Surgical Technique

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JOURNEY® II XR®

Bi-Cruciate Retaining
Knee System

JOURNEY◇ II XR◇ Surgical Technique

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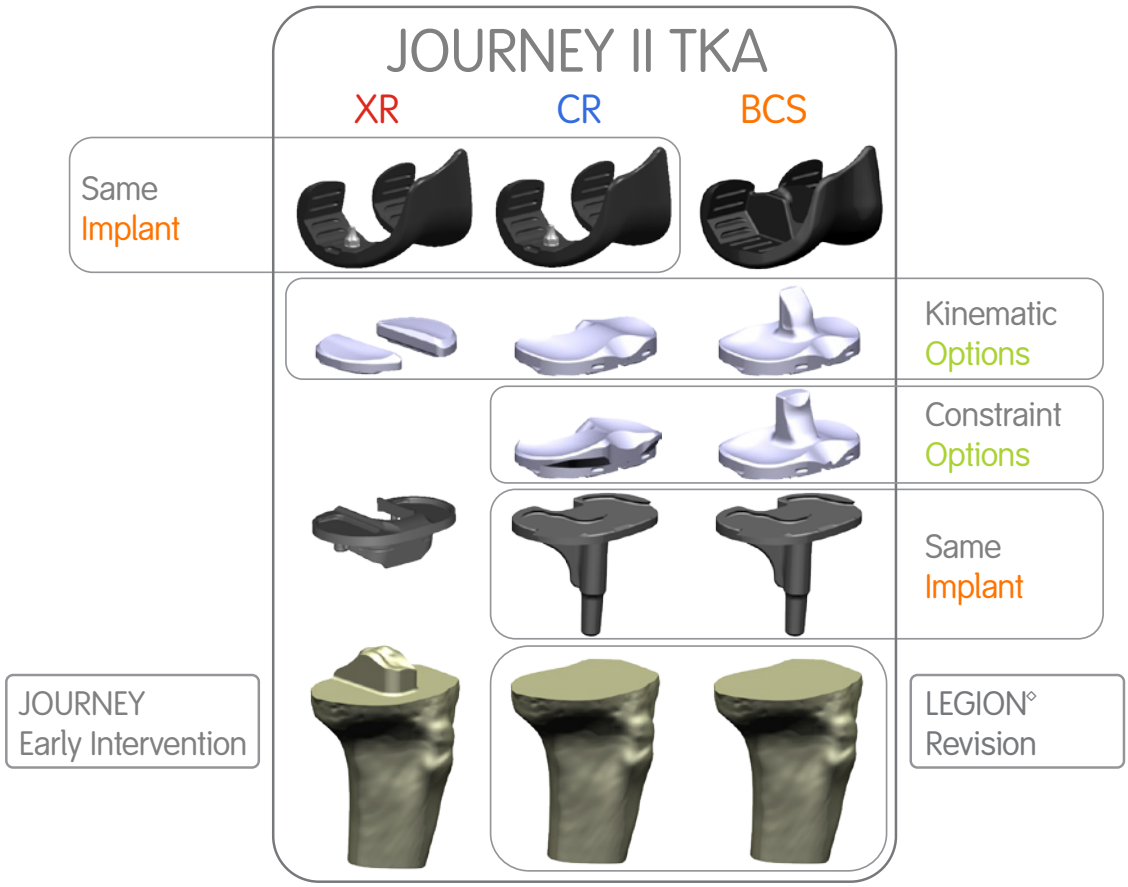
This surgical technique was prepared under the guidance of the contributor surgeons listed in this technique and under close collaboration with each physician. It contains a summary of medical techniques and opinions based upon their training and expertise in the field, along with their knowledge of Smith+Nephew products. It is provided for educational and informational purposes only. Smith+Nephew does not provide medical advice and it is not intended to serve as such. It is the responsibility of the treating physician to determine and utilize the appropriate products and techniques according to their own clinical judgment for each of their patients. For more information on the products in this surgical technique, including indications for use, contraindications, effects, precautions and warnings, please consult the products' Instructions for Use (IFU).

Nota Bene

The technique description herein is made available to the healthcare professional to illustrate the authors' suggested treatment for the uncomplicated procedure. In the final analysis, the preferred treatment is that which addresses the needs of the specific patient.

JOURNEY® II XR® overview

The JOURNEY II XR Total Knee System is a bi-cruciate retaining knee system that preserves the ACL and PCL.



Highlights of the JOURNEY II XR system

- A femoral component that is shared with JOURNEY II CR
- A tibia component that includes a metal tibia tray with two independent and uniquely designed medial and lateral inserts
- A seamless transition from:
  JOURNEY II XR (ACL/PCL Retaining) ➧ JOURNEY II CR (PCL Retaining) ➧ JOURNEY II BCS (ACL/PCL Stabilized)

For patients that present with significant varus or valgus deformities (> 10°), significant flexion contracture (>10°), lateral tibia subluxation, osteoporosis/rheumotoid arthritis, morbid obesity or deficient cruciate ligaments, consider whether additional implant constraint is more appropriate. If patients with the above mentioned conditions are scheduled for a JOURNEY II XR then consider having a more constraining (CR, Deep Dished or BCS) implant option on hand.

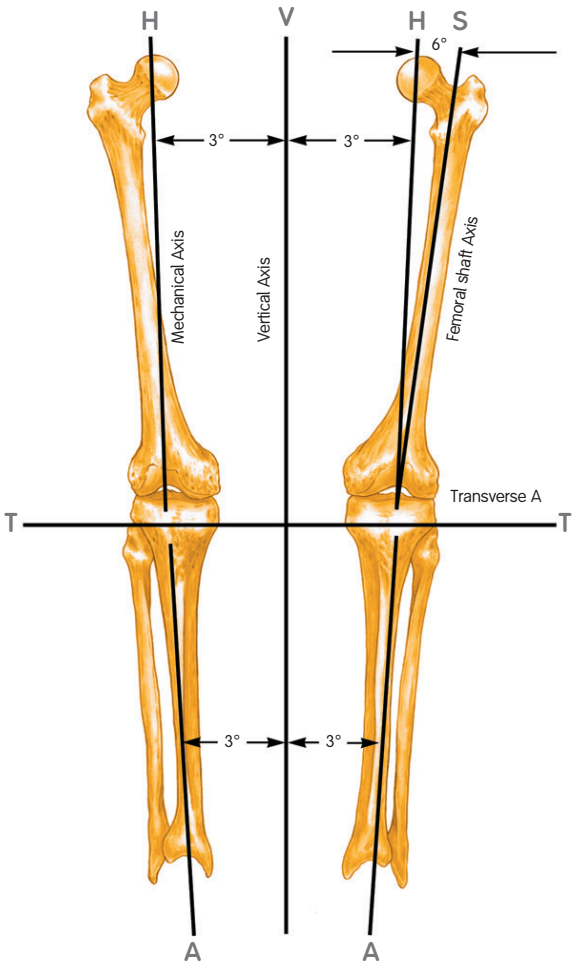
Prologue

Preoperative planning

Determine the angle between the anatomical and the mechanical axis. This measurement will be used intraoperatively to select the appropriate valgus angle so that correct limb alignment is restored. Beware of misleading angles in knees with a flexion contracture or rotated lower extremities.

Note: It is recommended to use preoperative templating to determine femoral size because sizes 1-8 and 9-10 have different resection depths.

Recommended Sawblades*	
Cat. No.	**Description**
71512901	Stryker 2000 ¾" fanned
71512903	Amsco Hall ¾" fanned
71512904	3M ¾" fanned
71512905	Stryker 2000 ½" straight
71512907	Amsco Hall ½" straight
71512908	3M ½" straight
71512910	VersiPower Plus ¾" fanned
71512911	PowerPro ¾" fanned
Or any 0.053" or 1.35mm thickness sawblade	



Incision

Leg position

Appropriate leg position is crucial when performing less invasive total knee arthroplasty. During the procedure, the knee is flexed to 70-110°. Hyperflexion is used only intermittently for specific portions of the case, such as insertion of the tibial component. To aid in holding the leg, a sandbag is placed across from the contralateral ankle when positioning the patient on the table.

Incision

With the leg fully extended, a longitudinal incision is made over the anterior aspect of the knee along the medial border of the patella. The incision extends approximately from the middle of the tibial tubercle to a point slightly proximal to the superior pole of the patella. If significant tension is noted at the skin edges, the incision should be extended to minimize risk of wound edge necrosis.

Arthrotomy

The procedure can be performed using a “mini-patellar” capsulotomy or a “mini-mid-vastus” capsulotomy. The mid-vastus may offer some advantages for quicker recovery of extensor function postoperatively. However, in cases where the extensor mechanism is stiff or the patient is heavily muscled, the parapatellar capsulotomy may allow easier mobilization of the patella. Either type of arthrotomy can be extended to conventional length if exposure is problematic.

Incision *continued*

For the mini-mid-vastus approach, begin 5mm medial to the tibial tubercle and extend dissection around the medial border of the patella. The arthrotomy is extended up to the proximal border of the patella.

The suprapatellar pouch is identified, separated from the underside of the tendon and preserved.

The distal extent of the vastus medialis (VMO) is identified and the orientation of the fibers is determined. An oblique cut is made to the VMO and the muscle fibers are then spread bluntly for approximately 2cm (Figure 1).

Figure 1

Exposure

With the leg extended, the patella is retracted laterally. The fat pad is excised both medially and laterally leaving a small amount of fat deep under the patellar tendon. The patellar tendon proximal to the tubercle is dissected from the tibia. The release of the anterior horn of the lateral meniscus at this point will facilitate retraction of the extensor mechanism and exposure to the lateral side. The anterior horn of the medial meniscus is divided and dissection is carried around the proximal medial tibia using electrocautery and an osteotome.

A thin bent Hohmann is placed into the lateral side to hold the patella in a subluxed position while a second Hohmann or a Z-retractor is placed along the medial border of the proximal tibia to protect the medial collateral ligament.

Note: Excessive tension on the retractors is not necessary and can sometimes hamper the exposure.

The proximal soft tissue attachments extending around the proximal medial tibia are released in the standard fashion.

Note: In patients with tight extensor mechanism (usually larger, muscular patients or those with abundant patellar osteophytes), the patella is cut at this time.

Instrument assembly

IM assembly

1 Attach the selected valgus angle bushing (5°, 6° or 7°) to the valgus alignment guide. Check the bushing position to make sure that 'left' is facing anteriorly when operating on a left knee and 'right' is facing anteriorly when operating on a right knee.

2 Attach a modular T-handle to the IM rod and insert through the alignment assembly (Figure 2).

3 Assemble the distal femoral cutting block onto the valgus alignment guide. Positioning the block at the 'primary' resection level will ensure the cut will equal the distal medial thickness of the femoral prosthesis. Lock by pressing the lever in a horizontal position toward the medial side.

Figure 2

Valgus Bushing
5° 7144-0014
6° 7144-0016
7° 7144-0018

Align Guide
7144-1144

T-handle
7111-0080

IM Rod
Long 7151-2040
Short 7151-2035

Distal Cutting Block
7144-1147

Intramedullary alignment

1 Open the femoral canal with the 9.5mm Intramedullary Drill. The drill has a 12mm step to open the entry point further, if desired. (Figure 3).

Tip: Be sure the distal femoral cutting block is set to 'Primary' to avoid unnecessarily resecting additional bone and raising the femoral joint line.

2 Slide the intramedullary rod of the assembly into the femoral canal until the alignment guide contacts the distal femur (Figure 4).

Tip: The guide will often only touch medial bone. If the guide touches lateral bone pin through the holes marked '2' and then shift the block to the '0' holes to avoid raising the joint line.

3 Orient rotation of the assembly neutral to the posterior condyles (Figure 5) and impact one or both of the floating spikes into the distal femur.

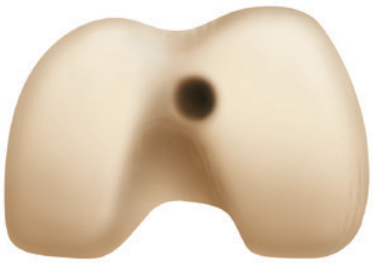


Figure 3

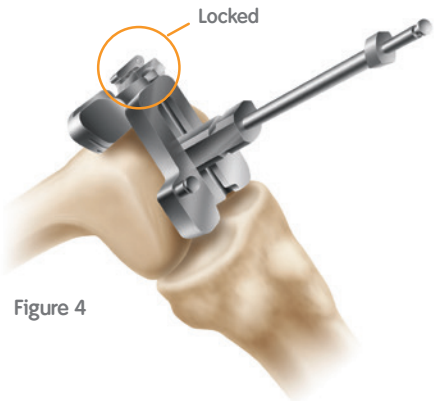


Figure 4

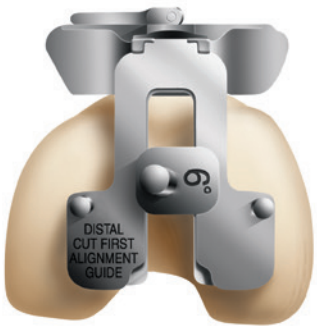


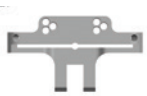
Figure 5

Valgus Bushing
5° 7144-0014
6° 7144-0016
7° 7144-0018

Align Guide
7144-1144

T-handle
7111-0080

IM Rod
Long 7151-2040
Short 7151-2035



Distal Cutting Block
7144-1147

Intramedullary Drill, 9.5 mm
7401-2111

Distal femoral resection

1 Using non-headed SPEED PIN®, pin the distal femoral cutting block to the anterior femur using the holes marked '0' unless the guide touches lateral bone. Once adequate distal femoral resection is noted, an additional headed or non-headed SPEED PIN should be placed obliquely to provide additional stability (Figure 6).

2 Unlock the lever on the valgus alignment guide, remove the intramedullary rod and the valgus alignment assembly using the universal extractor (Figure 7). Only the distal femoral cutting block should remain on the femur.

3 Resect the distal femur (Figure 8) then remove the distal femoral cutting block, but leave the two parallel pins in position.

Tip: If the distal femoral resection is not adequate, remove the oblique headed SPEED PIN, and reposition the block through the pin holes marked +2 or +4mm for the desired level of resection and re-insert the oblique pin. It is always better to start with a conservative cut on JOURNEY® II XR®, to avoid resecting too much bone and raising the joint line. The next step will provide the opportunity to check this cut and allow additional resection if needed.

Note: Take care to not extend this cut too far and violate the ACL or the tibia eminence.

Note: If the patient requires more than a +2 resection to attain full extension or preoperative has >10° flexion contracture, it is recommended to convert to JOURNEY II CR or BCS.

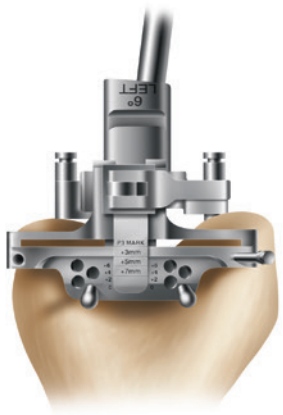


Figure 6

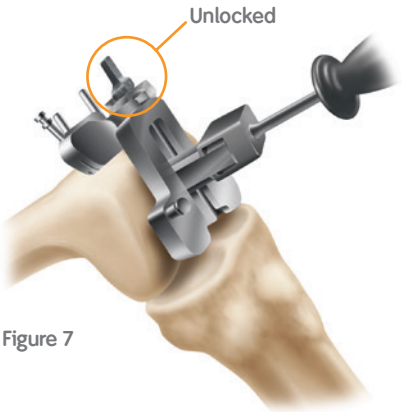


Figure 7

Figure 8

Valgus Bushing
5° 7144-0014
6° 7144-0016
7° 7144-0018

Align Guide
7144-1144

Universal Extractor
7144-0366

IM Rod
Long 7151-2040
Short 7151-2035

Distal Cutting Block
7144-1147

SPEED PIN
7401-3480

Distal femoral resection *continued*

Sizing note

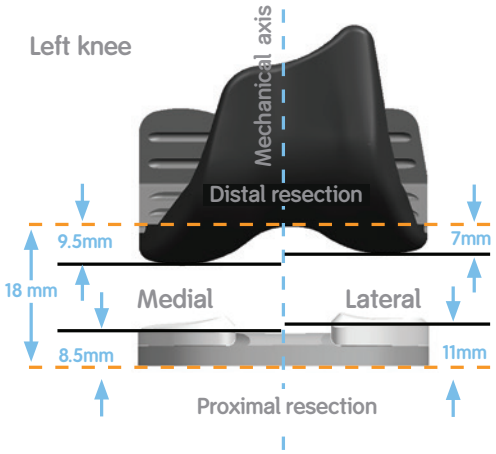
The JOURNEY® II Total Knee System femoral component features a proportional distal resection for the Standard and Large sizes (see table).

Use preoperative templating to estimate the femur size to determine the appropriate distal resection.

If the approximate size is between a size 8 and size 9, it is recommended to make the distal resection for the larger of the two sizes and proceed as normal.

The Distal Cutting Block is designed to remove 9.5mm.

	Size	Distal Resection
Standard	1–8	9.5mm
Large	9–10	11.5mm



Note: Femoral sizes 1 – 8 and 9 – 10 each have a separate distal femoral gauge to accommodate their different distal resection levels.

4 Place the distal femoral gauge on the resected distal femur and bring the knee into extension (Figure 9). If the knee achieves an acceptable terminal extension, proceed without re-cutting. If not, shift distal cutting block 2mm and recut.

Note: Achieving terminal extension is important in the JOURNEY II XR® knee, to ensure the natural joint line and ACL is preserved.

5 With the distal femoral gauge in place and the knee in acceptable terminal extension, mark the anterior tibia as an initial depth estimate (Figure 10).

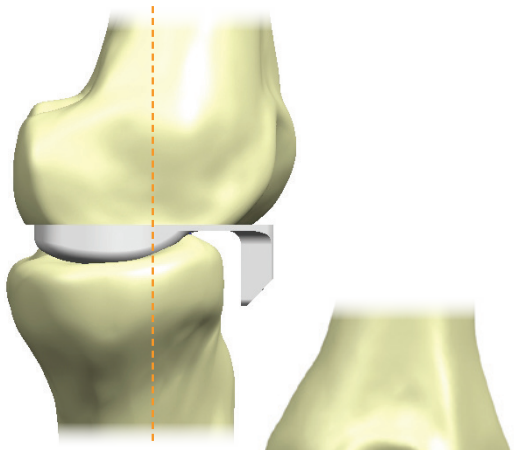


Figure 9

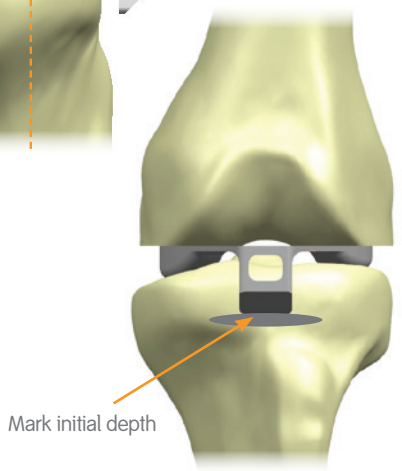


Figure 10

Distal Femoral Gauges

SZ 1–8 LT 7403-3525
SZ 9–10 LT 7403-3526

SZ 1–8 RT 7403-3527
SZ 9–10 RT 7403-3528

Femoral positioning and sizing

1 **Optional** Mark the AP and epicondylar axis on the femur (Figure 11).

2 Place the (left or right) JOURNEY® II DCF Sizing Guide on the resected distal femur. With the medial paddle mated to the posterior medial condyle and the sizing guide flush to the distal resection, place a 45mm headed SPEED PIN® through the hole just above the medial paddle (Figure 12). This will secure the sizing guide for the remainder of its use.

Note: A Quick Connect Handle can aid with positioning the sizing guide.

3 If there exists a known flexion/extension imbalance, unlock, translate and relock the drill guide appropriately (Figure 13).

Note: Do not translate the drill guide for anterior referencing. Anterior referencing, if desirable, is accomplished with the AP Cutting Block.

4 Ensure that the lateral paddle is mated to the posterior lateral condyle. Begin with the paddle set to 3°. Rotate away from 3° if it is desirable to match the AP or epicondylar axis or if it is desirable to balance the medial and lateral flexion gaps (Figure 14).

Note: Each degree of rotation away from 3° is approximately 1mm deviation away from the lateral condyle (e.g. at 6°, 3mm of implant material is added to the lateral flexion gap).

5 Once both the AP and rotational measures are desirable relative to the anatomic landmarks, drill about a 1 inch (25mm) deep hole through each of the two holes in the drill guide (Figure 15).

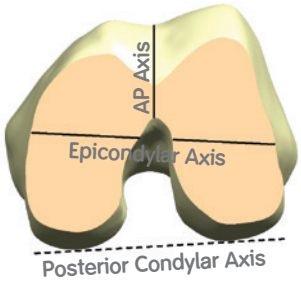


Figure 11

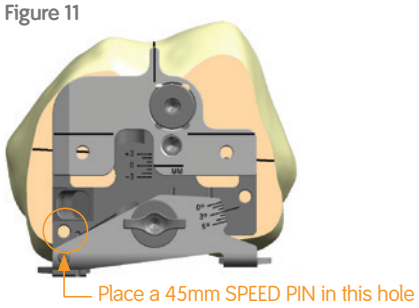


Figure 12

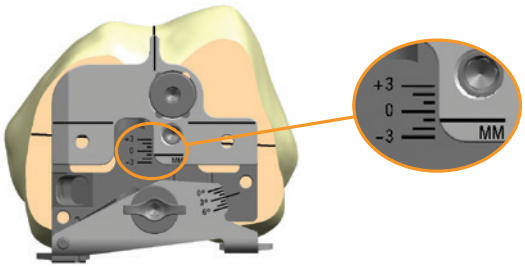


Figure 13

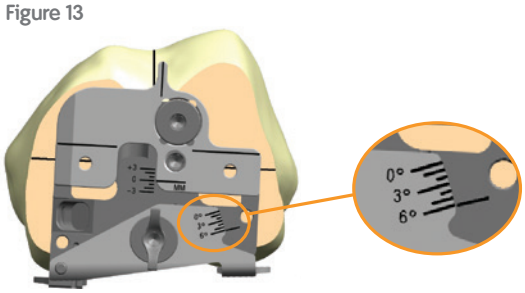


Figure 14

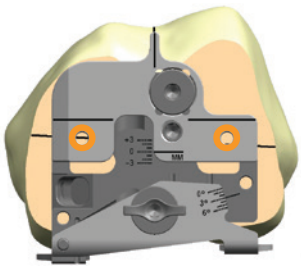


Figure 15

JOURNEY II TKA Femoral Sizing Guide LT
7401-2455

JOURNEY II TKA Femoral Sizing Guide RT
7401-2456

JOURNEY II TKA Femoral Sizing Stylus
7401-2457

Femoral positioning and sizing *continued*

6 Finally, assemble the JOURNEY® Sizing Stylus to the guide and estimate the AP femoral size. Position the stylus tip just lateral of the anterior trochlear sulcus (Figures 16-18). If desired, use the indicated size Femoral Trial to compare the ML width before selecting which size AP Cutting Block to use.

Design note: The JOURNEY II DCF Sizing Guide is designed to reference the posterior condyles. At 3° the guide will make AP resections at 3° externally rotated from the posterior condylar axis. The guide also allows for rotation between 0° and 6° relative to the posterior condylar axis.

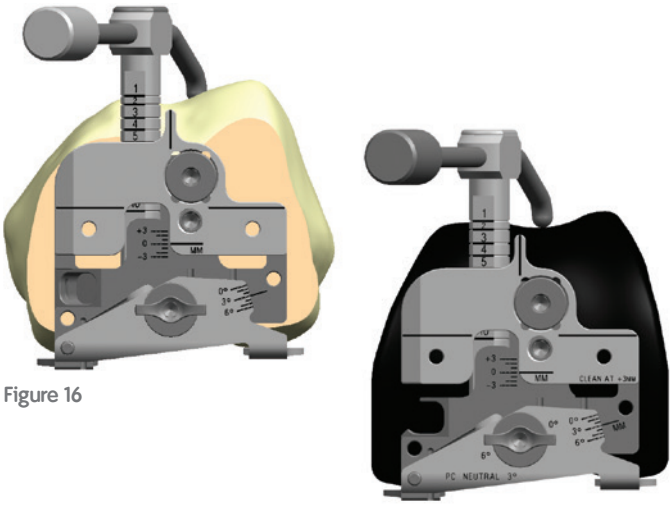


Figure 16

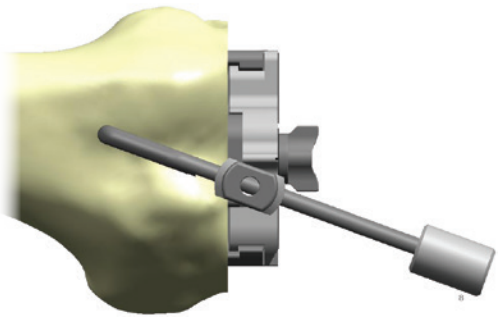


Figure 17

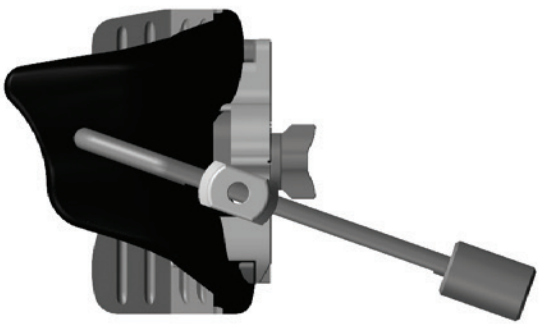


Figure 18

JOURNEY II TKA
Femoral Sizing
Guide LT
7401-2455

JOURNEY II TKA
Femoral Sizing
Guide RT
7401-2456

JOURNEY II TKA
Femoral Sizing Stylus
7401-2457

Femoral AP and chamfer resections instrument

1 Position the spikes on the DCF AP Femoral Block into the predrilled holes (Figure 19). Use the Mallet to impact the AP Block assembly until the block is flush with the resected distal femur. Remove the AP Block Impactor.

Note: The posterior resection will match the implant thickness when the highlighted indicator in the AP Block knob is aligned with "Post. Ref".

Note: The AP Femoral Cutting Block allows adjustment of up to 2mm either anteriorly or posteriorly.

2 Use the Angel Wing to check the location of the anterior cutting slot. Make any necessary anterior/posterior adjustments (Figure 20) to avoid overstuffing the patella femoral joint, overstuffing the flexion space or femoral notching.

Note: If 2mm upshift is not enough to avoid notching, select the next largest AP cutting block size and adjust until notching is avoided.

Design note: The difference between JOURNEY® II TKA femoral implant sizes is 3mm on average.

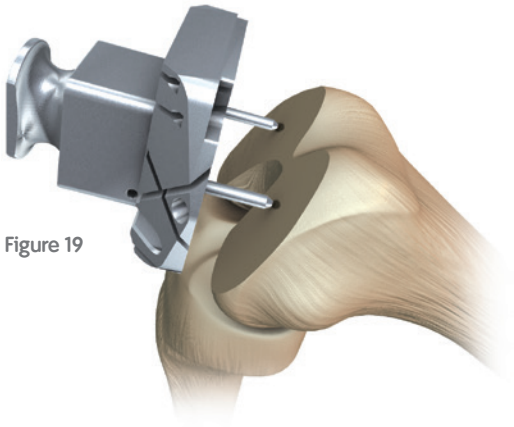


Figure 19

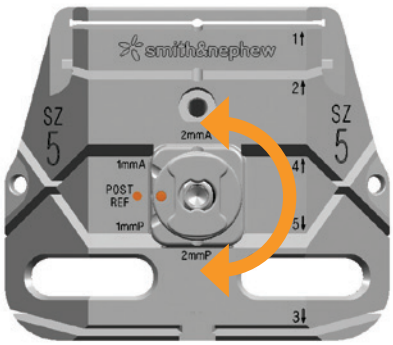


Figure 20

JOURNEY® DCF AP Femoral Cutting Block Size 5
7401-2415

JOURNEY DCF AP Femoral Block Impactor
7401-2421

JOURNEY Resection Check
7401-2431

Hex Driver
115035

Femoral AP and chamfer resections instrument *continued*

3 Use two 45mm rimmed SPEED PIN® through the medial and lateral fixation holes on the cutting block (Figure 21).

Note: Any bone spikes placed in either the medial or lateral anterior spike holes if present should be removed before making the anterior chamfer resection.

4 Complete the cuts in the order indicated on the block:

1 Anterior
2 Anterior Chord
3 Posterior
4 Posterior Chamfer
5 Anterior Chamfer

Note: While performing the posterior and posterior chamfer resections use careful placement of retractors to protect the Popliteus Tendon attachments to the femur. Releasing the Popliteus Tendon can destabilize the knee laterally in flexion. Ensure care is taken in the posterior and posterior chamfers resections to protect the ACL.

Note: Ensure the posterior chamfer bone cuts are completely cleared out of osteophytes and bone, so the next step is performed.

Tip: With femoral resections complete, it is recommended to remove as much tibia meniscus as possible before moving on to the tibial resections.

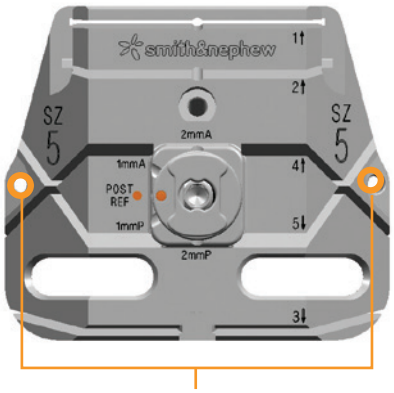


Figure 21

Set initial tibia rotation and M/L placement

With the knee in flexion, use the tibial sizing template to visualize baseplate rotation and medial lateral placement according to the following steps (Figure 22):

1 Align the sizing template in the optimal position for midline medial/lateral coverage (see blue arrows).

2 Ensure that the anterior medial and lateral portions of the sizing template do not have significant underhang or overhang (see yellow arrows).

3 Ensure the sizing template has fully captured the ACL (see red arrows). **Do not** set the tibia rotation based off of the placement of the femur, orientation of the ACL fibers, or the tibia tubercle as these landmarks could lead to poor tibia coverage.

Note: The lack of constraint in the tibia articular geometry allows forgiving placement of the tibia component, without sacrificing kinematics.

Note: Make sure that the ACL is fully captured at this step so that it will not be damaged by the tibial resection.

Note: The tibia sizing template and corresponding markings should be as far lateral as possible, without sacrificing the ACL. There is a tendency to medialize this alignment and that needs to be avoided to prevent medial implant overhang.

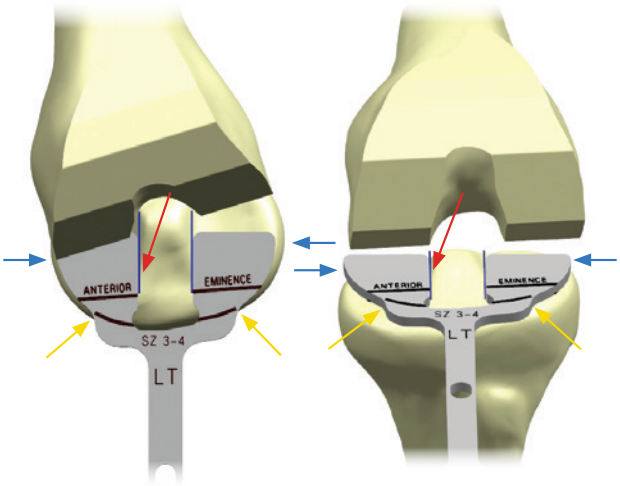


Figure 22

JOURNEY® II XR® Tibial Sizing Template
Small 7401-4485
Large 7401-4486

Instrument assembly

Extramedullary tibial alignment guide

Insert the ankle clamp into the distal end of the alignment tube and thread the locking pin into the ankle clamp (Figure 23).

After the ankle clamp is moved into the proper position, lock into place with the gold knob.

Choose the correct left or right tibial cutting block. Select the non-spiked fixation rod.

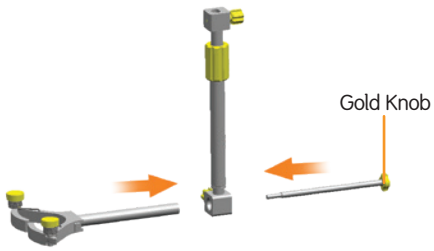


Figure 23

Non-spiked fixation rod

Place the appropriate left or right tibial datum block on the non-spiked fixation rod (Figure 24). Tighten the central screw to lock the block into position.

Introduce the rod into the extramedullary assembly and adjust and lock the locking screw in the assembly.

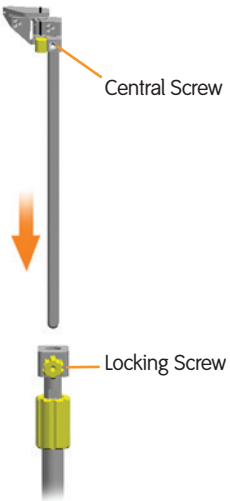


Figure 24

EM tibial alignment

1 Place the arms of the extramedullary alignment clamp around the ankle, and adjust the distal M/L slide directly over the middle of the tibiotalar joint, which is also approximated by the second ray of the foot proximal to the malleoli (Figure 25).

Tip: Neutral or minimally sloped alignment may be achieved by palpating the fibula followed by aligning the alignment guide parallel to the fibula. Tibial bowing and soft tissue bulk may make external tibial referencing unreliable.

Figure 25

Ankle Clamp
7144-0444

EM Alignment Tube
7401-4461

Datum Block
LT 7401-4463
RT 7401-4464

Non-spiked Fixation Rod
7401-3992

2 Mate the Datum Block to the anterior tibia by making the groove roughly in line with the medial marking from the tibia sizing template (Figure 26).

3 Then align the top of the Datum Block with the provisional depth mark from the distal femoral gauge and place a 65mm headed SPEED PIN® through the upper half of the Datum Block's provisional slot to stabilize (pin shown orange in Figure 27). **Do not fully seat pin.**

Note: Direct the headed SPEED PIN into the upper half of the provisional slot, as the distal femoral gage marking tends to overestimate the tibial resection if the knee is hyperextended in the distal cut step. The tibia resection level always looks to be aggressive as the cutting block is uncaptured in this initial step.

4 Next, set the slope and V/V of the extramedullary alignment rod neutral to the tibial mechanical axis and lock using the EM Tower Assembly.

Note: The primary Datum Block has 3° of posterior slope built into it. It is recommended to attempt to match the natural posterior slope of the patient's tibia, so additional slope might be need to be added using the ankle clamp adjustment for patients with greater than 3° of slope. When assessing posterior flexion balance and more slope is needed, a 5° re-cut Datum Block is available. Do not use the 5° Datum Block to set the primary tibial cuts as this will eliminate the possibility of easily adding more posterior slope to the resection.

5 Finally, set depth using the Depth Stylus to reference the center of the medial tibia plateau (Figure 28). In the case of extreme medial wear, reference the lateral tibia or adjust the stylus for appropriate compensation.

Note: The minimal medial implant thickness is 8.5mm medially and 11mm laterally. If there is no wear in the compartment, then the stylus can be set to this maximum depth, but should be adjusted to a lesser depth if there is wear in the compartment.

6 Fix the Datum Block by pinning through the "0"mm set of holes with 65mm non-rimmed SPEED PINs (pins shown green in Figure 27). Tighten the headed SPEED PIN in the slot for additional stabilization.

Note: Ensure that the lateral most pin is medial to the patellar tendon so that the patellar tendon is restricted from interfering with later steps.

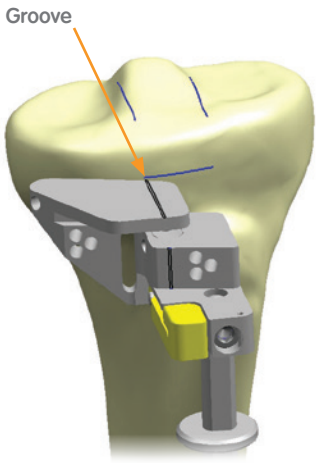


Figure 26

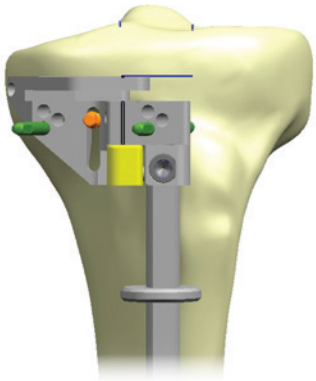


Figure 27

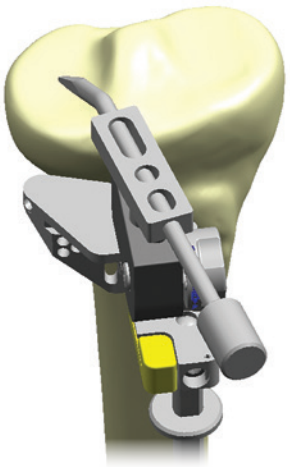
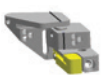


Figure 28

EM Alignment Tube
7401-4461



3° Datum Block
LT 7401-4463
RT 7401-4464

Non-spiked Fixation Rod
7401-3992

Depth Stylus
7401-4467

Set the tibia cut orientation

1 In Flexion, assemble the orientation stylus so that the arms line up with the provisional eminence marks (Figure 29). Lock the orientation stylus by pushing up on the gold locking cam.

2 Verify that the cruciates are inside the resection planes indicated by the outer surface of the orientation stylus arms.

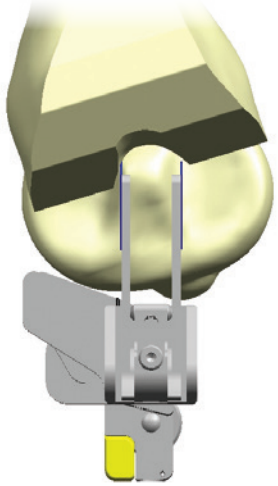


Figure 29

Medial and mesial tibia cuts

1 With the tibial orientation stylus locked, drive a 1/8" (3.2mm) drill or pin into each of the medial and lateral undercut protection holes. Be careful not to protrude through the posterior cortical bone (Figure 30).

Tip: In order to protect the eminence and avoid violating the posterior cortex, estimate the depth for the pin/drill by laying it over the bone and orientation stylus. A graduated pin/drill or pin/drill marked with methylene blue can be used to improve the estimate.

2 Use thickest possible reciprocating saw blade up to 1.5mm thick to make the medial and lateral sagittal resections first.

3 Use a narrow oscillating saw blade to finish the medial resection. Remove the drills/pins and orientation stylus.

Tip: When removing the lateral drill/pin mark the hole as it will be needed during the lateral tibial cut step.

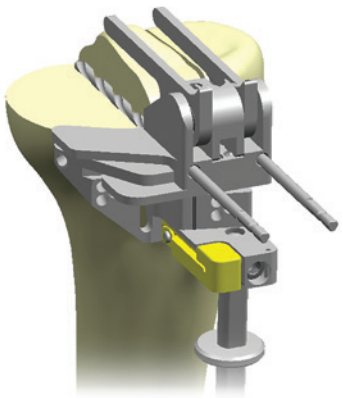


Figure 30

JOURNEY® II XR® Tibial Orientation Stylus
LT 7401-4465
RT 7401-4466

Medial tibia balance

1 Insert the femoral trial onto the prepared femoral bone using the femoral impactor.

2 Select the best size Medial Baseplate Trial (Figure 31). Find the medial insert trial thickness which results in 1-2mm laxity in extension. Next, find the medial insert trial slope which results in 2-3mm of laxity in flexion:

   a. Red insert trials represent recut options for balance management. Each red insert trial corresponds to an instrumented recut option (more posterior slope and/or more depth).

   b. Blue insert trials represent implant options for laxity reduction in flexion (less posterior slope). Each blue insert trial corresponds to an insert implant option.

3 If re-cutting, be sure to prepare for the lateral resection by re-drilling the lateral eminence hole through the orientation stylus after it is attached to the datum block setup for the re-cut.

Tip: The orientation stylus can be aligned to the previous sagittal resections using an Angel Wing or saw blade.

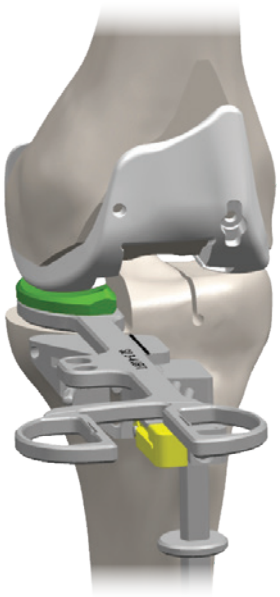


Figure 31

	Tight	OK	Loose
Extension	6mm, 0° 	8mm, 0° 	9 – 12mm, 0° 
Flexion			
Tight	2° trial, 2mm, 2° recut 	8mm, 2° recut 	9-12mm, 2° Insert 
OK	0° trial, 2mm recut 	8mm 	9 – 12mm 
Loose	2mm recut. Then use -2° Insert	8mm, -2° Insert 	9 – 12mm, -2° Insert 

JOURNEY° II XR° Tibial Base Trial
7401-4481
See catalog info for all sizes

XR Tibial Insert Trial Medial 0°
7401-3801
See catalog info for all sizes

XR Tibial Insert Trial Medial -2°
7401-3889
See catalog info for all sizes

XR Tibial Recut Trial Medial +2°
7403-3753
See catalog info for all sizes

XR Tibial Recut Trial Medial 6mm
7403-3752
See catalog info for all sizes

Lateral tibia cut

1 Locate the lateral Eminence Pin hole. Press the floating pin of the Lateral saw capture block into the hole while sliding the posterior tip of the saw capture behind the patellar tendon (Figure 32).

2 Attach the lateral saw capture block to the datum block. Adjust the lateral saw capture for optimal fit against the lateral anterior tibia and under the patellar ligament and lock using the datum block. Resect the lateral tibia using a narrow oscillating saw blade.

Tip: Removing the femoral trial at this step allows for easier removal of the lateral bone.

Note: The sizing template, baseplate trial, or tibial punch tray can all be used to assess coplanarity of the medial and lateral resections.

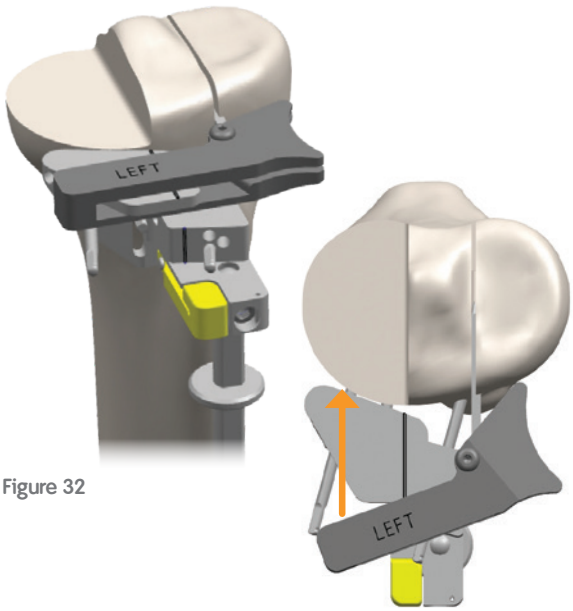


Figure 32

Full ROM trialing

1 Select the full insert trial option that provided optimal medial balance. Gauge and ensure 1-2mm of medial and lateral extension laxity (Figure 33).

Tip: If the baseplate trial cannot reach fully posterior, it might be necessary to rongeur or resect a small amount of anterior bone in order to fully seat the baseplate trials.

2 Gauge and ensure 2-3mm of medial flexion laxity. Lateral flexion laxity may be greater, but a minimum of 2-3mm is suggested. Additionally, assess knee stability (A-P, M-L, I-E) to ensure sufficient ligament function for low constraint in implant.

Note: If insufficient ligament function, consider resecting the eminence and transitioning to a CR or BCS knee.

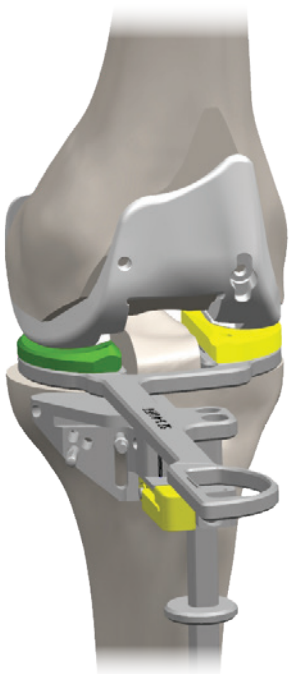


Figure 33

JOURNEY° II XR° Lateral Saw Capture
LT 7401-4468
RT 7401-4469

XR Tibial Insert Trial Lateral 0°
7401-3806
See catalog info for all sizes

XR Tibial Insert Trial Lateral -2°
7401-3894
See catalog info for all sizes

3 Flex and extend the knee checking for femoral implant impingement on the ACL or tibial eminence. Adjust the femoral trial medial-lateral position if necessary and pin the trial.

4 In the rare event of imbalance at this step, the same recut and implant options are available as during the medial tibial balance step.

Finish femoral preparation

1 Using the angled face on the femoral trial as the guide, remove the anterior intercondylar femoral bone using a narrow sawblade (Figure 34).

Tip: Be sure to flex the knee sufficiently to keep the ACL out of the path of the sawblade.

2 Select the appropriate size CR notch trial and engage the anterior portion of the notch trial first. Then use the femoral impactor to impact the posterior portion of the notch trial until it sits flush with the femoral trial (Figure 35). Perform final trialing with patella and notch trial. If contact between femoral implant and cruciate ligaments is observed, consider adjusting medial-lateral position of the femoral trial and repeating the femoral intercondylar notch preparation.

3 Use the lug drill to prepare for the femoral lugs by drilling to the bottom of both distal holes in the femoral trial (Figure 35). Remove the femoral trial.

Note: If the ACL is impinged with the femoral component, it is recommended the ACL be sacrificed and the knee be converted to a JOURNEY® II CR or JOURNEY II BCS.

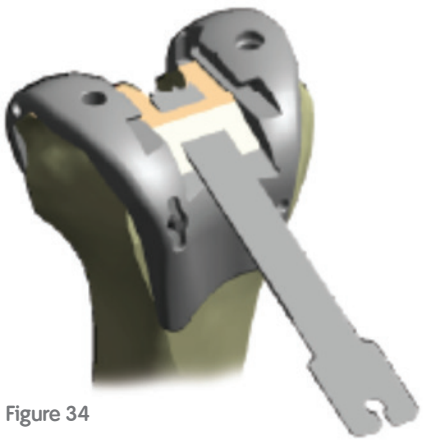


Figure 34

Figure 35

Anterior Tibia Resection

1 Attach the anterior eminence chisel guide to the datum block and lock the datum block (Figure 36).

   a. Use the anterior eminence chisel to resect the anterior eminence vertically first.

   b. Finish the anterior eminence resection by using an oscillating saw to complete transverse resection (Figure 37).

   c. Remove chisel guide, datum block and pins.

Note: The anterior eminence chisel guide should be aligned as posterior as possible, without sacrificing the ACL which can be viewed through the window in the chisel when the chisel is placed in the guide. This will help the baseplate have sufficient tibia coverage.

Note: For a larger tibia, use the Long Anterior Eminence Chisel Guide to reach far enough posteriorly to make the adequate resection.

Note: The Orientation Template can be used to determine where to resect the eminence. Place the appropriate sized Orientation Templates on the resected plateau, noting where the resection line should be anterior of the ACL and mark the location.

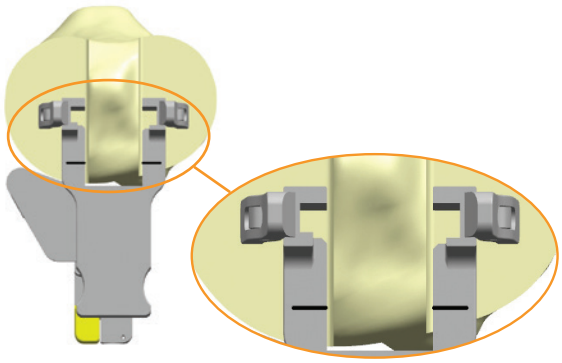


Figure 36

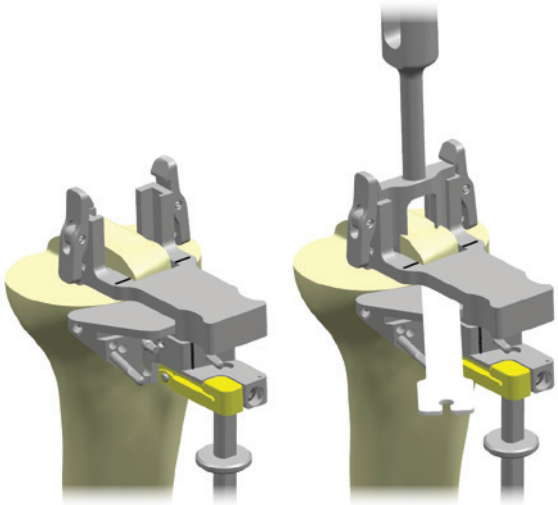


Figure 37

JOURNEY XR Anterior Eminence Chisel Guide
7401-4525
7401-4452 Long

JOURNEY II XR Anterior Eminence Chisel
7401-4532

Tibia keel and peg preparation: Option 1

1 Place the appropriate tibial punch tray onto the tibia and ensure adequate fit and coverage.

Tip: If their is poor tibial coverage, fine tune the eminence resection or consider converting to a JOURNEY® II CR or JOURNEY II BCS.

Tip: It is recommended that tibia keel and peg preparation is completed in approximately 105° of flexion. This will provide the maximal clearance between the tibia and femoral bone, without causing additional tension on the ACL.

2 Attach the appropriate size tibial punch guide to the tibial punch tray. Pin in the posterior holes using two 6mm x 27mm tibial SPEED PIN®s and then secure using two 6.5mm x 40mm SPEED PINs in the anterior holes (Figure 38).

3 Using the appropriate size tibial keel punch, prepare for the keel through the tibial punch guide and tray (Figure 38).

4 Remove all instruments from the joint and prepare to cement implants.

Tip: It is recommended to use a curette or osteotome to clean out excess bone to ensure that the baseplate implant will fully seat.

Figure 38

JOURNEY II XR Tibial Punch Tray
7401-4491
See catalog info for all sizes

JOURNEY II XR Tibial Punch Guide
7401-4471
See catalog info for all sizes

JOURNEY II XR Tibial SPEED PIN®
6mm x 27mm 7401-4531
6.5mm x 40mm 7401-4535

JOURNEY® II XR® Tibial Keel Punch
7401-4526
See catalog info for all sizes

Tibial keel and peg preparation: Option 2 Drill and punch method

1 Place the appropriate tibial punch guide onto the tibia and ensure adequate fit and coverage (Figure 41).

Tip: If there is poor tibial coverage, fine tune the eminence resection or consider converting to a JOURNEY® II CR or JOURNEY II BCS.

Tip: It is recommended that tibia keel and peg preparation is completed in approximately 105° of flexion. This will provide the maximal clearance between the tibia and femoral bone, without causing additional tension on the ACL.

2 Using 30mm SPEED PIN®s, fix the tibial punch guide to the prepared tibial plateau (Figure 42).

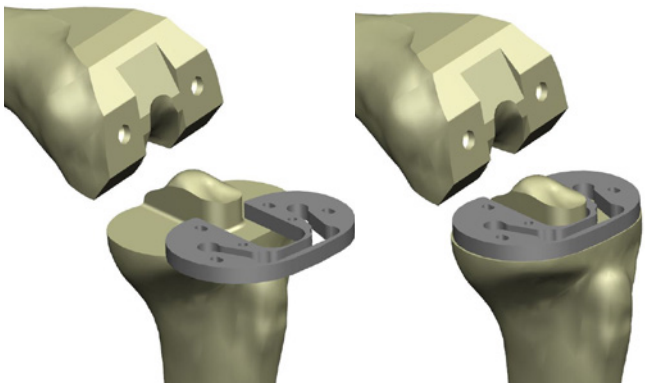


Figure 41

Figure 42

3 Place the appropriate drill guide into the tibial punch guide Figure 43).

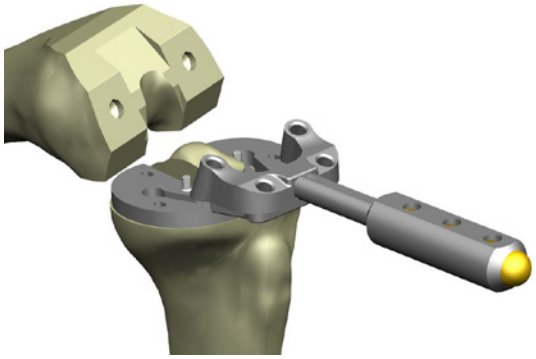
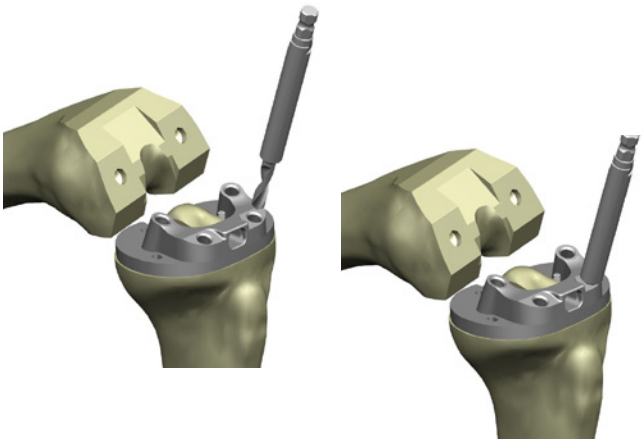


Figure 43

4 Once the drill guide is firmly seated flush to the tibial punch guide, prepare the tibia for the lugs by drilling the two anterior holes first and then the two posterior holes second (Figure 44).



5 Once drilling is complete, remove the drill and drill guide leaving the tibial punch guide in place.

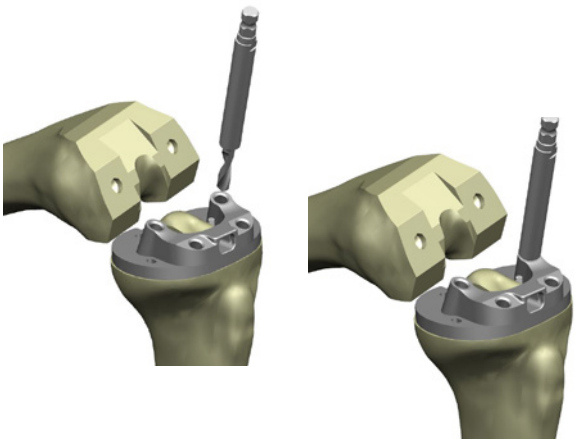


Figure 44

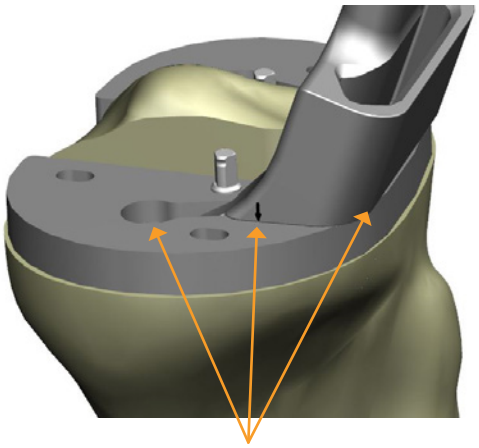
JOURNEY® II XR®
Tibial Drill Guide
7401-3996
See catalog info for all sizes

JOURNEY II XR
Tibia Keel Drill
7401-3993

Tibial keel and peg preparation: Option 2 Drill and punch method
continued

6 Orient the horizontal laser lines on the posterior fin punch parallel to the proximal surface of the tibial punch guide. Impact posterior punch until it is fully seated onto the tibial punch guide (Figure 45).

Figure 45



Note: Laser marked arrows on punch indicate additional check to ensure punch is fully seated posteriorly as well as along anterior edge. When punch is fully seated the posterior pegs will be recessed below the surface of the punch guide.

JOURNEY® II XR®
Posterior Tibia Keel Punch
7401-4542
See catalog info for all sizes

JOURNEY II XR
Anterior Punch
SZ 1-2 7401-3990
SZ 3-8 7401-3991

7 Insert anterior punch into the anterior slot of the posterior punch. Impact anterior punch until it is fully seated. While impacting, ensure that the posterior punch remains fully seated onto the tibial punch guide. Anterior punch must be removed before posterior punch. Following the removal of both punches, the tibial punch guide may be removed from the proximal tibia (Figure 46).

8 Remove all instruments from the joint and prepare to cement implants.

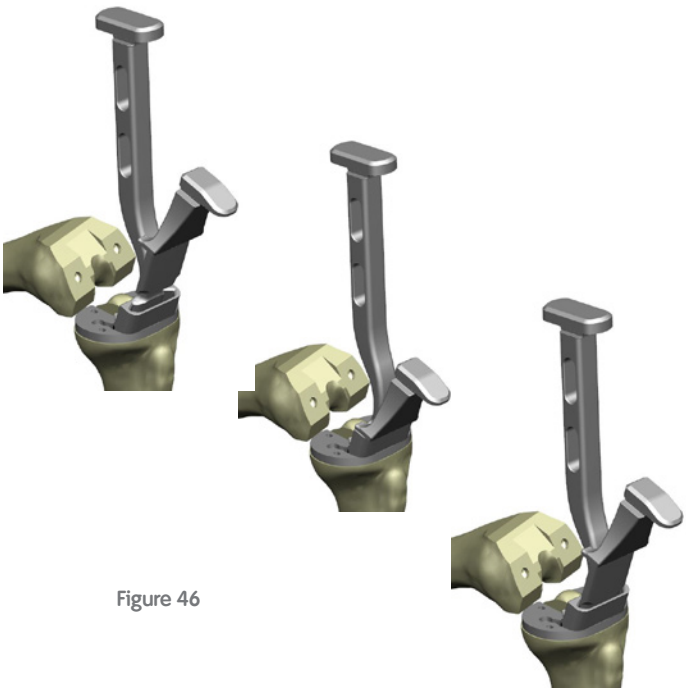


Figure 46

JOURNEY® II XR®
Posterior Tibia Keel Punch
7401-4542
See catalog info for all sizes

JOURNEY II XR
Anterior Punch
SZ 1-2 7401-3990
SZ 3-8 7401-3991

Patellar preparation

The recommended time to prepare the patella is after all tibial and femoral cuts are made, but prior to trial placement. In some cases, the patella is cut just after the arthrotomy to facilitate exposure.

Evert the patella, or at least partially evert the patella to 90°, measure its thickness and determine the appropriate diameter implant.

1 Attach the Patellar Reamer Guide to the patella and tighten the reamer guide on the patella.

2 Use the Patellar Calipers to measure the patella thickness through the collet and guide (Figure 47).

3 Attach the Patellar Reamer Shaft assembly to the drill and lower the reamer through the Patellar Reamer Guide until the reamer dome contacts the patella.

4 Swing the Patellar Depth Gauge around so that the "claw" contact surrounds the Patellar Reamer Shaft.

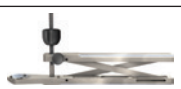
5 Lower the Patellar Depth Stop until it contacts the Patellar Depth Gauge (Figure 48).

6 Remove the Depth Gauge.

7 Ream the patella until the Patellar Depth Stop engages the Patellar Reamer Collet. Remove the reamer assembly from the Patellar Reamer Collet and remove any loose material from the patella.

Figure 47

Patellar reamer collet
7144-0512



Patellar reamer guide
7144-0311

Calipers
114943

Biconvex patellar depth gauge
7144-0328

Resurfacing patellar depth gauge
7144-0330

Biconvex (inset) patella

8 If the Biconvex design is selected, use a towel clip to insert the appropriate diameter Biconvex Patella Trial into the recess in the patella. Use the Patellar Caliper to reassess the patella thickness. If the desired thickness is achieved, remove the Patellar Reamer Guide Assembly from the patella.

Note: To decrease the patella thickness further, depress the button on the depth stop to raise it on the Patellar Reamer Shaft. Each tooth adjustment will ream an additional 1mm. Engage the Patellar Reamer back into the Patellar Reamer Collet and ream the patella until the Patellar Depth Stop engages the Patella Reamer Collet.

Figure 48

Biconvex patellar reamer
7144-0636

Resurfacing patellar reamer
7144-0348

Patellar depth stop
7144-0326

Patellar reamer shaft
7144-0324

Biconvex patella trial
7403-4626

Calipers
114943

Patellar preparation *continued*

Resurfacing (onset) patella

8 If the Resurfacing design is selected, use the Patella Caliper to reassess the patella thickness. If the desired thickness is achieved, remove the Patella Reamer Guide Assembly from the patella.

Note: To decrease the patella thickness further, depress the button on the Patellar Depth Stop to raise it on the Patella Reamer Shaft. Each tooth adjustment will ream an additional 1mm. Engage the Patella Reamer back into the Patella Reamer Collet and ream the patella until the depth stop engages the Patella Reamer Collet.

9 Remove the Patella Reamer Collet from the Patella Reamer Guide.

10 Select the appropriate diameter Resurfacing Patella Drill Guide and slide it onto the Patella Reamer Guide. Attach the Patella Reamer Guide Assembly to the reamed patella and tighten the reamer guide on the patella.

11 Use the Patella Peg Drill to drill the three pegs through the Patella Drill Guide until the drill bottoms out in the guide (Figure 49).

12 Remove the Patella Reamer Guide and drill guide from the patella.

13 Place the Resurfacing Patellar Trial onto the resected patella. Use the Patella Caliper to reassess the patella thickness.

Note: All GENESIS® II patellas are cleared for use with JOURNEY® II Total Knee System

Figure 49

JOURNEY Resurfacing patella drill guide
7401-0426

Patella peg drill
7401-0401

Resection guide technique

1 Measure the overall thickness of the patella with the Patellar Caliper.

2 Subtract from this number the thickness of the JOURNEY® Resurfacing Patellar Component, which is 9mm.

3 The Patella Resection Guide should be set at the amount of bone that should remain after cutting the patella – i.e., the difference between the original patellar thickness and the thickness of the resurfacing patella. The guide is set at this level by turning the knurled knob (Figure 50).

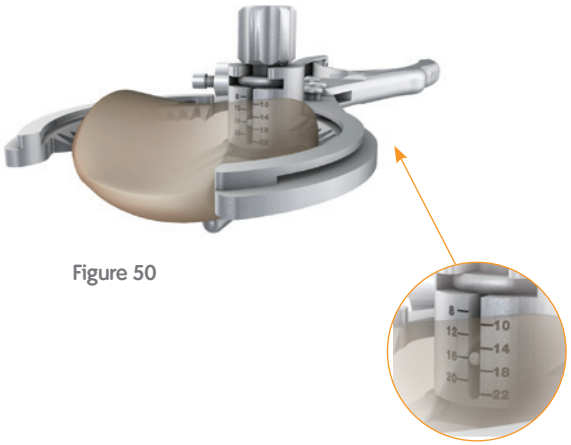


Figure 50

For example

A Measure the overall thickness of the patella with the Patellar Caliper. For this example, the patella measures 25mm.

B Subtract the thickness of the Resurfacing Patellar Component. In this example, 9mm (25mm - 9mm = 16mm). The guide should be set at 16mm for this example

4 Cut the patella through the dedicated saw guides.

5 Select the appropriate diameter Resurfacing Patella Drill Guide and slide it onto the Patella Reamer Guide. Attach the Patella Reamer Guide Assembly to the resected patella and tighten the reamer guide on the patella.

6 Use the Patella Peg Drill to drill for the three peg holes through the Patella Drill Guide until the drill bottoms out in the guide.

7 Remove the Patella Reamer Guide and Drill Guide from the patella.

8 Place the Resurfacing Patellar Trial onto the resected patella. Use the Patella Caliper to reassess the patella thickness.

Patella resection guide
7144-0391

Final implantation

Tibial component

1 Flex the knee and place a thin bent Hohmann laterally and medially and an Aufranc Retractor posteriorly to sublux the tibia forward. It is critical at this step to NOT place excessive force on the instrument used to sublux the tibia.

Tip: Performing this step in approximately 105° of flexion will provide the maximal clearance between the femoral and tibial bone while reducing the tension on the ACL.

2 Suction the prepared keel trough and avoid contaminating the implant cement interface surface with fat or other fluids prior to cement application.

3 Apply generous amounts of cement to the dry underside of the baseplate, keel, onto the tibia surface and into the prepared keel trough.

4 Use the tibial implant impactor and a mallet to fully seat the tibial baseplate component onto the proximal tibia (Figure 51).

5 Remove excess cement.

Figure 51

JOURNEY® II XR® Tibial Base Implant Impactor
7401-4451

Femoral component

Instrument assembly (Figure 52)

A Assemble the femoral implant impactor bumper (available in left and right) onto the femoral implant impactor.

B Unlock the knob completely.

C Press the thumb slide on the femoral implant impactor to push the dual arm mechanism upwards.

D Position the arms inside the intercondylar notch of the femoral component and release the thumb slide. Make sure the tips of the arms are sitting flush in the crescent shaped grooves on the femoral component.

E Lock the knob until hand tight.

Figure 52

Femoral component

1 Flex the knee to 90° keeping the thin bent Hohmann lateral and removing the Aufranc Retractor.

2 Mix and prepare bone cement for femoral component and distal femur.

3 Place the Femoral Component onto the femur by positioning the proximal edge of the posterior condyles at the distal end of the posterior resection and rotating the Femoral Component to align the tips of the lugs to the prepared lug holes in the femur.

4 Impact the Femoral Implant Impactor until the distal surface is completely flush with the distal resection (Figure 53).

5 Unlock the knob completely. Use the thumb slide to disengage the Femoral Impactor from the Femoral Component.

6 Remove excess cement.

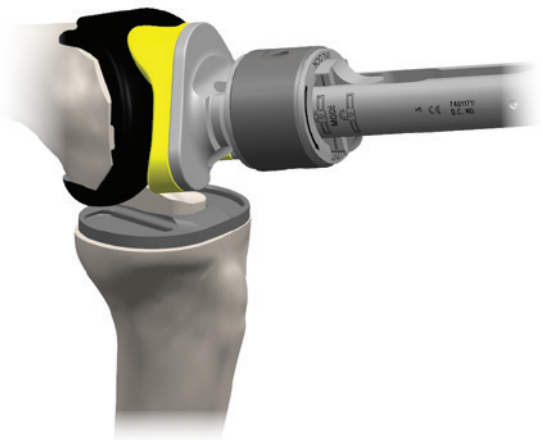


Figure 53

JOURNEY® II CR
femoral impactor bumper
LT 7401-1856
RT 7401-1857

JOURNEY II CR
Femoral implant impactor
7401-1711

Femoral component *continued*

Articular trial insert

1 Load the medial trial insert into the XR Trial Insert Handle (Figure 54).

2 With the knee flexed at 90 degrees, engage the medial trial into the medial pocket of the baseplate at a slight angle to allow the trail insert to slide under the femoral component (Figure 46).

3 Repeat steps 1 and 2 with the lateral insert.

4 Bring the knee into extension to compress the cement and let cure.

Note: Once the knee is in extension, do not compress the knee into hyper-extension or apply a downward force on the knee to compress further. This could cause the eminence to avulse or the ACL to rupture.

Note: Only matching medial and lateral insert options should be used, as non-matching components have not been evaluated for use.

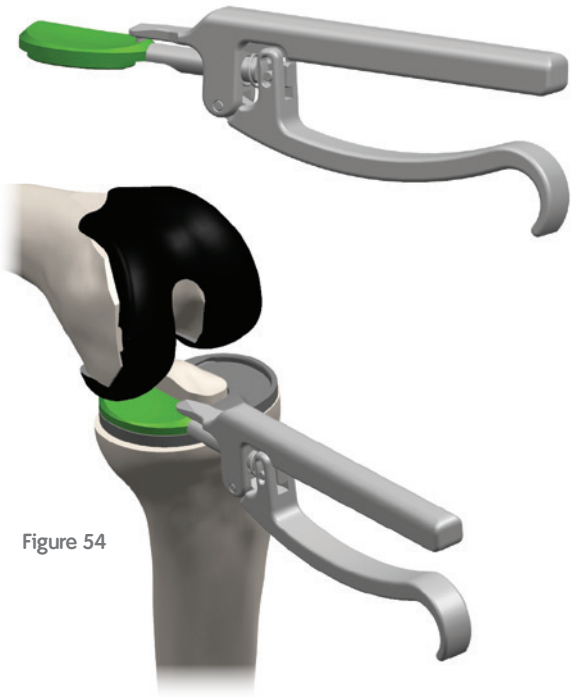


Figure 54

JOURNEY® II XR®
Trial Handle
7401-3977

Articular insert

1 Clear any debris from the locking mechanisms.

2 Deactivate locking mechanism by pressing down on the gold toggle switch (Figure 55).

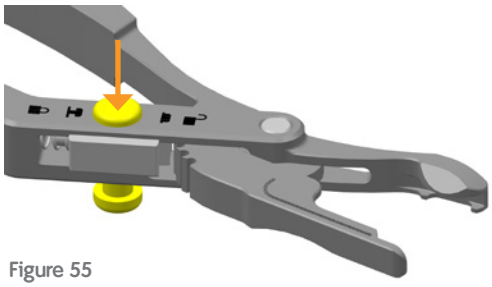


Figure 55

3 With the locking mechanism deactivated, turn over the insert holder so that the bottom side faces up. Swing the handle all the way open to reactivate the locking mechanism (Figure 56).

Note: Only matching medial and lateral insert options should be used, as non-matching components have not been evaluated for use.

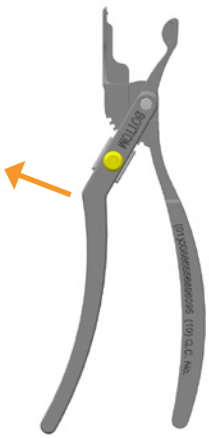


Figure 56

JOURNEY° II XR°
Insert Holder
LM/RL 7401-3944
RM/LL 7401-3995

4 While holding the insert holder bottom side up, align the flat section of the insert against the flat section of the straight arm and push the insert into the corner as shown. Hold insert in position (Figure 57).

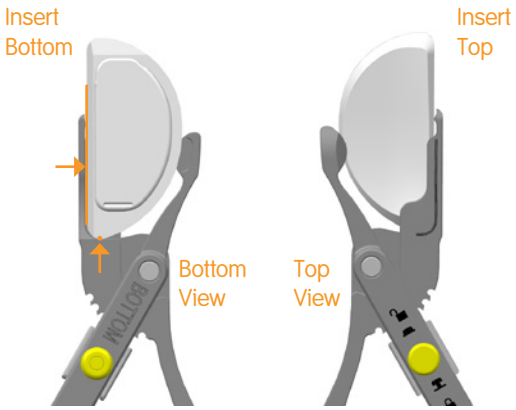


Figure 57

5 Carefully close the curved arm onto the insert, ensure the bumper of the curved arm rests on the articular surface of the insert circled below (Figure 58).

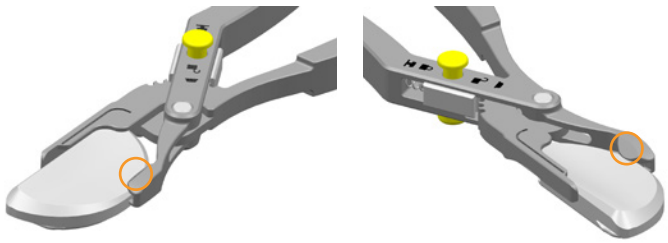


Figure 58

6 Once the curved arm contacts the insert, continue to close the handle for one (1) additional click from the locking mechanism (Figure 59). Examine the stability by gently pulling on the insert.

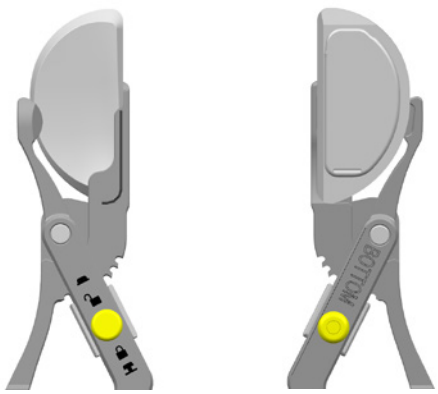


Figure 59

7 Carefully guide the insert implant posteriorly into the pocket in the baseplate; ensure the dove tail locking tab is fully engaged with the baseplate (Figure 60).

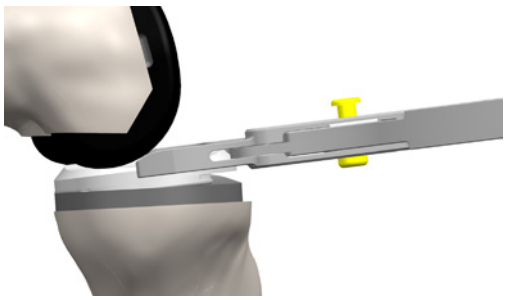


Figure 60

8 Confirm the position of insert implant; then press down on highlighted area to lock the insert implant into the tibial baseplate (Figure 61).

Figure 61

9 Once the insert implant is locked into the baseplate, press down on gold lock pin while squeezing on the holder arms to release the insert holder (Figure 62). Carefully pull out the insert holder.

Figure 62

Alternate femoral and articular insert method

1 Flex the knee to 90 degrees keeping the thin bent Hohmann lateral and removing the Aufranc Retractor.

2 Mix and Prepare bone cement for the femoral component and distal femur.

3 Clear any debris from the locking mechanisms.

4 Grasp the anterior aspect of the medial insert implant and seat the insert implant posteriorly into the baseplate until the insert periphery is within 1-2mm of the tibial component periphery. Using hand pressure, fully seat the insert implant applying a posterior force and then downward force on the anterior aspect of the insert to fully engage the locking mechanism. No impaction should be needed.

5 Repeat step 4 for the lateral insert implant.

6 Place the Femoral Component onto the femur by positioning the proximal edge of the posterior condyles at the distal end of the posterior resection and rotating the Femoral Component to align the tips of the lugs to the prepared lug holes in the femur (Figure 63).

7 Impact the Femoral Implant Impactor until the distal surface is completely flush with the distal resection.

8 Unlock the knob completely. Use the thumb slide to disengage the Femoral Impactor from the Femoral Component.

9 Remove excess cement (Figure 64).

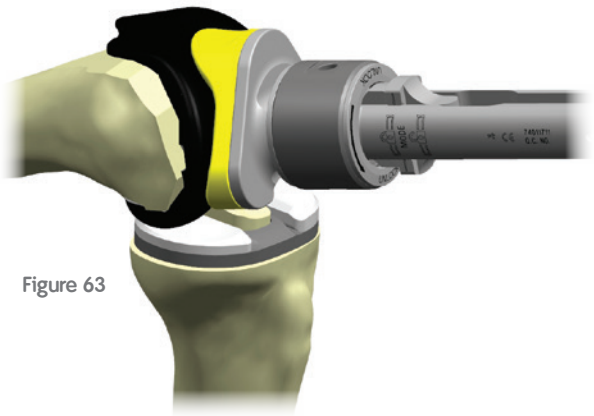


Figure 63

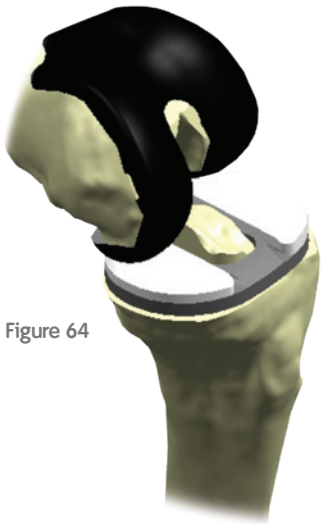


Figure 64

Patellar component

1 Assemble the Patellar Cement Clamp to the Patellar Reamer Guide.

2 Apply bone cement to the reamed patella.

3 Place the patellar implant onto the prepared patella.

4 Clamp the patellar implant into the bone and remove the extruded cement (Figure 65).

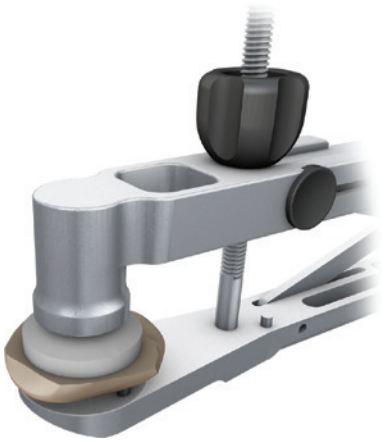


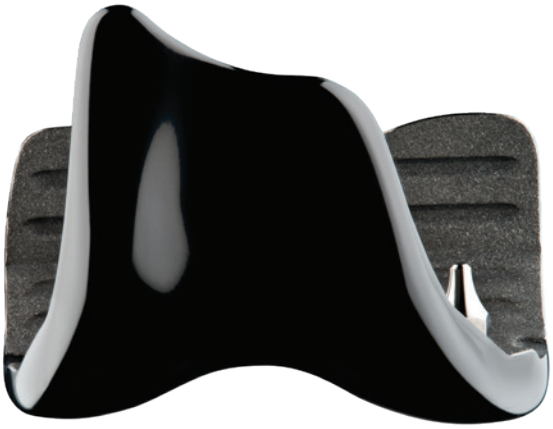
Figure 65

Patellar cement clamp
7401-9801

Catalog information

JOURNEY◇ II CR OXINIUM◇

Femoral implant



Catalog #	Description
7402-1151	JOURNEY II CR Femoral OXINIUM RT Size 1
7402-1152	JOURNEY II CR Femoral OXINIUM RT Size 2
7402-1153	JOURNEY II CR Femoral OXINIUM RT Size 3
7402-1154	JOURNEY II CR Femoral OXINIUM RT Size 4
7402-1155	JOURNEY II CR Femoral OXINIUM RT Size 5
7402-1156	JOURNEY II CR Femoral OXINIUM RT Size 6
7402-1157	JOURNEY II CR Femoral OXINIUM RT Size 7
7402-1158	JOURNEY II CR Femoral OXINIUM RT Size 8
7402-1159	JOURNEY II CR Femoral OXINIUM RT Size 9
7402-1150	JOURNEY II CR Femoral OXINIUM RT Size 10
7402-1161	JOURNEY II CR Femoral OXINIUM LT Size 1
7402-1162	JOURNEY II CR Femoral OXINIUM LT Size 2
7402-1163	JOURNEY II CR Femoral OXINIUM LT Size 3
7402-1164	JOURNEY II CR Femoral OXINIUM LT Size 4
7402-1165	JOURNEY II CR Femoral OXINIUM LT Size 5
7402-1166	JOURNEY II CR Femoral OXINIUM LT Size 6
7402-1167	JOURNEY II CR Femoral OXINIUM LT Size 7
7402-1168	JOURNEY II CR Femoral OXINIUM LT Size 8
7402-1169	JOURNEY II CR Femoral OXINIUM LT Size 9
7402-1160	JOURNEY II CR Femoral OXINIUM LT Size 10

JOURNEY® II CR CoCr

Femoral implant

Catalog #	Description
7402-1251	JOURNEY II CR Femoral CoCr RT Size 1
7402-1252	JOURNEY II CR Femoral CoCr RT Size 2
7402-1253	JOURNEY II CR Femoral CoCr RT Size 3
7402-1254	JOURNEY II CR Femoral CoCr RT Size 4
7402-1255	JOURNEY II CR Femoral CoCr RT Size 5
7402-1256	JOURNEY II CR Femoral CoCr RT Size 6
7402-1257	JOURNEY II CR Femoral CoCr RT Size 7
7402-1258	JOURNEY II CR Femoral CoCr RT Size 8
7402-1259	JOURNEY II CR Femoral CoCr RT Size 9
7402-1261	JOURNEY II CR Femoral CoCr LT Size 1
7402-1262	JOURNEY II CR Femoral CoCr LT Size 2
7402-1263	JOURNEY II CR Femoral CoCr LT Size 3
7402-1264	JOURNEY II CR Femoral CoCr LT Size 4
7402-1265	JOURNEY II CR Femoral CoCr LT Size 5
7402-1266	JOURNEY II CR Femoral CoCr LT Size 6
7402-1267	JOURNEY II CR Femoral CoCr LT Size 7
7402-1268	JOURNEY II CR Femoral CoCr LT Size 8
7402-1269	JOURNEY II CR Femoral CoCr LT Size 9

Catalog information *continued*

7402-2240

JOURNEY◇ II XR◇ XLPE Insert (0° slope)
8-12mm Implant Set

	Medial	
Size 1-2	Left	Right
8mm	7402-3720	7402-3710
9mm	7402-3721	7402-3711
10mm	7402-3722	7402-3712
11mm	7402-3723	7402-3713
12mm	7402-3724	7402-3714

Size 3-4	Left	Right
8mm	7402-3740	7402-3730
9mm	7402-3741	7402-3731
10mm	7402-3742	7402-3732
11mm	7402-3743	7402-3733
12mm	7402-3744	7402-3734

Size 5-6	Left	Right
8mm	7402-3760	7402-3750
9mm	7402-3761	7402-3751
10mm	7402-3762	7402-3752
11mm	7402-3763	7402-3753
12mm	7402-3764	7402-3754

Size 7-8	Left	Right
8mm	7402-3780	7402-3770
9mm	7402-3781	7402-3771
10mm	7402-3782	7402-3772
11mm	7402-3783	7402-3773
12mm	7402-3784	7402-3774

	Lateral	
Size 1-2	Left	Right
8mm	7402-3820	7402-3810
9mm	7402-3821	7402-3811
10mm	7402-3822	7402-3812
11mm	7402-3823	7402-3813
12mm	7402-3824	7402-3814

Size 3-4	Left	Right
8mm	7402-3840	7402-3830
9mm	7402-3841	7402-3831
10mm	7402-3842	7402-3832
11mm	7402-3843	7402-3833
12mm	7402-3844	7402-3834

Size 5-6	Left	Right
8mm	7402-3860	7402-3850
9mm	7402-3861	7402-3851
10mm	7402-3862	7402-3852
11mm	7402-3863	7402-3853
12mm	7402-3864	7402-3854

Size 7-8	Left	Right
8mm	7402-3880	7402-3870
9mm	7402-3881	7402-3871
10mm	7402-3882	7402-3872
11mm	7402-3883	7402-3873
12mm	7402-3884	7402-3874

7402-2280

JOURNEY® II XR® XLPE ART Insert (-2° slope)
8-12mm Implant Set

	Medial	
Size 1-2	Left	Right
8mm	7402-3956	7402-3951
9mm	7402-3957	7402-3952
10mm	7402-3958	7402-3953
11mm	7402-3959	7402-3954
12mm	7402-3961	7402-3955

	Lateral	
Size 1-2	Left	Right
8mm	7402-4002	7402-3995
9mm	7402-4003	7402-3996
10mm	7402-4004	7402-3997
11mm	7402-4005	7402-3998
12mm	7402-4006	7402-4001

Size 3-4	Left	Right
8mm	7402-3967	7402-3962
9mm	7402-3968	7402-3963
10mm	7402-3969	7402-3964
11mm	7402-3971	7402-3965
12mm	7402-3972	7402-3966

Size 3-4	Left	Right
8mm	7402-4013	7402-4007
9mm	7402-4014	7402-4008
10mm	7402-4015	7402-4009
11mm	7402-4016	7402-4011
12mm	7402-4017	7402-4012

Size 5-6	Left	Right
8mm	7402-3978	7402-3973
9mm	7402-3979	7402-3974
10mm	7402-3981	7402-3975
11mm	7402-3982	7402-3976
12mm	7402-3983	7402-3977

Size 5-6	Left	Right
8mm	7402-4024	7402-4018
9mm	7402-4025	7402-4019
10mm	7402-4026	7402-4021
11mm	7402-4027	7402-4022
12mm	7402-4028	7402-4023

Size 7-8	Left	Right
8mm	7402-3989	7402-3984
9mm	7402-3991	7402-3985
10mm	7402-3992	7402-3986
11mm	7402-3993	7402-3987
12mm	7402-3994	7402-3988

Size 7-8	Left	Right
8mm	7402-4035	7402-4029
9mm	7402-4036	7402-4031
10mm	7402-4037	7402-4032
11mm	7402-4038	7402-4033
12mm	7402-4039	7402-4034

JOURNEY II XR Tibia Baseplate

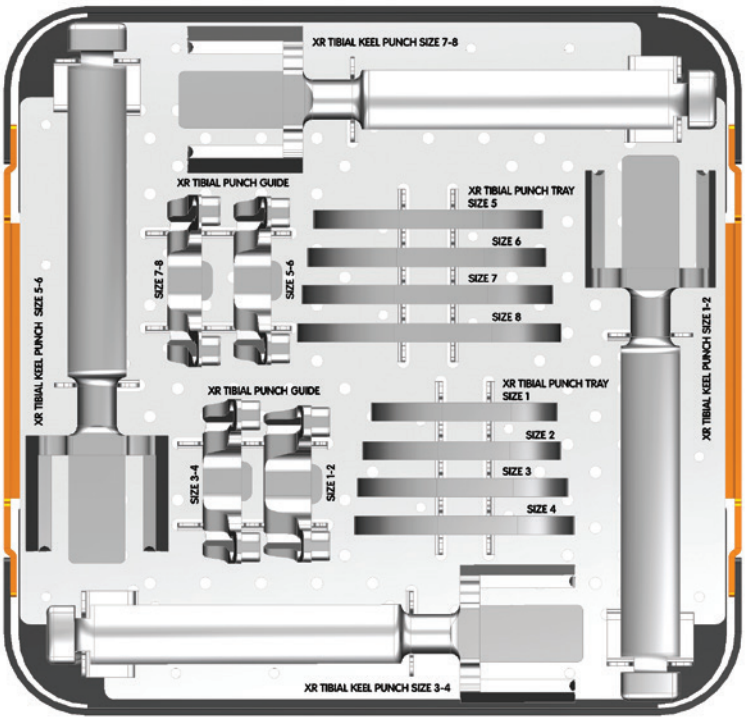
Size	Left	Right
1	7402-2201	7402-2291
2	7402-2202	7402-2292
3	7402-2203	7402-2293
4	7402-2204	7402-2294
5	7402-2205	7402-2295
6	7402-2206	7402-2296
7	7402-2207	7402-2297
8	7402-2208	7402-2298

Catalog information *continued*

Note: The patient contacting instrumentation used in this surgical technique contains various stainless steel alloys and polymeric materials (PPSU, PPH, and Acetal Co-Polymer).

7401-4427

Tibial Pin and Punch Tray

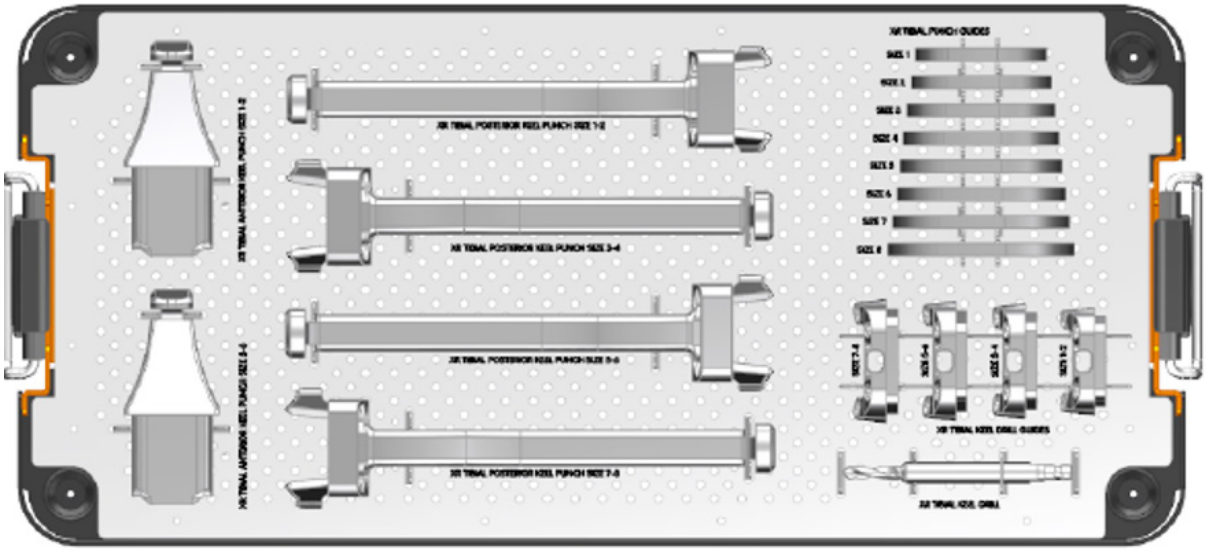


Catalog #	Description
7401-4491	JOURNEY® II XR® Tibial Punch Tray Size 1
7401-4492	JOURNEY II XR Tibial Punch Tray Size 2
7401-4493	JOURNEY II XR Tibial Punch Tray Size 3
7401-4494	JOURNEY II XR Tibial Punch Tray Size 4
7401-4495	JOURNEY II XR Tibial Punch Tray Size 5
7401-4496	JOURNEY II XR Tibial Punch Tray Size 6
7401-4497	JOURNEY II XR Tibial Punch Tray Size 7
7401-4498	JOURNEY II XR Tibial Punch Tray Size 8
7401-4471	JOURNEY II XR Tibial Punch Guide Size 1-2
7401-4472	JOURNEY II XR Tibial Punch Guide Size 3-4
7401-4476	JOURNEY II XR Tibial Punch Guide Size 5-6
7401-4478	JOURNEY II XR Tibial Punch Guide Size 7-8
7401-4526	JOURNEY II XR Tibial Keel Punch Sz 1-2
7401-4527	JOURNEY II XR Tibial Keel Punch Sz 3-4
7401-4528	JOURNEY II XR Tibial Keel Punch Sz 5-6
7401-4529	JOURNEY II XR Tibial Keel Punch Sz 7-8

Catalog #	Description
7401-3470	30mm Rimmed SPEED PIN®
7401-3471	45mm Rimmed SPEED PIN
7401-3480	65mm Non-Rimmed SPEED PIN
7401-4531	JOURNEY II XR 6mm x 27mm SPEED PIN
7401-4535	JOURNEY II XR 6.5mm x 40mm SPEED PIN
7401-3401	110mm Non-Rimmed SPEED PIN

7402-2282

JOURNEY® II XR® Tibial Full Punch Set

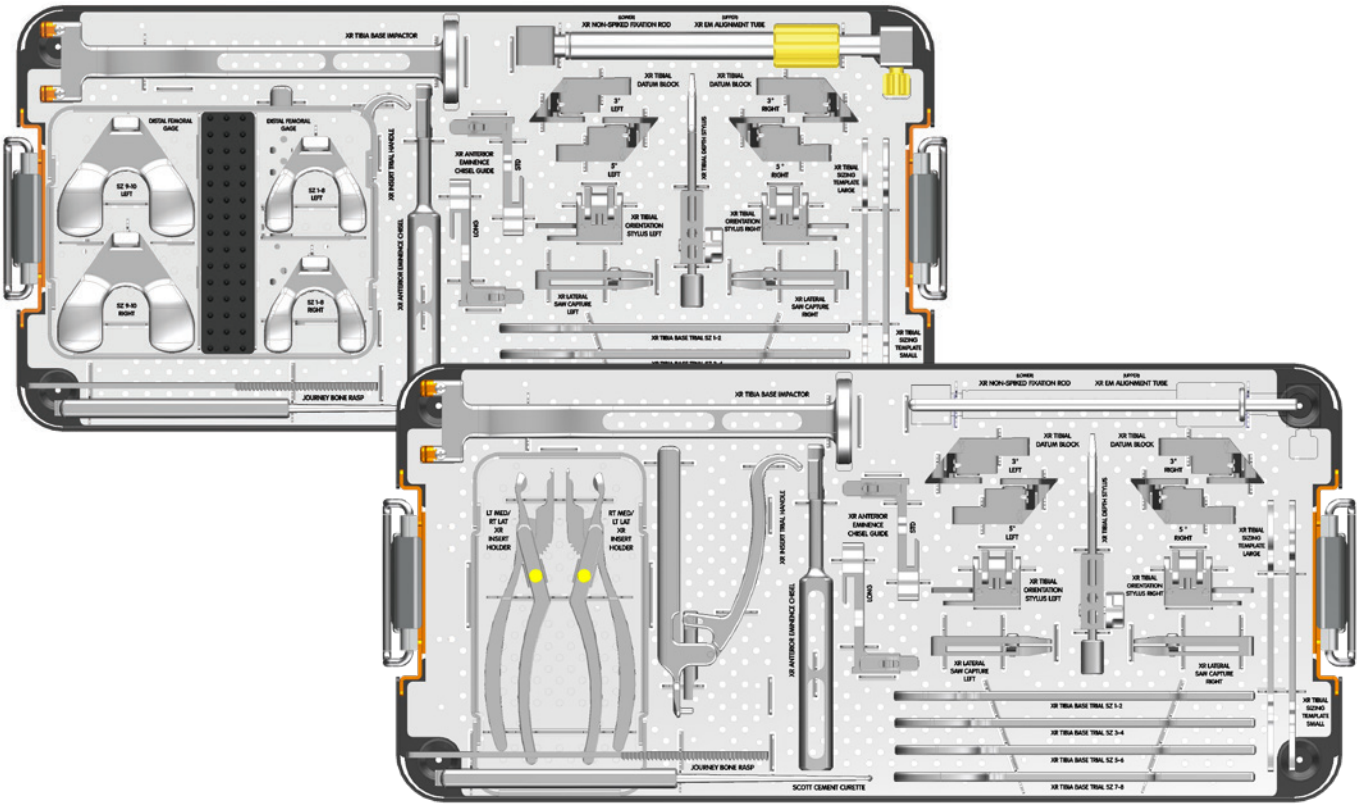


Catalog #	Description
7401-0406	Universal Standard Lid
7401-3978	JOURNEY II XR Tibial Punch Guide Sz 1
7401-3979	JOURNEY II XR Tibial Punch Guide Sz 2
7401-3980	JOURNEY II XR Tibial Punch Guide Sz 3
7401-3981	JOURNEY II XR Tibial Punch Guide Sz 4
7401-3982	JOURNEY II XR Tibial Punch Guide Sz 5
7401-3983	JOURNEY II XR Tibial Punch Guide Sz 6
7401-3984	JOURNEY II XR Tibial Punch Guide Sz 7
7401-3985	JOURNEY II XR Tibial Punch Guide Sz 8
7401-4541	JOURNEY II XR Posterior Tibia Keel Punch Sz 1-2
7401-4542	JOURNEY II XR Posterior Tibia Keel Punch Sz 3-4
7401-4543	JOURNEY II XR Posterior Tibia Keel Punch Sz 5-6
7401-4544	JOURNEY II XR Posterior Tibia Keel Punch Sz 7-8
7401-3990	JOURNEY II XR Tibial Anterior Keel Punch Sz 1-2
7401-3991	JOURNEY II XR Tibial Anterior Keel Punch Sz 3-8
7401-3996	JOURNEY II XR Tibial Drill Guide Sz 1-2
7401-3997	JOURNEY II XR Tibial Drill Guide Sz 3-4
7401-3998	JOURNEY II XR Tibial Drill Guide Sz 5-6
7401-3999	JOURNEY II XR Tibial Drill Guide Sz 7-8
7401-3993	JOURNEY II XR Tibial Keel Drill

Catalog information *continued*

7401-4428

JOURNEY® II XR® Main Instrument Tray

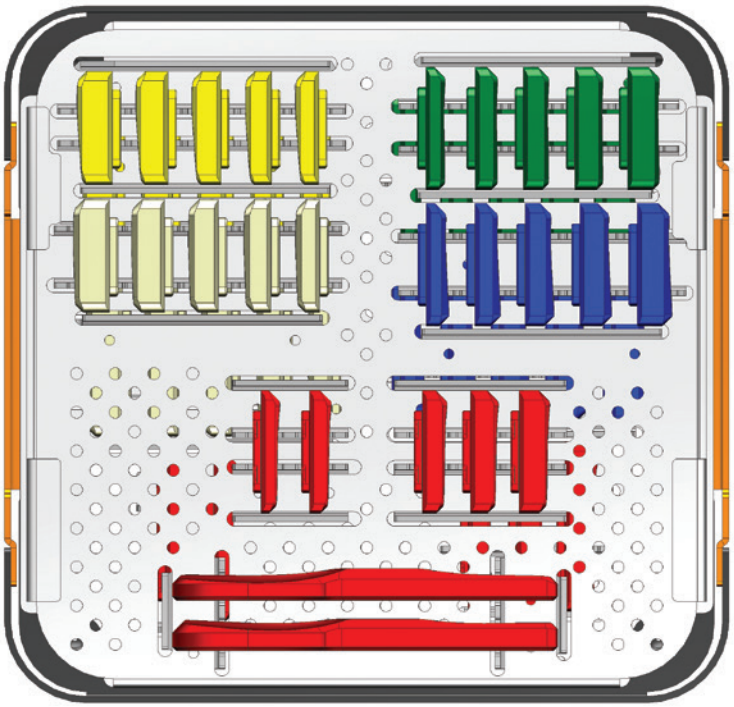


Catalog #	Description
7144-1351	JOURNEY Bone Rasp
7193-5186	Scott Cement Curette
7401-4461	JOURNEY II Em Alignment Tube
7401-4464	JOURNEY II XR Tibial Datum Block 3° RT
7401-4463	JOURNEY II XR Tibial Datum Block 3° LT
7401-4475	JOURNEY II XR Tibial Datum Block 5° LT
7401-4477	JOURNEY II XR Tibial Datum Block 5° RT
7401-4466	JOURNEY II XR Tibial Orientation Stylus RT
7401-4465	JOURNEY II XR Tibial Orientation Stylus LT
7401-4467	JOURNEY II XR Tibial Depth Stylus
7401-4468	JOURNEY II XR Lateral Saw Capture LT
7401-4469	JOURNEY II XR Lateral Saw Capture RT
7401-4481	JOURNEY II XR Tibia Base Trial Sz 1-2
7401-4482	JOURNEY II XR Tibia Base Trial Sz 3-4
7401-4483	JOURNEY II XR Tibia Base Trial Sz 5-6
7401-4484	JOURNEY II XR Tibia Base Trial Sz 7-8
7403-3525	JOURNEY II Distal Femoral Gage Sz 1-8 LT
7403-3526	JOURNEY II Distal Femoral Gage Sz 9-10 LT
7403-3528	JOURNEY II Distal Femoral Gage Sz 9-10 RT
7403-3527	JOURNEY II Distal Femoral Gage Sz 1-8 RT
7401-4532	JOURNEY II XR Anterior Eminence Chisel

Catalog #	Description
7401-4525	XR Anterior Eminence Chisel Guide
7401-4452	XR Anterior Eminence Chisel Guide Long
7401-3977	XR Insert Trial Handle
7401-4451	JOURNEY II XR Tibial Base Implant Impactor
7401-4485	JOURNEY II XR Tibial Sizing Template Small
7401-4486	JOURNEY II XR Tibial Sizing Template Large
7401-3992	JOURNEY II XR Tibial Non-Spiked Fixation Rod
7401-4425	JOURNEY II XR Insert Holder Caddy
7401-3994	JOURNEY II XR Insert Holder LM/RL
7401-3995	JOURNEY II XR Insert Holder RM/LL

7401-4434

Size 1-2, 7-8 LT Insert Trial Tray



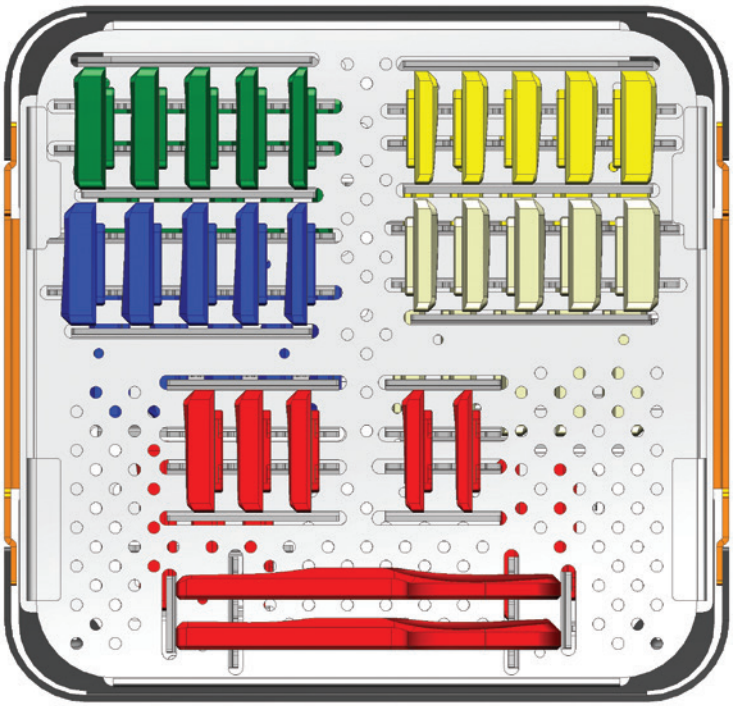
Catalog #	Description
7401-3801	XR® Tibial Insert Trial Sz 1-2 LT Medial 0° 8mm
7401-3802	XR Tibial Insert Trial Sz 1-2 LT Medial 0° 9mm
7401-3803	XR Tibial Insert Trial Sz 1-2 LT Medial 0° 10mm
7401-3804	XR Tibial Insert Trial Sz 1-2 LT Medial 0° 11mm
7401-3805	XR Tibial Insert Trial Sz 1-2 LT Medial 0° 12mm
7401-3806	XR Tibial Insert Trial Sz 1-2 LT Lateral 0° 8mm
7401-3807	XR Tibial Insert Trial Sz 1-2 LT Lateral 0° 9mm
7401-3808	XR Tibial Insert Trial Sz 1-2 LT Lateral 0° 10mm
7401-3809	XR Tibial Insert Trial Sz 1-2 LT Lateral 0° 11mm
7401-3811	XR Tibial Insert Trial Sz 1-2 LT Lateral 0° 12mm
7401-3889	XR Tibial Insert Trial Sz 1-2 LT Medial -2° 8mm
7401-3890	XR Tibial Insert Trial Sz 1-2 LT Medial -2° 9mm
7401-3891	XR Tibial Insert Trial Sz 1-2 LT Medial -2° 10mm
7401-3892	XR Tibial Insert Trial Sz 1-2 LT Medial -2° 11mm
7401-3893	XR Tibial Insert Trial Sz 1-2 LT Medial -2° 12mm
7401-3894	XR Tibial Insert Trial Sz 1-2 LT Lateral -2° 8mm
7401-3895	XR Tibial Insert Trial Sz 1-2 LT Lateral -2° 9mm
7401-3896	XR Tibial Insert Trial Sz 1-2 LT Lateral -2° 10mm
7401-3897	XR Tibial Insert Trial Sz 1-2 LT Lateral -2° 11mm
7401-3898	XR Tibial Insert Trial Sz 1-2 LT Lateral -2° 12mm

Catalog #	Description
7403-3753	XR Tibial Recut Trial Sz 1-2 LT Medial +2° 8mm
7403-3754	XR Tibial Recut Trial Sz 1-2 LT Medial +2° 9mm
7403-3755	XR Tibial Recut Trial Sz 1-2 LT Medial +2° 10mm
7403-3756	XR Tibial Recut Trial Sz 1-2 LT Medial +2° 11mm
7403-3757	XR Tibial Recut Trial Sz 1-2 LT Medial +2° 12mm
7403-3776	XR Tibial Recut Trial Sz 1-2/7-8 LT Medial 0° 6mm
7403-3788	XR Tibial Recut Trial Sz 1-2/7-8 LT Medial +2° 6mm

Catalog information *continued*

7401-4435

Size 1-2, 7-8 RT Insert Trial Tray

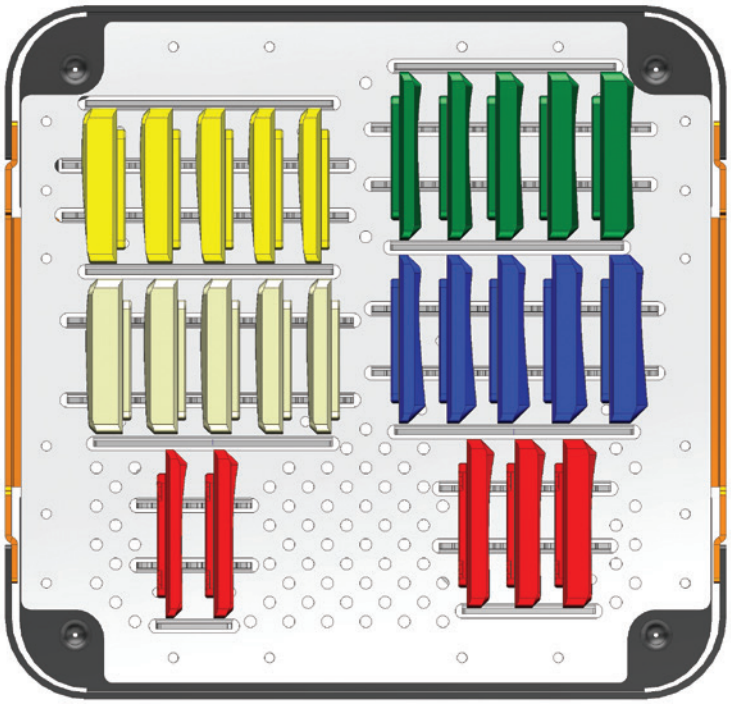


Catalog #	Description
7401-3812	XR® Tibial Insert Trial Sz 1-2 RT Medial 0° 8mm
7401-3813	XR Tibial Insert Trial Sz 1-2 RT Medial 0° 9mm
7401-3814	XR Tibial Insert Trial Sz 1-2 RT Medial 0° 10mm
7401-3815	XR Tibial Insert Trial Sz 1-2 RT Medial 0° 11mm
7401-3816	XR Tibial Insert Trial Sz 1-2 RT Medial 0° 12mm
7401-3817	XR Tibial Insert Trial Sz 1-2 RT Lateral 0° 8mm
7401-3818	XR Tibial Insert Trial Sz 1-2 RT Lateral 0° 9mm
7401-3819	XR Tibial Insert Trial Sz 1-2 RT Lateral 0° 10mm
7401-3821	XR Tibial Insert Trial Sz 1-2 RT Lateral 0° 11mm
7401-3822	XR Tibial Insert Trial Sz 1-2 RT Lateral 0° 12mm
7401-3899	XR Tibial Insert Trial Sz 1-2 RT Medial -2° 8mm
7401-3901	XR Tibial Insert Trial Sz 1-2 RT Medial -2° 9mm
7401-3902	XR Tibial Insert Trial Sz 1-2 RT Medial -2° 10mm
7401-3903	XR Tibial Insert Trial Sz 1-2 RT Medial -2° 11mm
7401-3904	XR Tibial Insert Trial Sz 1-2 RT Medial -2° 12mm
7401-3905	XR Tibial Insert Trial Sz 1-2 RT Lateral -2° 8mm
7401-3906	XR Tibial Insert Trial Sz 1-2 RT Lateral -2° 9mm
7401-3907	XR Tibial Insert Trial Sz 1-2 RT Lateral -2° 10mm
7401-3908	XR Tibial Insert Trial Sz 1-2 RT Lateral -2° 11mm
7401-3909	XR Tibial Insert Trial Sz 1-2 RT Lateral -2° 12mm

Catalog #	Description
7403-3759	XR Tibial Recut Trial Sz 1-2 RT Medial +2° 8mm
7403-3760	XR Tibial Recut Trial Sz 1-2 RT Medial +2° 9mm
7403-3761	XR Tibial Recut Trial Sz 1-2 RT Medial +2° 10mm
7403-3762	XR Tibial Recut Trial Sz 1-2 RT Medial +2° 11mm
7403-3763	XR Tibial Recut Trial Sz 1-2 RT Medial +2° 12mm
7403-3782	XR Tibial Recut Trial Sz 1-2/7-8 RT Medial 0° 6mm
7403-3794	XR Tibial Recut Trial Sz 1-2/7-8 RT Medial +2° 6mm

7401-4434

Size 1-2, 7-8 LT Insert Trial Tray *continued*



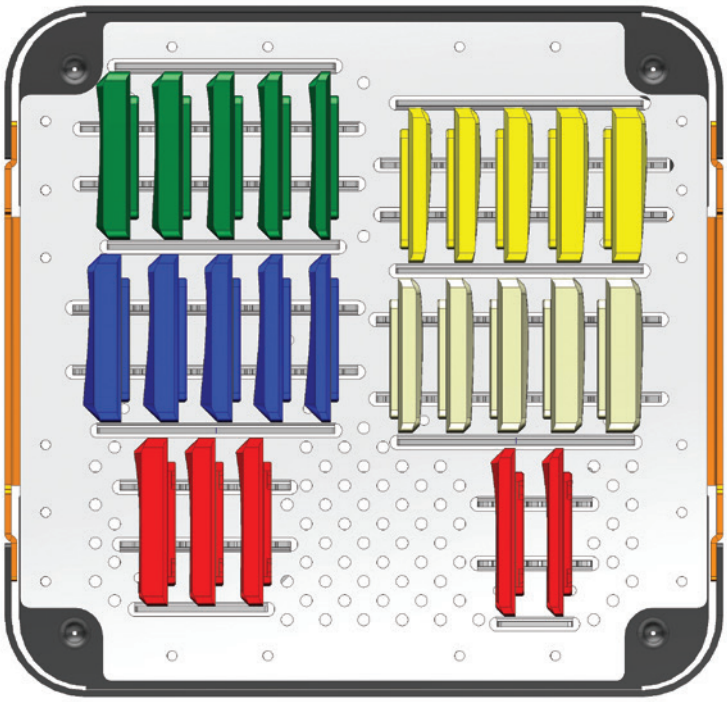
Catalog #	Description
7401-3867	XR® Tibial Insert Trial Sz 7-8 LT Medial 0° 8mm
7401-3868	XR Tibial Insert Trial Sz 7-8 LT Medial 0° 9mm
7401-3869	XR Tibial Insert Trial Sz 7-8 LT Medial 0° 10mm
7401-3871	XR Tibial Insert Trial Sz 7-8 LT Medial 0° 11mm
7401-3872	XR Tibial Insert Trial Sz 7-8 LT Medial 0° 12mm
7401-3873	XR Tibial Insert Trial Sz 7-8 LT Lateral 0° 8mm
7401-3874	XR Tibial Insert Trial Sz 7-8 LT Lateral 0° 9mm
7401-3875	XR Tibial Insert Trial Sz 7-8 LT Lateral 0° 10mm
7401-3876	XR Tibial Insert Trial Sz 7-8 LT Lateral 0° 11mm
7401-3877	XR Tibial Insert Trial Sz 7-8 LT Lateral 0° 12mm
7401-3955	XR Tibial Insert Trial Sz 7-8 LT Medial -2° 8mm
7401-3956	XR Tibial Insert Trial Sz 7-8 LT Medial -2° 9mm
7401-3957	XR Tibial Insert Trial Sz 7-8 LT Medial -2° 10mm
7401-3958	XR Tibial Insert Trial Sz 7-8 LT Medial -2° 11mm
7401-3959	XR Tibial Insert Trial Sz 7-8 LT Medial -2° 12mm
7401-3961	XR Tibial Insert Trial Sz 7-8 LT Lateral -2° 8mm
7401-3962	XR Tibial Insert Trial Sz 7-8 LT Lateral -2° 9mm
7401-3963	XR Tibial Insert Trial Sz 7-8 LT Lateral -2° 10mm
7401-3964	XR Tibial Insert Trial Sz 7-8 LT Lateral -2° 11mm
7401-3965	XR Tibial Insert Trial Sz 7-8 LT Lateral -2° 12mm

Catalog #	Description
7403-3789	XR Tibial Recut Trial Sz 7-8 LT Medial +2° 8mm
7403-3790	XR Tibial Recut Trial Sz 7-8 LT Medial +2° 9mm
7403-3791	XR Tibial Recut Trial Sz 7-8 LT Medial +2° 10mm
7403-3792	XR Tibial Recut Trial Sz 7-8 LT Medial +2° 11mm
7403-3793	XR Tibial Recut Trial Sz 7-8 LT Medial +2° 12mm

Catalog information *continued*

7401-4435

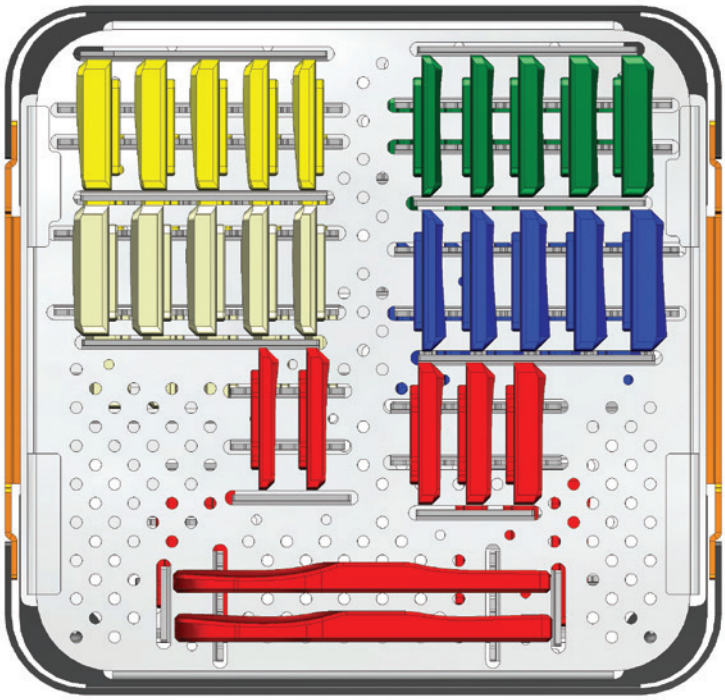
Size 1-2, 7-8 RT Insert Trial Tray *continued*



Catalog #	Description
7401-3878	XR® Tibial Insert Trial Sz 7-8 RT Medial 0° 8mm
7401-3879	XR Tibial Insert Trial Sz 7-8 RT Medial 0° 9mm
7401-3881	XR Tibial Insert Trial Sz 7-8 RT Medial 0° 10mm
7401-3882	XR Tibial Insert Trial Sz 7-8 RT Medial 0° 11mm
7401-3883	XR Tibial Insert Trial Sz 7-8 RT Medial 0° 12mm
7401-3884	XR Tibial Insert Trial Sz 7-8 RT Lateral 0° 8mm
7401-3885	XR Tibial Insert Trial Sz 7-8 RT Lateral 0° 9mm
7401-3886	XR Tibial Insert Trial Sz 7-8 RT Lateral 0° 10mm
7401-3887	XR Tibial Insert Trial Sz 7-8 RT Lateral 0° 11mm
7401-3888	XR Tibial Insert Trial Sz 7-8 RT Lateral 0° 12mm
7401-3966	XR Tibial Insert Trial Sz 7-8 RT Medial -2° 8mm
7401-3967	XR Tibial Insert Trial Sz 7-8 RT Medial -2° 9mm
7401-3968	XR Tibial Insert Trial Sz 7-8 RT Medial -2° 10mm
7401-3969	XR Tibial Insert Trial Sz 7-8 RT Medial -2° 11mm
7401-3971	XR Tibial Insert Trial Sz 7-8 RT Medial -2° 12mm
7401-3972	XR Tibial Insert Trial Sz 7-8 RT Lateral -2° 8mm
7401-3973	XR Tibial Insert Trial Sz 7-8 RT Lateral -2° 9mm
7401-3974	XR Tibial Insert Trial Sz 7-8 RT Lateral -2° 10mm
7401-3975	XR Tibial Insert Trial Sz 7-8 RT Lateral -2° 11mm
7401-3976	XR Tibial Insert Trial Sz 7-8 RT Lateral -2° 12mm

Catalog #	Description
7403-3795	XR Tibial Recut Trial Sz 7-8 RT Medial +2° 8mm
7403-3796	XR Tibial Recut Trial Sz 7-8 RT Medial +2° 9mm
7403-3797	XR Tibial Recut Trial Sz 7-8 RT Medial +2° 10mm
7403-3798	XR Tibial Recut Trial Sz 7-8 RT Medial +2° 11mm
7403-3799	XR Tibial Recut Trial Sz 7-8 RT Medial +2° 12mm

7401-4432
Size 3-4, 5-6 LT Insert Trial Tray

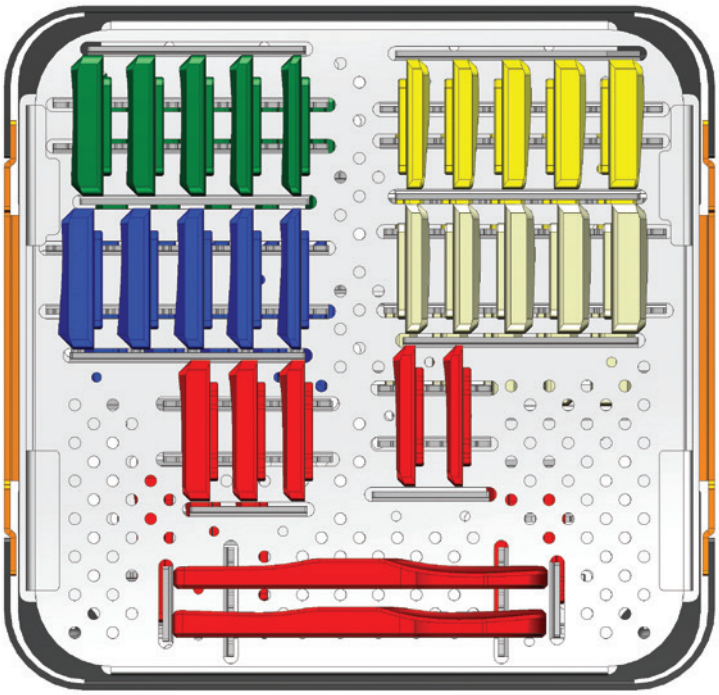


Catalog #	Description
7401-3823	XR® Tibial Insert Trial Sz 3-4 LT Medial 0° 8mm
7401-3824	XR Tibial Insert Trial Sz 3-4 LT Medial 0° 9mm
7401-3825	XR Tibial Insert Trial Sz 3-4 LT Medial 0° 10mm
7401-3826	XR Tibial Insert Trial Sz 3-4 LT Medial 0° 11mm
7401-3827	XR Tibial Insert Trial Sz 3-4 LT Medial 0° 12mm
7401-3828	XR Tibial Insert Trial Sz 3-4 LT Lateral 0° 8mm
7401-3829	XR Tibial Insert Trial Sz 3-4 LT Lateral 0° 9mm
7401-3831	XR Tibial Insert Trial Sz 3-4 LT Lateral 0° 10mm
7401-3832	XR Tibial Insert Trial Sz 3-4 LT Lateral 0° 11mm
7401-3833	XR Tibial Insert Trial Sz 3-4 LT Lateral 0° 12mm
7401-3911	XR Tibial Insert Trial Sz 3-4 LT Medial -2° 8mm
7401-3912	XR Tibial Insert Trial Sz 3-4 LT Medial -2° 9mm
7401-3913	XR Tibial Insert Trial Sz 3-4 LT Medial -2° 10mm
7401-3914	XR Tibial Insert Trial Sz 3-4 LT Medial -2° 11mm
7401-3915	XR Tibial Insert Trial Sz 3-4 LT Medial -2° 12mm
7401-3916	XR Tibial Insert Trial Sz 3-4 LT Lateral -2° 8mm
7401-3917	XR Tibial Insert Trial Sz 3-4 LT Lateral -2° 9mm
7401-3918	XR Tibial Insert Trial Sz 3-4 LT Lateral -2° 10mm
7401-3919	XR Tibial Insert Trial Sz 3-4 LT Lateral -2° 11mm
7401-3921	XR Tibial Insert Trial Sz 3-4 LT Lateral -2° 12mm

Catalog #	Description
7403-3765	XR Tibial Recut Trial Sz 3-4 LT Medial +2° 8mm
7403-3766	XR Tibial Recut Trial Sz 3-4 LT Medial +2° 9mm
7403-3767	XR Tibial Recut Trial Sz 3-4 LT Medial +2° 10mm
7403-3768	XR Tibial Recut Trial Sz 3-4 LT Medial +2° 11mm
7403-3769	XR Tibial Recut Trial Sz 3-4 LT Medial +2° 12mm
7403-3752	XR Tibial Recut Trial Sz 3-4/5-6 LT Medial 0° 6mm
7403-3764	XR Tibial Recut Trial Sz 3-4/5-6 LT Medial +2° 6mm

Catalog information *continued*

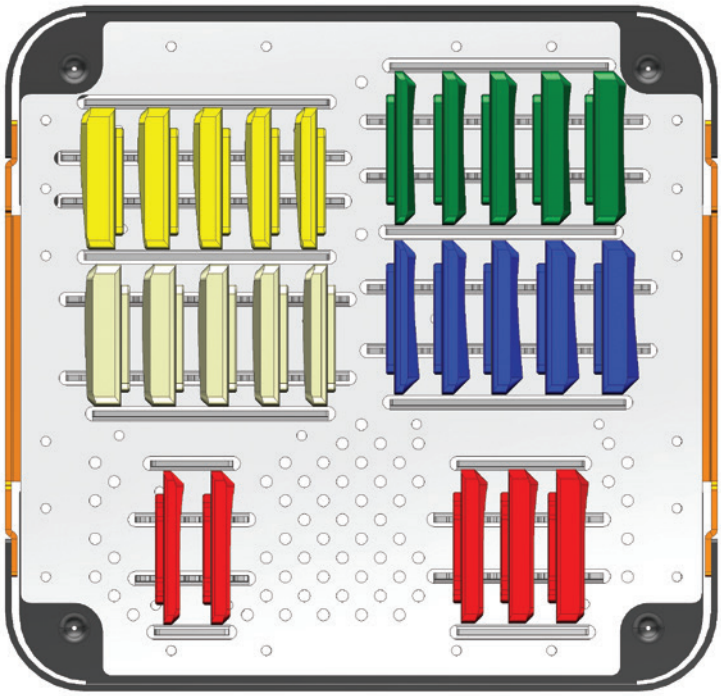
7401-4433
Size 3-4, 5-6 RT Insert Trial Tray



Catalog #	Description
7401-3834	XR® Tibial Insert Trial Sz 3-4 RT Medial 0° 8mm
7401-3835	XR Tibial Insert Trial Sz 3-4 RT Medial 0° 9mm
7401-3836	XR Tibial Insert Trial Sz 3-4 RT Medial 0° 10mm
7401-3837	XR Tibial Insert Trial Sz 3-4 RT Medial 0° 11mm
7401-3838	XR Tibial Insert Trial Sz 3-4 RT Medial 0° 12mm
7401-3839	XR Tibial Insert Trial Sz 3-4 RT Lateral 0° 8mm
7401-3841	XR Tibial Insert Trial Sz 3-4 RT Lateral 0° 9mm
7401-3842	XR Tibial Insert Trial Sz 3-4 RT Lateral 0° 10mm
7401-3843	XR Tibial Insert Trial Sz 3-4 RT Lateral 0° 11mm
7401-3844	XR Tibial Insert Trial Sz 3-4 RT Lateral 0° 12mm
7401-3922	XR Tibial Insert Trial Sz 3-4 RT Medial -2° 8mm
7401-3923	XR Tibial Insert Trial Sz 3-4 RT Medial -2° 9mm
7401-3924	XR Tibial Insert Trial Sz 3-4 RT Medial -2° 10mm
7401-3925	XR Tibial Insert Trial Sz 3-4 RT Medial -2° 11mm
7401-3926	XR Tibial Insert Trial Sz 3-4 RT Medial -2° 12mm
7401-3927	XR Tibial Insert Trial Sz 3-4 RT Lateral -2° 8mm
7401-3928	XR Tibial Insert Trial Sz 3-4 RT Lateral -2° 9mm
7401-3929	XR Tibial Insert Trial Sz 3-4 RT Lateral -2° 10mm
7401-3931	XR Tibial Insert Trial Sz 3-4 RT Lateral -2° 11mm
7401-3932	XR Tibial Insert Trial Sz 3-4 RT Lateral -2° 12mm

Catalog #	Description
7403-3771	XR Tibial Recut Trial Sz 3-4 RT Medial +2° 8mm
7403-3772	XR Tibial Recut Trial Sz 3-4 RT Medial +2° 9mm
7403-3773	XR Tibial Recut Trial Sz 3-4 RT Medial +2° 10mm
7403-3774	XR Tibial Recut Trial Sz 3-4 RT Medial +2° 11mm
7403-3775	XR Tibial Recut Trial Sz 3-4 RT Medial +2° 12mm
7403-3758	XR Tibial Recut Trial Sz 3-4/5-6 RT Medial 0° 6mm
7403-3770	XR Tibial Recut Trial Sz 3-4/5-6 RT Medial +2° 6mm

7401-4432
Size 3-4, 5-6 LT Insert Trial Tray *continued*



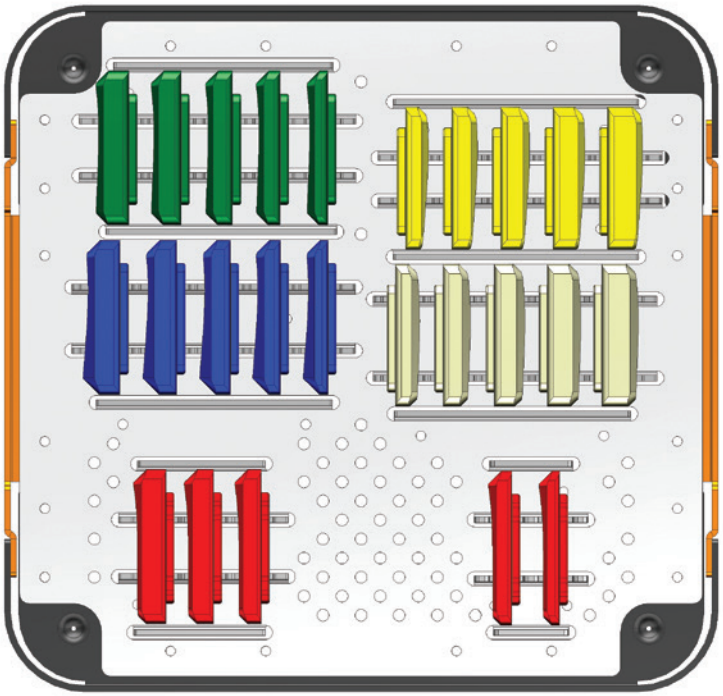
Catalog #	Description
7401-3845	XR® Tibial Insert Trial Sz 5-6 LT Medial 0° 8mm
7401-3846	XR Tibial Insert Trial Sz 5-6 LT Medial 0° 9mm
7401-3847	XR Tibial Insert Trial Sz 5-6 LT Medial 0° 10mm
7401-3848	XR Tibial Insert Trial Sz 5-6 LT Medial 0° 11mm
7401-3849	XR Tibial Insert Trial Sz 5-6 LT Medial 0° 12mm
7401-3851	XR Tibial Insert Trial Sz 5-6 LT Lateral 0° 8mm
7401-3852	XR Tibial Insert Trial Sz 5-6 LT Lateral 0° 9mm
7401-3853	XR Tibial Insert Trial Sz 5-6 LT Lateral 0° 10mm
7401-3854	XR Tibial Insert Trial Sz 5-6 LT Lateral 0° 11mm
7401-3855	XR Tibial Insert Trial Sz 5-6 LT Lateral 0° 12mm
7401-3933	XR Tibial Insert Trial Sz 5-6 LT Medial -2° 8mm
7401-3934	XR Tibial Insert Trial Sz 5-6 LT Medial -2° 9mm
7401-3935	XR Tibial Insert Trial Sz 5-6 LT Medial -2° 10mm
7401-3936	XR Tibial Insert Trial Sz 5-6 LT Medial -2° 11mm
7401-3937	XR Tibial Insert Trial Sz 5-6 LT Medial -2° 12mm
7401-3938	XR Tibial Insert Trial Sz 5-6 LT Lateral -2° 8mm
7401-3939	XR Tibial Insert Trial Sz 5-6 LT Lateral -2° 9mm
7401-3941	XR Tibial Insert Trial Sz 5-6 LT Lateral -2° 10mm
7401-3942	XR Tibial Insert Trial Sz 5-6 LT Lateral -2° 11mm
7401-3943	XR Tibial Insert Trial Sz 5-6 LT Lateral -2° 12mm

Catalog #	Description
7403-3777	XR Tibial Recut Trial Sz 5-6 LT Medial +2° 8mm
7403-3778	XR Tibial Recut Trial Sz 5-6 LT Medial +2° 9mm
7403-3779	XR Tibial Recut Trial Sz 5-6 LT Medial +2° 10mm
7403-3780	XR Tibial Recut Trial Sz 5-6 LT Medial +2° 11mm
7403-3781	XR Tibial Recut Trial Sz 5-6 LT Medial +2° 12mm

Catalog information *continued*

7401-4433

Size 3-4, 5-6 RT Insert Trial Tray *continued*



Catalog #	Description
7401-3856	XR® Tibial Insert Trial Sz 5-6 RT Medial 0° 8mm
7401-3857	XR Tibial Insert Trial Sz 5-6 RT Medial 0° 9mm
7401-3858	XR Tibial Insert Trial Sz 5-6 RT Medial 0° 10mm
7401-3859	XR Tibial Insert Trial Sz 5-6 RT Medial 0° 11mm
7401-3861	XR Tibial Insert Trial Sz 5-6 RT Medial 0° 12mm
7401-3862	XR Tibial Insert Trial Sz 5-6 RT Lateral 0° 8mm
7401-3863	XR Tibial Insert Trial Sz 5-6 RT Lateral 0° 9mm
7401-3864	XR Tibial Insert Trial Sz 5-6 RT Lateral 0° 10mm
7401-3865	XR Tibial Insert Trial Sz 5-6 RT Lateral 0° 11mm
7401-3866	XR Tibial Insert Trial Sz 5-6 RT Lateral 0° 12mm
7401-3944	XR Tibial Insert Trial Sz 5-6 RT Medial -2° 8mm
7401-3945	XR Tibial Insert Trial Sz 5-6 RT Medial -2° 9mm
7401-3946	XR Tibial Insert Trial Sz 5-6 RT Medial -2° 10mm
7401-3947	XR Tibial Insert Trial Sz 5-6 RT Medial -2° 11mm
7401-3948	XR Tibial Insert Trial Sz 5-6 RT Medial -2° 12mm
7401-3949	XR Tibial Insert Trial Sz 5-6 RT Lateral -2° 8mm
7401-3951	XR Tibial Insert Trial Sz 5-6 RT Lateral -2° 9mm
7401-3952	XR Tibial Insert Trial Sz 5-6 RT Lateral -2° 10mm
7401-3953	XR Tibial Insert Trial Sz 5-6 RT Lateral -2° 11mm
7401-3954	XR Tibial Insert Trial Sz 5-6 RT Lateral -2° 12mm

Catalog #	Description
7403-3783	XR Tibial Recut Trial Sz 5-6 RT Medial +2° 8mm
7403-3784	XR Tibial Recut Trial Sz 5-6 RT Medial +2° 9mm
7403-3785	XR Tibial Recut Trial Sz 5-6 RT Medial +2° 10mm
7403-3786	XR Tibial Recut Trial Sz 5-6 RT Medial +2° 11mm
7403-3787	XR Tibial Recut Trial Sz 5-6 RT Medial +2° 12mm

Notes

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02826 71282121 V7 REVF 02/21

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