Enjoy complete control

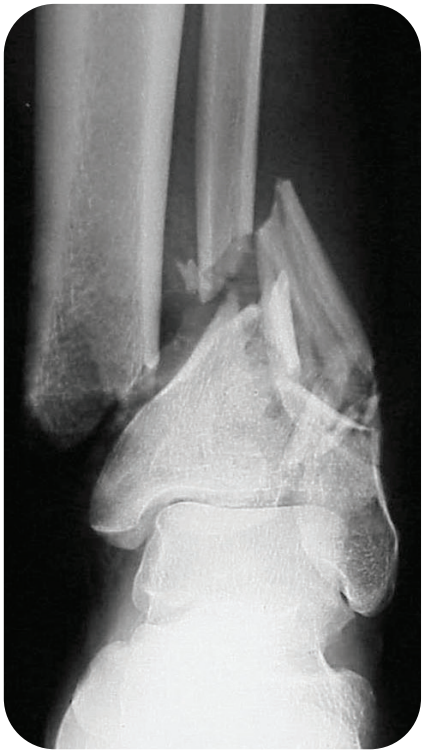
A solution specifically for the foot and ankle surgeon

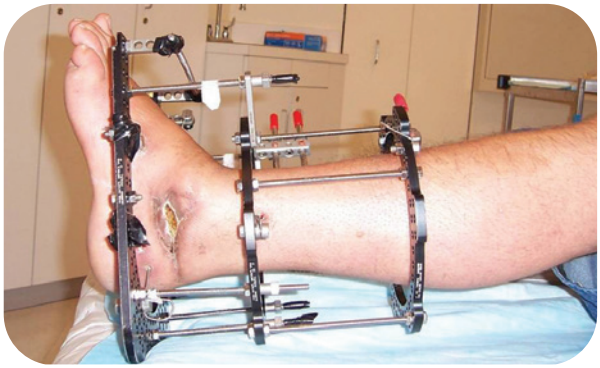
Smith+Nephew

ILIZAROV™
External Fixator

ILIZAROV™ Foot and Ankle External Fixation

The control solution for your most complicated foot and ankle challenges.





How do you address?

- Complicated soft tissue including diabetic ulcers
- Poor soft tissue envelope
- Infected bone
- Osteoporotic bone
- Poor bony stability

Take control with ILIZAROV™ Foot and Ankle External Fixation

Control for optimal outcomes

Control your OR experience

Control through education

Control for optimal outcomes

For over 60 years, the ILIZAROV™ method has been used in the treatment of foot deformities and ankle fractures. By requiring **fewer incisions than traditional ORIF,** the system is designed to provide a minimally invasive treatment solution potentially saving valuable OR time

- Manage soft tissue problems with the ILIZAROV method.[1, 5, 14-15]
- The ILIZAROV method enables stability, flexibility and precision.[6-7, 14]
- The ILIZAROV method enables near immediate weight bearing.[16-18]
- The ILIZAROV method is a minimally invasive technique that preserves tissue and respects the biology.[6,15,16,19]

The advantages of using circular fixation in the treatment of complex foot deformities and ankle fractures are numerous

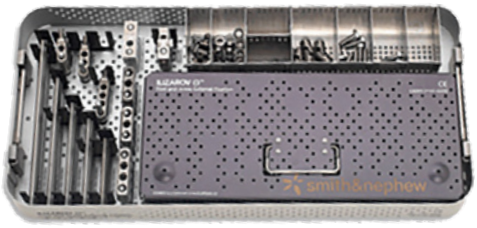
- Diabetic patients are at greater risk of complications related to wound-healing, non-union and loss of fixation.[20] Using a circular fixation device, such as ILIZAROV, may help minimize complications in the management of patients with peripheral vascular disease or peripheral neuropathy due to its minimally invasive nature. [1-4]
- In a study of 11 patients who experienced traumatic loss of the talus, nine patients achieved successful tibiocalcaneal (TC) fusion. Seven of these patients achieved equal limb length as well as TC fusion, using the ILIZAROV method [5]
- Using the ILIZAROV method minimizes the potential for wound slough that can be caused by plates and intramedullary devices. The use of minimally invasive wires stabilizes the bone and allows the zone of injury to heal.[5-7]
- Using the ILIZAROV method can potentially lower the cost of treatment, compared to the prosthetic costs incurred over the course of a lifetime following amputation.[8-10]

Control your OR experience

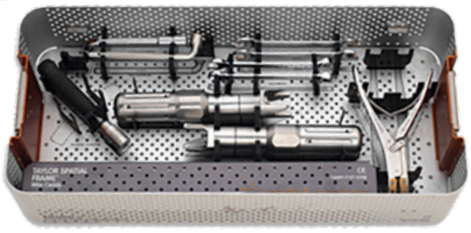
ILIZAROV™ Foot and Ankle External Fixation was designed to meet the specific needs of the foot and ankle surgeon. The streamlined system enables **stability, flexibility** and precision for **ultimate control.**

- Simplify foot and ankle procedures **with a one tray system**
- **Speed your procedure** with the removable mayo stand caddy with newly organized compartments that provide easy access to hardware

One tray system



Removeable Mayo stand caddy



Base tray with instruments and wire caddy

- Pre-assembled frame constructs offer the potential to **save valuable time in the OR,** while still providing intra-operative adjustability
- Using the ILIZAROV method provides additional **stability** to internal fixation in indications such as Charcot neuropathy, where it is often difficult to rely only on the internal hardware.[11-13]
- The ILIZAROV method can be used in the presence of compromised soft tissue.[5, 14-15]

Control through education

Smith+Nephew has a rich history in **education for circular fixation.** The long-time gold standard for circular frame devices has helped to establish our global leadership in limb restoration. We have since raised the bar by collaborating with the most experienced foot and ankle surgeons to create education programs and products **specifically designed for foot and ankle surgeons.**

To learn more about training opportunities, go to www.orthomeetings.com.

Smith & Nephew, Inc.
1450 Brooks Road
Memphis, Tennessee 38116
USA

www.smith-nephew.com

ILIZAROV is a Trademark of MedicalPlastic srl.

00725 V2 09/20

References

1. Nozaka K, Shimada Y, Kimura Y, et al. Successful treatment of nonunion with an Ilizarov ring fixator after ankle fracture for Charcot arthropathy: a case report. BMC Res Notes. 2014;7:503. **2.** White C, Turner N, Lee G, Haidukewych G. Open ankle fractures in patients with diabetes mellitus. Clin Orthop Relat Res. 2003(414):37-44. **3.** Jani MM, Ricci WM, Borrelli J, Jr., Barrett SE, Johnson JE. A protocol for treatment of unstable ankle fractures using transarticular fixation in patients with diabetes mellitus and loss of protective sensibility. Foot Ankle Int. 2003;24(11):838-844. **4.** McCormack RG, Leith JM. Ankle fractures in diabetics. Complications of surgical management. J Bone Joint Surg Br. 1998;80(4):689-692. **5.** Rochman R, Jackson Hutson J, Alade O. Tibiocalcaneal arthrodesis using the Ilizarov technique in the presence of bone loss and infection of the talus. Foot Ankle Int. 2008;29(10):1001-1008. **6.** Aronson J, Bianchi Maiocchi A. Indications. In: Catagni M, Malzev V, Kirienko A, eds. Advances in Ilizarov Apparatus Assembly - Lengthening - Deformity Correction - Fractures - Pseudarthroses Milan, ItalY: Medicalplastic srl; 1996. **7.** Catagni M. Tibial Fractures. In: Catagni M, ed. Treatment of Fractures, Nonunions, and Bone Loss of the Tibia with the Ilizarov Method: Including War Injuries and Tumor Resection: Medicalplastic; 1998:5. **8.** Williams M. Long-term cost comparison of major limb salvage using the Ilizarov method versus amputation. Clin Orthop Relat Res. 1994(301):156-158. **9.** Tilkeridis K, Chari B, Cheema N, Tryfonidis M, Khaleel A. The Ilizarov method for the treatment of complex tibial fractures and non-unions in a mass casualty setting: the 2005 earthquake in Pakistan. Strategies Trauma Limb Reconstr. 2015;10(1):13-20. **10.** Spina M, Gualdrini G, Fosco M, Giunti A. Knee arthrodesis with the Ilizarov external fixator as treatment for septic failure of knee arthroplasty. J Orthopaed Traumatol. 2010;11(2):81-88. **11.** Hegewald K, Wilder M, Chappell T, Hutchinson B. Combined Internal and External Fixation for Diabetic Charcot Reconstruction: A Retrospective Case Series. J Foot Ankle Surg. 2016;55(3):619-627. **12.** Tomczak C, Beaman D, Perkins S. Combined Intramedullary Nail Coated With Antibiotic-Containing Cement and Ring Fixation for Limb Salvage in the Severely Deformed, Infected, Neuroarthropathic Ankle. Foot Ankle Int. 2019;40(1):48-55. **13.** El-Mowafi H, Abulsaad M, Kandil Y, El-Hawary A, Ali S. Hybrid Fixation for Ankle Fusion in Diabetic Charcot Arthropathy. Foot Ankle Int. 2018;39(1):93-98. **14.** Spiegelberg B, Parratt T, Dheerendra S, Khan W, R J, Marsh D. Ilizarov principles of deformity correction. Ann R Coll Surg Engl. 2010;92(2):101-105. **15.** Moseley C. Leg Lengthening: The Historical Perspective. In: Green S, ed. The Orthopedic Clinics of North America - Limb Lengthening 1991. **16.** Ramos T, Eriksson B, Karlsson J, Nistor L. Ilizarov external fixation or locked intramedullary nailing in diaphyseal tibial fractures: A randomized, prospective study of 58 consecutive patients. Arch Orthop Trauma Surg. 2014;134(6):793-802. **17.** Morasiewicz P, Dejnek M, Urbanski W, Dragan S, Kulej M, Dragan S. Radiological evaluation of ankle arthrodesis with Ilizarov fixation compared to internal fixation. Injury. 2017;48(7):1678-1683. **18.** Lovisetti G, Kirienko A, Myerson C, Vulcano E. Ankle Salvage Following Nonunion of Distal Tibia Fractures. Foot Ankle Int. 2018;39(10):1210-1218. **19.** Ferreira N, Marais L. Bicondylar tibial plateau fractures treated with fine-wire circular external fixation. Strategies Trauma Limb Reconstr. 2014:1-8. **20.** DiDomenico LA, Brown D, Zgonis T; The Use of Ilizarov Technique as a Definitive Percutaneous Reduction for Ankle Fractures in Patients Who Have Diabetes Mellitus and Peripheral Vascular Disease; Clin Podiatr Med Surg 26 (2009) 141–148