



overture

ORTHOPAEDICS

Knee Resurfacing System

**FOCALPLASTY™
TECHNIQUE**



SURGICAL TECHNIQUE GUIDE

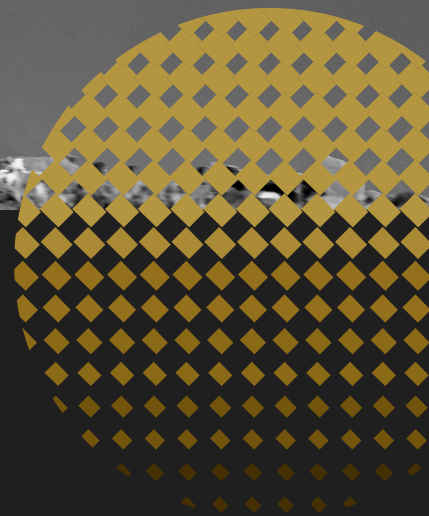
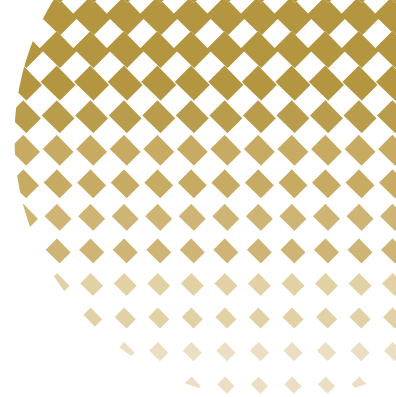


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INTRODUCTION

The OvertureTi Knee Resurfacing System is composed of femoral and tibial implants that are intended to be used in the partial replacement of the articular surfaces of the knee.* These implants are designed with sizing options that allow the surgeon to replace only the diseased or damaged region of the joint while preserving healthy surrounding cartilage and meniscus. We refer to this technique of replacing only the affected areas and preserving healthy tissue as Focalplasty™.

SYSTEM COMPATIBILITY

The tibial and femoral implant components are compatible across all sizes. Any sized tibial component can be used with any sized femoral component and vice versa.

PATIENT POSITION AND EXPOSURE

The patient should be positioned in the supine position. A lateral knee post is recommended to stabilize the knee in the flexed position. Alternatively, a dynamic lower extremity positioner may also be used. The hip and knee should be freely movable. A minimum of 120 degrees of knee flexion should be achievable with this proposed set-up.

MEDIAL JOINT EXPOSURE

A longitudinal skin incision is made along the medial border of the patellar tendon. A medial parapatellar arthrotomy is made. The quadriceps insertion should be preserved. Removal of the retro-patellar fat pad is recommended for visualization. The periosteum and soft tissues of the proximal medial tibia are elevated and dissected medially, taking care to preserve the superficial medial collateral ligament. Deep retractors are placed.

LATERAL JOINT EXPOSURE

A longitudinal skin incision is made along the lateral border of the patellar tendon. A lateral parapatellar arthrotomy is made. The quadriceps insertion should be preserved. The proximal portion of the arthrotomy may be extended into the iliotibial band. Removal of the retro-patellar fat pad is recommended for visualization. The periosteum and soft tissues of the proximal lateral tibia are elevated and dissected laterally, taking care to preserve the insertion of the IT Band at Gerdy's tubercle and lateral collateral ligament. Deep retractors are placed.

*See the IFU at www.overtureortho.com for a complete indications statement.

TIBIAL IMPLANTATION

DEFECT ACCESS AND SIZING

Once the initial exposure is complete, flex the knee into deep flexion with external rotation (medial side) or internal rotation (lateral side) of the tibia to expose the surface of the tibial plateau (Figure 1). To gain better visualization of the plateau surface, it is recommended that the anterior horn of the meniscus be detached. The meniscus is left adherent to the joint capsule during the dissection. This technique is meniscus sparing. The anterior horn insertion is re-attached at the conclusion of the case using suture anchors.

Use the base of Tibial Pin Guide/Sizer to assess the necessary implant sizing on the tibial surface (Figure 2). The instrument should be rotated such that the cutout in the base is rotated towards the femur. This will allow for greater clearance with the femur and ease instrument insertion. It is important that the base of Tibial Pin Guide/Sizer fully extend beyond the edges of defect to ensure adequate implant coverage and complete removal of the affected area.

NOTE:

When the base of the instrument is flush with the tibia, the handle will be tilted to 10 degrees anteriorly from being perpendicular to the articular surface.

FIGURE 1

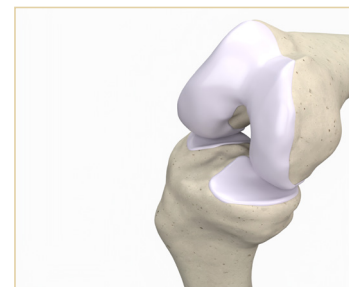
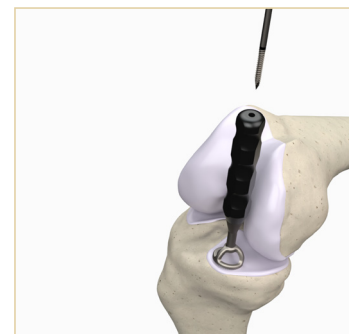


FIGURE 2



NOTE:

Proper sizing should result in full coverage of the defect; central placement of the implant is recommended.

With the Tibial Pin Guide/Sizer flush to the tibial surface, drill the Pin into the tibia using the guide. The laser mark line on the Pin should ultimately be flush with the top of the Tibial Pin Guide/Sizer (Figure 3A). Carefully remove the Tibial Pin Guide/Sizer (Figure 3B).

FIGURE 3A



FIGURE 3B



FIGURE 4



NOTE:

Very little pressure is required to cut into cartilage. It is not necessary to cut into bone at this step.

CARTILAGE SCORING

Place the appropriately sized Cartilage Scoring Tool over the Pin (Figure 4). Manually rotate the tool one revolution to create a clean cut on the edge of articular cartilage down to the subchondral bone. The cut should fully encompass the pre-existing defect if possible. If this step does not capture all damaged area, a larger size implant may be needed.

REAMING

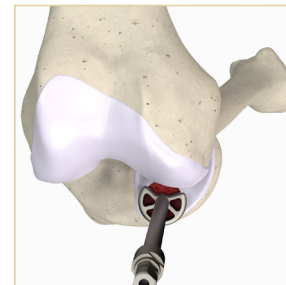
Place the Primary Tibial Reamer over the Pin using power (Figure 5A). Ensure the cutout section of the reamer is rotated towards the femur (Figure 5B). This will allow for additional clearance when inserting the instrument. Ream until the hard stop on the Primary Tibial Reamer contacts the tibial surface. Note that this contact may not occur along the entire periphery of the Primary Tibial Reamer. Carefully remove the Primary Tibial Reamer with the cutout facing the femoral condyle.

Hand ream over the Pin using the Secondary Tibial Reamer until the high side (with laser mark) of the reamer is recessed 0.5mm-1.0mm of adjacent cartilage surface (Figure 6A). Note that the shape of the top surface of the Secondary Tibial Reamer matches the surface/thickness of the final implant. Make a mark on the tibial plateau to correspond with the laser mark on the Secondary Tibial Reamer using a surgical marker to indicate the high side (thicker side of the implant) (Figure 6B). This will help to ensure the trial and final implant is properly rotated during insertion. Remove the Secondary Tibial Reamer and Pin. Irrigate to remove debris prior to proceeding to the next step.

FIGURE 5A



FIGURE 5B



TECHNIQUE TIP:

To avoid thermal necrosis of the bone, apply saline irrigation to the reamer during tibial reaming.

FIGURE 6A

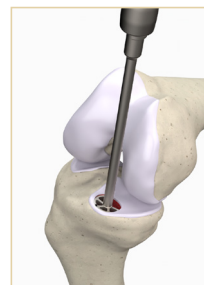
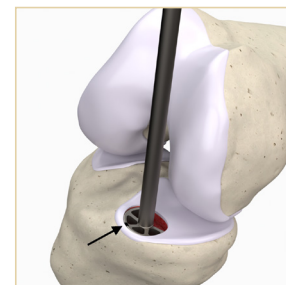


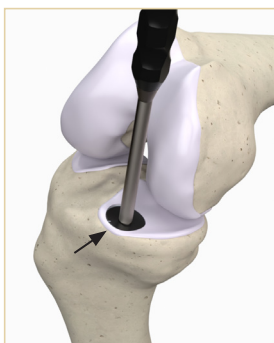
FIGURE 6B



TECHNIQUE TIP:

The hand-reamer has the cutout or notched region at the base to avoid damage to the femur during insertion. This notched section does not have the ability to cut, so to ream the posterior tibial bone appropriately, the reamer must be rotated 360° while in contact with the tibia.

FIGURE 7



TRIALING

Attach the correctly sized Tibial Trial to the Universal Handle. Insert the Trial, rotating it to align the laser marked line on the trial with the mark made on the cartilage (Figures 7). Visually inspect to ensure the Trial is recessed below the adjacent cartilage. Check for depth particularly at the posterior edge of the trial, since the reamer cutout prevented assessment here previously. If the trial sits too low, apply additional cement under the implant to build it up to the proper height.

If the trial sits proud compared to the adjacent cartilage, remove the Tibial Trial using the Trial Inserter and hand ream the defect to the appropriate depth. Remove pin after trialing.

NOTE:

When the knee joint is under normal physiologic loading it is reasonable to expect the healthy articular cartilage to elastically deform 0.5mm under such loads. Ensure the implant is recessed 0.5 - 1.0mm to prevent premature cartilage wear on the articular surfaces of the adjacent femur. Since the Trial is the same thickness as the actual implant the Trial allows the user a visual confirmation the implant will be placed at the correct depth below the articular cartilage.

PEG PREPARATION AND CEMENTATION

Insert the distal end of the peg Drill into the hole created by the Guide, and drill under power until the shoulder on the drill bit contacts the bone (Figure 8A). Remove the drill bit. Irrigate the area to remove any loose debris and dry the area using a lap sponge.

Apply a pea-sized amount of bone cement into the central drill hole only (Figure 8B).

FIGURE 8A

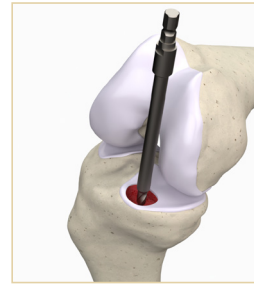


FIGURE 8B

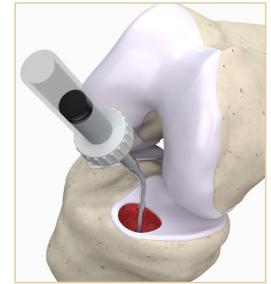
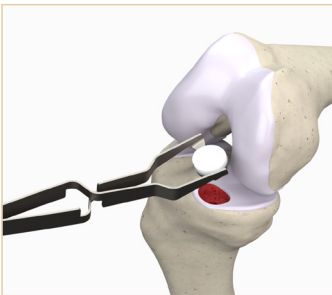


FIGURE 9A



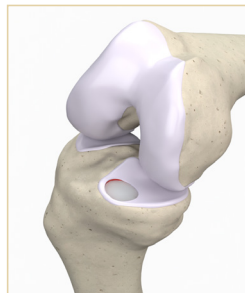
TIBIAL IMPLANTATION

Align the vertical mark on the Tibial Implant with the mark on the tibial plateau created during the hand reaming stage. Using the optional inserter or fingers, place the Tibial Implant into position (Figure 9A). Using the Tibial Impactor, fully seat the Tibial implant, ensuring that periphery of the Tibial Implant is 0.5mm-1.0mm recessed relative to the adjacent articular cartilage (Figures 9B, 9C).

FIGURE 9B



FIGURE 9C



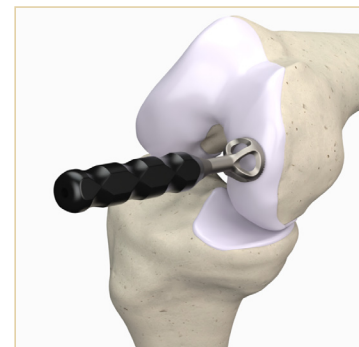
FEMORAL IMPLANTATION - ROUND

DEFECT ACCESS AND SIZING

With the knee in flexion, the Femoral Round Pin Guide/Sizers are used to assess proper implant size. Select a Femoral Round Pin Guide/Sizer so the base fully extends beyond the defect to ensure full removal of the affected area and proper implant coverage. The chosen implant size should be surrounded by normal articular cartilage on all sides. Adjust the guide until the circular base is in full contact with the condyle on all sides (Figure 10). This will ensure that the guide is perpendicular to the femoral surface and will result in proper implant alignment. If it is not possible to achieve full contact with the condyle, consider selecting a different size or an oblong implant. Prioritize full contact in areas of greatest articulation.

With the Femoral Round Pin Guide/Sizer flush with the surface of the native cartilage, drive the Pin into the center guide hole on the Femoral Round Pin Guide/Sizer until the laser mark line is flush with the handle of the Femoral Round Pin Guide/Sizer (Figure 11). Remove the Femoral Pin Guide/Sizer.

FIGURE 10



NOTE:
Proper size should fully cover the defect while minimizing excess bone removed.

FIGURE 11

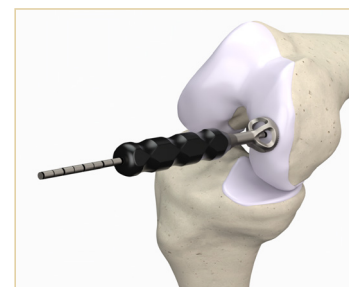


FIGURE 12A

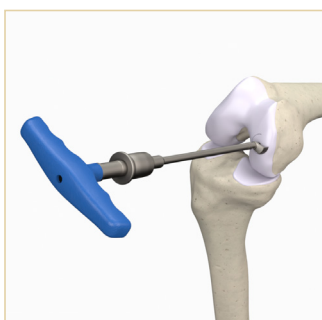
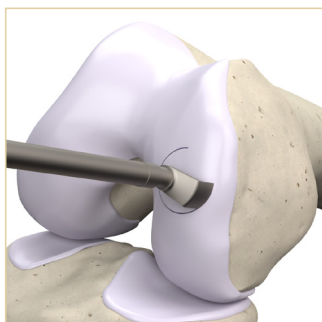


FIGURE 12B



CARTILAGE SCORING

Place the appropriately sized Cartilage Scoring Tool over the Pin (Figure 12A). Manually rotate the tool one revolution to create a clean cut on the edge of articular cartilage down to the subchondral bone (Figure 12B). The cut should encompass any existing damage or defect. If it does not capture all damaged areas, a larger size implant may be needed.

NOTE:
Very little pressure is required to cut into cartilage. It is not necessary to cut into bone at this step.

PRIMARY AND SECONDARY REAMING

Snap the appropriate Hard Stop component into the Femoral Central Reamer to match the selected diameter (Figure 13A). Place the Femoral Central Reamer over the Pin (Figure 13B). Drive the Femoral Primary Reamer until proper depth is achieved via the Hard Stop at the base of the Reamer. Remove the Femoral Primary Reamer (Figure 13C). Irrigation should be used to prevent thermal necrosis during reaming.

Hand ream over the Pin using the Femoral Secondary Reamer until the top surface of the reamer is slightly recessed below the adjacent cartilage surface (Figure 14A). This will ensure that the implant is positioned at the proper level upon final implantation (Figure 14B).

FIGURE 14A

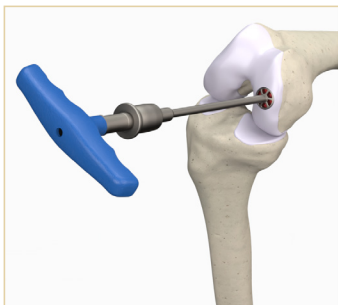


FIGURE 14B

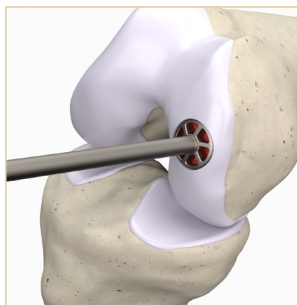
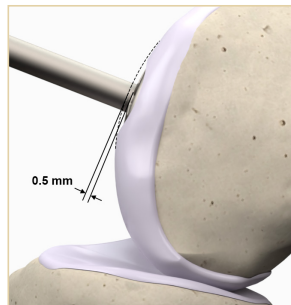


FIGURE 14C



The final Implant should sit 0.5mm-1.0mm recessed relative to the adjacent cartilage surface (Figure 14C). Remove the Femoral Secondary Reamer.

NOTE:

The surface of the Femoral Secondary Reamer matches the shape/thickness of the final implant. This can be used as indicator of final implant position.

TRIALING

Insert the correctly sized Round Femoral Trial using the Universal Handle (Figure 15A). Visually inspect to ensure the top of the Trial is correctly recessed below the surface (0.5mm-1.0mm) (Figures 15B, 15C). If adequate placement has not been achieved, remove the Round Femoral Trial, and repeat the hand reaming step until the proper depth is achieved. If the trial sits too low, apply additional cement under the implant to build it up to the proper height. Remove pin after trialing.

NOTE:

When the knee joint is under normal physiologic loading it is reasonable to expect the healthy articular cartilage to elastically deform 0.5mm under such loads. Ensure the implant is recessed 0.5 - 1.0mm to prevent premature cartilage wear on the articular surfaces of the adjacent tibia. Since the Trial is the same thickness as the actual implant the Trial allows the user a visual confirmation the implant will be placed at the correct depth below the articular cartilage.

FIGURE 13A



FIGURE 13B

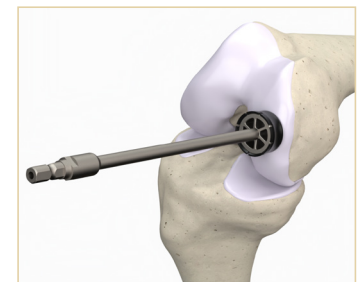


FIGURE 13C

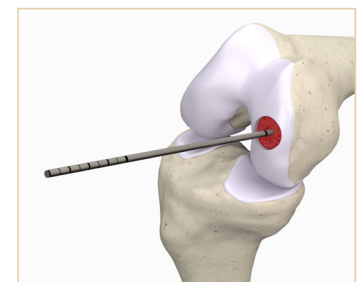


FIGURE 15A

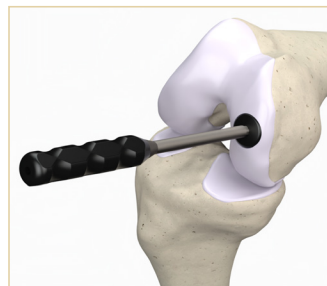


FIGURE 15B



FIGURE 15C



PEG PREPARATION AND CEMENTATION

Insert the distal end of the Drill into the hole created by the Pin, and drill until the shoulder on the drill bit reaches the bone (Figure 16A). Remove the Drill. Irrigate the area to remove any loose debris and dry using a lap sponge. Apply a pea-sized amount of bone cement into the central drill hole only (Figure 16B).

FIGURE 16A

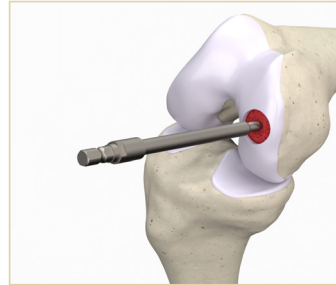


FIGURE 16B

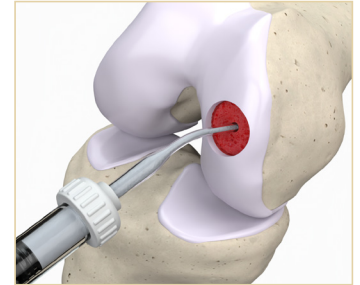


FIGURE 17A

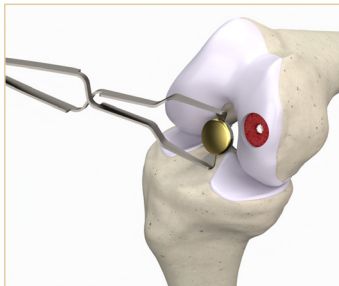


FIGURE 17B

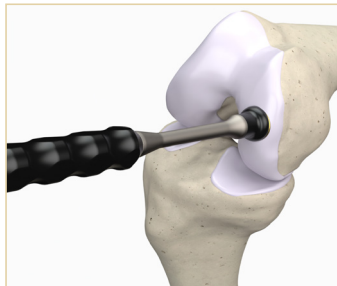


FIGURE 17C

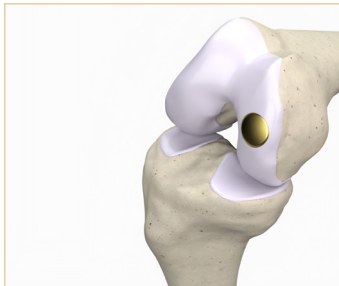
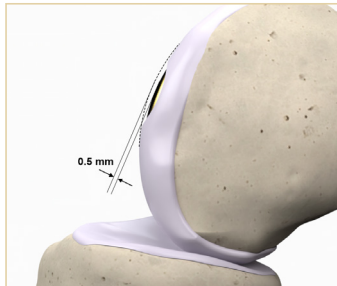


FIGURE 17D



IMPLANTATION

Using the optional inserter or fingers, align the peg of the Femoral Round Implant with the drilled hole (Figure 17A). Using the Femoral Impactor (Figure 17B), fully seat the Femoral Round Implant ensuring that periphery of the Femoral Round Implant is recessed relative to the adjacent cartilage (0.5-1.0mm below) (Figures 17C, 17D).

NOTE:

Take care to center the Femoral Impactor over the implant to ensure that the instrument does not contact the adjacent tissues to avoid unwanted trauma to the native articular surface.

NOTE:

There are four pockets evenly spaced around the implant. Align pockets in either the M/L or A/P plane.

FEMORAL IMPLANTATION - OBLONG

DEFECT ACCESS AND SIZING

With the knee in flexion, use the Femoral Oblong Pin Guide/Sizer to assess the proper implant size. Select a Femoral Oblong Pin Guide/Sizer so the base fully extends beyond the defect to ensure full removal of the affected area and proper implant coverage (Figure 18). In addition, ensure the base of the sizer is in full contact with the cartilage on all sides. This will ensure that the guide is perpendicular to the femoral surface and will result in proper implant placement. If the Guide/Sizer is not flush on all sides, re-adjust until it is in intimate contact. If it is not possible to achieve full contact with the condyle, consider readjusting or selecting a different size implant. Prioritize full contact in areas of greatest articulation.

With the Femoral Oblong Pin Guide/Sizer flush with the surface of the native cartilage, drive the Guide Pin into the superior hole on the Femoral Oblong Pin Guide/Sizer so the laser mark line is flush with the handle of the Femoral Oblong Pin Guide/Sizer (Figure 19). Mark two lines on the cartilage at the superior and inferior poles of the Guide/Sizer to record its orientation. Remove the Femoral Oblong Pin Guide/Sizer.

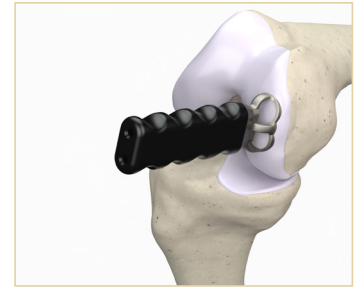
CARTILAGE SCORING

Place the appropriately sized Cartilage Scoring Tool over the superior Pin. Manually rotate the tool one revolution to create a clean cut on the edge of articular cartilage down to the subchondral bone. The cut should extend beyond any existing defect. If it does not capture all damaged area on the superior and lateral aspects, a larger size implant may be needed (Figure 20).

NOTE:

Very little pressure is required to cut into cartilage. It is not necessary to cut into bone at this step.

FIGURE 18



NOTE:
Proper size should fully cover the defect while minimizing excess bone removed.

FIGURE 19

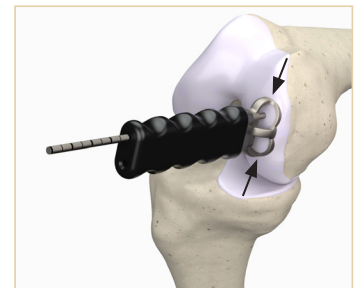


FIGURE 20

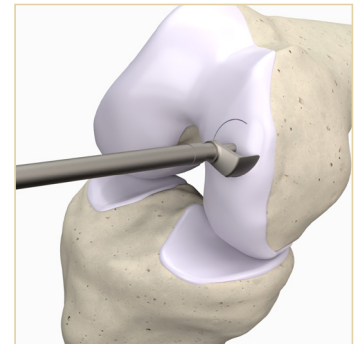


FIGURE 21A



FIGURE 21C

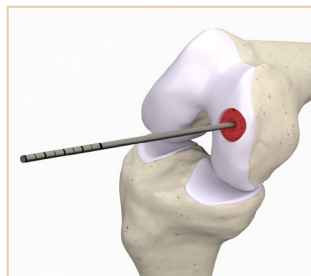
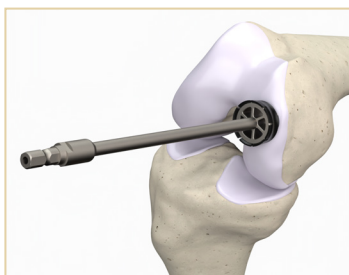


FIGURE 21B

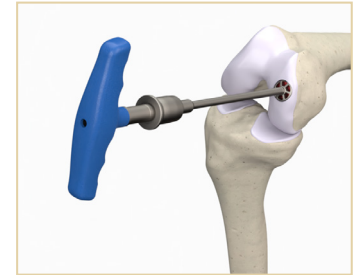


PRIMARY AND SECONDARY REAMING

Snap the appropriate Hard Stop component into the Femoral Central Reamer to match the selected diameter (Figure 21A). Place the Femoral Central Reamer over the superior Pin using power (Figure 21B). Drive the Femoral Central Reamer until proper depth is achieved via the Hard Stop at the base of the reamer. Irrigation should be used to prevent thermal necrosis during reaming. Leave pin in place following reaming (Figure 21C).

Hand ream over superior Pin using the Femoral Secondary Reamer until the reamer is 0.5mm recessed below the adjacent cartilage level (Figure 21D). When checking for depth, the laser marked line on the reamer should align with the superior mark on the cartilage, as this orientation of the reamer matches the shape of the final implant (Figure 21E).

FIGURE 21D



Place the Femoral Oblong Pin Guide/Sizer over the superior Pin. Orient the Sizer to align its superior-inferior axis with the lines previously marked on the cartilage. Insert the inferior Pin through the Guide until the first laser marked line is flush with the top of the handle to ensure Pin has achieved appropriate depth (Figures 22A, 22B). Remove the superior Pin and then remove the Guide.

FIGURE 21E

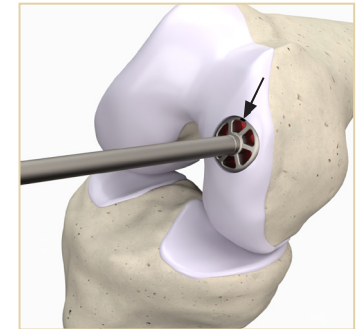


FIGURE 22A

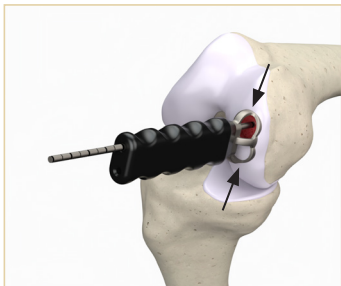
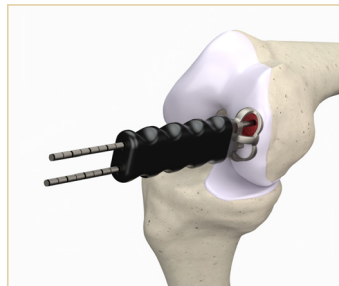


FIGURE 22B



The inferior defect is now ready for preparation. Repeat the steps for cartilage scoring, primary reaming under power, and secondary reaming over the inferior Pin (Figures 22C, 13D, 13E). Ensure the Hard Stop is installed in the Primary Reamer prior to attaching to power. When secondary reaming, orient the laser marked line with the inferior mark on the cartilage (Figure 22F). Perform additional hand reaming until Reamer is between 0.5mm-1.0mm recessed. The superior and inferior reamed surfaces should be at the same depth without a step. Remove inferior pin.

FIGURE 22C

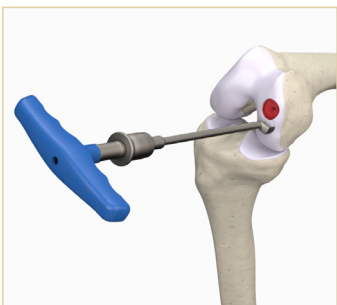


FIGURE 22D

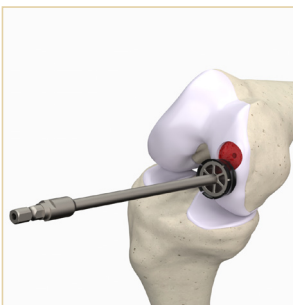


FIGURE 22E

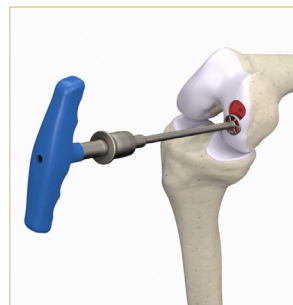
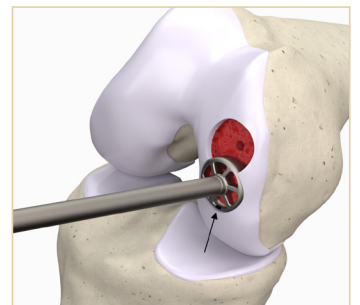


FIGURE 22F



CENTRAL SCORING AND REAMING

Select the correctly sized Femoral Reamer Guide and insert into the reamed implant defect using the Universal Handle (Figure 23A). Using a scalpel, score the remaining cartilage visible through the Femoral Reamer Guide (Figure 23B). Prior to reaming, remove the Hard Stop from the Femoral Central Reamer. Place the corresponding Central Femoral Reamer through the round port on the Femoral Reamer Guide (Figure 23C). Drive the Central Femoral Reamer until it reaches the built-in depth stop (Figure 23D).

FIGURE 23A

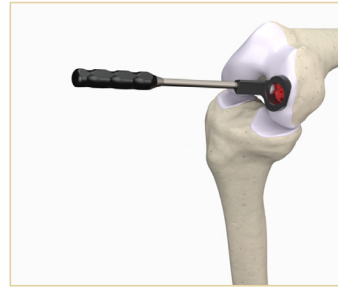


FIGURE 23B

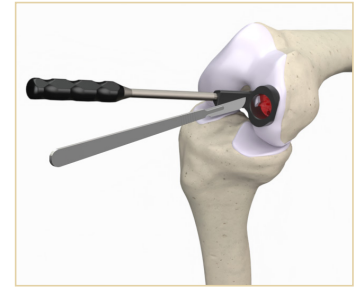


FIGURE 23C

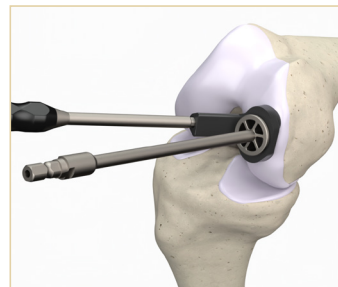


FIGURE 23D

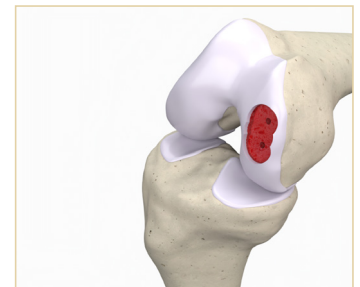


FIGURE 24A

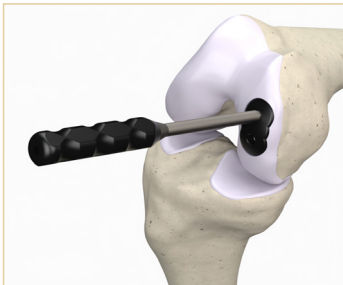


FIGURE 24B

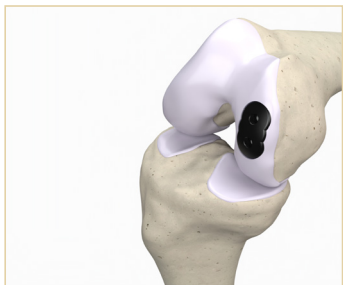


FIGURE 24C



TRIALING

Attach the Oblong Femoral Trial to the Universal Handle and introduce it into the reamed cavity (Figure 24A). Visually inspect to ensure the top of the Trial is correctly recessed below the articular surface (0.5mm-1.0mm) (Figures 24B, 24C). If the trial sits too low, apply additional cement under the implant to build it up to the proper height. If adequate placement has not been achieved, remove the Oblong Femoral Trial and continue hand reaming.

NOTE:

When the knee joint is under normal physiologic loading it is reasonable to expect the healthy articular cartilage to elastically deform 0.5mm under such loads. Ensure the implant is recessed 0.5 - 1.0mm to prevent premature cartilage wear on the articular surfaces of the adjacent tibia. Since the Trial is the same thickness as the actual implant the Trial allows the user a visual confirmation the implant will be placed at the correct depth below the articular cartilage.

PEG PREPARATION AND CEMENTATION

Insert the distal end of the Drill into the hole created by the Pin, and drill under power until the shoulder on the drill bit contacts the bone (Figure 25A).

FIGURE 25A

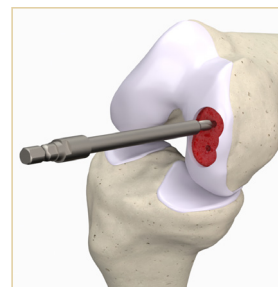
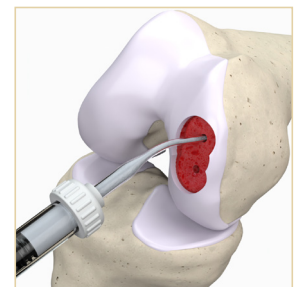


FIGURE 25B



Repeat for the second hole. Irrigate the area to remove any loose debris and dry using a lap sponge. Apply a pea-sized amount of bone cement into the drill holes only (Figure 25B).

IMPLANTATION

Using the optional inserter or fingers, align the pegs of the Femoral Oblong Implant with the drilled holes (Figure 26A). Using the Femoral Impactor, fully seat the implant, ensuring that periphery of the implant is recessed relative to the adjacent cartilage (0.5mm-1.0mm) (Figures 26B, 26C).

NOTE:

Take care to center the Femoral Impactor over the implant to ensure that the instrument does not contact the adjacent tissues as it may cause unwanted trauma.

FIGURE 26A

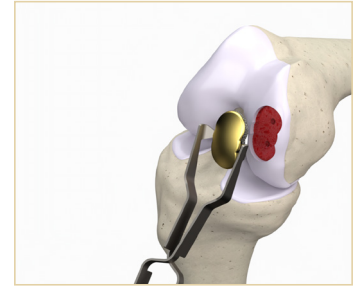


FIGURE 26B

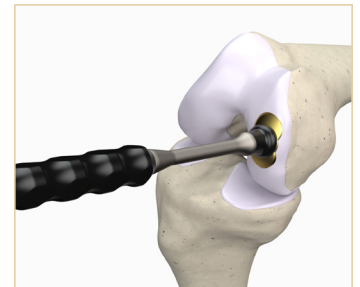
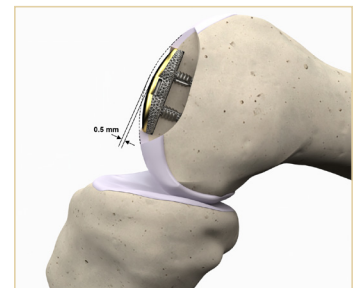


FIGURE 26C



FEMORAL IMPLANT REMOVAL - ROUND

The implant has a set of four removal pockets equally spaced around the implant, just below the articular surface. To gain access to the pockets, place the Hole Saw around the Femoral Round Implant under power and drill until the Hole Saw reaches its full depth to the surface of the Tibial Implant (Figures 27A, 27B). Remove the Hole Saw.

FIGURE 27A

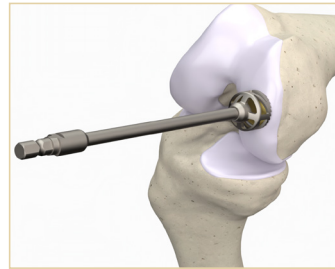
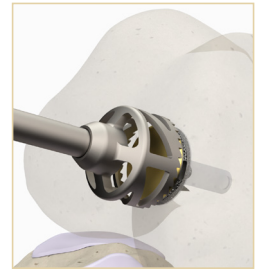


FIGURE 27B



Place the Removal Tool around the Femoral Round Implant in the groove created by the Hole Saw. Line up the prongs of the Removal Tool with the removal pockets of the Femoral Round Implant (Figures 28A, 28B). Squeeze the grip of the removal tool to grab the implant. Attach the Slap Hammer as necessary to aid in removal (Figure 28C).

FIGURE 28A

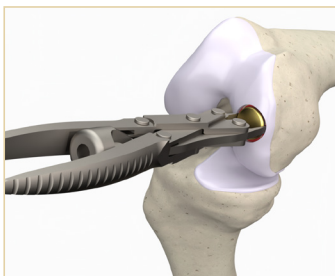


FIGURE 28B

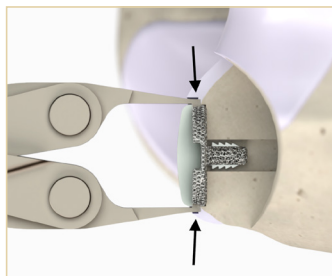
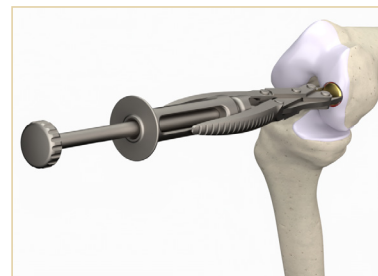


FIGURE 28C



NOTE:
The removal pockets are likely oriented on the M/L or A/P axes.

FEMORAL IMPLANT REMOVAL - OBLONG

Similar to the Round implant, the Oblong implants have a set of removal pockets on opposite M/L sides of the midline of the implant just below the articular surface of the implant (Figure 29A). Chisel around the edges of the implant using the Straight Femoral Removal Punch and Curved Femoral Removal Punch (Figures 29B, 29C). This will aid in freeing it from any adjacent bone (Figure 29D).

FIGURE 29A

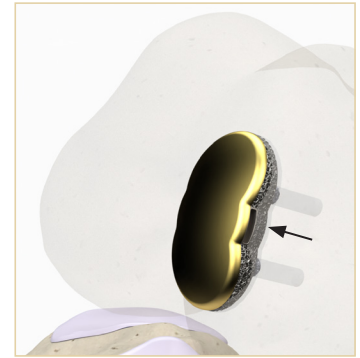


FIGURE 29B

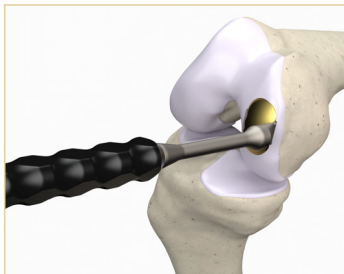


FIGURE 29C

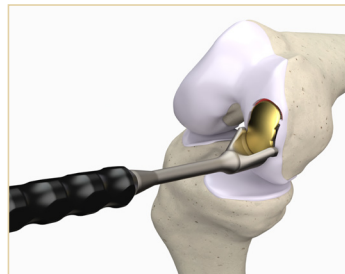
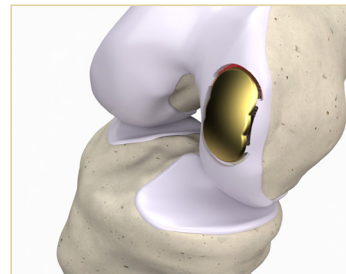


FIGURE 29D



Place the Removal Tool around the Femoral Implant in the lateral grooves created by the Punch. Line up the prongs of the Removal Tool with the removal pockets of the Femoral Implant (Figure 30A). If it is difficult to get both prongs connected, with the Slap Hammer attached, tap lightly downward on the Removal Tool until you feel the prongs gasp into the implant removal pockets. Squeeze the grip of the Removal Tool to grasp the implant (Figure 30B).

FIGURE 30A

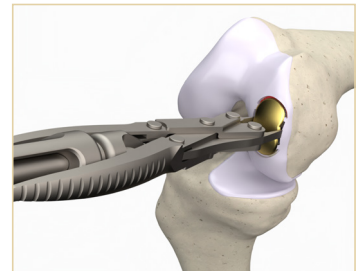
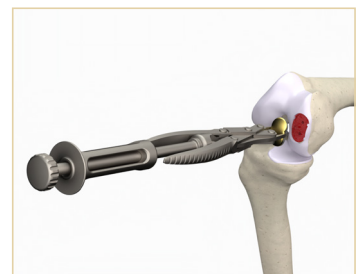


FIGURE 30B



TIBIAL IMPLANT REMOVAL

The implant has a circumferential groove just below the articular surface which can be used for removal (Figure 31A).

To gain access to the removal groove, place the appropriately sized Hole Saw around the Tibial Implant and drill under power until the Hole Saw reaches its full depth to the surface of the Tibial Implant (Figure 31B). Remove the Hole Saw.

Alternatively, manual instruments may be utilized to create holes adjacent to the implant. The holes just need to be wide enough to accommodate insertion of the tips of the working end of the Removal Tool.

Place the Removal Tool around the Implant in the groove created by the Hole Saw. Line up the prongs of the Removal Tool with the removal groove of the Implant (Figures 32A, 32B). If it is difficult to get both prongs connected, with the Slap Hammer attached, tap lightly downward on the Removal Tool until you feel the prongs grasp into the implant removal groove. Squeeze the grip of the removal tool to grab the implant (Figure 32C).

FIGURE 31A

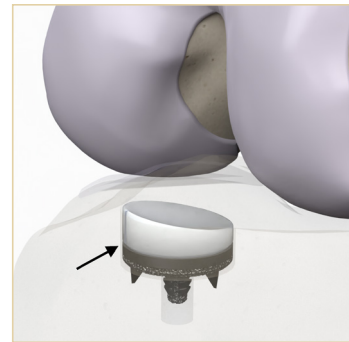


FIGURE 31B

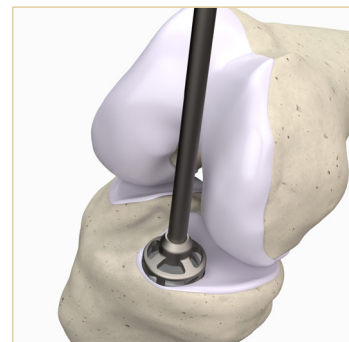


FIGURE 32A

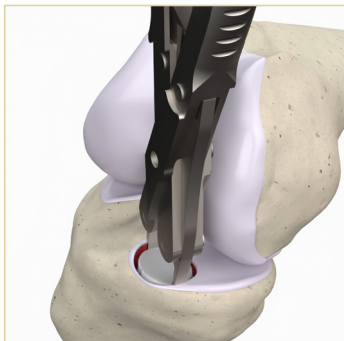


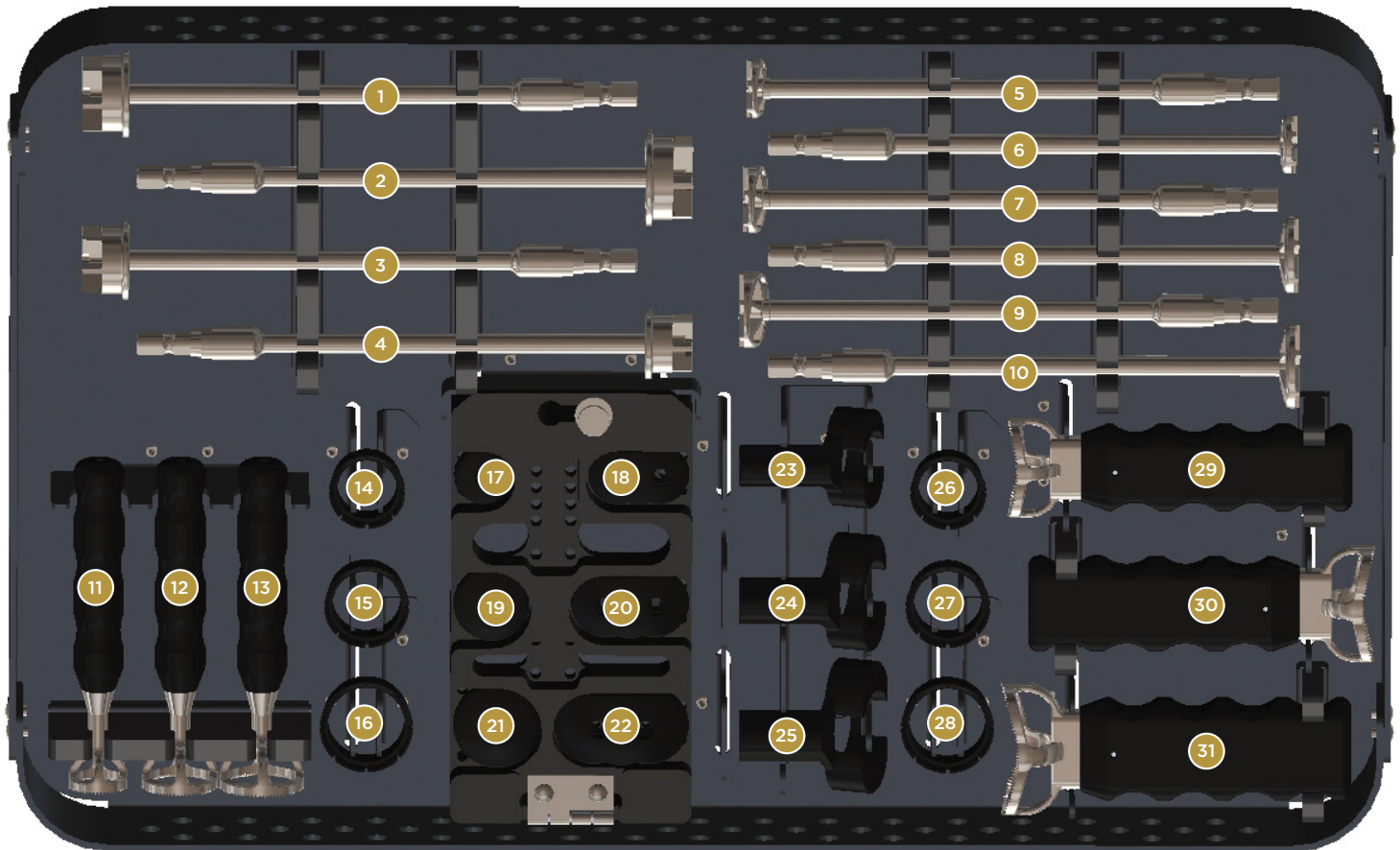
FIGURE 32B



FIGURE 32C

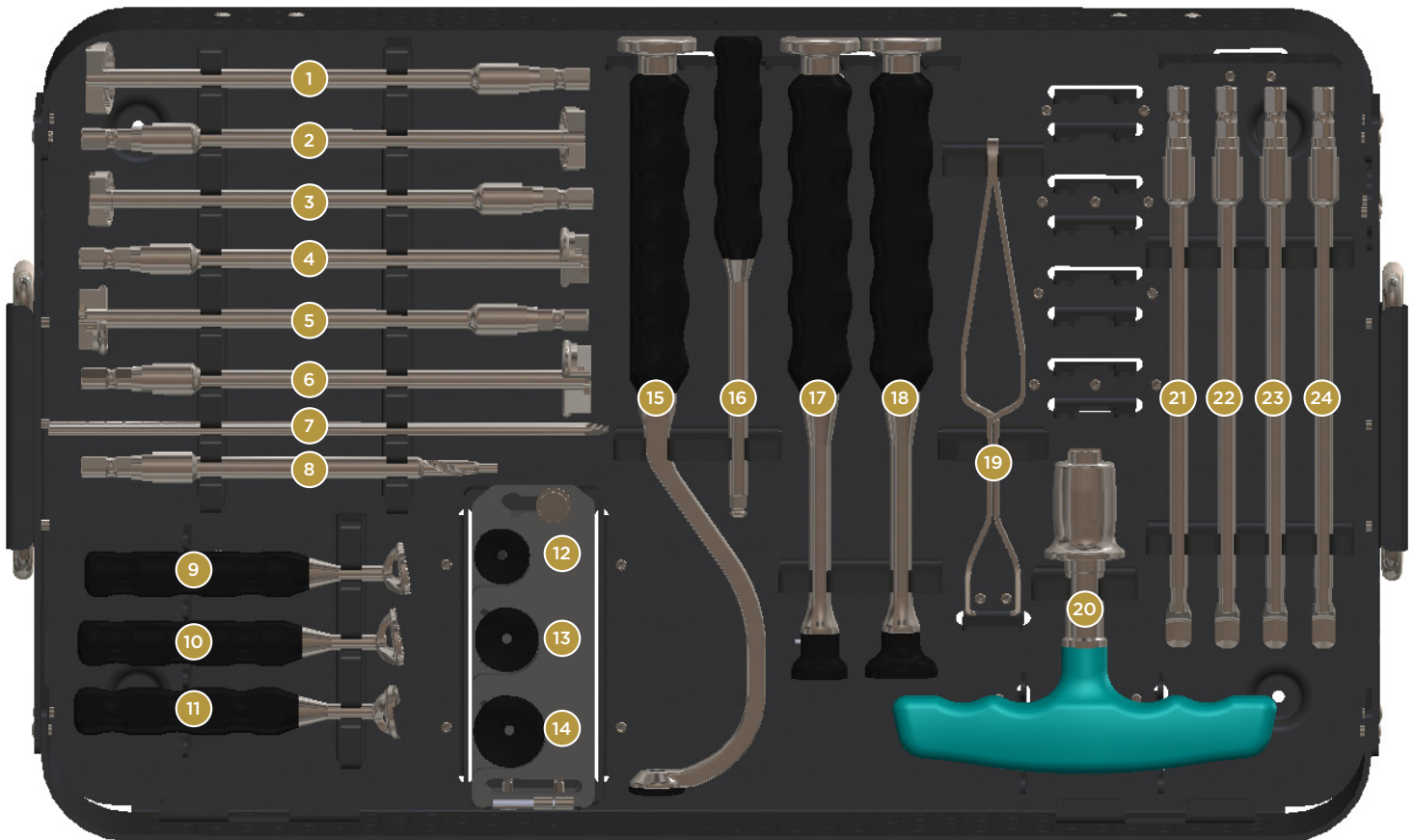


TOP INSERTION TRAY



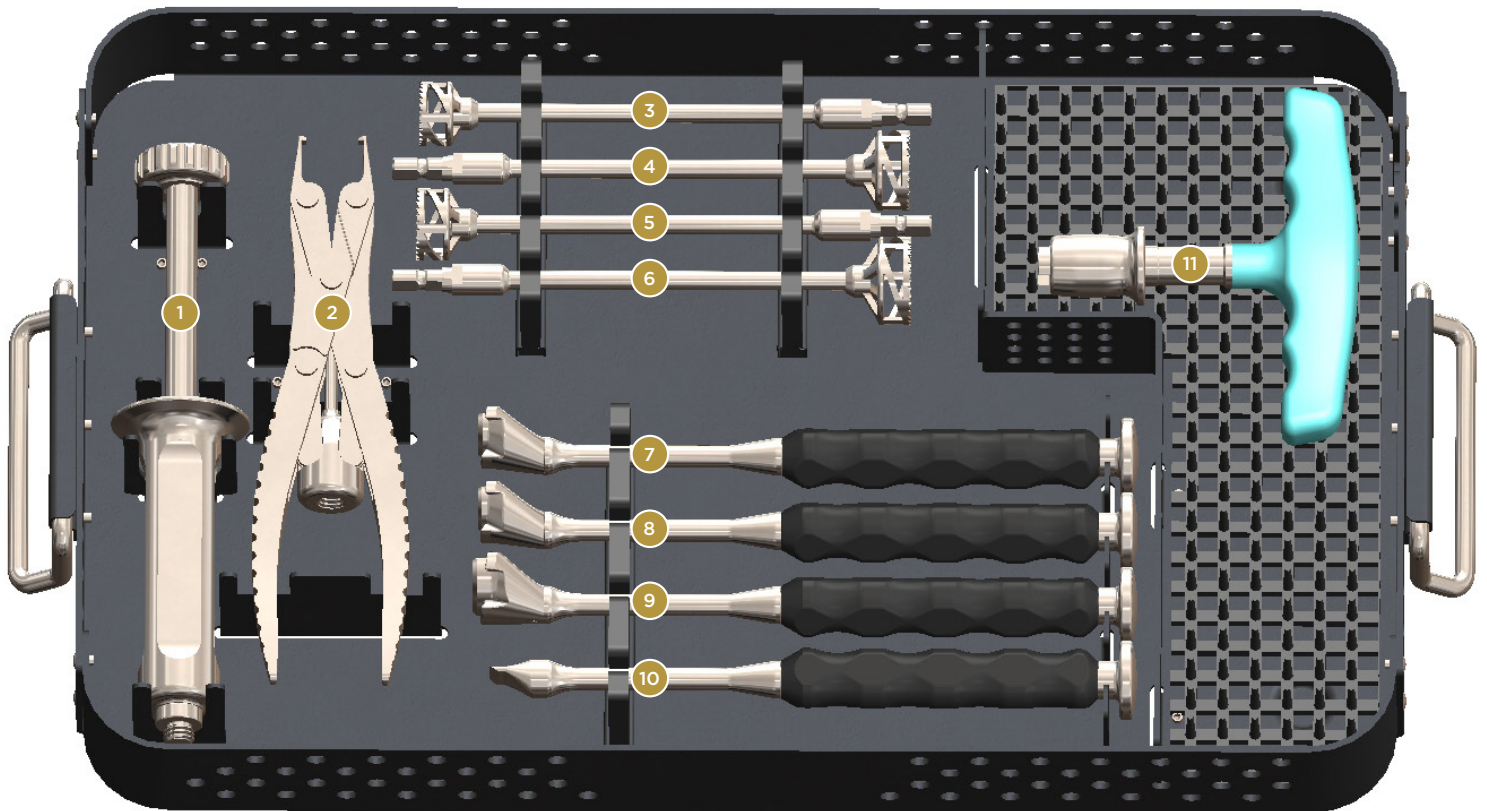
- | | | | | | |
|----|---------------|---|----|---------------|---|
| 1 | 90-OVR-780025 | Femoral Central Reamer, 25.0mm | 17 | 90-OVR-580017 | Femoral Trial, Round, 17.5mm |
| 2 | 90-OVR-780022 | Femoral Central Reamer, 22.5mm | 18 | 90-OVR-561730 | Femoral Trial, Oblong, 17.5x30mm |
| 3 | 90-OVR-780020 | Femoral Central Reamer, 20.0mm | 19 | 90-OVR-580022 | Femoral Trial, Round, 22.5mm |
| 4 | 90-OVR-780017 | Femoral Central Reamer, 17.5mm | 20 | 90-OVR-562035 | Femoral Trial, Oblong, 20.0x35mm |
| 5 | 90-OVR-501730 | Femoral Secondary Reamer, Oblong
17.5X30mm | 21 | 90-OVR-580025 | Femoral Trial, Round, 25.0mm |
| 6 | 90-OVR-500017 | Femoral Secondary Reamer, Round
17.5mm | 22 | 90-OVR-562240 | Femoral Trial, Oblong, 22.5x40mm |
| 7 | 90-OVR-502035 | Femoral Secondary Reamer, Oblong
20.0X35mm | 23 | 90-OVR-551730 | Femoral Reamer Guide
17.5x30mm |
| 8 | 90-OVR-500022 | Femoral Secondary Reamer, Round
22.5mm | 24 | 90-OVR-552035 | Femoral Reamer Guide
20.0x35mm |
| 9 | 90-OVR-502240 | Femoral Secondary Reamer, Oblong
22.5X40mm | 25 | 90-OVR-552240 | Femoral Reamer Guide
22.5X40mm |
| 10 | 90-OVR-500025 | Femoral Secondary Reamer, Round
25.0mm | 26 | 90-OVR-511730 | Femoral Primary Ream Hard Stop, Oblong
17.5x30mm |
| 11 | 90-OVR-540017 | Femoral Round Pin Guide/Sizer
17.5mm | 27 | 90-OVR-512035 | Femoral Primary Ream Hard Stop, Oblong
20.0x35mm |
| 12 | 90-OVR-540022 | Femoral Round Pin Guide/Sizer
22.5mm | 28 | 90-OVR-512240 | Femoral Primary Ream Hard Stop, Oblong
22.5x40mm |
| 13 | 90-OVR-540025 | Femoral Round Pin Guide/Sizer
25.0mm | 29 | 90-OVR-531730 | Femoral Oblong Pin Guide/Sizer
17.5x30mm |
| 14 | 90-OVR-510017 | Femoral Primary Ream Hard Stop, Round
17.5mm | 30 | 90-OVR-532035 | Femoral Oblong Pin Guide/Sizer
20.0x35mm |
| 15 | 90-OVR-510022 | Femoral Primary Ream Hard Stop, Round
22.5mm | 31 | 90-OVR-532240 | Femoral Oblong Pin Guide/Sizer
22.5X40mm |
| 16 | 90-OVR-510025 | Femoral Primary Ream Hard Stop, Round
25.0mm | | | |

BOTTOM INSERTION TRAY



- | | | | | | |
|----|---------------|-----------------------------------|----|---------------|----------------------------------|
| 1 | 90-OVR-620022 | Tibial Secondary Reamer
22.5mm | 17 | 90-OVR-570017 | Femoral Impactor
17.5mm |
| 2 | 90-OVR-620020 | Tibial Secondary Reamer
20.0mm | 18 | 90-OVR-570022 | Femoral Impactor
22.5mm |
| 3 | 90-OVR-620017 | Tibial Secondary Reamer
17.5mm | 19 | 90-OVR-740000 | Inserter (optional) |
| 4 | 90-OVR-610017 | Tibial Primary Reamer
17.5mm | 20 | 90-OVR-750000 | T-Handle |
| 5 | 90-OVR-610020 | Tibial Primary Reamer
20.0mm | 21 | 90-OVR-725025 | Cartilage Scoring Tool
25.0mm |
| 6 | 90-OVR-610022 | Tibial Primary Reamer
22.5mm | 22 | 90-OVR-725022 | Cartilage Scoring Tool
22.5mm |
| 7 | 90-OVR-710000 | Pin | 23 | 90-OVR-725020 | Cartilage Scoring Tool
20.0mm |
| 8 | 90-OVR-720000 | Drill | 24 | 90-OVR-725017 | Cartilage Scoring Tool
17.5mm |
| 9 | 90-OVR-650022 | Tibial Pin Guide/Sizer
22.5mm | | | |
| 10 | 90-OVR-650020 | Tibial Pin Guide/Sizer
20.0mm | | | |
| 11 | 90-OVR-650017 | Tibial Pin Guide/Sizer
17.5mm | | | |
| 12 | 90-OVR-630017 | Tibial Trial, 17.5mm | | | |
| 13 | 90-OVR-630020 | Tibial Trial, 20.0mm | | | |
| 14 | 90-OVR-630022 | Tibial Trial, 22.5mm | | | |
| 15 | 90-OVR-640017 | Tibial Impactor | | | |
| 16 | 90-OVR-730000 | Instrument Handle | | | |

REMOVAL TRAY



- | | | | | | |
|---|---------------|---------------------------------|----|---------------|--------------------------------------|
| 1 | 90-OVR-760000 | Slap Hammer | 7 | 90-OVR-520017 | Femoral Removal Punch, Curved 17.5mm |
| 2 | 90-OVR-770000 | Removal Tool | 8 | 90-OVR-520020 | Femoral Removal Punch, Curved 20.0mm |
| 3 | 90-OVR-660017 | Implant Removal Hole Saw 17.5mm | 9 | 90-OVR-520022 | Femoral Removal Punch, Curved 22.5mm |
| 4 | 90-OVR-660020 | Implant Removal Hole Saw 20.0mm | 10 | 90-OVR-521000 | Femoral Removal Punch, Straight |
| 5 | 90-OVR-660022 | Implant Removal Hole Saw 22.5mm | 11 | 90-OVR-750000 | T-Handle |
| 6 | 90-OVR-660025 | Implant Removal Hole Saw 25.0mm | | | |

IMPLANTS

TIBIAL

90-OVR-300017	17.5 MM
90-OVR-300020	20.0 MM
90-OVR-300022	22.5 MM



FEMORAL - ROUND

90-OVR-200017	17.5 MM
90-OVR-200022	22.5 MM
90-OVR-200025	25.0 MM



FEMORAL - OBLONG

90-OVR-101730	17.5 X 30.0 MM
90-OVR-102035	20.0 X 35.0 MM
90-OVR-102240	22.5 X 40.0 MM

