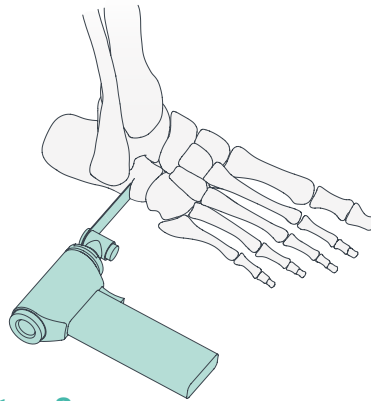


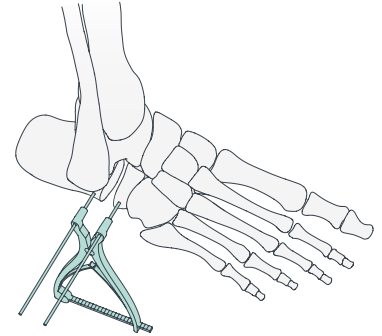
### Step 1

**Incision and retraction.** In a slightly lateralized supine position, surgical access is made under the sinus tarsi and the incision is extended distally to the calcaneus-cuboid joint (approximately 3 cm proximal). The peroneal tendons along with the sural nerves are carefully retracted so that the lateral calcaneal and calcaneocuboid joint are exposed.



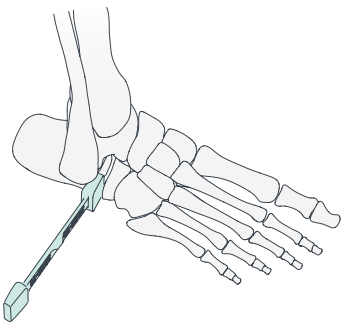
### Step 2

**Osteotomy.** Depending on the surgeon's preference, the calcaneus osteotomy can be placed approximately 1 cm from the calcaneus-cuboid joint and proximal under the sinus tarsi, following the anterior edge of the posterior subtalar joint over the Gissane angle, according to the technique described by Hintermann. The osteotomy is made with an oscillating saw, and the cut is finished with an osteotome.



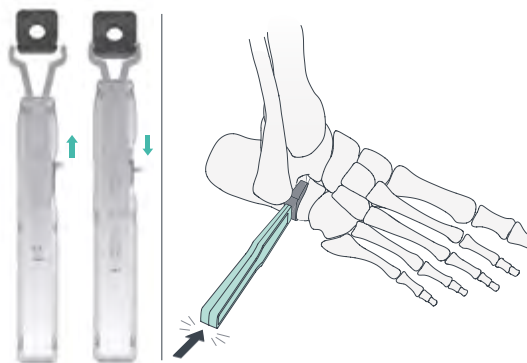
### Step 3

**Distraction.** A pin-style distractor, with pin placement on either side of the osteotomy, is installed to provide controlled distraction and unobstructed access to the osteotomy site. A provisional K-wire may be placed across the calcaneal-cuboid joint to prevent subluxation of the joint during distraction.



### Step 4

**Implant selection.** The osteotomy separation is performed, clinically assessing the degree of correction required. At this time, the sizers from the Single-use OsteoSinter® EVANS instrument kit are used at the distracted osteotomy site until the footprint is congruent to the dimensions of the osteotomy surface. Once this has been achieved and assessed both clinically and fluoroscopically, the optimal implant size can be selected.

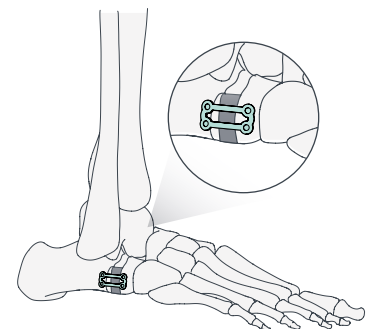


### Step 5

**Implantation.** Open the tweezer clamps from the Single-use OsteoSinter® EVANS instrument kit by sliding the tab forward and place the clamps on the implant notches. Then, close the clamps by moving the tab backwards in order to hold the implant. If the use of an autograft or allograft is desired, the material should be placed into the centre of the cavity of the implant prior to implantation. Place the assembly at the osteotomy site and remove the tweezer.

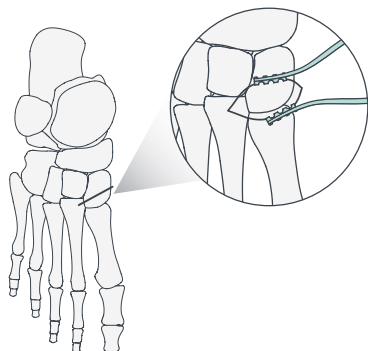
**N.B.:** Do not impact the tweezer to place the implant.

Carefully impact the implant until it is fully seated using the impactor from the Single-use OsteoSinter® EVANS instrument kit and a mallet.



### Step 6

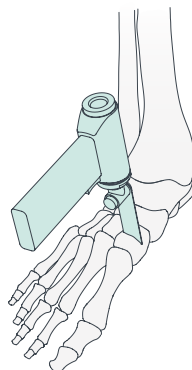
**Fixation.** After confirmatory AP and lateral x-rays, the incision is closed in layers of soft tissue using the surgeon's preferred technique. An appropriate post-operative protocol should be followed according to the surgeon's preference. If ancillary fixation is applied, it should be manufactured in titanium to reduce the likelihood of galvanic corrosion.



### Step 1

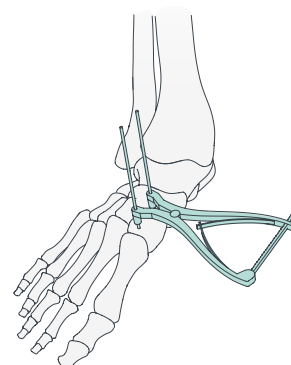
#### Incision and retraction.

In supine position, surgical access is executed by a longitudinal incision centred on the medial cuneiform. Retract the extensor hallucis longus and dissect soft tissues down to the surface of the medial cuneiform. The medial and lateral cortices should be visualized.



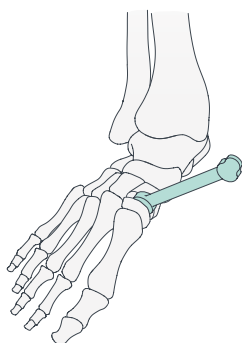
### Step 2

**Osteotomy.** Perform a transverse osteotomy on the dorsal surface of the medial cuneiform close to the centre of bone towards the deep plantar cortex. The osteotomy may be opened using an osteotomy distractor. The pin-style distractor is optional and used according to the surgeon's preference. The osteotomy is made with an oscillating saw, and the cut is finished with an osteotome.



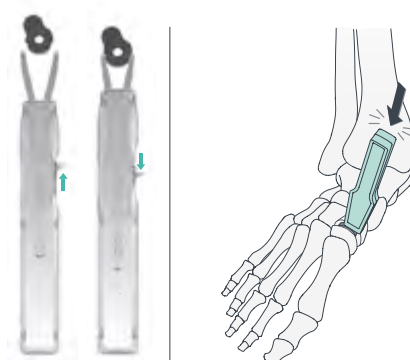
### Step 3

**Distraction.** A pin-style distractor, with pin placement on either side of the osteotomy, is installed to provide controlled distraction and unobstructed access to the osteotomy site.



### Step 4

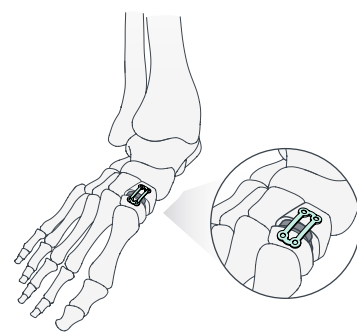
**Implant selection.** The osteotomy separation is performed, clinically assessing the degree of correction required. At this time, the sizers from the Single-use OsteoSinter® COTTON instrument kit are used at the distracted osteotomy site until the footprint is congruent to the dimensions of the osteotomy surface. Once this has been achieved and assessed both clinically and fluoroscopically, the optimal implant size can be selected.



### Step 5

**Implantation.** Open the tweezer clamps from the Single-use OsteoSinter® COTTON instrument kit by sliding the tab forward and place the clamps on the implant notches. Then, close the clamps by moving the tab backwards in order to hold the implant. If the use of an autograft or allograft is desired, the material should be placed into the implant cavity prior to implantation. Place the assembly at the osteotomy site and remove the tweezer.

**N.B.:** Do not impact the tweezer to place the implant.  
Carefully impact the implant until it is fully seated using the impactor from the Single-use OsteoSinter® COTTON instrument kit and a mallet.



### Step 6

**Fixation.** After confirmatory AP and lateral x-rays, the incision is closed in layers of soft tissue using the surgeon's preferred technique. An appropriate post-operative protocol should be followed according to the surgeon's preference. If ancillary fixation is applied, it should be manufactured in titanium to reduce the likelihood of galvanic corrosion.