uni score

amplitude

Surgical Technique

Simplified
Conventional Instrumentation

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UNI SCORE - Unicompartimental Knee System

Objectives

- Correct the wear component of the deformity in a knee where the ligaments are still intact, by:

- Maintaining the height of the joint space (using the joint space gauge):
  - in the sagittal plane (same tibial slope)
  - in the frontal plane (tibial plateau angle)
- Keeping a laxity safety margin (under-correction).

- Excess patient weight can be a contraindication for this implant, especially if the tibiofemoral joint is significantly deformed.

REMINDER

The purpose of this surgical technique description is to provide instructions on how to use the instrumentation as designed. The surgeon is fully responsible for the indication, surgical approach, surgical technique and postoperative protocol.

Description

The UNI SCORE Unicompartmental Knee System consists of:

- a cemented femoral component compatible with cementless tibial tray for fixed bearing insert with peg and optional fixation screw or all-polyethylene tibial component

or

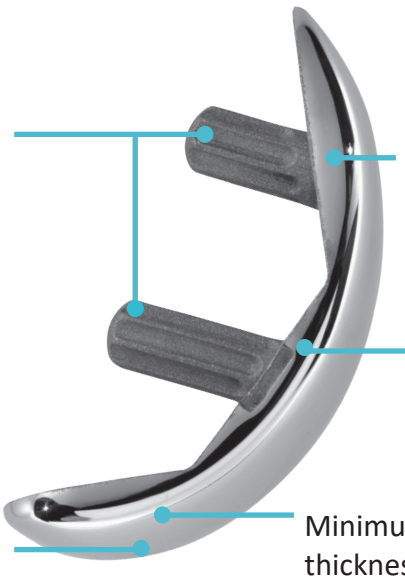
- a cementless femoral component compatible with cementless tibial tray for fixed bearing insert with peg and optional fixation screw.

Cementless tibial tray
for fixed insert with peg
(optional screw fixation)

All-polyethylene tibial component

Femoral component:

Primary stability ensured by two parallel pegs forming a 65° angle with the distal cut (prevents implant expulsion)



Symmetrical femoral component with constant radius of curvature throughout the range of motion

Up to 8 degrees of tilt possible

Minimum femoral component thickness: 6 mm

Made of Cobalt Chromium alloy (CoCrMo) for the cemented version and associated with double coating (80 µm plasma-sprayed titanium and 80 µm hydroxyapatite (HA) for cementless version

Description

Tibial components:

Cementless asymmetrical tibial tray for fixed bearing insert ((RM/ LL or LM / RL) 80 µm plasma-sprayed titanium + 80 µm HA)
Material:Cobalt Chromium alloy (CoCrMo)

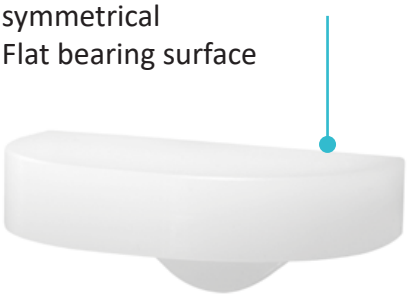
Ultra High Molecular Weight Polyethylene (UHMWPE) insert

All surfaces that are in contact with the insert have a polished finish
Insert locked using double snap-in mechanism

Primary stability of tibial tray achieved through sagittal fin

Anteriorly-positioned peg ensures maximum primary fixation
Stability can be improved by adding fixation screw
Screw hole can be blocked with Polyetheretherketone (PEEK) stopper

The all-polyethylene tibial component is symmetrical
Flat bearing surface



Underside of implant has 5 hollowed-out areas for cement, which ensures primary stability along with the sagittal fin

Description

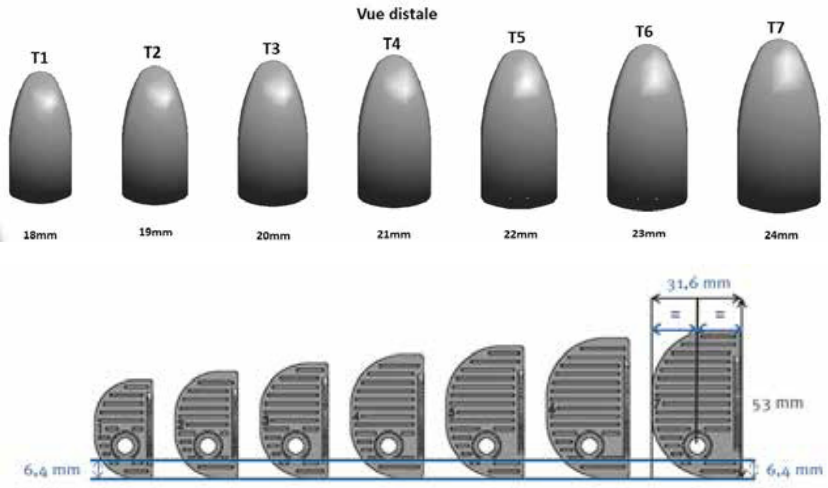
Product line:

• Femoral components:
- Cemented: 7 sizes (from 1 to 7)
- Cementless: 7 sizes (from 1 to 7)

Tibial components:

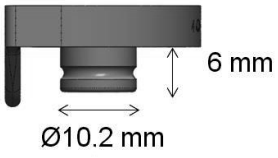
Implants	Tibial baseplates	Inserts
UNI SCORE Tibial tray for fixed insert Cementless	7 sizes (1to 7) RM/LL 7 sizes (1 to 7) LM/RL	7 sizes (1 to 7) 4 thicknesses (9 to12mm)
UNI SCORE All-polyethylene tibial component	7 sizes (1 to 7) 5 thicknesses (8 to 12mm)	

All implants available in 1-mm increments:



	S1	S2	S3	S4	S5	S6	S7
Distance M/L (mm)	20.8	22.6	24.4	26.2	28	29.8	31.6
Distance A/P (mm)	35	38	41	44	47	50	53

Peg dimensions (same for all sizes):



Description

Component compatibility

- UNI SCORE femoral components and tibial trays :

  - The UNI SCORE all-polyethylene tibial component is compatible with all sizes of the UNI SCORE cemented femoral component.
  - The UNI SCORE tibial trays for fixed bearing insert is compatible with all sizes of the UNI SCORE femoral component.

- UNI SCORE femoral components and tibial inserts:

  - The UNI SCORE tibial fixed bearing insert is compatible with all sizes of the UNI SCORE femoral component.

- UNI SCORE tibial tray and tibial inserts :

  - The UNI SCORE tibial insert and optional fixation screw Ø 6.5 mm must be used only with the UNI SCORE tibial tray for fixed bearing insert cementless Right Medial/Left Lateral (RM/LL) and Left Medial/Right Lateral (LM/RL).

  - The fixed bearing insert must be exactly the same size as the tibial tray for fixed bearing insert cementless.

  - It is compulsory to use a UNI SCORE tibial tray for fixed bearing insert when a fixation screw is associated with it. Whether used with or without a fixation screw, the peg of the tibial tray is filled by a blanking plug (supplied in the tibial tray packaging) by the surgeon before implantation. Once inserted in the peg, the blanking plug is not in contact with the polyethylene insert or the patient's bone, it is used to limit the release of particles.

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Surgical Technique Overview

1

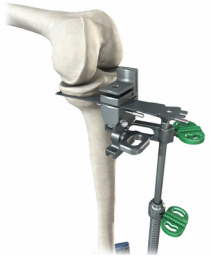
Assembly of tibial instrumentation

2

Placement of instrumentation and fixation of alignment guide

3

Fixation of cutting guide and cuts made



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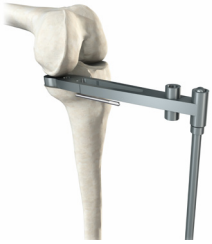
Gab verified in Flexion



Surgical Technique Overview

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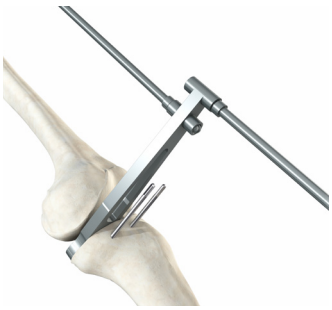
Gab verified in extension



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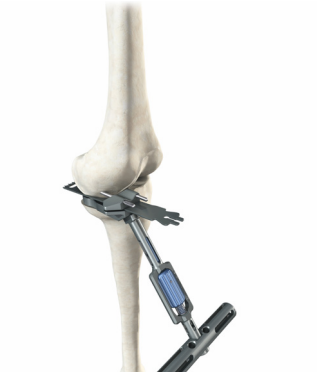
Distal resection guide put into place and cut made



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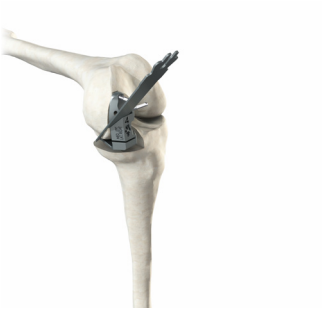
Posterior and chamfer resection guide put into place and cuts made



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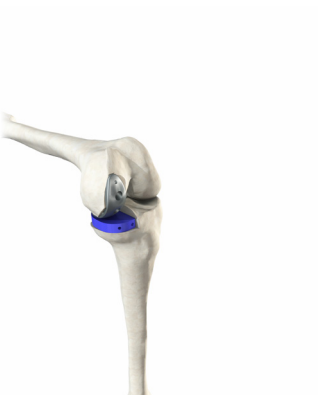
Trials implants used to test joint



Surgical Technique Overview

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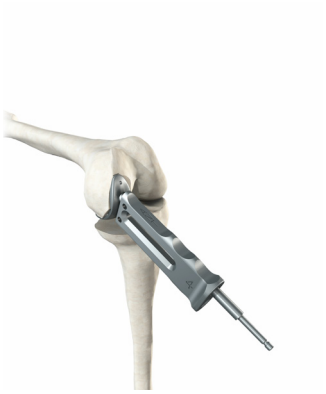
Holes made for 2 femoral pegs



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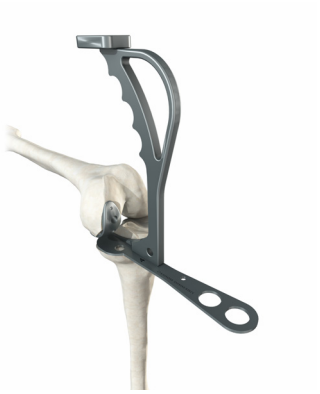
Slot for sagittal fin prepared



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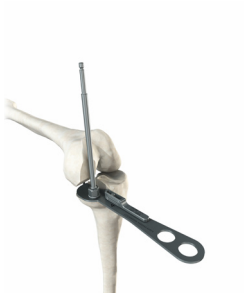
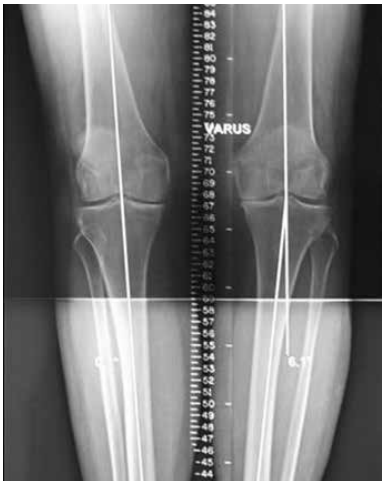
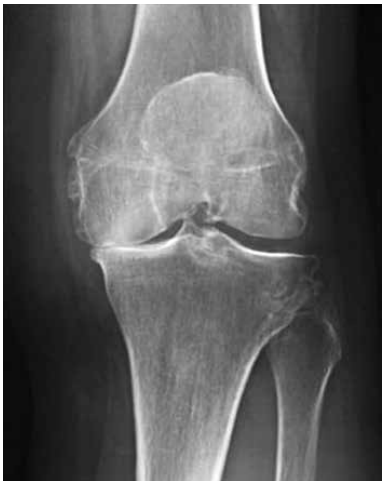
Implantation of cementless tibial tray for fixed-bearing insert: peg preparation



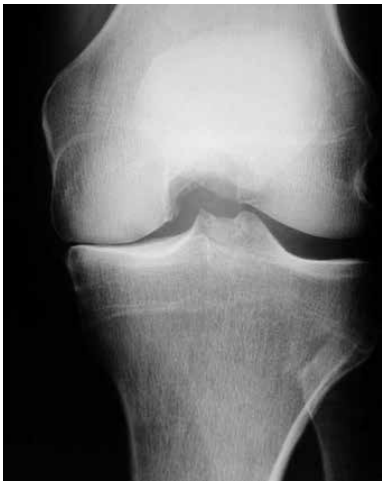
Unicompartmental Knee System



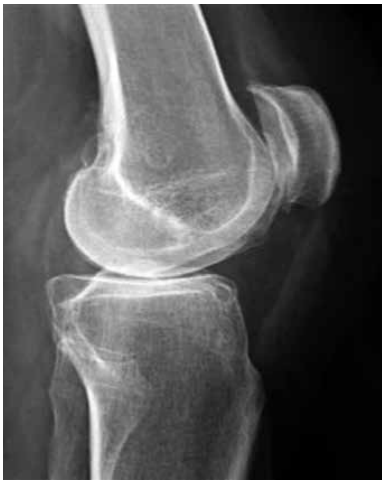
Bilateral long-leg standing film



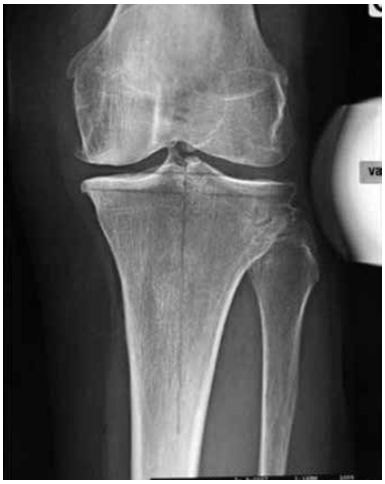
A/P standing view



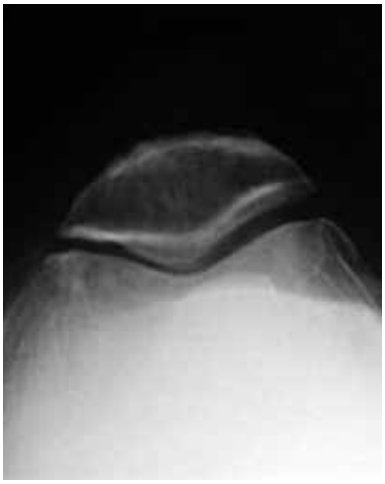
A/P Schuss view



Lateral standing view



Varus/valgus stress view
(A/P)



Skyline patellar view
(30° or 45° flexion)

Pre-operative planning

Radiological assessment:

- Long-leg view with patient standing on single leg,
- A/P Schuss view (size and depth of depression on tibial plateau),
- A/P varus/valgus stress views (shows if deformity can be reduced),
- A/P standing view,
- Lateral standing view (reveals ACL status),
- 30° axial view (confirms condition of patellofemoral joint).

Radiographs and templates are used to evaluate the following:

- Tibial epiphyseal varus,
- Tibial slope,
- Height of tibial cut,
- Estimate tibiofemoral mechanical axis once Unicompartimental Knee Arthroplasty (UKA) is put into place,
- Identify anterior osteophytes that need to be resected.

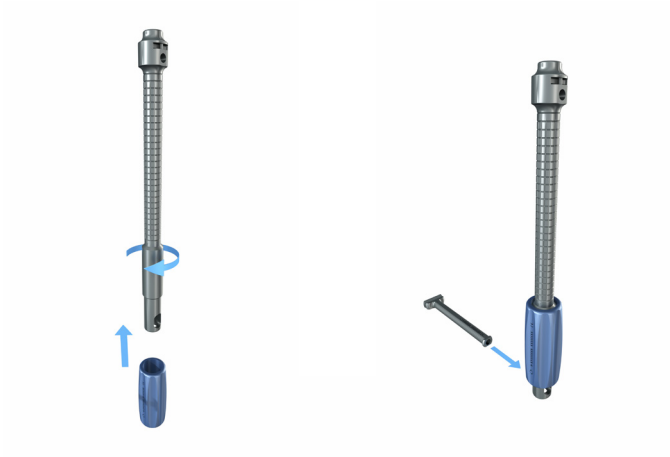
NOTE

The provided templates have a 1:1 scale. Make sure the template scale matches the X-ray scale.

REMINDER

This surgical technique describes how to use the instrumentation properly. The surgeon is fully responsible for choosing the surgical approach and technique.

1 Preparation



• After the joint has been opened, the tibial plateau must be well exposed.
• Flex the knee 90°.
• Remove any medial osteophytes.
• Screw the 4T Distal AP wheel on the 4T EM Jig.
• Insert the 4T Rod for the malleolar clamp into the 4T EM Jig.
• Lock the 4T Distal AP wheel.
• Assemble the 4T malleolar clamp on the 4T Rod for malleolar clamp.
• Lock the 4T ML wheel for malleolar clamp.

• Place the 4T Wheel for EM Jig (1) on the column but do not tighten it completely.
• Based on the surgical plan, assemble the Cutting Guide Support with the UNI EM Rod (the 'A' engraving on the rod must be anterior).

(1)

NOTE

Various cutting guide supports are available:Varus 0°, Varus Med 2°,Varus Lat 2°, Varus Med 4° and Varus Lat 4°.

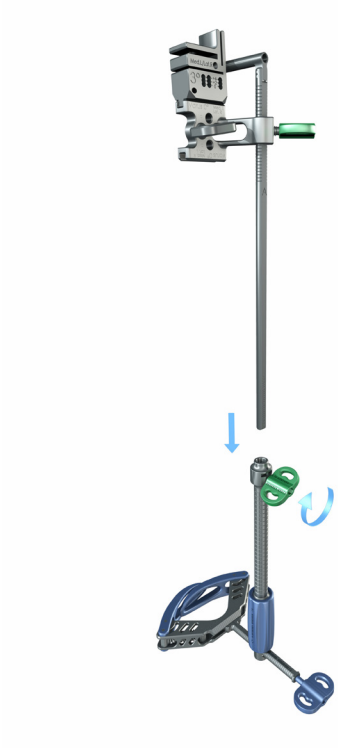
Preparation

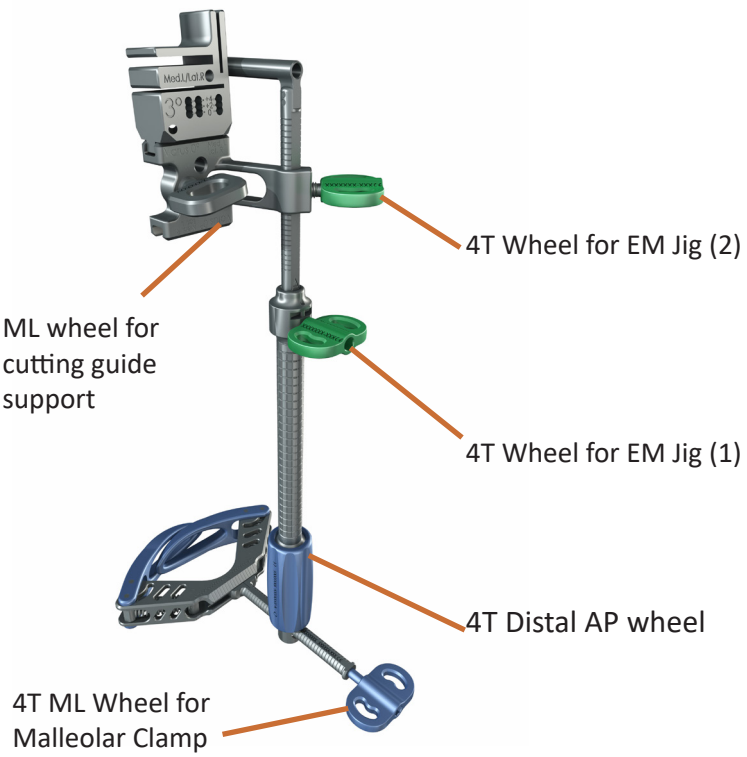
Fully tighten the 4T Wheel for EM Jig (2).

NOTE

Starting from the bottom, slide the support up to about halfway on the UNI EM Rod's graduations.

Insert the Tibial Cutting Guide Med or Lat with 3° or 6° posterior slope on the Cutting Guide Support (the 'Post' engraving must be against the bone). A tibial cutting guide with 0° slope is also available in the instrumentation set.





- Lock the cutting guide with its support by tightening the ML wheel for cutting guide support.
- Place all components on the 4T EM Jig. Lock the 4T Wheel for EM Jig (1).

2 Placement and adjustments

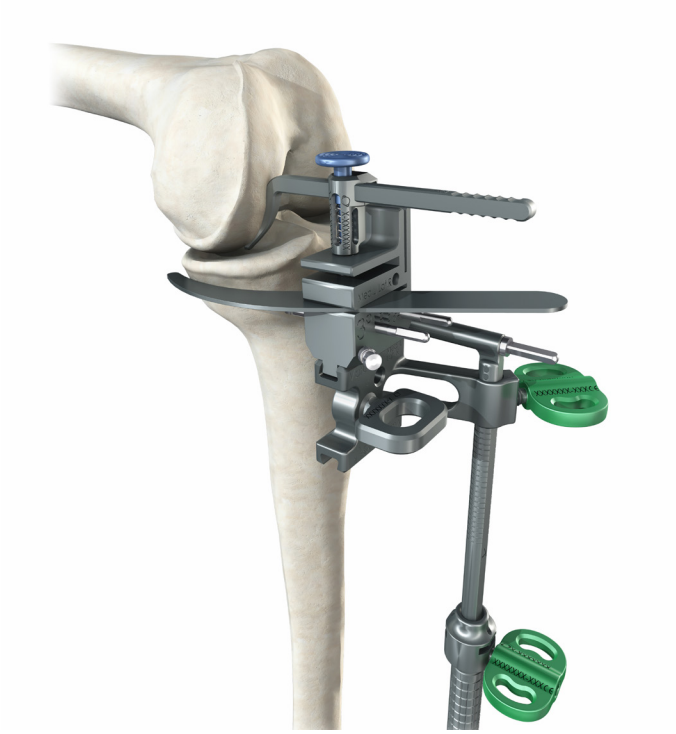
If using the tibial stylus :

• Open the malleolar clamp and place it around the ankle.
• Close the clamp.
• Set the drilling barrel for the UNI EM Rod 0.5 cm below the anterior edge of the tibia and centred over the intercondylar eminence (medial side of tibial tuberosity).
• Secure the entire construct using the Collared K-wire Ø4 Length 100 mm and the Pin Driver AO - Magnetic (or the Pin Driver - Zimmer / Hall in OPTION).
• Estimate the thickness of the bone cut with the Narrow resection gauge and lock the 4T Wheel for EM Jig (2).
• Confirm the thickness of the bone cut with the Tibial stylus :
- Assemble the 4 or 6 mm Tibial stylus with the Tibial stylus support.
- Clip the selected Tibial stylus on the Tibial Cutting Guide until it stops.
- Loosen the 4T Wheel for EM Jig (2).
- Adjust the height of the cutting guide so that the tip of the stylus rests in the bottom of the cupule.

NOTE

An 8-mm tibial stylus is available. If you need to use the 8-mm stylus, adjust the height of the cutting guide so the tip of the stylus rests on the anterior third of the tibial plateau (healthy cartilage).

Placement and adjustments



Check the sagittal cut with the Narrow resection gauge and lock the 4T Wheel for EM Jig (2).

NOTE

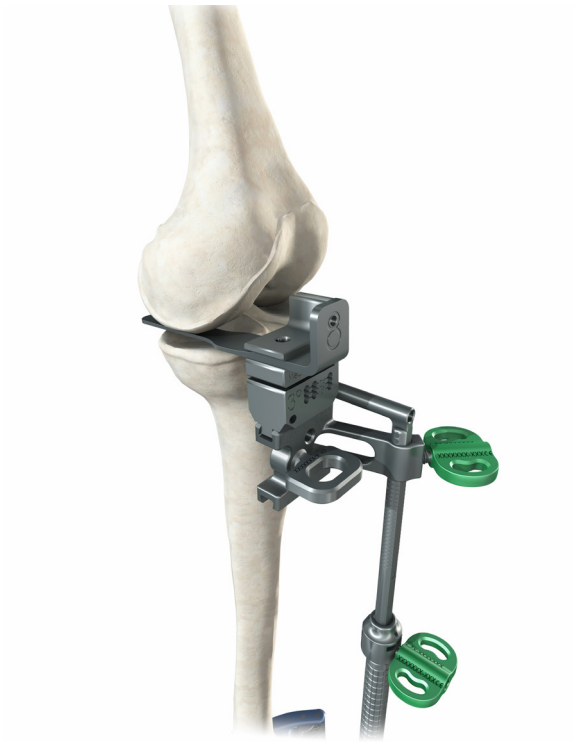
When setting the rotation, leave the stylus in position to make sure the height of the tibial cut is not altered.

- Loosen the ML wheel for cutting guide support.
- Adjust the ML position of the cutting guide.
- Retighten the ML wheel for cutting guide support.
- Remove the stylus and resection gauge.
- Flex the knee 90°.
- Verify the thickness of the bone cut with the resection gauge.
- Insert two Headless pins length 80 mm into the holes marked ‘0’ using a surgical motorised hand-piece and the Pin Driver AO - Magnetic (or the Pin Driver - Zimmer / Hall in OPTION).
- Insert a Headed pin length 70 mm (oblique axis) to stabilise the cutting guide.

NOTE

The tibial cutting guide has +2 and +4 holes in case recutting is required.

Placement and adjustments



If using the Joint line gauge:

• Open the malleolar clamp and place it around the ankle.
• Close the clamp.
• Loosen the distal AP wheel and ML wheel for malleolar clamp.
• Lock the 4T Wheel for EM Jig (1).
• Release the 4T Wheel for EM Jig (2) and the wheel on the cutting guide support.
• Set the drilling barrel for the UNI EM Rod 0.5 cm below the anterior edge of the tibia and centred over the intercondylar eminence (medial side of tibial tuberosity).
• Use the Joint line gauge 8 mm (or 9 mm in OPTION), depending on which gauge touches both the anterior AND posterior edges without touching the joint capsule.

NOTE

Flexing the knee to 30°will reveal the wear-related laxity and make it easier to insert the gauge.

• Lock the distal AP wheel and ML wheel for malleolar clamp.
• Check the sagittal cut with the resection gauge and lock the wheel for EM aiming column (2).
• Loosen the ML wheel for cutting guide support.
• Adjust the ML position of the cutting guide.
• Retighten the ML wheel for cutting guide support.
• Secure the entire construct using the Collared K-wire Ø4 Length 100 mm and the Pin Driver AO - Magnetic (or the Pin Driver - Zimmer / Hall in OPTION).
• Remove the joint line gauge and resection gauge.

Placement and adjustments

• Flex the knee 90°.
• Verify the thickness of the bone cut with the resection gauge.
• Insert two Headless pins length 80 mm into the holes marked ‘0’ using a surgical motorised hand-piece and the Pin Driver AO - Magnetic (or the Pin Driver – Zimmer / Hall in OPTION).
• Insert a Headed pin length 70 mm (oblique axis) to stabilise the cutting guide.

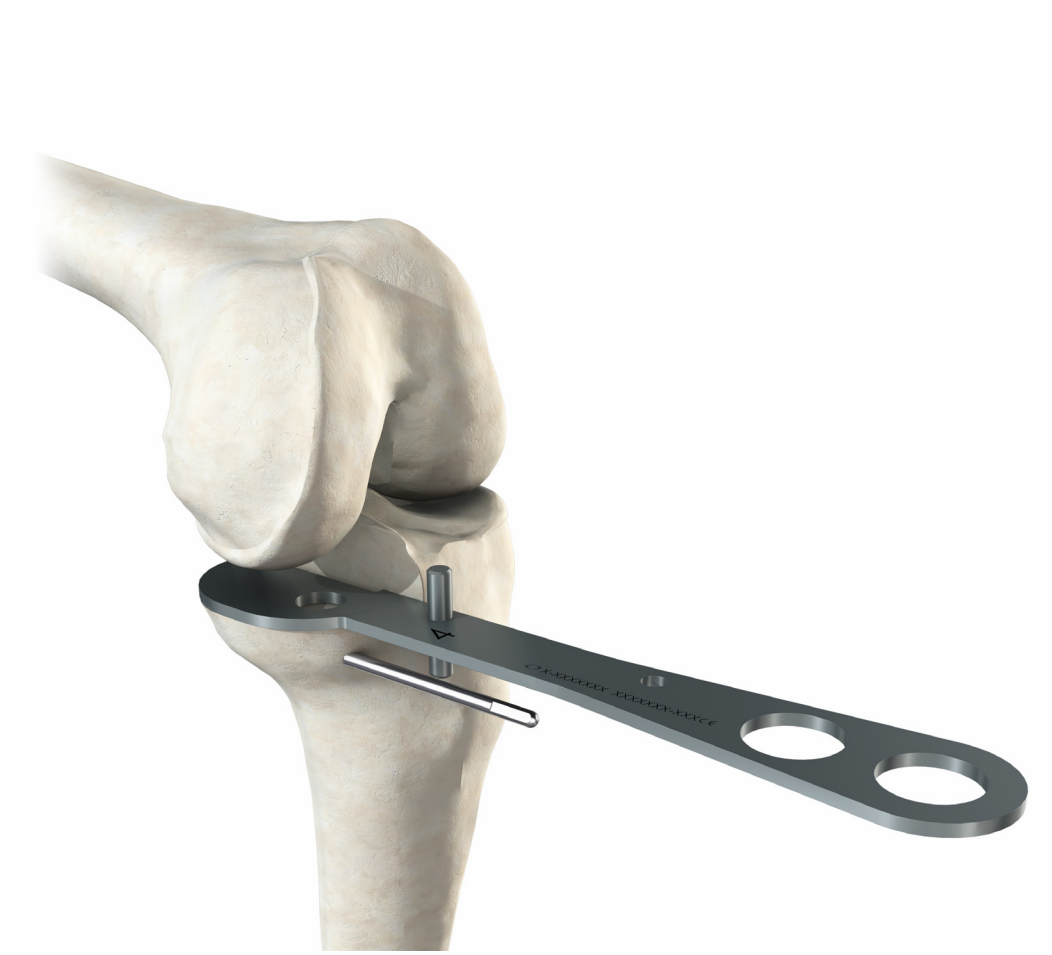
NOTE

The tibial cutting guide has +2 and +4 holes in case recutting is required.

3 Tibial resections

• Perform the tibial cut using the Narrow AMPLITUDE saw blade specific to the motorised hand-piece.
• Remove the headed pin with the pin extractor.
• Remove the Collared K-wire Ø4 Length 100 mm with the motorised handpiece.
• Remove the entire unit by sliding the resection guide off the headless pins, but leave the pin in place in case recutting is required.

Tibial resections

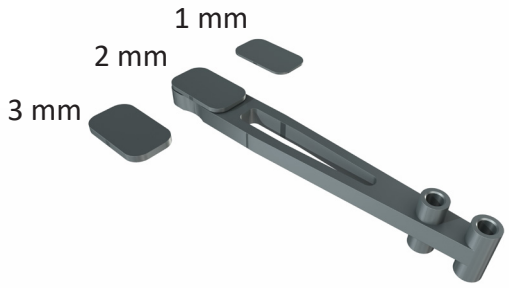


• Determine the size of the tibia using the Trial baseplate (size 1 to 7) . The hook provides secure fixation on the posterior edge of the tibial plateau.
• A UNI Trial Fixed Insert (Size 1 to 7 and Thickness 8 to 12 mm) can be used to check the tibial cut.
• During knee flexion, the anterior side of the trial baseplate must not lift off; if it does, the tibial slope is not sufficient

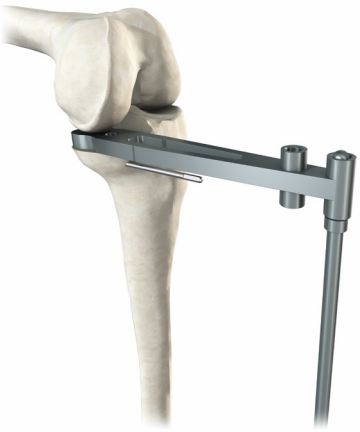
NOTE

If using a cementless tibial tray with fixed insert, the peg position relative to the anterior side of the tibia can be marked with a scalpel.

4 Verification of flexion gaps



Step 1



• Flex the knee.
• At this point, the gaps can be verified using the Spacer handle 8 mm that can be connected with the Extramedullary alignment rod.
• Wedges for spacer (thickness 1, 2, 3 or 4 mm) can be added to the 8 mm spacer to more precisely set the ligament tension and determine the height of the tibial insert.

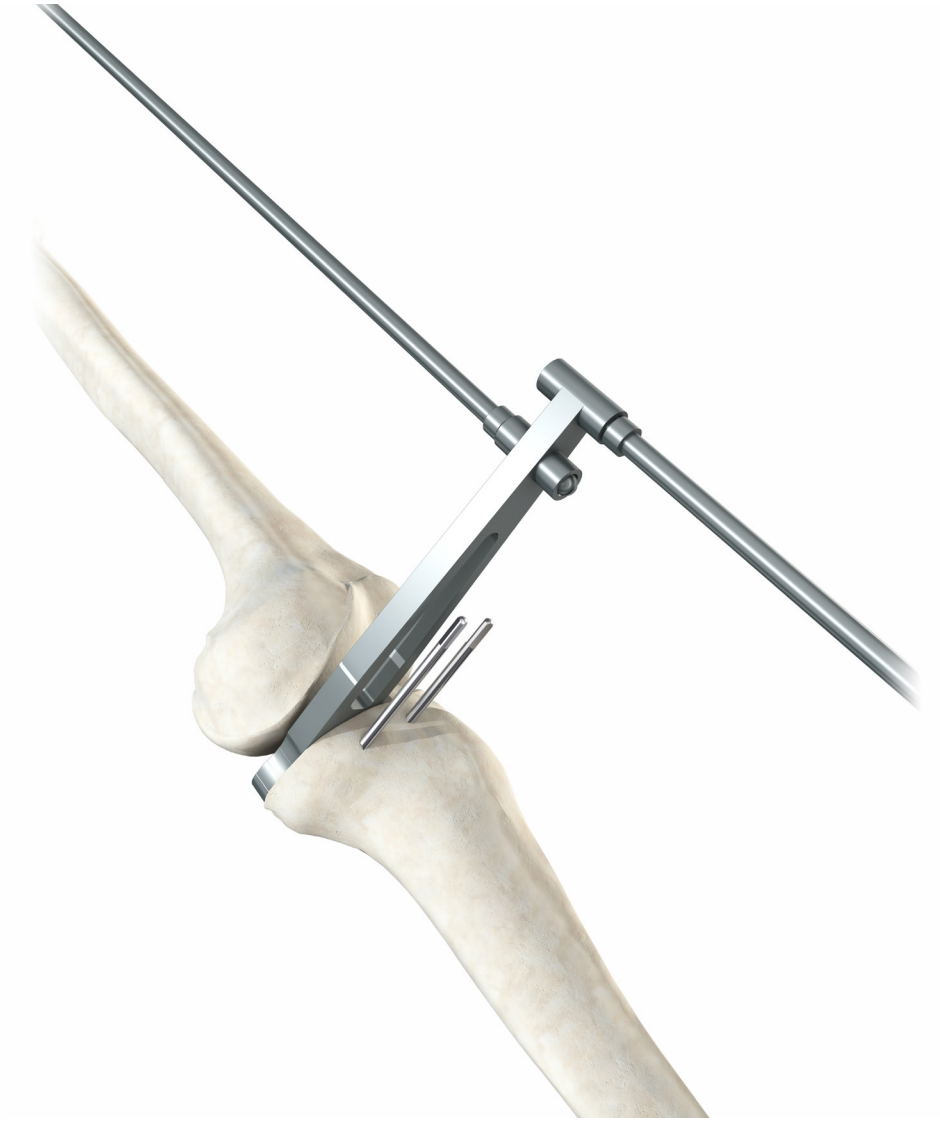
• If the anterior side of the baseplate lifts off dring joint testing (insufficient slope), the tibial cut can be redone while increasing the tibial slope by 2° or 4° with the Uni-compartmental tibial resection guide.

Step 2

NOTE

To increase the tibial slope by 2°, place the Unicompartmental tibial resection guide on the K-wires at '0' (the 'slope 2°' marking must be visible). If the resection height also needs to be increased, set the recutting block on the K-wires at +2 or +4 mm. Make the cut by pushing the blade in the upper side of the guide until it stops. To increase the tibial slope by 4°, place Unicompartmental tibial resection guide so the 'slope 4°' marking is visible.

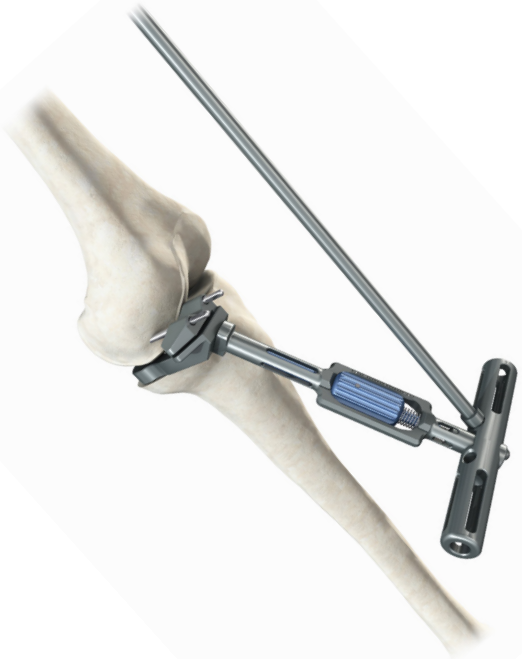
5 Verification of extension gaps



• Extend the knee
• Use an electrocautery pen to mark the femur where the anterior edge of the tibial plateau is located when the knee is extended.
• Insert the Spacer handle 8 mm and the Wedge for spacer used when the knee was flexed.
• If the femoral component is significantly worn, 1 or 3 mm wedges can be used to fill the distal condylar defect; the wedge is placed between the condyle and spacer.
• Once the extension and flexion gaps are satisfactorily balanced, remove the two headless pins.

6 Distal cut

• If a wedge was used to determine the tibial insert height in the previous step, place it between the distal resection guide and tibial cut.
• If a wedge was used to make up for femoral wear in the previous step, place it between the distal resection guide and distal condyle.
• Assemble the UNI distal resection guide (RM/ LL or LM / RL) with the Holding Clamp.
Tighten the wheel.



• Extend the knee.
• Insert the whole unit between the tibial cut and femur.
• Gently flex the knee to compensate for the tibial slope and to prevent the distal cut from being made in recurvatum.
• Check the guide position with the extramedullary alignment rod.
• Check the guide position relative to the mark on the anterior edge of the tibial plateau with the knee extended.

• Insert two Headless pins length 80 mm using a surgical motorised hand-piece and the Pin Driver AO - Magnetic (or the Pin Driver – Zimmer / Hall in OPTION).
• Make the distal femoral cut.
• Remove the two headless pins and the distal resection guide.

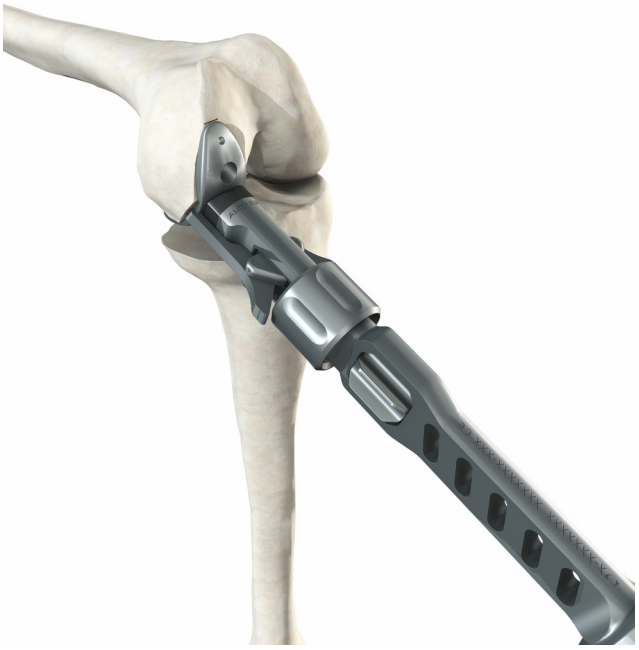
7 Placement of posterior resection and chamfer guide

• Flex the knee to 90°.
• Select the UNI femoral cutting guide that matches the operated side (RM/ LL or LM / RL).
• Assemble this cutting guide with the Holding Clamp. Tighten the central wheel.
• Determine the best femoral component size using the 7 resection guide templates and the following criteria:

- Make sure there is no anterior overhang by setting the camber; the component must not project beyond the mark that represents the tibia's anterior edge, otherwise the patella could be impinged.
- Make sure there is good mediolateral coverage and the component is as centred as possible.
- Ensure the component fully rests on the distal cut and the posterior condyle.

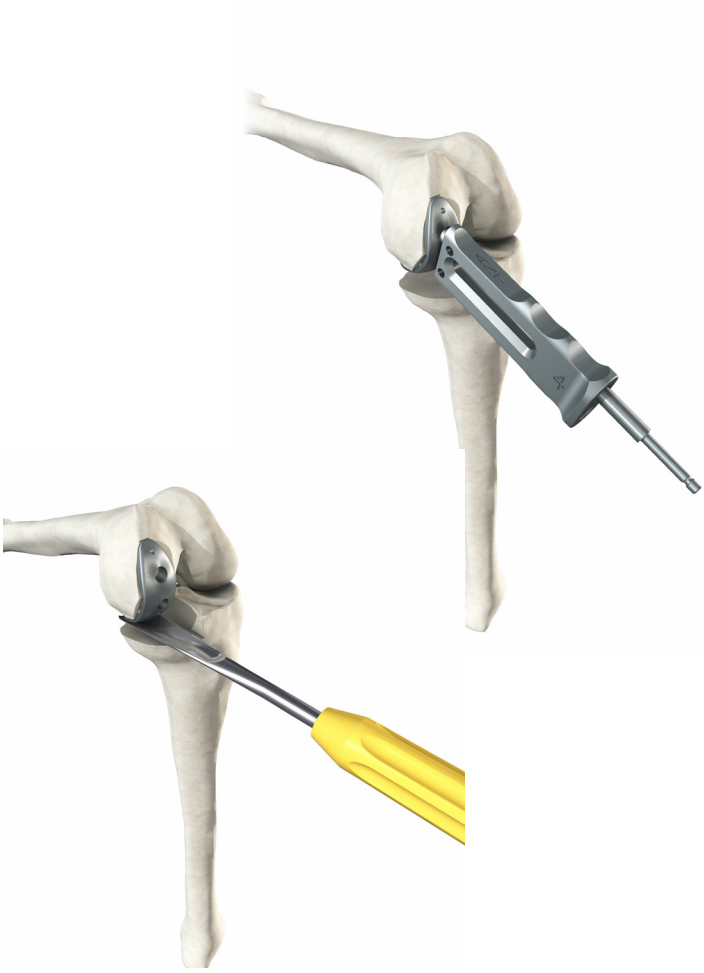
• Insert the Headless pins Ø 3.2 Length 55 mm (or the Collared threaded pin Ø3,2-L57 or the Headed pins length 30 mm or 38 mm) using a surgical motorised hand-piece and the Pin Driver AO - Magnetic (or the Pin Driver – Zimmer / Hall in OPTION).
• Make the posterior condylar cut (6 mm maximum) and then the chamfer cut.
• A Spacer Thickness 6 mm for posterior femoral resection guide can be used to facilitate the positioning of the cutting guide: slide it between the tibial cut and Posterior femoral resection guide .

8 Trial implants and joint testing



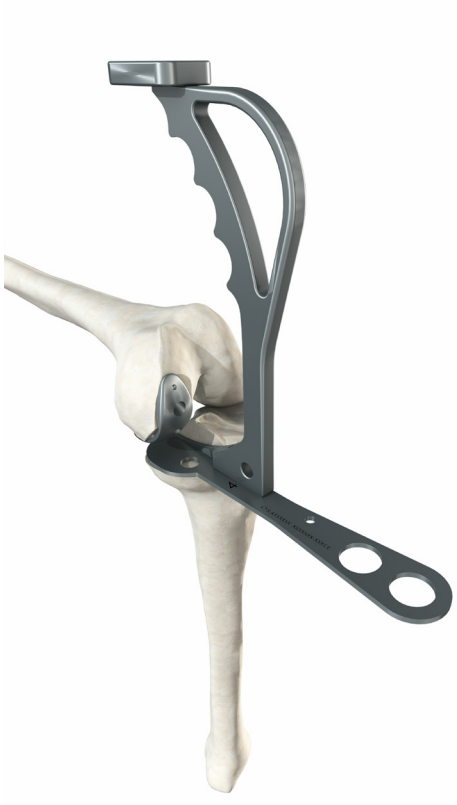
• Use the Unicompartmental femoral component holder to insert the UNI trial femoral component (the same size as the Posterior femoral resection guide that was used) into place, and then impact it using the Unicompartmental femoral component impactor.
• On the tibial cut, place the UNI Trial Fixed Insert for a FIXED tray (All-Polyethylene or tibial metal tray).
• Test the stability of the femoral and tibial components.
• Make sure there is a laxity safety margin at approximately 30° knee flexion (takes into account under-correction requirement).

9 Femoral and tibial preparation

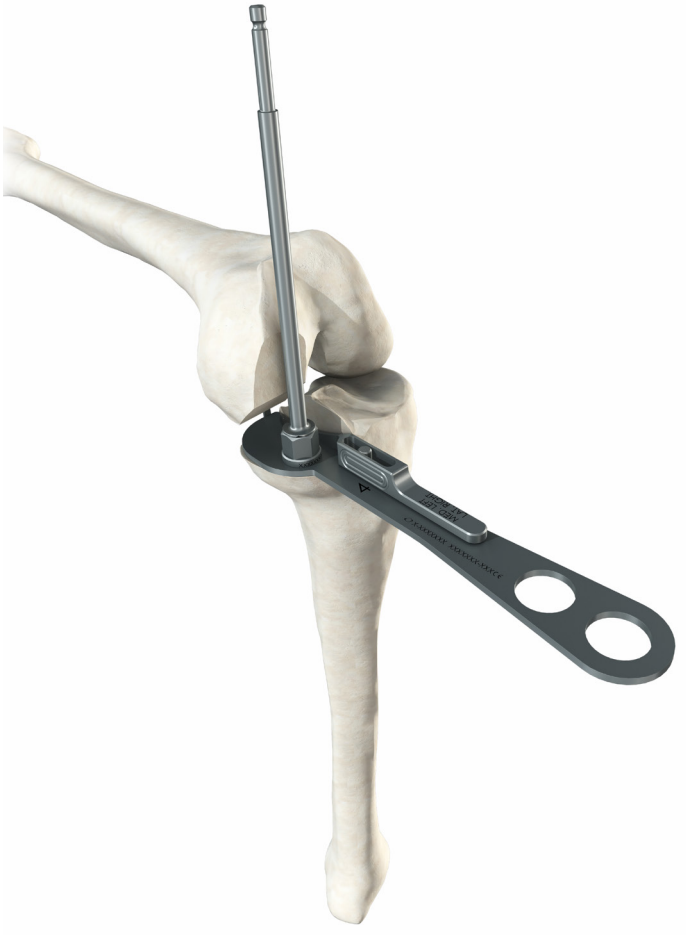


• Place the Drilling guide for unicompartmental femoral component peg of the same size as that of the femoral component onto UNI trial femoral component.
• Use the Drill for Unicompartmental Femoral Peg to make pilot holes for the anchoring pegs.
• Resect any posterior osteophytes with the Unicompartmental osteotome; this prevent impingement during hyperflexion.

• Put the appropriate-sized UNI trial baseplate into the knee.
• Set the Tibial fin punch into the slot on the plate, making sure to choose the appropriate side: RM/ LL or LM / RL.
• Impact it completely.
• Remove the trial femoral component.



10 Cementless tibial tray for fixed bearing insert



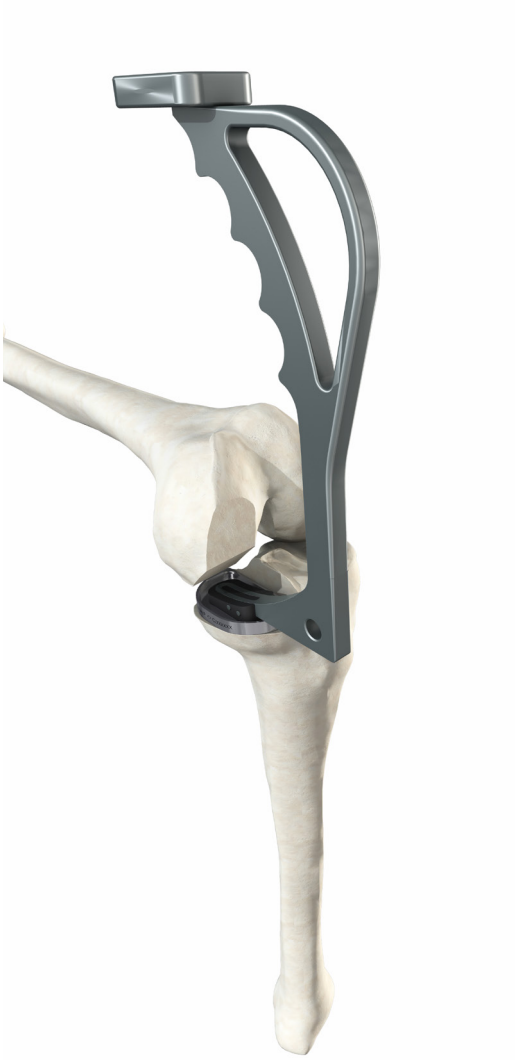
Peg preparation

• Screw the Drilling Guide for Stop Drill Ø 10mm onto the Trial baseplate.
• Place the entire construct back on the tibial cut; hyperflexing the knee and externally rotating the tibia will make insertion easier.
• Position the Anti-Rotation Wing in the slot on the plate (making sure to choose the appropriate side: RM/ LL or LM / RL.) to stabilise the plate when making the peg hole.
• Prepare the peg hole by drilling with the Drill w/stop Ø10 until it stops.

NOTE

If it is difficult to tighten and loosen the Drilling Guide on the trial baseplate , use the wrench for extension stem available in the instrumentation set.

11 Placement of chosen cementless tibial implant



Without fixation screw

• No fixation screw is needed when using the cementless tibial tray for fixed insert.

- Impact the Cementless tibial tray (without the insert) using Unicompartmental baseplate impactor .
- Put the PEEK cap into the hole on the top of the baseplate.
- Based on the thickness validated during the testing phase, select an insert of the same size as the baseplate. Introduce the insert from the posterior side of the baseplate. Slide in the posterior edge of the insert, making sure the attachment notches are completely clear. Impact the anterior edge of the insert with Unicompartmental baseplate impactor .

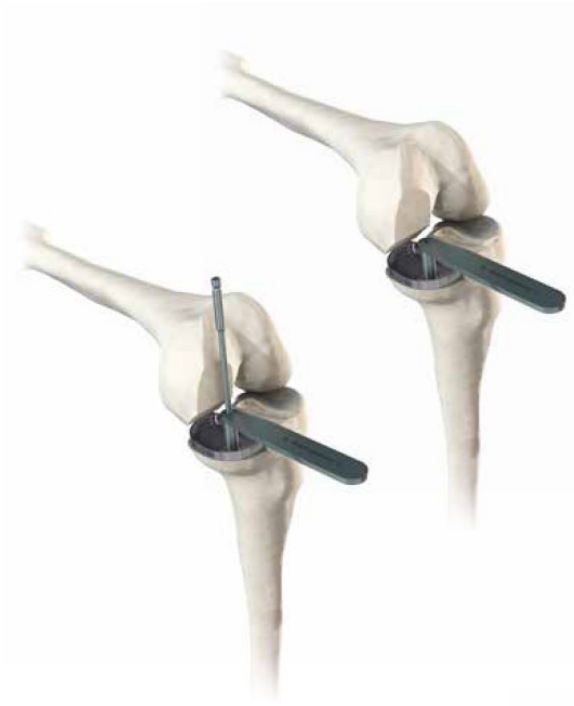
NOTE

The PEEK cap is packed with the cementless tibial tray for fixed insert; it can be used with or without a fixation screw.

NOTE

The cap, insert and tibial tray can be assembled on the back table.

Placement of chosen cementless tibial implant



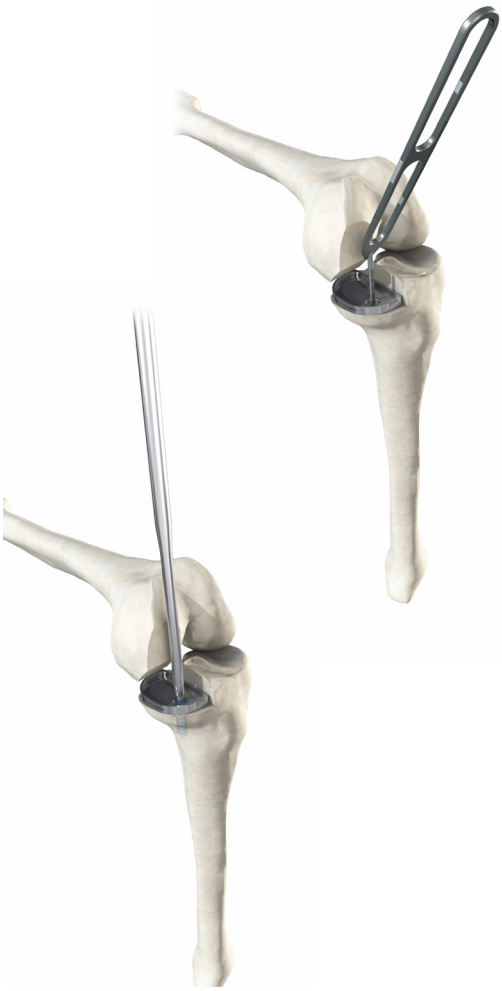
With fixation screw

• If fixation screw is needed with the cementless tibial baseplate for fixed insert (only):
- Put the Drill guide for drill bit Ø3,2 mm drill bit into place; the screw can be angled up to 18°.
- Drill a hole using the Long Drill bit Ø3.2 mm length 145 mm

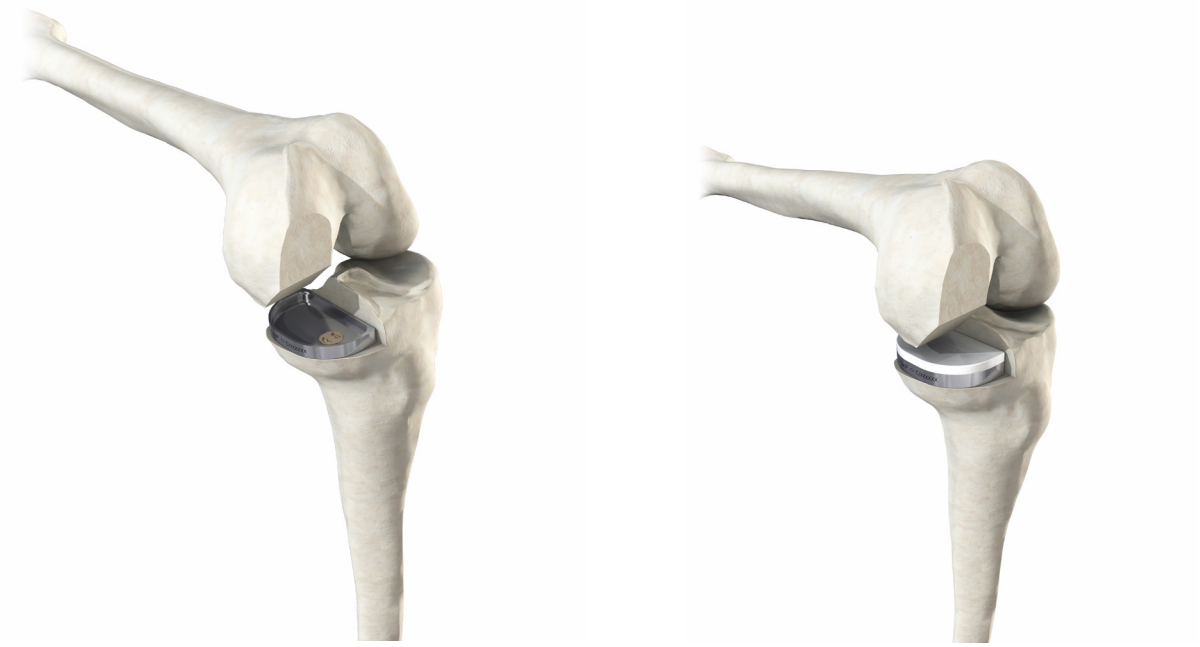
- Select a Ø6.5 mm fixation screw that matches the hole's depth; screws are available in lengths of 16 mm, 20 mm and up to 55 mm in 5-mm increments.

- Use the Screw holder Clamp to hold the screw and put it through the peg hole.

- Tighten the screw with the Retentive straight screwdriver H3.5 until the bottom of the screw head touches the tibial baseplate.



Placement of chosen cementless tibial implant



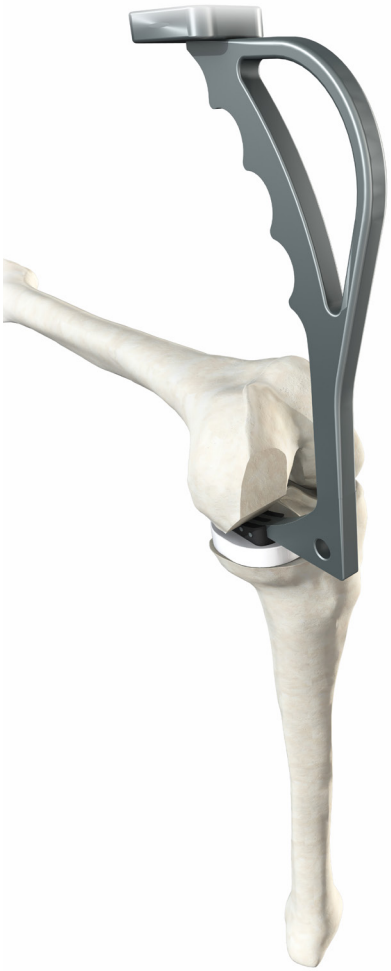
• Put the PEEK cap into the hole on the top of the baseplate.

NOTE

The PEEK cap is packed with the cementless tibial baseplate for fixed insert; it can be used whether a screw is present or not.

• Based on the thickness validated during the testing phase, select the insert of the same size as the baseplate. Slide in the posterior edge of the insert, making sure the attachment notches are completely clear. Impact the anterior edge of the insert with the Unicompartmental baseplate impactor.

12 Insertion of All-polyethylene tibial component

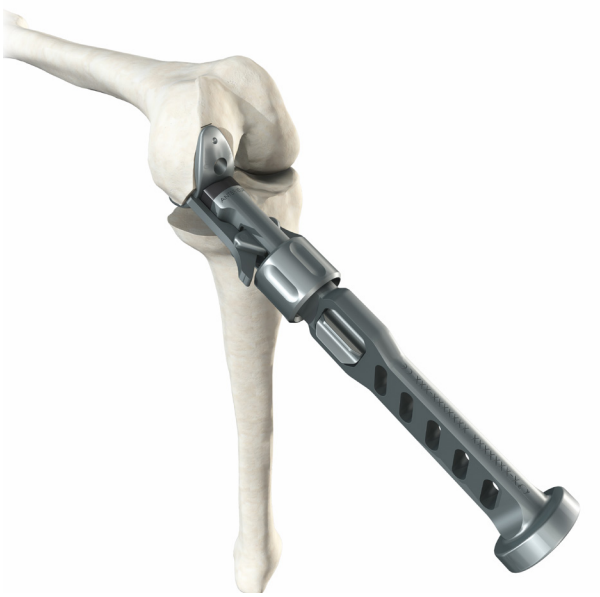


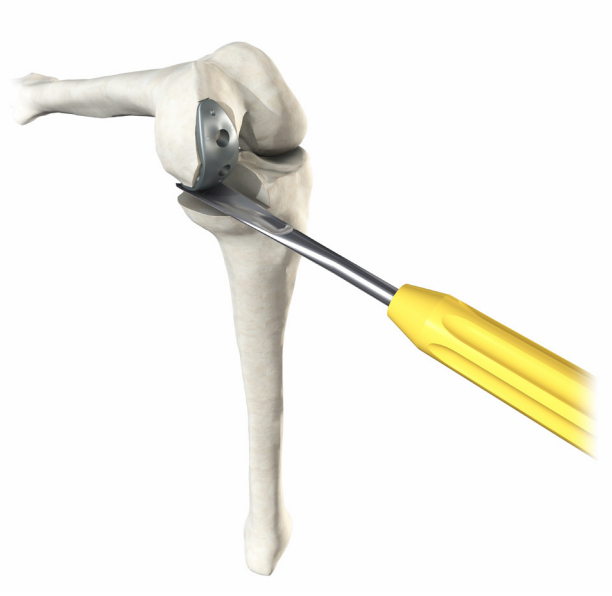
Placement of chosen tibial implant

• Impact the final cemented All-polyethylene tibial component of the same size and thickness as that validated during the testing phase with the Unicompartmental baseplate impactor.

NOTE
Follow the instructions provided with the surgical cement.

13 Insertion of final implants





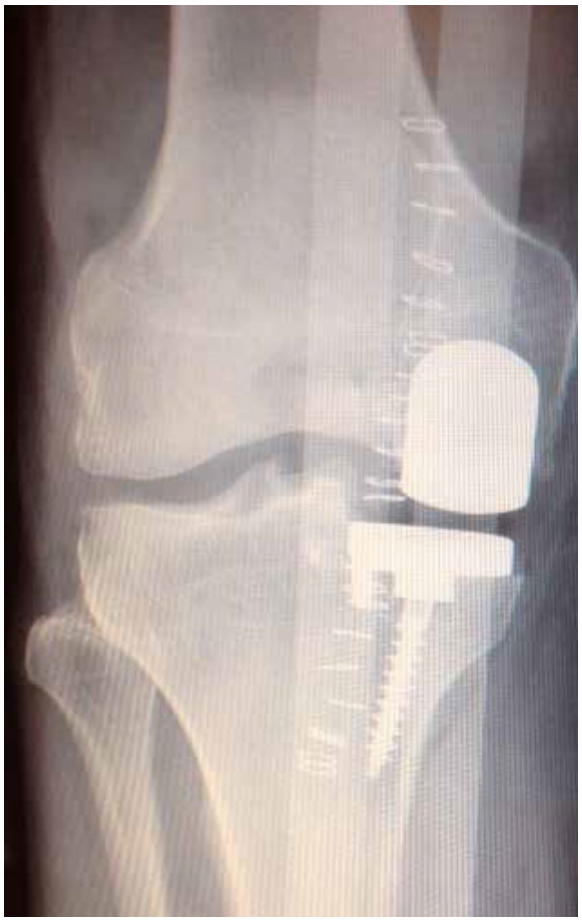
Femoral component

• Put the femoral component (cemented or cementless) in the Unicompartmental femoral component holder.
• Flex the knee 90° and impact the component.
• Finish impacting with the Unicompartmental femoral component impactor.

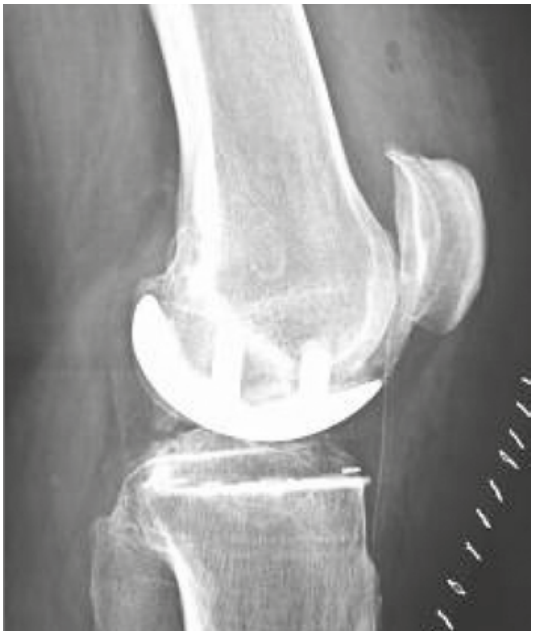
NOTE

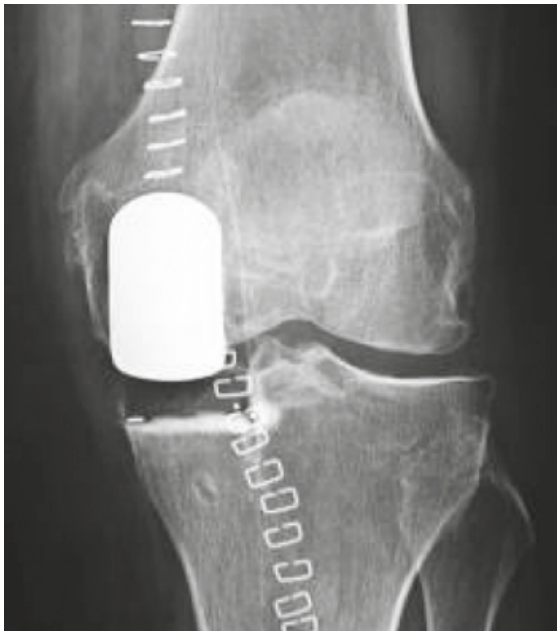
If using a cemented femoral component, follow the instructions provided with the surgical cement.Please do not use cement with a cementless implant.

Unicompartmental knee system



UNI SCORE - Cementless Tibial tray for fixed-bearing insert





UNI SCORE- Cemented All-polyethylene tibial component

14 Extraction

• If the cementless UNI SCORE tibial tray with peg and fixation screw have to be revised:
- Remove the femoral component using bone chisels.
- Pry out the insert by placing an osteotome between the insert and baseplate.
- Remove the PEEK cap with forceps (e.g. Kocher forceps).
- Loosen the screw using the H3.5 screwdriver with self-retaining tip.
- Remove the tibial baseplate using bone chisels.

• If the femoral component needs to be removed, a slap-hammer can be assembled with the unicompartmental femoral component holder, available upon request.
After making sure the femoral component is no longer anchored to the bone, remove the component.

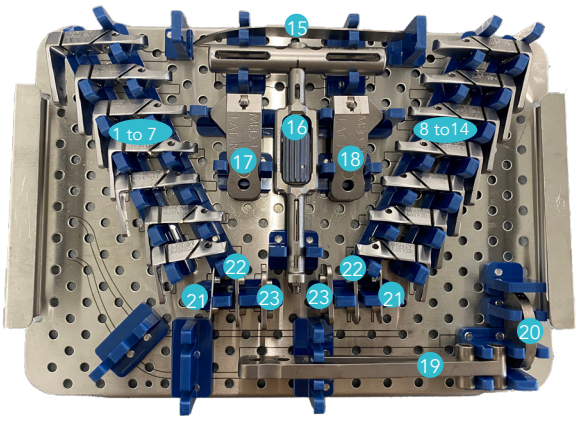
INSTRUMENTATION

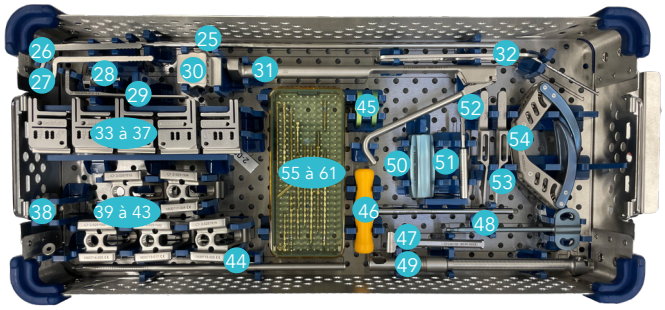
Instrumentation

The UNI SCORE instrumentation for conventional surgery (N° 2-02999146) consists of two trays that have two layers each:

- One set for tibial and femoral resection
- One set for tibial/femoral preparation and trials

Tibial and femoral resection set 2-02999146





Item	Name	Product No.	Qty
1	UNI femoral cutting guide Size 1 MED. R	2-0250501	1
2	UNI femoral cutting guide Size 2 MED. R	2-0250502	1
3	UNI femoral cutting guide Size 3 MED. R	2-0250503	1
4	UNI femoral cutting guide Size 4 MED. R	2-0250504	1
5	UNI femoral cutting guide Size 5 MED. R	2-0231005	1
6	UNI femoral cutting guide Size 6 MED. R	2-0250506	1
7	UNI femoral cutting guide Size 7 MED. R	2-0250507	1
8	UNI femoral cutting guide Size 1 MED. L	2-0250401	1
9	UNI femoral cutting guide Size 2 MED. L	2-0250402	1
10	UNI femoral cutting guide Size 3 MED. L	2-0250403	1
11	UNI femoral cutting guide Size 4 MED. L	2-0250404	1
12	UNI femoral cutting guide Size 5 MED. L	2-0250405	1
13	UNI femoral cutting guide Size 6 MED. L	2-0250406	1
14	UNI femoral cutting guide Size 7 MED. L	2-0250407	1
15	Narrow resection gauge	2-0218600	1
16	Holding Clamp	2-0252000	1
17	UNI distal resection guide MED. R / LAT. L	2-0252102	1
18	UNI distal resection guide MED. L / LAT. R	2-0252101	1
19	Spacer handle	2-0218800	1
20	Spacer Thickness 6 mm for posterior femoral resection guide	2-0223100	1
21	Wedge thickness 1 mm for spacer	2-0218901	2
22	Wedge thickness 2 mm for spacer	2-0218902	2
23	Wedge thickness 3 mm for spacer	2-0218903	2

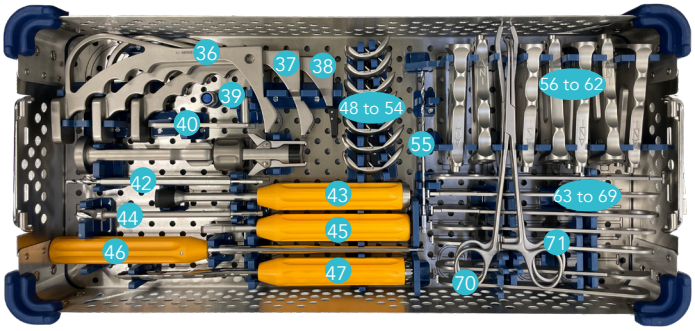
Instrumentation

Tibial and femoral resection set 2-02999146

Item	Name	Product No.	Qty
25	Extramedullary alignment rod	2-0230700	1
26	Tibial stylus 4 mm	2-0231300	1
27	Tibial stylus 6 mm	2-0226400	1
28	Tibial stylus support	2-0231200	1
29	Joint line gauge 8 mm	2-0231100	1
30	Unicompartimental tibial resection guide	2-0231000	1
31	Pin extractor	2-0230601	1
32	Depth Gauge	2-0230602	1
33	Tibial Cutting Guide – Slope 0°	2-0230603	1
34	Tibial Cutting Guide Med – Slope 3°	2-0230604	1
35	Tibial Cutting Guide Med – Slope 6°	2-0230605	1
36	Tibial Cutting Guide Lat – Slope 3°	2-0230606	1
37	Tibial Cutting Guide Lat – Slope 6°	2-0230708	1
38	ML wheel for cutting guide support	2-0231308	1
39	Cutting guide support – Varus Lat 4°	2-0226408	1
40	Cutting guide support – Varus Med 4°	2-0231108	1
41	Cutting guide support – Varus 0°	2-0231208	1
42	Cutting guide support – Varus Lat 2°	2-0231008	1
43	Cutting guide support – Varus Med 2°	2-0230680	1
44	Uni EM Rod	2-0230681	1
45	4T Wheel for EM Jig	2-0230682	2
46	H5 Screwdriver	2-0230683	1
47	4T Rod for malleolar clamp	2-0230684	1
48	4T ML Wheel for Malleolar Clamp	2-0230685	1
49	4T EM Jig	2-0237100	1
50	4T Distal AP wheel	2-0237200	1
51	Pin driver - AO	2-0246200	1
52	Anti-Rotation Wing MED RIGHT	2-0250601	1
53	Anti-Rotation Wing MED LEFT	2-0250602	1
54	4T Malleolar Clamp	2-0237500	1
55	Collared threaded pin Ø3.2-L57	2-0238857	3
56	Headless pin length 55 mm	2-0201401	3
57	Headless pin length 55 mm	2-0201301	1
58	Headed pin length 38 mm	2-0201304	2
59	Headless pin length 80 mm	2-0201400	3
60	Headed pin length 70 mm	2-0201302	3
61	Collared K-wire Ø4 Lenght 10	2-0218300	1
Option	Pin driver - Zimmer	2-0246300	0

Instrumentation

Tibial/femoral preparation and trial set 2-02999146



Item	Name	Product No.	Qty
1	UNI Trial Fixed Insert Size 1 H8	2-0220111	1
2	UNI Trial Fixed Insert Size 1 H9	2-0220121	1
3	UNI Trial Fixed Insert Size 1 H10	2-0220131	1
4	UNI Trial Fixed Insert Size 1 H11	2-0220141	1
5	UNI Trial Fixed Insert Size 1 H12	2-0220151	1
6	UNI Trial Fixed Insert Size 2 H8	2-0220112	1
7	UNI Trial Fixed Insert Size 2 H9	2-0220122	1
8	UNI Trial Fixed Insert Size 2 H10	2-0220132	1
9	UNI Trial Fixed Insert Size 2 H11	2-0220142	1
10	UNI Trial Fixed Insert Size 2 H12	2-0220152	1
11	UNI Trial Fixed Insert Size 3 H8	2-0220113	1
12	UNI Trial Fixed Insert Size 3 H9	2-0220123	1
13	UNI Trial Fixed Insert Size 3 H10	2-0220133	1
14	UNI Trial Fixed Insert Size 3 H11	2-0220143	1
15	UNI Trial Fixed Insert Size 3 H12	2-0220153	1
16	UNI Trial Fixed Insert Size 4 H8	2-0220114	1
17	UNI Trial Fixed Insert Size 4 H9	2-0220124	1
18	UNI Trial Fixed Insert Size 4 H10	2-0220134	1
19	UNI Trial Fixed Insert Size 4 H11	2-0220144	1
20	UNI Trial Fixed Insert Size 4 H12	2-0220154	1
21	UNI Trial Fixed Insert Size 5 H8	2-0220115	1
22	UNI Trial Fixed Insert Size 5 H9	2-0220125	1
23	UNI Trial Fixed Insert Size 5 H10	2-0220135	1
24	UNI Trial Fixed Insert Size 5 H11	2-0220145	1
25	UNI Trial Fixed Insert Size 5 H12	2-0220155	1
26	UNI Trial Fixed Insert Size 6 H8	2-0220116	1
27	UNI Trial Fixed Insert Size 6 H9	2-0220126	1
28	UNI Trial Fixed Insert Size 6 H10	2-0220136	1
29	UNI Trial Fixed Insert Size 6 H11	2-0220146	1

Instrumentation

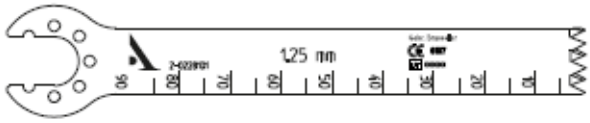
Tibial/ femoral preparation and trial set 2-02999146

Item	Name	Product No.	Qty
30	UNI Trial Fixed Insert Size 6 H12	2-0220156	1
31	UNI Trial Fixed Insert Size 7 H8	2-0220117	1
32	UNI Trial Fixed Insert Size 7 H9	2-0220127	1
33	UNI Trial Fixed Insert Size 7 H10	2-0220137	1
34	UNI Trial Fixed Insert Size 7 H11	2-0220147	1
35	UNI Trial Fixed Insert Size 7 H12	2-0220157	1
36	Tibial fin punch R.MED / L. LAT	2-0219400	1
37	Tibial fin punch L. MED / R. LAT	2-0219500	1
38	Unicompartimental baseplate impactor	2-0219600	1
39	Drilling Guide for Stop Drill Ø10	2-0251000	1
40	Drill guide for Drill bit D 3,2	2-0230200	1
41	Unicompartimental femoral component holder	2-0220500	1
42	Drill for unicompartimental Femoral peg	2-0220400	1
43	Unicompartimental femoral component impactor	2-0220400	1
44	Drill w/stop Ø 10	2-0250900	1
45	Tibial stem wrench	2-0205500	1
46	Retentive straight screwdriver H3.5	2-0230500	1
47	Unicompartimental osteotome	2-0221500	1
48	UNI trial femoral component - Size 1	2-0219701	1
49	UNI trial femoral component - Size 2	2-0219702	1
50	UNI trial femoral component - Size 3	2-0219703	1
51	UNI trial femoral component - Size 4	2-0219704	1
52	UNI trial femoral component - Size 5	2-0219705	1
53	UNI trial femoral component - Size 6	2-0219706	1
54	UNI trial femoral component - Size 7	2-0219707	1
55	Long Drill bit Ø3.2 length 145 mm	2-0102400	1
56	Drilling guide for Unicompartmental femoral component peg - Size 1	2-0219801	1
57	Drilling guide for Unicompartmental femoral component peg - Size 2	2-0219802	1
58	Drilling guide for Unicompartmental femoral component peg - Size 3	2-0219803	1
59	Drilling guide for Unicompartmental femoral component peg - Size 4	2-0219804	1
60	Drillingguide for Unicompartmental femoral component peg - Size 5	2-0219805	1
61	Drillingguide for Unicompartmental femoral component peg - Size 6	2-0219806	1
62	Drillingguide for Unicompartmental femoral component peg - Size 7	2-0219807	1
63	Trial baseplate size 1	2-0230401	1
64	Trial baseplate size 2	2-0230402	1
65	Trial baseplate size 3	2-0230403	1
66	Trial baseplate size 4	2-0230404	1
67	Trial baseplate size 5	2-0230405	1
68	Trial baseplate size 6	2-0230406	1
69	Trial baseplate size 7	2-0230407	1
70	Screw holder Clamp	2-0102800	1
71	Holding clamp	2-0220300	1

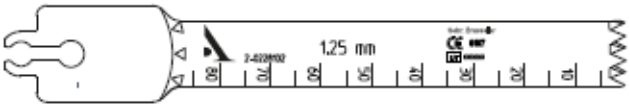
Instrumentation

Narrow saw blades

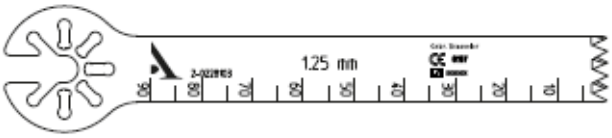
SYNTHES AO / SODEM narrow blade
Stérile Product No.2-0228101



STRYKER narrow blade
Stérile Product No. 2-0228102



ZIMMER / HALL / LINVATEC narrow blade
Stérile product No. 2-0228103



NOTES

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E-mail : amplitude@amplitude-ortho.com

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Reference: TO.G.017/EN/A