Complications of surgical treatment of hammer toes with reabsorbable pins (Trim-it)

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Our disclosure is in the Final AOFAS Program Book and in the Orthopaedic Surgeon’s Disclosure Program database. I have no potential conflicts with this presentation.
Introduction:

- Hammer toes are common and difficult to treat.
- There is no level one evidence study to guide our decisions.
- The most common surgical options is PIP arthropastly or arthrodesis using a Kirschner wire for fixation.
- A reabsorbable pin is available to improve results without using a K wire, but there is no report in the literature related to complications with this device.


Coughlin M., Lesser toe abnormalities, JBJS, 84-A: 1446-1469, 2002
Introduction:

  - 118 toes treated with a minimum follow up of 41 months
  - Satisfaction rate 84%
  - Complications: 10% (6/63 pts)
  - 19% fibrous non union → union is not necessary

- An 18% infection rate has been reported when K wire were left in place for more than 4 weeks.

PURPOSE:
Report mid term complications with the use of TRIM IT (L-Lactide, Arthrex) for fixation of PIP resection arthroplasty.

• What do most patients want
  • Straight toes
  • No recurrence
  • Hate K wire!!!
  • Do not care about losing motion
Methods:

• Retrospective study.
• 41 females patients (52 feet)

• Technique: PIP resection arthroplasty + intramedullary fixation using 1.5 reabsorbable pin (Trim It Arthrex)

• Evaluation:
  – AOFAS
  – Subjective satisfaction
  – Complications
  – Minimum follow up: 6 months
Results:

- Average age: 49.8 years (SD+/- 20.2)

- AOFAS:
  - Pre op: 75
  - Post op: 95

- Satisfaction rate:
  - 95.1% (39/41 pts)
  - 2 pts with partial satisfaction due to mild loss of correction.
Complications: 11.5% (6/52)

- **Superficial infection**: 2 patients (local care treatment + ATB)
- **Pin removal**: 3 patients in the office (distal prominence, pain or persistent wound)
- **Partial pin removal** at 3 months after surgery: 1 patient
Conclusion:

- The use of reabsorbable pins for hammer toe correction by performing a PIP resection arthroplasty was successful in 95% of 41 patients.

- Minor complications occurred in 12%.

- We recommend to advise the patient that there is a chance that a pin removal could be needed within the first 3 months postoperatively.
Bibliography: