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Cours de Base sur Specimen Chirurgie mini-invasive et percutanée du pied 18 DECEMBER 2022

Barcelone - Espagne

www.mifas.org

Cours en français 





MIFAS by GRECMIP

Qui sommes nous?





2002

G roupe de
R echerche et d'
E tude en
C hirurgie
M ini
I nvasive du
P ied & de la cheville





Stephen Isham





Stephen ISHAM



1970

Keller
Mc Bride

....

Chevron 1962



THE GRECMIP



1990



Lowell Scott WEIL



SCARF
WEIL



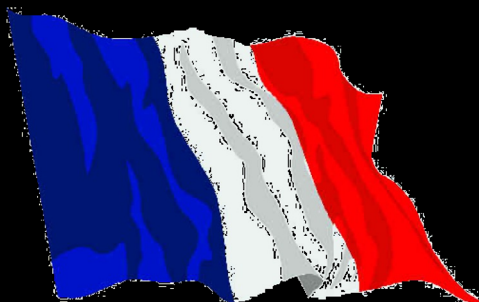
Stephen ISHAM

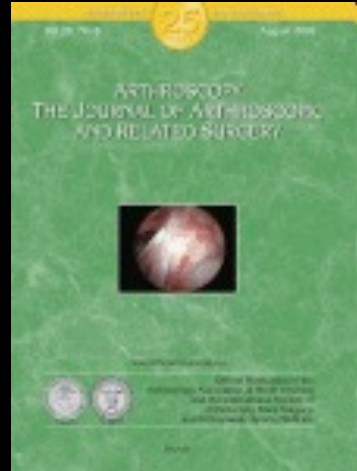


Isham
Reverdin



2002





van Dijk CN, Scholten PE, Krips R. A 2-portal endoscopic approach for diagnosis and treatment of posterior ankle pathology. *Arthroscopy*. 2000;16:871-876.



1965 - 2014

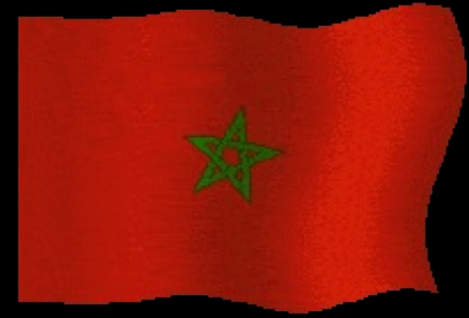


2002

G roupe de
R echerche et d'
E tude en
C hirurgie
M ini
I nvasive du
P ied & de la cheville



When we met Percutaneous Surgery ?



Arthroscopy
Foot & Ankle



Pr. Farid Ismael
Orthopaedic Surgeon
Rabat

Dr. Samir Karrakchou
Orthopaedic Surgeon
Temara





DIU de la chirurgie du pied 2005 / Rabat



Complex foot
Percutaneous Surgery ???

AMOSEP Congress Rabat 2006



Rabat
Live Surgery



He les gars vous êtes gentils
je vous invite à Bordeaux

Vous connaissez le GRECMIP?

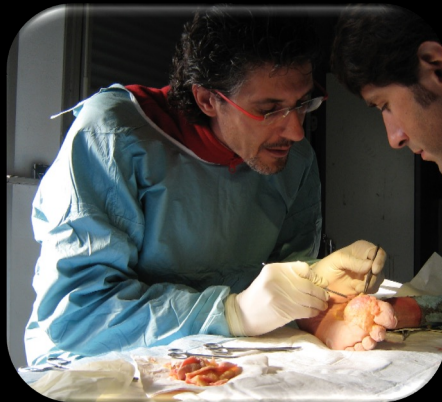




GRECMIP ??



GRECMIP





Bordeaux



Greemip



is a group of friends





Fès Morocco 2009

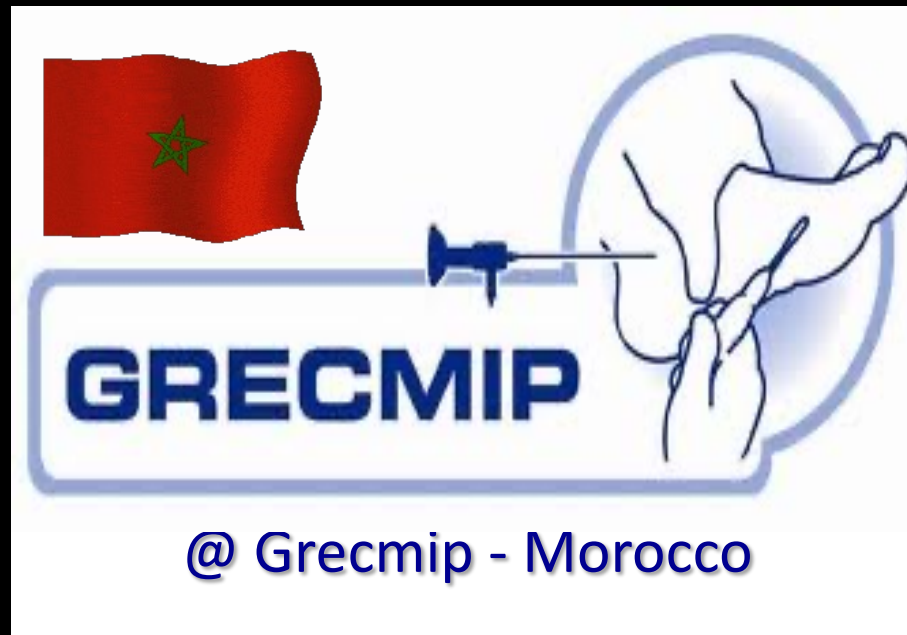


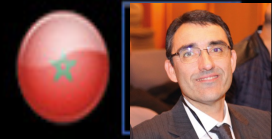
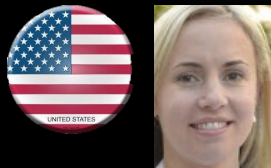
1^{er} cours sur cadavre



S. Karrakchou, F. Ismael

April 2012





The GRECMIP
is
International

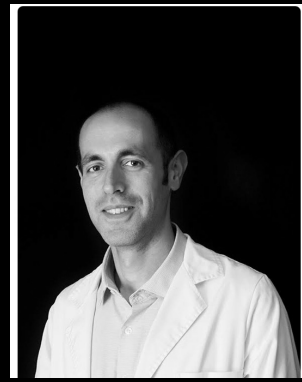
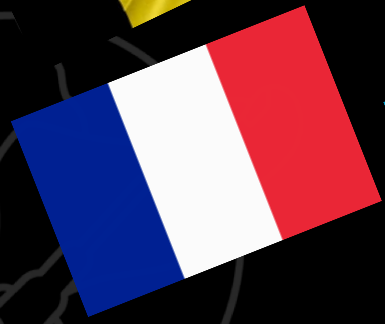




MIFAS

by *Greenip*





Pourquoi ?





A la recherche

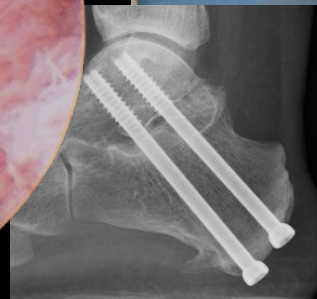
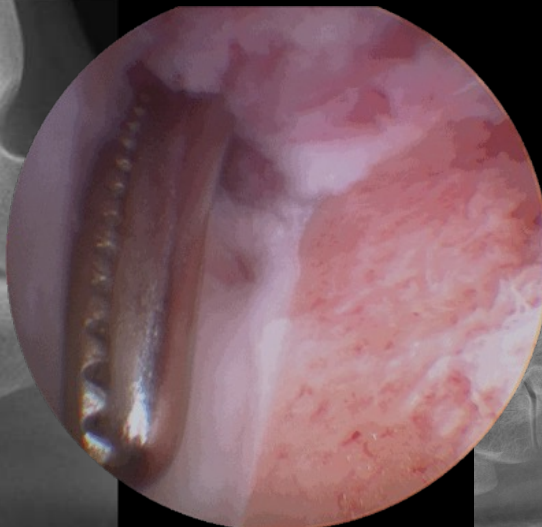
“Un autre moyen
dans notre boite à outils”

Nous aider à mieux traiter nos patients



Percutaneous surgery





Arthroscopy

Baltimore English course

ADVANCED MASTER COURSE OF FOOT AND ANKLE ARTHROSCOPY & MIS BASIC COURSE

Course Directors:
Jorge Acosta, MD
Rebecca Cerrato, MD
Guillaume Corbiot, MD
Joel Vernois, MD

October 12-14th 2018, BALTIMORE - USA

VENUE: WEST LAB

Limited to 30 attendees



Chirurgie Mini-Invasive du Pied et de la Cheville

Mini-invasive foot and ankle surgery

BORDEAUX
ARCACHON 2007

8, 9 Juin - June
Palais des Congrès



3rd INTERNATIONAL CONGRESS OF MINIMALLY INVASIVE FOOT & ANKLE SURGERY

May 28-29, 2011
BRUGES, Belgium

Congress President:
D. Vandenne

Scenarios:
C. de Lathauwer
A. Galle
F. Vermeir
G. Combarthou
N. Mielants
P. Mathys
A. Verstra
J. Vanhauwe

PRE-CONGRESS
FOOT SURGERY (Clinique St-Lucas)
28 May (Morning)

Congress location: CONCERTHALL (Bruges)
www.grecmp.com



FOOT & ANKLE MIS INTERNATIONAL CADAVER LAB

GRECMIP

COURSE DIRECTOR: JOEL VERNOIS - FRANCE

20 PARTICIPANTS

AMIENS, 6th & 7th May 2012
Cours de 480 Participants - Autopsie - Vidéo

Registration on contact@grecmp.com



Chirurgie mini-invasive et percutanée du pied

3rd - 30th, 2012
THEORICAL COURSE

JULY 2nd - 3rd, 2012
CADAVER LAB

Course Directors:
P. Galand - G. Laffont



11th INTERNATIONAL BASIC COURSE OF FOOT & ANKLE MINIMALLY INVASIVE SURGERY

JUNE 22nd - 23rd 2018
MADRID - SPAIN

Course Directors:
Olivier Laffont, Eduard Ruba
Nicolai Dalman

VENUE:
HUI - UNIVERSIDAD SAN PABLO
HOSPITAL - MADRID

Limited to 40 attendees




6th INTERNATIONAL FOOT & ANKLE MINIMALLY INVASIVE SURGERY COURSE

Minimally Invasive & Percutaneous Surgery

JUNE 26th - 27th 2014 BARCELONA - SPAIN
CADAVER LAB

Course Directors:
Mariano de Prado - Olivier Laffont
General Organization:
Pau Galand



ADVANCED COURSE OF FOOT & ANKLE ARTHROSCOPY


December 10th, 2018
BARCELONA - SPAIN

Course Directors:
Jorge Acosta & Guillaume Corbiot

Limited to 20 attendees

May 10th, 2013
Munich, Germany

24 participants



5th International Foot and Ankle Mini Invasive & Percutaneous Surgery Course

Course Directors: M. de Prado - G. Laffont
General Organization: P. Galand
General Moderator: P. Diebold

JUNE 28th - 29th, 2013
CADAVER LAB

JUNE 28th - 29th, 2013
CADAVER LAB

ENGLISH COURSE

BARCELONA - SPAIN



Cours Avancé - Amiens 2013

CHIRURGIE MINI-INVASIVE, PERCUTANÉE ET ARTHROSCOPIE DE LA CHEVILLE ET DU PIED

17-18-19 SEPTEMBRE 2014
BORDEAUX - FRANCE

Directeurs de Cours:
Guillaume Corbiot / Veronique Davot

Lieu:
Hôpital de Bordeaux - Victor Segalen
Laboratoire d'Anatomie

Contact:
Olivier Laffont
Tel: +33 (0) 238 152
contact@grecmp.com

Limité à 30 participants.

www.grecmp.com



Course / Meeting

Percutaneous Correction of Persistent Severe Metatarsus Adductus in Children

Jorge Knorr, MD,* Francisco Soldado, MD, PhD,† Thy T. Pham, MD,* Ana Torres, MD,‡ Jean P. Cabuac, MD, PhD,* and Jérôme Sales de Gauszy, MD, PhD*

Background: Percutaneous techniques for the correction of foot deformities are gaining popularity in the adult population, but remain poorly explored in children. Of the several surgical techniques described to treat persistent severe metatarsus adductus (MA) deformity in children, neither was percutaneous. The purpose of the study was to describe a percutaneous technique for MA correction in children, to report the outcomes, and to show the advantages it offers.

Methods: We designed a prospective study on 34 consecutive feet with MA deformity from 26 children undergoing percutaneous correction. All operated feet had severe rigid MA deformities, most of which were composed of medial tarsometatarsal adduct deformities. The mean age at surgery was 7.9 years and the mean follow-up was 51.2 months. For clinical evaluation, we used the bunion angle, the first tarsometatarsal angle and metatarsal metatarsophalangeal angle measured in weight-bearing radiographs and AOFAS scores determined preoperatively and postoperatively. In univariate cases, we used the bunion foot measurement.

Key Words: metatarsus adductus, percutaneous foot surgery, congenital foot deformity, children (J Pediatr Orthop 2013;000:000-000)

Metatarsus adductus (MA) foot deformity is characterized by a medial deviation of the foot at the level of the Lefort joint. Idiopathic MA deformity is the most common pediatric foot deformity with an incidence of 3%.¹ A 4% to 14% of all MA deformities would further progress to a severe and rigid deformity warranting surgical correction, starting at 4 years of age.² Another frequent cause of MA is the congenital intrinsic deformity after surgical correction of clubfoot deformity, accounting for 16% to 34% of cases.³

Cabuac technique is an effective procedure for the correction of MA deformity in children.⁴ This technique is based on tary deformities, reorientation joint after medial capsulotomy of the central metatarsals, correction of foot deformities in adults.⁵ Success of these cases relies on the alignment of bony defects by De Prado approach results in a reduced to the surgical approach, no hospitalization time, no overall osseous osteotomy, and the use of percutaneous MA surgery.

If we can describe the use of MA correction in a minimally invasive way, it is obtained, and to discuss

DISCUSSION

of percutaneous correction, a prospective data study of its results. This present study prospective a single surgeon (J.K.), deformity from 26 children from January 2004 and 2010 in our analysis. The mean age at

www.orthopaedics.com | Article is prohibited



Prise en charge des métatarsalgies statiques par ostéotomies distales percutanées : suivi prospectif de 222 pieds
V. Darcel, L. Villet, D. Chauveau, O. Laffenêtre

Introduction

Les métatarsalgies représentent le motif le plus fréquent de consultation en podologie. Elles sont rencontrées dans de nombreux tableaux cliniques et peuvent être logiques. Elles sont donc de diagnostic ou préopercatoire un handicap dans la vie quotidienne. Le plus souvent elles sont traitées médicalement. Le traitement chirurgical peut être proposé. De très nombreuses techniques chirurgicales ont été décrites dans cette indication, associant des gestes sur les parties molles et des ostéotomies séparées sur les métatarses (ostéotomies bas-métatarsiennes, diaphysaires ou épiphysaires distales). Actuellement, la technique la plus utilisée en France est l'ostéotomie de Weil [1] qui consiste en une ostéotomie épiphysaire en frange sur l'os métatarsien, dont les résultats sont publiés.

Saturday 03 August - 2.2 / 1045 - 1100

EARLY RESULT OF HALLUX VALGUS CORRECTION COMPARING SCARF/AKIN OSTEOTOMIES AND MINIMALLY INVASIVE CHEVRON/AKIN OSTEOTOMIES

Peter Lam, Andrew Wines, Jeff Ling, James Walsh, Jonny Sharr, Murray Glythe
North Shore Private Hospital, St Leonards, Sydney

Introduction: Hallux valgus is a common disorder. There are many procedures described in the literature for the correction of symptomatic hallux valgus. One of the most popular procedures amongst Orthopaedic foot and ankle surgeons in Australia is the Scarf osteotomy. Open bunion correction is generally effective but can be associated with significant post operative pain and disability. Minimally invasive techniques are being increasingly used in Europe. One technique is Minimally Invasive Chevron and Akin (MICA). These minimally invasive procedures have the potential to increase patient satisfaction by reducing pain and allow more rapid return to function. To date, there has been limited published literature on MICA procedures and there is no published prospective randomized trial comparing MICA and Scarf/Akin osteotomies for the correction of hallux valgus.

Method: 50 patients undergoing surgical correction of hallux valgus will be enrolled in the trial. The patients will be randomized to 2 groups, one treated with a Scarf/Akin osteotomy (SA) and the other treated with Minimally Invasive Chevron/Akin osteotomies (MICA). Data collection for the outcomes measures will occur preop, and then post op at day 1, 2 weeks, 6 weeks and 6 months. Outcomes measures include American Orthopaedic Foot and Ankle Society (AOFAS) Hallux-Metatarsophalangeal-Interphalangeal Score, Visual analogue pain score, preoperative and postoperative change in hallux valgus angle (HVA) and 1-2 intermetatarsal angle (IMA). The radiographic outcomes parameters will be measured using weight bearing radiographs. Exclusion criteria were failed previous hallux valgus surgery, neuromuscular disorder, and need for concomitant lesser toe surgery. This is a preliminary report of the first 25 patients.

Results: There were 12 patients with 13 feet (1 bilateral) who underwent Scarf/Akin procedures and 12 patients with 21 feet (8 bilateral) who had MICA procedures. In the Scarf group there were 2 males and 10 females, age 47 to 75 years (average 62 years). Of this group, five patients (with 5 feet) had follow up of over 6 months.

2013 Combined Australia & New Zealand Orthopaedic Foot & Ankle Society Conference Handbook 24

Percutaneous Tenotomy for the Treatment of Diabetic Toe Ulcers

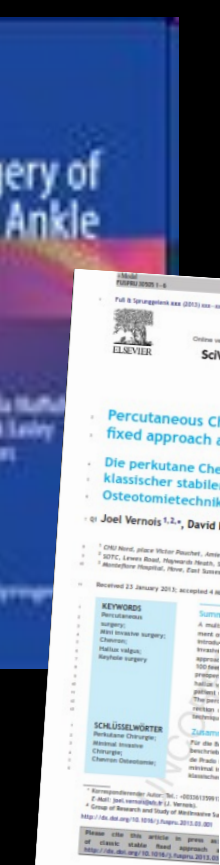
Eran Tamir, MD^{1,2,3}, Mordechai Vigler, MD^{4,1}, Erez Aviner, MD^{5,1}, and Aharon S. Finestone, MD, MHA^{1,2,3}

Abstract: Background: Foot ulcers have been implicated as a causative factor in diabetic foot amputations. The purpose of this study was to evaluate treating foot ulcers in patients with diabetes by percutaneous tenotomy. **Methods:** We retrospectively reviewed the computerized medical files of 81 patients treated for foot ulcers by percutaneous tenotomy. Results were analyzed on the basis of indication and per patient. **Results:** The 81 patients had 142 ulcers from 13 indications. 103 toe-toe ulcers (treated by flexor digitorum longus tenotomy), 24 cock-up-toe ulcers (extensor digitorum longus tenotomy), 11 kissing ulcers (extensor digitorum longus tenotomy), 4 foot dorsum longus tenotomy, and 10 plantar metatarsal ulcers (extensor digitorum longus with or without flexor digitorum longus tenotomy). Healing at 4 weeks was 96%, 94%, 81%, and 0%, respectively. The complication rate was very low, with the exception of "transfer lesions," which in adjacent toe became involved and resolved subsequent tenotomy in 8% of toe-toe ulcers. **Conclusions:** Percutaneous tenotomy was an effective and safe method for treating toe ulcers in neuropathic patients. It was not effective in treating larger metatarsal ulcers. **Level of Evidence:** IV, case series.

Keywords: neuropathic ulcers, offloading, tenotomy

The annual incidence of ulcer development in patients with diabetes is about 2%.¹ In a 2-year follow-up of 1,666 patients with diabetes in San Antonio, Levey, et al found a 6% rate of amputations.² Six of us recently reported a 30% rate of major lower extremity amputations among 709 patients admitted to the Diabetes Foot Care Center at Chaim Sheba Memorial Hospital, Tel-Aviv,³ and Nether et al reported a 27% major amputation rate in 302 patients treated by a multidisciplinary team for diabetic foot problems.⁴ In the presence of sensory neuropathy and lack of protection of the feet, ulcer development in a toe with normal anatomy, as result of acute injury or tight fitting shoes, is common. However, ulcers develop at a site with an anatomic abnormality causing increased pressure in a specific region. The most common site of ulcers in patients with diabetes is the heel,⁵ and the most common deformity in patients with diabetic neuropathy is a claw toe.⁶ present in 7% of patients with diabetes.⁷ This deformity is usually attributed to motor neuropathy affecting the intrinsic foot muscles (peroneus and hallucis), although this concept has been challenged.⁸ The unopposed action of the extensor digitorum longus (EDL) and the flexor digitorum longus (FDL) results in a hyper-extension deformity of the metatarsophalangeal joint and

¹Department of Orthopaedic Surgery, Asef-Hallux Medical Center, Zaretsin, Israel
²Sukler School of Medicine, Tel Aviv University, Israel
³Muscle Health Services, Israel
⁴Department of Orthopaedic Surgery, Rabin Medical Center, Haharm Hospital, Petach Tikva, Israel
⁵Corresponding Author:
Aharon S. Finestone, MD, MHA, Department of Orthopaedic Surgery, Asef-Hallux Medical Center, Zaretsin, Israel.
Email: aoff@net.net.il



ARTICLE IN PRESS

Percutaneous Chevron; the union of classic stable fixed approach and percutaneous technique

Die perkutane Chevronosteotomie; Die Kombination von klassischer stabiler Fixation und perkutaner Osteotomietechnik

Joel Vernois^{1,2,*}, David Redfern³, the GRECMIP⁴

1 CHU de Bordeaux, Centre Victor Segalen, Bordeaux, France
2 CHU de Bordeaux, Centre Victor Segalen, Bordeaux, France
3 Adelaide Hospital, Royal, East Sussex, England
4 GRECMIP, Centre Victor Segalen, Bordeaux, France

Received 23 January 2013; accepted 4 March 2013

KEYWORDS: Percutaneous Chevron; Minimal incision surgery; Hallux valgus; Chevrone; Metatarsal surgery

SUMMARY: A mixture of different surgical techniques have been described for the treatment of hallux valgus. None more than 10 years ago.

SCHLÜSSELWÖRTER: Perkutane Chevronosteotomie; Minimaler Einschnitt; Hallux valgus; Chevrone; Metatarsalchirurgie

INTRODUCTION: The aim of this study was to evaluate the results of a new technique for the treatment of hallux valgus, combining the classic stable fixed approach and the percutaneous technique.

RESULTS: The results of this study show that the combination of the classic stable fixed approach and the percutaneous technique is a safe and effective method for the treatment of hallux valgus.

CONCLUSION: The combination of the classic stable fixed approach and the percutaneous technique is a safe and effective method for the treatment of hallux valgus.

LEVEL OF EVIDENCE: IV, case series.

KEYWORDS: bunion, bunionette, foot, hallux valgus, minimally invasive, surgery

Percutaneous and Minimum Incision Metatarsal Osteotomies: A Systematic Review

Thomas S. Roukis, DPM, PhD, FACFAS¹

Percutaneous and minimum incision metatarsal osteotomies have received increasing recognition because of the perceived efficacy compared to traditional open approaches but with purported less cost, fewer complications, and higher patient satisfaction. The use of these treatments has also been proposed for medically compromised patients who are not expected to recover well from traditional open approaches, a patient population that comprises a substantial proportion of the author's practice. Therefore, the author undertook a systematic review of electronic databases and other relevant sources to identify material relating to the use of percutaneous and minimum incision metatarsal osteotomies. Information from peer-reviewed journals, as well as that from non-peer-reviewed publications, abstracts and posters, textbooks, and unpublished works, was also considered. In an effort to procure the highest quality studies available, studies were eligible for inclusion only if they were prospective, involved consecutive follow-up of patients undergoing the same percutaneous or minimum incision surgical treatment, evaluated patients at a mean follow-up of 12 months or longer duration, and included outcome measurements consisting of subjective patient satisfaction, radiographic measurements, and details of complications. These studies involving percutaneous surgical treatment specifically to hallux valgus were identified that met the inclusion criteria, all of which were case series of relatively poor methodological quality. Rather than providing strong evidence for or against the use of percutaneous minimum incision metatarsal osteotomies, the results of this review make clear the need for methodologically sound prospective cohort studies and randomized controlled trials that focus on the use of the form of surgical intervention. Level of Evidence: 1 (The Journal of Foot & Ankle Surgery 40(5):380-387, 2008)

Key Words: bunion, bunionette, foot, hallux valgus, minimally invasive, surgery

Percutaneous limited surgery (PLS) is performed through the smallest possible working incision without direct visual contact of the underlying target structures, and minimum incision surgery (MIS) is the incision is performed through the smallest incision necessary to perform the procedure (1, 2). In practice, PLS is performed through 1 to 3-mm-long skin slits by tactile sense using a mini-blade for soft tissue and power entry bar for osseous procedure, most commonly under intraoperative image intensification. This has also been referred to as "blind" or "closed" surgery although these terms are inaccurate and inappropriate, respectively. In contrast, MIS is performed through a 1- to 2-cm-long incision with a traditional blade for soft tissue and power saw blade for osseous procedures under direct visualization of the structures entered and may or may not be performed with intraoperative image intensification. These techniques

<https://grecmip.org/>

The screenshot shows a web browser window with the URL <https://grecmip.org/>. The page features a header with navigation links: [Accueil](#), [Marque-pages](#), and [Outils](#). Below the header is a large banner image showing a hand holding a surgical instrument over a foot, with the GRECMIP logo in the bottom right corner. The main navigation bar includes buttons for [NOUS CONTACTER](#), [GRECMIP](#), [CONGRÉS FORMATIONS](#), [TECHNIQUES](#), [ADHÉRER](#), [RECHERCHER UN CHIRURGIEN](#), and [ACTUALITÉS](#). The page content is divided into a left sidebar and a main content area. The sidebar contains links for [Espace Membres](#) (with an [Accès](#) button), [Consulter notre FOIRE AUX QUESTIONS](#), a text block about GRECMIP's partnership with the AFCEP for evaluating minimally invasive and endoscopic techniques, and a search bar. The main content area features a large blue banner for the **13ème COURS ANNUEL DE BASE DU GRECMIP**, which focuses on **CHIRURGIE MINI-INVASIVE, PERCUTANÉE ET ARTHROSCOPIE DE LA CHEVILLE ET DU PIED**, held from **17-18-19 SEPTEMBRE 2014** in **BORDEAUX - FRANCE**. The banner includes the GRECMIP logo and a background image of a building at night. The browser's taskbar at the bottom shows various application icons and the system tray.

Thanks for your attention

THE GRECMIP
IN SYDNEY





THE GRECMIP IN DUBAI



Congrès

1^{er} Congrès International de Chirurgie Mini-Invasive du Pied et de la Cheville
1st International Congress of Mini-Invasive foot and ankle surgery

BORDEAUX ARCACHON 2007
8, 9 Juin - June
Palais des Congrès

GRECMIP
 GROUPE DE RECHERCHE ET D'ETUDE EN CHIRURGIE MINI INVASIVE DU PIED
 www.grecmip.eu

Sociétés partenaires

15 Years of EXPERIENCE

II International Congress of Mini-Invasive Foot and Ankle Surgery

Murcia (Spain) 23 - 25 April 2009

Presidents > Dr. M. de Prado - Dr. P. L. Ripoll

4th INTERNATIONAL CONGRESS OF FOOT & ANKLE MINIMALLY INVASIVE SURGERY

In memoriam of Pau Golland

2-4 JULY 2015
BARCELONA - SPAIN

GENERAL ORGANIZATION
 Jordi Vega (Host)
 Joël Vernois (GRECMIP President)
 Olivier Laffenêtre
 Mariano de Prado
 Eduard Rabat

OFFICIAL LANGUAGES
 Spanish, French and English

GRECMIP 3rd INTERNATIONAL CONGRESS OF MINIMALLY INVASIVE FOOT & ANKLE SURGERY

Congress President : G. Van Damme

Languages

BRUGES, Belgium
May 26-28, 2011
CONCERTGEBOUW

2nd Announcement

PRE-CONGRESS - LIVE SURGERY
 (St Lucas clinic - Bruges)
 May 26th (morning)
LIMITED SUBSCRIPTIONS

JOURNÉES DE PRINTEMPS DE L'AFCP
 May 27th/28th 2011

UEMS Accreditation (in progress)

www.grecmip.eu
 REGISTRATION - SUBMISSION - ACCOMMODATION

5ème congrès



5th International Congress of Foot & Ankle Minimally Invasive Surgery

Congress co Presidents
S. Karrakchou
F. Ismael

21-23 MARCH
MARRAKECH
2019

Cultural Complex of Habous Ministry

With Collaboration



Information & Registration

Beyond Com - 55, Imam Ibn Hazm , El Qods 20610, Casablanca Morocco
Phone : +212 5 22 755 756, Fax : +212 5 22 76 7202, Email : beyondcom.3c@gmail.com
www.beyondcom.ma

www.grecmipmarrakech2019.com
www.grecmip.org

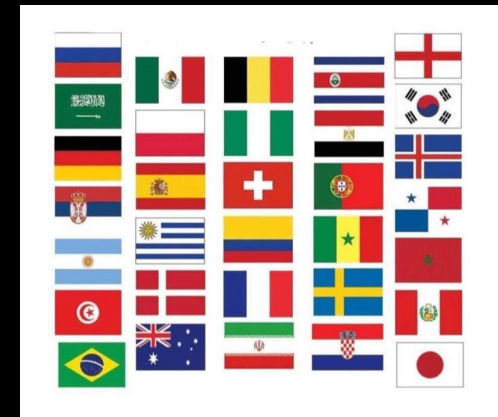


5ème congrès

Avec la collaboration

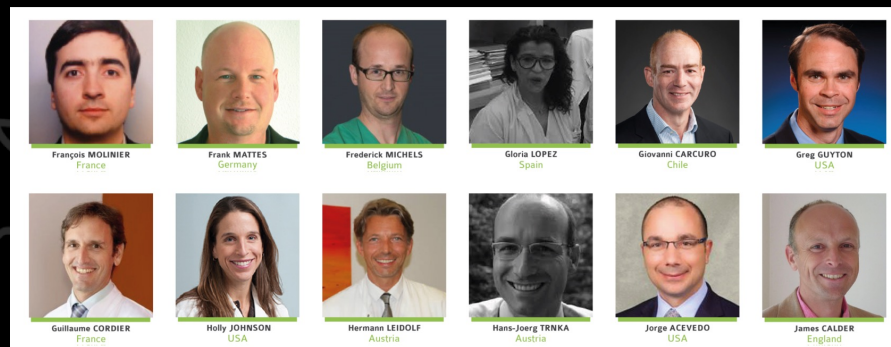
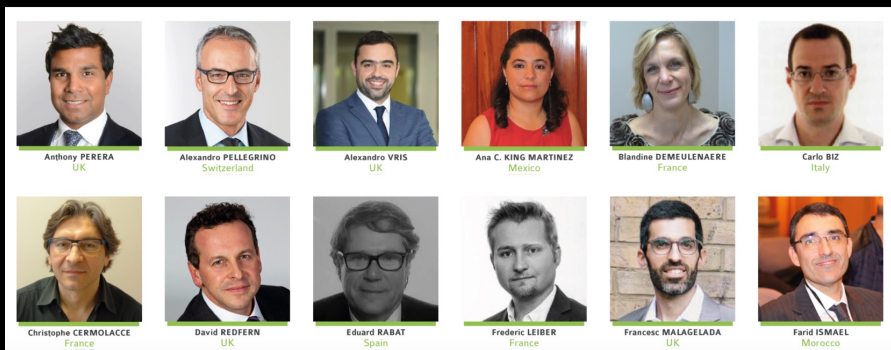


5 continents



5ème congrès

54 Conférenciers



5ème congrès

Succès

Grace à vous

Welcome in Brazil

6th GRECMIP- MIFAS Congress





VENUE
Windsor Barra Hotel

OFFICIAL LANGUAGE
English 

6th International Congress of Foot & Ankle Minimally Invasive Surgery

5-7 October | Rio de Janeiro
2023 | Brazil



6^{ème} congrès

Brazil

Grace à vous

Thanks

Merci

شكرا



Thank you for your participation



5th International Congress of Foot & Ankle

Minimally Invasive Surgery

Congress co Presidents
S. Karrakchou
F. Ismael

21-23 MARCH
MARRAKECH
2019

With the COMPLIANT status of the ETHICAL MEDTECH

Savoy le Grand Hôtel

With Collaboration



Information & Registration

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