Letter to the Editor

A New Fixation Technique for the Lapidus Bunionectomy

Author's Response

To the Editor:

I appreciate the comments sent in by Dr. Strash regarding my recently published article, "A New Fixation Technique for the Lapidus Bunionectomy."

At the time of the paper's submission, Dr. Riley was a second-year resident who assisted in the writing by conducting the literature search. I myself finished a 4-year surgical residency with an emphasis on reconstructive and traumatologic foot and ankle surgery at Presbyterian Medical Center–University of Pennsylvania. I have been in private practice for the past 12 years.

My preferred fixator is the M102 MiniRail (Orthofix, Bussolengo, Verona, Italy). Additionally, I use the M310–M317 series mini–cortical tapered screws with a diameter of 3.0 to 2.5 mm (Orthofix).

My practice guidelines are to give my patients choices when there are alternatives. Dr. Strash's question "What patient would not choose the method that allows for weightbearing?" highlights the advantage of this type of fixation. While none of my patients chose internal fixation, some patients may not want an external fixator and may prefer an all-internal solution that is associated with a more conservative weightbearing regimen.

The actual times to fusion and fixator removal had ranges of a few days each. The combination of earlier weightbearing and progressive compression, if necessary, with the use of external fixators has been associated with higher fusion rates in my cases of Lapidus and other arthrodesis procedures in the foot and ankle. The first full paragraph on page 408 of our article conveys our presumed explanation for this phenomenon.

Regarding the question of the improbability of a union rate of 100%, Dr. Strash is citing reported results for Lapidus fixation using more traditional fixation methods. There were no incidences of nonunion in my patients. The patients have been followed up for 69 months, with no known cases of "late manifestation of nonunion." No patients have been lost to follow-up.

I am aware of many other podiatric physicians who have used this treatment technique for the Lapidus bunionectomy with success and reproducible results. I believe this to be a new treatment option that serves my patients well.

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