

# Patient Matched Cutting Guides Surgical Procedure: GENESIS<sup>◇</sup> II, LEGION<sup>◇</sup> Primary or JOURNEY<sup>◇</sup> II knee systems

Smith+Nephew

VISIONAIRE<sup>◇</sup>  
Cutting Guides

## Nota Bene

The technique description herein is made available to the healthcare professional to illustrate the author's suggested treatment for the procedure. In the final analysis, the preferred treatment is that which addresses the needs of the specific patient. Review the package inserts for each device for more product, health and safety information.

**Note:** Please verify that the case information on the documentation and labeling matches the information inscribed on the part.

**Tip:** Do not remove osteophytes before evaluating guide fit. If an osteophyte prevents proper fit, remove only the offending osteophyte before re-evaluating fit.

## Femoral Guide:

### Positioning and Exposure

1. Flex the knee.
2. Carefully remove only soft tissue from the anterior femur cortex which may prevent proper guide fit.

### Pinning and Drilling

1. Place the femoral guide on the distal femur by pushing the guide into the trochlear groove and down on the distal condyles.

**Note:** The proximal contact area of the femoral guide should contact the anterior cortex to prevent unintended flexion.

**Tip:** The external alignment rod may be used to verify alignment before pinning the femoral guide.

2. While the femoral guide is firmly held in place, drill through the two distal holes using a 1/8 inch bit.

**Note:** The distal pin holes of the femoral guide correspond to the pin holes of the femoral AP cutting guide associated with the implant.

**Tip:** It may be best for the surgeon to hold the femoral guide while an assistant drills.

3. Secure the femoral guide distally by inserting headed pins into the distal holes.
4. Secure the femoral guide anteriorly by inserting long headless pins into the anterior pin holes.

**Note:** Anterior predrilling is optional depending upon the type of pin used.

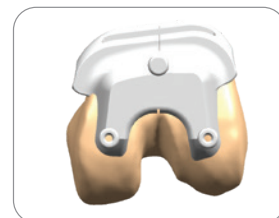
5. Use the external alignment rod to verify proper alignment prior to making the distal resection.

**Note:** The anterior line corresponds to the AP axis and the distal line is perpendicular to the anterior line.

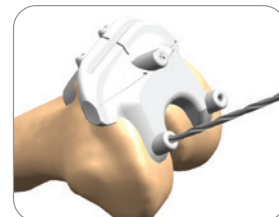
6. Remove one distal pin prior to beginning the distal resection. To complete the resection, move the remaining distal pin to the opposite side of the femoral guide.

7. After completing the resection, remove the femoral guide and complete the procedure per the surgical technique recommended for the implant.

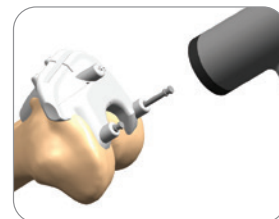
Step 1



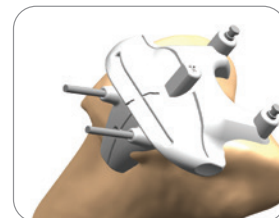
Step 2



Step 3



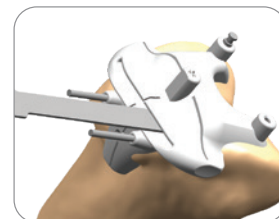
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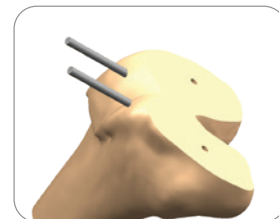
Step 5



Step 6



Step 7



The following tibial technique is recommended for both the Minimally Invasive Surgery (MIS) and Traditional Anterior Approach (TAA) VISIONAIRE® tibia guides.

## Tibia Guide:

### Positioning and Exposure

1. Sublux the tibia.
2. Remove the meniscus.
3. Carefully remove only soft tissue from the anterior tibia cortex which may prevent proper guide fit.

### Pinning and Drilling

1. Place the tibial guide on the proximal tibia. The key contact areas for the tibial guide are the medial and lateral plateaus and the anterior medial tibial cortex.

**Note:** The key contact areas of the tibial guide should be mated flush to the corresponding anatomy. If not, remove only osteophytes or soft tissue which may be preventing proper fit.

**Tip:** The external alignment rod may be used to verify alignment before pinning the tibial guide.

2. While the tibial guide is firmly held in place, drill through the two proximal holes using a 1/8 inch bit.

**Note:** The proximal pin holes of the tibial guide correspond to the pin holes of the tibial baseplate trial associated with the implant.

**Tip:** It may be best for the surgeon to hold the tibial guide while an assistant drills.

3. Secure the tibial guide proximally by inserting headed pins into the proximal holes.
4. Secure the tibial guide anteriorly by inserting long headless pins into the anterior parallel pin holes.

**Note:** Predrilling is optional depending upon the type of pin used.

**Tip:** An oblique anterior pin is optional for additional stability during the resection.

5. Use the external alignment rod to verify proper alignment prior to making the proximal resection.

**Note:** The anterior line corresponds to the medial third of the tubercle. This line is intended to help position the external alignment rod when verifying proper alignment.

6. Remove one proximal pin prior to beginning the proximal resection. To complete the resection, move the remaining proximal pin to the opposite side of the tibial guide.
7. After completing the resection, remove the tibial guide and complete the procedure per the surgical technique recommended for the implant.

Step 1



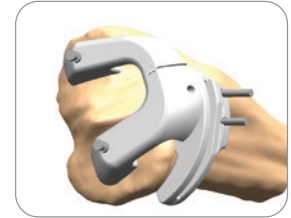
Step 2



Step 3



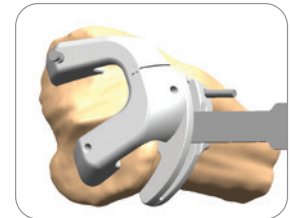
Step 4



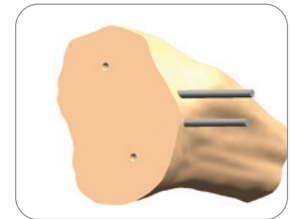
Step 5



Step 6



Step 7



### Disclaimer

The following technique is for informational and educational purposes only. It is not intended to serve as medical advice. It is the responsibility of treating physicians to determine and utilize the appropriate products and techniques according to their own clinical judgment for each of their patients. Please consult the Instructions for Use documentation provided with each device for additional health and safety information, including indications, contraindications, warnings and precautions., including its indications for use, contraindications, and product safety information.