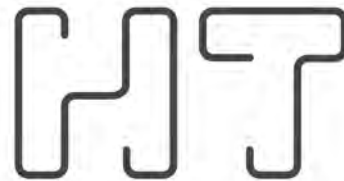


Percutaneous Scarf-Osteotomy without screw-fixation for correction of Hallux Valgus

Dr. med. Georg Hochheuser

A large, stylized logo consisting of the letters 'H' and 'T' in a bold, outlined font. The 'H' and 'T' are connected at the top and bottom, forming a continuous shape.

HOCHHEUSER & THOMAS

HALLUX | FUSS | SPRUNGGELENK

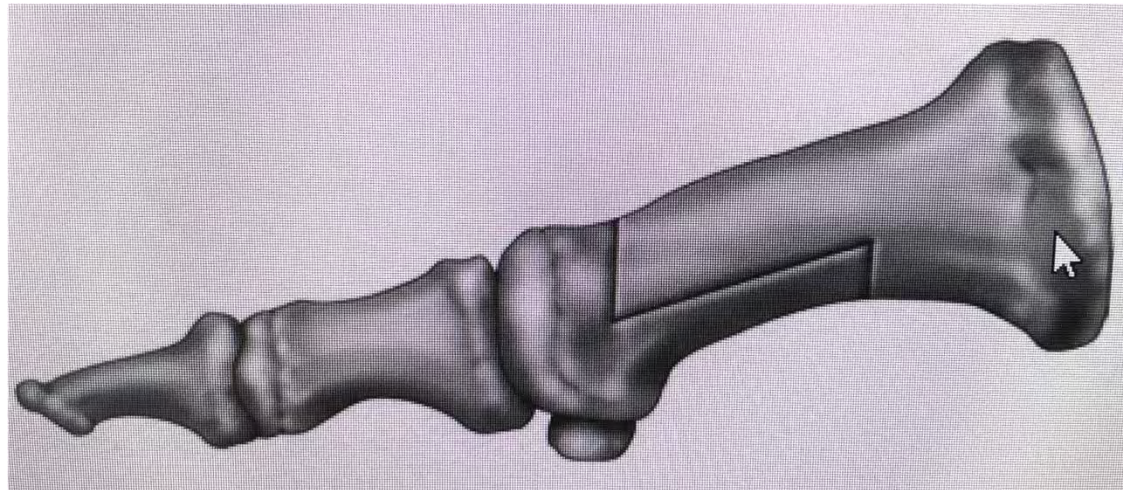


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interALPES 
foot and ankle academy
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Scarf well established for correction of Hallux Valgus



Barouk LS

Scarf osteotomy for hallux valgus correction.
Local anatomy, surgical technique and combination
with other forefoot procedures
Foot Ankle Clin 2000;5:525-58

Jeuken RM

Long-Term follow-up of a randomized
controlled trial comparing scarf to chevron
osteotomy in hallux valgus correction
Foot Ankle Int. 2016;37:687-95

By very experienced colleagues also established in
MIS-technique

Results comparable with open technique

Torrent J., Rabat E et al.

Open vs. Minimally Invasive Scarf Osteotomy for Hallux Valgus
Correction : A Randomized Controlled Trial
Foot Ankle Int. 2021 Aug;42(8):982-93

Evolution to fixation with only one screw (among others Frank Mattes)



Scarf without fixation?

Risks/Stability?

Literature?

=> described in detail in open technique

Liszka H, Gaden A

Results of Scarf Osteotomy Without Implant fixation in the treatment of Hallux Valgus
Foot Ankle Int.2018 Nov;39(11):1320-27

Curtin M, Murphy E, Bryan C et al.

Scarf osteotomy without internal fixation or correction of hallux valgus: A clinical and radiographic review of 148 cases
Foot Ankle Surg. 2018 Jun;24(3):252-8

Marc Elkaim, Paris
(member of the board
GRECMIP/MIFAS):

Scarf without fixation



Scarf offers high
potential of correction
in all planes:

IMA/HVA

DMMA

Plantarization

Rotation MT1

Recentering of
Sesamoids





First step: removal of
exostosis

Incision
dorso-medial
subcapital

creating working
space





Inserting the
Shannon:
milling a
sparse dorsal
notch

Perpendicular to the
long axis of MT2



Osteotomy of medial Cortex

Mark TMT1
with your
thumb



Continue
osteotomy far
proximally,
check under
fluoroscopy



End the cut plantar



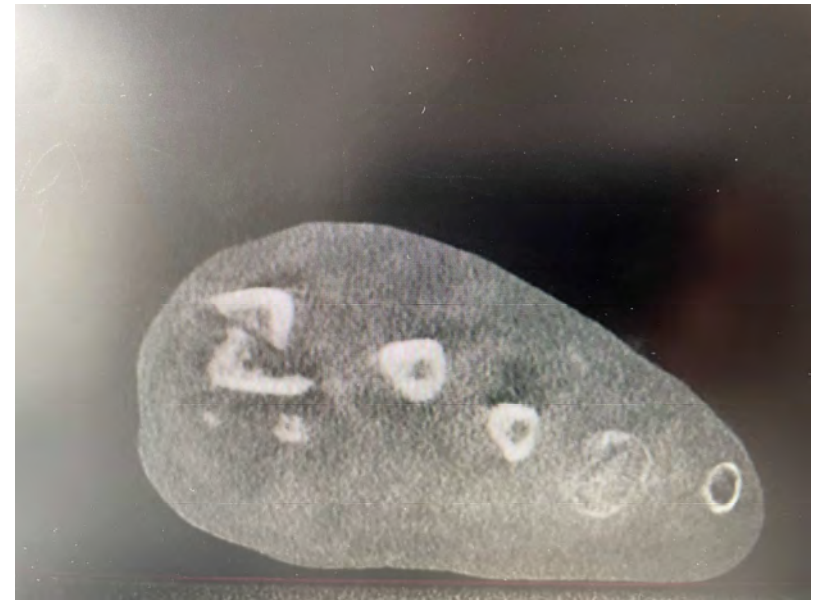
Avoid heat
damage to the
bone:

regular
interruption of the
milling to clean
the burr

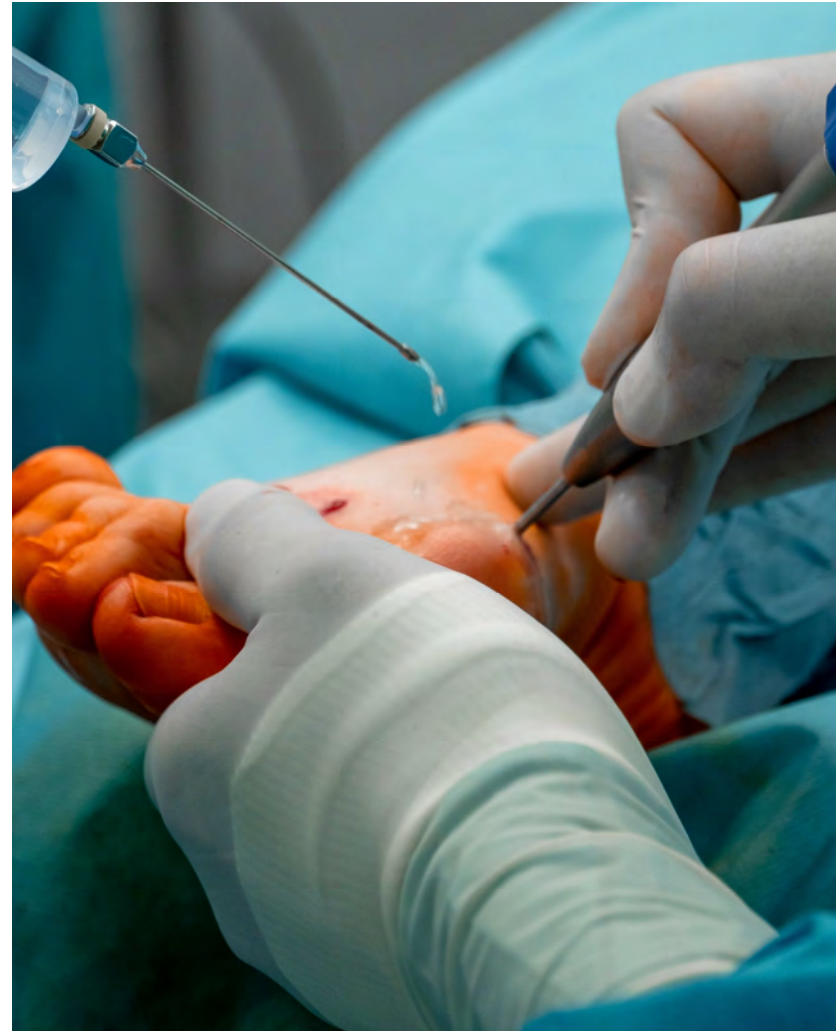




Return to the starting point: plantarization like in open technique



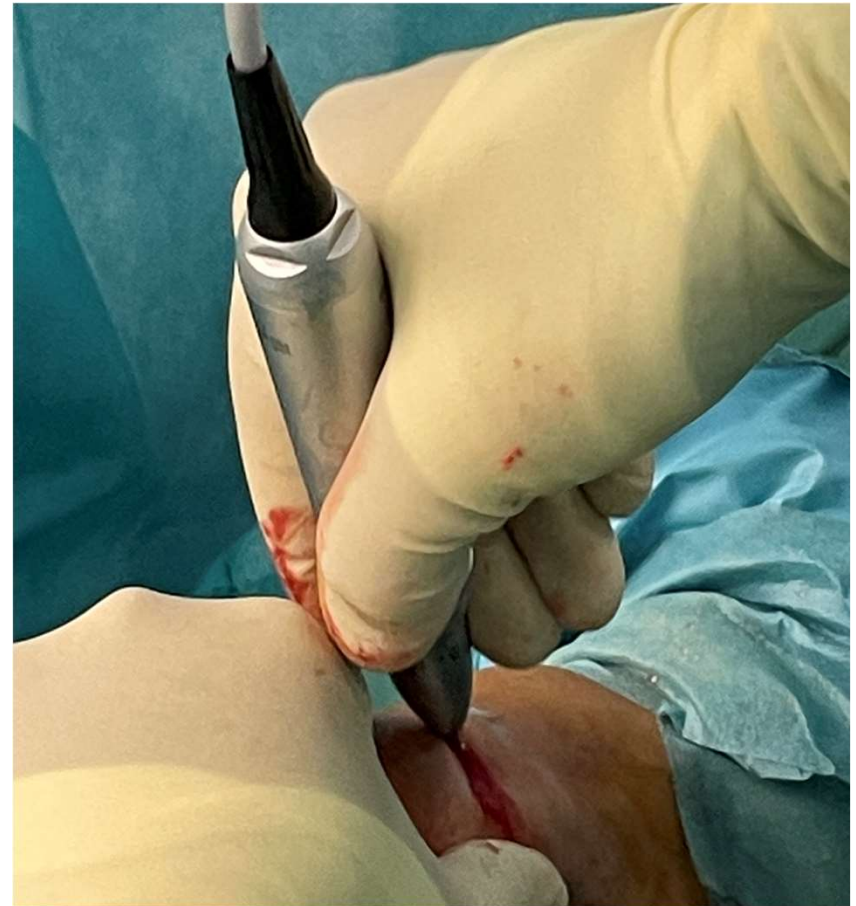
Milling of lateral cortex



Osteotomy ends slightly
more proximal than on
medial cortex



Lateral osteotomy also ends in plantar direction
usually combined with Akin/lat. release



Correct strapping and bandaging is crucial

continuous pressure from plantar/medial





1. medialising strapping
compress around the base of first toe
simultaneous strapping of the other

rays for reinforcement
adhesive bandage

HT

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Result of correction



Plantarization





Suitable for severe deformities

In primary transfer metatarsalgia combination with
DMMO of lesser rays



Same in Metatarsus adductus



WBCT



excellent for evaluation of
correction



Aftercare:

VWB in flat bandage shoe

consistent rest for one week

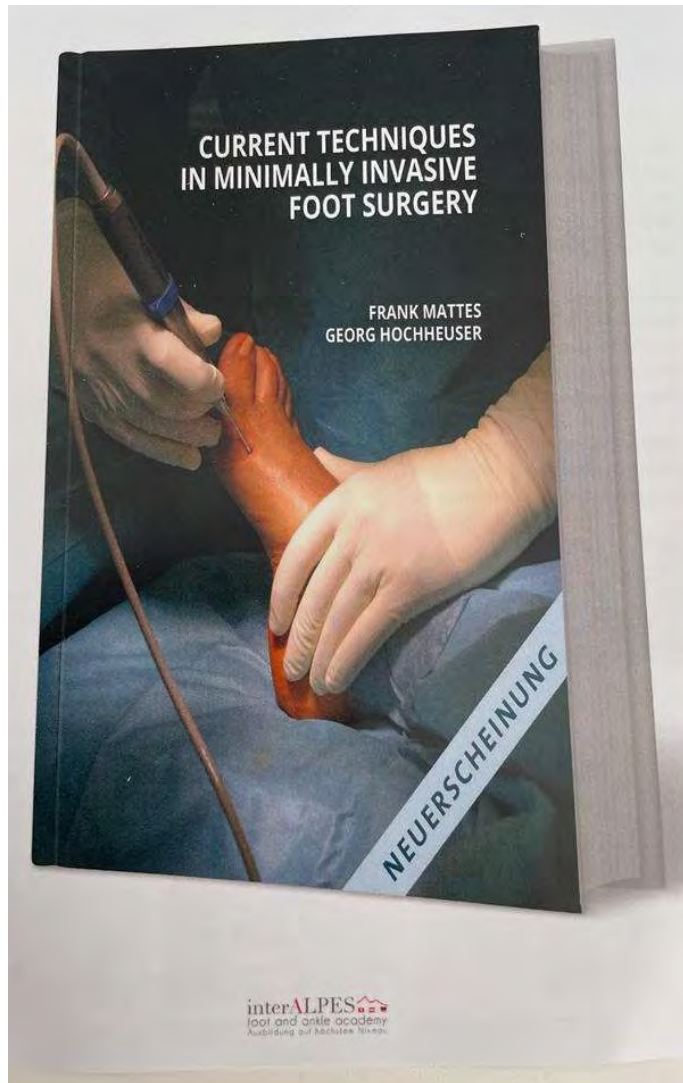
first change of dressing after
8-14 days

passive exercise of MTP1

After two weeks dressing
medially and plantarly by the
patient

Change to normal shoes
after 4 weeks





find all techniques described in detail

www.interalpes.com

or on

www.amazon.de

Thanks for your attention!

follow us on Instagram:
halluxzentrum_augsburg

See you in
Innsbruck/
Austria

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1st InterAlpes/
EFAS MIS–Course 2023



19th – 20th May 2023

Course Venue: Med. University Innsbruck/Austria,
Departement for clinical Anatomy,

Müllerstrasse 59, 6020 Innsbruck/Austria

Course Directors: Dr. Hermann Leidolf/Austria,
Dr. Georg Hochheuser/Germany

Many thanks for your attention!



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