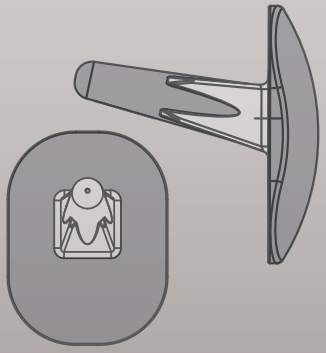
Minimal Bone Resection

LMH

Lesser Metatarsal Head Implant

Thin, low-profile design for minimal bone resection

Stem offset dorsally for anatomically correct alignment in medullary canal



Rectangular shape base minimizes chance of rotation

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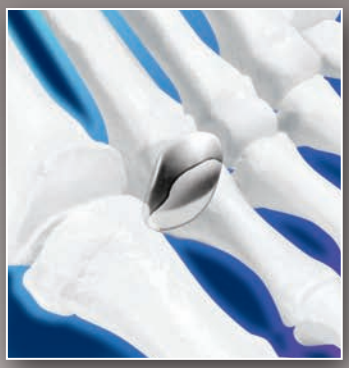
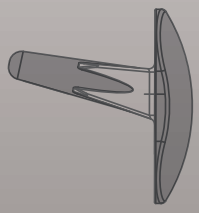
Minimal Bone Resection



- Thin, low-profile design for minimal bone resection
- Single piece implant
- Highly-polished Cobalt Chrome articular surface

- Vertical cut angle reduces potential for dorsal impingement
- Plasma spray titanium coating provides optimum interface for osseointegration
- Stem offset dorsally for anatomically correct alignment in medullary canal



LMH

Lesser Metatarsal Head Implant

Ordering Info

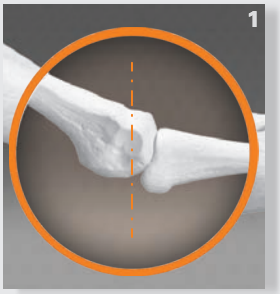
CATALOG NO.	DESCRIPTION
LMH-0001	LMH, Implant Size 1 *
LMH-0002	LMH, Implant Size 2 *
LMH-0003	LMH, Implant Size 3 *
LMH-1000	LMH, Instrument Set
LMH-1003	Trial, Size 1 **
LMH-1004	Trial, Size 2 **
LMH-1005	Trial, Size 3 **

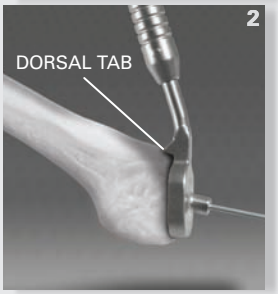
CATALOG NO.	DESCRIPTION
LMH-1001	Reamer **
LMH-1002	Impactor **
LMH-1006	Sizer, Size 1 **
LMH-1007	Sizer, Size 2 **
LMH-1008	Sizer, Size 3 **
LMH-1009	Broach **
LMH-1010	Ø.045" x 4" K-Wire **

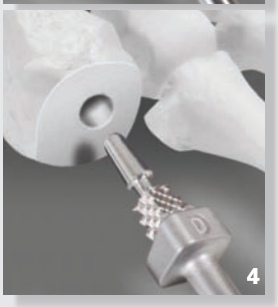
*STERILE, **NON-STERILE

Surgical Technique

A dorsal longitudinal incision is made extending from the distal shaft of the lesser metatarsal to the shaft of the corresponding proximal phalanx. The joint capsule is incised and the joint is dissected free.







1. All hypertrophic bone is resected from the metatarsal head and phalanx base. An osteotomy of the distal end of the lesser metatarsal is performed using a power saw aligned perpendicular to the weight bearing surface.

2. Plantar flex the digit for exposure to the metatarsal head. Place the Sizer Instrument over the resected metatarsal head. Select the size that best covers the cut bone surface without overhanging. The Sizer Instrument is centered on the metatarsal with the dorsal locating feature resting on the dorsal surface of the lesser metatarsal head. A Ø0.045" K-wire is placed through the sizer hole. The Sizer Instrument is removed leaving the K-wire to act as a guide pin for the Reamer.

3. The cannulated Reamer is now placed over the K-wire guide pin, and the medullary canal is reamed until the Reamer hits its depth stop. The Reamer and K-wire are now removed.

4. The Broach Instrument is used to square the entrance to the medullary canal.

5. The Broach Instrument is inserted into the medullary canal and impacted to create the rectangular geometry of the Implant stem.

6. An Implant Trial is placed in the medullary canal to finalize the fit and check range of motion of the joint.

7. The appropriate size Implant is now placed in the medullary canal and completely seated using the Impactor Instrument.

8. The joint capsule is repaired using suture of the surgeon's choice. The prosthesis should be completely covered by the joint capsule. Subcutaneous closure and skin closure are performed in the usual manner.

Post-operative management is similar to other joint arthroplasty procedures.

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