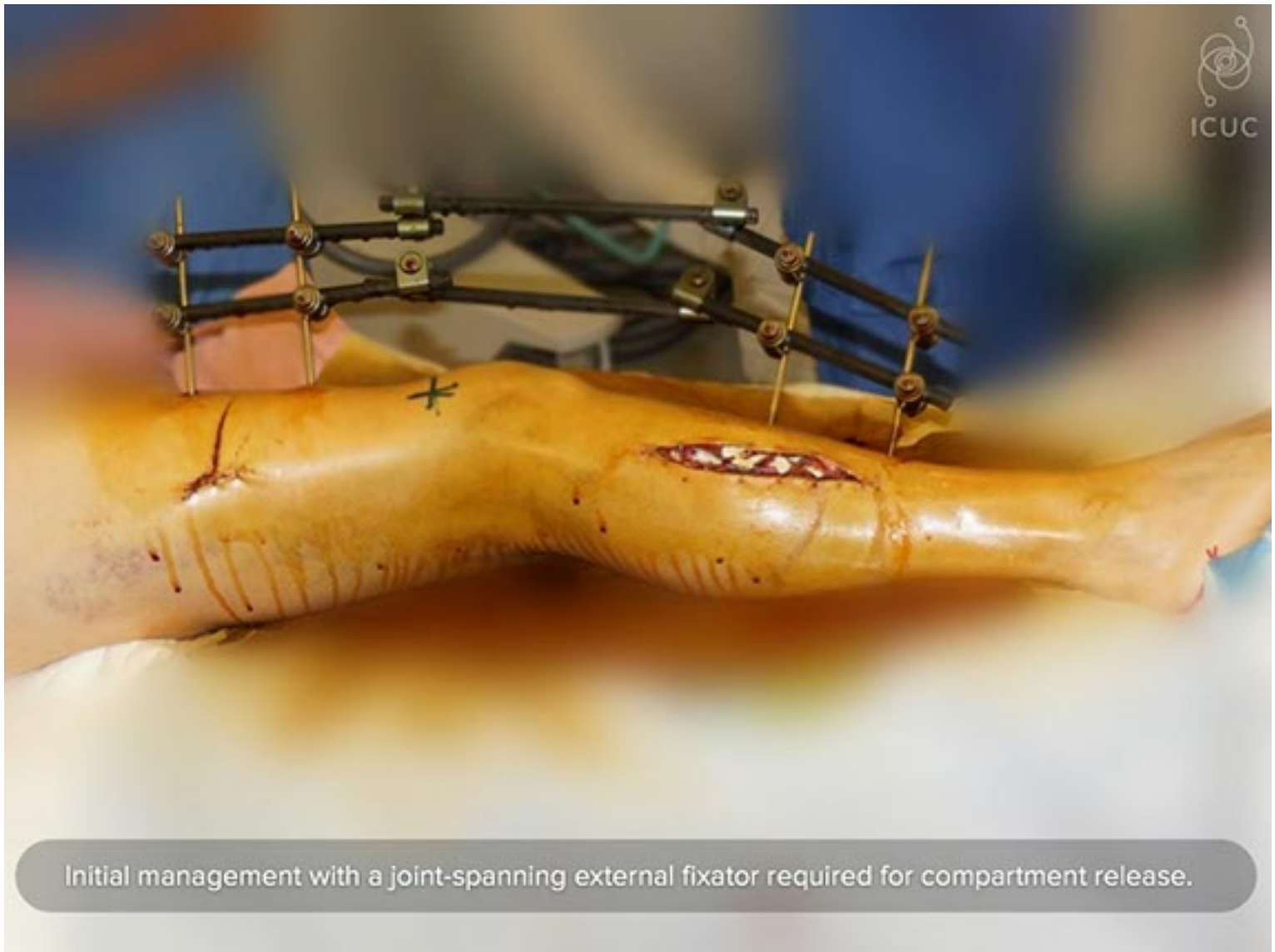
PATIENT'S SURGICAL HISTORY



PATIENT'S SURGICAL HISTORY







Initial management with a joint-spanning external fixator required for compartment release.



In these kinds of injuries, meaning the Schatzker 5 or 6 or the complex pilon, it is also about soft-tissue management; for this reason we will normally try to bring the bone out to length, provide stability, let the soft tissue settle, and then come in a second time between day 5 and day 14.



External fixator on first, and then they came in at the second stage, when the swelling had already gradually subsided.

There was significant swelling. They did split the compartments – even it was not really very extensive and probably not enough for my liking, but nevertheless it seems that it worked in their case. So, it was a two-stage procedure.

Once you know that you have a two-stage procedure, then I personally like to have the CT after the first surgery because that is important information and helps me decide how I address the articular surface: do I have to open up the joint, can I do percutaneous screw fixation?

But unfortunately, it doesn't always work like this in a hospital situation.



They used the external fixator to facilitate the reduction of the articular surface by applying the large femoral distractor, which, I must say, was very appropriate.















11



















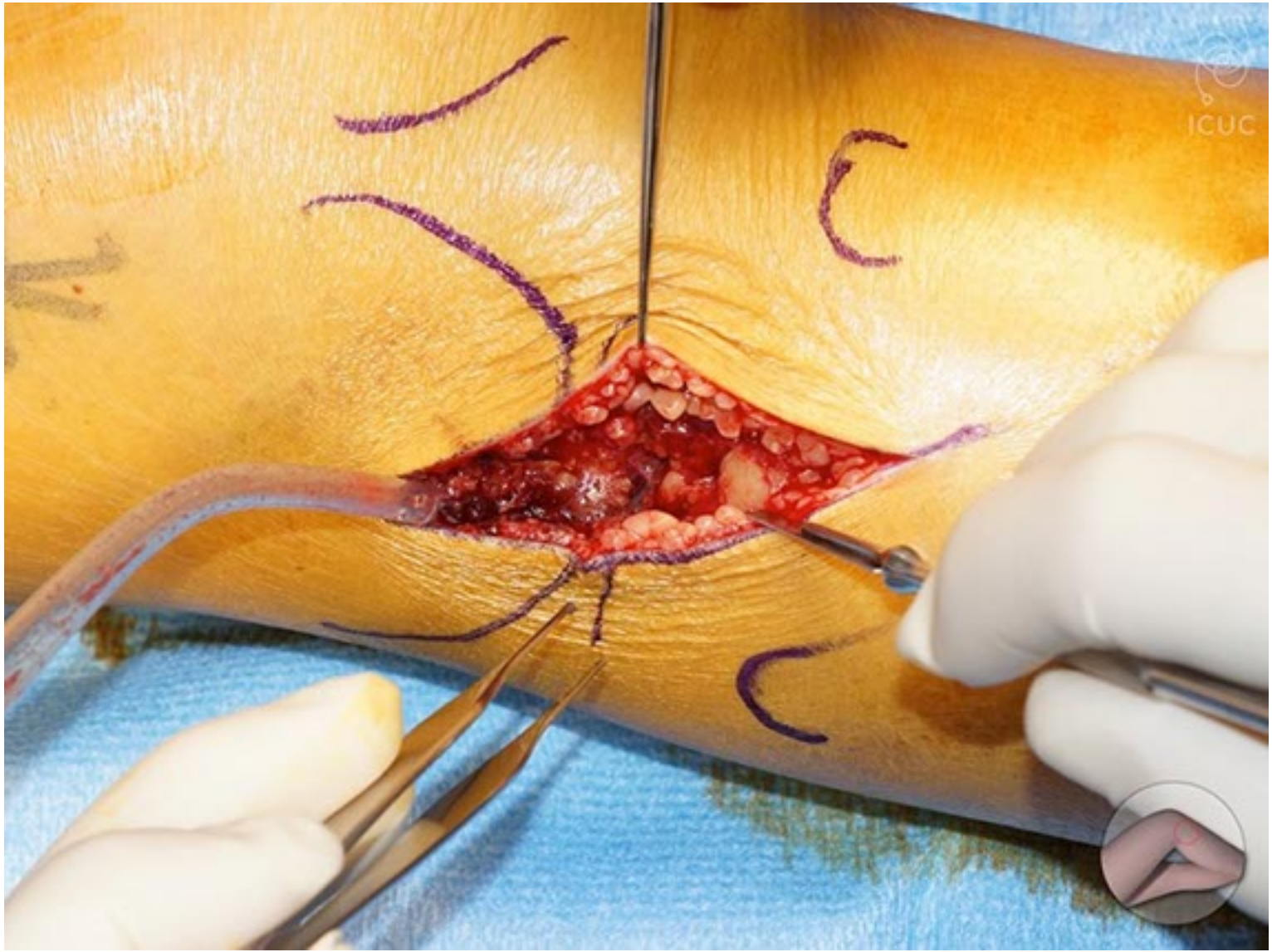


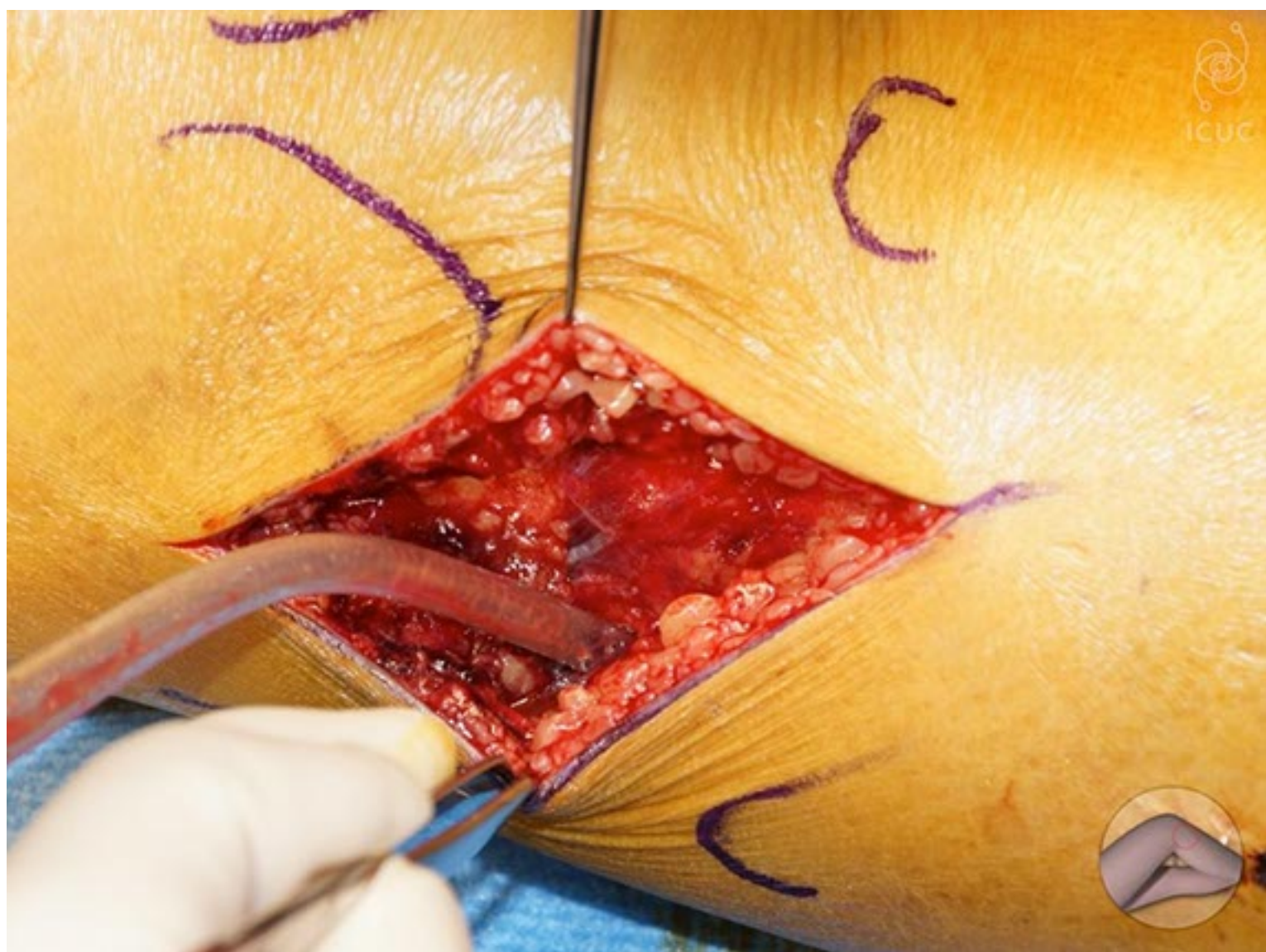


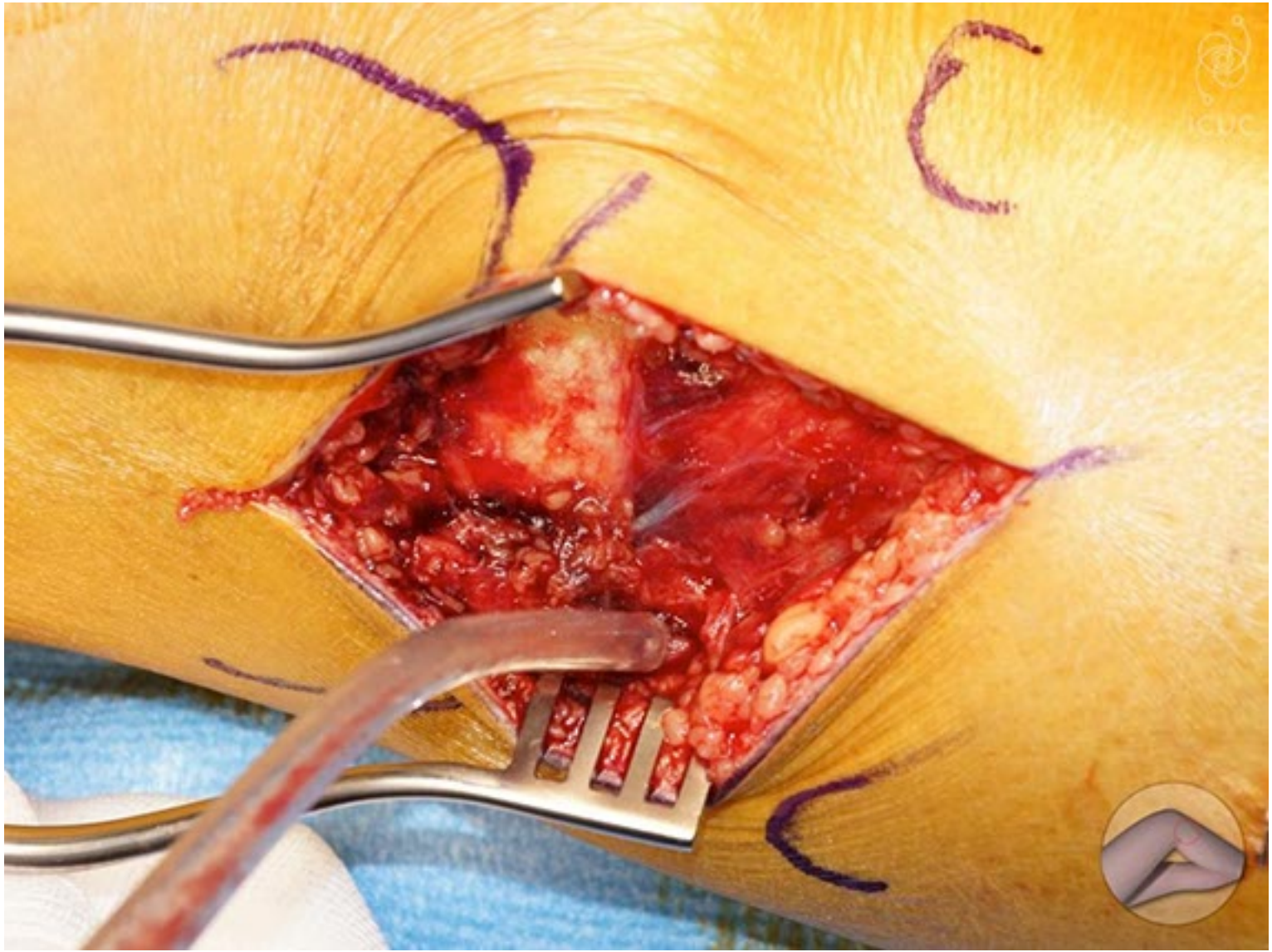


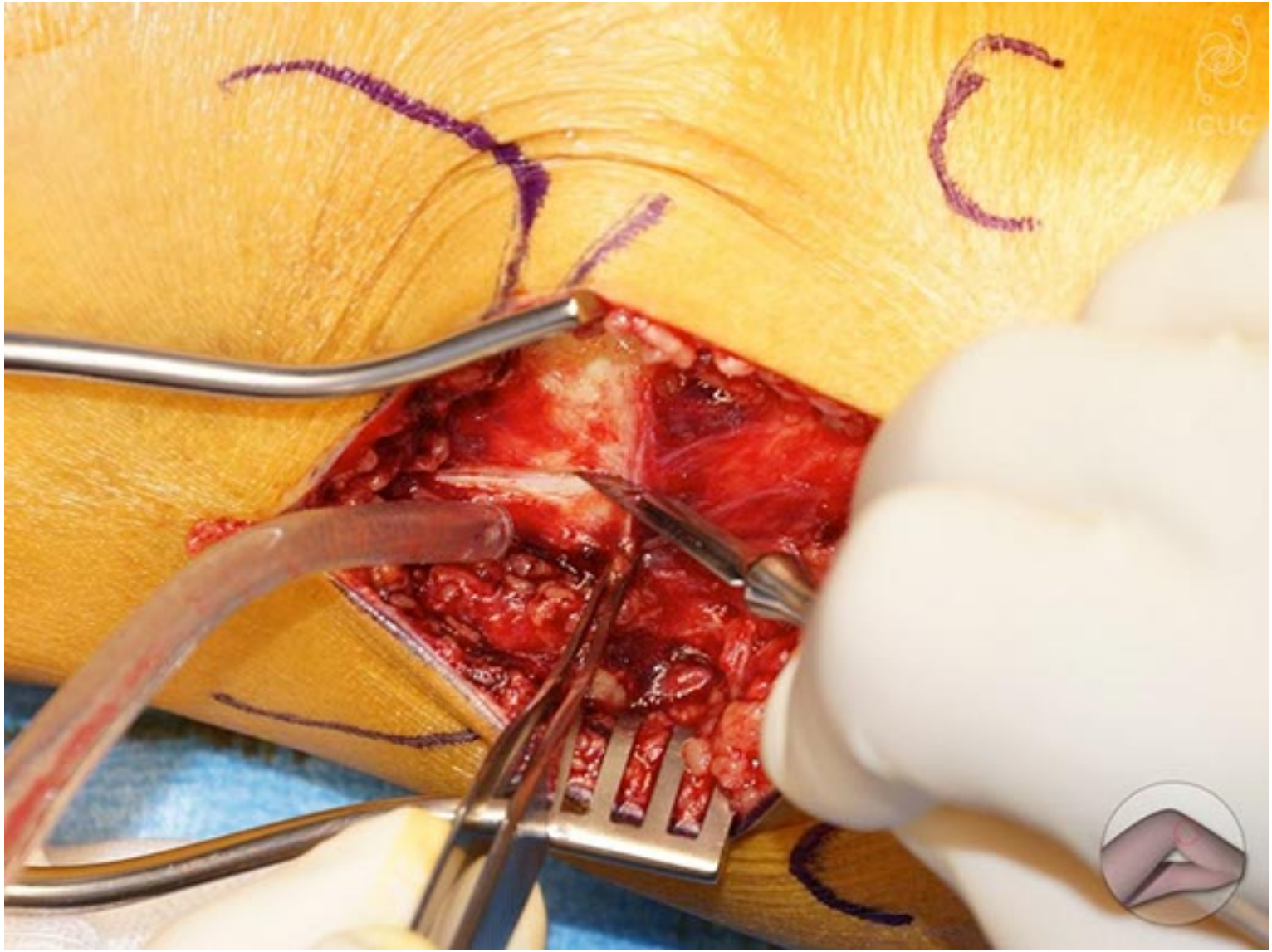


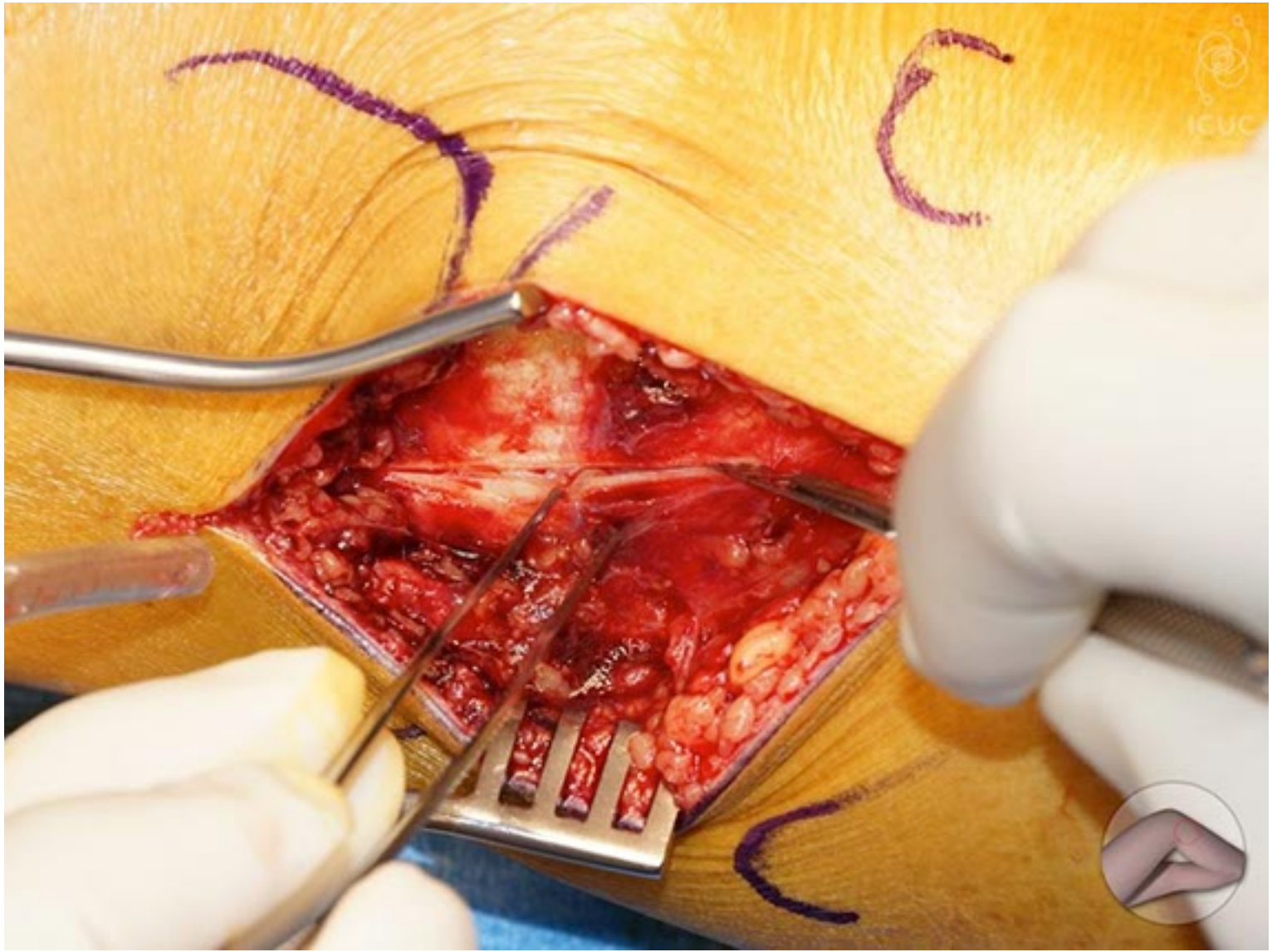
Small, limited approach to the lateral plateau.

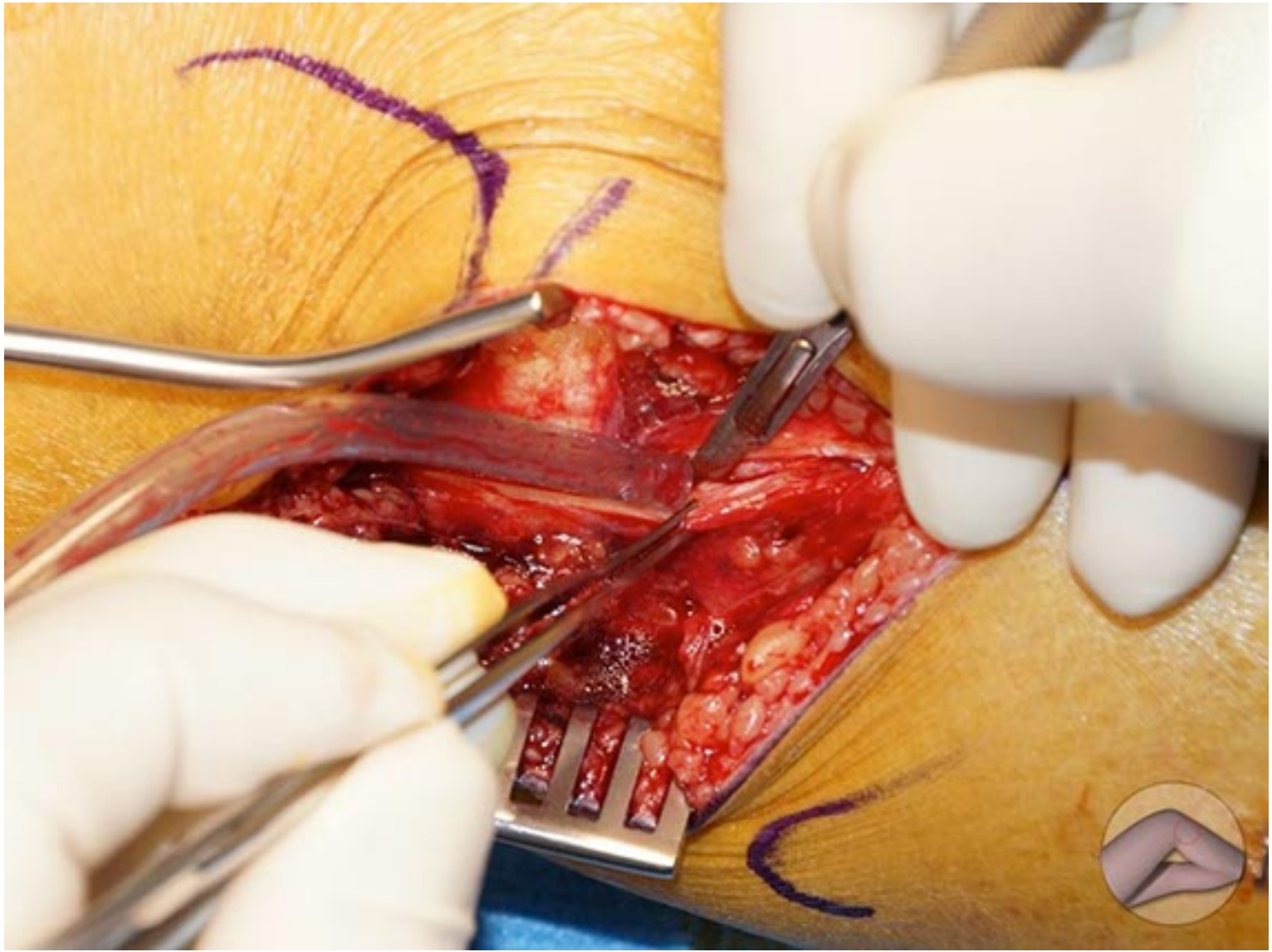


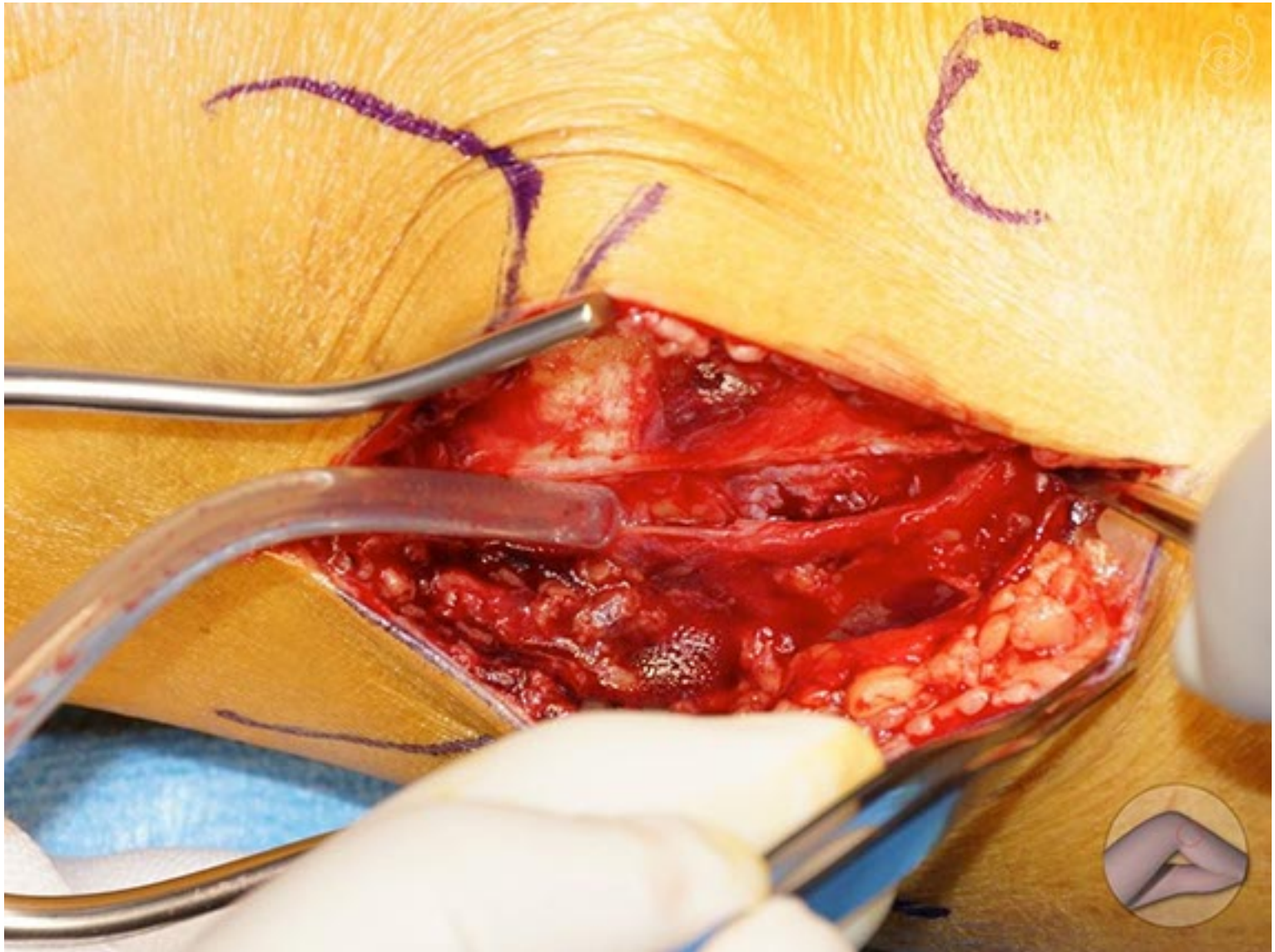


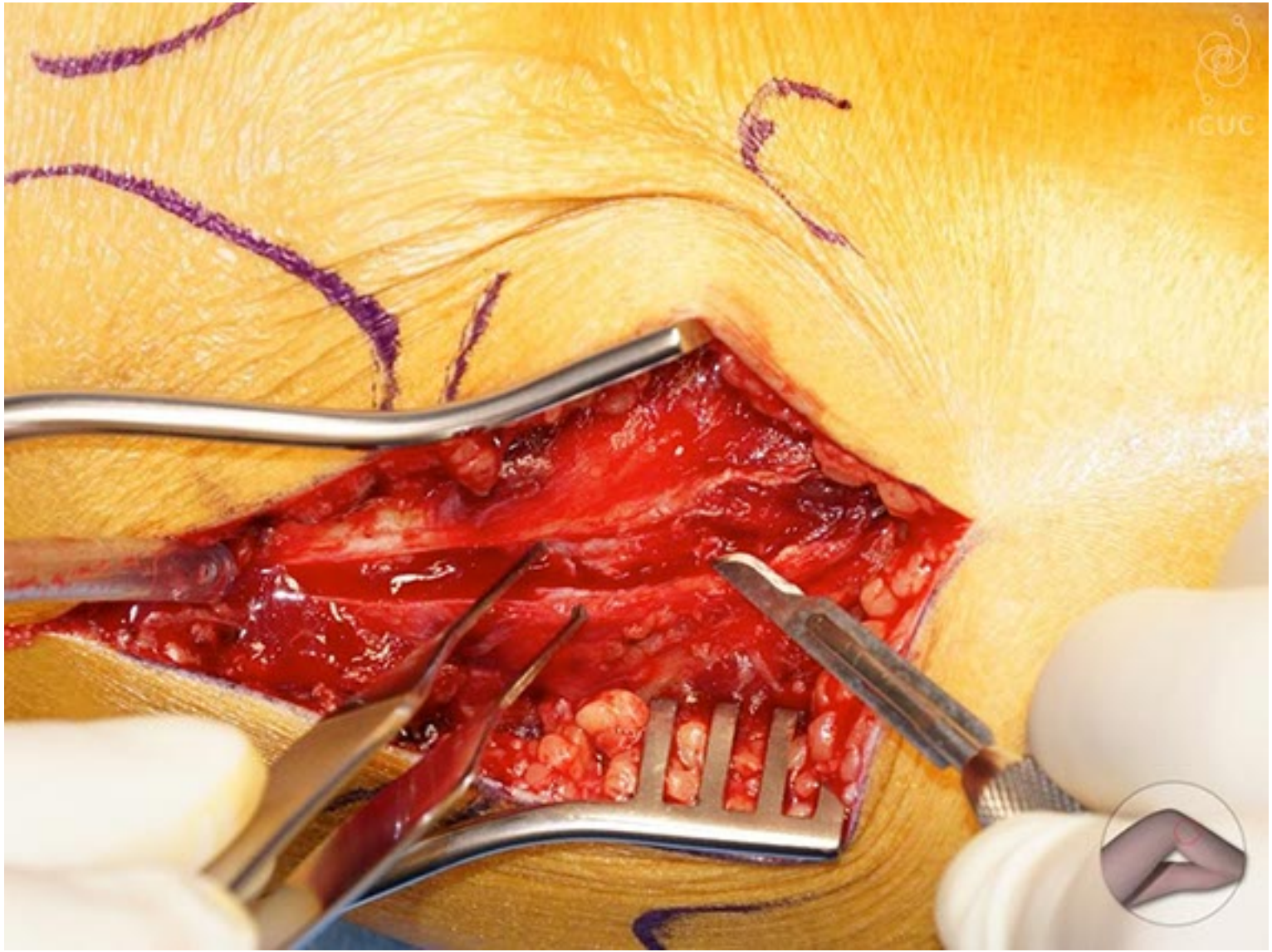


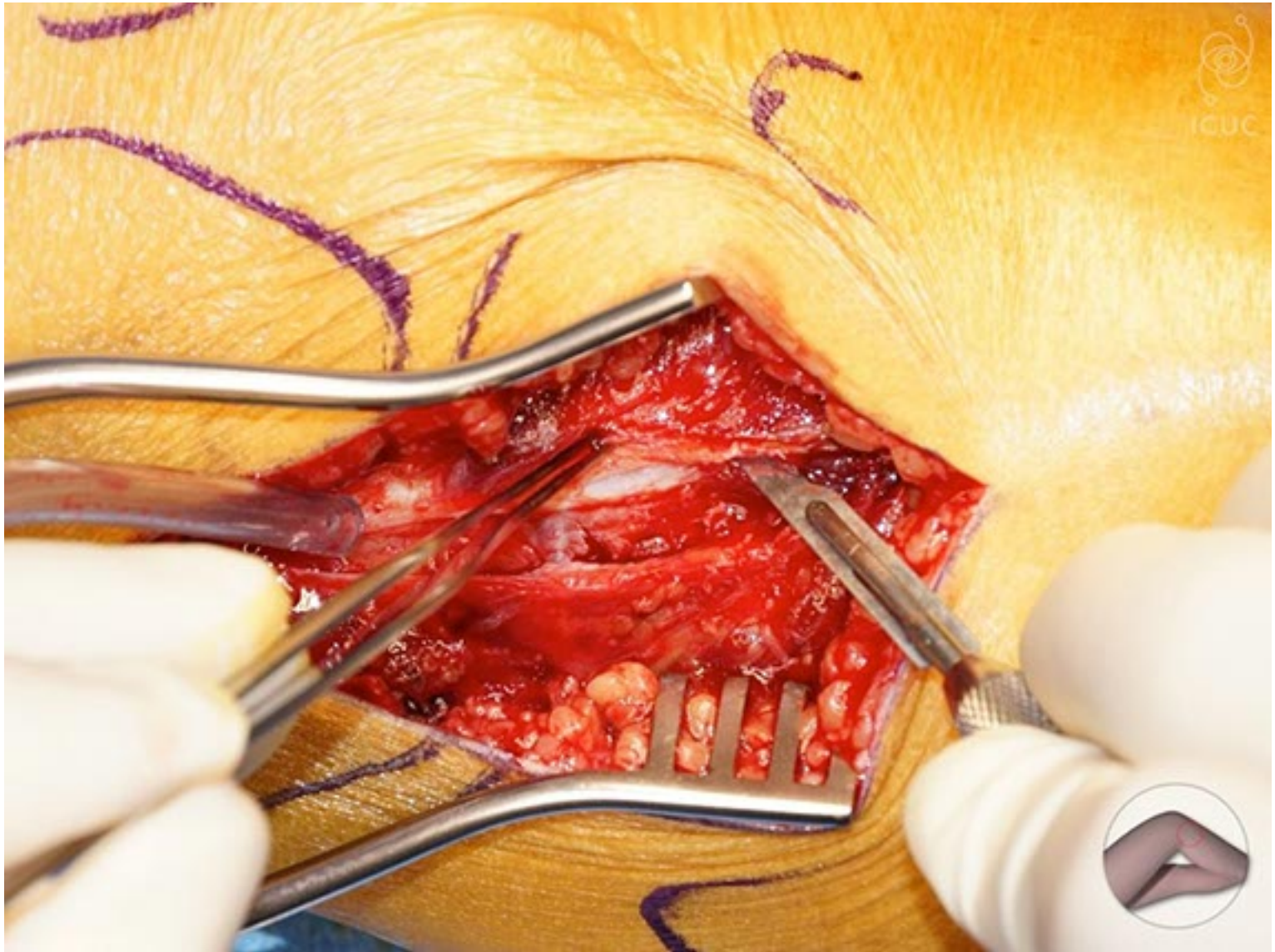


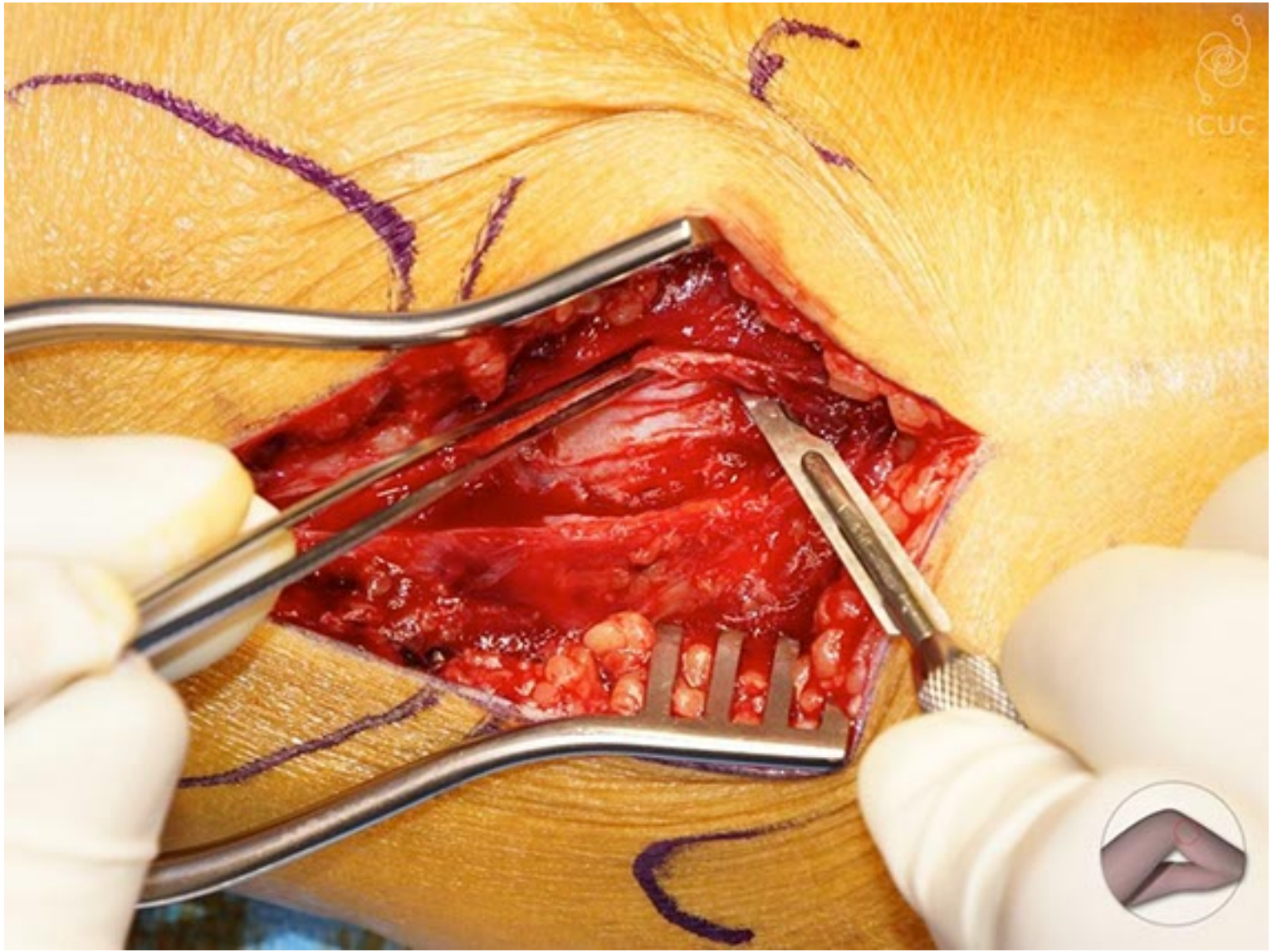


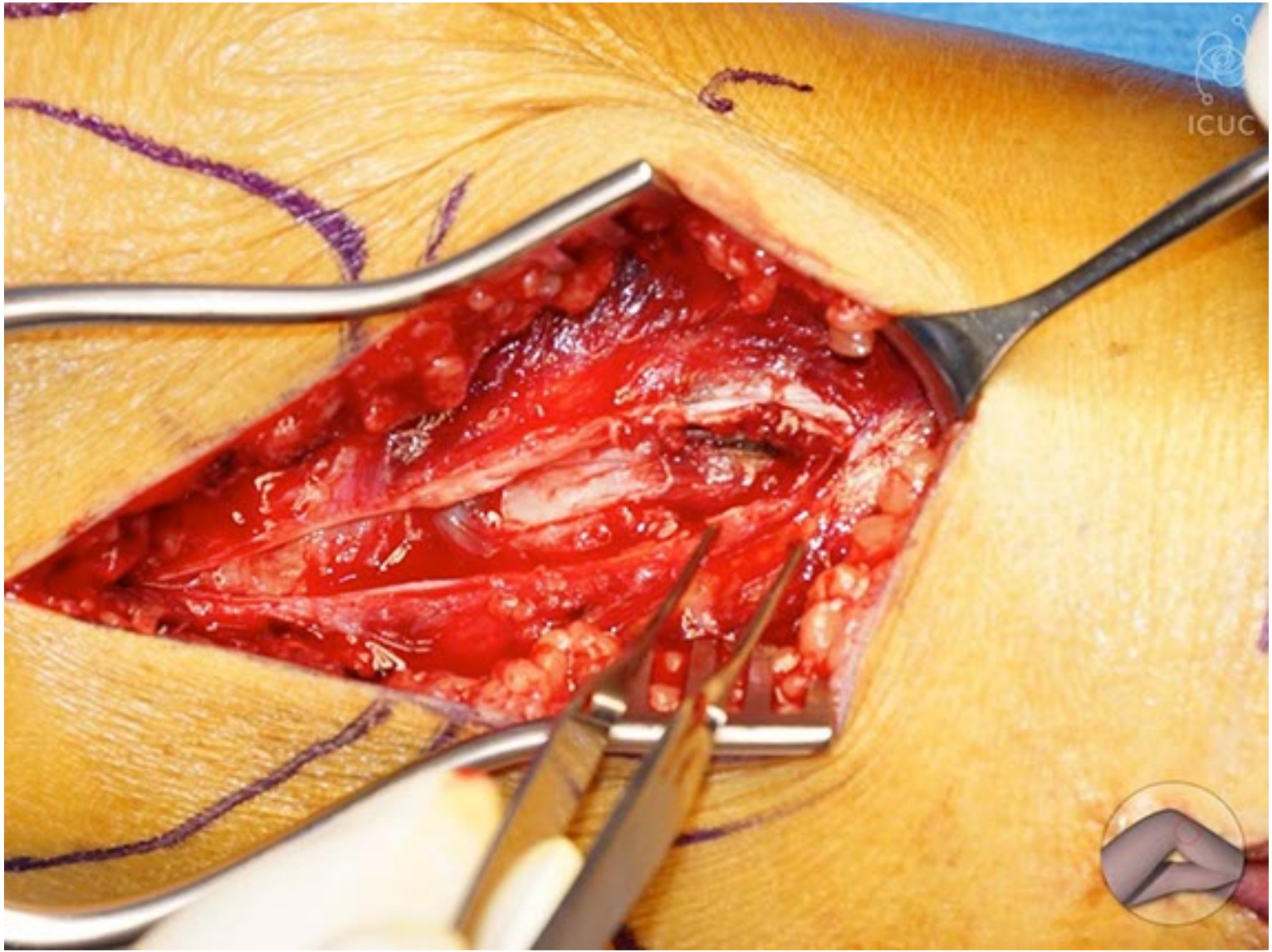


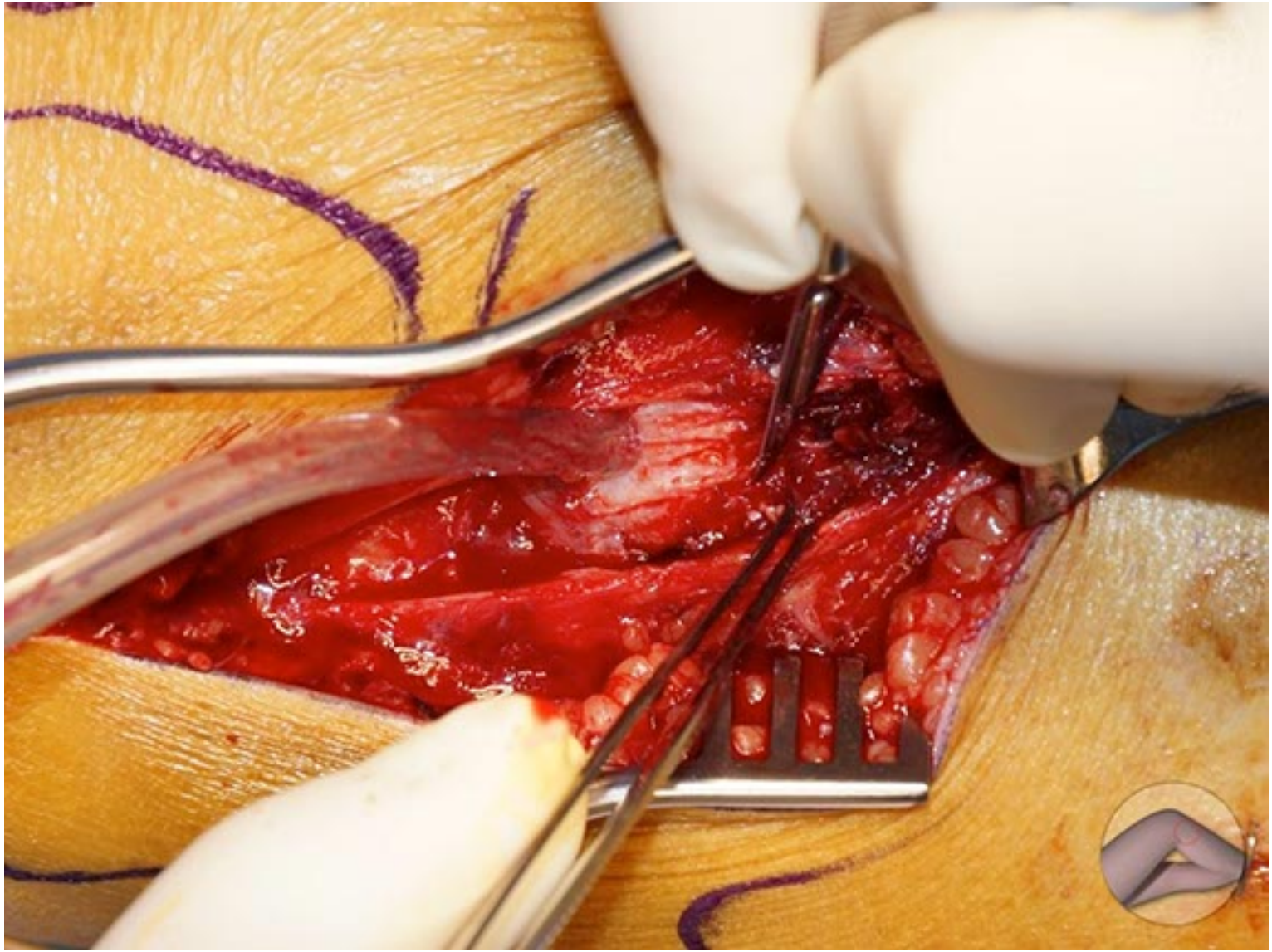


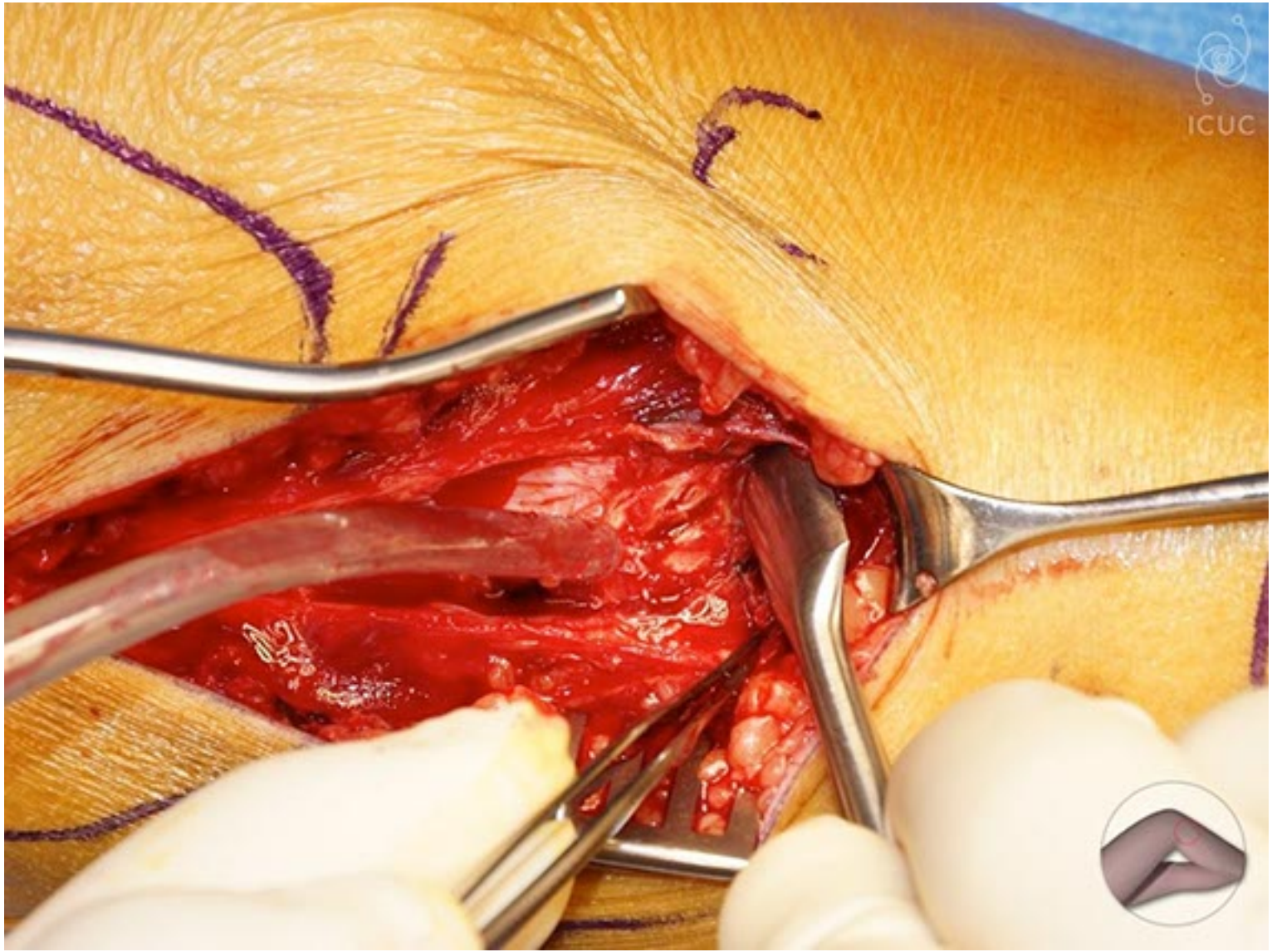






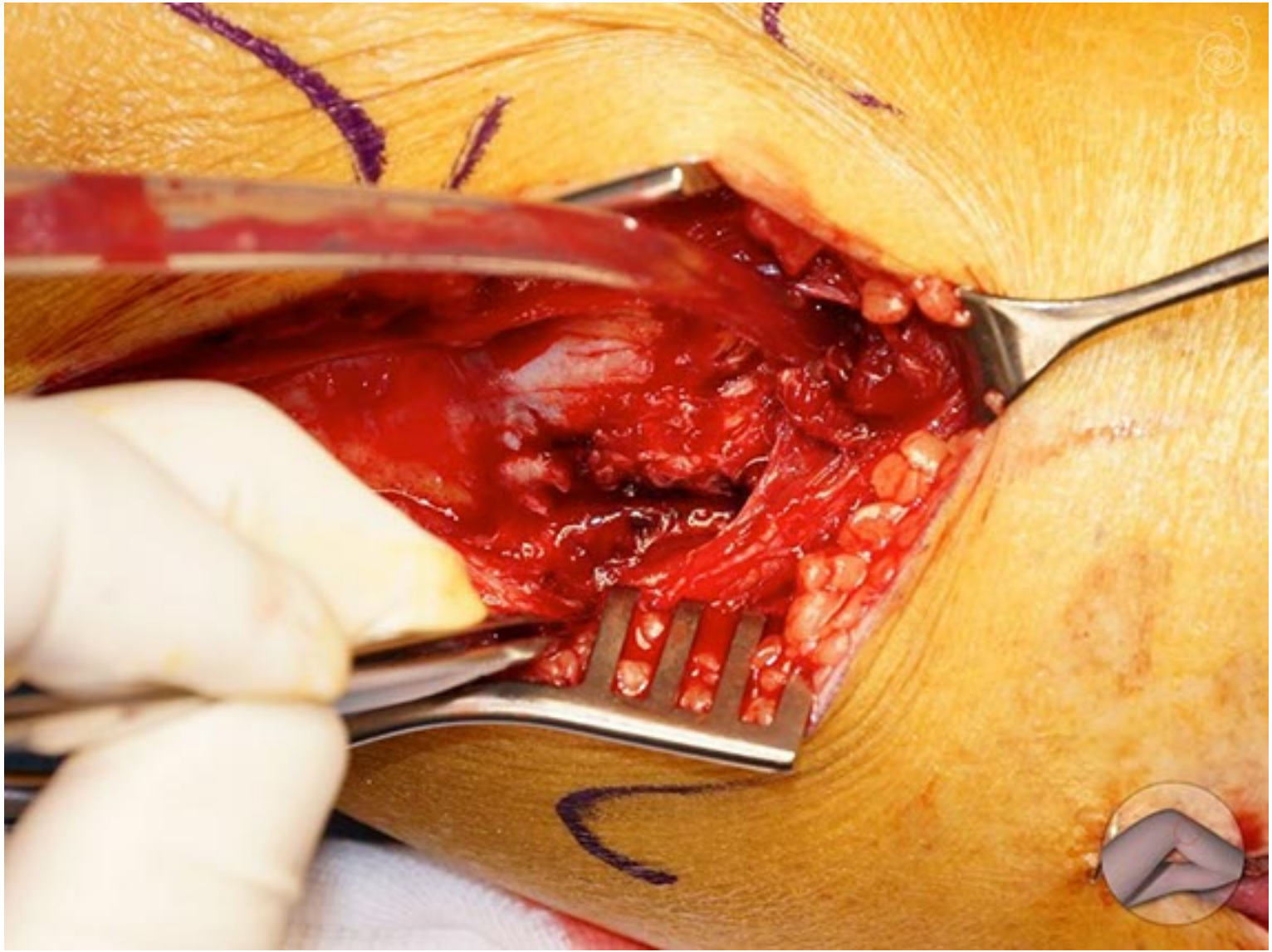








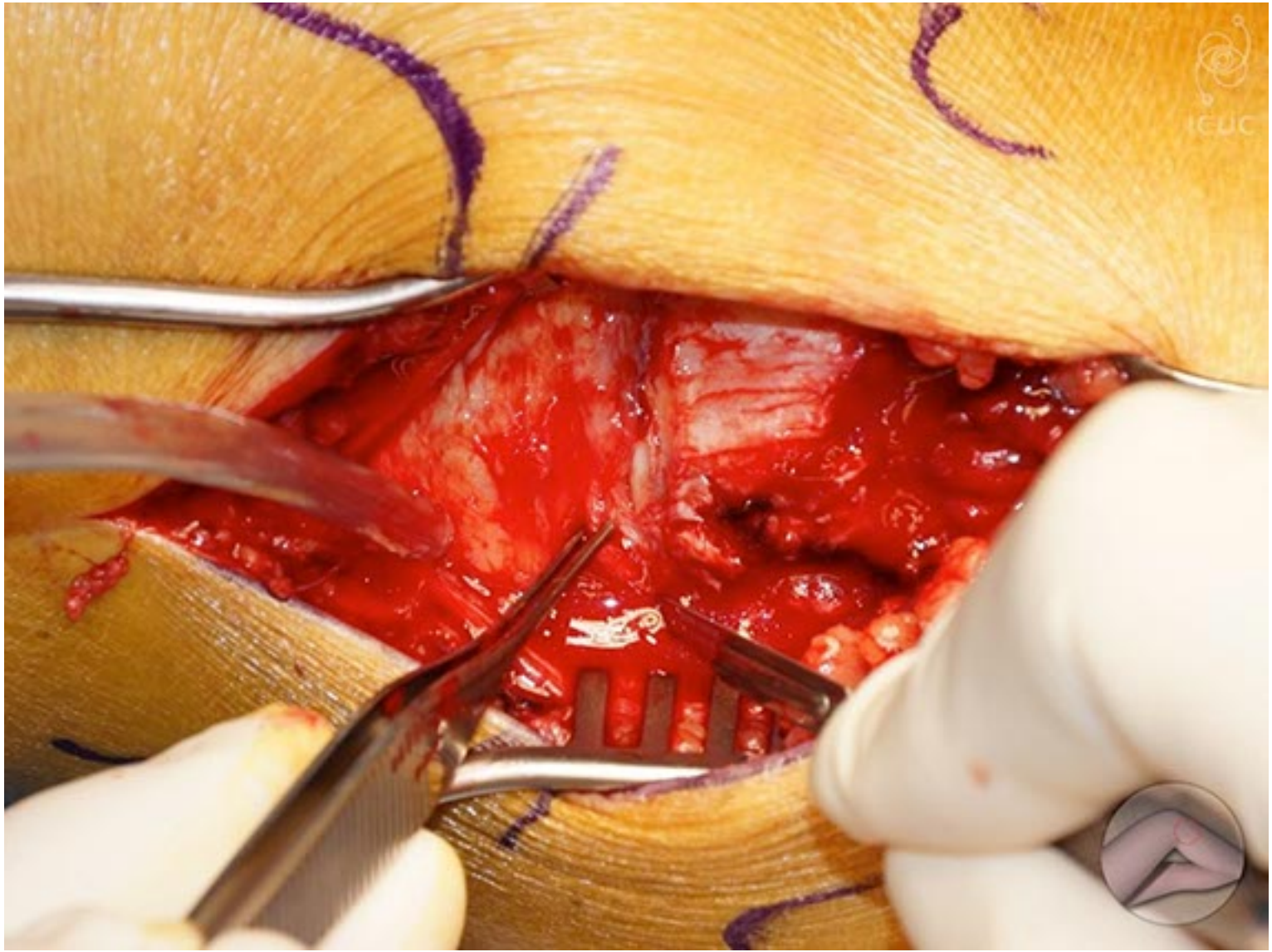


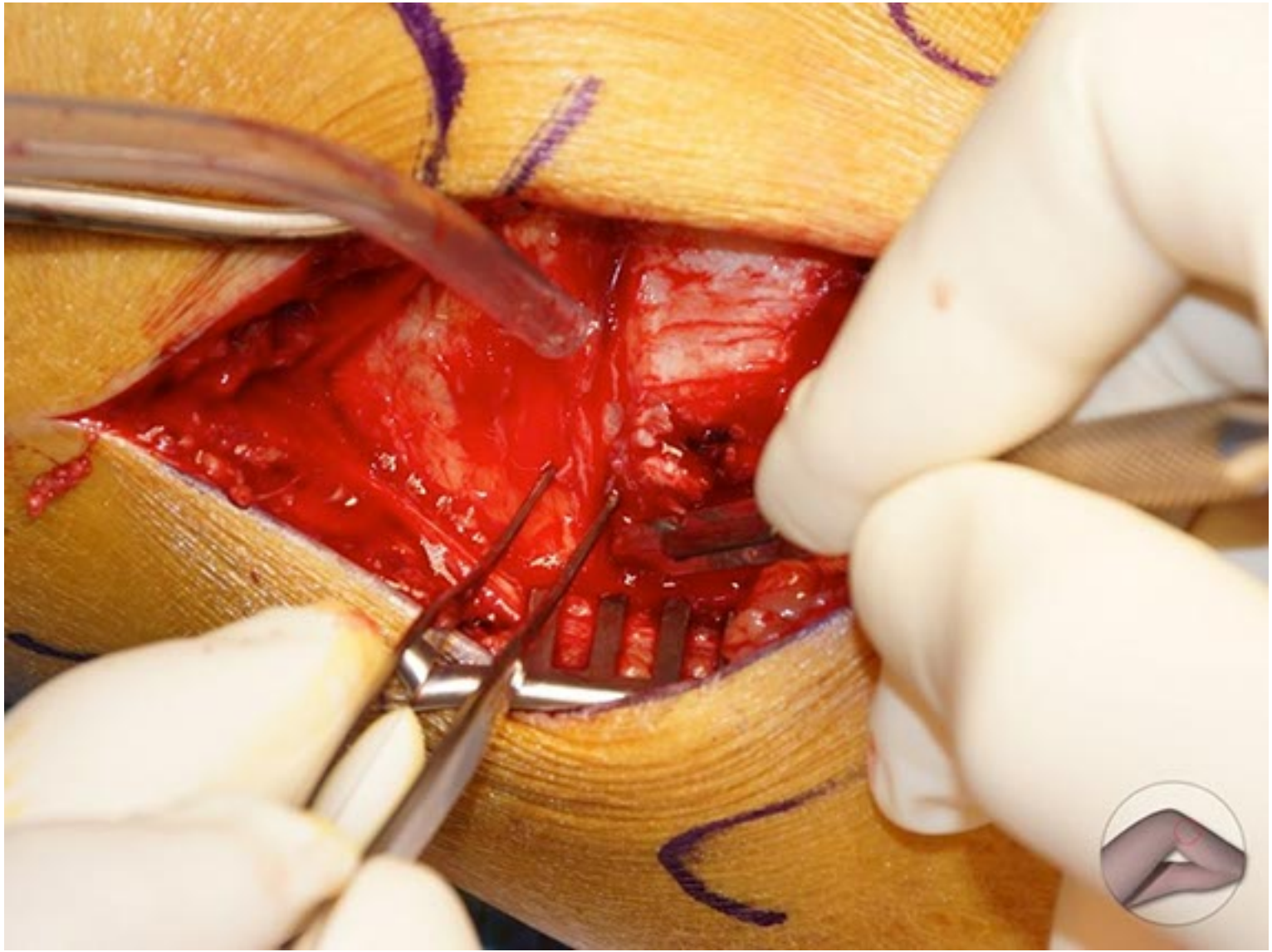


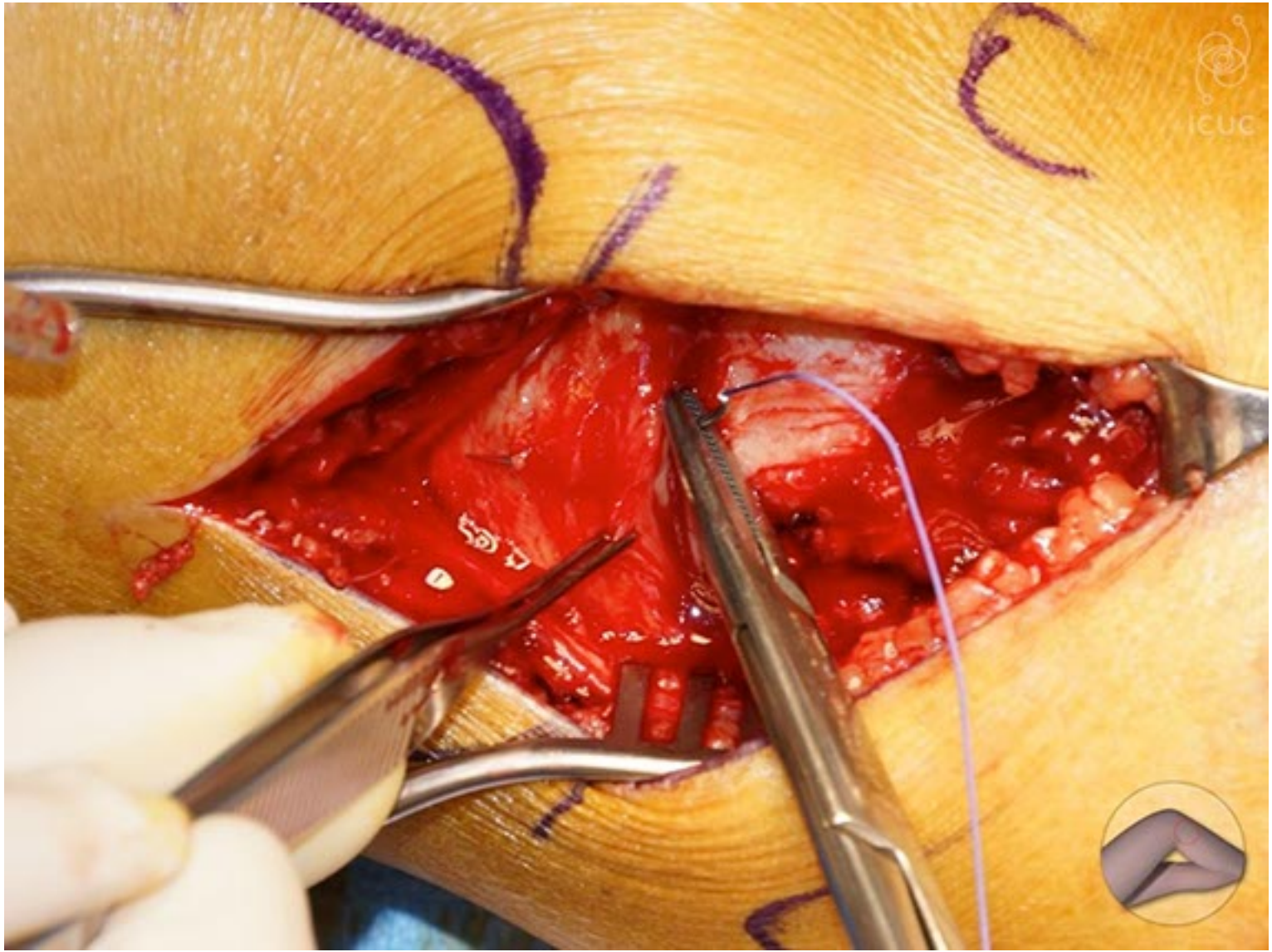


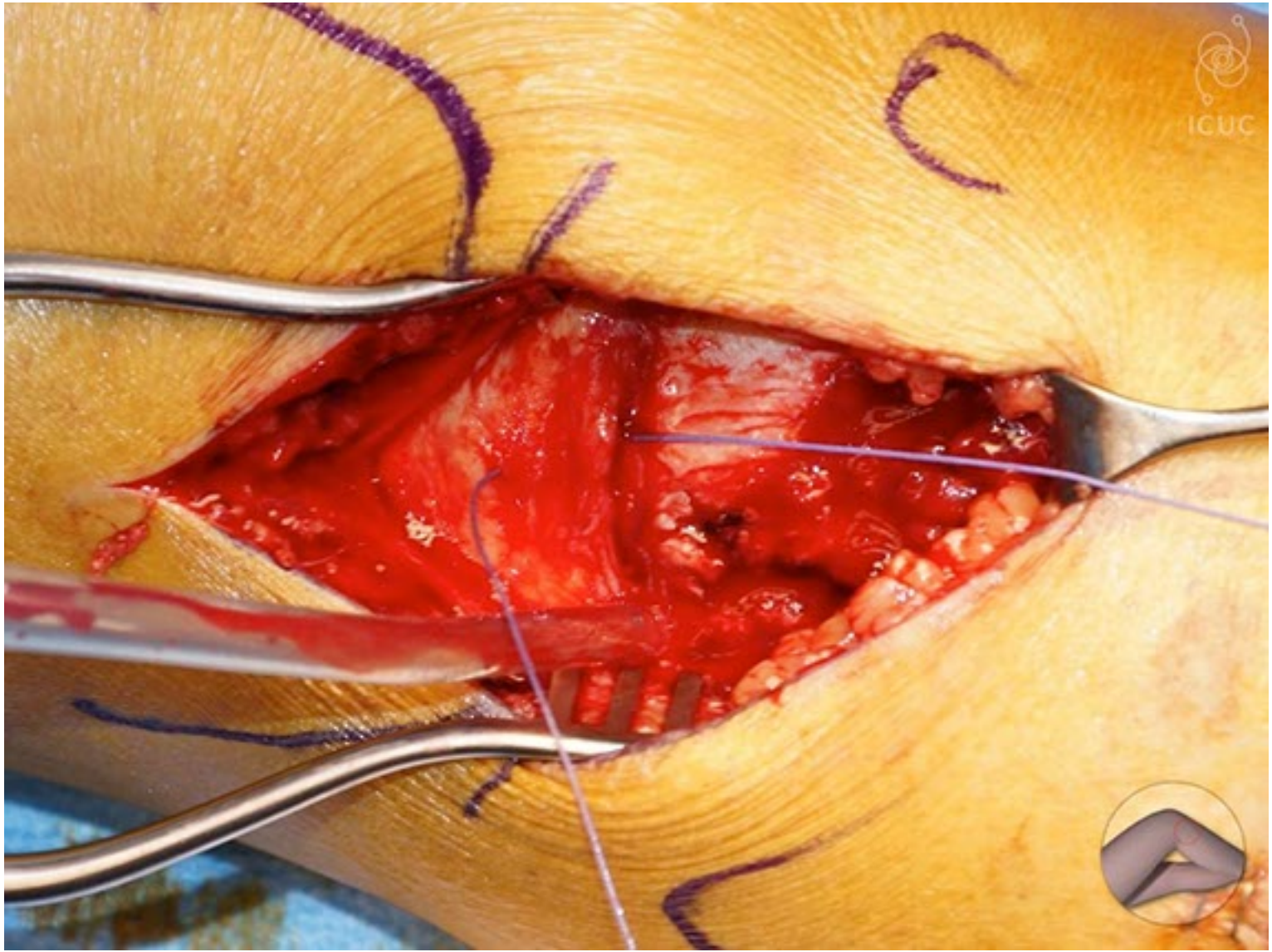


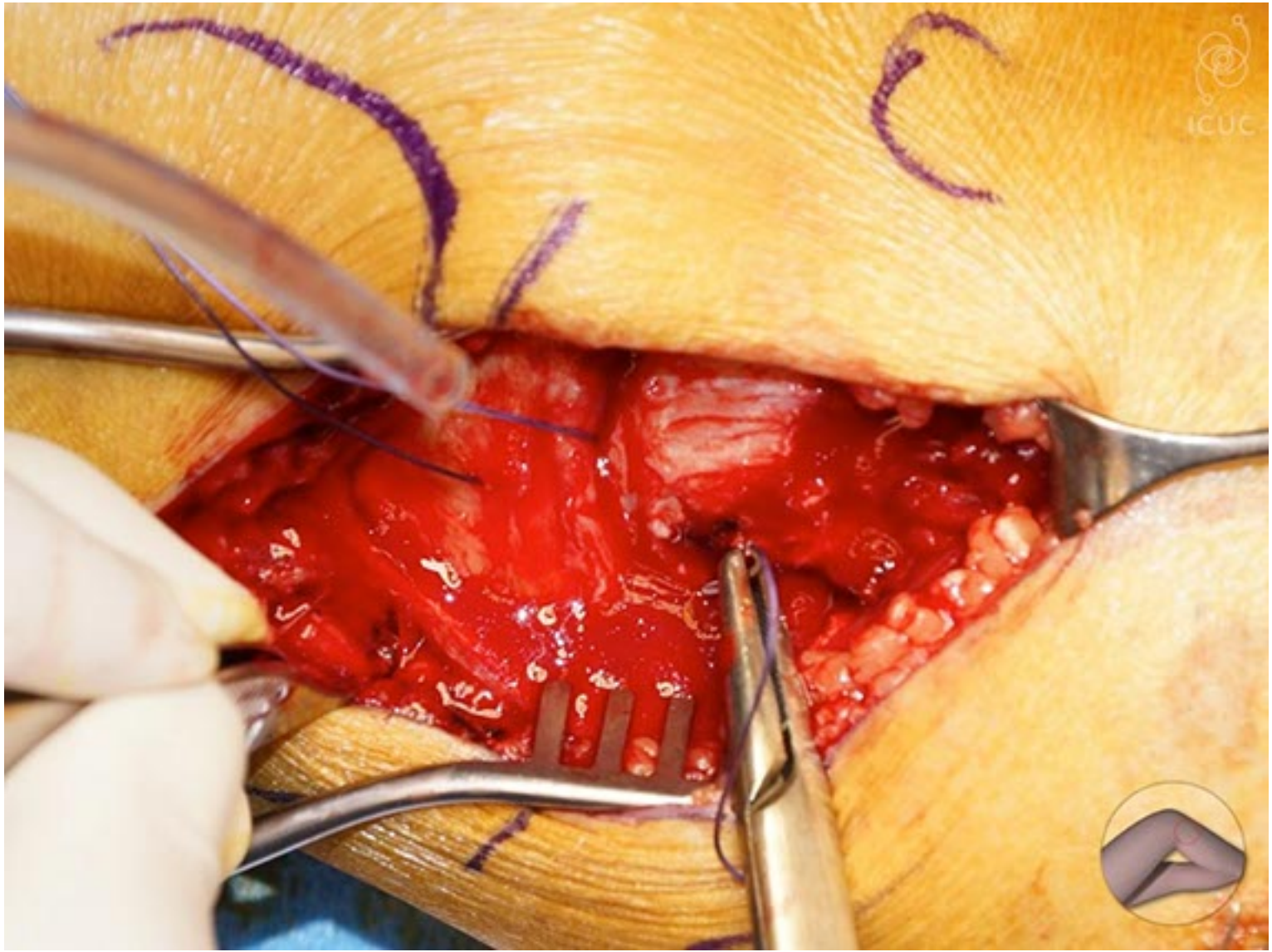


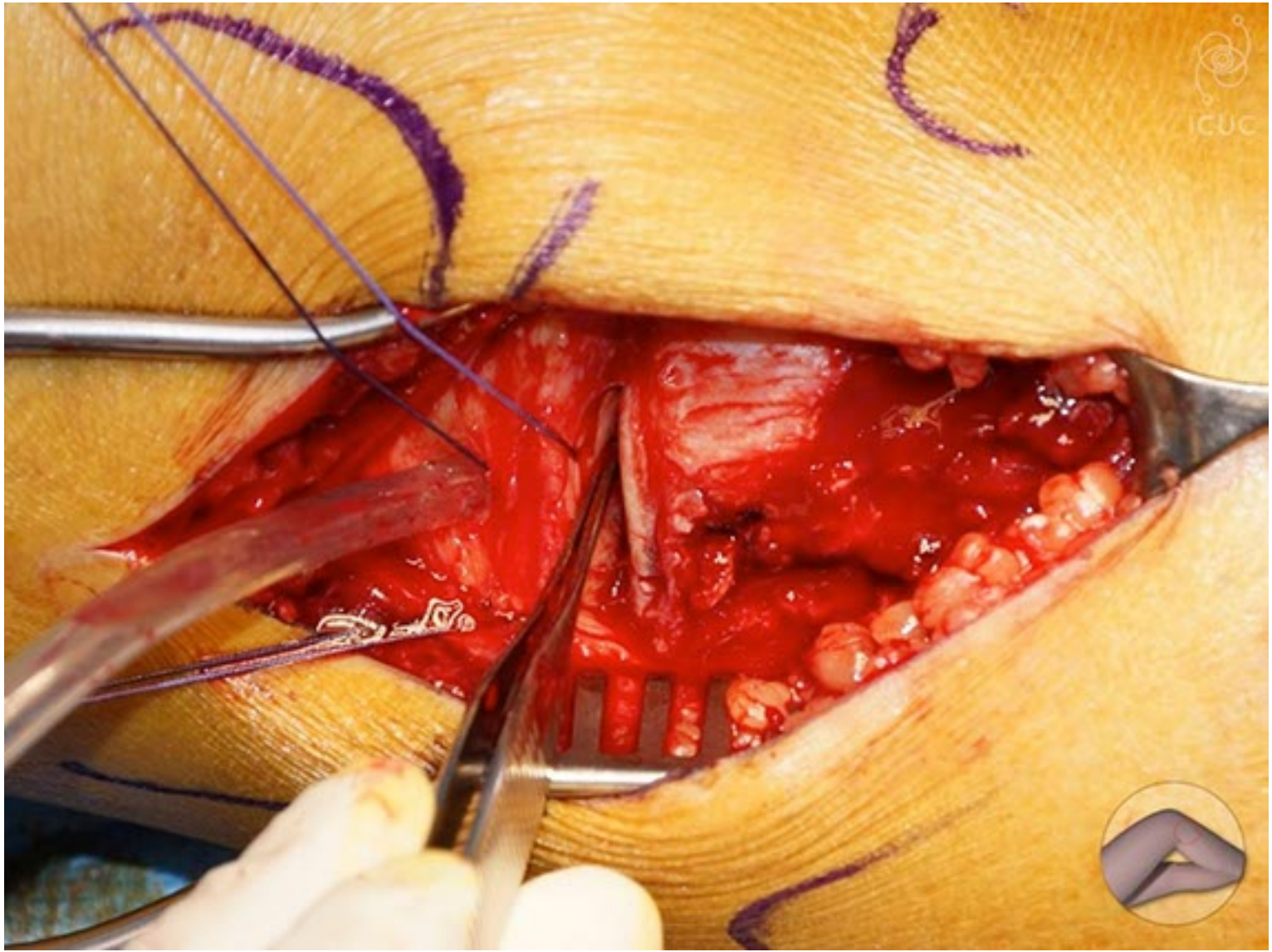


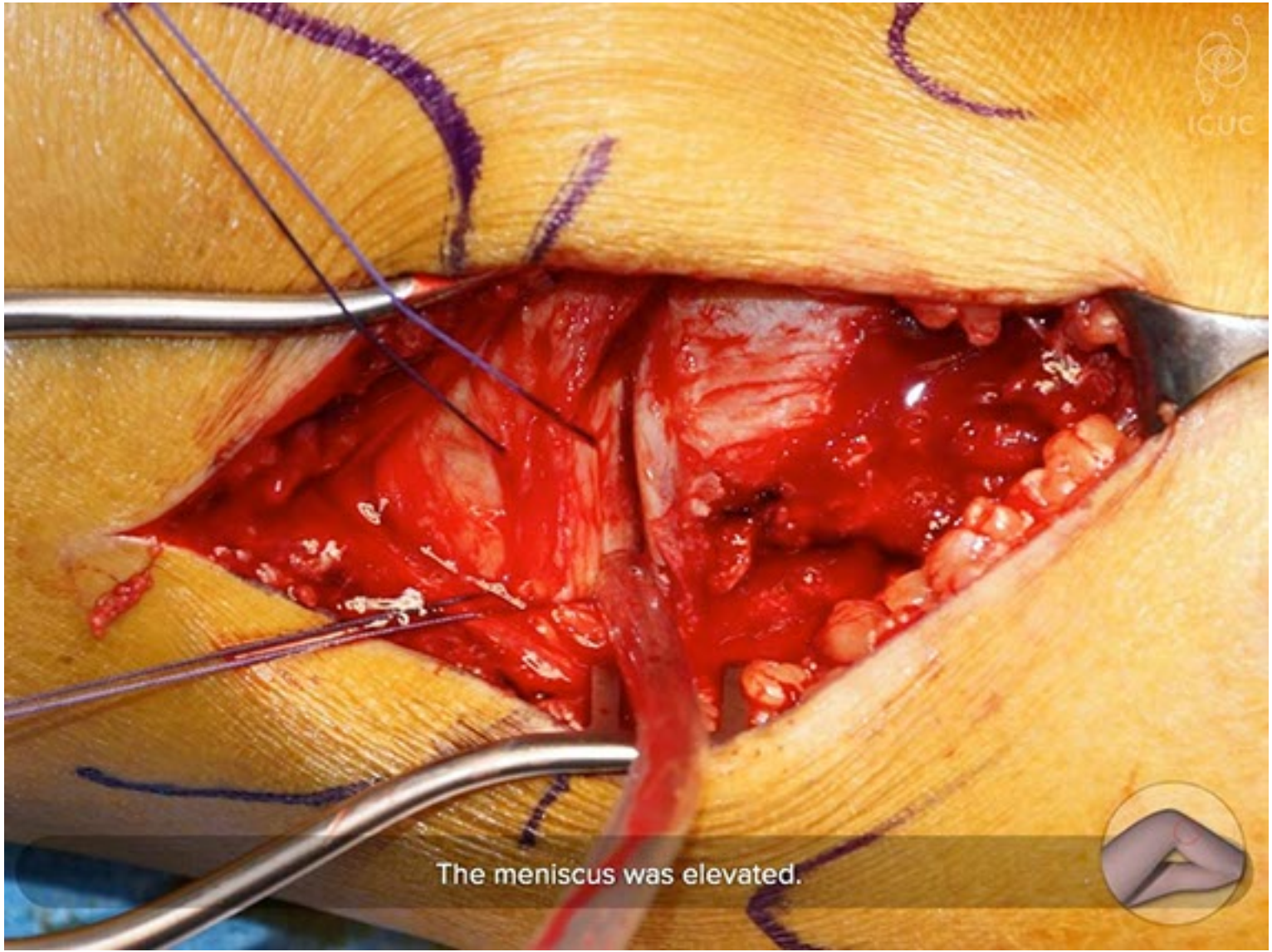






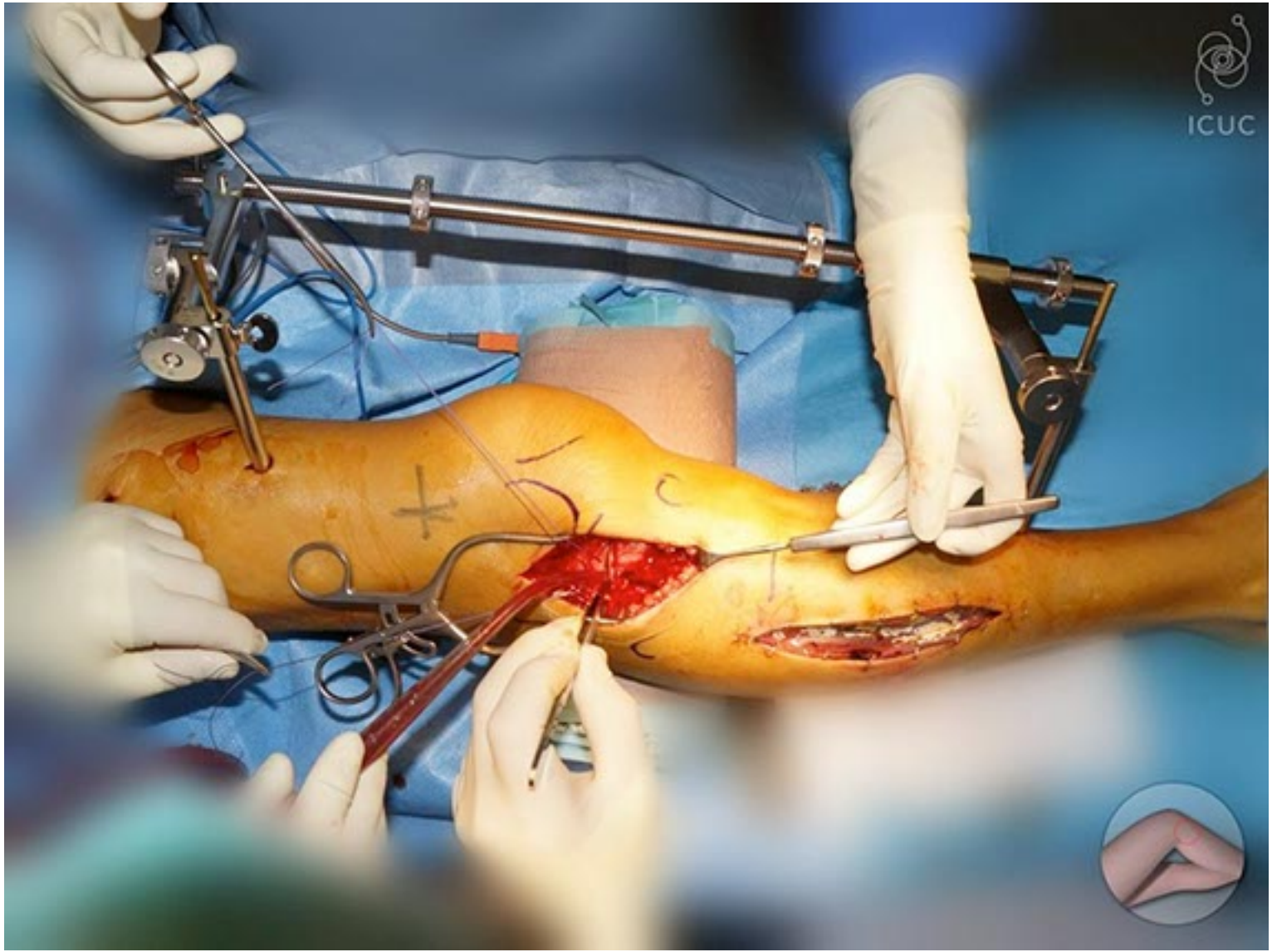


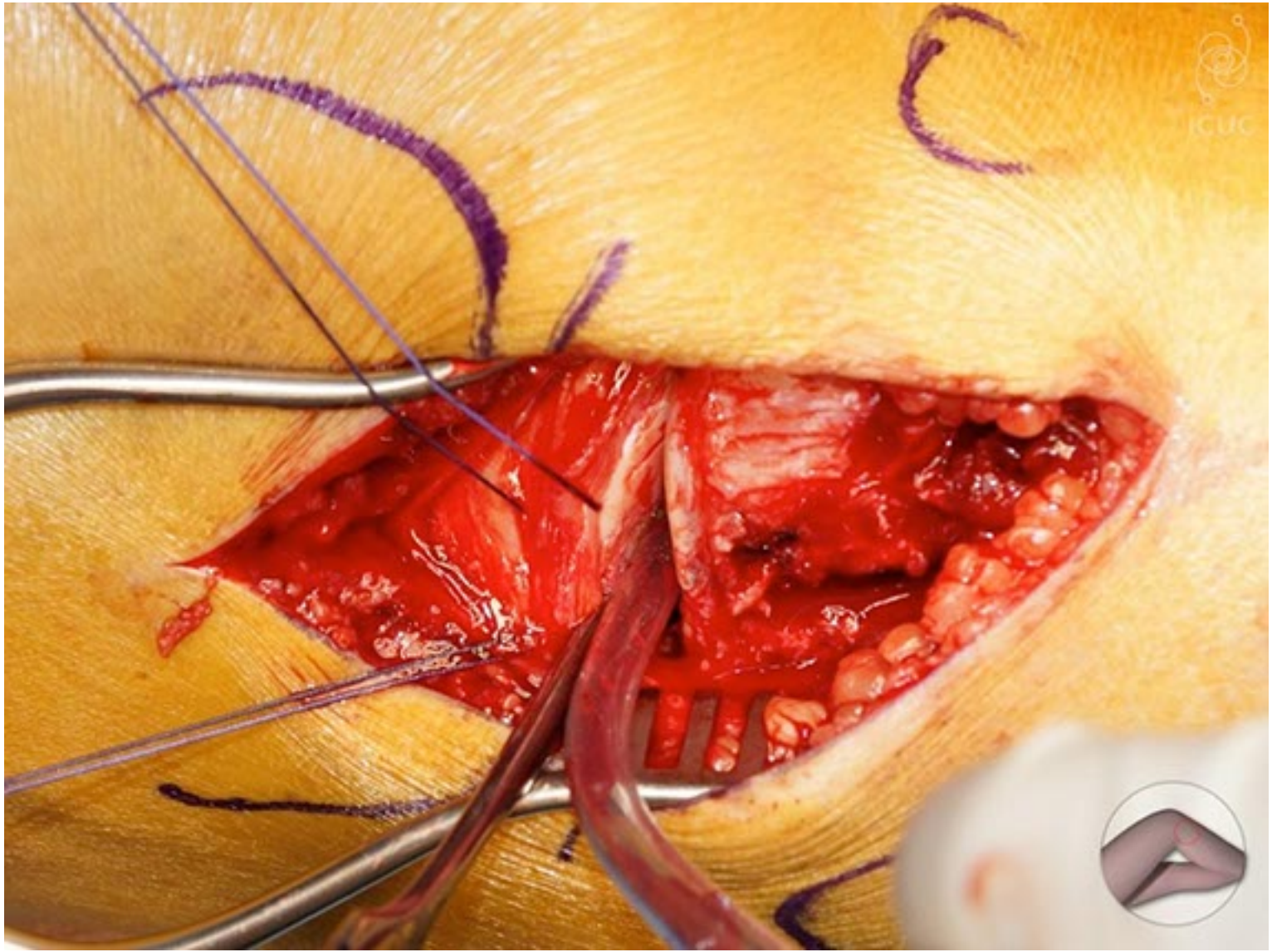


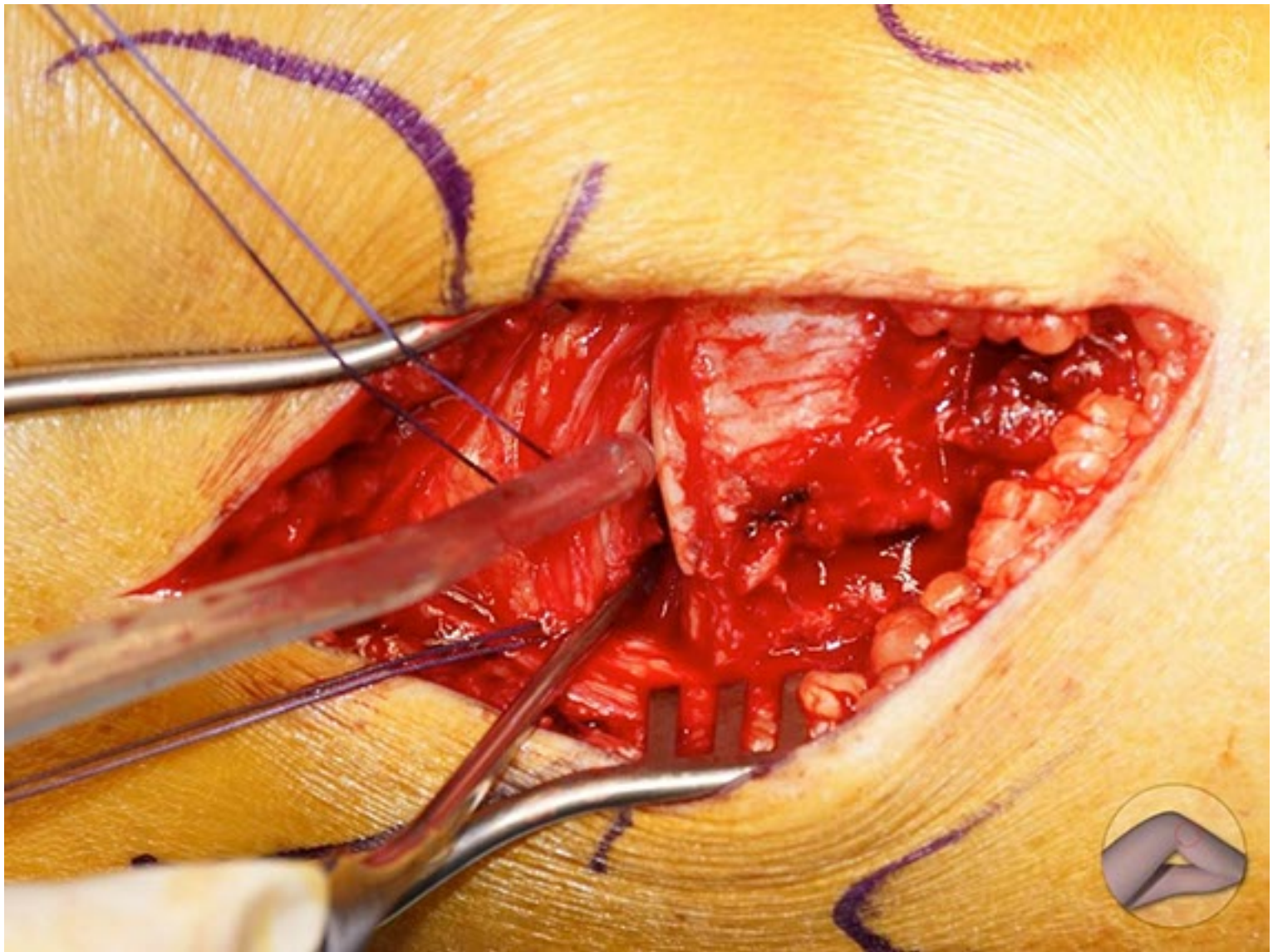


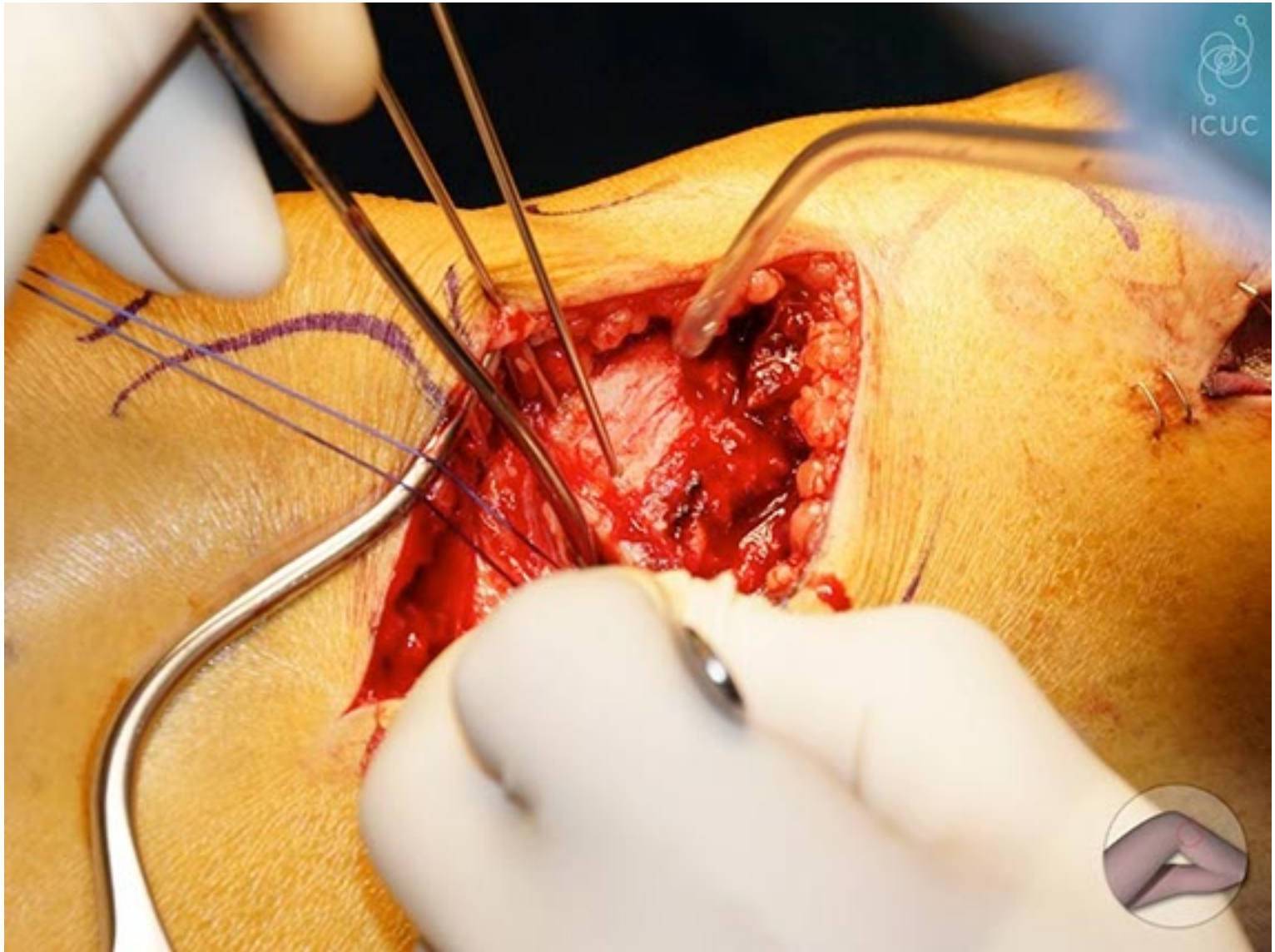
The meniscus was elevated.

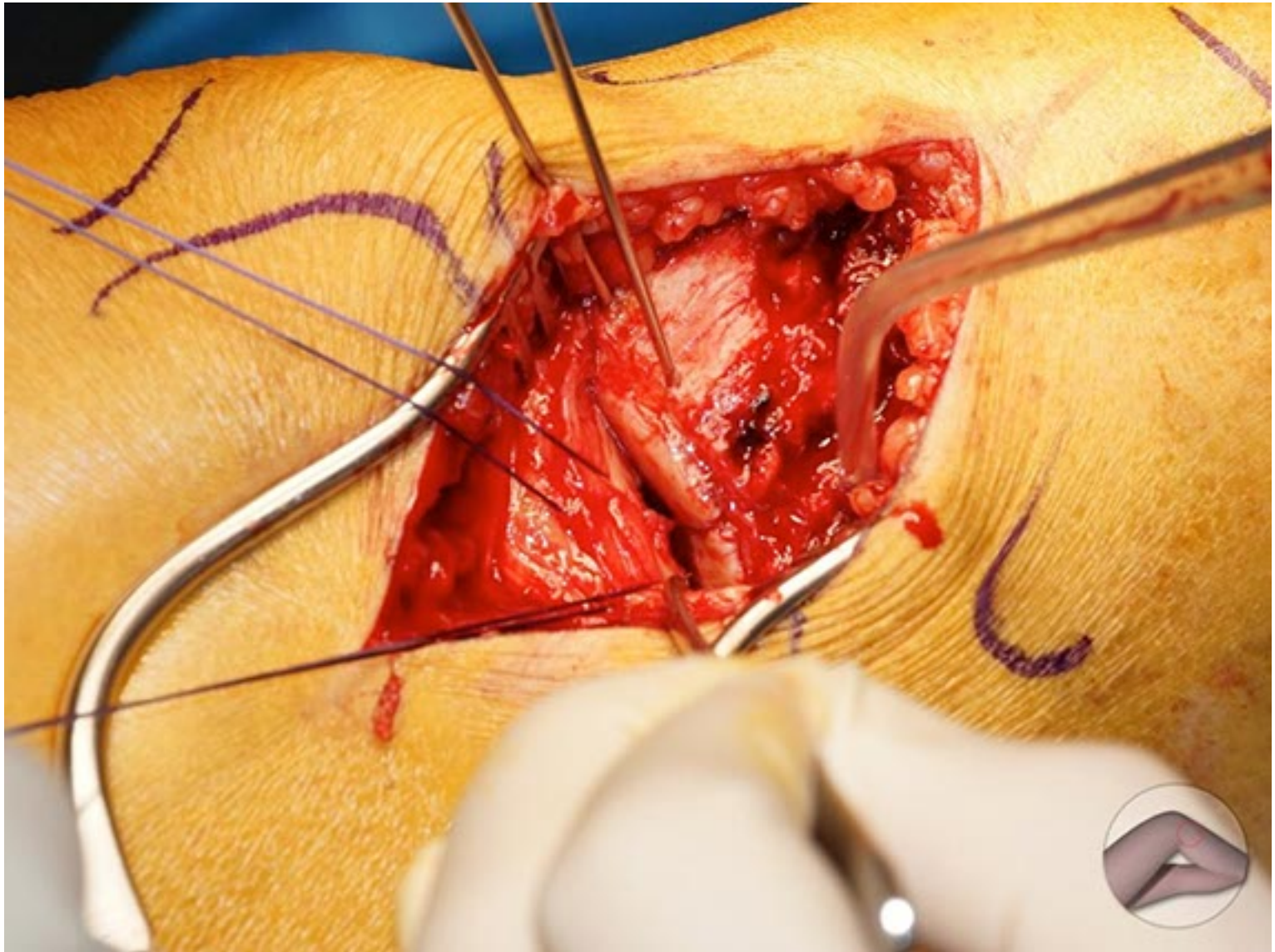


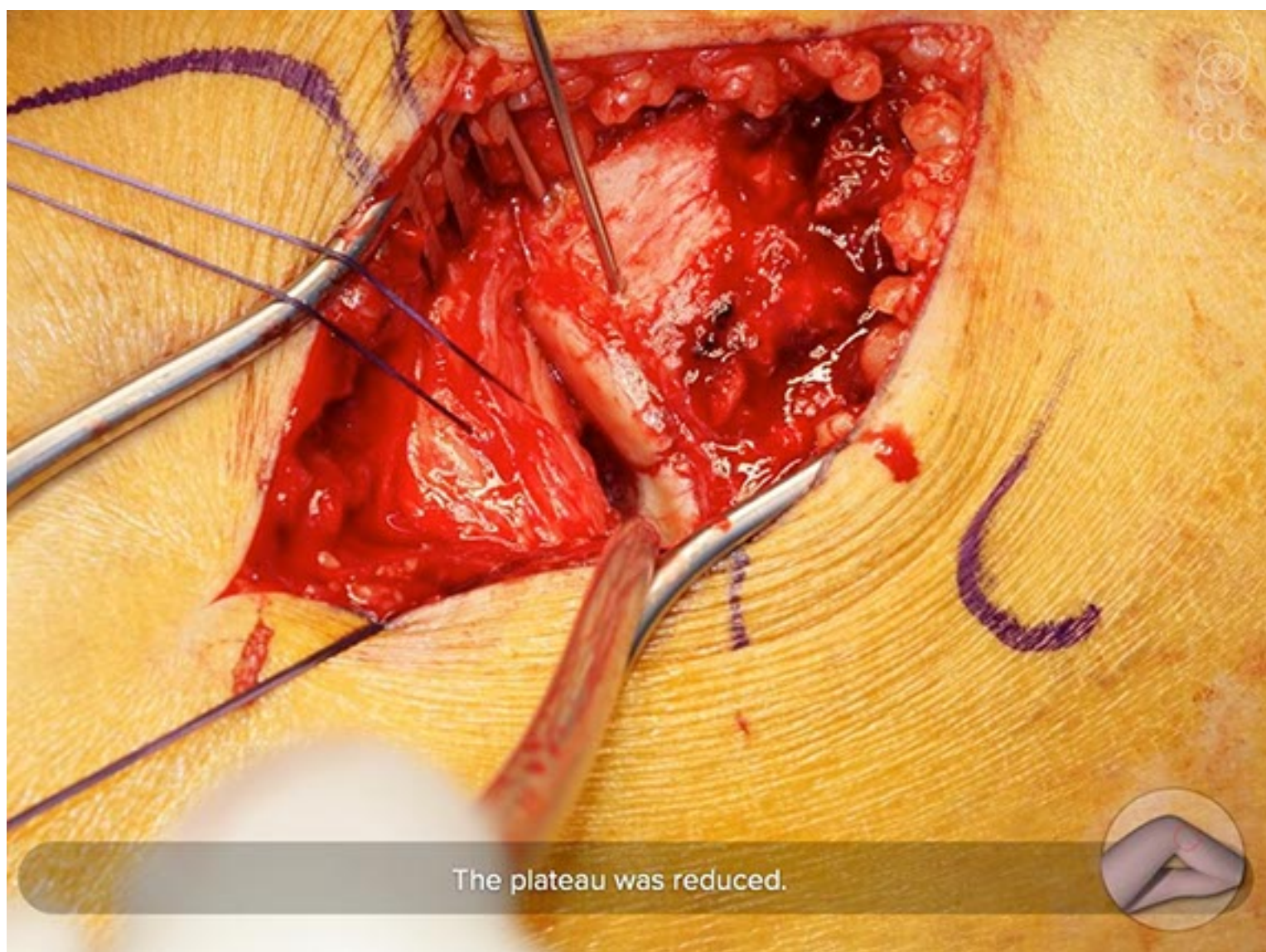






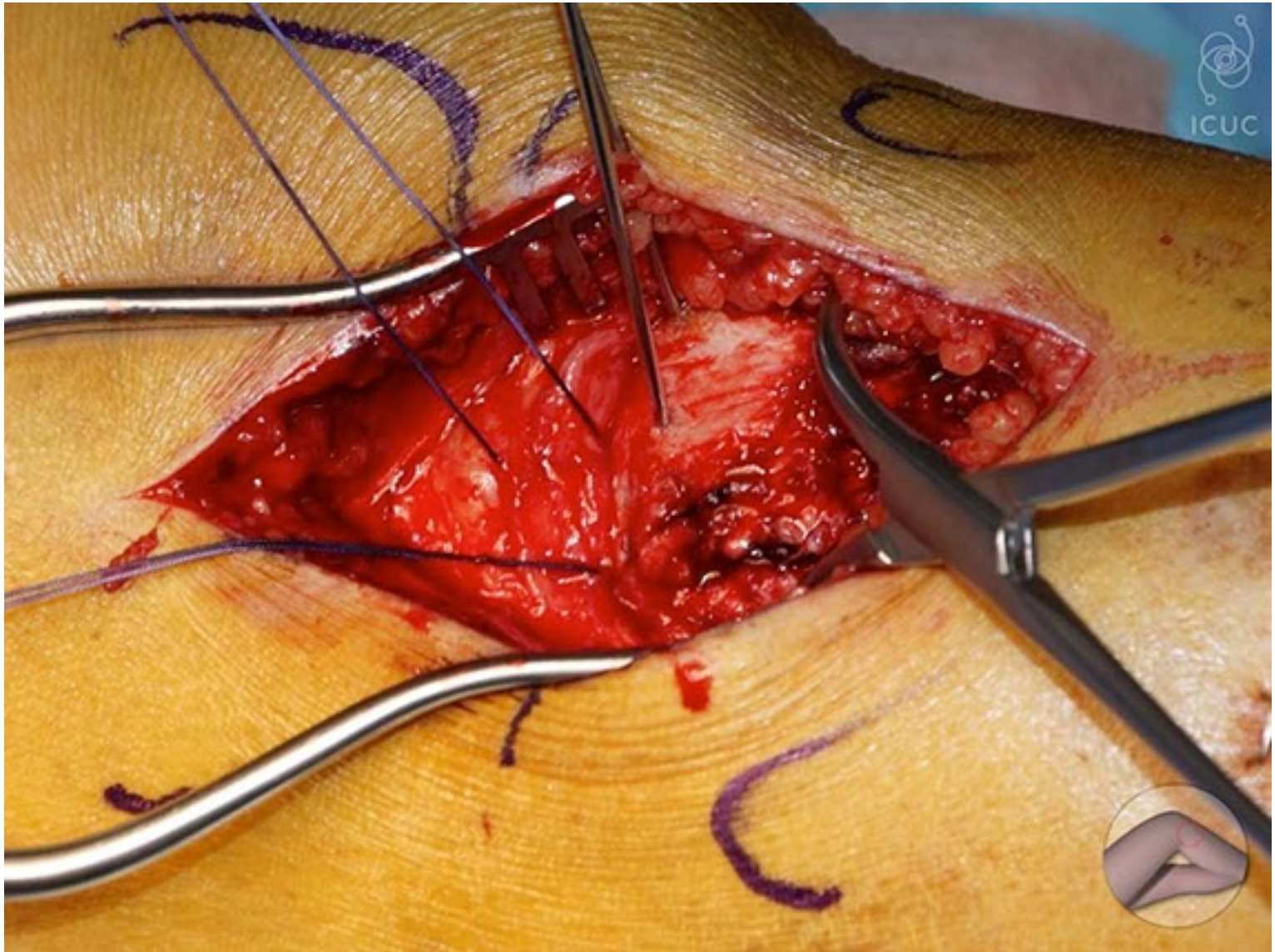


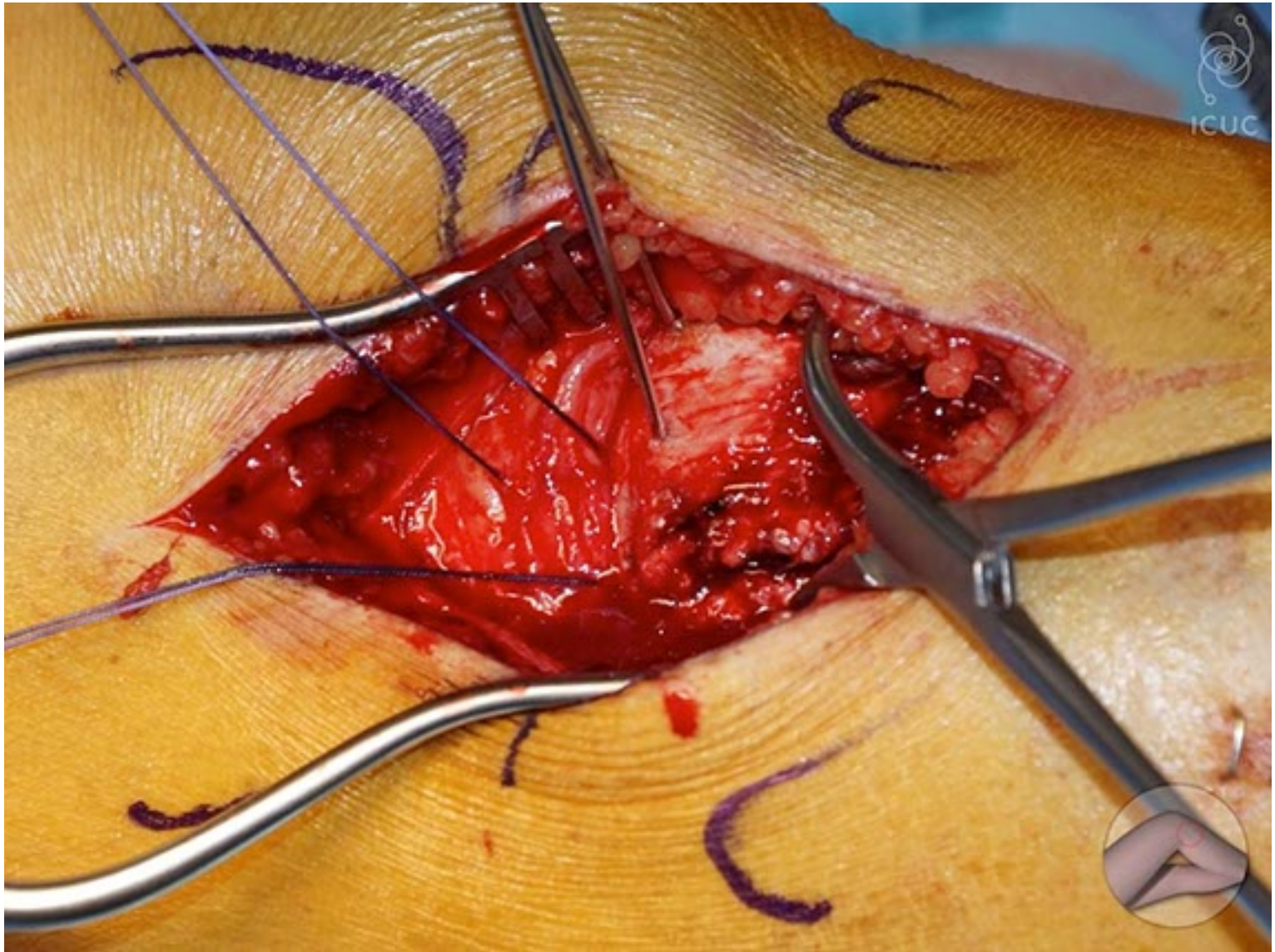


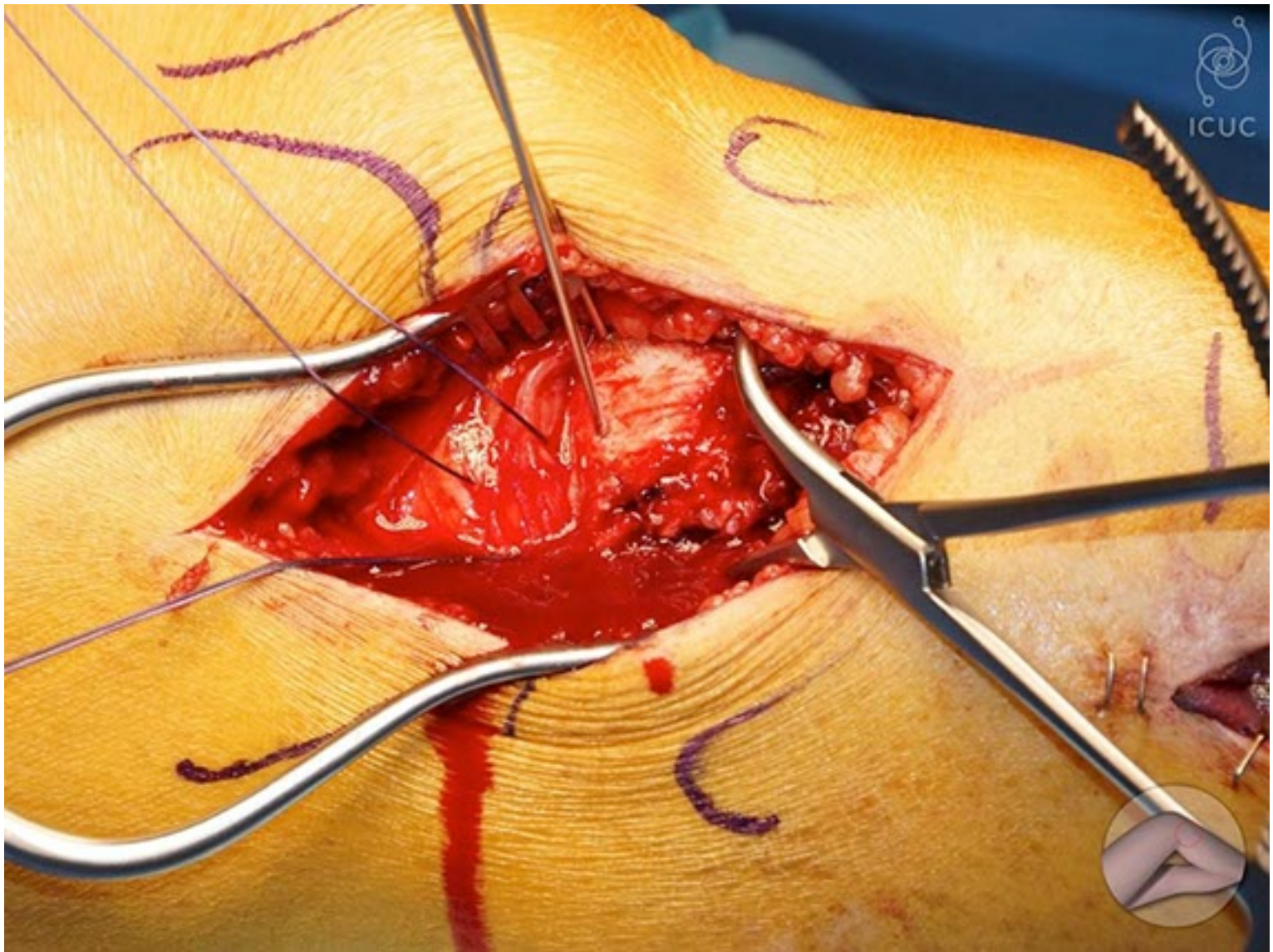


The plateau was reduced.



















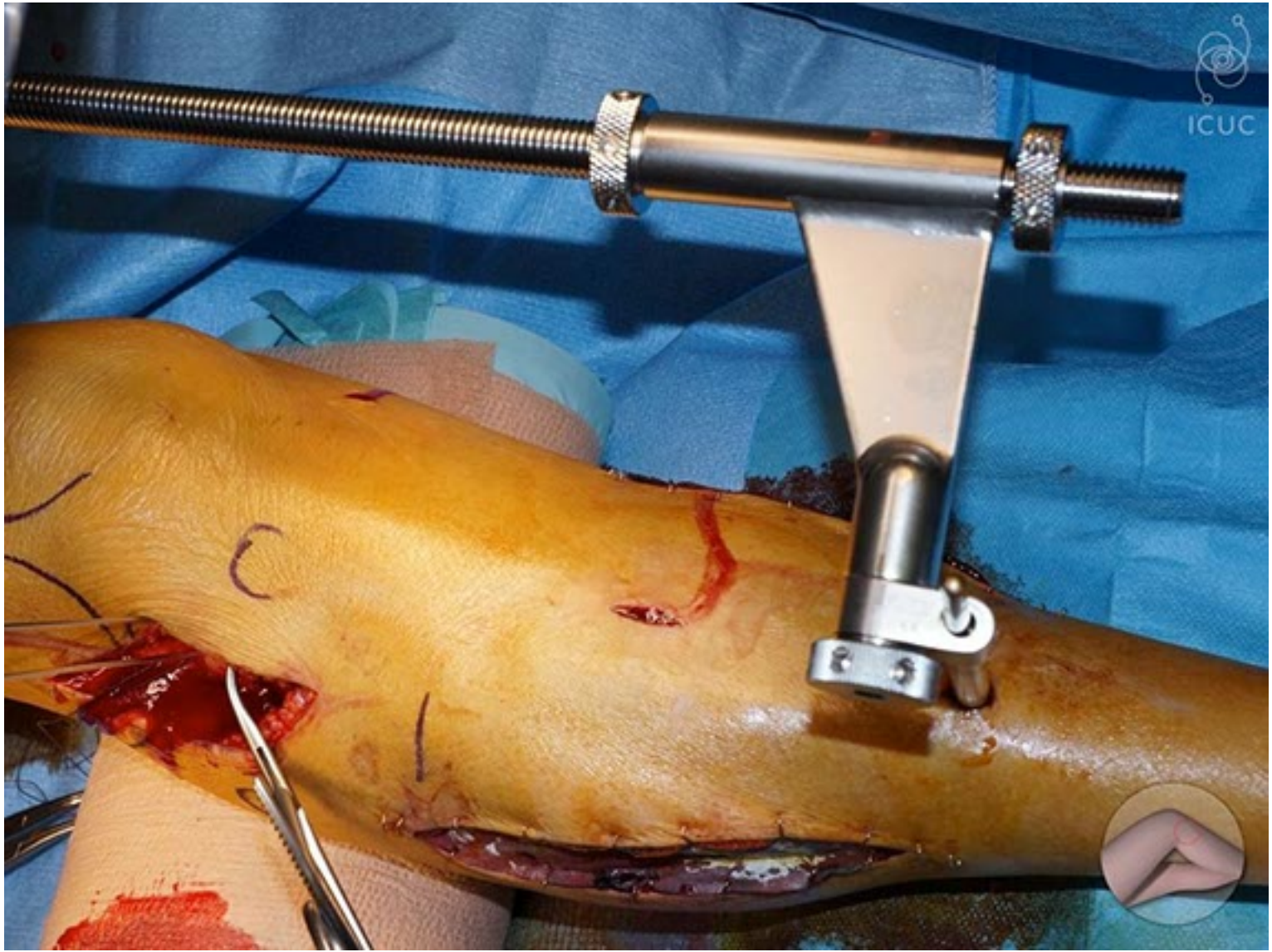






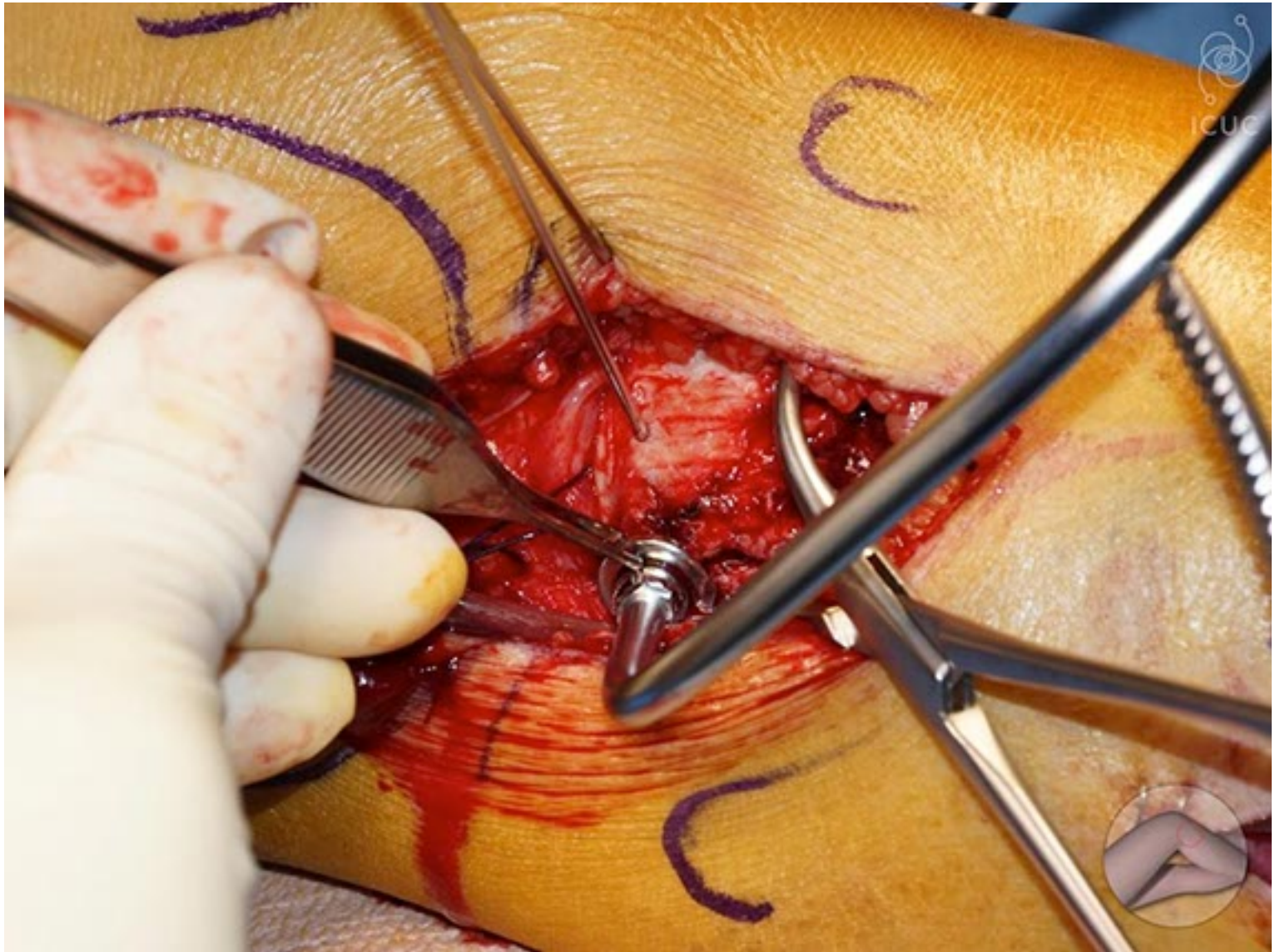


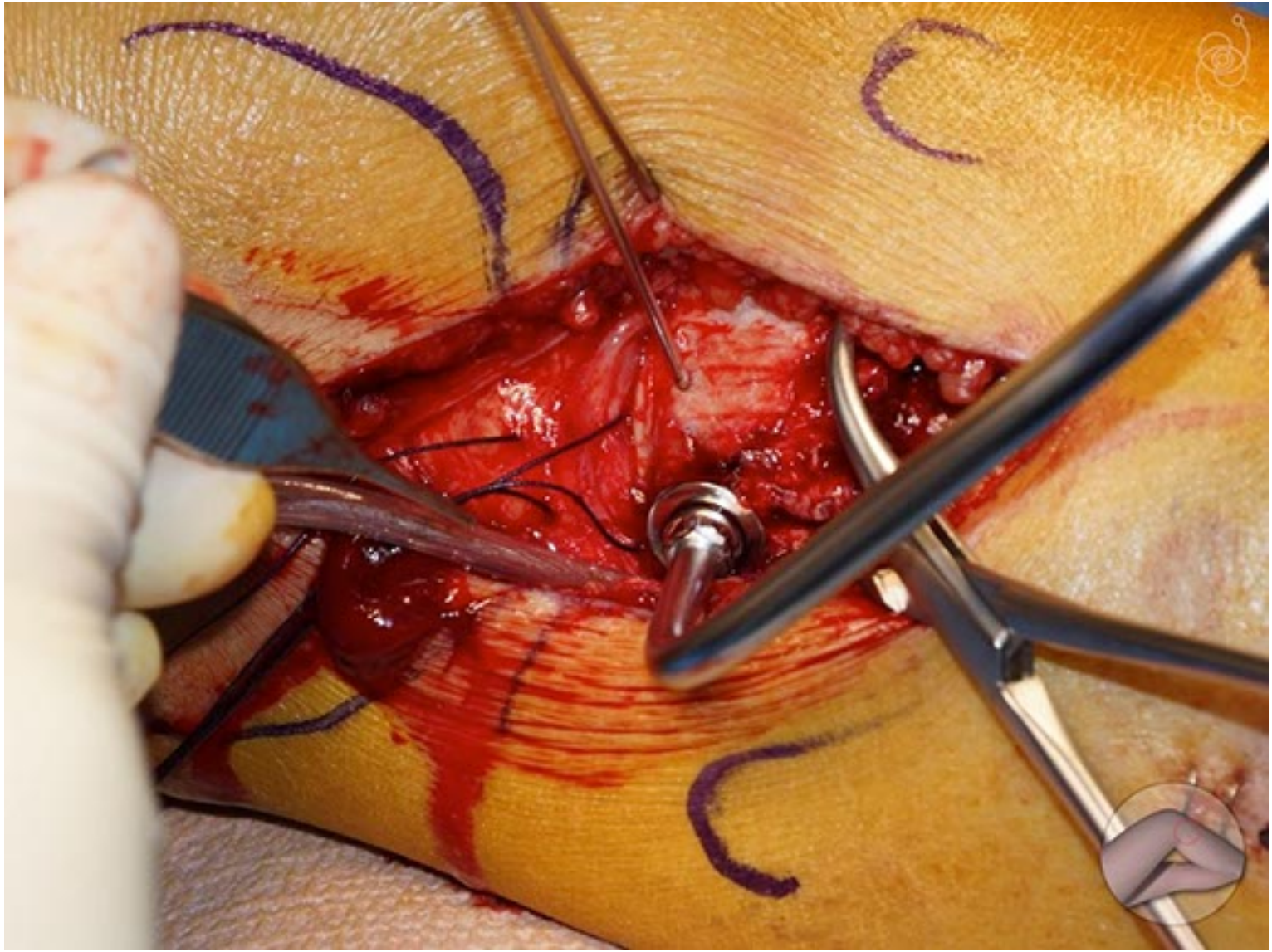


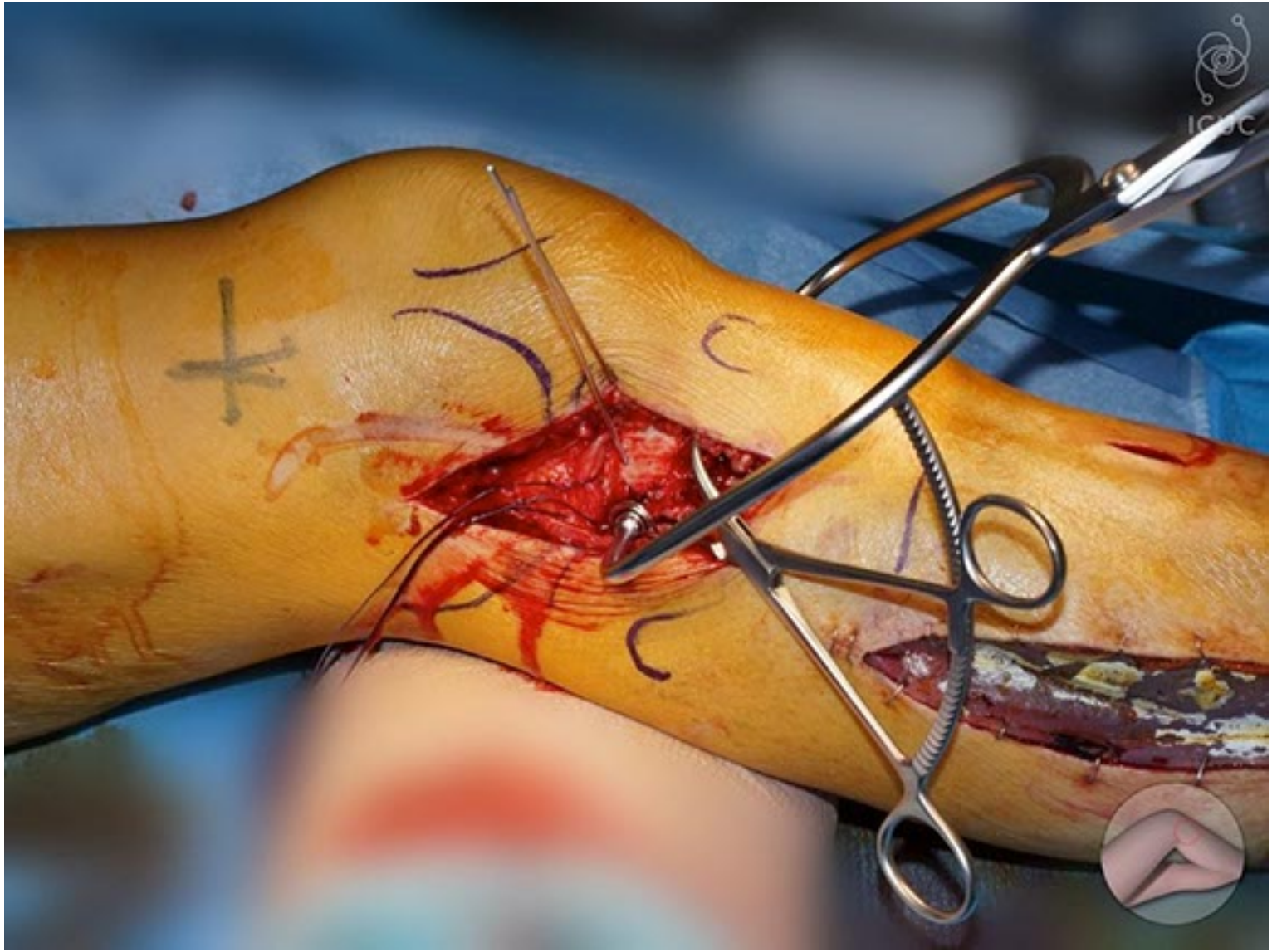




Use of a King Kong clamp.

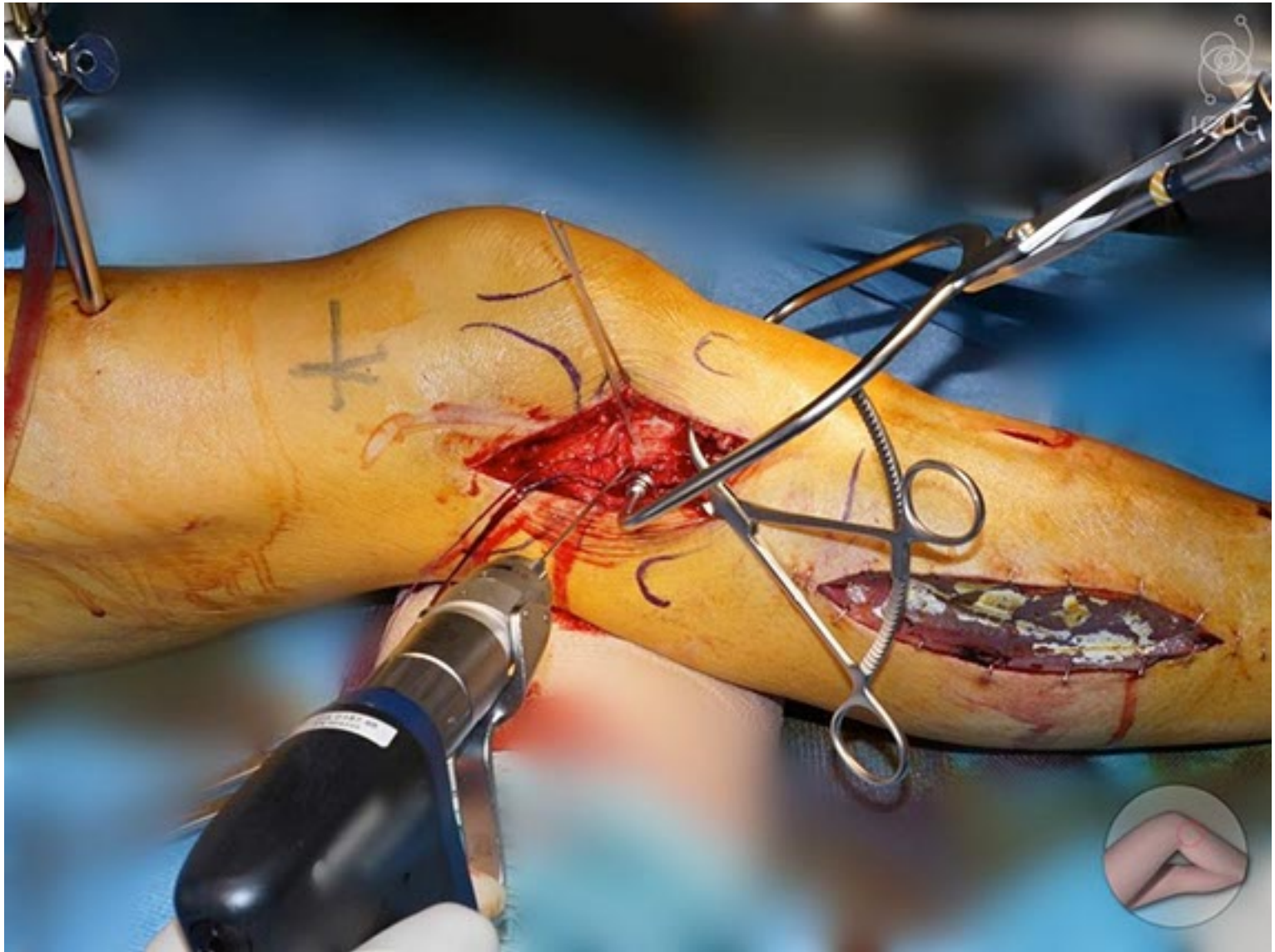


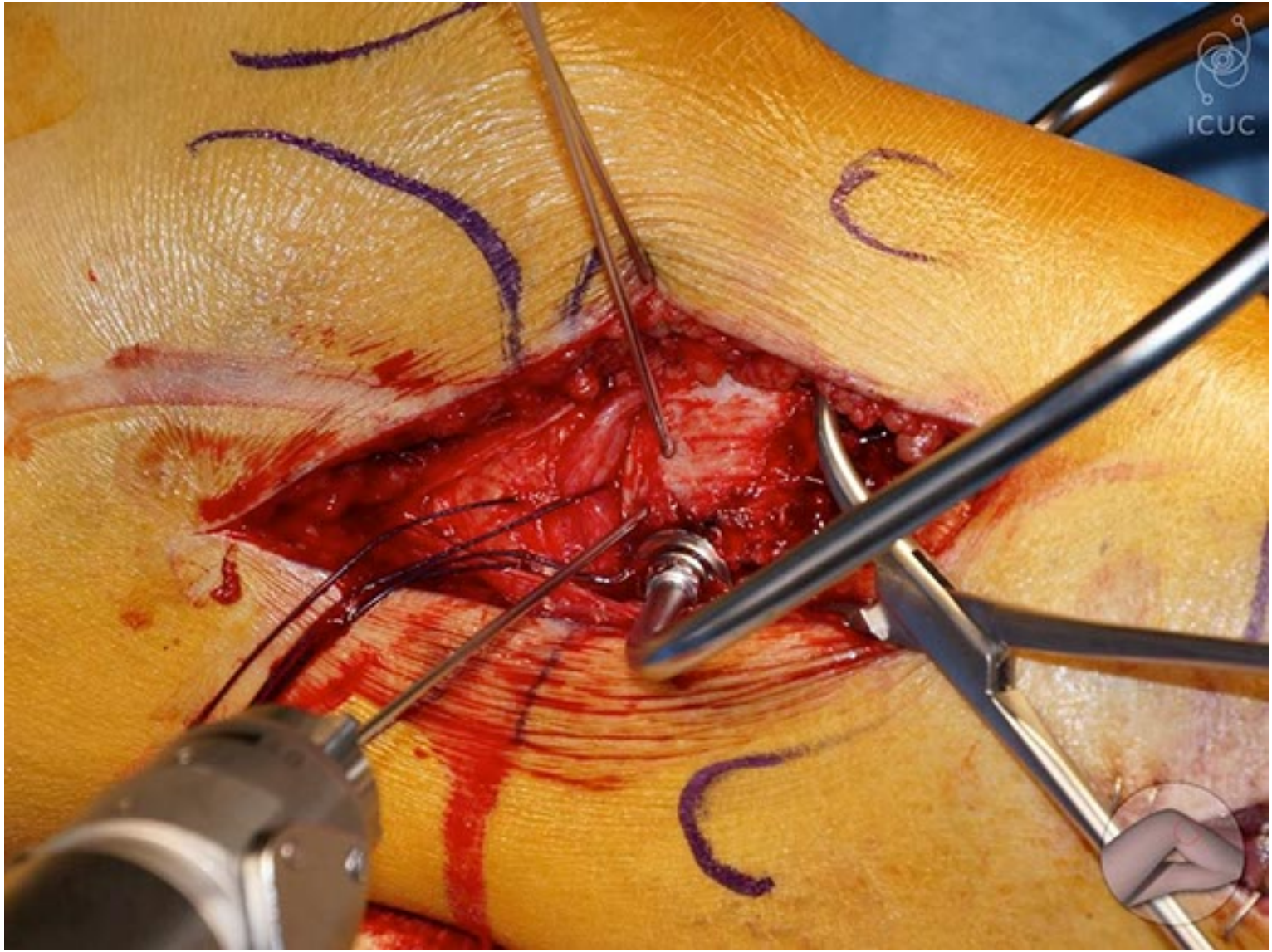










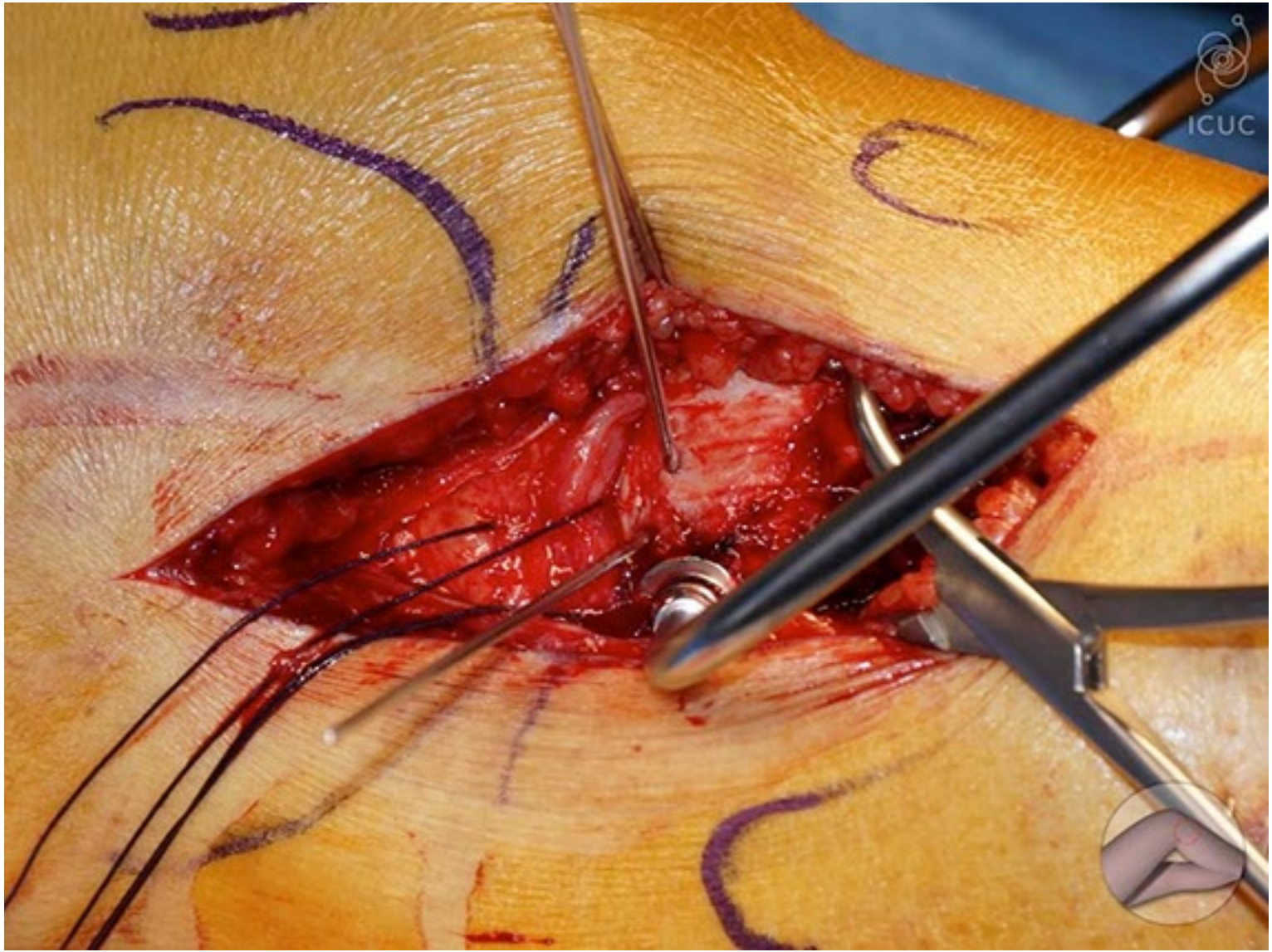


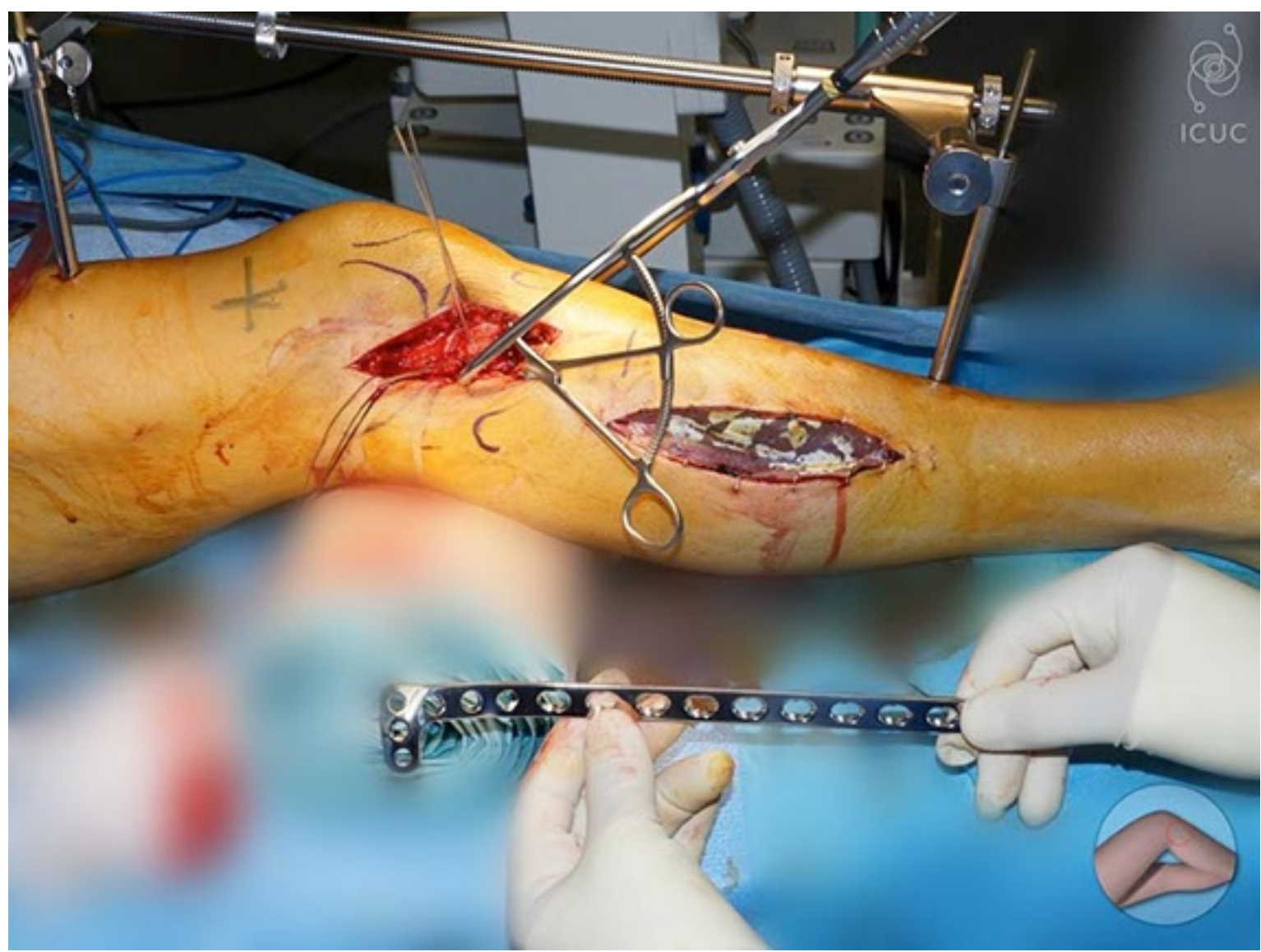


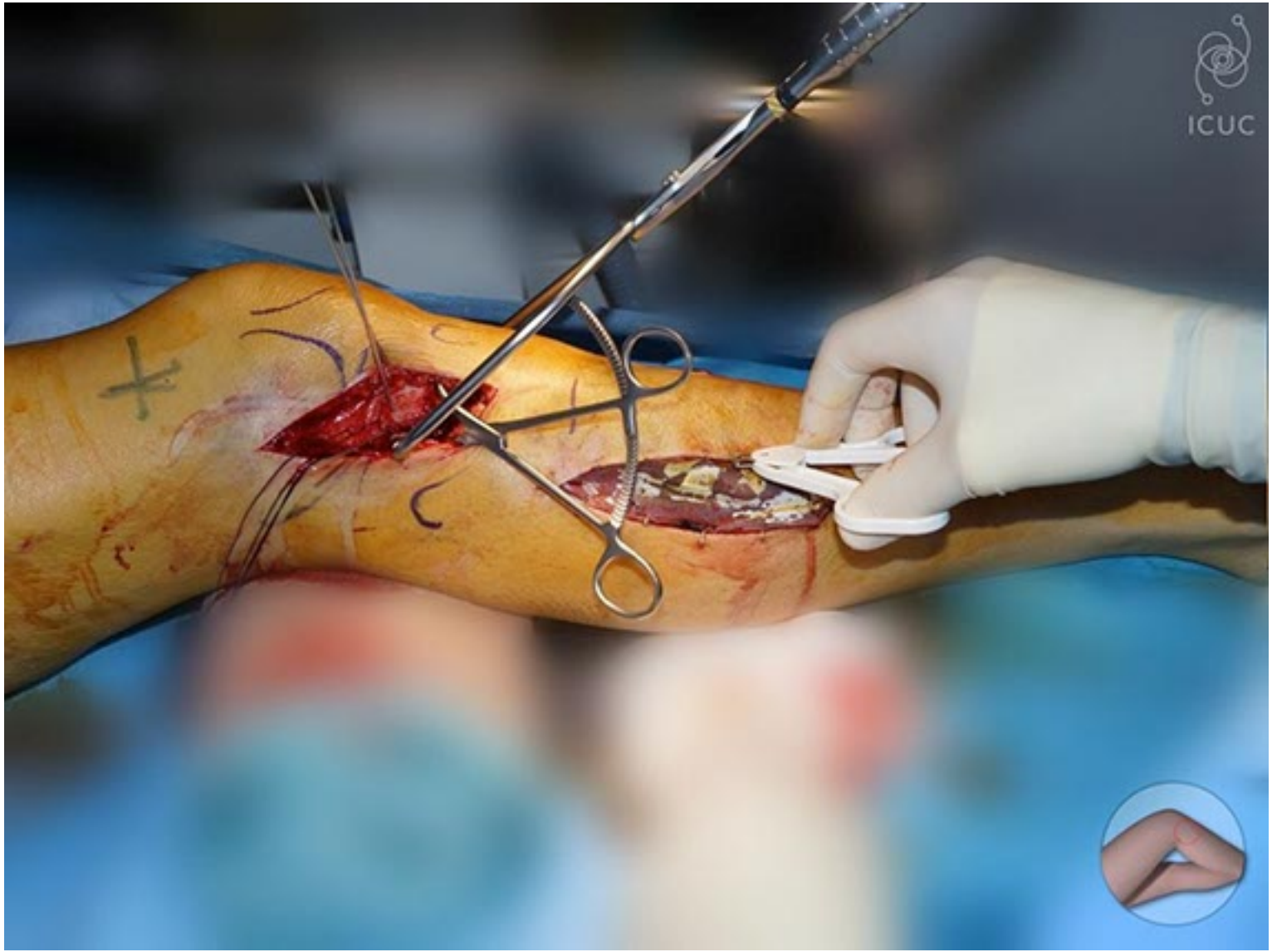
















Compartment release, even if it is probably not a very extensive form of compartment splitting, seems to have worked in their case.

