

Bones:

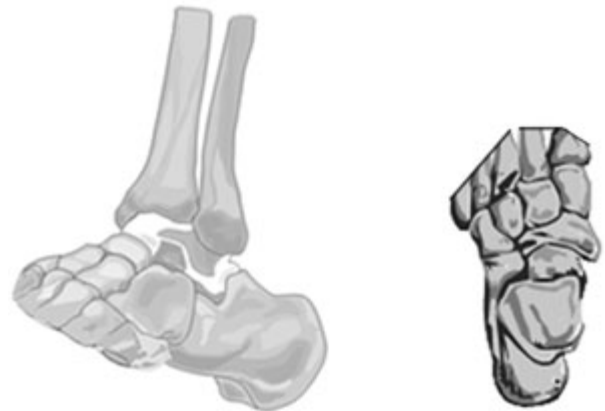
Clear bones at Cut Level:

Clean periosteum and soft tissue off of the MT at the level of bone cut.

Cut the Metatarsals:

- Cut MT2, perpendicular to axis in ML plane, and beveled to remove more bone plantarly than dorsally
- Cut MT1: this is the largest and thickest MT. Bevel plantarly and laterally.
- Identify the desired slope for the cuts of MT3, 4, & 5
- Cut MT3
- Cut MT4
- Cut MT5

*Soft tissue is the primary determinate for MT length. It is far better to have short MT's and good padding than long MT's and poor padding.



Dissect MTs off plantar flap:

MT1: Dissect and elevate MT1 off of the plantar flap, preserving the interosseous tissue on the plantar flap. The sesmoids may make this dissection a bit difficult. They are left with the plantar flap initially.

MT2: Dissect and elevate MT2 off of the plantar flap, preserving the interosseus tissue on the plantar flap. The dissection proceeds to where the skin incision was made on the plantar flap. Having a deep and full initial skin incision helps in identifying the correct plane to aim the dissection from the underside of the MTs to the skin incision.

MT3

MT4

MT5

Complete Dissection:

From under the distal ends of the MTs cleanly to the plantar skin incision. Care is needed to work around the sesmoid bones under the 1 st MT head. Care is also needed in this case to create a smooth plane near the area of blast in the midfoot.

Use saw and rasp to contour:

Use the saw to better contour and round the dorsal edge and remove the top corner of the bone.

X-ray:

Note contour of bones. Sesmoids are still in at this point.

Resection of the sesmoids

No consensus on retaining or removing sesmoids. I have traditionally removed them.