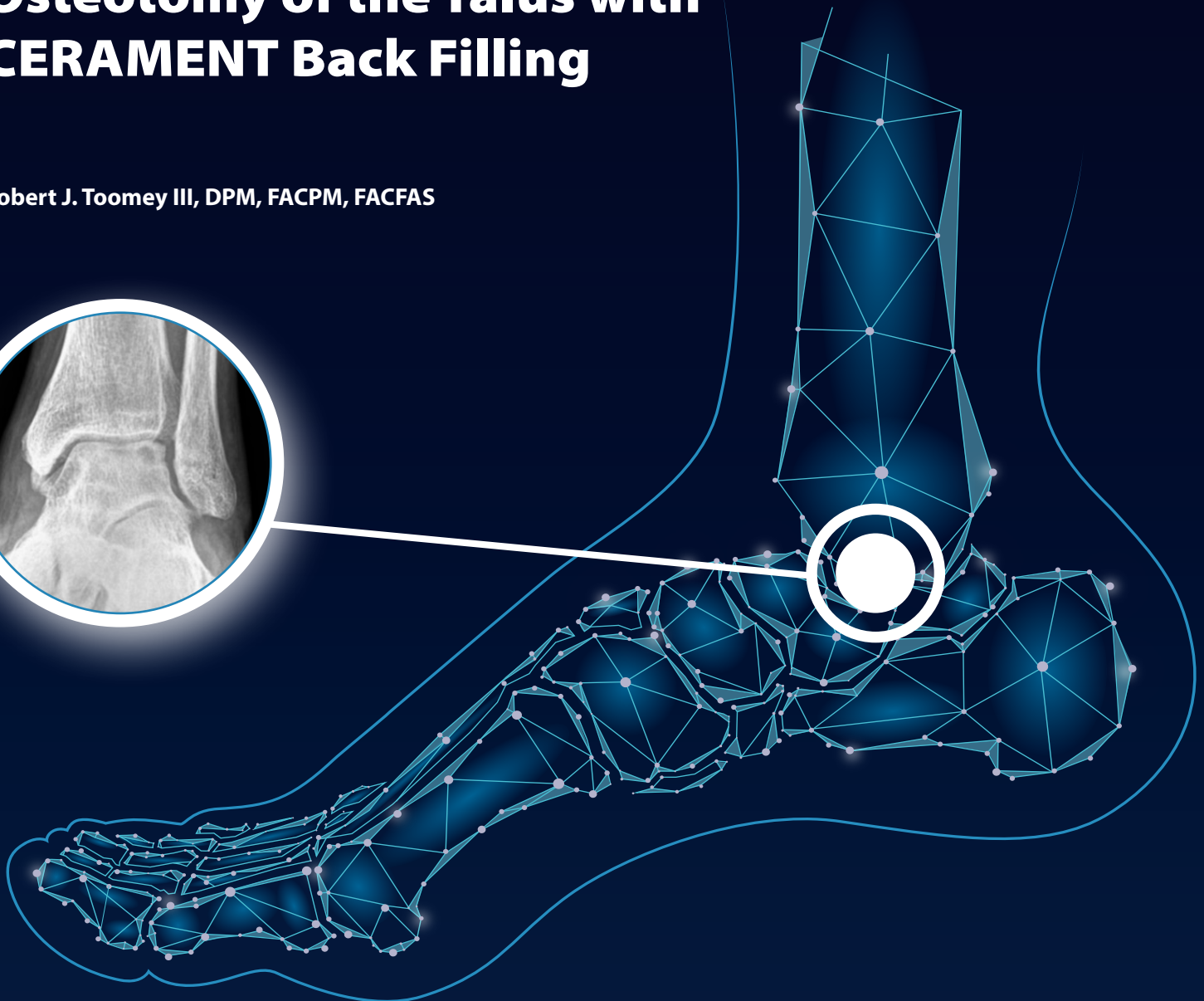


Medical Education Series

Decompressional Osteotomy of the Talus with CERAMENT Back Filling

Robert J. Toomey III, DPM, FACPM, FACFAS



DIAGNOSIS

5x5mm osteochondral lesion lateral corner of talar dome with overlying partial thickness and cartilage loss.

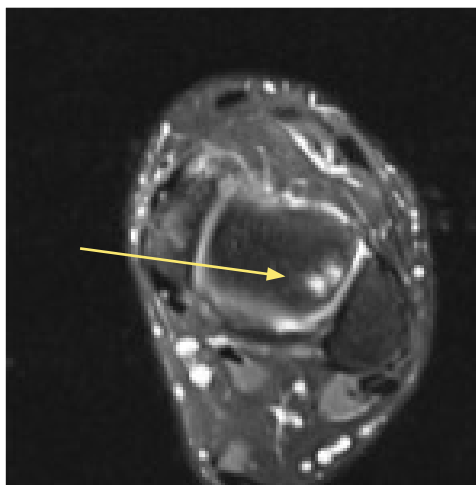


Figure 1. Pre-op T2 Axial MRI showing OCD lesion



Figure 2. Pre-op T2 SAG MRI showing OCD lesion



Figure 3. Pre-op MRI T1 SAG showing OCD lesion

TREATMENT PLAN

- Ankle arthroscopy with OCD repair
- Decompressional osteotomy of talus
- Backfilling with CERAMENT (5mLs prepared) using a 15Ga end port delivery cannula

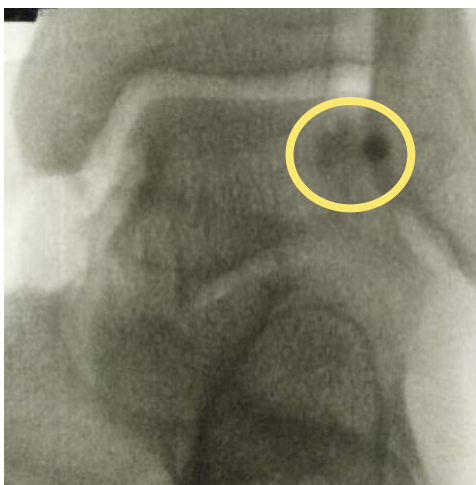


Figure 4. Intra-op c-arm showing CERAMENT 'cloud' and ATFL anchor



Figure 5. Intra-op c-arm showing position of trochar and injection of CERAMENT into talus

OUTCOME

- Pain immediately improved post-op
- Typical protocol is 2 weeks non-weightbearing then CAM boot
- Pain all but resolved in 8 weeks



Figure 6 & 7. At 6 week follow up, CERAMENT is beginning to visibly incorporate.



Figure 8 & 9. At 14 week follow up, CERAMENT is even more incorporated with new trabecular bone presenting.



Figure 10. At 7 month follow up, CERAMENT is even more incorporated, with almost complete filling of new trabecular bone.



**“CERAMENT
provided significant
improvement in pain
and function, and full
return to ADL’s”**

- Robert J. Toomey III, DPM, FACPM, FACFAS



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