



Biopro Implant for Great Toe Arthritis



Great toe arthritis is a common problem in most orthopaedic surgery practices. The non-surgical treatment of the problem is usually unsuccessful because of persistent pain in the great toe with walking and standing.

Treatments such as padding, orthotics, pain medication and anti-inflammatory medication in most cases relieve the pain very little, if at all.



The Biopro implant has been used in the condition of arthritis of the great toe for more than 40 years.

It is indicated for treatment of arthritis in what is orthopaedically referred to as the first metatarsal phalangeal joint of the great toe. The conditions for which the Biopro implant are used in this joint are osteoarthritis, rheumatoid arthritis, degenerative changes of the joint associated with hallux valgus and bunion deformity and traumatic stiffness of the joint.

It is amazing to me that most patients and physicians have never heard of the Biopro implant, even though it is has been used clinically for 40 years.

The Biopro implant is a metallic structure, which is made of chrome and cobalt.



The object of the procedure is to provide a durable arthroplasty or joint re-surfacing that will relieve pain and restore motion to the great toe at the same time leaving undisturbed the normal bio-mechanical arrangement of the great toe and the forefoot.

An attractive aspect of the operation is that it allows for minimal removal of bone to insert the prosthesis.

The prosthesis replaces the proximal joint surface of what is termed the proximal phalanx of the great toe.

This contoured articulating surface of the prosthesis simulates the normal concave articulation of the proximal phalanx as it rests against the first metatarsal.

In my practice I have found the implant to be highly effective in relieving pain caused by arthritis of the great toe.

The procedure can usually be performed as an outpatient. I have had the best results in performing the procedure under general anesthesia.

I have found the BioPro procedure to be a simple, durable metallic resurfacing operation capable of providing my patients with years of painless motion.

Post-Operative Management

We have allowed patients to walk with weight to tolerance on the operated foot based on the degree of discomfort present. A bulky soft dressing is applied to the foot post-operatively and left in place for approximately one week. At that time a post-operative shoe is worn over the bandage to allow for some weight bearing to tolerance. Some patients do choose to use a cane or crutch initially.

The progression to normal walking and use of standard footwear is limited only by persistent post-operative swelling and discomfort.



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