Purpose and Introduction

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Figure 1: 2D Osteotomy Diagram

Figure 3a, 3b, 3c: Preop X-ray, AP, MO, Lateral

Figure 2: Osteotomy Diagram

Figure 4a, 4b, 4c: 1 Week Postop X-ray, AP, MO, Lateral

Figure 5, 6, 7: week 0, 21, and 44

Figure 9a: Average Area of Ulcer Before and After Surgery

Figure 9b: Average Volume of Ulcer Before and After Surgery

Figure 8: Chronic Ulcer Progress Chart

Figure 9a, 9b: Average Volume of Ulcer Before and After Surgery

Figure 9a: Average Area of Ulcer Before and After Surgery

Figure 9b: Average Volume of Ulcer Before and After Surgery

Figure 9a: Average Area of Ulcer Before and After Surgery

Figure 9b: Average Volume of Ulcer Before and After Surgery

In summary, in the novel Weil Osteotomy, this ostectomy is in an ankle osteotomy constructed from posterior to anterior, and anterior to posterior, and is performed at the ankle osteotomy. The end result is a dorsal shift of the heel bone, allowing ground reactive forces to reorient the foot rearfoot rotation to the foot's normal position. This rotation into a normal position also rectifies the pes cavus deformity. This osteotomy is performed on the heel bone by an ankle surgeon, followed by a peroneal release and a plantar fascia release. The traditional Weil Osteotomy is an ankle osteotomy from dorsal to plantar, from the osteotomy site to the ankle. The ankle is held fixed with bone staples, allowing bone healing. This fixation is then removed 2 weeks postoperatively.

Methods & Surgical Technique


Case Study

The effect of the our osteotomy on preventing future plantar ulcer is statistically significant.

Methods & Surgical Technique


Discussion

In conclusion, our osteotomy is a powerful and effective osteotomy that may prevent future recurrence and heal existing plantar ulcer...

Reference