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| Intervention | **031. Ilizarov Technique/Taylor Spatial Frame (TSF)​ (‘Frame surgery’)** |
| For the treatment of | Limb bones requiring lengthening or reshaping; complex and/or open bone fractures; infected non-union of bones that are not amenable with other techniques. |
| Commissioning Position | This intervention is commissioned for routine elective use in orthopaedics in individual carefully selected cases, when there is recommendation by a local orthopaedic MDT that, of all available treatments, Ilizarov or TSF is the best clinical option for the patient in terms of a favourable functional limb outcome (bone and functional outcomes are not always the same). The MDT should comprise at least two consultant Orthopaedic surgeons, with input from specialist nursing, physiotherapy, and musculoskeletal radiology. |
| Summary of Rationale | The technique can result in improved outcomes but is demanding for patients, illustrated by the voluntary amputation rate of 1.6% (95% CI 0 to 3.1), which underlines the need for careful patient selection. An MDT approach is recommended to ascertain if Ilizarov/TSF is the best clinical option. |
| References | [RCSENG: Ilizarov/TSF](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3025247/pdf/rcse9202-101.pdf)  [The 50 most influential papers pertaining to the Ilizarov method: A bibliometric analysis - PMC (nih.gov)](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8857265/)  [Distraction osteogenesis in the treatment of long bone defects of the lower limbs | Bone & Joint (boneandjoint.org.uk)](https://boneandjoint.org.uk/article/10.1302/0301-620X.95B12.32385) |
| Effective from | October 2024 |
| Policy Review Date | October 2027 |