DAMAGE MARKING TALUS V01

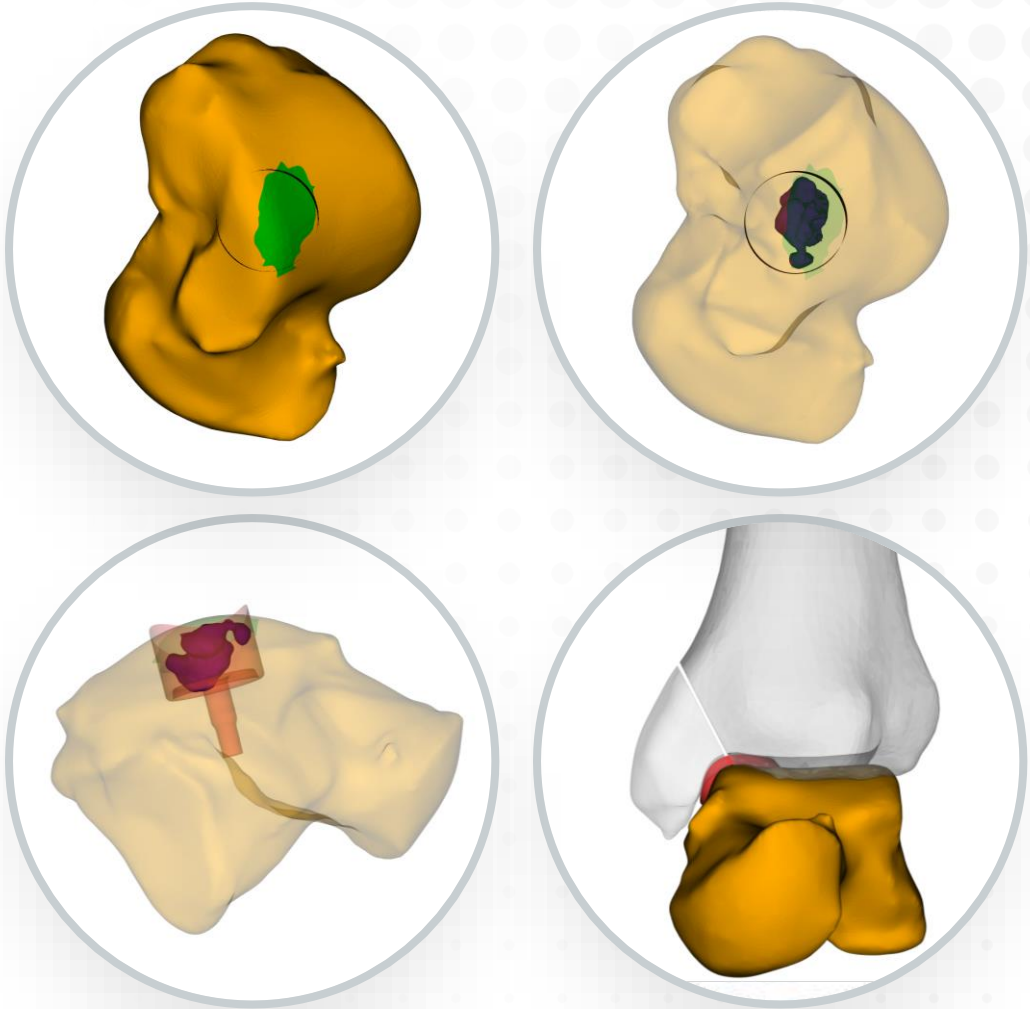
Patient XXA03

Gender
Male

Joint
Left ankle

Year of birth
1980

Scan date
20 Oct, 2022



- Osteochondral lesion
- Cyst

Episealer ®

Episealer dimension
D15 mm

Position
Medial talus

Talus Osteotomy Guide requested
Yes

Report ID: XXA03_Damage_marking_V01

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CONSIDERATIONS

TALUS

No Considerations.

TIBIA

No considerations.

FIBULA

No considerations.

OTHER

Osteophytes have been identified in this ankle, see page 7.

MALLEOLAR OSTEOTOMY

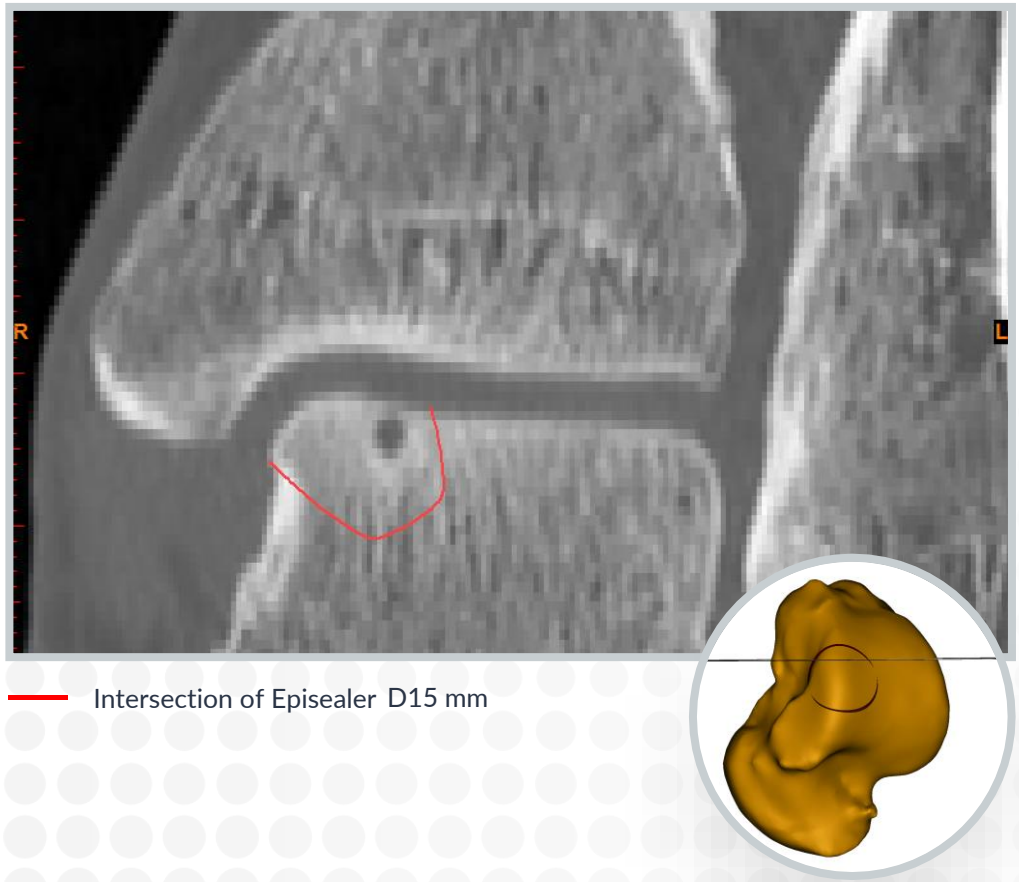
In order to access the medial talus, an osteotomy has been suggested with an approximately 30° angle from the tibial axis, aiming for the talar edge, see pages 8-10. A different osteotomy can be suggested upon a request from the surgeon.

The flexibility of the patient's joint needs to be considered to ensure the accessibility of the Epiguide drill tower.

The assessment performed by Episurf is entirely focused on the determination of lesions to enable implant design. See the last page for Episealer Talus indications and contraindications.

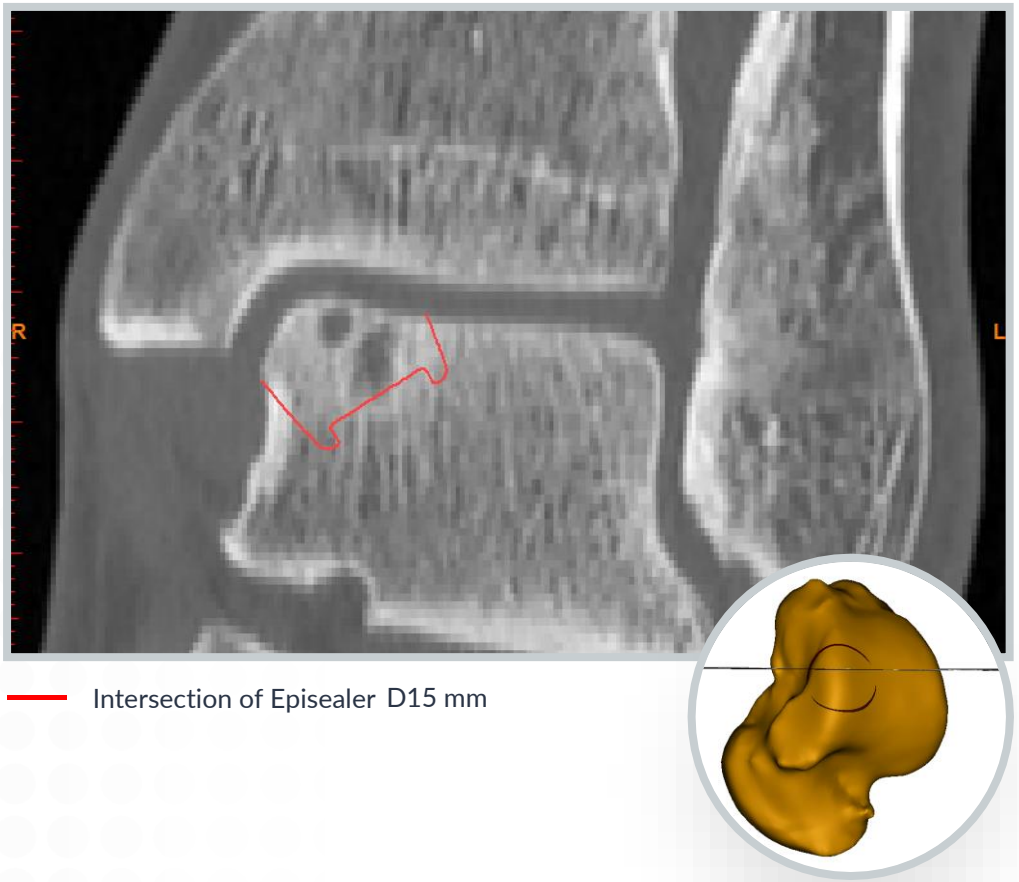
EPISEALER VISUALISATION

Cor plane



Intersection of Episealer D15 mm

Cor plane



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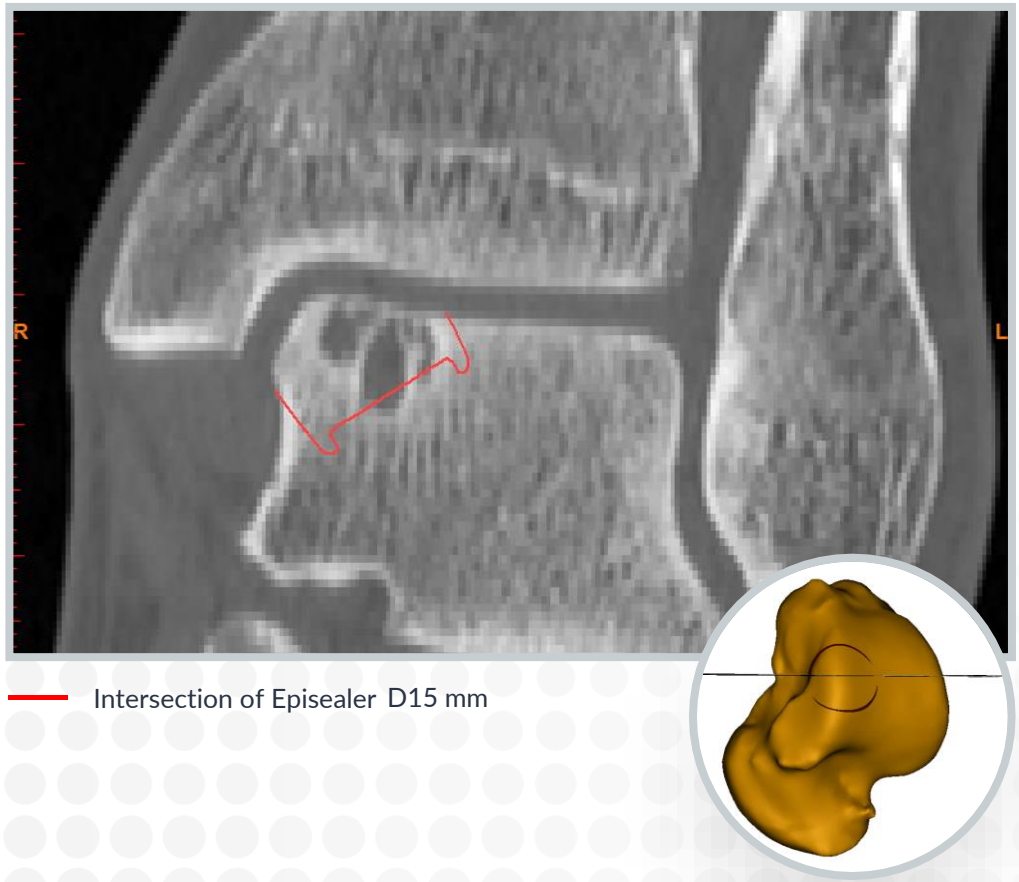
Cor plane



Intersection of Episealer D15 mm

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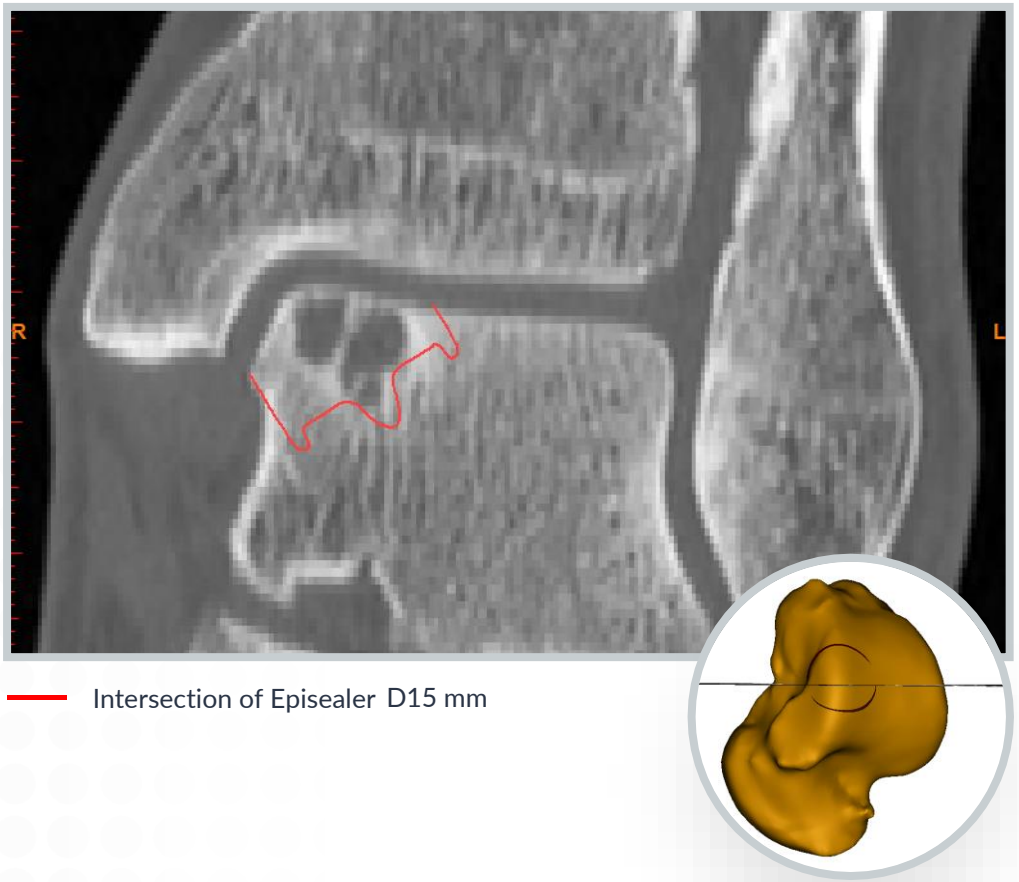
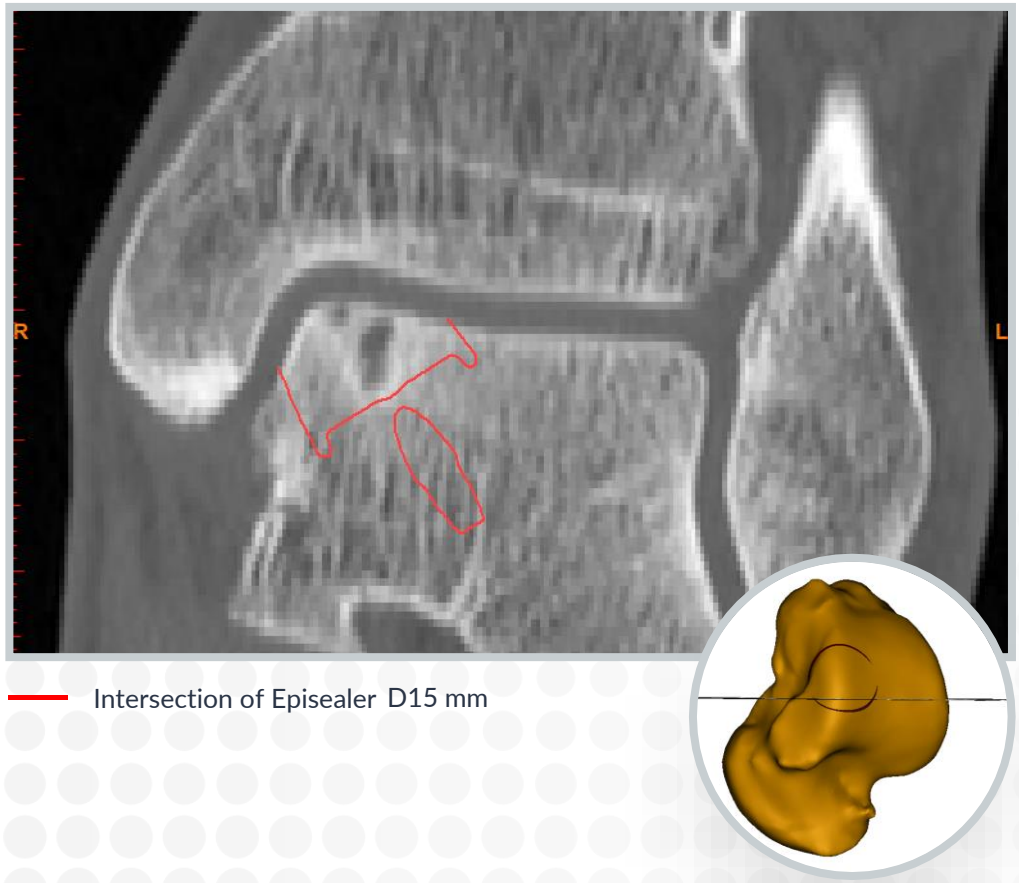


Intersection of Episealer D15 mm

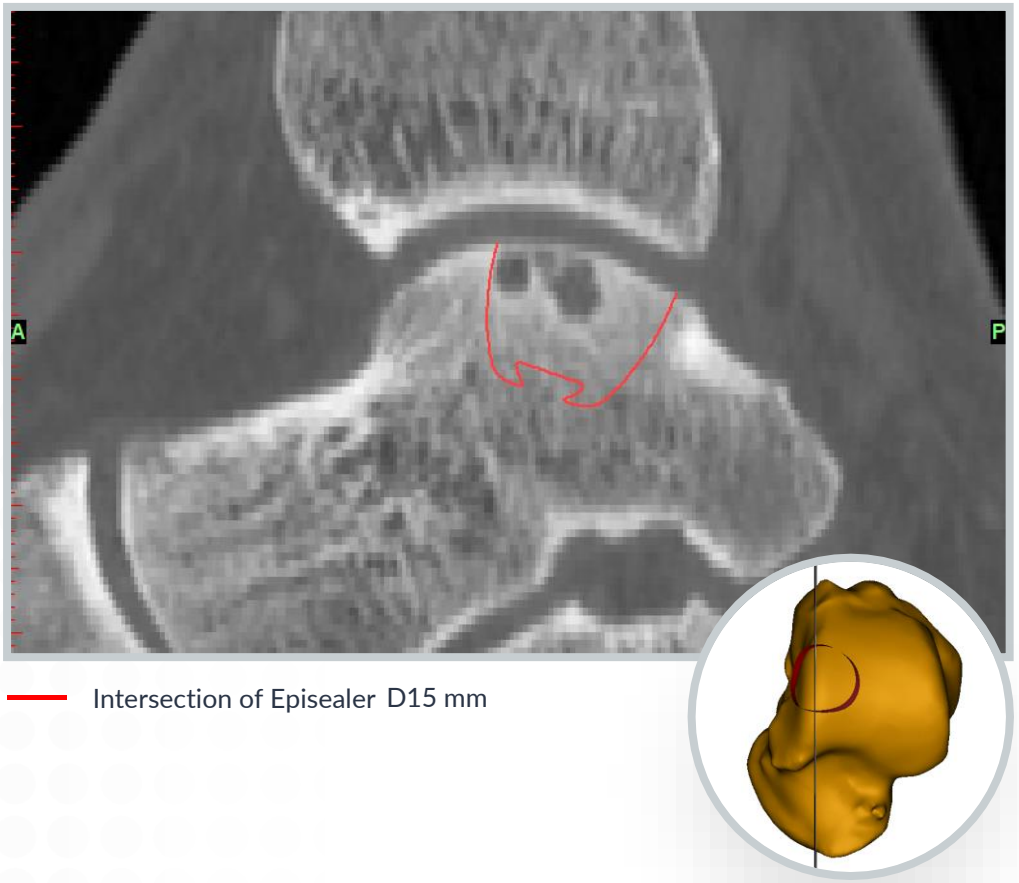
EPISEALER VISUALISATION

Cor plane



Intersection of Episealer D15 mm

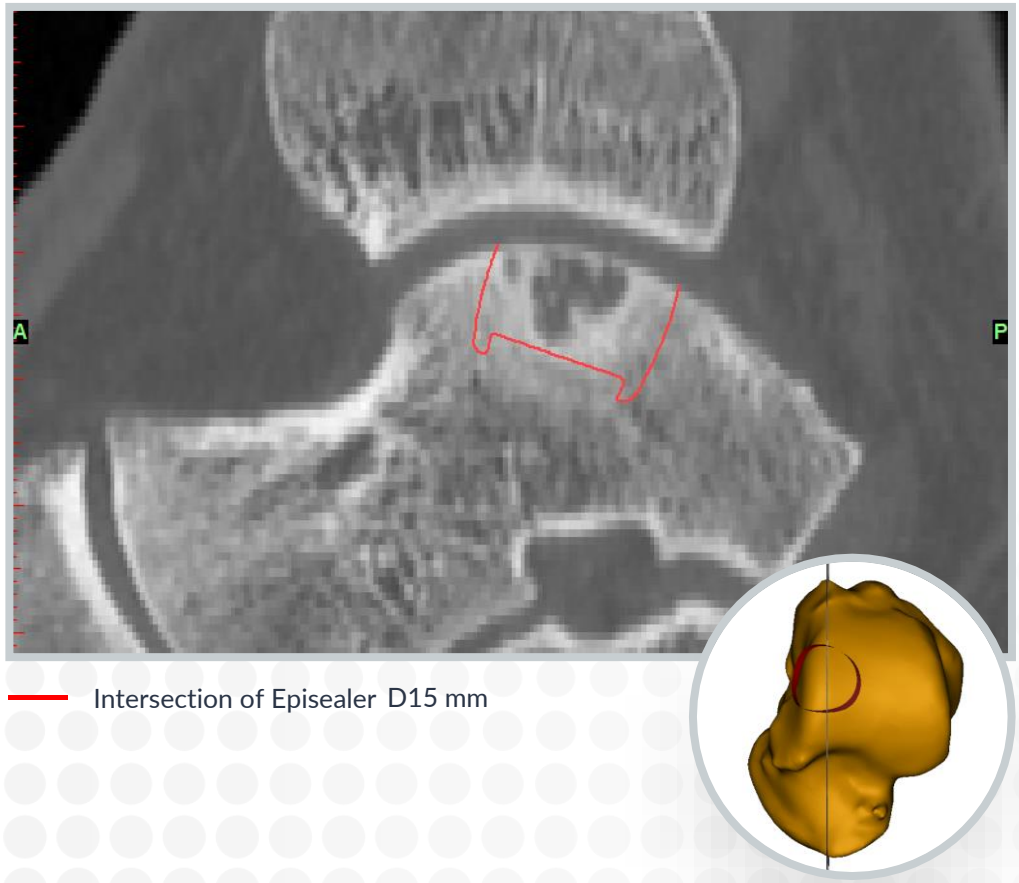
Sag plane



Intersection of Episealer D15 mm

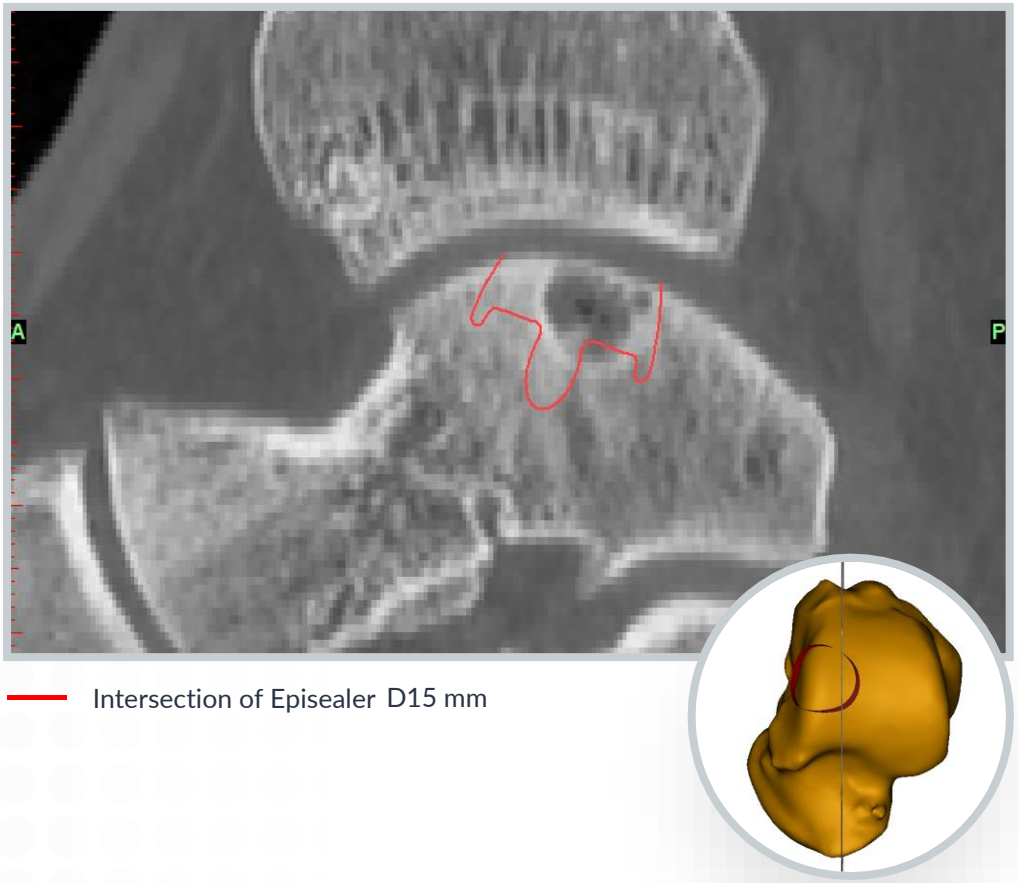
EPISEALER VISUALISATION

Sag plane



Intersection of Episealer D15 mm

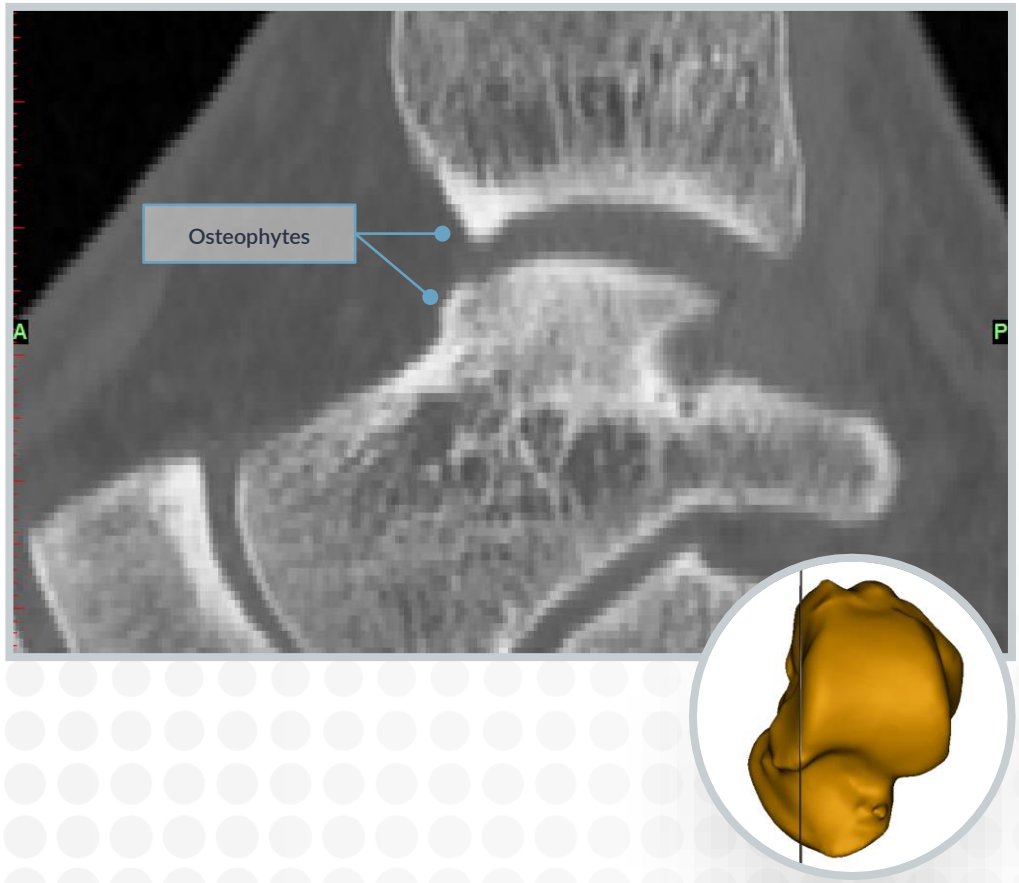
Sag plane



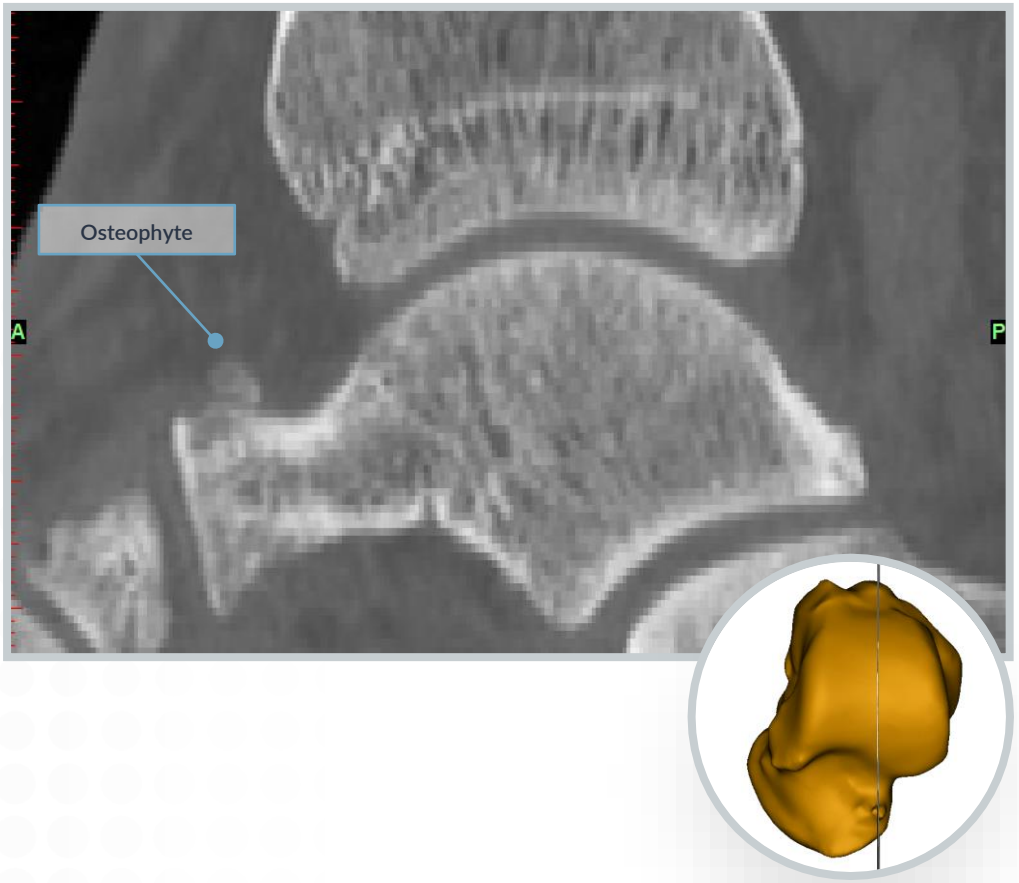
Intersection of Episealer D15 mm

CONSIDERATIONS

Sag plane



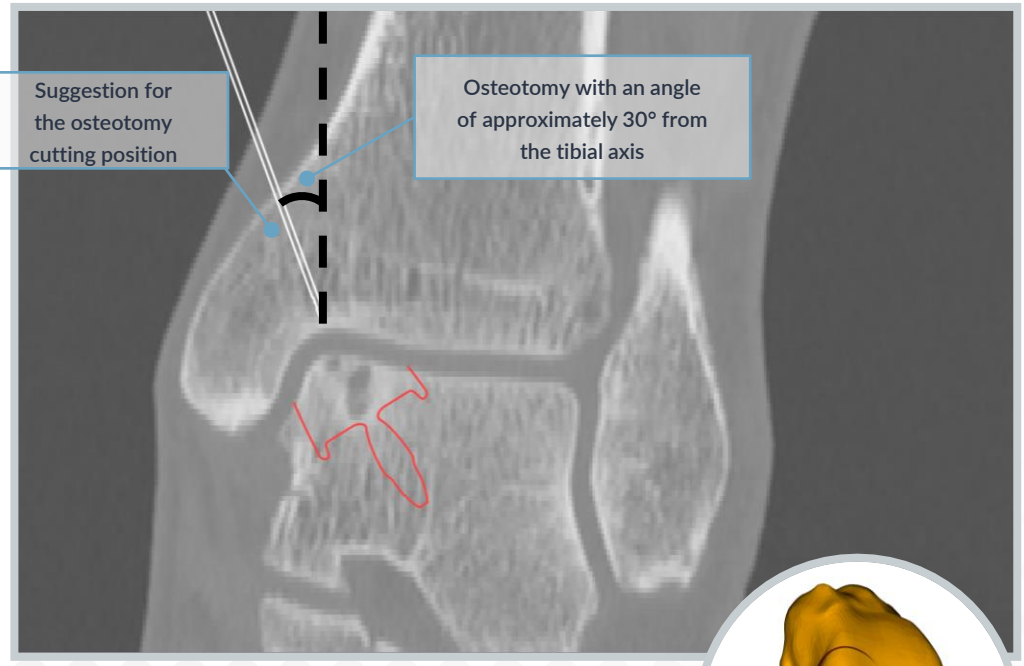
Sag plane

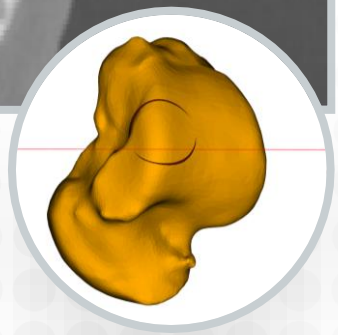


EPISURF

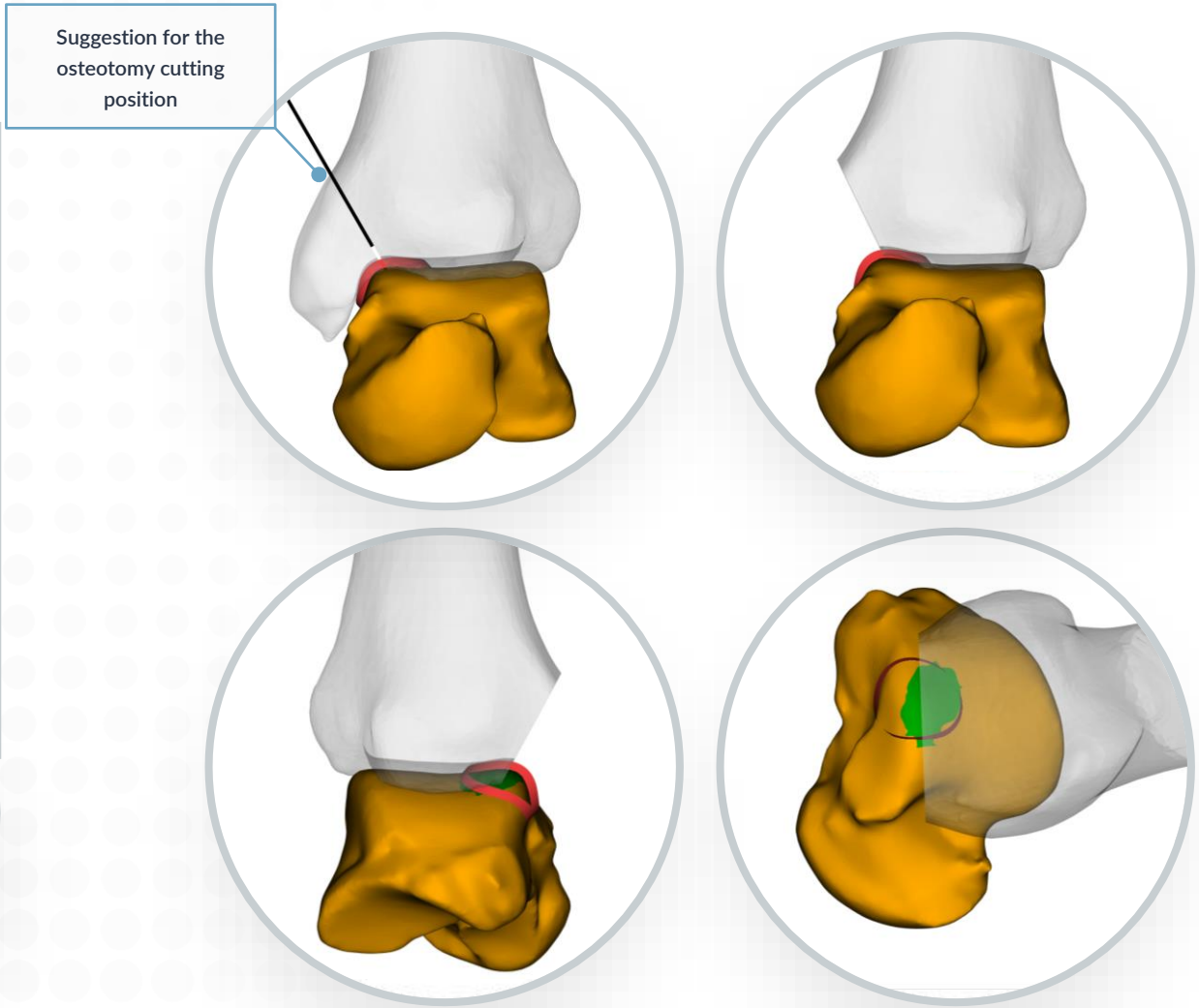
MALLEOLAR OSTEOTOMY CUTTING POSITION

Cor plane





Intersection of Episealer D15 mm



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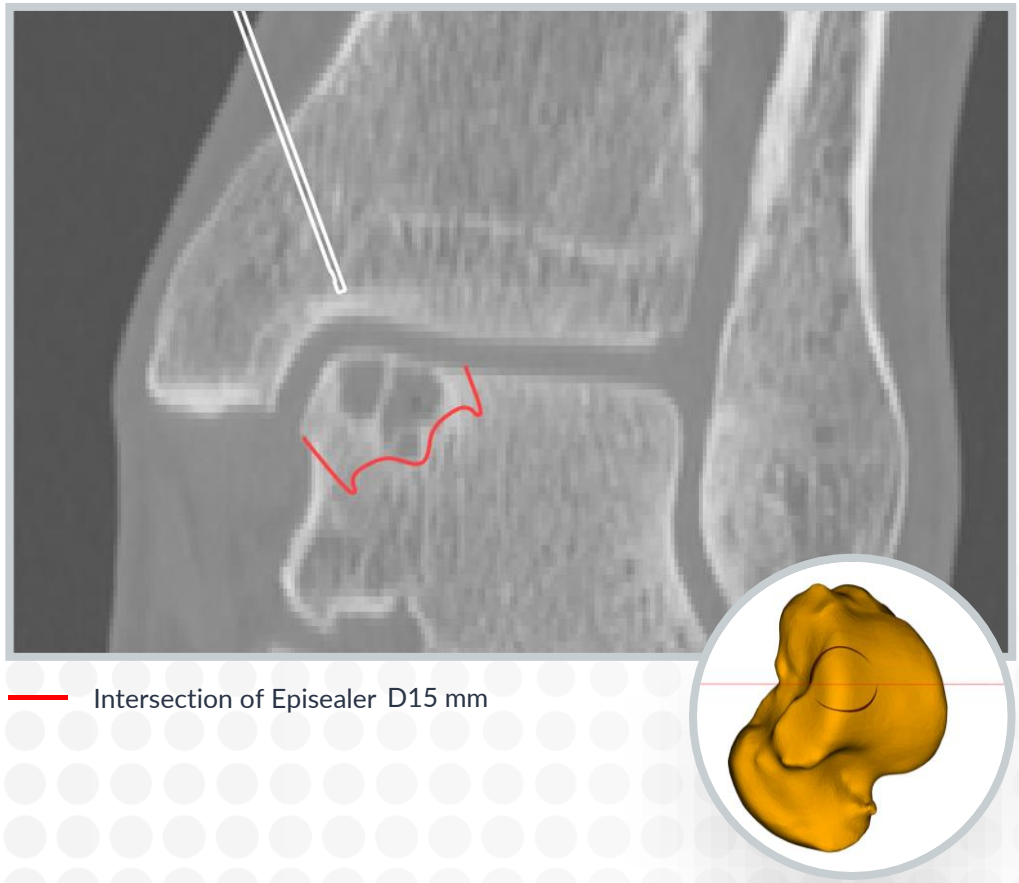
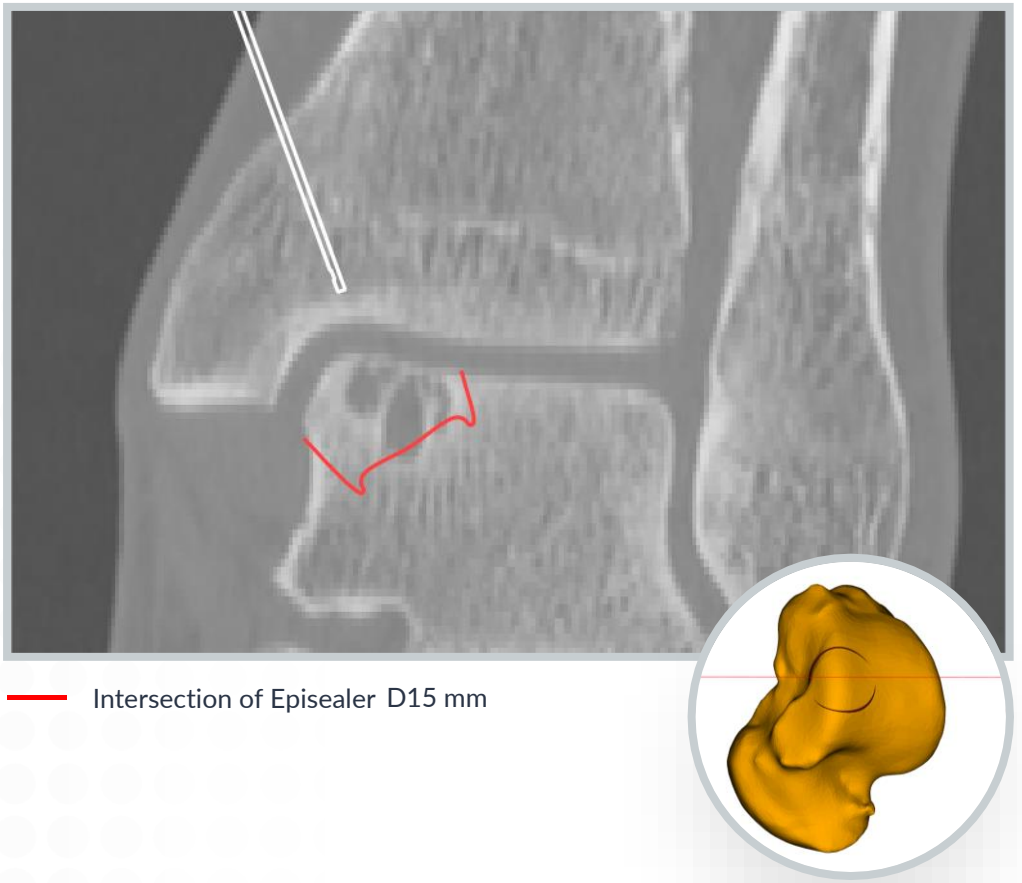
MALLEOLAR OSTEOTOMY CUTTING POSITION

Cor plane



Intersection of Episealer D15 mm

Cor plane



Intersection of Episealer D15 mm

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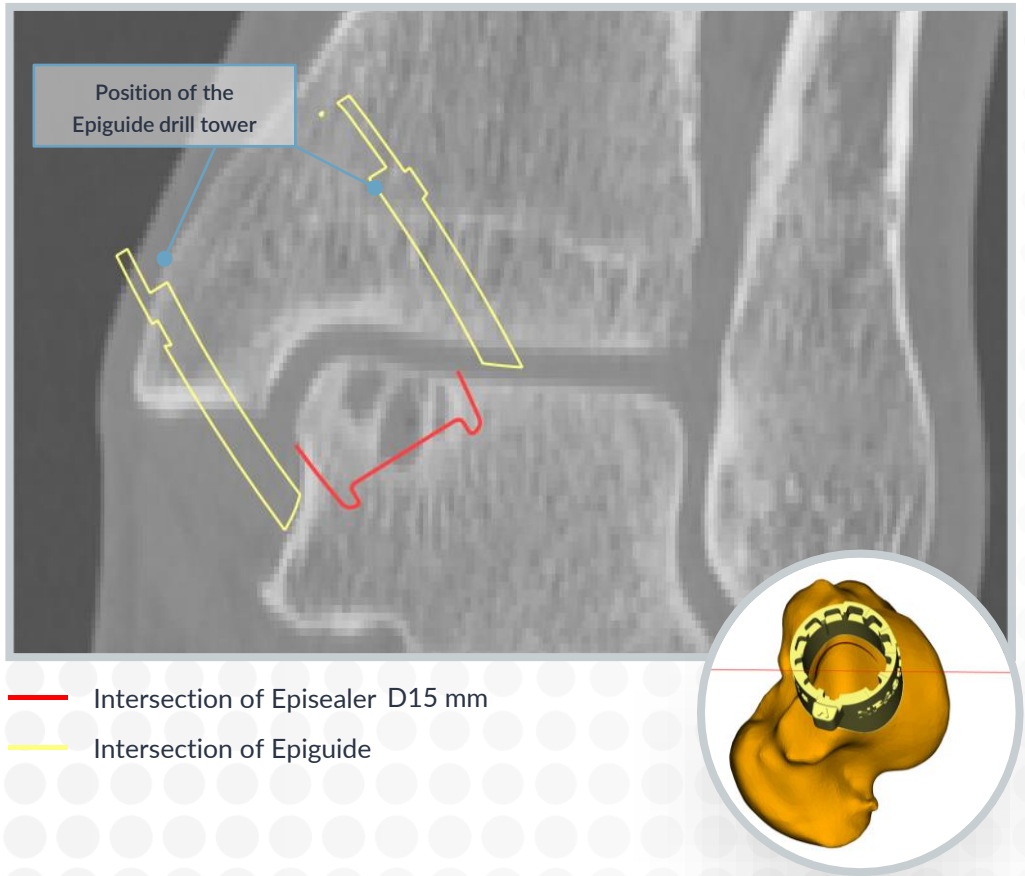
EPIGUIDE POSITION

Cor plane



Intersection of Episealer D15 mm

Intersection of Epiguide

Only the position of the Epiguide tower is visualised in this report. The final Epiguide version will be designed to follow the surrounding bone contour.

INDICATIONS AND CONTRAINDICATIONS

The Episealer is intended for patients with a focal talar joint osteochondral lesion, causing pain and/or disability. It is intended to give the patient improved ankle joint function and pain relief. For more information, see the Instructions for Use.

Absolute contraindications include

- non-focal defects
- on-going infection in the ankle joint
- inflammatory arthritis or radiographic osteoarthritis
- sensitivity to cobalt-chrome alloys and titanium materials typically used in prosthetic devices
- inadequate bone stock where the Episealer is to be inserted
- existing prosthesis in area of treatment or opposing surface
- severe osteochondral lesion on opposing tibial surface

Relative contraindications include

- pain of unknown etiology
- demineralised bone
- instability or severe malalignment in the ankle joint (maximum 5 degrees malalignment)
- other diseases or medication that may affect the bone anchoring of the Episealer
- uncooperative patient that is not willing to follow instructions
- muscular insufficiency
- vascular insufficiency
- medical, hormonal, haematological, immunological or metabolic illnesses

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