SALTO TALARIS®
Total Ankle Prosthesis

Pick the proven track
Track Record of Success

4.9 YEARS: 50 ANKLES
Mid-Term Prospective Clinical and Radiographic Outcomes of a Modern Fixed-Bearing Total Ankle Arthroplasty

7.1 YEARS: 85 ANKLES
Radiographic and Clinical Outcomes of the SALTO TALARIS<sup>®</sup> Total Ankle Arthroplasty

5.2 YEARS: 81 ANKLES
SALTO TALARIS Total Ankle Arthroplasty: Clinical Results at a Mean of 5.2 Years in 78 Patients Treated by a Single Surgeon

2.8 YEARS: 67 ANKLES
Early Prospective Clinical Results of a Modern Fixed-Bearing Total Ankle Arthroplasty

Note: The studies within this document define survivorship as the revision of either metal component.
98% Survivorship

**4.5 YEARS: 43 ANKLES**
Prospective Randomized Trial Comparing Mobile-Bearing and Fixed-Bearing Total Ankle Replacement

OR

**3.6 YEARS: 75 ANKLES**
Short to Midterm Clinical and Radiographic Outcomes of the SALTO™ Total Ankle Prosthesis

97% Survivorship

**2 YEARS: 33 ANKLES**
A Controlled Comparative Study of a Fixed-Bearing Versus Mobile-Bearing Ankle Arthroplasty

96.8% Survivorship

**3.2 YEARS: 321 ANKLES**
Early Patient Satisfaction Results on a Modern Generation Fixed-Bearing Total Ankle Arthroplasty

95.8% Survivorship

**6.8 YEARS: 72 ANKLES**
Midterm Results of the SALTO TALARIS Total Ankle Arthroplasty

Note: The studies within this document define survivorship as the revision of either metal component.
Indications

The SALTO TALARIS® Total Ankle Prosthesis is indicated as a total ankle replacement in primary or revision surgery for patients with ankle joints damaged by severe rheumatoid, post-traumatic, or degenerative arthritis. All components are intended for cemented use only.

Contraindications

- Sepsis
- Infection sequelae
- Systemic infection, fever and/or local inflammation
- Complete talar necrosis
- Insufficient quantity of bone stock or poor skin coverage around the ankle joint that would make the procedure unjustifiable
- Persisting skin lesion
- Important ligament laxity
- Severe osteoporosis
- Ankle arthrodesis with malleolar exeresis
- Neuromuscular or mental disorders which might jeopardize fixation and postoperative care
- Neurobiologic diseases
- Nonfunctional lower limb muscles
- Complete loss of ankle collateral ligament
- Charcot’s arthropathy
- Elevation of WBC count
- Distant foci of infection from genitourinary, pulmonary, skin and other sites
- Dental focus infection which may cause hematogenous spread to the implant site
- Bone immaturity
- Known allergy to one of the materials
- Patient pregnancy

Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Smith+Nephew representative or distributor if you have questions about the availability of Smith+Nephew products in your area.