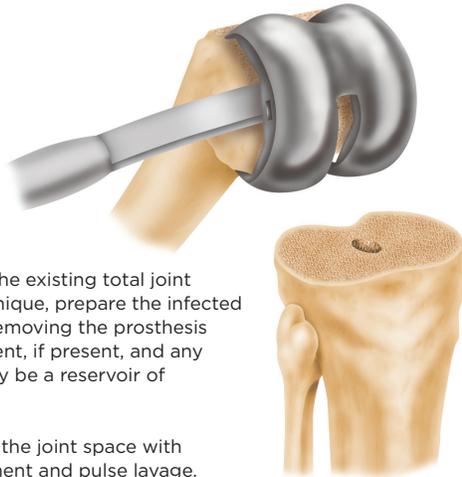


# REMEDY® KNEE SPACER TECHNIQUE

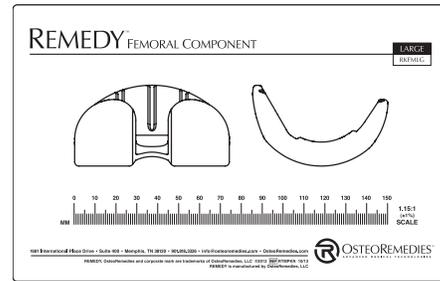
## STEP 1

In accordance with the existing total joint manufacturer's technique, prepare the infected joint space by first removing the prosthesis and any PMMA cement, if present, and any hardware (which may be a reservoir of infection).

Continue to prepare the joint space with aggressive debridement and pulse lavage.



## TEMPLATE

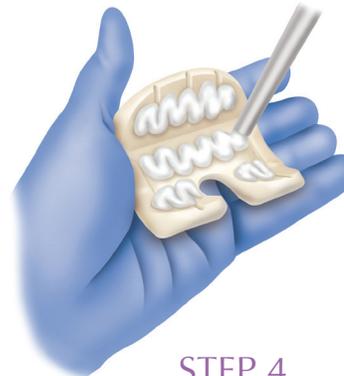


## TRIALS



## STEP 2

Using the REMEDY® Spacer Trials and templates, select the appropriate size femoral and tibial components. It is important that the joint is neither loose nor tight, therefore the surgeon will have to consider the additional room occupied by the cement needed for the fixation.

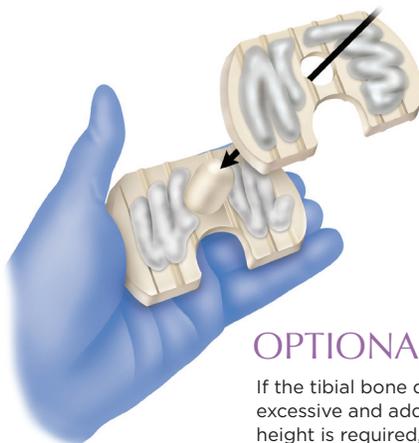


## STEP 3

Using UNITE® AB Bone Cement, or any FDA-cleared AB PMMA, apply cement over the entire surface of the component and tibial plateau and insert into the tibia.

## STEP 4

Apply PMMA bone cement (see Step 3) to the femoral component and femoral surface.



## OPTIONAL

If the tibial bone defect is excessive and additional height is required, apply PMMA to the tibial wedge/insert and cement this to the inferior aspect of the tibial component.



## STEP 5

Reduce the joint, removing all the excess cement, avoiding the cement that may go on the articular surface. To assure correct alignment of the components, make flex/extension movements before the cement curing occurs. Then close and check flex/extension movements and lateral stability.

Depending on the stability of the knee, it may be necessary to apply a brace to avoid the risk of dislocation.

Note: When placing the components with cement, DO NOT impact the device with a mallet. It is recommended to use hand pressure only while placing the components.