COMBINED HALLUX VALGUS CORRECTIVE OSTEOTOMY AND WEIL OSTEOTOMY

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NO CONFLICT TO DISCLOSE

- Title: Combined Hallux vlagus corrective osteotomy and Weil osteotomy
- Presenter: Hari K Sugathan
- My disclosure is in the Final AOFAS Mobile App.
- I have no potential conflicts with this presentation.
Introduction

- Weil osteotomy is combined with hallux valgus corrective osteotomy for precise forefoot alignment and to restore lesser metatarsal parabola and hence to avoid transfer metatarsalgia.
Aim

- To compare the functional outcome and safety of combined hallux valgus corrective osteotomy and Weil osteotomy with that of isolated hallux valgus corrective osteotomy
Materials and method

- Retrospective review of case records, radiographs and telephone review using Self-reported Foot and Ankle Score (SEFAS)
Results

- 2 groups
  - Group 1: Hallux corrective osteotomy with one or more lesser metatarsal Weil osteotomies - 70 feet
  - Group 2: Isolated hallux corrective osteotomy - 15 feet

- Both groups were comparable in terms of severity (no statistically significant difference in mean Inter Metatarsal angle) of hallux valgus deformity.
Results- Group 1

- mean age 55y (28-78).
- Scarf & Akin with Weil -62 feet
- Chevron & Akin with Weil – 8 feet
Group 1 - complications

- wound infection - 7
- persistent pain - 12
- Stiffness - 12
- floating toes - 4
- Recurrence - 3
- prominent metal work - 3
Group 1- outcome

- 6 patients required further surgical procedures.
- Lost follow up of 5 patients.
- Remaining 65 patients
  - mean SEFAS- 41 (14-48).
  - 72% patients had good outcome at the final follow up (mean duration- 5 months).
Results- Group 2

- mean age 52y (30-75).
- Scarf & Akin-11
- chevron-4
- All patients were discharged at final clinical follow up (mean duration- 6 months) with satisfactory outcome
Group 2- outcome

- all osteotomies united radiologically.
- 3 patients had complications
  - wound infection- 1
  - Stiffness- 1
  - Swelling- 1
- mean SEFAS- 43 (34-48).
Conclusions

- Combining hallux valgus corrective osteotomy with Weil osteotomy increases the risk of postoperative complications and nearly one fourth of the patients had persistent symptoms postoperatively.

- However the SEFA score was not significantly lower in the combined osteotomy group at long term follow up.