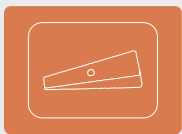


MMP Surgery

Supplementary Planning

 Hints & Tips



MMP Surgery Supplementary Planning

MMP Preoperative Planning



01 Radiopaque calibrated markers must be positioned at the level of the stifle joint, preferably not directly on the x-ray table



02 Obtain standard orthogonal views with calibration marker at the level of the stifle joint and fabellae bisected by distal medial and lateral femoral cortices, respectively



- 03 Obtain standard orthogonal views with calibration marker at the level of the stifle joint and with femoral condyles superimposed on the mediolateral projection

MMP Surgery Supplementary Planning



Using the preoperative planning true lateral radiograph

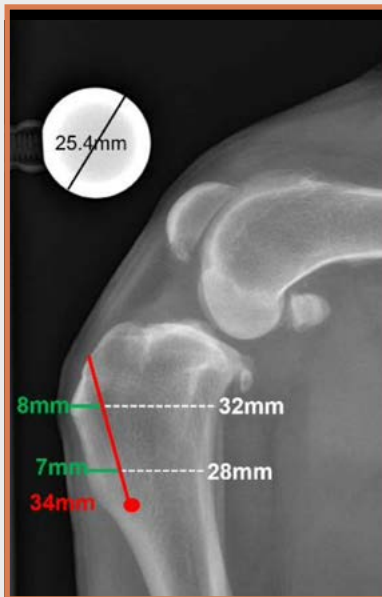
- 04** Measure the craniocaudal thickness/depth of the tibia at 2 points on the TT
- proximally from a point beginning at the cranioproximal point of the TT
 - a second point measured at the mid- distal TT, roughly 2/3 the linear distance between the first point and the distal end of the TT

- 05** Measure 25-30% the craniocaudal thickness/depth of the tibia at each of these 2 points on the TT to determine the resultant/desired TT thickness

- 06** Draw a line parallel to the cranial TT cortex (yellow) that begins at proximal aspect of the TT slope just caudal to the patellar tendon, passing through these two points this line should measure at least 40+mm in length in order to accommodate a 40mm STANDARD length wedge; for MEDIUM wedge = 30+mm, SMALL wedge = 20+mm
- allows for positioning the wedge sufficiently distal to the cranial tibial articular surface and slightly proximal to the Maquet hole

- 07** Double check that the distal point of this line (yellow circle) is positioned at least 3-4mm caudal to (for MEDIUM AND STANDARD wedges) or at least immediately caudal to (SMALL wedges), the distocranial TT cortex
- this will be the planned point of insertion of the Maquet drill bit

Radiographic Planning: Medium breed wedge and small staple



Radiographic Planning: Small breed wedge and mini staple

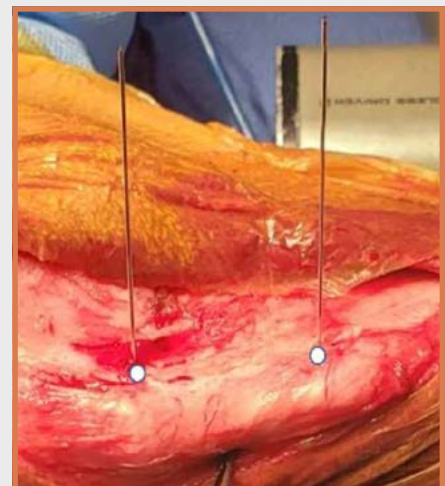


MMP Surgery Supplementary Planning

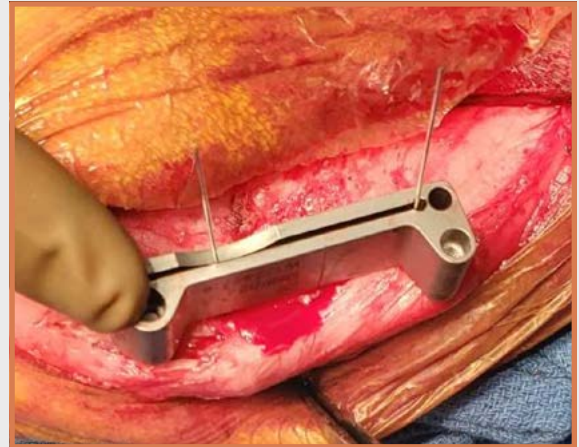
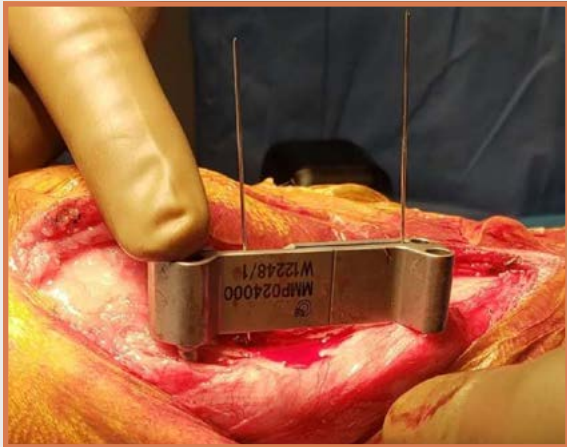


08 With the measurements 25-30% the craniocaudal thickness/depth of the tibia at each of these 2 points on the TT used to determine the resultant/desired TT thickness

- some software programs offer an ability to overlay the orthomed MMP SAW GUIDE template
- provides an accurate assessment of the positions of the proximal and distal saw guide pegs and also of the proposed/planned osteotomy length, orientation and Maquet hole location



09 With the aid of Castroviejo (or similar) calipers, translate the 2 measured points on the mediolateral radiograph to the medial tibial surface and insert a 0.9mm (0.035") K-wire perpendicularly and monocortically at each of these 2 points



- 10 Slide the saw guide over the top of the K-wires with the K-wires located within the middle of the saw channel
- 11 Pull the saw guide distally, ensuring that the proximal peg is properly seated immediately caudal to the patellar tendon insertion on the cranial tibial articular surface
- 12 Further ensure that the saw guide channel is parallel to the cranial cortex of the TT with the distal peg of the saw guide in contact with the distocranial cortex of the TT

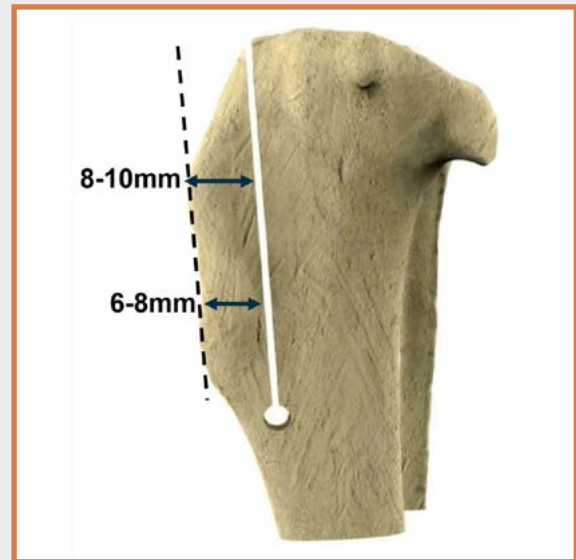
Note: At times the distal peg may need to be left off to allow correct placement over the pre-planned k-wires

MMP Surgery Supplementary Planning



- 13** Just prior to drilling insertion of the Maquet drill bit, gently lift the saw guide off the bone with the drill bit through the hole in the guide and just touching the medial surface of the bone to assess the exact location of the intended Maquet hole
 - if pleased with this positioning, lower the saw guide and proceed as planned with insertion of the Maquet drill bit
- 14** Remove the two K-wires and complete the osteotomy through the saw guide channel as routinely done
- 15** Remove the Maquet drill bit and complete the osteotomy through the distal bony isthmus above the Maquet hole

MMP Intraoperative Planning

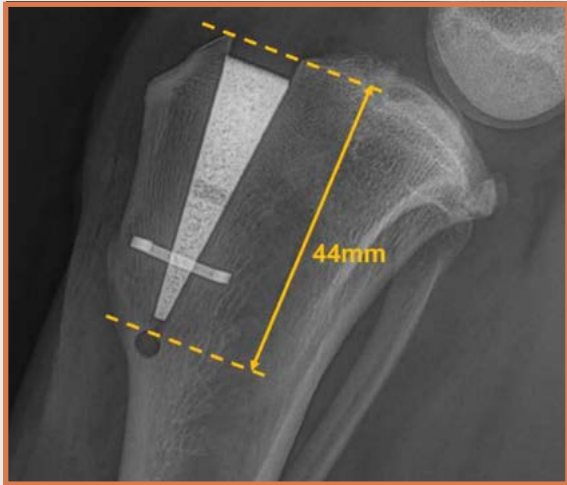


Resultant tibial tuberosity osteotomy should be parallel to the tibial long axis and cranial TT cortex and no thicker than 10mm proximally



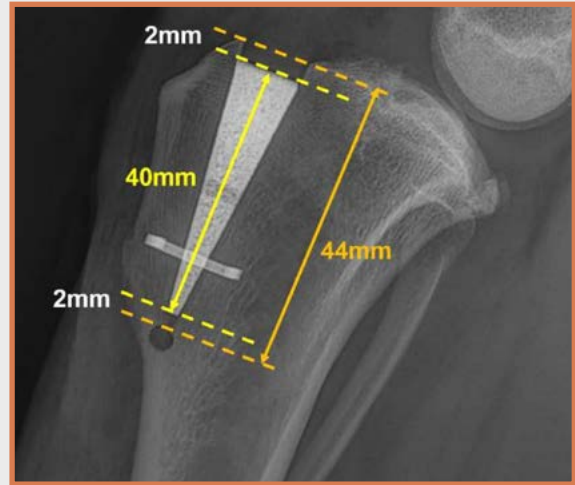
The distal point of the osteotomy should be positioned at least 3-4mm caudal to (for MEDIUM AND STANDARD wedges) or at least immediately caudal to (SMALL wedges), the distocranial TT cortex

MMP Surgery Supplementary Planning



Osteotomy length

- 20+mm (SMALL)
- 30+mm (MEDIUM)
- 40+mm (STANDARD)



Wedge insertion

- ~2mm distal to tibial articular surface
- ~2mm proximal to Maquet hole



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