

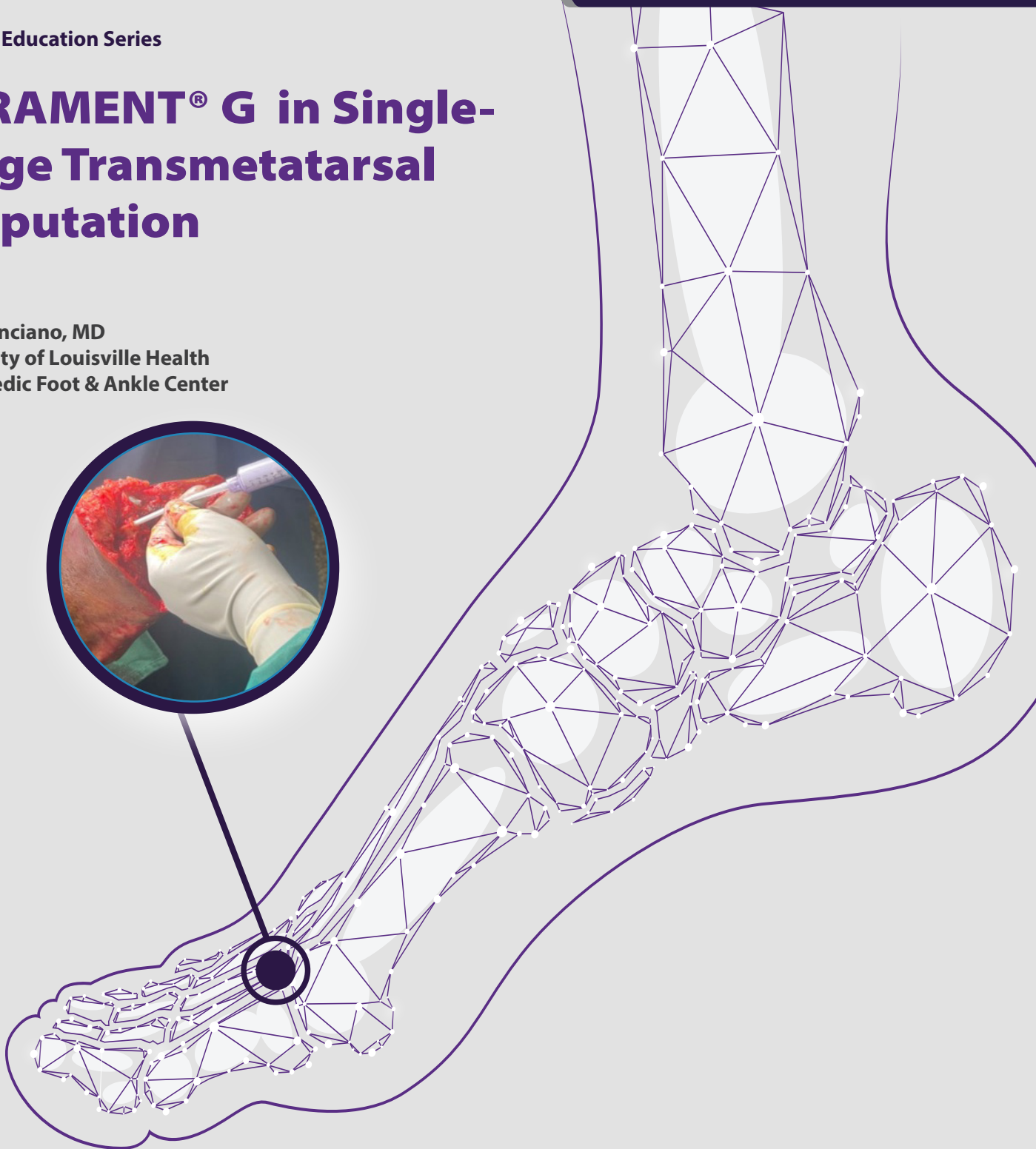
CERAMENT® G with Gentamicin

CASE TECHNIQUE

Medical Education Series

CERAMENT® G in Single- Stage Transmetatarsal Amputation

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CERAMENT[®] G

with Gentamicin

Single-Stage Transmetatarsal Amputation

PATIENT HISTORY

62-year-old poorly controlled diabetic with several months of forefoot plantar ulcers, gangrene, and a recent increase in drainage.

The patient had received multiple rounds of oral antibiotics, a previous admission for IV antibiotics, and local wound care.

Preexisting conditions include diabetes, coronary artery disease with recent stenting, chronic heart failure, peripheral vascular disease, poorly controlled hypertension.

DIAGNOSIS

Forefoot necrosis involving the third, fourth, and fifth digits with some additional necrosis of the hallux on the plantar side.

TREATMENT

Treatment was completed in a single-stage rather than a multi-stage procedure beginning with extensive debridement and transmetatarsal amputation (TMA). Recommended doing application of CERAMENT G under tourniquet. First deflate the tourniquet, obtain hemostasis, then inflate again for canal preparation and application of the intramedullary CERAMENT G.

OUTCOME

The patient had no postoperative complications.

Due to difficult patient population circumstances, the patient was only seen one time for clinic follow-up at 3 weeks post-op.

At 5 months post-surgery, a phone follow-up was completed and detailed no recurrence of infection and patient was ambulating with forefoot filler in shoe.



1. Pre-op



2. Pre-op



3. Pre-op



4. Intra-Op



5. Intra-Op: After the debridement and TMA, curetting out the remaining intermedullary canals and filling the canals with CERAMENT G to promote bone remodeling and elute high-dose local antibiotics.



6. Intra-Op: Filling the canals with CERAMENT G.



7. Intra-Op



8. Patient received IV antibiotics and transitioned to oral antibiotics for 2 weeks after discharge.



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