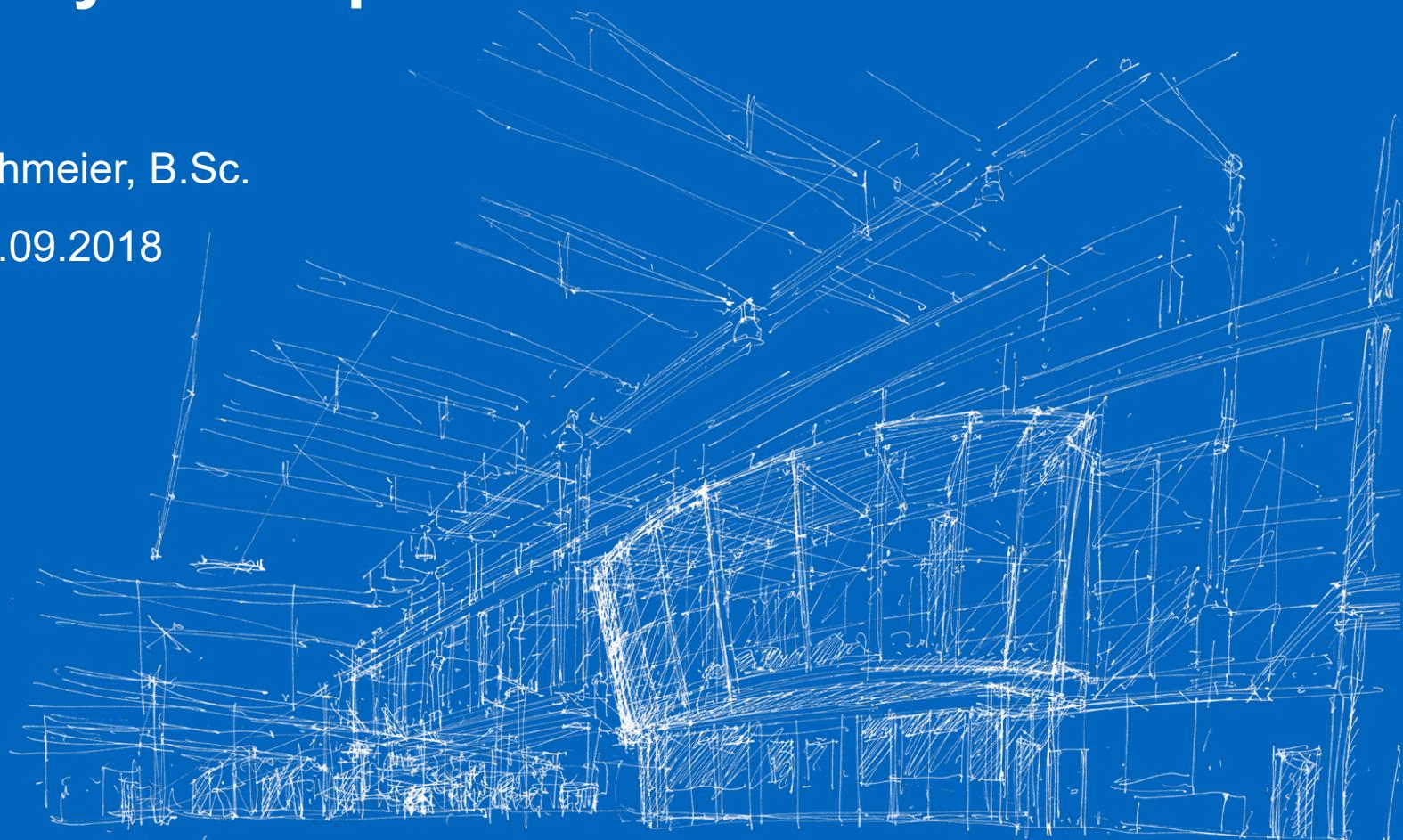


Development of a patient-specific surgery technique for the minimally invasive osteotomy of the proximal femur in children

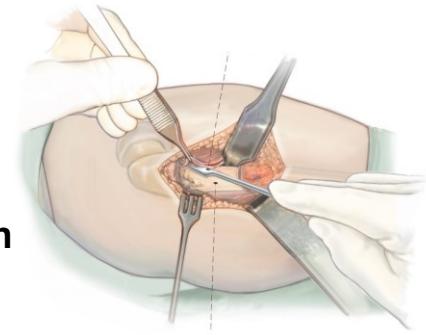
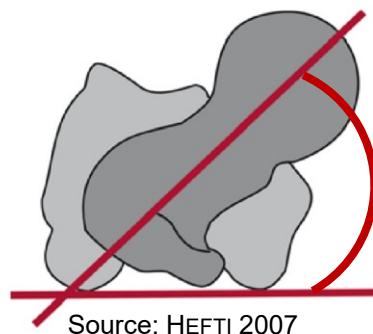
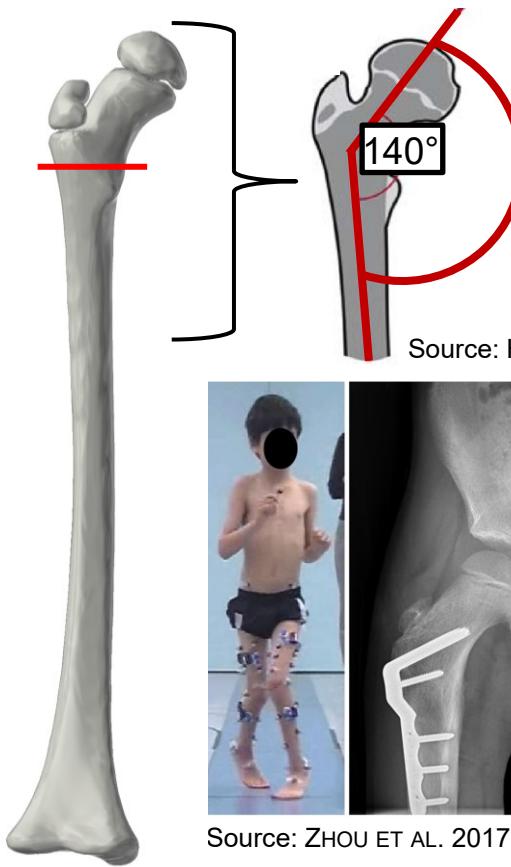
Andreas Bachmeier, B.Sc.

Garching, 10.09.2018

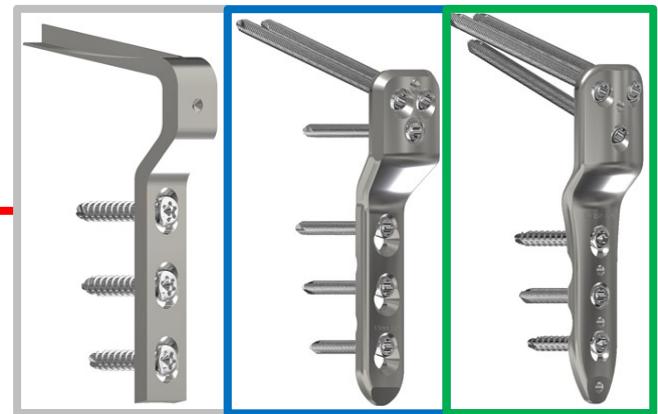


Introduction

Relevant angles and exemplary osteotomy of a child



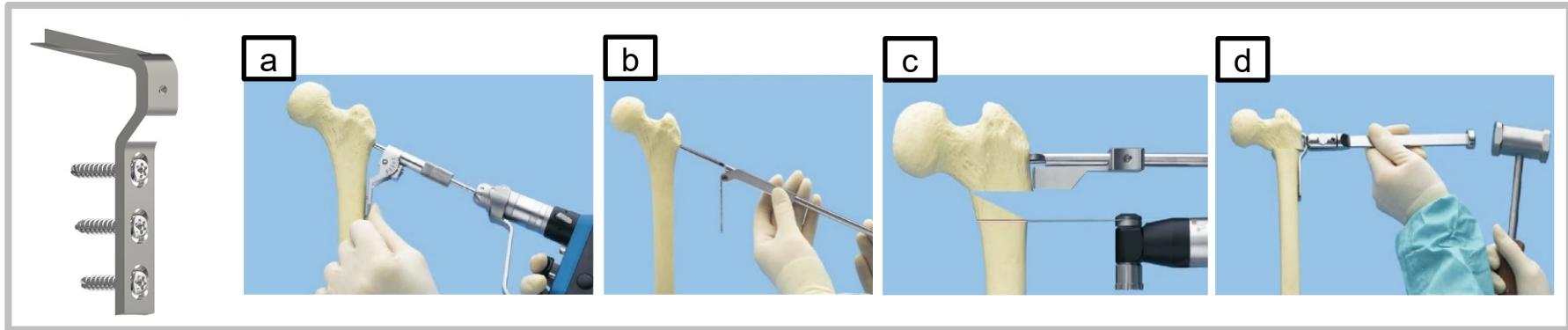
Synthes Blade, [Synthes](#) and
[OrthoPediatrics](#) locking plates



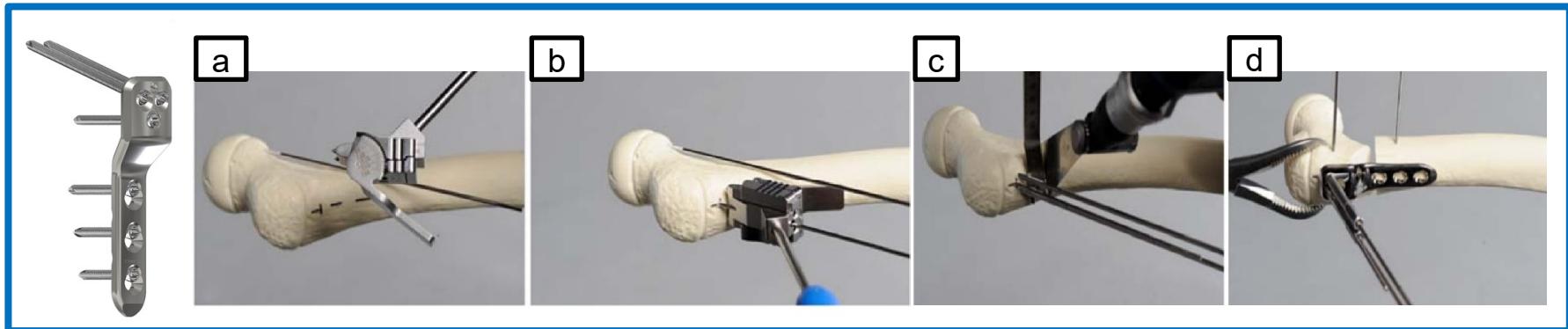
State of the Art

Current surgery Techniques using blade and locking plates

Surgery technique using a [Synthes blade plate](#) (DEPUY-SYNTHES 2016)



Surgery technique using a [Synthes locking plate](#) (ZIEBARTH & SLONGO 2015)



Motivation

BMBF research project “FOMIPU” and structuring of the thesis

FOMIPU: Novel surgery technique for the osteotomy of the femur in children

- Minimal invasiveness
- Complexity and error reduction
- Patient-specific surgery technique
- Reduced radiation exposure
- Polyaxial and angular stable implants
- Surgery guided by targeting devices

Polyaxial Implant Design

Guided patient-specific and
minimally invasive surgery

System Design

Implant Evaluation

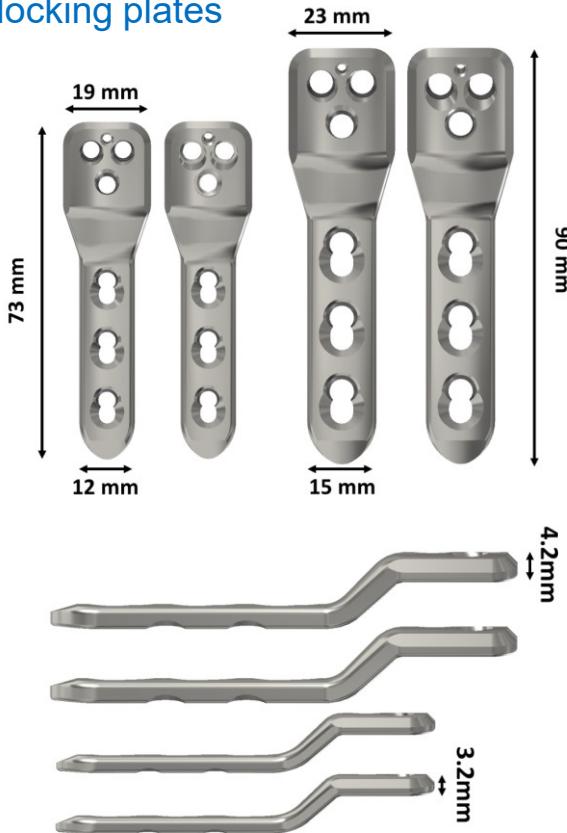
Concept Development

Concept Evaluation

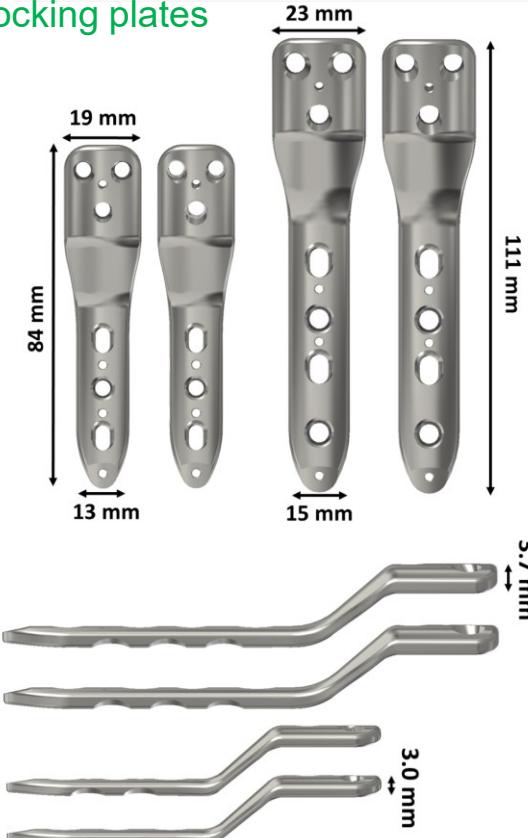
System Design: State-of-the-art systems

Blade and angular stable locking plates

Synthes 3.5 and 5.0 mm
locking plates



OrthoPediatrics 3.5 and 4.5 mm
locking plates

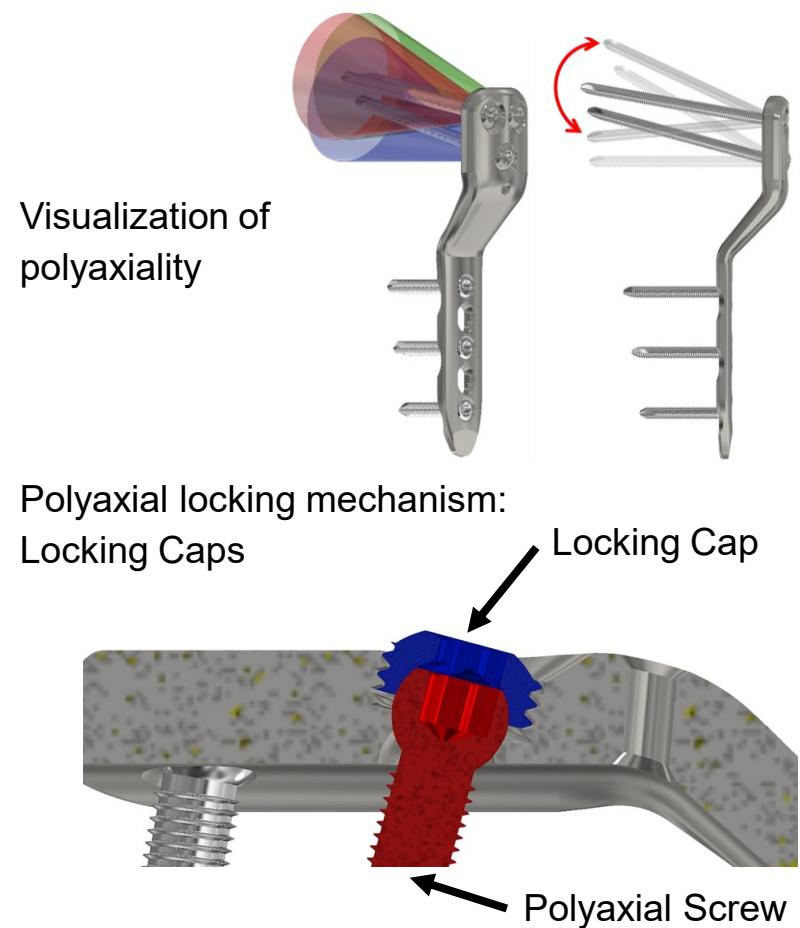


Locking and cortex screws



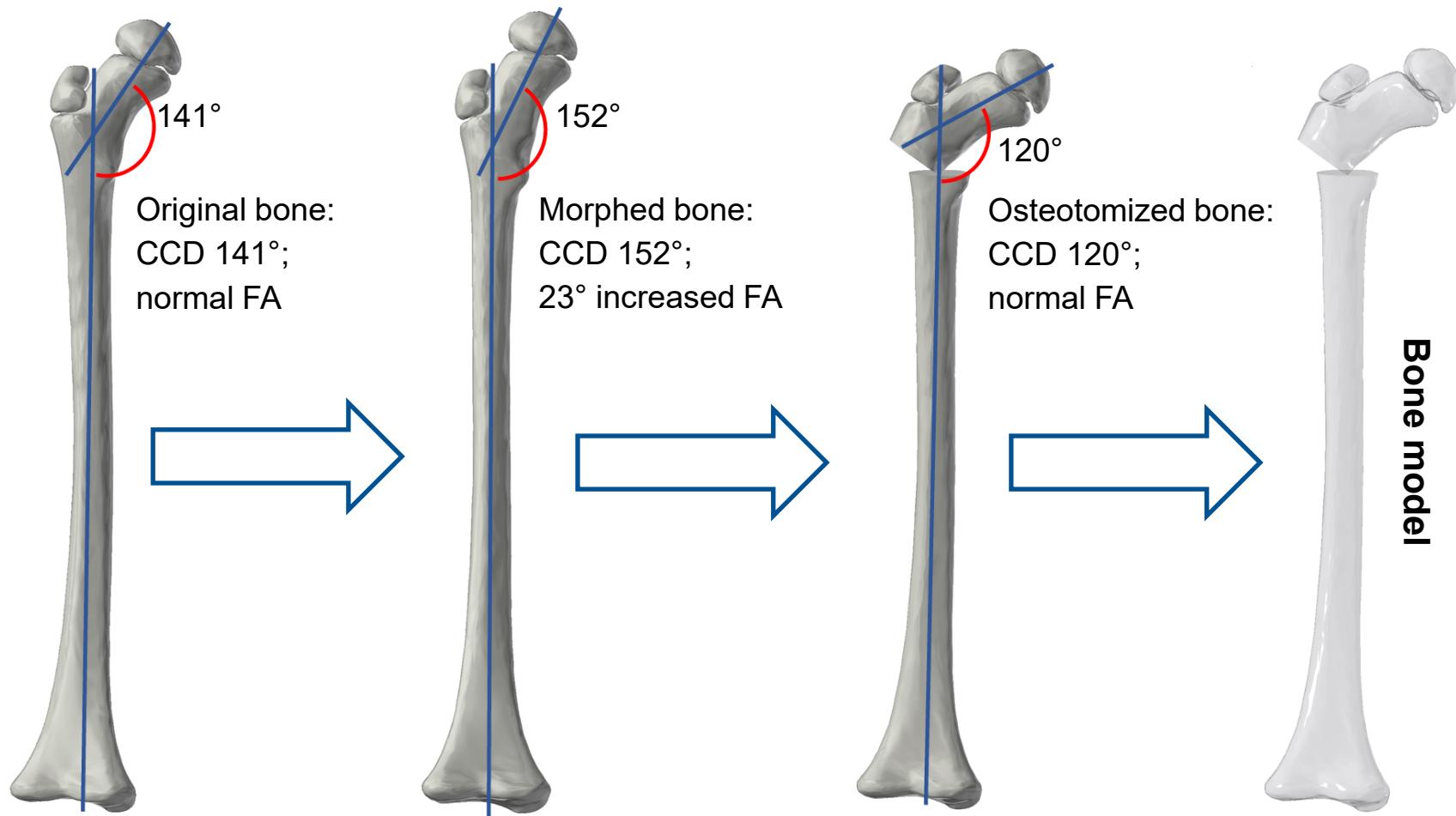
System Design: Polyaxial system

Parts of the polyaxial system and locking mechanism



Implant Evaluation: Bone Model Development

Modification and osteotomy of a segmented bone of a seven-year-old child



Implant Evaluation: Virtual Implantation

Anterior and superior views of the implanted systems

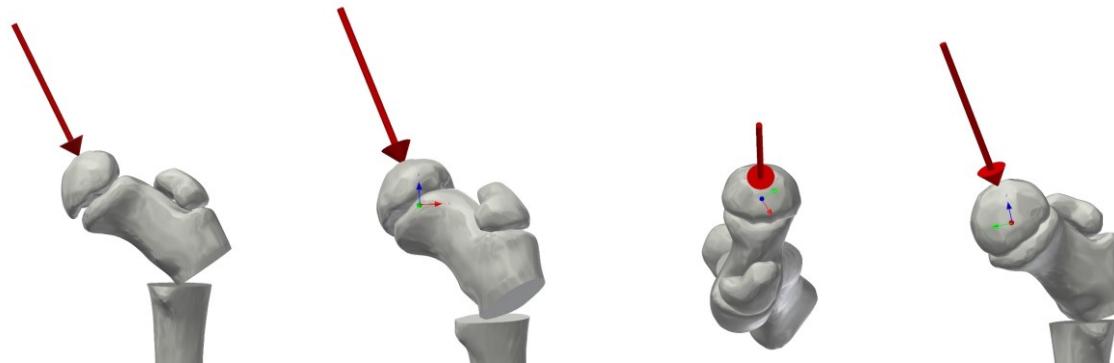
S: Synthes
OP: OrthoPediatrics



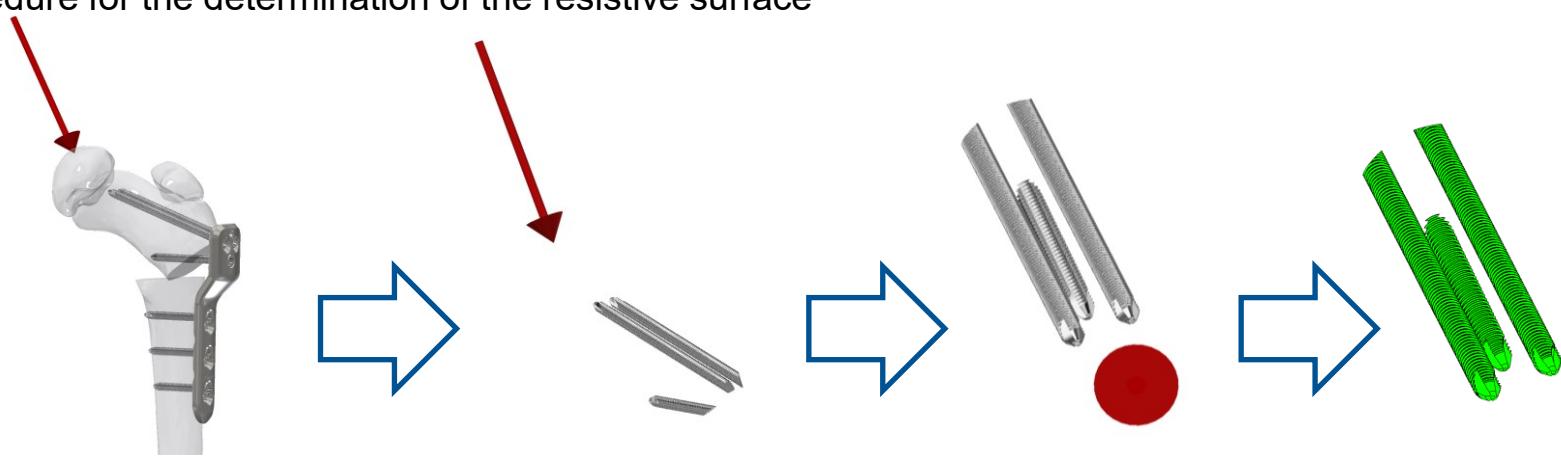
Implant Evaluation: Biomechanical Cut-Through Resistance

Resulting force vector and resistive surface

Integration of the resulting force vector for the worst-case scenario ("Stairs Down")

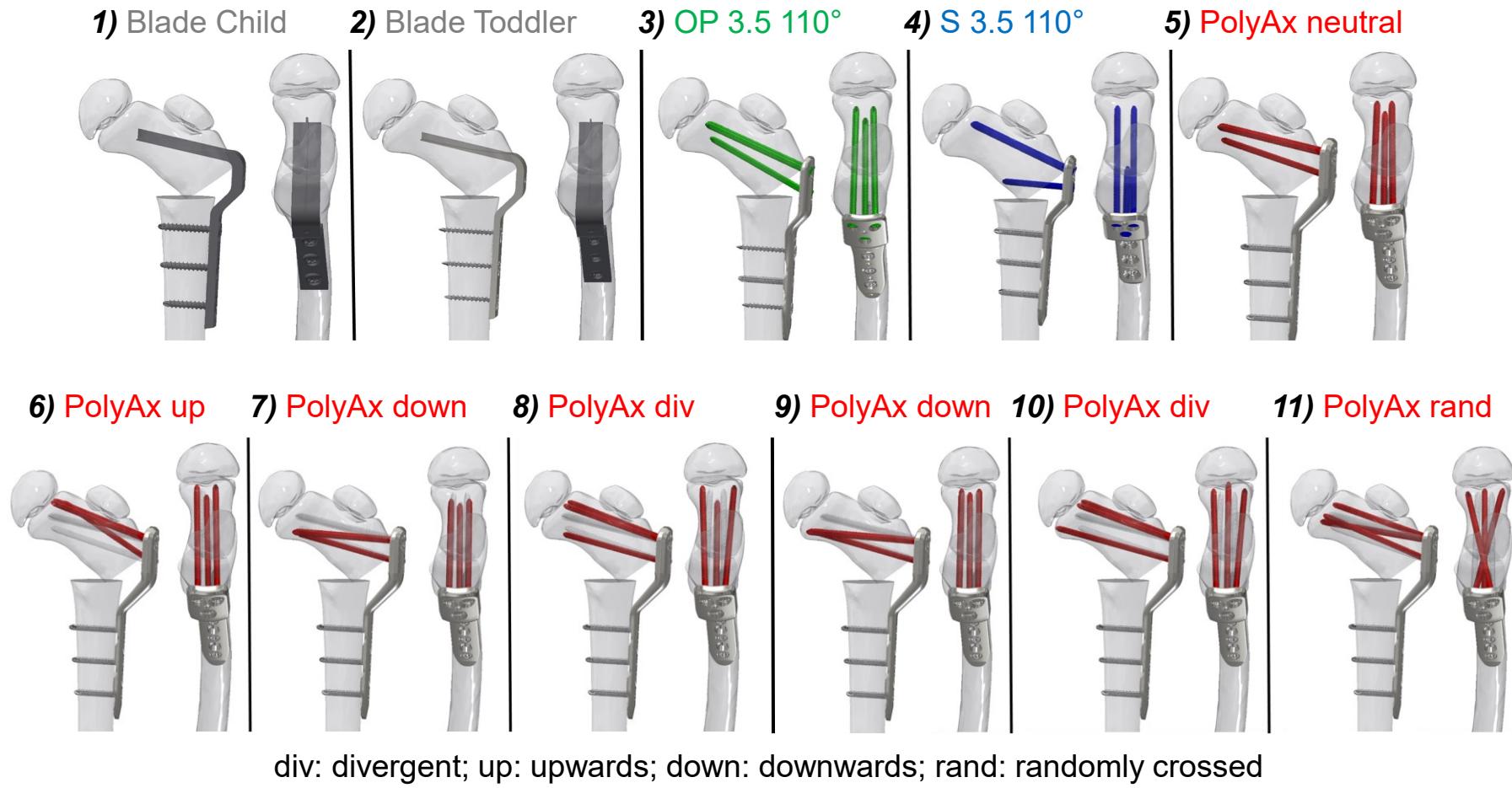


Procedure for the determination of the resistive surface



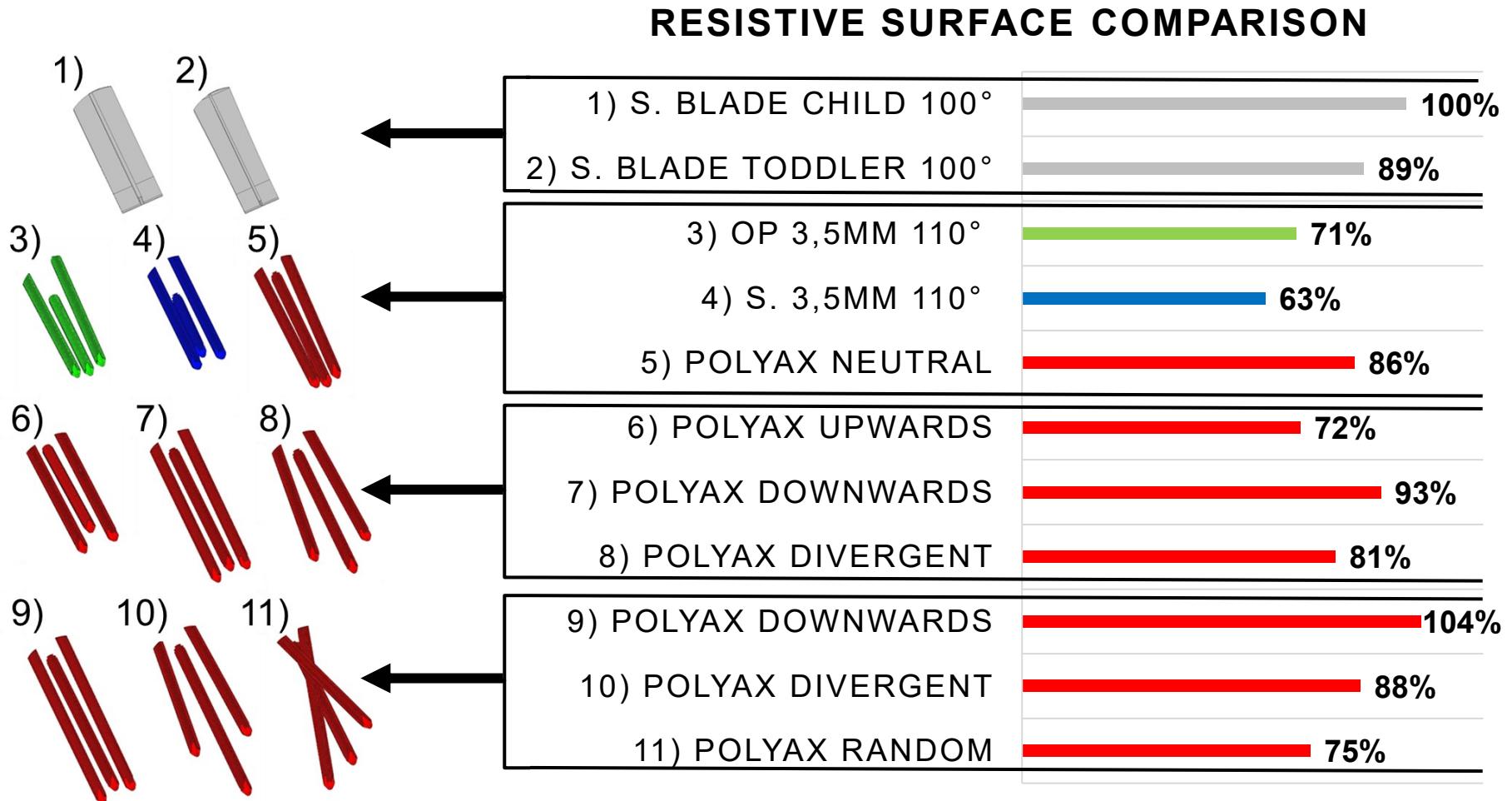
Implant Evaluation: Biomechanical Cut-Through Resistance

Virtual implantation of the systems with optimized screw length



Implant Evaluation: Biomechanical Cut-Through Resistance

Evaluation of the resistive surface



Concept Development: Creation

Concepts created by applying the Munich Procedure Model (Münchener Vorgehensmodell)

	Solutions						
subgoals	Concept 1	Concept 2	Concept 3	Concept 4	Concept 5	Concept 6	Concept 7
defined cutting plane (DCP)							
mechanically navigated alignment (MNA)							
polyaxial screw insertion (PSI)							

Concept Development: Selection

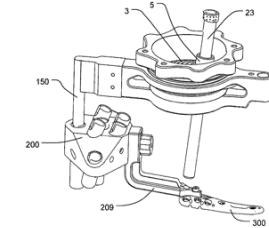
Weighted scoring and selection of the highest rated concepts



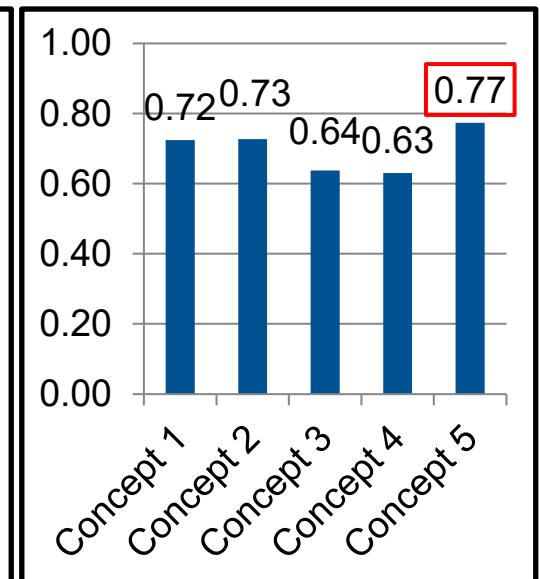
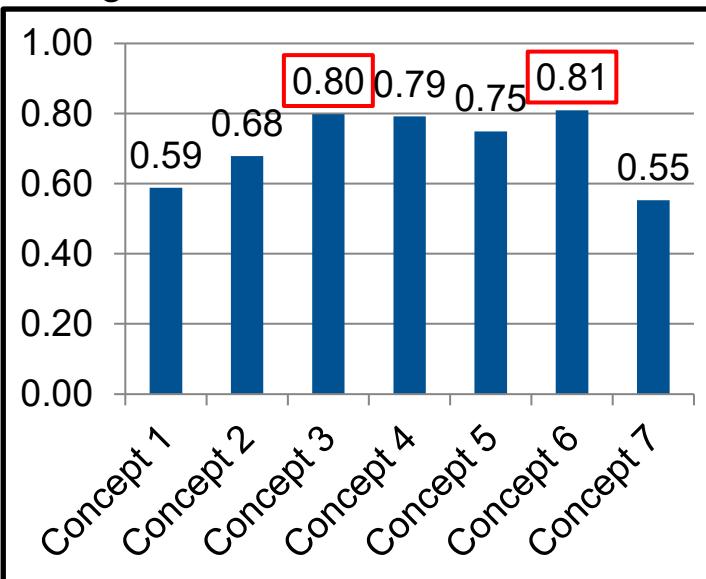
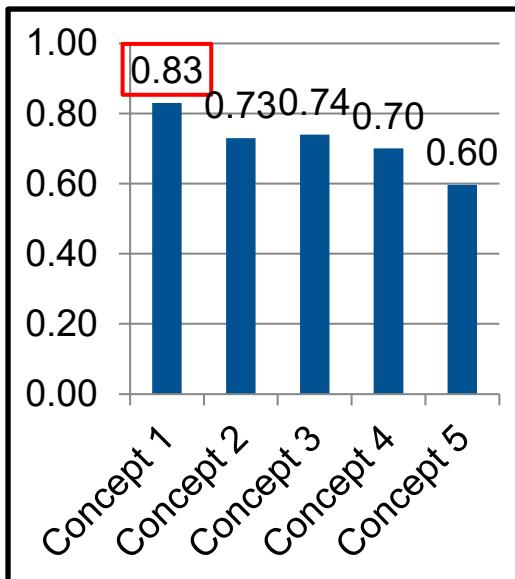
Defined Cutting Plane



Mechanically Navigated
Realignment

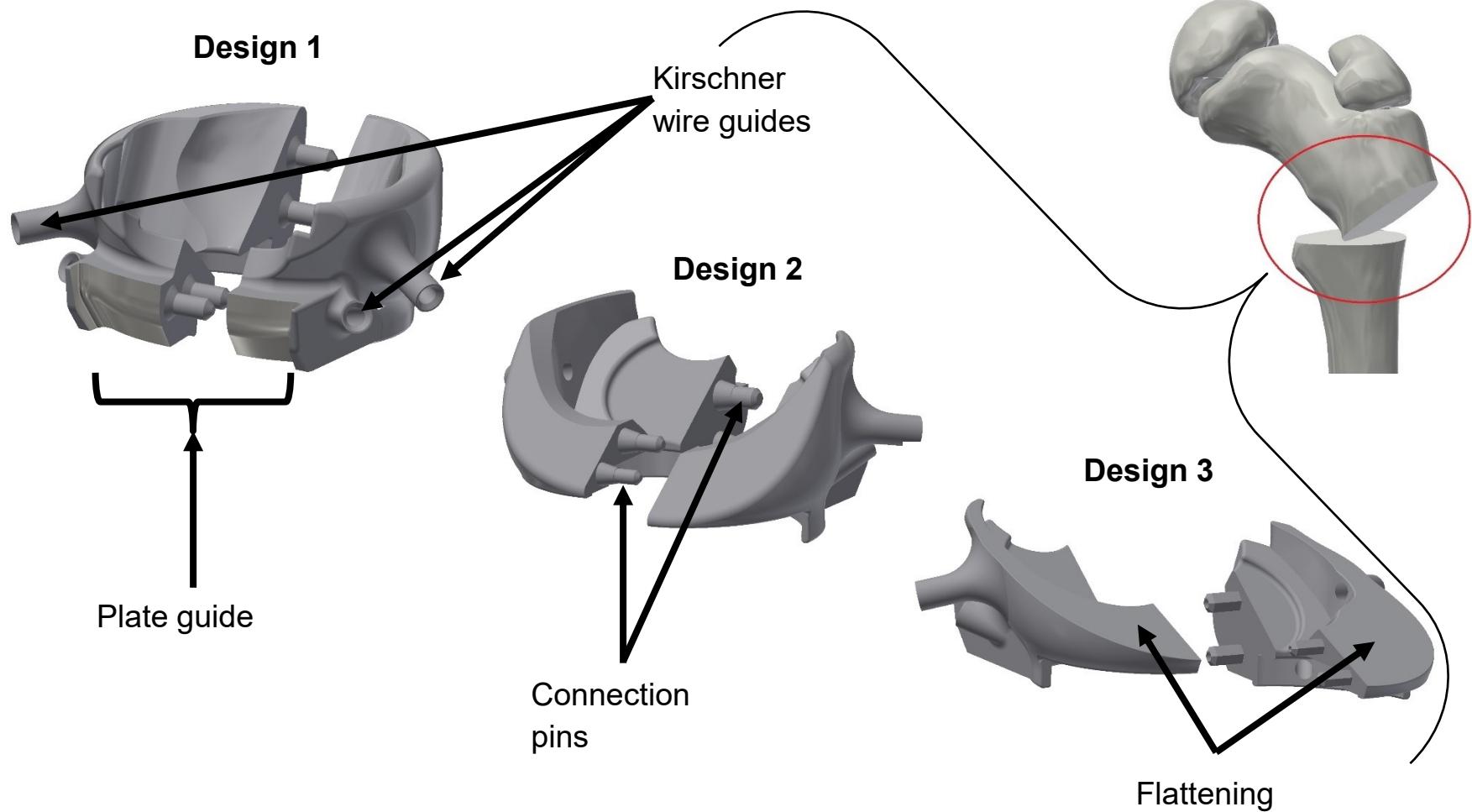


Polyaxial Screw Integration



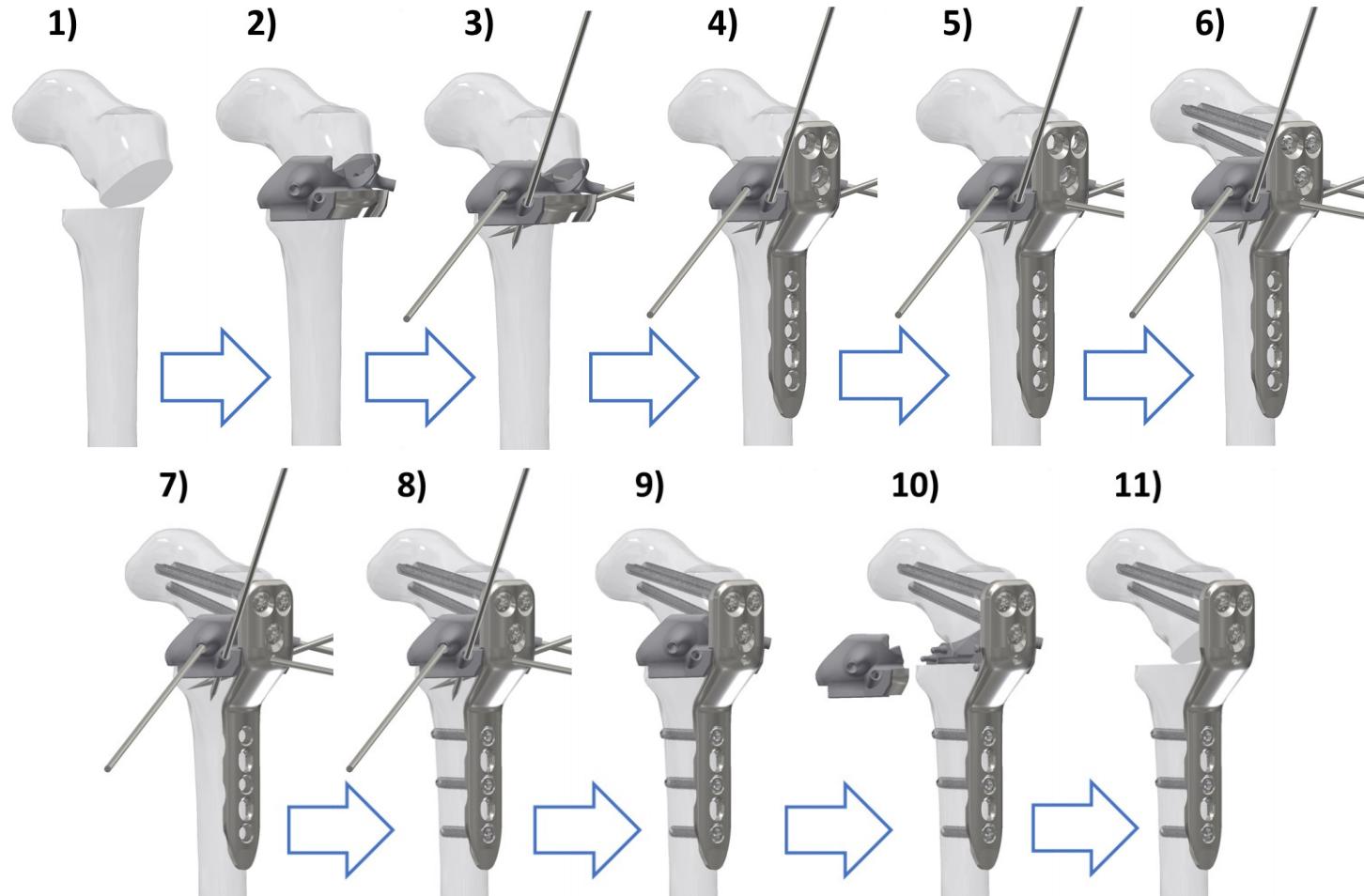
Concept Development: Mechanically Navigated Realignment

Patient-specific osteotomy guide (combination of Concept 3 and 6)



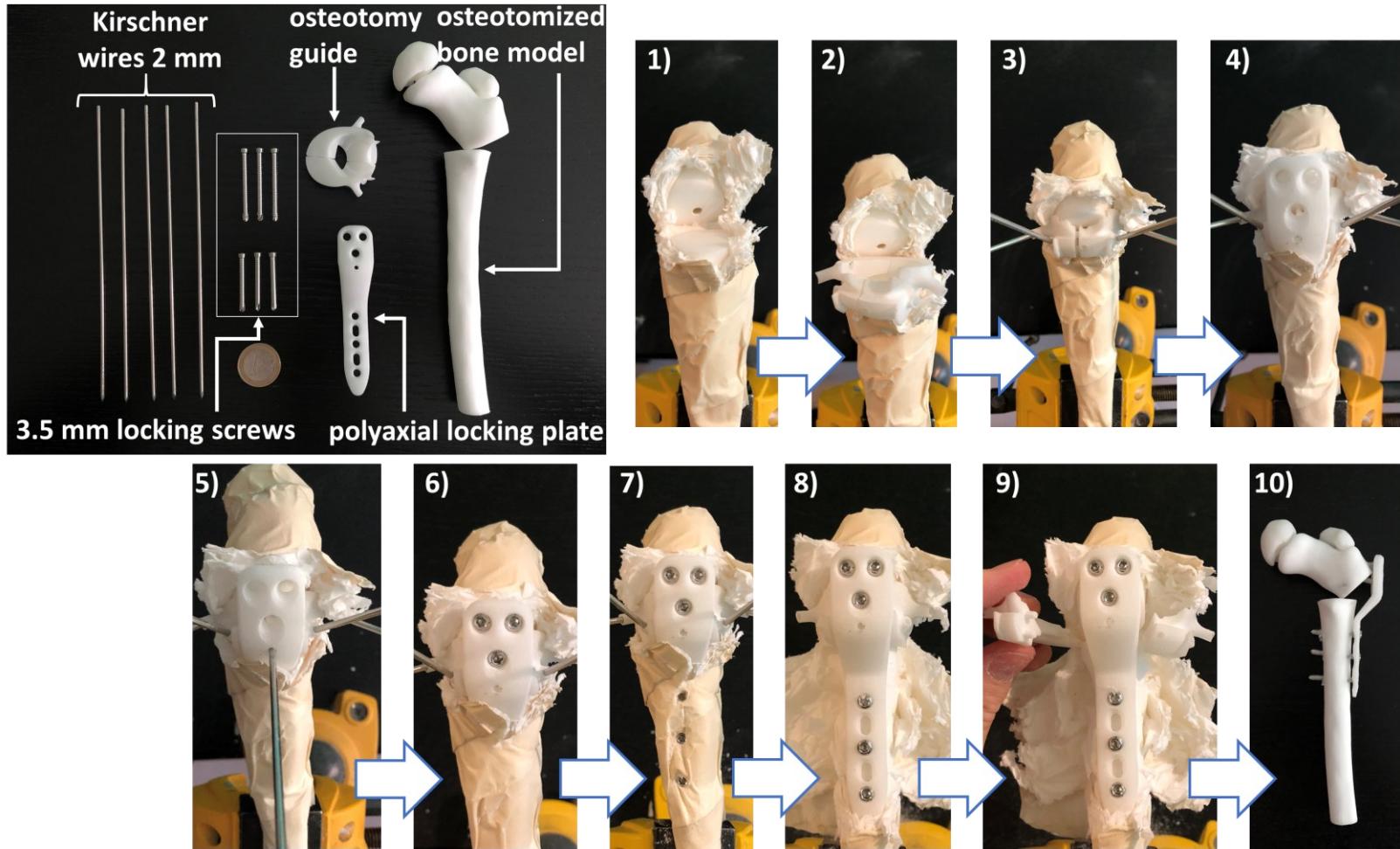
Concept Development: Final Surgery Technique

Procedure of the implemented surgery technique



Concept Evaluation: Physical surgery execution

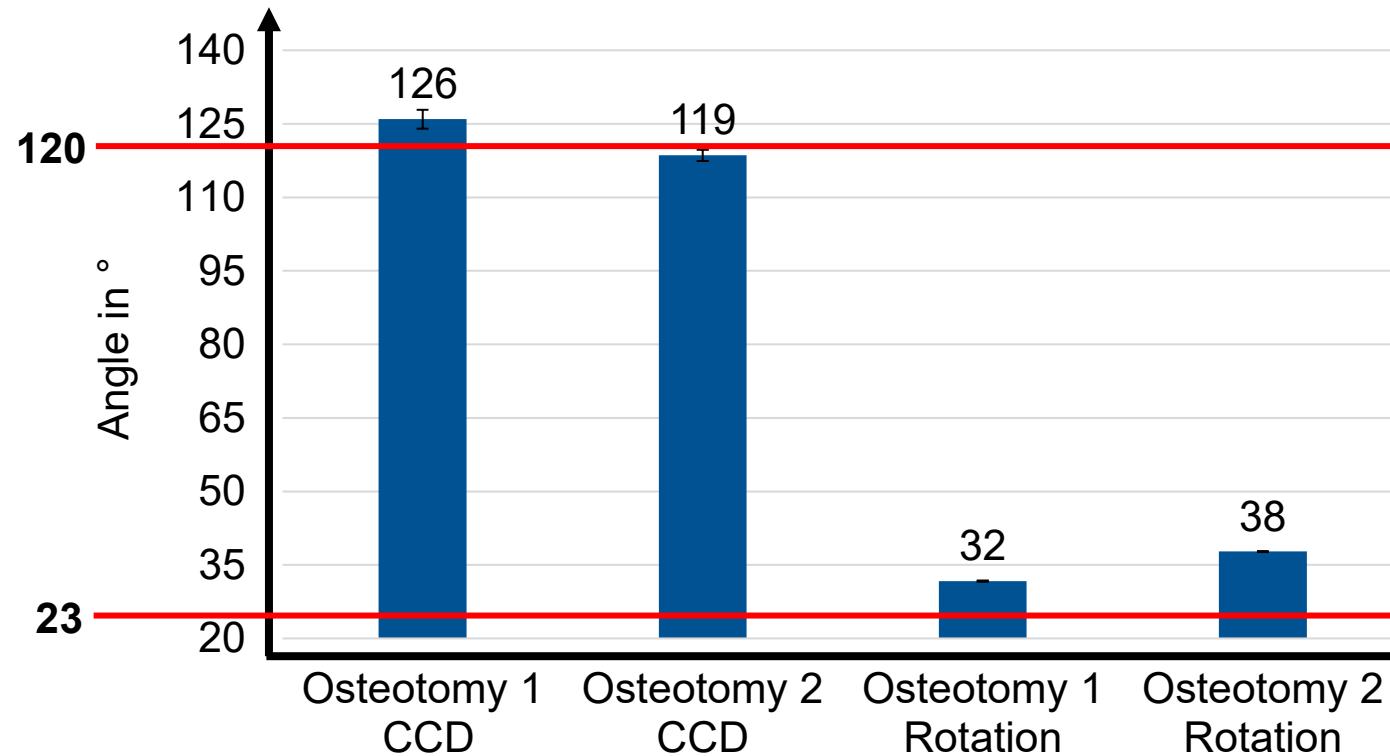
Additively manufactured system and osteotomy procedure



Concept Evaluation: Results

Resulting angles and errors

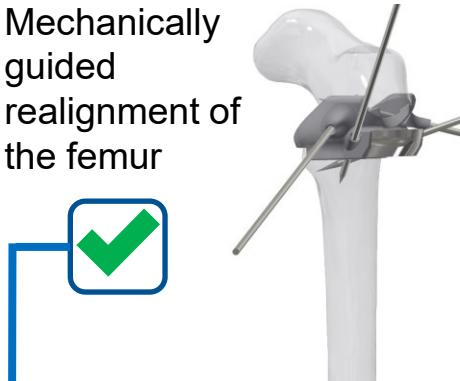
Preoperatively planned angles: **120° CCD angle and 23° relative rotation**



Summary and Outlook

Target attainment and limitations of the applied methods

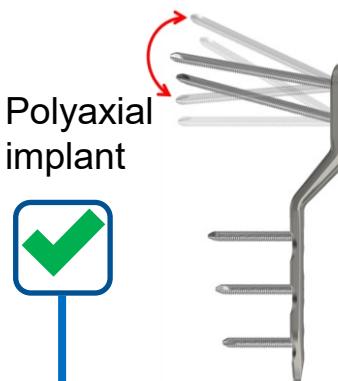
Mechanically guided realignment of the femur



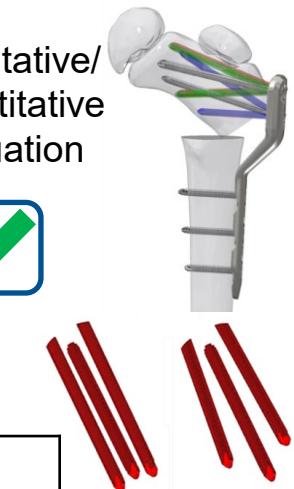
Minimally Invasive Surgery



Polyaxial implant



Qualitative/quantitative evaluation



Guided polyaxial screw integration

Concepts

Defined cutting plane

Concepts

Complete surgery technique

Limitations

1) Guide design based on CT data	2) Plastic parts for physical evaluation
3) Virtual implantation based on one bone	4) Transferability of cut-through evaluation

FOMIPU