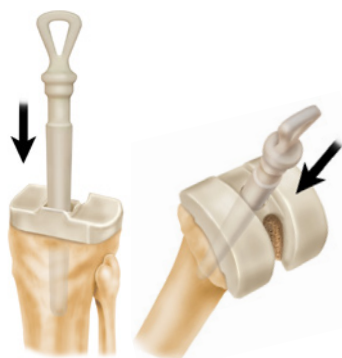


REMEDY® STEMMED KNEE SPACER TECHNIQUE

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.



STEP 2

Using the REMEDY® Stemmed Knee Spacer Trials, select the appropriate size femoral and tibial components. If a stem extension is necessary, select between the two available lengths and place through the opening of the femoral and/or tibial stemmed trial to ensure the stem is able to be fully seated. 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

Apply UNITE® AB Bone Cement (or any FDA cleared AB Cement) over the tibial component surface in contact with the bone and tibial plateau.

STEP 3

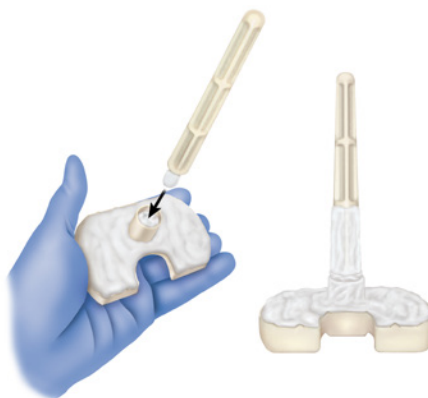
OPTIONAL



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

STEP 4

With additional cement fill the housing of the tibial component, insert the conical tip of the selected stem extension and complete the stem fixation by using cement around stem and housing connection. If additional fixation is necessary, cement may be applied to the nearest pocket of the stem extension component.



Give the stem the necessary angulation, up to 8° in all the directions, to match the patient's tibial canal anatomy. Then insert the construct into the tibia while cement is still in a moldable phase avoiding excess cement to adhere to the joint surfaces.

Remove the cement from the posterior tibial intercondylar notch.

Note: If stem extensions are not used, cement will be used only for the fixation of the tibial and/or femoral components.

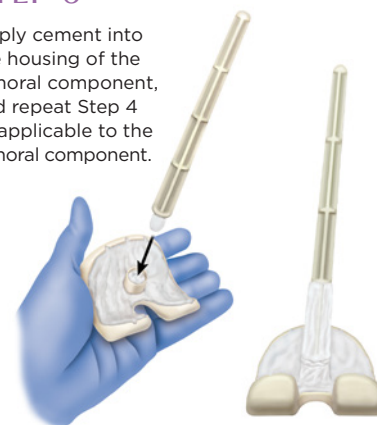


STEP 5

Apply UNITE® AB Bone Cement (or any FDA cleared AB Cement) over the femoral component in contact with the bone and femoral surface.

STEP 6

Apply cement into the housing of the femoral component, and repeat Step 4 as applicable to the femoral component.



STEP 7

Reduce the joint ensuring all cement is removed from the articular surface. To assure correct alignment of the components, make flex/extension movements before the cement curing occurs. DO NOT forcefully bring the knee into full extension as too much force could lead to fracture of the femoral or tibial components. Then, close and check flexion/extension movements and medial/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.



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