

Displaced Weber B Fracture in a Patient with Multiple Comorbidities

Contributed by David Oji, MD

Background

- 84-year-old female
- Diabetes, peripheral vascular disease, hypertension, Parkinson's disease, and osteoporosis
- Left displaced oblique Weber B fracture; syndesmotom injury (Fig. 1)
- Presented 2 weeks after injury

Examination and Pre-op Observations

- Elderly female, required significant assistance for ambulation with a walker
- Alert and oriented x3 with resting upper extremity tremor
- Mild swelling at fracture site

Treatment

Surgery occurred 18 days postinjury. The patient underwent intramedullary nail fixation using the FibuLock® nail. Two syndesmosis screws and 3 distal screws were used along with activation of the proximal talons. Fixation, both proximally and distally, was used to provide maximum stability to the fracture site as the patient could not tolerate non-weight-bearing restrictions. Postoperatively, the patient was allowed to bear weight as tolerated in the surgical splint (Fig. 2).

Operative Notes

1. **Reduction:** Provisional reduction was performed through a 2.5-cm longitudinal incision after percutaneous fixation did not provide adequate fracture reduction. Standard reduction clamps were used to maintain provisional reduction through the whole procedure.
2. **K-wire placement:** The entry point guide and 1.6-mm K-wire were used to get optimal position of the entry site.
3. **Gaining access to the fibular canal:** The 6.2-mm tapered reamer was used to open the fibular canal by driving the reamer over the K-wire until the reamer was half inside the distal fibula. The guidewire inserter then was used to obtain optimal position for the guidewire.
4. **Final implantation and fixation:** Distal and proximal reaming, nail insertion, and fixation using the proximal talons and distal screws were completed using the standard technique.

10 Days Post-op

The patient was placed in a CAM boot for an additional 6 weeks, and was allowed to bear weight as tolerated.

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's Directions For Use. Postoperative management is patient specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.



Four-month Follow-up

Four-month follow-up appointment X-rays showed complete healing of the fracture and the patient was able to return to her preinjury activity level (Fig. 3).

Figure 1. Preoperative X-rays: showing displaced oblique Weber B fracture with syndesmotom injury

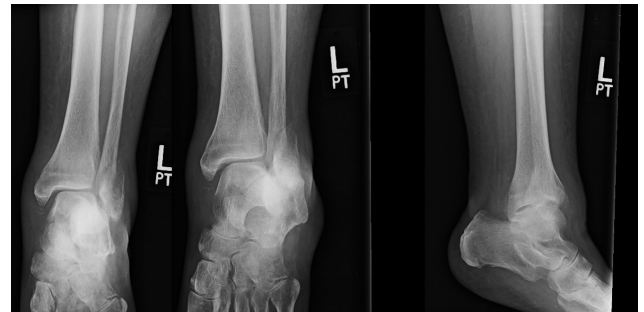


Figure 2. Postoperative X-rays

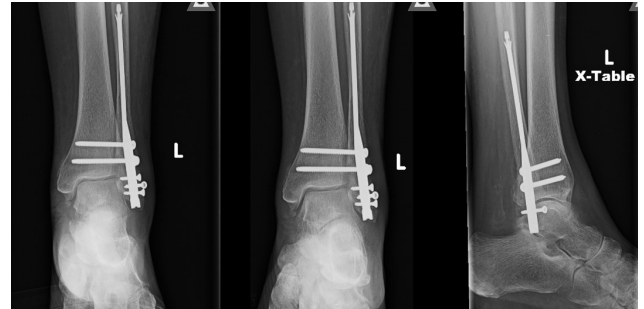


Figure 3. Four-month follow-up X-rays



SONOMA[®]
Orthopedic Products, Inc

Sonoma Orthopedic Products, Inc.
1388 Busch Parkway
Buffalo Grove, IL 60089
847-807-4378 Phone
847-947-8082 Fax
www.sonomaorthopedics.com

TM Trademarks and ® Registered Marks of Sonoma Orthopedic Products, Inc.
© 2018 Sonoma Orthopedic Products, Inc. All Rights Reserved USA Patents 7,846,162; 7,909,825; 7,914,533 and 7,942,875
USA and International Patents Pending



MediTech Strategic Consultants B.V.
Maastrichterlaan 127-129
6291 EN Vaals