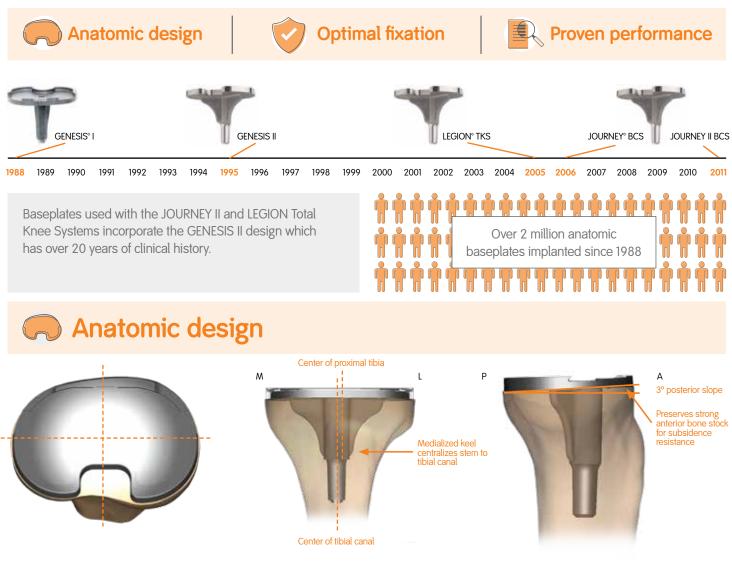
>'_ smith&nephew

A clinically successful baseplate design

Fixed in Historical Performance

For over 30 years, Smith & Nephew has offered a world class tibial baseplate design which has been ahead of its time by providing:



Asymmetric footprint

- Designed to match anatomy of the tibia for optimal cortical rim coverage and even stress distribution^{1,2}
- Designed to minimize tibia rotational errors and baseplate overhang^{3,4,5}
- Achieves >90% bony coverage on average⁶

Anatomic keel

- Proportionally medialized on the proximal tibia to align with the intramedullary canal⁷
- Fin location and shape were designed to be stress absorbing while providing rotational resistance when the prosthesis is implanted^{8,9}

Optimal tibial position

- A posterior sloped baseplate design allows for optimal loading of the tibial bone and good range of motion^{10,11}
- Cutting the tibia with a posterior slope, as opposed to a 0° cut, provides stronger bone that may help reduce the chance of tibial baseplate subsidence^{12,13}

Optimal fixation



The right material Ti-6Al-4V alloy is used to more closely represent the bone modulus of elasticity, provides less risk of stress shielding, and improves cement bonding strength¹⁴

The right texture The grit blasting has been shown to improve cement interdigitation and bonding strength through its optimized surface roughness

The cement pocket design has been shown to be optimal for cement penetration into bone and improving tibial baseplate fixation stability

The right features

Reven performance

National Joint Registry for England, Wales, Northern Ireland and the Isle of Man 2017 Report¹⁵ GENESIS° II CR Cemented

- 42,087 baseplates implanted
- Cumulative % Revision of Cemented GENESIS II CR is 2.72 (2.43–3.05) at 13 years; compared to a cemented knee class average of 4.16 (4.03–4.29) at 13 years
- Second lowest revision rate of all cemented knees at 13 years

AOANJRR 2017 Annual Report¹⁶ GENESIS II CR Cemented and Hybrid

- 20,934 baseplates implanted
- Cumulative % Revision of Cemented and Hybrid GENESIS II CR is 6.0 (5.0,7.1) at 16 years; compared to a class average of 6.9 (6.5,7.3)

and 7.0 (6.4,7.6) respectively

Peer Reviewed Article

Tibial Tray Thickness Significantly Increases Medial Tibial Bone Loss in Cobalt-Chromium Total Knee Arthroplasty

Martin et al: the Journal of Arthroplasty 32 (2017) 79 to 82

 Thicker CoCr tibial trays were associated with significantly more medial bone loss than thinner Titanium designs

Peer Reviewed Article

Migration of a Cemented Fixed-Bearing, Polished Titanium Tibial Baseplate at Ten Years

Teeter et al: the Bone and Joint Journal 2016; 98-B:616-21

• The mean migration of the tibial component was less than 0.1mm and 0.1 deg in all planes relative to the post-operative RSA exam

With their anatomic design, optimal fixation and proven performance, Smith & Nephew has set the bar for tibial baseplates.

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References

I. Wesitch, GH; Laskin, RS; Haas, SB; Sculco, TD: Resection Specimen Analysis of Tibial Coverage in Total Knee Arthroplasty. Clinical Orthopaedics and Related Research, #309, December 1994. 2. Shah S, et al, MRI Based Comparison of Tibial Bone Coverage by Five Knee Prosthesis: Anthropometric Study in Indians, J. Arthroplasty (2015). 3. Stacey Martin MD, Alex Saurez BS, Sabir Ismaily BS, Kashif Ashfaq MD, Philip Noble PhD, Stephen J. Incavo MD, Maximizing Tibial Coverage is Detrimental to Proper Rotational Alignment, Clin Orthop Relat Res (2014) 472:121–125. 4. Westrich GH, Haas SB, Insall JN, Frachie A. Resection specimen analysis of rotal knee arthroplasty specimes. J. Arthroplasty 1995;10:47–515. Hartel MJ, Loosli Y, Gralla J, Kohl S, Hoppe S, Röder C, et al. The mean anatomical shape of the tibial plateau at the knee arthroplasty resection level: an investigation using MRI. Knee 2009; 16:452–7. 6. Westrich, GH; Aguinick, MA; Laskin, RS; Haas, SB; Sculco, TP. Current analysis of tibial coverage in total knee arthroplasty. The Knee 4, 1997; 87-91. 7. Hicks, C. A.; Noble, P; Tullos, H.: The Anatomy of the Tibial Intramedullary Canal. Clinical Orthopaedics and Related Research. 32: 111–116, December, 1995. 8. Salehi, A.: A GENESIS II Tary Design Optimization. Smith & Nephew Richards Inc., Technical Report, OR-94-77, August, 1994. 9. Salehi, A.: A GENESIS II Cemented Tibial Tray Failure-Load Prediction Using the Finite Element Analysis. Smith & Nephew Richards Inc., Technical Report, OR-95-33, April, 1995. 10. Journal of Orthopaedic Research. Influence of tibial component posterior slope on in vivo knee kinematics in Ked-bearing total knee arthroplasty. F. Catanil, 2. S fantozzi2, 3. A. Ensini, 1* A. Leardini, 2. D. Moschellaz, 4 and S. Gianninii. Volume 24, Issue 4, pages 581–587, April 2006. 11. Clinical Orthopaedics & Related Research. 205 April 1986, Technical Considerations in Total Knee Arthroplasty. Lawrence. Dorr, M.D. and Richards. Bioardo, M.D. 12. Hofmann, A.A.; Bachus, K.N.; Wyatt, RW.B.: