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CUT GUIDE, SYSTEMS, AND METHODS

Abstract

A cut guide includes a body having a first face and an opposed second face. The first face of the body defines first and second apertures, a first fixation hole, and an attachment hole. The first and second apertures are configured to guide a surgical tool, and the first fixation hole extends through the cut guide from the first face to the second face and is configured to receive a wire to position the cut guide against a bone. The attachment hole is configured to attach the cut guide to another component. A system including the cut guide and methods of using the system also are disclosed.

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Background/Summary

TECHNICAL FIELD

[0001] Any and all applications for which a foreign or domestic priority claim is identified in the Application Data Sheet as filed with the present application are hereby incorporated by reference in accordance with 37 C.F.R. §§ 1.57; 1.97; and 1.98.

TECHNICAL FIELD

[0002] The disclosed system and method relate to the field of correcting anatomical structures. More particularly, the disclosed systems and methods relate to correcting defects in anatomical structures in the lower extremities of a patient.

BACKGROUND

[0003] Hallux valgus deformities (also known as bunions) occur when a metatarsal goes into a varus state (i.e., is pointed inwardly). In addition to being pointed inward, the metatarsal also may be rotated about its longitudinal axis such that the bottom of the bone is facing outwardly, which may result in the sesamoid being pointed outwardly when it should be located underneath the metatarsal. Correction of a bunion typically requires surgery, such as performing a Chevron osteotomy. Such procedures may also include a compression operation and/or insertion of one or more screws into the patient's foot to assist with the correction. Disclosed embodiments include systems and methods for addressing these and/or other anatomical issues and providing benefits over existing solutions.

SUMMARY

[0004] In some embodiments, a cut guide includes a body having a first face and an opposed second face. The first face of the body defines first and second apertures, a first fixation hole, and an attachment hole. The first and second apertures are configured to guide a surgical tool, and the first fixation hole extends through the cut guide from the first face to the second face and is configured to receive a wire to position the cut guide against a bone. The attachment hole is configured to attach the cut guide to another component.

[0005] In some embodiments, a system includes a cut guide, a compression device, and a first connector. The cut guide has a body including a first face and an opposed second face. The first face of the body defines first and second apertures, a first fixation hole, and an attachment hole. The first and second apertures are configured to guide a surgical tool. The first fixation hole extends through the cut guide from the first face to the second face and is configured to receive a wire to position the cut guide against a bone. The compression device has a base and a compression head, which is movable relative to the base. The first connector is sized and configured to couple to the compression device to the cut guide via the attachment hole.

[0006] In some embodiments, a method includes coupling a first wire to a first bone of an appendage of a patient; coupling a cutting guide to the first wire; inserting a second wire into a first fixation hole defined by the cutting guide and into the first bone; resecting the first bone using a surgical tool and the cutting guide; attaching a compression device to the cutting guide; and compressing the appendage of the patient using the compression device.

Description

BRIEF DESCRIPTION OF THE DRAWINGS

[0007] The features of the present disclosure will be described in more detail in conjunction with the following drawing figures. The structures in the drawing figures are illustrated schematically and are not intended to show actual dimensions.

[0008] FIG. 1 is a front view of an exemplary cut guide in an extended position, according to

disclosed embodiments;

[0009] FIG. 2 is a rear isometric view of the cut guide of FIG. 1, according to disclosed embodiments;

[0010] FIG. 3 is a front view of the cut guide of FIG. 1 in a collapsed position, according to disclosed embodiments;

[0011] FIG. 4 is a isometric view of the cut guide of FIG. 1 positioned in relation to a skeletal foot, according to disclosed embodiments;

[0012] FIG. 5 is an isometric view of a compression device attached to the cut guide of FIG. 1, according to disclosed embodiments;

[0013] FIG. 6 is an isometric view of a slider mechanism attached to the cut guide of FIG. 1, according to disclosed embodiments;

[0014] FIG. 7 is another isometric view of the system of FIG. 6, further include a wire positioned by the slider mechanism, according to disclosed embodiments;

[0015] FIG. 8 is another isometric view of the system of FIG. 7, further including a sleeve positioned by the slider mechanism, according to disclosed embodiments;

[0016] FIG. 9 is an isometric view of another embodiment of a compression device and slider mechanism that may be used in conjunction with the cut guide of FIG. 1, according to disclosed embodiments;

[0017] FIG. 10 is an isometric view of the compression device of FIG. 9 positioned in relation to a skeletal foot, according to disclosed embodiments;

[0018] FIG. 11 is an isometric view of the compression device and slider mechanism of FIG. 9 positioned in relation to a skeletal foot, according to disclosed embodiments; and

[0019] FIG. 12 is a flowchart of one example of a process for performing a medical procedure using a cut guide and other disclosed features, according to disclosed embodiments.

DETAILED DESCRIPTION

[0020] This description of the exemplary embodiments is intended to be read in connection with the accompanying drawings, which are to be considered part of the entire written description.

[0021] This description of the exemplary embodiments is intended to be read in connection with the accompanying drawings, which are to be considered part of the entire written description. The drawing figures are not necessarily to scale and certain features may be shown exaggerated in scale or in somewhat schematic form in the interest of clarity and conciseness. In the description, relative terms such as “horizontal,” “vertical,” “up,” “down,” “top” and “bottom” as well as derivatives thereof (e.g., “horizontally,” “downwardly,” “upwardly,” etc.) should be construed to refer to the orientation as then described or as shown in the drawing figure under discussion. These relative terms are for convenience of description and normally are not intended to require a particular orientation. Terms including “inwardly” versus “outwardly,” “longitudinal” versus “lateral” and the like are to be interpreted relative to one another or relative to an axis of elongation, or an axis or center of rotation, as appropriate. Terms concerning attachments, coupling and the like, such as “connected” and “interconnected,” refer to a relationship wherein structures are secured or attached to one another either directly or indirectly through intervening structures, as well as both movable or rigid attachments or relationships, unless expressly described otherwise. The term “operatively connected” is such an attachment, coupling or connection that allows the pertinent structures to operate as intended by virtue of that relationship.

[0022] This disclosure describes cutting guides and targeting guides and methods of their use. The cutting guides and targeting guides described herein are particularly well suited for use in procedures to correct pronounced hallux valgus angles of the first toe. However, they may be used in any appropriate procedure

[0023] FIGS. 1-8 show a first embodiment of a guiding system 10 that includes a cut guide 12. FIG. 1 shows a front view of the cut guide 12. The cut guide 12 can include a first part 14 and a second part 16 that fits together with the first part 14. The first part 14 and the second part 16 can

be slidably movable with respect to each other between at least an extended position (FIG. 1) and a collapsed position (FIG. 3). The first part **14** and the second part **16** can also include one or more intermediate positions in some embodiments. While embodiments are described as two-parts, it should be understood that the disclosed cut guide is not limited to this configuration. In some embodiments, a one-piece cut-guide can be used. In other embodiments, a cut guide can include more than two parts without departing from the scope of the present disclosure.

[0024] In some embodiments, the first part **14** of the cut guide **12** can include a first aperture **18** and a second aperture **20** extending between a first face **22** and a second face **24** of the cut guide **12**. The first aperture **18** and the second aperture **20** can be elongated slots as shown in the illustrated embodiments or can include other shapes depending on a medical procedure. The first aperture **18** and the second aperture **20** can include any suitable depth in the first face **22**, including being open holes through the second face **24**. The first aperture **18** and the second aperture **20** are configured to guide a cutting instrument (e.g., a surgical saw) in cutting a bone. In one embodiment, the first and second apertures **18, 20** are oriented at an angle A with respect to one another such that the cutting instrument can form a chevron-shaped cut in a bone, as will be described herein. For example, in some embodiments, the first and second apertures **18, 20** are oriented at an angle of about 45 degrees with respect to one another. However, it should be understood that the angles of the first and second apertures **18, 20** are not limited as such and can include any angles in a range of 0.1 degrees to 360 degrees. In some embodiments, the first and second apertures **18, 20** meet at an intersection. The first and second apertures **18, 20** can be the same length or can be different lengths and positioned at different angles relative to one another. The first and second apertures **18, 20** can be connected to each other as a single aperture such as in embodiments in which one large opening is formed between the first face **22** and the second face **24**, including the areas of the first and second apertures **18, 20**. For example, a single triangle-shaped opening may be formed with the first and second apertures **18, 20** being portions along two sides of the triangle-shaped opening. The cut guide **12** can be provided in both a left and right configuration for use on the left and right foot, respectively. In some embodiments, the cut guide **12** is configured to be universal (i.e., it may be used for both a “left” and a “right” extremity or body part).

[0025] In some embodiments, the cut guide **12** further includes a first hole **26** extending between first face **22** and second face **24**. In some embodiments, the first hole **26** can be configured to guide a surgical tool, such as a tool for cutting the patient's bone in a deburring operation. In some embodiments, the first hole **26** can be additionally or alternatively configured to receive a k-wire, Steinmann pin, or other appropriate wire or pin (hereinafter, k-wires, Steinmann pins, and other wires or pins are collectively referred to as a “wire”) inserted into a bone of a patient, as described herein. In some embodiments, the first hole **26** is positioned at the intersection of first and second apertures **18, 20**.

[0026] The first part **14** of the cut guide **12** which includes the first and second apertures **18, 20** and thus be a cutting portion of the disclosed embodiments. The second part **16** can be a separate structure from the first part **14** and be configured to fit within a portion of the first part **14**. The second part **16** can include a contacting surface **28** configured to contact a patient's foot. The contacting surface **28** can include any selected configuration, such as a curved surface, flat surface, can include grooves or a roughened surface, etc.)

[0027] In some embodiments, the first part **14** and the second part **16** can be configured to be slidably movable with respect to each other between an extended configuration shown in FIG. 1 and a collapsed configuration shown in FIG. 3. This sliding configuration of the cut guide **12** can be used to set a predetermined resection distance. A slot and pin configuration can be used to enable this slidable configuration. For example, the first part **14** can include a retaining slot **30** and the second part **16** can include a retaining pin **32** that fits within the retaining slot **30**. The provision of the retaining slot **30** and the retaining pin **32** could be reversed between the first part **14** and the

second part **16**, in some embodiments. The retaining slot **30** can be any appropriate shape and the retaining pin **32** can be round, square, hexagon, etc. The retaining pin **32** can be knurled, splined, etc. In some embodiments, the first part **14** and the second part **16** can include a sliding mechanism **34**, such as a t-slot, dovetail connection, etc., to guide the relative sliding movement of the first part **14** and the second part **16** between limits established by the guide slot **30** and guide pin **32**. The first part **14** and the second part **16** can further include a locking mechanism **36**, such as a ball detent using a spring and ball (or ball plungers, wave washer, etc.) that engages a spherical hole. The locking mechanism **36** can be configured to lock the first part **14** and the second part **16** with respect to each other to create a preset resection distance. One of ordinary skill in the art will understand that other types of locking mechanisms may be used (e.g., locking or set screws, interference fits, and/or detents of other configurations and/or shapes, to list only a few possibilities).

[0028] In some embodiments, the locking mechanism **36** locks the cut guide **12** in the collapsed configuration shown in FIG. **3**. In some embodiments, the locking mechanism **36** can include a plurality of locking positions for selecting from a plurality of preset resection distances. In some embodiments, the collapse distance of the sliding part is equal to or greater than a material thickness of the cut guide **12**. In some embodiments, the collapse distance of the sliding part is less than a material thickness of the cut guide **12**.

[0029] The cut guide **12** can also include wire-features including a first fixation hole **38** in the first part **14**, a second fixation slot **40** in the first part **14**, and a fixation clearance slot **42** in the second part **16**. The first fixation hole **38** and the second fixation hole **40** may be at least partially aligned with the fixation clearance slot **42** such that a wire can pass through both the first part **14** and the second part **16** (i.e., to reach a patient bone). In some embodiments, one or more of the first fixation hole **38** and the second fixation **40** have other geometries and/or configurations that provide clearance for pins. In some embodiments, for example, the geometry and/or configuration of the fixation hole **38** and slot **40** depends on the configuration of the cut guide **12** in an extended or collapsed configuration. For example, the second fixation hole **40** can be a slot to accommodate a plurality of positions for a wire to pass through the fixation hole **40** and the fixation clearance slot **42**. In some embodiments, the first part **14** and/or second part **16** can additionally or alternatively include other fixation holes for receiving wires. For example, as shown in FIG. **2**, the second part **16** can include a fixation hole **44** in a top portion of the second part **16**. The fixation hole **44** can be provided in any shape or provided as multiple fixation holes. The fixation hole **44** can be formed at any angle through the second part **16** and have any size, depending on the fixation required or desired.

[0030] In some embodiments, the cut guide **12** can also include an attachment hole **46**. The attachment hole **46** can be configured to attach the cut guide **12** to another component for use in the medical procedure, as will be described herein. The attachment hole **46** can be a threaded hole, a twist lock, bolt attachment, or any selected attachment mechanism.

[0031] FIG. **4** illustrates an example of the cut guide **12** on a skeletal foot **48**. The cut guide **12** can be attached to the foot **48** using wires inserted through one or more of the fixation holes of the cut guide **12**. For example, a wire can be attached to a metatarsal head of the foot **48** and the cut guide **12** slid over the wire via the fixation hole **38** and clearance slot **42**. The cut guide **12** can be additionally positioned and attached by additional wires, such as by a wire inserted through the second fixation hole **40** and the clearance slot **42**. In some embodiments, the cut guide **12** is aligned with the metatarsal axis prior to inserting a second wire, and an additional fixation wire may be inserted through hole **44** once the cut guide has been aligned with the metatarsal axis. The cut guide **12** can then be used to guide cutting during a medical procedure, such as a resection performed with a saw inserted into the first and second apertures **18**, **20** and/or first hole **26**.

[0032] In exemplary embodiments, the cut guide **12** can be configured to attach to additional components of the guiding system **10** for additional steps of a medical procedure involving the cut

guide **12**, such as to perform compression or urge movement of one or more bones of the foot **48** while the cut guide **12** remains attached to the foot **48**. In this way, the cut guide **12** can act as a base/support or point of attachment for the additional components.

[0033] FIG. **5** illustrates an embodiment of a compression device **50** attached to the cut guide **12**. The compression device **50** can include a base **52**, a compression knob **54**, a compression shaft **56**, and a compression head **58**. The base **52** can be configured to attach to the cut guide **12**. For example, the base **52** can be configured to attach to the first part **14** of the cut guide **12** through the attachment hole **46**. For instance, the base **52** can include one or more through-holes **60** for aligning with the attachment hole **46** to receive a fastener therethrough. In some embodiments, the base **52** can include a plurality of through-holes **60** for aligning with the attachment hole **46** depending on a desired orientation of the compression device **50** (e.g., depending on whether the device is being used on a left or right foot). The base **52** can also include one or more tabs **62** to control an orientation of the base **52** with respect to the cut guide **12**. In some embodiment, markings can be used to line-up the base **52** with the cut guide **12**. The base **52** can also include a fixation slot **64** for receiving one or more wires inserted through the cut guide **12** and into the foot **48**. In some embodiments, the fixation slot **64** provides for clearance of previously installed k-wires, pins, or other fixations devices.

[0034] The compression knob **54** and compression shaft **56** can be configured to position the compression head **58** with respect to the cut guide **12**. For example, the base **52** can receive a portion of the compression shaft **56** (e.g., at an end distal from the through holes **60**) and thereby position the compression head **58** relative to the foot **48**. The compression knob **54** can be configured to move the compression head **58** relative to the cut guide **12**, thereby compressing the foot **48** when the compression head **58** is fixed to the foot **48** at another location. The compression head **58** can include one or more fixation holes **66** for receiving wires fixed to the foot **48** and thereby accommodating a compression function. For example, the fixation holes **66** may receive pins or wires that extend into an adjacent metatarsal or other bones in the forefoot and/or midfoot as will be understood by one of ordinary skill in the art. The fixation hole(s) **66** can be any shape, number, angle, or size, depending on requirements of the procedure. The fixation holes **66** can be sized to accommodate a wire inserted into a sleeve to enhance bending strength while compressing. The fixation holes **66** can be configured to fix wires to the foot **48** in positions that enables compression, such as through pushing or pulling (depending on the fixation location). In some embodiments, a locking mechanism may be provided with a locking mechanism that locks the wires and/or pins within fixation holes **66**. Such a locking mechanism may take a variety of configurations, including tapering within the holes **66** to provide a press- and/or interference-fit engagement between the pins or wires and the holes **66**, one or more set screws for locking the pins or wires within the holes **66**, and/or a detent, to list only a few implementations.

[0035] The compression knob **54** can be a turning knob or any style knob. The compression knob **54** can be retained with any retaining feature such as cross pins or a deformed end of threads. The compression shaft **56** can be partially threaded, fully threaded, or formed in another manner to enable relative motion. The compression shaft **56** can be D-shaped to control rotation or other shapes, such as double-D shape, hexagon shaped, etc.

[0036] FIGS. **6-8** illustrate an embodiment of a slider mechanism **68** attached to the cut guide **12**. The slider mechanism **68**, in some embodiments, is attached to the cut guide **12** through the base **52** of the compression device **50**. The slider mechanism **68** can include an arm **70**, a connector **72**, and a slider **74**. The arm **70** can be connected to the cut guide **12** and the compression device **50** by the connector **72**. For example, the connector **72** can include a fastener configured to be inserted through an aperture in the arm **70**, one of the through-holes **60** and into the attachment hole **46**. The connector **72** can include a knob or other feature to tighten and loosen the fastener to accommodate attachment and removal. The arm **70** can include a fixation slot **76** for receiving one or more wires inserted through the cut guide **12** and into the foot **48**. The fixation slot **76** can be a single slot or

multiple slots and can be any shape. In some embodiments, arm **70** may include a clearance hole for receiving a pre-installed wire.

[0037] In some embodiments, the arm **70** includes slots **78, 80** formed in lower and side surfaces **79, 81** of a channel formed at an end **71** of the arm **70**. The slider **74** can include a slot **82** configured to receive a portion of the arm **70** and thereby enable the slider **74** to slide and rotate with respect to the arm **70**. The slot **78** can be formed to enable a locking mechanism **84** to tighten the slider **74** into a stationary position with respect to the arm **70**. The slider **74** may include one or more holes **86, 88** for receiving additional components for use in the medical procedure. For example, the hole **86** can be configured for receiving a wire as shown in FIG. **7**, such as a trajectory wire **90**. In some embodiments, the trajectory wire **90** is able to slide in and out of the slider **74**, although one of ordinary skill in the art will understand that a locking mechanism may be provided to lock trajectory wire **90** within hole **86**. The trajectory wire **90** can be a measurement device for a screw, having notches and/or markings. The trajectory wire **90** can be a single piece design built into the slider **74**.

[0038] In some embodiments, slider **74** may be provided with a locking mechanism to fix the location of slider **74** along channel **81**. Such a locking mechanism may include one or more detents or protrusions and corresponding notches formed along a surface of channel **81** that provide a series of locations at which the slider **74** may be locked along channel **81**. In some embodiments, slider **74** may include a set screw that is used to fix the position of the slider **74** along the channel **81** as will be understood by one of ordinary skill in the art.

[0039] The holes **86, 88** can be configured to receive a tool, such as a drill, for use in the medical procedure. In some embodiments, the hole **86** is positioned to be directed above the arm **70** and the hole **88** is positioned to be directed through the slot **80**. Holes (e.g., holes **86, 88**) in the slider **74** can be any size, shape or angle. The holes can be used for wire, depth gages, screws, drivers, sleeves, etc. In some embodiments a sleeve **92** and handle **94** are positioned with respect to one of the holes **88**, as shown in FIG. **8**.

[0040] The guiding system **10** includes the cut guide **12** having separate parts **14, 16** and fixation features for accommodating wires and attachment features for attaching the cut guide **12** to other components, such as the compression device **50** and slider mechanism **68**. The components can be formed of any suitable materials and can be used in a medical procedure such as an operation on the foot **48** to address a hallux valgus deformity. One or more of the components, such as the compression device **50** and slider mechanism **68** can be made of radiolucent and/or radiopaque materials.

[0041] FIGS. **9-11** illustrate another embodiment of a guiding device **100** including a compression device **150** and a slider mechanism **168** that can be used in combination with the cut guide **12** or a cut guide having similar fixation and attachment features. The compression device **150** can include a clamp arm **152**, an attachment base **154**, and a compressor **156**. The clamp arm **152** can be attached to the cut guide **12** by the attachment base **154**. The clamp arm **152** can include any shape, such as a generally arcuate shape that extends around the foot **48** to an opposite side of the foot **48** to position the compressor **156**. For example, clamp arm **152** may extend across the top, bottom, and/or side of a foot as will be understood by one of ordinary skill in the art. The clamp arm **152** can include ergonomic features, grooves, textures, lightweight materials, etc. The attachment base **154** can include a through-hole **158** configured to be aligned with the attachment hole **46** of the cut guide **12**. In some embodiments, the attachment base **154** can include or more alignment pins and the cut guide **12** can include corresponding alignment guide holes to receive the alignment pins and properly position the compression device **150** with respect to the cut guide **12** (e.g., with or without “attaching” the compression device **150** to the cut guide **12**). The attachment base **154** can also include a fixation slot **160** for receiving one or more wires extending through the cut guide **12**.

[0042] The compressor **156** can be positioned at a distal end of the clamp arm **152** to contact an

opposite side of the foot **48** and thereby provide a compression force during a medical procedure. The compressor **156** can include, for example, a knob **162**, a shaft **164**, and a compression head **166**. The compression head **166** can contact a portion of the foot **48** and move relative to the clamp arm **152** through rotation of the knob **162** and shaft **164**.

[0043] The slider mechanism **168** can attach to the cut guide **12** and the compression device **150** by a locking screw **170** inserted through the through-hole **158** and into the attachment hole **46**, thereby attaching the cut guide **12**, the compression device **150**, and the slider mechanism **168**. The slider mechanism **168** can further include an arm **172** and a slider **174** configured to move relative to the arm **172**. The slider **174** can accommodate wires **176** and/or other features in a manner similar to the slider **74**.

[0044] The disclosed embodiments provide an all-in-one system for performing a medical procedure, such as a chevron resection together with additional fixation, compression, and/or guiding techniques for correcting a foot deformity or injury. The disclosed embodiments include a cut guide having both fixation features and attachment features to enable a simple and efficient interconnected process for completing the medical procedure.

[0045] FIG. **12** is a flowchart of an exemplary process **200** for using the guiding system **10** in a medical procedure in accordance with some embodiments. The process **200** can include steps completed during a surgical procedure, including a minimally invasive surgery on a patient's foot.

[0046] At block **205**, a first fixation wire is attached to a first metatarsal head. The wire can be attached using medical tools, steps, and preparation for attaching wire (e.g., k-wire) to bone, with care paid especially to dorsal-plantar alignment in the wire placement.

[0047] At block **210**, the cut guide **12** is set to a preset resection distance through the sliding mechanism **34** and locking mechanism **36**. For example, the cut guide **12** can be placed in the extended or collapsed configuration.

[0048] At block **215**, the cut guide **12** is placed on the first fixation wire and slid until contact is made with the patient's foot. For example, the first fixation wire can be inserted through the first fixation hole **38** and the fixation clearance slot **42**, and the cut guide **12** slid into place.

[0049] At block **220**, at least one additional fixation wire can be placed, such as an oblique or straight wire. For example, a wire can be attached to the skeletal foot of the patient through the second fixation hole **40** and another fixation wire may be inserted into the fixation clearance slot **42**. In another example, a fixation wire can be placed through the fixation hole **44**. In some embodiments, the at least one additional fixation wire is placed after alignment of the cut guide **12** along an axis of a first metatarsal is determined.

[0050] At block **230**, a chevron resection can be completed using the cut guide **12** and resection tools. For example, the first and second apertures **18**, **20** and the first hole **26** can be used as guides for completing a chevron resection with the cut guide **12**. In some embodiments, the first fixation wire placed in step **205** can be removed from the first metatarsal head and the cut guide **12** retracted once the resection has been completed.

[0051] At block **235**, a compression device, such as compression device **50** or **150**, and a slider mechanism, such as slider mechanism **68** or **168**, can be attached to the cut guide by a locking screw. For example, a fastener can be inserted through aligned through-holes in the compression device **50**, **150** and the slider mechanism **68**, **168** and into the attachment hole **46** in the cut guide to attach the compression device and the slider mechanism in place.

[0052] At block **240**, compression of the resected metatarsal head can be completed. For example, the compression knob **54** can be turned to compress the foot from another fixation point.

[0053] At block **245**, one or more screws are inserted into the foot (during or after compression) using the slider mechanism as a guide. For example, the slider **74** can be moved to a desired position using the trajectory wire **90** as a template for the screw trajectory. After the trajectory is set, the slider can be locked into position. A drill sleeve and wire can then be inserted into the locked slider to measure depth for screw (e.g., using a depth gage). A drill can be used to create

hole for screw in bone and the screw can thereafter be inserted with a driver. Holes in the slider can be used to align one or more of the wire, depth gage, sleeve, drill, driver, screw, etc. In some embodiments, additional screws may be inserted into a patient's foot. The additional screw(s) may be inserted parallel to the first screw, or the additional screw may be inserted such that it is non-parallel to the first screw.

[0054] At block **250**, the instruments may be removed from the patient.

[0055] The disclosed embodiments provide a guiding system for performing medical operations, such as the process described above in relation to FIG. **12**. It should be understood, however, that other operations are possible using the disclosed cut guide and the additional components described herein. According to disclosed embodiments, unlike other guiding systems, the cut guide includes attachment features for attaching additional mechanism to the patient's foot. This helps to reduce the number of required steps in comparison to other processes in which a cut guide can first be removed completely from the patient's foot before other components are attached. Further, the disclosed embodiments include fixation features, including a plurality of fixation options that can be utilized depending on need, and clearance features that help to adapt the cut guide for various implementations, including options for adjusting preset resection distances, multiple fixation holes, and slots for accommodating wires while allowing for the attachment of additional components.

[0056] In some embodiments, a cut guide includes a body having a first face and an opposed second face. The first face of the body defines first and second apertures, a first fixation hole, and an attachment hole. The first and second apertures are configured to guide a surgical tool, and the first fixation hole extends through the cut guide from the first face to the second face and is configured to receive a wire to position the cut guide against a bone. The attachment hole is configured to attach the cut guide to another component.

[0057] In some embodiments, the body includes a first part and a second part.

[0058] In some embodiments, a sliding mechanism is configured to enable relative movement of the first part and the second part.

[0059] In some embodiments, the first part defines a retaining slot and the second part includes a retaining pin for limiting the relative movement of the first part and the second part.

[0060] In some embodiments, the first part includes a retaining pin and the second part defines a retaining slot. The retaining pin is sized and configured to be received within the retaining slot, and the combination of the retaining pin and the retaining slot limit the relative movement of the first part and the second part.

[0061] In some embodiments, the first part comprises the first aperture, the second aperture, the first fixation hole, and the attachment hole.

[0062] In some embodiments, the second part comprises a fixation clearance slot aligned with the first fixation hole of the first part.

[0063] In some embodiments, the second part comprises a contacting surface configured to contact a patient.

[0064] In some embodiments, the second part defines a second fixation hole.

[0065] In some embodiments, the first part and the second part are relatively movable between an extended position and a collapsed position.

[0066] In some embodiments, a locking mechanism biases the first part and the second part into one or more of the extended position and the collapsed position.

[0067] In some embodiments, the first attachment hole is threaded.

[0068] In some embodiments, the first and second apertures extend through the cut guide from the first face to the second face.

[0069] In some embodiments, the first aperture is a first elongate slot defining a first longitudinal axis, the second aperture is a second elongate slot defining a second longitudinal axis, and the first longitudinal axis is oriented at an angle with respect to the second longitudinal axis.

[0070] In some embodiments, the angle is an oblique angle. In some embodiments, the angle is a

right angle.

[0071] In some embodiments, a system includes a cut guide, a compression device, and a first connector. The cut guide has a body including a first face and an opposed second face. The first face of the body defines first and second apertures, a first fixation hole, and an attachment hole. The first and second apertures are configured to guide a surgical tool. The first fixation hole extends through the cut guide from the first face to the second face and is configured to receive a wire to position the cut guide against a bone. The compression device has a base and a compression head, which is movable relative to the base. The first connector is sized and configured to couple to the compression device to the cut guide via the attachment hole.

[0072] In some embodiments, a slider mechanism is provided that has an arm and a slider supported by the arm. The arm defines a second attachment hole sized and configured to receive the first connector therethrough to couple together the cut guide, slider mechanism, and compression device.

[0073] In some embodiments, the compression device includes a compression knob and a compression shaft connected to the compression head. The compression knob is configured to move the compression head relative to the base in response to being rotated.

[0074] In some embodiments, the compression head includes one or more fixation holes for receiving a wire to fix the compression head to bone.

[0075] In some embodiments, the one or more fixation holes are disposed at an angle with respect to the first fixation hole defined by the cut guide.

[0076] In some embodiments, the one or more fixation holes are arranged perpendicular with respect to the first fixation hole defined by the cut guide.

[0077] In some embodiments, the base defines a fixation clearance slot configured to be aligned with the first fixation hole to receive the wire extending through the first fixation hole.

[0078] In some embodiments, the base includes an alignment feature for aligning the compression device with the cut guide.

[0079] In some embodiments, the slider defines a slot configured to receive a portion of the arm such that the slider is slidable and rotatable with respect to the arm.

[0080] In some embodiments, a locking mechanism is configured to lock the slider in a selected position relative to the arm.

[0081] In some embodiments, the slider includes one or more holes for inserting a wire, sleeve, or tool therethrough.

[0082] In some embodiments, a method includes coupling a first wire to a first bone of an appendage of a patient; coupling a cutting guide to the first wire; inserting a second wire into a first fixation hole defined by the cutting guide and into the first bone; resecting the first bone using a surgical tool and the cutting guide; attaching a compression device to the cutting guide; and compressing the appendage of the patient using the compression device.

[0083] In some embodiments, the bone is a first metatarsal.

[0084] In some embodiments, coupling the cutting guide to the first wire includes aligning a second fixation hole defined by the cutting guide with an end of the first wire and sliding the cutting guide over the first wire such that the first wire is received within the second fixation hole.

[0085] In some embodiments, a method includes attaching a slider mechanism to the cutting guide.

[0086] In some embodiments, a method includes inserting at least one screw into a bone of the patient's foot using the slider mechanism as a guide and removing the first wire, the second wire, the cutting guide, the compression device, and the slider mechanism from the patient's foot.

[0087] In some embodiments, a method includes inserting at least one fixation device through a hole defined by the compression device and into the appendage.

[0088] In some embodiments, compressing the appendage of the patient includes rotating a compression knob of the compression device.

[0089] Although the invention has been described in terms of exemplary embodiments, it is not

limited thereto. Rather, the appended claims should be construed broadly, to include other variants and embodiments of the invention, which can be made by those skilled in the art without departing from the scope and range of equivalents of the invention.

Claims

1. A method, comprising: coupling a first wire to a first bone of an appendage of a patient; coupling a cutting guide to the first wire; inserting a second wire into a first fixation hole defined by the cutting guide and into the first bone; resecting the bone using a surgical tool and the cutting guide; attaching a compression device to the cutting guide; and compressing the appendage of the patient using the compression device.
2. The method of claim 1, wherein the bone is a first metatarsal.
3. The method of claim 1, wherein coupling the cutting guide to the first wire includes: aligning a second fixation hole defined by the cutting guide with an end of the first wire; and sliding the cutting guide over the first wire such that the first wire is received within the second fixation hole.
4. The method of claim 1, further comprising attaching a slider mechanism to the cutting guide.
5. The method of claim 4, further comprising: inserting at least one screw into a bone of the patient's foot using the slider mechanism as a guide; and removing the first wire, the second wire, the cutting guide, the compression device, and the slider mechanism from the patient's foot.
6. The method of claim 1, further comprising inserting at least one fixation device through a hole defined by the compression device and into the appendage.
7. The method of claim 6, wherein compressing the appendage of the patient includes rotating a compression knob of the compression device.
8. A method, comprising: coupling a first wire to a first bone of an appendage of a patient; coupling a cutting guide to the first wire wherein the cutting guide includes a body having a first face and second face, the first face defining a first aperture and a second aperture configured to guide a surgical tool, a first fixation hole extending through the cut guide from the first face to the second face, the first fixation hole being configured to receive a second wire to position the cut guide against the first bone, a first attachment hole configured to attach the cut guide to another component and a slider mechanism having an arm with a slider supported by the arm, the arm defining a second attachment hole configured to receive a first connector to couple together the cut guide, the slider mechanism, and a compression device; inserting the second wire into the first fixation hole and into the first bone; resecting the bone using a surgical tool guided by the cutting guide; attaching the compression device to the cutting guide; and compressing the appendage of the patient using the compression device.
9. The method of claim 8, wherein the body comprises a first part and a second part.
10. The method of claim 9, wherein the sliding mechanism is configured to enable relative movement of the first part and the second part.
11. The method of claim 9, further comprising limiting the relative movement of the first part and the second part with a retaining pin positioned through a retaining slot defined by the cutting guide.
12. The method of claim 9, wherein the first part defines each of the first aperture, the second aperture, the first fixation hole, and the second attachment hole.
13. The method of claim 12, wherein the second part defines a fixation clearance slot aligned with the first fixation hole of the first part.
14. The method of claim 9, wherein the second part comprises a contacting surface configured to contact a patient.
15. The method of claim 9, wherein the second part defines a second fixation hole.
16. The method of claim 9, comprising moving the first part and the second part relative to one another between an extended position and a collapsed position.
17. The method of claim 16, comprising biasing the first part and the second part into one or more

of the extended position and the collapsed position.

18. The method of claim 8, wherein the first attachment hole is defined by a threaded surface.

19. The method of claim 8, wherein the first and second apertures extend through the cut guide from the first face to the second face.

20. The method of claim 8, wherein the first aperture is a first elongate slot defining a first longitudinal axis, the second aperture is a second elongate slot defining a second longitudinal axis, and the first longitudinal axis is oriented at an angle with respect to the second longitudinal axis.

21. The method of claim 20, wherein the angle is an oblique angle.

22. The method of claim 20, wherein the angle is a right angle.
