Pelvic Osteotomies

Classification			
Shape-changing	Augmentation		
hanges the shape of the acetabulum by 'folding down' the roof	Adds weight-bearing surface to the existing acetabulum		
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Osteotomies					
Redirection	ıal	Shape-changing		Augmentation	
Salter	1 cut	Dega	Hinge in roof	Chiari	Shift ilium
Sutherland*	2 cuts	Albee	Hinge in roof	Staheli	Add graft
Steel	3 cuts	San Diego	Hinge in roof		
Eppright*	Cylindrical	Pemberton	Hinge in triradiate		
Wagner*	Spherical		cartilage, bigger		
Carlios*	3 cuts close		fold		
Tonnis	3 cuts even closer				
Ganz	Periacetabular				

^{* =} Historical interest

Effects			
Redirectional	Shape-changing	Augmentation	
Bearing surface is articular	Bearing surface is articular cartilage Hinge produces a 'corner' that must	Bearing surface is capsule Chiari provides immediate	
cartilage Immediate congruency	be remodeled into round,	bony stability	
Shown in order of increasing	requiring future remodeling	Staheli can be made as large	
versatility and increasing technical difficulty	potential	and as round as desired	
Salter limited to 13° additional			
coverage			
Ganz & Tonnis unlimited			

Prerequisites			
Redirectional	Shape-changing	Augmentation	
Congruent (spherical) hip Adequately large weight-bearing surface Salter requires CE angle > 5°pre- op	Saucer-shaped acetabulum Arthrogram to demonstrate space for the 'fold' Age 6 or younger	Chiari requires sufficient thickness of ilium at level of cut, therefore minimal proximal migration Staheli requires stable position while healing	

Preference		
Redirectional	Shape-changing	Augmentation
First choice	Second choice	Third choice ('salvage')

Minimal pediatric orthopaedic armamentarium			
Redirectional	Shape-changing	Augmentation	
Salter – the easy one	Pemberton – for severe dysplasia	Staheli – for almost all cases	
Ganz or Tonnis – the versatile	Another one – for less severe	Chiari –femoral head cannot	
ones	dysplasia	be held in stable position	
Bottom line: Know 6 of the 14			