

MyKnee® MIS

MINIMALLY INVASIVE CUTTING BLOCKS

DESIGNED FOR YOU BY YOU



Surgical Technique

Hip

Knee

Spine

Navigation

INTRODUCTION

This brochure describes the Surgical Technique to implant the GMK® Total Knee System using the MyKnee® MIS cutting blocks. MyKnee® MIS is a patient-specific cutting block, allowing the surgeon to realize his pre-operative 3D planning, based on CT or MRI images of the patient's knee.

The bone resections are performed directly through the slots integrated on the MyKnee® MIS cutting blocks, according to the surgeon's preoperative planning. The reduced size, rounded edges and anatomical shape allow the MyKnee® MIS cutting block to flawlessly adapt to minimally invasive approaches. The soft tissues are respected in the easiest way with the added value of an increased accuracy and efficiency.

KNEE MINIMALLY INVASIVE SURGERY: BENEFITS

Surgeons and orthopaedics companies have been working together for years to make today's total knee replacement (TKR) a well proven and safe daily surgical practice.

Medacta® International is committed in developing high level technologies to improve the surgeon's daily activity and maximize patient's satisfaction.

Minimally invasive knee surgery aims at causing minimal surgical trauma to reduce post-operatively knee pain and provide earlier functional recovery.

Benefits of minimally invasive surgery are widely demonstrated in medical literature:

- ▶ Reduction of hospital stay (17% - 43% time less)^[1,2]
- ▶ Earlier functional recovery (110° ROM 6 weeks earlier)^[2]
- ▶ Shorter rehabilitation^[3]
- ▶ Less pain (16% less at discharge)^[2]
- ▶ Less medication needed (12% less at 2 weeks)^[4]

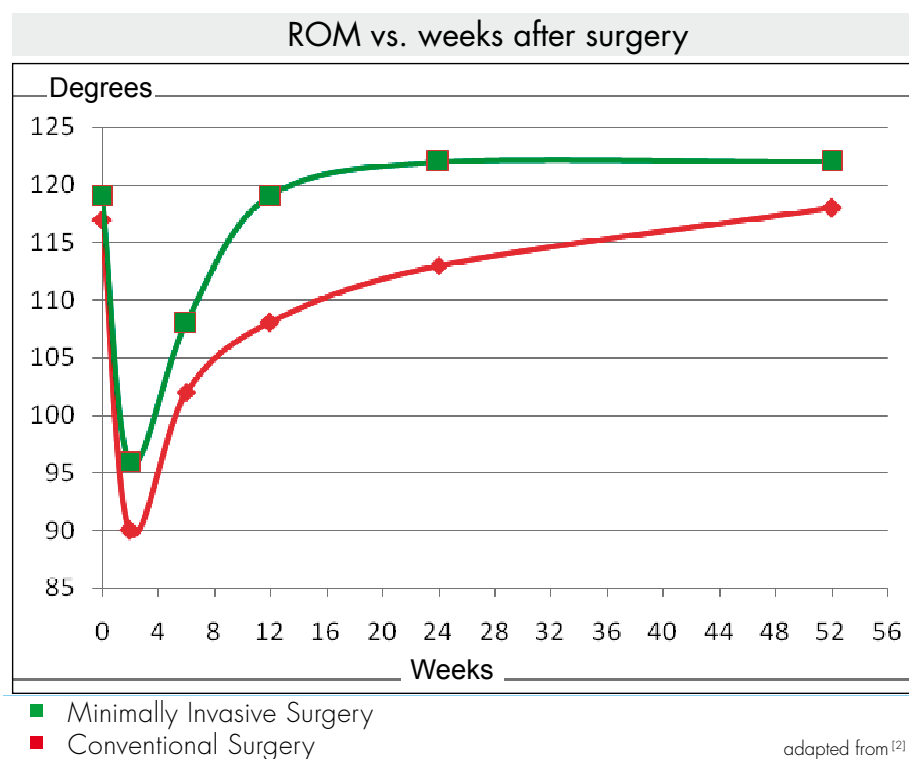
Bibliographic references:

^[1] Schroer et al. Mini-subvastus approach for total knee arthroplasty. J of Arthroplasty. 2008 Jan;23(1):19-25.

^[2] McAllister et al. The impact of minimally invasive surgical techniques on early range of motion after primary total knee arthroplasty. J of Arthroplasty. 2008 Jan;23(1):10-18.

^[3] Bonutti et al. Minimally invasive total knee arthroplasty. JBJS Am. 2004;86-A Suppl 2:26-32.

^[4] King et al. Minimally invasive total knee arthroplasty compared with traditional total knee arthroplasty. Assessment of the learning curve and the postoperative recuperative period. JBJS Am. 2007 Jul;89(7):1497-1503.

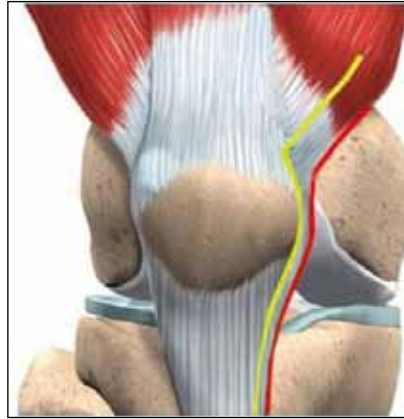


adapted from^[2]

MINI-SUBVASTUS: THE MUSCLE SPARING APPROACH

Different MSS approaches are available for TKR. The mini-subvastus approach provides a specific set of benefits.

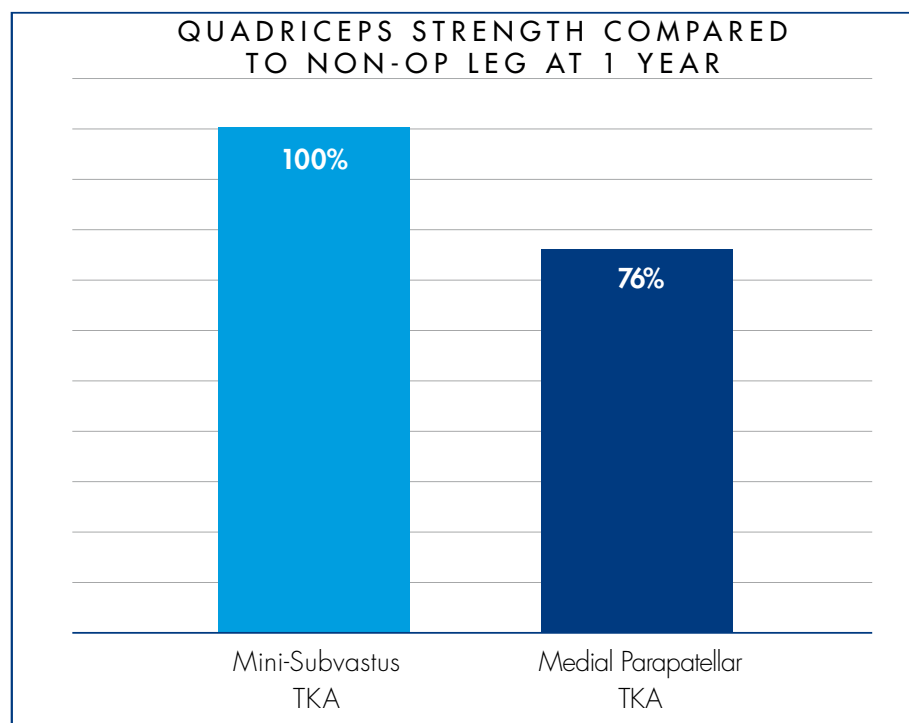
- ▶ **No muscles cut:** the mini-subvastus approach uses a quad-sparing arthrotomy. Vastus medialis is released but not resected. In comparison the mini-midvastus extends into the vastus medialis.
- ▶ **No muscles incision:** no risk of damaging nerves and vascular structures.
- ▶ **No patella eversion:** less stress on patellar tendon and quadriceps, thus preserving the leg extensor mechanism.
- ▶ **No joint dislocation:** less stress on soft tissues.
- ▶ **Reduced scar.**



- Mini-Midvastus
- Mini-Subvastus

MINI-SUBVASTUS: NOT ONLY SHORT TERM BENEFITS

"At 1 year, the quadriceps strength of the MIS TKA knee was equal to that of the uninvolved side, whereas the medial parapatellar TKA was 24% weaker than the uninvolved side." ^[5]



^[5] Schroer et al. Isokinetic Strength Testing of Minimally Invasive Total Knee Arthroplasty Recovery. *Journal of Arthroplasty*, 2010 Feb; 25(2); 274-279.

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1 INDICATIONS

MyKnee® Cutting Blocks are intended to be used as anatomical cutting blocks specifically designed for a single patient to assist in the positioning of total knee replacement components intraoperatively and in guiding the marking of bone before cutting. MyKnee® Cutting Blocks are intended for use with GMK® Total Knee System when the clinical evaluation complies with its cleared indications for use.

2 CONTRAINDICATIONS

Contraindications in using MyKnee® instrumentation are the same as the situations when a total knee replacement is contraindicated. It is the surgeon's responsibility to verify that the patient is not allergic to the material of which the MyKnee® cutting blocks are made (Polyamide PA2200).

3 PREOPERATIVE PLANNING

The pre-operative planning is managed through the website <https://myknee.medacta.com> with cooperation between the surgeon and Medacta® International.

Please contact Medacta® International to gain access to the website.

The goal of the preoperative planning is to assess the surgical parameters regarding femoral and tibial implantation in order to manufacture dedicated single patient use cutting blocks.

Parameters are to be planned by the surgeon and include:

- Femoral implant size
- Tibial implant size
- Femoral resections
 - Posterior cut height, on both condyles (medial and lateral)
 - Distal cut height, on both condyles (medial and lateral)
- Femoral angles
 - Varus / valgus
 - Flexion / extension
- Femoral rotation
 - Internal / external rotation vs posterior condyles line and vs epicondylar axis
- Tibial resection
 - Proximal cut height related to both plateaus (medial and lateral)
- Tibial angles
 - Varus / valgus
 - Posterior slope.

CT or MRI imaging is used to create a tridimensional bone model of the specific patient knee anatomy. This bone modeling is the base used to create the anatomical cutting blocks that can fit a patient's knee morphology without using any alignment jigs to position them.

/ NOTICE

Please refer to the official CT and MRI protocols available on the website myknee.medacta.com. Scanning taken with different protocols may lead to unusable images.

/ NOTICE

Before using MyKnee® procedures, every Radiological Center must be registered. Please contact Medacta® International to register your Radiological Center.

/ CAUTION

Different MyKnee® MIS cutting blocks are available depending on the scanning technology used. The surgeon will receive a MyKnee® Surgical Planning Report (ref.no. M 08.59) that indicates the surgical parameters, according to his default profile previously set by the surgeon on the MyKnee® website (see picture on the next page). It is the surgeon's responsibility to validate the preliminary planning or set different parameters according to his own assessment. Both validation and changes in the planning must be communicated via the MyKnee® website (see picture on the next page). After the planning is confirmed by the surgeon, MyKnee® blocks are manufactured and delivered to the agent responsible.

/ CAUTION

MyKnee® MIS cutting blocks are supplied non-sterile. It is the health care institution's responsibility to clean and sterilize them before use. Please read the "Note for sterilization" included at the end of this surgical technique.

/ NOTICE

In the surgical technique here after described, the resections are performed in the following order:

- Distal femoral resection
- Tibial resection
- A/P femoral resections and chamfers*

* The surgeon can change the resections' order according to his preferences**.

**Distal femoral resection must be done before the A/P Femoral resections and chamfers.

/ CAUTION

Federal law (USA) restricts this device to sale by or on the order of physician.

Some specific instruments are fixed to the bone by means of dedicated pins. Before using the pins, ensure that they are intact and fully functional. BENT OR DEFECTIVE PINS CANNOT BE USED AND MUST BE REPLACED BY NEW ONES. When extracting pins it is important to avoid any bending. This results in axial alignment between the pin and the dedicated extractor.

It is strongly recommended not to impact or hammer on any instruments unless otherwise specified in the surgical technique.

For detailed instructions contact your local Medacta® sales representative.



CT BASED

REV.value – value

MyKnee Surgical Planning Report

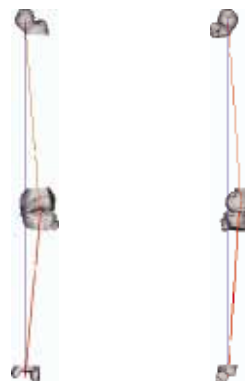
CASE CODE value
 SURGEON value
 SURGERY DATE value
 SURGICAL APPROACH value

PREOPERATIVE DATA [°]

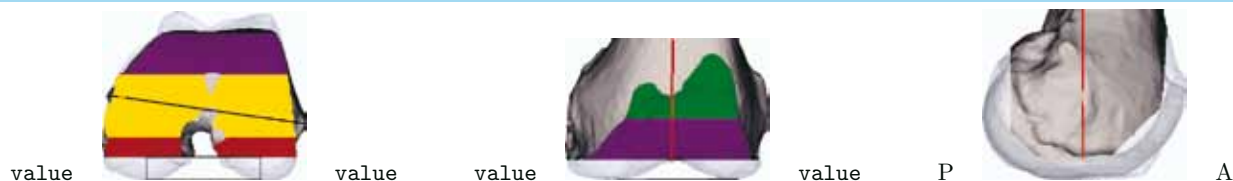
HKA value
 Femur value (from bone) value
 Tibia value (from bone) value
 Tibia Posterior Slope value
 Epic Axis vs Post Cond value

value TOTAL KNEE	DEFAULT	CHANGED
Femoral Implant Size	value	value
Tibial Implant Size	value	value

LONG AXIS VIEW



FEMUR



	DEFAULT	CHANGED
FEMORAL RESECTIONS [mm]		
Lateral Posterior Cut	value	value
Medial Posterior Cut	value	value
Lateral Distal Cut	value	value
Medial Distal Cut	value	value
FEMORAL ANGLES [°]		
value	value	value
value	value	value
ROTATION[°]		
value Rotation vs. post. cond.	value	value



Warning!

This case is based on CT data!
 All measurements are shown from bone and do not include any cartilage thickness.

TIBIA



	DEFAULT	CHANGED
TIBIAL RESECTIONS [mm]		
Lateral Tibial Cut	value	value
Medial Tibial Cut	value	value
TIBIAL ANGLES [°]		
value	value	value
Slope	value	value



Warning!

This case is based on CT data!
 All measurements are shown from bone and do not include any cartilage thickness.



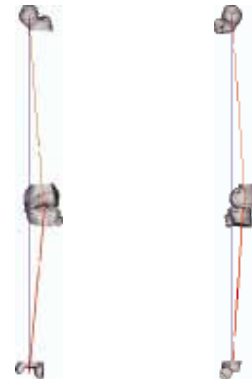
MRI BASED

REV.value - value

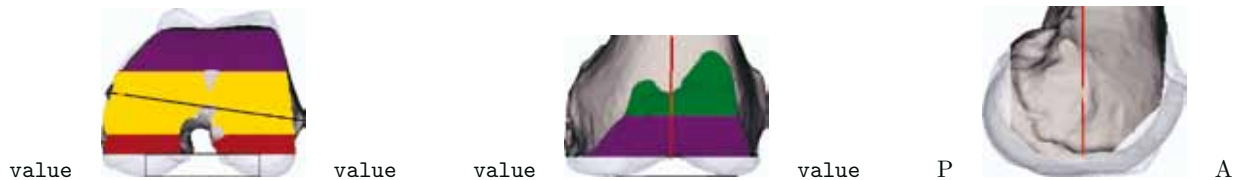
MyKnee Surgical Planning Report

CASE CODE	value	
SURGEON	value	
SURGERY DATE	value	
SURGICAL APPROACH	value	
PREOPERATIVE DATA [°]		
HKA	value	
Femur value (from bone)	value	
Tibia value (from bone)	value	
Tibia Posterior Slope	value	
Epic Axis vs Post Cond	value	
value TOTAL KNEE	DEFAULT	CHANGED
Femoral Implant Size	value	value
Tibial Implant Size	value	value

LONG AXIS VIEW

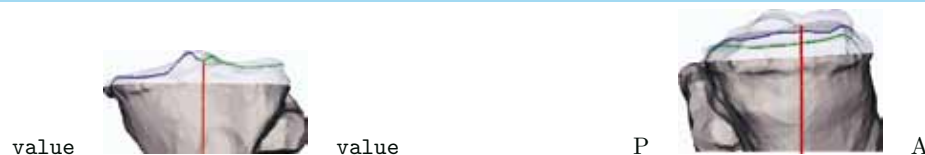


FEMUR



	DEFAULT	CHANGED
FEMORAL RESECTIONS [mm]		
Lateral Posterior Cut	value	value
Medial Posterior Cut	value	value
Lateral Distal Cut	value	value
Medial Distal Cut	value	value
FEMORAL ANGLES [°]		
value	value	value
value	value	value
ROTATION [°]		
value Rotation vs. post. cond.	value	value

TIBIA



	DEFAULT	CHANGED
TIBIAL RESECTIONS [mm]		
Lateral Tibial Cut	value	value
Medial Tibial Cut	value	value
TIBIAL ANGLES [°]		
value	value	value
Slope	value	value

4 SURGICAL APPROACH

The MyKnee® MIS cutting blocks are conceived and designed to flawlessly adapt to MIS surgical approaches, respecting soft tissues without compromising accuracy. The most commonly used MIS approaches are the midvastus and the subvastus approaches. The surgeon may occasionally need to use a different approach in some revision procedures or in patients with significant valgus deformation. However, MyKnee® MIS allows to

follow a standard surgical approach as well : the most frequently used standard approach is the medial para-patellar one.

CAUTION

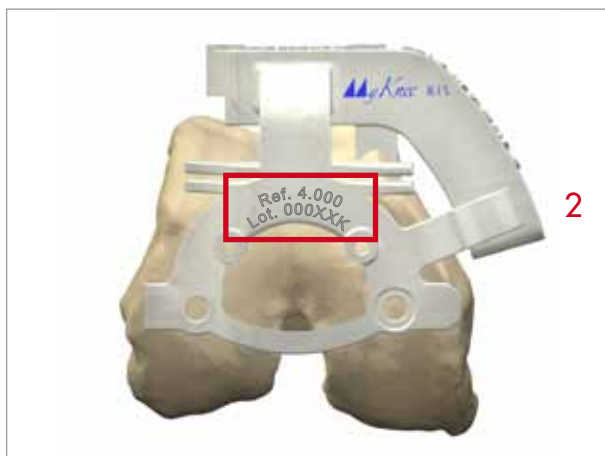
Do not remove any osteophytes from the tibia or from the femur, in order not to alter the bony references of the MyKnee® anatomical cutting blocks.

5 DISTAL FEMORAL RESECTION

5.1 Distal cutting block positioning

Each MyKnee® MIS distal cutting block shows the following information:

- 1-patient ID
- 2-cutting block reference and lot number.



Before starting the surgery, please check the accuracy of the data that is specific to the patient. An example of patient ID is shown below: N_SUR_XTK_SN_DDMMYYYY

- N= first letter of patient's given name
- SUR = first three letters of patient's family name
- XTK = side operated, left (LTK) or right (RTK)
- SN= surgeon's given and family name first letters
- DDMMYYYY= patient's birth date
(DD=day, MM=month, YYYY=year).

CAUTION

If the cutting block does not clearly indicate the patient identification string, it **MUST NOT** be used for the surgery. In such a case please contact immediately Medacta® staff.

CAUTION

Do not use MyKnee® MIS cutting blocks on a patient for whom the pre-operative planning has not been carried out. A MyKnee® MIS cutting block used on a different patient will lead to unpredictable total knee replacement outcomes.

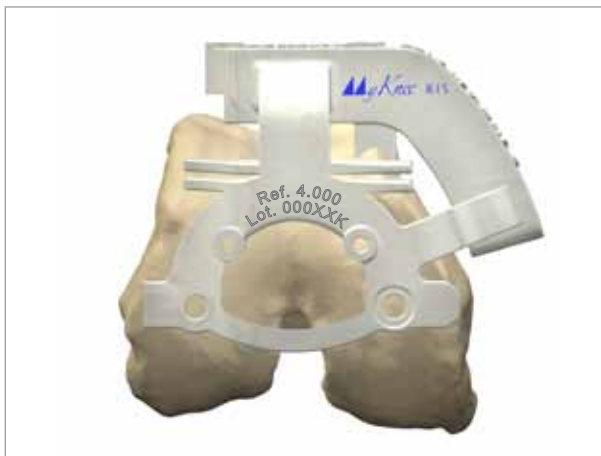
CAUTION

Do not remove any osteophytes from or around the trochlea groove before positioning the femoral cutting block on the bone.

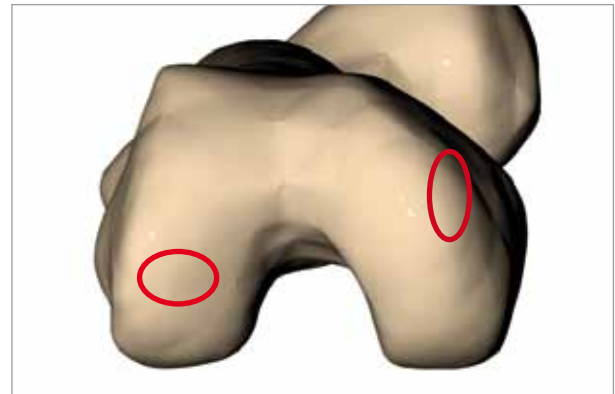
A plastic 3D model of the patient's femoral bone is provided to simulate the correct positioning of the MyKnee® MIS distal cutting block. This plastic model must be sterilized and used in the surgical theatre to simulate the positioning on the patient's bone. Please read the "Note for sterilization" included at the end of this surgical technique.

Check the correct fitting between the bone model and the distal cutting block and, by using the angel wing, both distal and anterior cut depth. The planned distal and posterior resection levels are marked on the bone model.

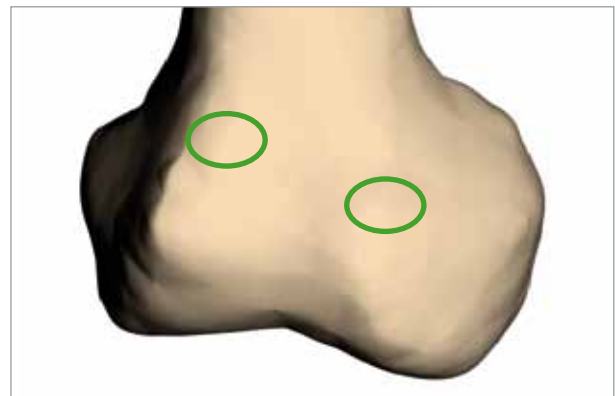
The block has to be positioned manually on the distal femur. Considering the anatomical shape of the block, only one orientation is allowed. The correct placement corresponds to the maximum stability position of the block.



To ensure the maximum stability, verify that the points of contact between the MyKnee® MIS distal cutting block and the femur are respected.



○ CT and MRI based cutting blocks contact area



○ CT and MRI based cutting blocks contact area



CAUTION

Before positioning the MyKnee® MIS distal cutting block, remove the soft tissues from the femur without damaging the osteophytes.



CAUTION

In case of CT based MyKnee® MIS distal cutting block, remove the cartilage covering the cutting block contact areas with the help of electric cutter (see figures above) in order to obtain the most stable positioning of the cutting block.



CAUTION

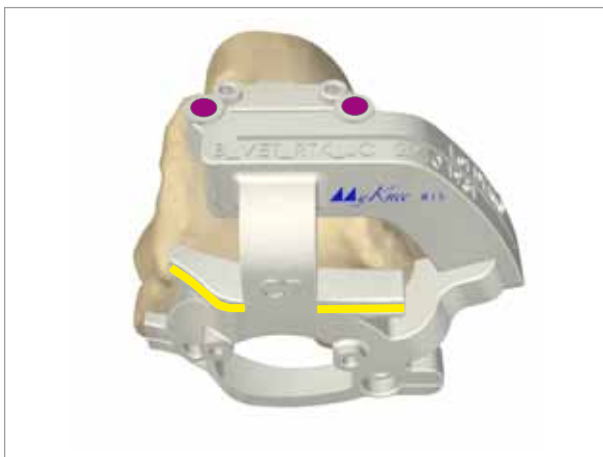
An inaccurate positioning may lead to cut parameters not in line with the planning.

Once the cutting guide has been properly positioned on the femur, the cut parameters are automatically set for the knee undergoing surgery according to the pre-operative planning (see pag.6).



TIP

The telescopic alignment rod can be connected to the cutting block (see red holes in the figure below) to help the identification of the right position on the patient bone. A visual check on the distal and anterior cut level can be performed by means of the angel wing (see yellow slots in the figure below).



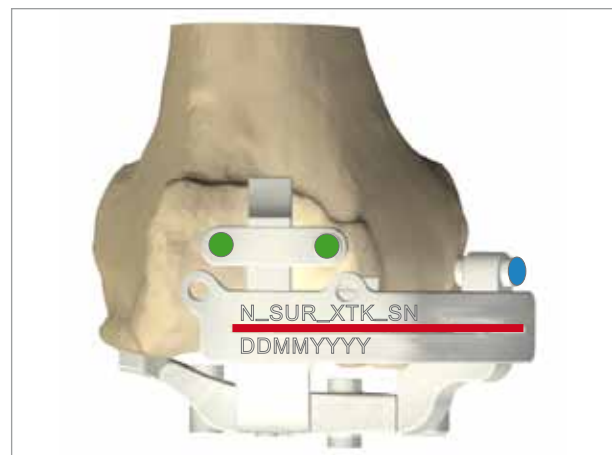
- Telescopic alignment rod holes
- Anterior resection slots for angel wing

5.2 Fixing the distal cutting block on the femur

Once the positioning is deemed satisfactory, the distal cutting block can be fixed on the femur as shown in the pictures below by use of standard 3.2 mm diameter pins.

NOTICE

To guarantee a stable fixation two parallel pins plus an oblique one must be used.



- Parallel pins holes
- Oblique pin hole
- Saw blade slot



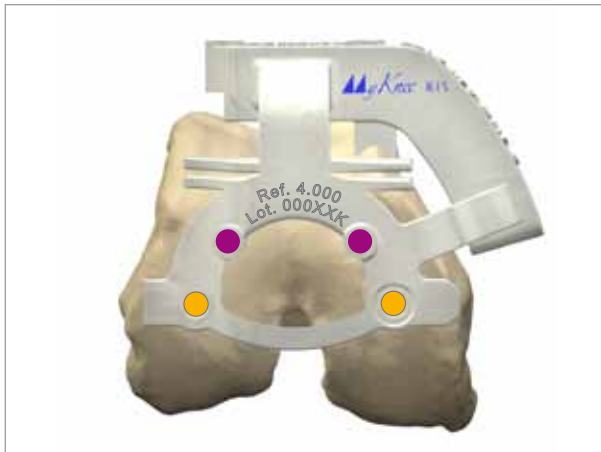
CAUTION

Do not alter the cutting block position while drilling to create holes for pins in order to avoid any guide misalignment.

5.3 Preparing the 4in1 cutting block fixation holes

Before removing the MyKnee® MIS distal block, prepare the holes for the 4in1 cutting block fixation using the dedicated drills. Two alternative options are available:

- Anterior reference parallel pins
- Posterior reference parallel pins



CAUTION
Do not alter the cutting block position while drilling to create holes for pins in order to avoid any guide misalignment.

5.4 Performing the distal resection

Visually double check the cut height by means of the standard sickle finger prior to cutting. Then perform the distal resection using an up to 1.27 mm thick blade.

CAUTION
Use physiological solution to cool the guide during the resection.

CAUTION
After the distal resection has been done, accurately wash the joint before positioning both trial and final implant.

After the distal resection has been done, remove the oblique pin and the MyKnee® MIS cutting block from the femur.

In case a recut is necessary, position the corresponding conventional MIS distal cutting block or correction block on the parallel pins.

The picture below shows the correspondence between MyKnee® MIS distal cutting block pins row and GMK® MIS distal cutting block pins holes.

CAUTION
The pin holes of the MyKnee® MIS distal cutting block are compatible with GMK® MIS conventional cutting blocks only.



CAUTION
If the holes for pins do not correspond to the ones on the conventional cutting blocks, a complete back up conventional instruments set must be available in the operative room to conclude surgery.

To perform a distal recut, follow the same procedure as described in the Bone Referencing technique (ref. no.99.26.12ICUS).

6 TIBIAL RESECTION

6.1 Tibial cutting block positioning

Each MyKnee® MIS tibial cutting block shows the following information:

- 1-patient ID
- 2-cutting block reference and lot number.



Before starting the surgery, please check the accuracy of the data that is specific to the patient. An example of patient ID is shown below: N_SUR_XTK_SN_DDMMYYYY

- N= first letter of patient's given name
- SUR = first three letters of patient's family name
- XTK = side operated, left (LTK) or right (RTK)
- SN= surgeon's given and family name first letters
- DDMMYYYY= patient's birth date
(DD=day, MM=month, YYYY=year).



CAUTION

If the cutting block does not clearly indicate the patient identification string, it **MUST** not be used for the surgery.

In such a case please contact immediately Medacta® staff.



CAUTION

Do not use MyKnee® cutting blocks on a patient for whom the pre-operative planning has not been carried out. A MyKnee® cutting block used on a different patient will lead to unpredictable total knee replacement outcomes.



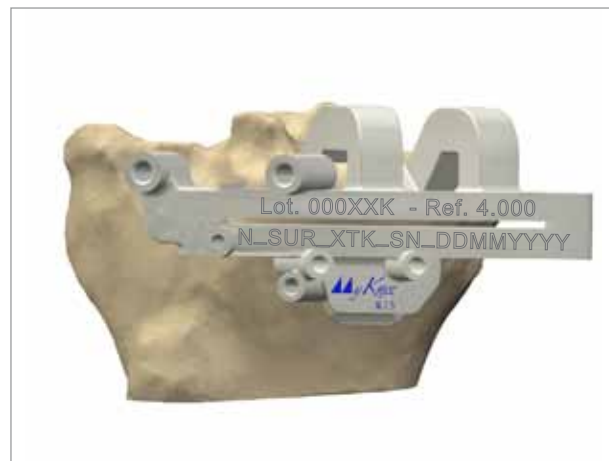
CAUTION

Do not remove any osteophytes from the tibial bone.

A plastic 3D model of the patient's tibial bone is provided to simulate the correct positioning of the MyKnee® MIS tibial cutting block. This plastic model must be sterilized and used in the surgical theatre to simulate the positioning on the patient's bone. Please read the "Note for sterilization" included at the end of this surgical technique.

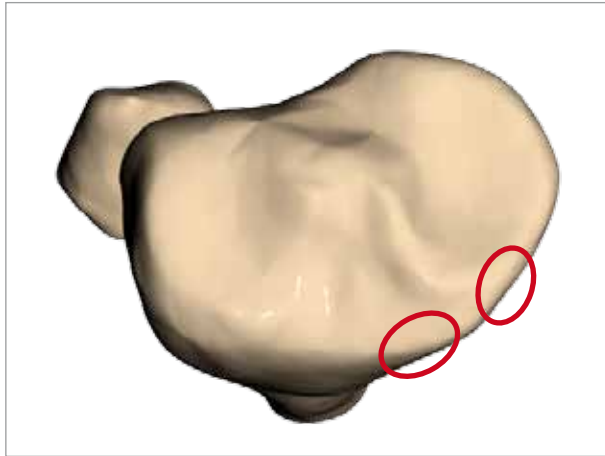
Check the correct fitting between the bone model and the tibial cutting block and, by using the angel wing, the tibial cut depth. The planned tibial resection level is marked on the bone model.

The block has to be positioned manually on the tibial plateaus.



Considering the anatomical shape of the block, only one orientation is allowed. The correct placement corresponds to the maximum stability position of the block.

To ensure the maximum stability, verify that the points of contact between the MyKnee® tibial cutting block and the tibial bone are respected.



○ CT and MRI based cutting blocks contact areas



○ CT and MRI based contact area

! CAUTION

Before positioning the MyKnee® MIS tibial cutting block, remove the soft tissues from the tibia without damaging the osteophytes.

! CAUTION

In case of CT based MyKnee® MIS tibial cutting block, remove the cartilage covering the cutting block contact areas with the help of an electric cutter (see figures above) in order to obtain the most stable positioning of the cutting block.

! CAUTION

An inaccurate positioning may lead to cut parameters not in line with the planning.

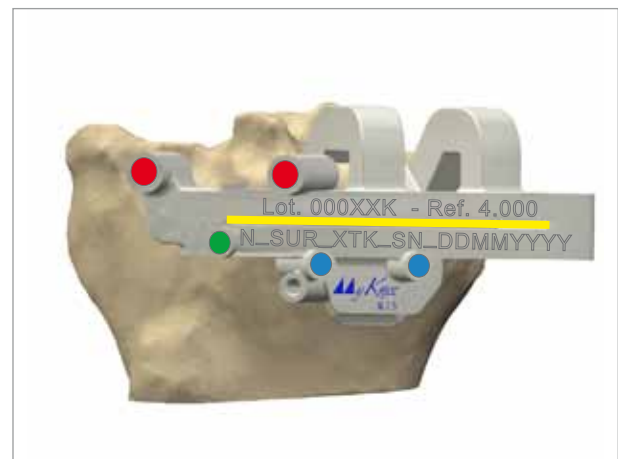
Once the cutting guide has been properly arranged on the tibia, cut parameters are automatically set for the knee undergoing surgery according to the pre-operative planning (see pag. 6).

i TIP

The telescopic alignment rod can be connected to the cutting block (see red holes in the figure below) to help the identification of the right position on the patient bone. A visual check on the distal and anterior cut level can be performed by means of the angel wing (see yellow slots in the figure below). A visual check of the tibial slope can be done by inserting a pin in the "slope hole" without fixing it on the bone.

i TIP

The "slope hole" direction corresponds to the sagittal plane. Marking the position of this hole on the bone can be useful, in order to detect the center of the tibial plateau.



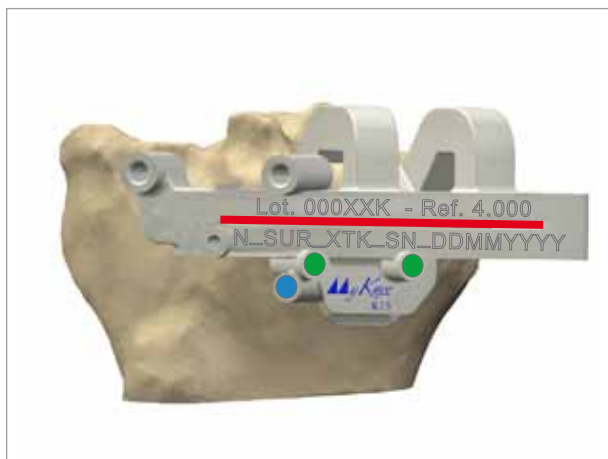
- Telescopic alignment rod holes
- Slope hole
- Parallel pins holes
- Saw blade slot

6.2 Fixing the tibial cutting block on the tibia

Once the tibial cutting block positioning is deemed satisfactory, it can be fixed on the tibia by use of standard 3.2 mm diameter pins as shown in the picture below.

NOTICE

To guarantee a stable fixation two parallel pins plus an oblique one must be used.



- Parallel pins holes
- Oblique pin hole
- Saw blade slot

CAUTION

Do not alter the cutting block position while drilling to create holes for pins in order to avoid any guide misalignment.

6.3 Performing the tibial resection

Once the tibial cutting block has been properly fixed to the tibia, visually double check the cut height by use of the angel wing before cutting. Then carry out the tibial resection using a 1.27 mm thick blade.

CAUTION

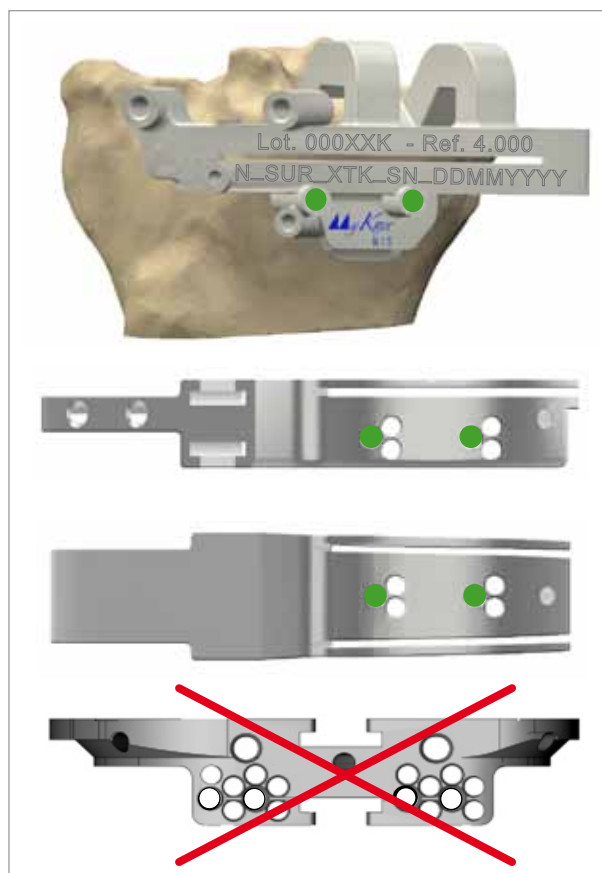
Use physiological solution to cool the guide during the resection.

CAUTION

After the resection, wash the joint before positioning both the trial and final implant.

After the tibial cut has been done, remove the oblique and MyKnee® MIS cutting block from the tibia.

In the case a recut is necessary, position the corresponding conventional tibial cutting block on the parallel pins. The picture below shows the correspondence between MyKnee® MIS tibial cutting block pins holes and the GMK® MIS tibial cutting blocks pins row.



CAUTION

If the holes for the pins do not correspond to the ones on the conventional cutting blocks, a complete back up conventional instruments set must be available in the operative room to conclude surgery.

To perform a tibial recut, follow the same procedure as described in the Bone Referencing technique (ref. no.99.26.12ICUS).

7 EXTENSION GAP CONTROL

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

8 ANTERIOR CUT, POSTERIOR CUT AND CHAMFERS

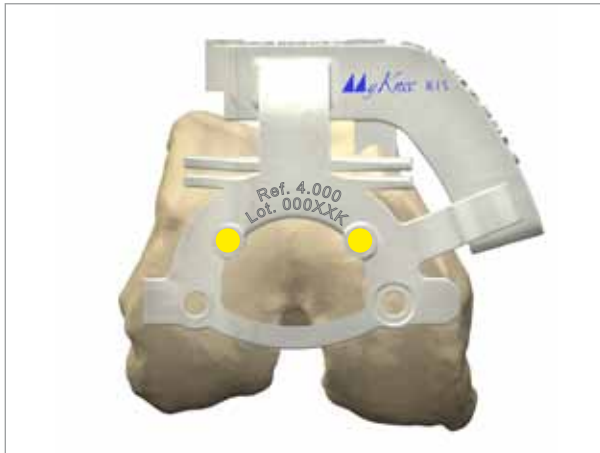
To perform the anterior, posterior and chamfer resections the conventional 4in1 cutting block of the planned femoral size is required.

Two methods are available to fix that block on the femur:

- Anterior reference
- Posterior reference

8.1 Anterior reference

After the MyKnee® MIS distal block has been removed from the femur (see 5.4), position the anterior referenced parallel pins in the holes previously drilled (purple) (see 5.3) using the dedicated pin impactor and slide the predetermined 4in1 cutting block on the femur. Be careful to slide the block on the corresponding zero reference line indicated on the 4in1 cutting block.

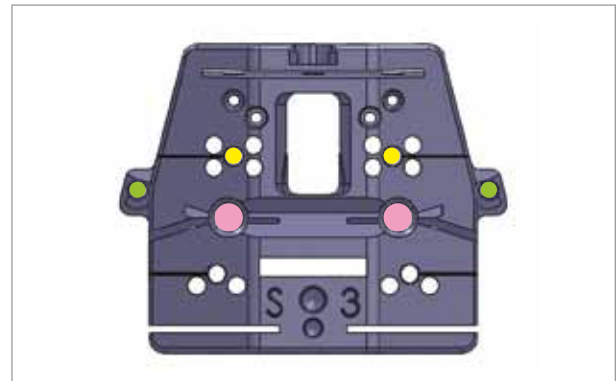


- Anterior reference pins holes

! CAUTION

If the holes for pins do not correspond to the ones on the conventional cutting blocks, a complete back up conventional instruments set must be available in the operative room to conclude surgery.

Further stabilization can be obtained as indicated in the figure below.



4in1 cutting block holes

- Parallel positioning holes (Anterior Referencing)
- Oblique fixation holes
- Cancellous bone screws holes

Once the 4in1 cutting block has been properly fixed to the femur, visually double check the cut height by use of the standard angel wing before cutting.

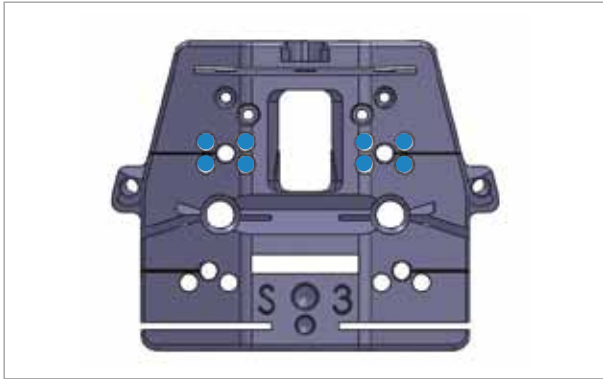
To perform the cuts, follow the same procedure as of the Bone Referencing technique (ref.no.99.26.12ICUS).



TIP

The anterior reference method allows for correction of the 4in1 cutting block position.

To correct the position move the block on to a different parallel pin row as indicated in picture below.

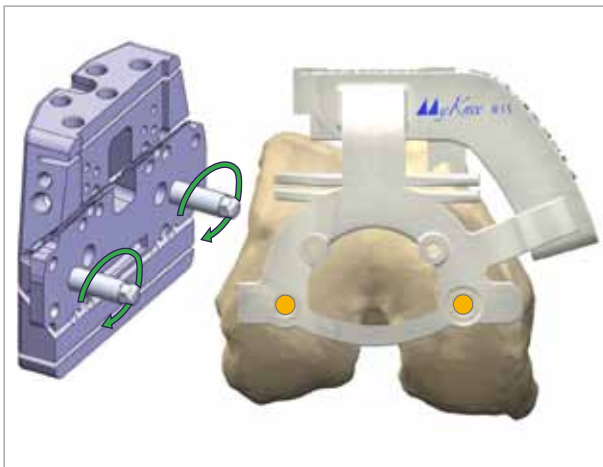


4in1 cutting block holes

- Parallel $+2/-2$ mm repositioning holes (Anterior Referencing)

8.2 Posterior reference

After the MyKnee® MIS distal block has been removed from the femur (see 5.4) screw the posterior reference pegs to the 4in1 cutting block of the correct size and position the guide to the distal resection respecting the corresponding pre-drilled holes (orange).



CAUTION

If the holes for the pegs do not correspond to the ones on the conventional cutting blocks, a complete back up conventional instruments set must be available in the operative room to conclude surgery.

NOTICE

The position of the 4 in 1 pegs DO NOT CORRESPOND to the position of the pegs of the femoral component. The holes for the final femoral component are performed through the trial femoral component.

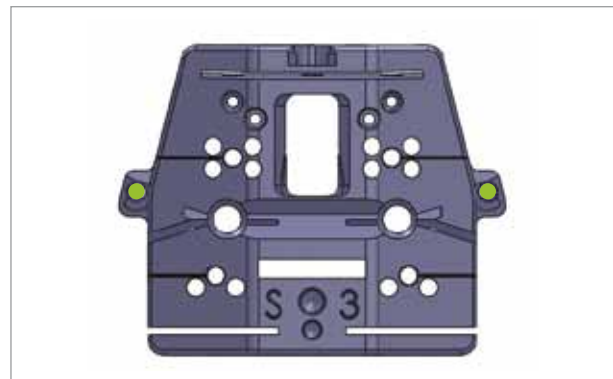


CAUTION

The posterior reference method DOES NOT allow the correction of the 4in1 cutting block position.

Once the 4in1 cutting block has been properly fixed to the femur, visually double check the cut height by mean of the standard angel wing before cutting. To perform the cuts, follow the same procedure as described in the Bone Referencing technique (ref. no.99.26.12ICUS).

Further stabilization can be obtained by inserting two oblique pins into the dedicated holes, as indicated in the figure below.



- Oblique fixation holes

9 FEMORAL FINISHING

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

10 TIBIAL FINISHING

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

11 PATELLA

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

12 TRIALS

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

13 SELECTION OF THE PROSTHETICS COMPONENTS - SIZE MATCHING

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

14 FINAL IMPLANTS

Follow the same procedure as described in the Bone Referencing technique (ref.no.99.26.12ICUS).

15 MYKNEE® CUTTING BLOCK VERSIONS

The following table summarizes all the available MyKnee® MIS cutting blocks versions, depending on the imaging technology (CT based or MRI based) and the knee undergoing surgery (left or right).

	Description	Reference
CT Based Cutting Blocks	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Left - Size 1	4.1211
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Left - Size 2	4.1212
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Left - Size 3	4.1213
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Left - Size 4	4.1214
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Left - Size 5	4.1215
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Left - Size 6	4.1216
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Right - Size 1	4.1221
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Right - Size 2	4.1222
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Right - Size 3	4.1223
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Right - Size 4	4.1224
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Right - Size 5	4.1225
	MyKnee® MIS Femoral Distal Cutting Block - CT - GMK® - Right - Size 6	4.1226
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Left - Size 1	4.1231
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Left - Size 2	4.1232
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Left - Size 3	4.1233
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Left - Size 4	4.1234
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Left - Size 5	4.1235
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Left - Size 6	4.1236
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Right - Size 1	4.1241
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Right - Size 2	4.1242
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Right - Size 3	4.1243
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Right - Size 4	4.1244
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Right - Size 5	4.1245
	MyKnee® MIS Tibial Cutting Block - CT - GMK® - Right - Size 6	4.1246
MRI Based Cutting Blocks	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Left - Size 1	4.2211
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Left - Size 2	4.2212
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Left - Size 3	4.2213
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Left - Size 4	4.2214
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Left - Size 5	4.2215
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Left - Size 6	4.2216
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Right - Size 1	4.2221
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Right - Size 2	4.2222
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Right - Size 3	4.2223
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Right - Size 4	4.2224
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Right - Size 5	4.2225
	MyKnee® MIS Femoral Distal Cutting Block - MRI - GMK® - Right - Size 6	4.2226
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Left - Size 1	4.2231
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Left - Size 2	4.2232
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Left - Size 3	4.2233
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Left - Size 4	4.2234
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Left - Size 5	4.2235
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Left - Size 6	4.2236
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Right - Size 1	4.2241
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Right - Size 2	4.2242
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Right - Size 3	4.2243
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Right - Size 4	4.2244
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Right - Size 5	4.2245
	MyKnee® MIS Tibial Cutting Block - MRI - GMK® - Right - Size 6	4.2246

Part numbers subject to change.

NOTE FOR STERILIZATION

Note for sterilization: the instrumentation is not sterile upon delivery. It must be cleaned before use and sterilized in an autoclave respecting the US regulations, directives where applicable and following the instruction for use of the autoclave manufacturer.

For detailed instructions please refer to the document "Recommendations for cleaning decontamination and sterilization of Medacta® International reusable orthopedic devices" available at www.medacta.com.

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