

Foreword

External Fixation Techniques for the Foot and Ankle



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Consulting Editor

This is a wonderful compilation of interesting articles, and Dr. Christopher DiGiovanni is to be congratulated on amassing this variety of current and future fixation techniques from this superb international faculty. These represent the mainstay of current techniques in addition to reflecting the innovative styles of many of the contributors.

It is with this innovation in mind that I reflect on the advances we have made not only in the past decade, but perhaps the past 25 years with respect to concepts of fixation. When I began practicing orthopedic surgery, the scientific principles for the use of internal fixation were in their infancy, and the external fixation devices available were bulky, heavy, and without much biomechanical advantage. Today we put much thought into the use of rigid internal fixation constructs, and it will surprise the reader to learn that during my fellowship in foot and ankle surgery with Dr. Melvin Jahss in 1983, we used no fixation for performing most midfoot and hindfoot reconstructive procedures, including triple arthrodesis. The foot was positioned following joint debridement and held in a molded plaster cast. The result was no internal fixation and a good rate of union. Consider this in light of the incredibly sophisticated methods of internal and external fixation at our disposal today. Lighter, lower profile, cannulated, and absorbable products are the mainstay of our fixation armamentarium. These products are not necessarily “better,” but they do give us treatment alternatives and the ability to maximize the outcome.

We are fortunate enough to live and work in countries where these products are available. It is humbling to consider that today, the simple K-wire is the only fixation option available to many surgeons worldwide.

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