Short scarf osteotomy for hallux valgus – medium term results

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Disclosure and conflict of interest

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- My disclosure is in the final AOFAS Program Book.

- I have no potential conflicts with this presentation.
Introduction

- The scarf osteotomy as described by Barouk is a universal procedure for moderate and severe hallux valgus.
- The technique requires extensive exposure, fixation and increased operative time.
- We present a ‘short’ scarf osteotomy (SSO), which retains all the cuts but requires a reduced exposure, less metalwork, less operating time and is more economical.
- Early to medium term results indicate excellent clinical and radiological outcomes with minimal complications.

Red line represents the SSO
Methods

- 53 patients and 60 feet were included in the study.
- There were 5 males and 48 females.
- Age range was 32-76 with an average age of 59.
- Minimum follow-up was 12 months.
- Standardised pre-operative and post-operative radiographs were taken.
- Intra-operative parameters used were length of surgical incision, length of bone exposure, fixation used and operating time.
Methods

- Radiological assessment of films measuring sesamoid coverage intra-operatively and at final follow up was made.

- Patient satisfaction was performed by questionnaire and review of post-operative clinical notes.
Surgical technique

50mm incision

‘Z’ shaped cut fashioned after cheilectomy

SSO displaced laterally and temporary k-wire

SSO fixed with headless compression screw
Results

- 53 patients, 60 feet
- 5 males:48 females
- Age range: 32-76 with average age of 59
- Mean length of osteotomy was 26 mm (20-36)
- Mean length of incision was 47 mm (42-56)
- 2 SSO’s fixed with k wires (because of poor fixation achieved with screw in porotic bone)
Results

- Mean operating time was 24 minutes (20-34 mins)
- Outcome rated as good to excellent by 48 patients
  - All cases demonstrated radiographical union by 3 months
  - Significantly improved sesamoid coverage was achieved in all but 1 case
- 3 mild overcorrections – overzealous lateral release
  - Further surgery not required
- 2 superficial infections – Rx with antibiotics only
- 1 prominent metalwork removed at 6 months
- 2 persistent pain, due to pre-existing OA
- No AVN of the distal fragment, no perioperative fractures
- No recurrence of deformity
Discussion and Conclusions

We strongly recommend this osteotomy and believe that it offers:

• Good to excellent results in most cases of hallux valgus surgery

• Cost effective due to shorter operating time and lesser metalwork; improved theatre efficiency

• Reduced morbidity – decreased swelling and post-operative pain with better cosmesis

• Biologically the decreased exposure should improve healing and reduce the risk of stiffness

• Over 95% of cases suitable for a standard Scarf are possible with this technique

• Inherent stability is good

• Relatively easy learning curve

• Contraindications are severe osteoporosis, previous failed surgery with scarring and severe deformity


