## **VCA - STAINLESS STEEL**

CODE	DESCRIPTION
5000401ST	Sterile Talus Screw Ø 8x30mm
5000402ST	Sterile Talus Screw Ø 8x35mm
5000403ST	Sterile Talus Screw Ø 8x40mm
5000404ST	Sterile Talus Screw Ø 8x45mm
5000411ST	Sterile Talus Screw Ø 6,5x25mm
5000412ST	Sterile Talus Screw Ø 6,5x30mm
5000413ST	Sterile Talus Screw Ø 6,5x35mm

# **VCA - THROUGH HOLE STAINLESS STEEL**

DESCRIPTION

CODE

CODE

5000401FST	Sterile Talus Through Hole Screw Ø 8x30mm
5000402FST	Sterile Talus Through Hole Screw Ø 8x35mm
5000403FST	Sterile Talus Through Hole Screw Ø 8x40mm
5000404FST	Sterile Talus Through Hole Screw Ø 8x45mm
5000411FST	Sterile Talus Through Hole Screw Ø 6,5x25mm
5000412FST	Sterile Talus Through Hole Screw Ø 6,5x30mm
5000413FST	Sterile Talus Through Hole Screw Ø 6,5x35mm

DESCRIPTION

# **VCA - TITANIUM**

CODE	DESCRIPTION
5000401TST	Sterile Talus Titanium Screw Ø 8x30mm
5000402TST	Sterile Talus Titanium Screw Ø 8x35mm
5000403TST	Sterile Talus Titanium Screw Ø 8x40mm
5000404TST	Sterile Talus Titanium Screw Ø 8x45mm
5000411TST	Sterile Talus Titanium Screw Ø 6,5x25mm
5000412TST	Sterile Talus Titanium Screw Ø 6,5x30mm
5000413TST	Sterile Talus Titanium Screw Ø 6,5x35mm

## **INSTRUMENTS – VCA SCREWS**

5000430	Screwdriver for Talus screw
5000431	Heavy punch for Talus screw

## **STERILIZAZION**

The VCA screws are supplied sterile, as indicated on the label. For the instruments, autoclave sterilization (saturated steam) with the following guidelines is recommended:

Temperature: 135° Pressure: 2 atm Exposure Time: 45 min

Mikai does not recommend using EtO or other cold sterilization methods.

We thank Dr. Mauro Di Stadio for his cooperation



## MIKAI S.p.A.

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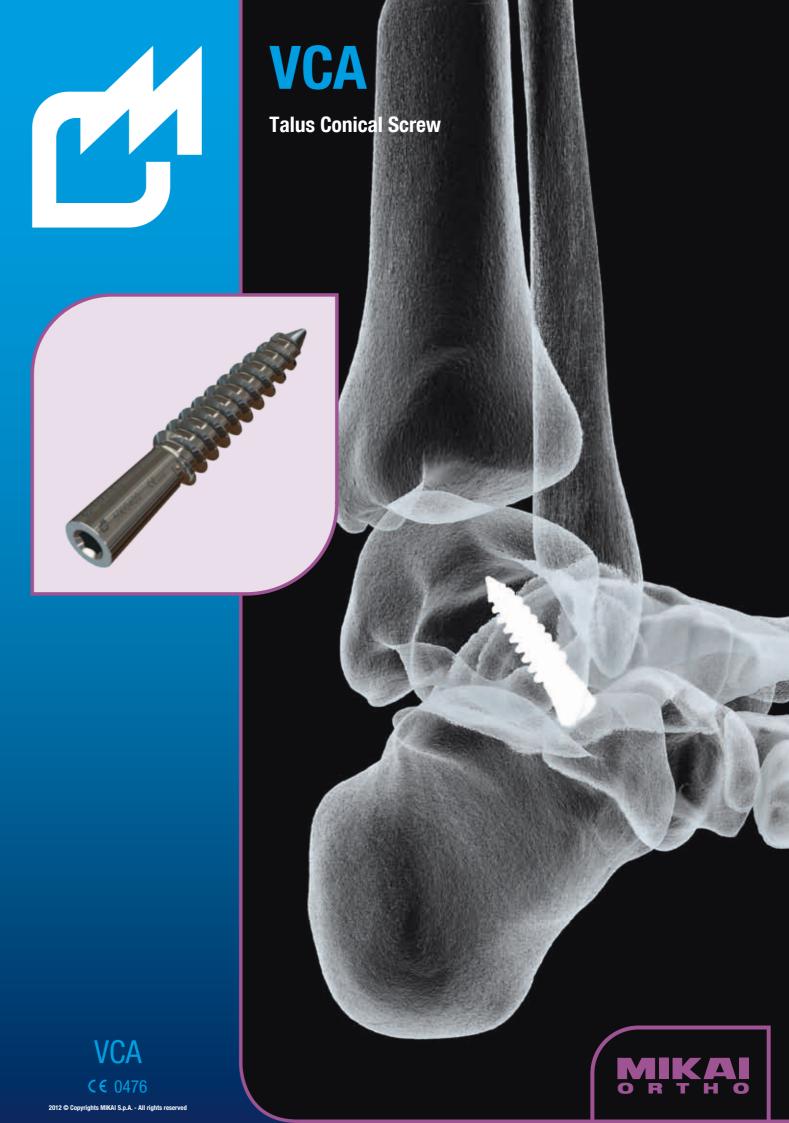




È conforme alla norma/is in compliance with the standard: UNI EN ISO 9001:2008

Per i sequenti prodotti-servizi/For the following products-services:
Progettazione e produzione di dispositivi medici per ortopedia e traumatologia.
Commercializzazione di dispositivi medici nei sequenti settori: ortopedia e traumatologia, neurochirurgia, radiologia e artroscopia.
Design and production of medical devices for orthopaedy and traumatology. Sales of medical devices in orthopaedy, traumatology, neurosurgery, radiology and arthroscopy.









#### VCA

#### **Indications**

Flat foot in children can be divided into two categories. The first, most represented, includes all flat foot cases without associated functional disorders, in which an orthotic treatment associated with physical therapy can improve the deformity. The second group, much smaller, refers to those patients where the developmental abnormality progressively worsens with subsequent functional disorders that become important in adolescence and adult life.

It is in this second category that surgery is indicated.

The conical VCA screw is indicated in all cases of pronation.

### **Specifications**

- Available in two sizes: small diameter Ø 6.5mm and large diameter Ø 8mm
- Available in regular and cannulated shapes
- Available in stainless steel (cannulated and non-cannulated) and titanium (only non-cannulated)
- The correction with the VCA screw is mechanical and proprioceptive
- The VCA screw has a conical form
- The VCA screw is inserted into the talus resting its base on the bottom of the sinus tarsi
- The VCA performs an exo sinus tarsi arthrosis



#### **Advantages**

#### Easy introduction

As the VCA screw is inserted into the talus there is no peroneal malleolus obstruction present when inserted into the heel. *Raising and lateralization* 

The screw tapering has a biomechanical advantage that in addition to lowering the talus also lateralizes.

#### Intact endo sinus tarsi structures

The VCA performs an exo sinus tarsi arthrosis and therefore, all the structures within the sinus tarsi are left intact which would instead be involved in an endo sinus tarsi arthrosis. *Easy to remove* 

Even in presence of alisteresi the removal is simple with the dedicated screwdriver.

#### **Topic of Interest**

# When to add additional time for soft tissue with arthroereisis?

After completing the arthroereisis, the dorsiflexion of the taloclural joint should be assessed with an extended knee. If following this movement a dorsiflexion of at least 10° is not obtained, there is an indication to stretch the Achilles tendon that is typically performed percutaneously with alternate hemisections at the distal level while forcing dorsiflexion of the ankle to provoke a weakening of the tendon.

According to various Authors, in cases where an additional orprominentscaphoidispresentonx-rayofthefootina lateral projection in orthostasis, a break in Meary's line at the talonavicular articulation level with an angle greater than 10° (index of insufficiency of the posterior tibialis) is indicated and to combine with the arthroereisis a surgical time for medial removal of supernumerary bone or resection of the scaphoid protrusion with retensioning of the tendon of the posterior tibialis.

## **Surgical technique**



With the patient in a supine position and an inversion of the foot, perform about a 1cm incision near the sinus tarsi.



Under rx-ray while maintaining a manual correction of the talocalcaneonavicular joint, insert a guide wire, closely behind the calcaneal region with the direction aimed at the center of the tibiotarsic joint (about 60° with respect to the support with either the sagittal plane or the frontal plane). Perform a preliminary perforation of the talus with a punch just inside the tuberositas facet to prepare an access in the cortical bone for the screw insertion.



A screw is selected based on the foot size, with lengths from 25 to 45 mm, and proceed with its introduction. Adjust the depth of the screw to the height of the protrusion suitable to assure the correction and suture the skin.



The results obtained are always reassuring and with only minor post-operative effort on the patient's part. It is a safe treatment of this pathology.

