



Patient Presentation

49 year old female.

Lateral Open Wedge Distal Femoral Osteotomy

Pre-op

Initial prescription and images provided to Preplink for segmentation

Fine Osteotomy 1			
	Initial	Final	Δ
Coronal			
mMTWr	70.26%	47.09%	-23.17%
mTFA	-5.28°	0.24°	5.52°
JLCA	-1.05°	-1.05°	0°
MAD	-18.5mm Valgus	-0.24mm Valgus	18.26mm
mLDFA	86.56°	92.08°	5.52°
mMPTA	90.79°	90.79°	0°
Sagittal			
aMTsA	10.12° Flexion	10.12° Flexion	0°
aLTsA	12.13° Flexion	12.13° Flexion	0°

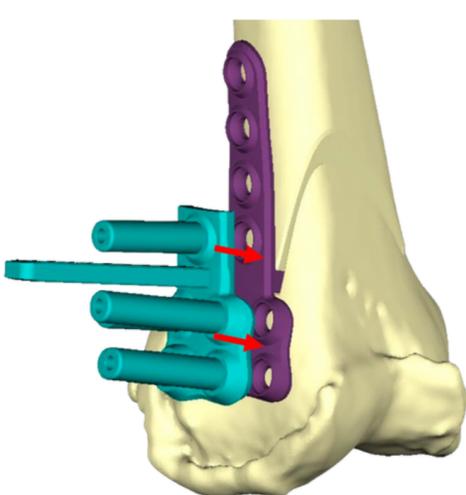
Final Plan

Surgeon will review proposed plan and work with the Preptech engineers to make changes if required



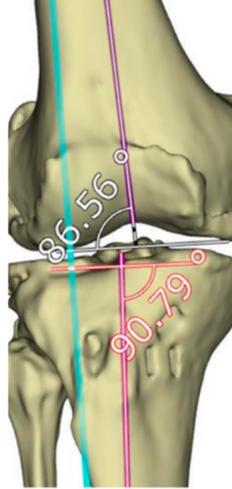
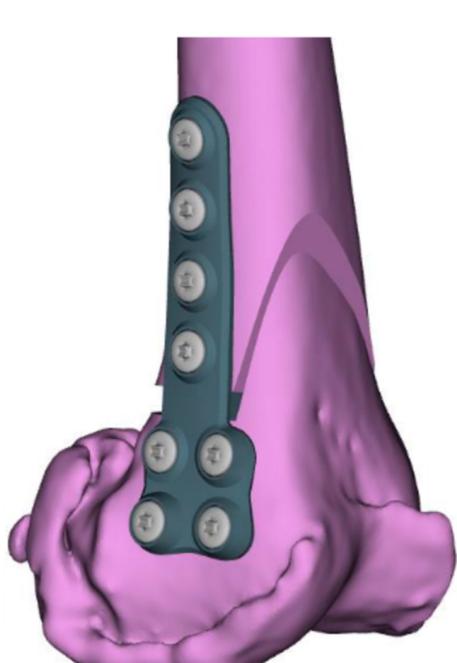
Osteotomy

The cutting guide is attached to the distal femur in the appropriate position with 2.4 K wires, using the 3D printed model, technique images and C arm for reference. Once placement is confirmed, retaining screws are inserted to fix the guide to bone. A saw blade of the specified size is used through the slot to perform the osteotomy to the hinge axis.



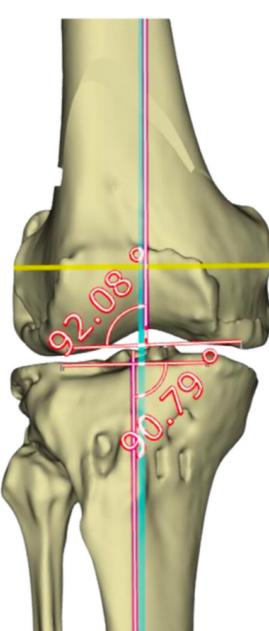
Screw Placement

Pre-determined locking and cortical screws are placed in the correct positions, according to the surgical plan



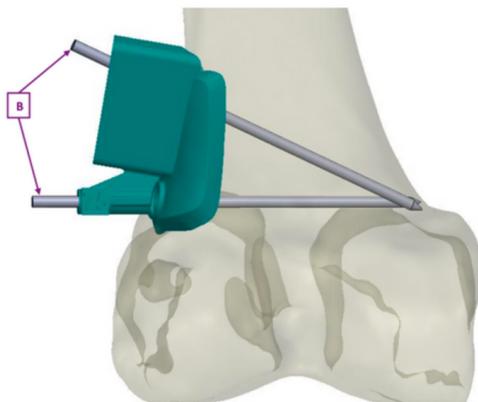
Initial Plan

Preptech engineers will create a surgical plan to address patient pathology and joint alignment issues



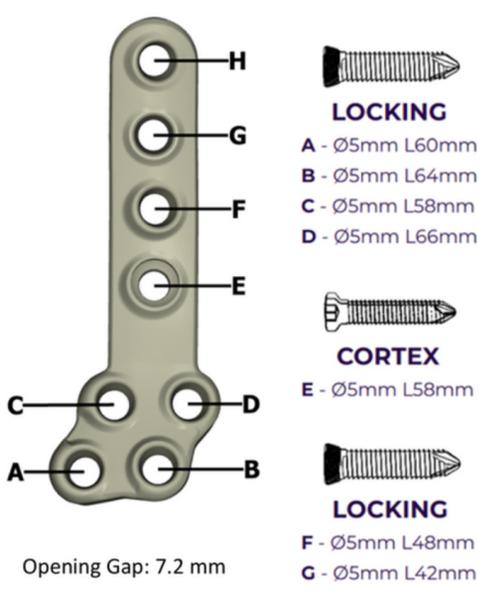
Patient Specific Kit & Technique Guide

Within 4 weeks of receiving congruent images, the kit, consisting of models, surgical guides and implants, will be delivered to the facility, along with the step-by-step technique



Over the Plate Drill Guide

After the osteotomy is opened to the planned size, the validators are used as a check, and the plate is placed in the appropriate position. The over the plate drill guide, with positive stops for the planned screw lengths, is used to drill the screw holes.



Final Post-op

Fine Osteotomy Timeline

