Surgical Technique
i.M.A.G.E.® Patient Specific Instrumentation

AMPLITUDE

UNI SCORE®
Unicompartmental Knee System

Objectives

- Correct the wear component of the deformity in a knee where the ligaments are still intact, by:
  - Maintaining the height of the joint space (importance of using the joint space gauge):
    - in the sagittal plane (same tibial slope)
    - in the frontal plane (tibial plateau angle)
  - Keeping a laxity safety margin (under-correction).

- Excess patient weight can be a contraindication for this implant, especially if the tibiofemoral joint is significantly deformed.

Note: Use of a tibial baseplate for mobile insert is contraindicated in cases of lateral tibiofemoral osteoarthritis.

Reminder : The purpose of this surgical technique description is to provide instructions on how to use the instrumentation properly. The surgeon is fully responsible for the indication, surgical approach, surgical technique and postoperative protocol.

UNI SCORE® Unicompartmental Knee System Description

- The UNI SCORE® Unicompartmental Knee System consists of a cemented or cementless femoral component that is compatible with all the associated tibial baseplates:

Cemented or cementless tibial baseplate for mobile insert

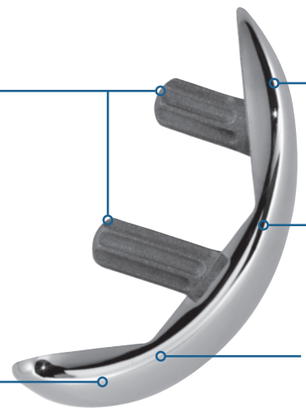
Cementless tibial baseplate for fixed insert with peg (optional screw fixation)

Cemented tibial baseplate for fixed insert

Full-PE (polyethylene) tibial implant

1 - Femoral component:

Primary stability ensured by two parallel pegs forming a 65° angle with the distal cut (prevents implant expulsion)



Symmetrical femoral component with constant radius of curvature throughout the range of motion

Up to 8° camber possible

Made of cobalt-chrome (CoCr) Cementless version has dual coating of 80 µm plasma-sprayed titanium and 80 µm HAP Cemented version is sandblasted

Minimum femoral component thickness: 6 mm

2 - Tibial components:

Tibial baseplates for fixed insert:

Cemented symmetrical tibial baseplate for fixed insert

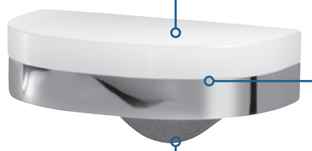
Made of cobalt-chrome (CoCr)

Cementless asymmetrical tibial baseplate for fixed insert (RM/LL and LM/RL)

(80 µm plasma-sprayed titanium + 80 µm HAP)

Made of cobalt-chrome (CoCr)

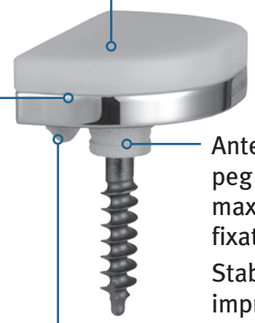
UHMWPE insert



All surfaces that are in contact with the insert have a highly polished finish

Insert locked using double snap-in mechanism

Primary stability of baseplate achieved through sagittal fin



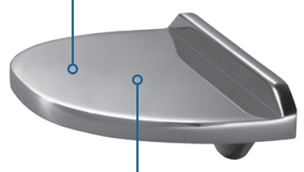
Anteriorly-positioned peg ensures maximum primary fixation

Stability can be improved by adding fixation screw

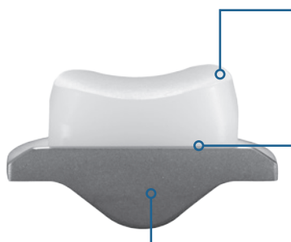
Screw hole can be blocked with PEEK stopper

Tibial baseplates for mobile insert:

Cemented symmetrical tibial baseplate for fixed insert; cementless version has dual coating of 80 µm plasma-sprayed titanium and 80 µm HAP



All surfaces that are in contact with the insert have a highly polished finish



Elevated anterior lip

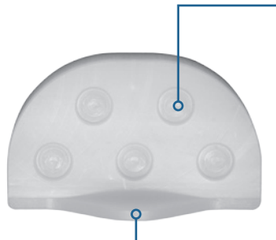
Insert is congruent with the femoral component

Primary stability of baseplate achieved through sagittal fin

Full-PE tibial implant:

The full-PE tibial implant is symmetrical

Flat bearing surface



Underside of implant has 5 hollowed-out areas for cement, which ensures primary stability along with sagittal fin

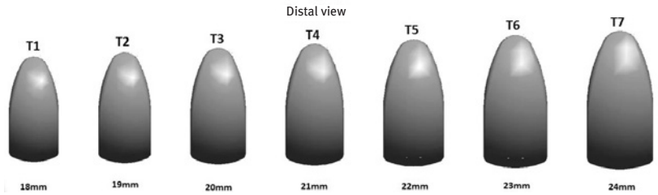
3 - Product line:

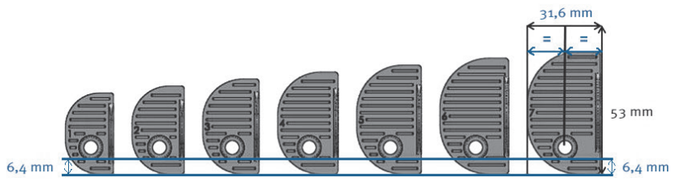
- Femoral components:
  - Cemented: 7 sizes (from 1 to 7)
  - Cementless: 7 sizes (from 1 to 7)

- Tibial components:

Implants	Tibial baseplates	Inserts
UNI SCORE® Tibial baseplate for fixed insert Cementless	7 sizes (1 to 7) RM/LL 7 sizes (1 to 7) LM/RL	7 sizes (1 to 7) 4 thicknesses (9 to 12 mm)
UNI SCORE® Tibial baseplate for fixed insert Cemented	7 sizes (1 to 7)	7 sizes (1 to 7) 4 thicknesses (9 to 12 mm)
UNI SCORE® Tibial baseplate for insert mobile-bearing cemented and cementless	7 sizes (1 to 7)	7 sizes (1 to 7) 4 thicknesses (9 to 12 mm)
UNI SCORE® Full-PE Tibial Implant	7 sizes (1 to 7)	7 sizes (1 to 7) 5 thicknesses (8 to 12 mm)

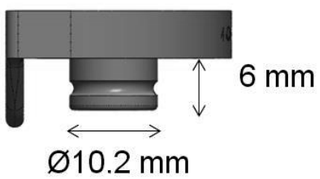
- All implants available in 1-mm increments:





	S1	S2	S3	S4	S5	S6	S7
M/L distance (in mm)	20.8	22.6	24.4	26.2	28	29.8	31.6
A/P distance (in mm)	35	38	41	44	47	50	53

- Peg dimensions (same for all sizes):



4 - Component compatibility:

- Femoral components:
  - Cemented: 7 sizes (from 1 to 7)
  - Cementless: 7 sizes (from 1 to 7)

- Tibial components:

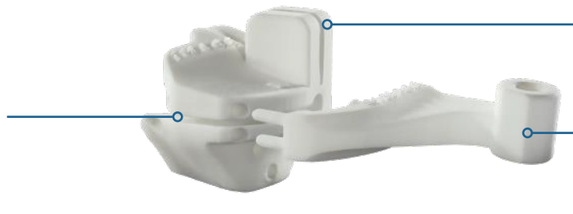
	UNI SCORE® Tibial baseplate for mobile insert (with or without cement)	UNI SCORE® Tibial baseplate for fixed insert Cementless RM/LL and LM/RL	UNI SCORE® Tibial baseplate for fixed insert Cemented
UNI SCORE® mobile insert	✔	✘	✘
UNI SCORE® fixed insert	✘	✔	✔
Cancellous bone screw Ø 6.5 mm	✘	✔	✘

- Tibial baseplate for fixed insert and Full-PE tibial implants:
  - The fixed insert can only be used with the tibial baseplate for fixed insert.
  - The fixed insert must be exactly the same size as the tibial baseplate for fixed insert.
  - All the femoral component sizes can be combined with any of the tibial baseplates for fixed insert and full-PE tibial implant sizes:

- Tibial baseplate for mobile insert:
  - Mobile inserts can only be used with the tibial baseplate for mobile insert.
  - The mobile insert MUST match the SIZE of the FEMORAL COMPONENT.
  - The mobile insert can either be the same size or one size larger or smaller than the tibial baseplate for mobile insert.

i.M.A.G.E.® patient-specific instrumentation Overview

- i.M.A.G.E.® patient-specific instrumentation is :
  - For single use.
  - Manufactured based on the patient's CT or MRI images.
  - Used to perform tibial proximal and sagittal resections of the UNI SCORE® UKS according to the three-dimensional preoperative planning.
- It allows intraoperative check of:
  - Contact areas comparing with Tibia Phantom
  - tibial mechanical axis



Alignment Control Device

✓ Rigidify the resection slot during setting up of the guide

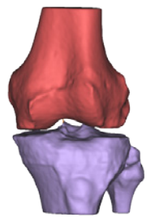
✓ Check the alignment of the guide

The i.M.A.G.E.® process

- 5 steps:

①

- Online ordering
- Images sending



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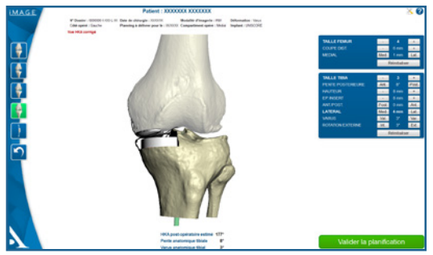
- Segmentation
- Construction of mechanical axis



③

- Three-dimensional planning

④

- Design of cutting guide
- Manufactured by selective laser sintering

⑤

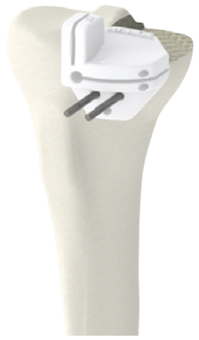
- Instrumentation delivered to hospital
- Decontamination and sterilization by hospital

Summary of surgical technique

Position the i.M.A.G.E.® Tibial Cutting Guide and control the tibial mechanical axis

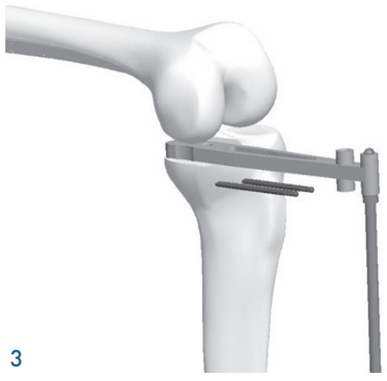
1

Tibial resections



2

Check the flexion gap



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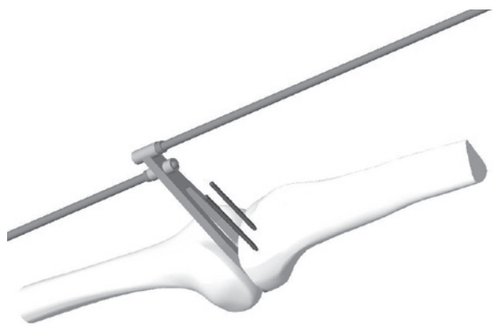
Check the extension gap



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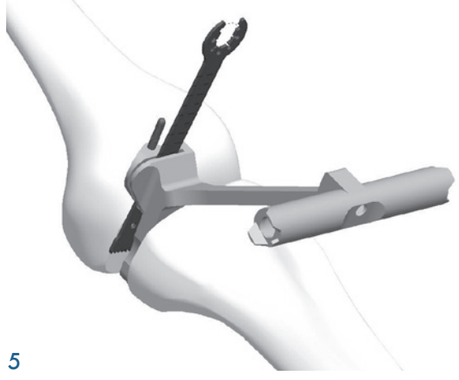
Position the Distal Resection Guide and perform the resection



5

Position the Posterior Femoral Resection Guide and perform the resections

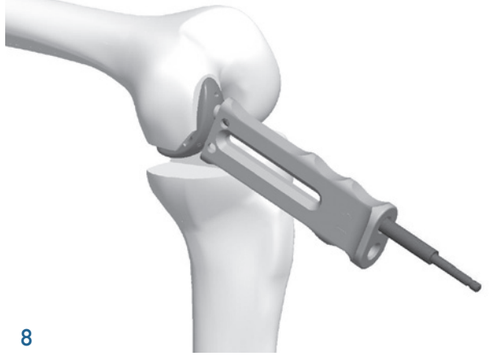
6

Summary of surgical technique

Position the trial implants and tests

7

Prepare the 2 femoral pegs

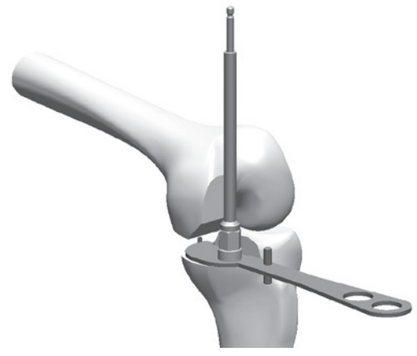


8

Prepare the slot for sagittal fin

9

Cementless tibial baseplate for fixed insert: Peg preparation



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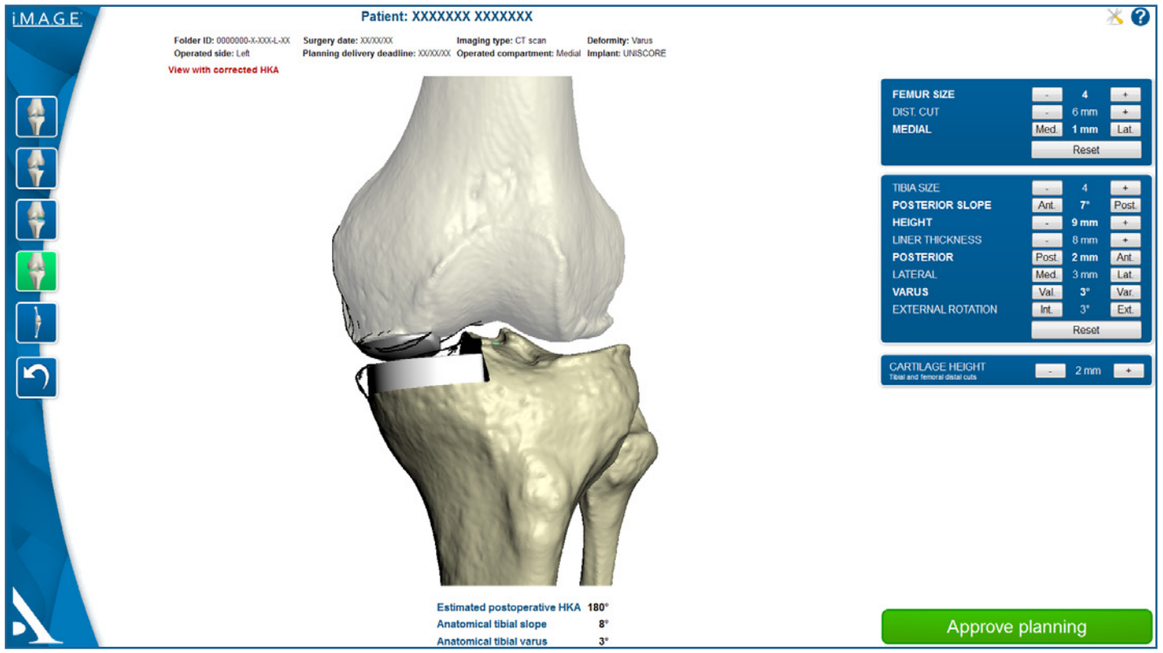
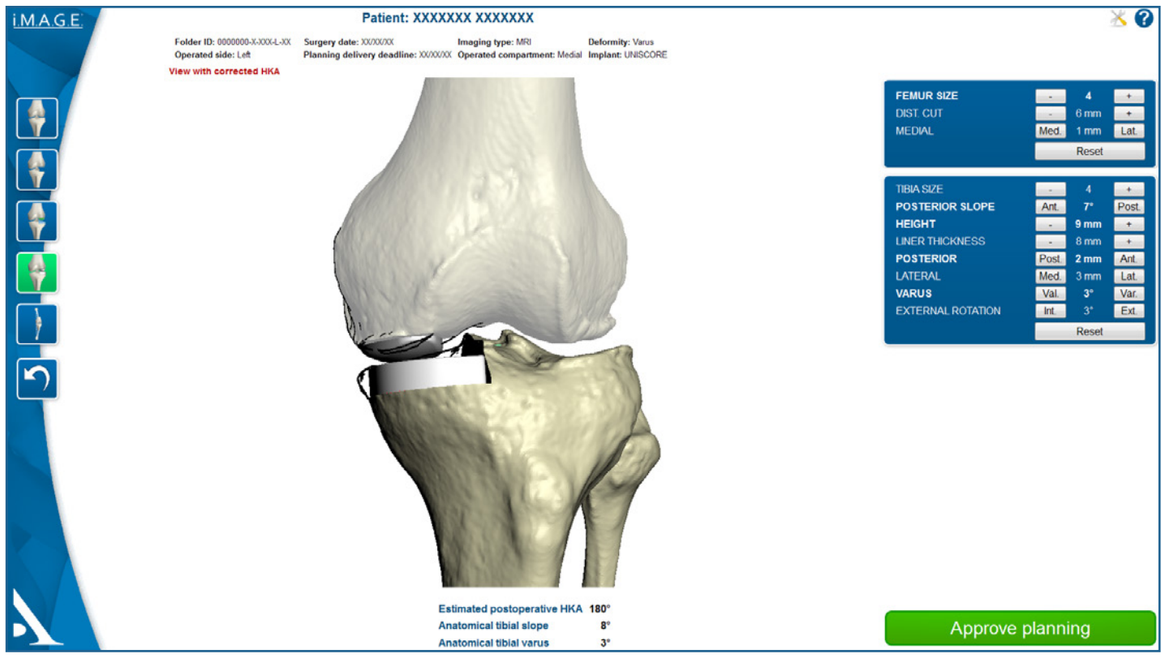
Preoperative planning based on CT scan



Preoperative planning based on MRI



Preoperative planning

- Patient-specific instrumentation is designed according to the preoperative planning in order to perform tibial proximal and sagittal resections of the UNI SCORE® UKS. Preoperative planning is performed using the i.M.A.G.E.® planning software.

- i.M.A.G.E.® planning software is used to determine the size and the position of the UNI SCORE® tibial baseplate before the surgery. Preoperative planning of the size and position of the UNI SCORE® femoral component is only for information purposes, femoral resections are performed using the conventionnal instrumentation.

- The following parameters can be adjusted in the software:
  - On the tibia:
    - Anterior/posterior slope
    - Height of tibial cut
    - Insert thickness
    - Anterior/posterior positioning
    - Medial/lateral positioning
    - Varus/valgus positioning
    - Internal/external rotation
  - Estimated cartilage height for the tibial and distal femoral resections height reference (only for planning based on CT scan).

  - On the femur (for information purposes) :
    - Femoral component size
    - Height of distal cut
    - Medial/lateral positioning

- Changing these parameters will update in real-time the three-dimensional bone model generated based on the patient's CT or MRI images.

- The planning software, instructions for its use and the imaging protocols can be downloaded from https://image.amplitude-ortho.com. Please contact your Amplitude sales representative for access

Recommendations

- We do not recommend using the system in patients who have an existing implant near the device's application site.
  Examples: osteotomy plate, nail, staple, screw, etc.
  These could induce artefacts that could alter the quality of the CT or MRI images..

- Before starting the procedure, make sure the patient-specific data on i.M.A.G.E.® Tibial Cutting Guide, Alignment Control Device and Tibia Phantom, are correct. Do not use these items if the patient identification is not clearly visible.

  Example of patient identification: oooooo1-F-SUR-X-PN
  - oooooo1: 7-digit number
  - F: first letter of patient's first name
  - SUR: first 3 letters of patient's surname
  - X: operated side, left (L) or right (R)
  - PN: surgeon's initials

- **Do not resect any of the tibial osteophytes** because they are needed to position the i.M.A.G.E.® Tibial Cutting Guide.

- If an osteophyte that is not under a contact area interferes with exact positioning of the i.M.A.G.E.® Tibial Cutting Guide, remove this osteophyte and try again to set the i.M.A.G.E.® Tibial Cutting Guide in place.

REMINDER: The purpose of this surgical technique description is to provide instructions on how to use the instrumentation properly. The surgeon is fully responsible for choosing and performing the approach and surgical technique.

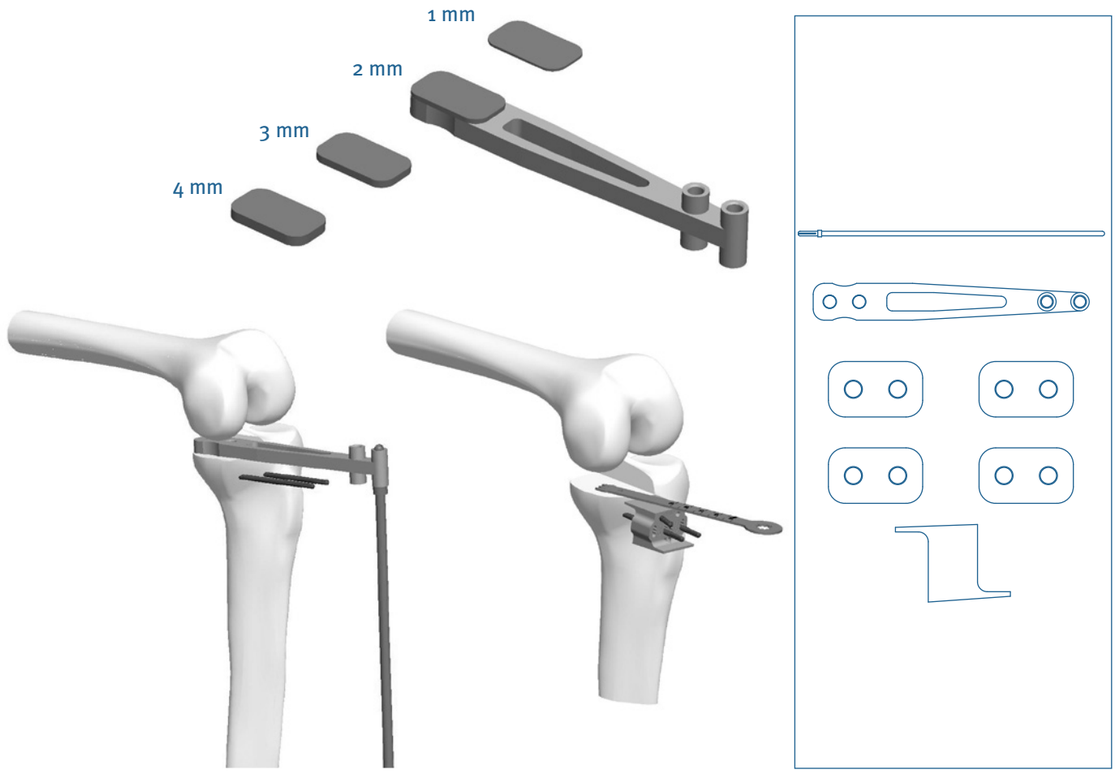
Position the i.M.A.G.E.® Tibial Cutting Guide and control the tibial mechanical axis

- Insert the Alignment Control Device in the i.M.A.G.E.® Tibial Cutting Guide.
- Place the assembly on the proximal part of the tibia, achieving before the following steps:
  - Put the knee in hyper-flexion
  - Remove the medial meniscus
  - Locate the contact areas on the tibia comparing with the Tibia Phantom
  - Remove all soft tissu from the contact areas.
- Check the stability of the i.M.A.G.E.® Tibial Cutting Guide (**unique position**).
- Place two parallel Headless Pins in the superior holes of the i.M.A.G.E.® Tibial Cutting Guide.
- Insert the Extramedullary Alignment Rod into the hole of the Alignment Control Device to control the tibial mechanical axis. The Rod must be parallel to the tibial mechanical axis, regardless the planned slope or varus.

Tibial resections

- Insert a converging Headed Pin in the inferior hole of the i.M.A.G.E.® Tibial Cutting Guide to stabilise it.
- Remove Extramedullary Alignment Rod and the Alignment Control Device .
- Perform tibial resections using slots provided and Saw Blade that matches the instrumentation set and Motorized Handpiece.
- Remove the Headed Pin with the Pin Extractor.
- Slide the i.M.A.G.E.® Tibial Cutting Guide off the Headless Pins but leave the Pins in place in case recutting is necessary.
- Control the size of the tibia using the Trial Baseplate corresponding to the planned size. A hook provides secure fixing on the posterior edge of the tibial plateau.
- A Trial Tibial Insert that has a known height and thickness can be used to check the tibial cut. During knee flexion, the anterior side of the Trial Baseplate must not lift off; if it does, the tibial slope is not sufficient.

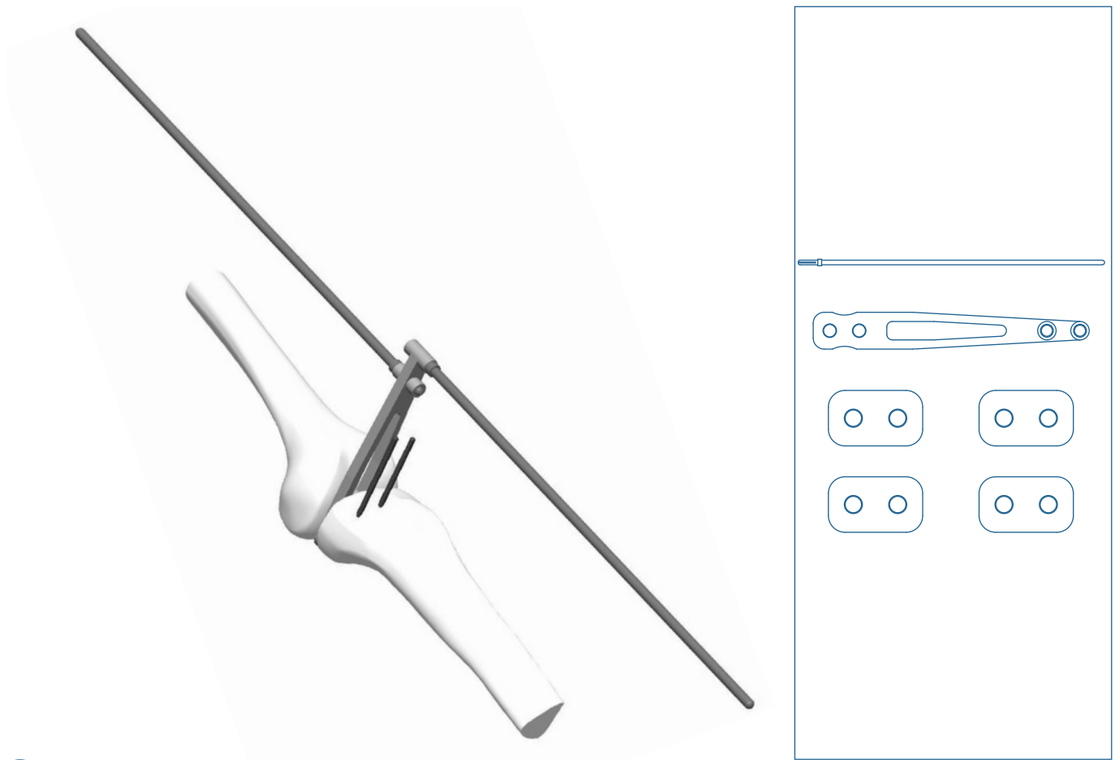
NOTA : If using a cementless tibial baseplate with fixed insert, the peg position relative to the anterior side of the tibia can be marked with a scalpel.



Verification of flexion gaps

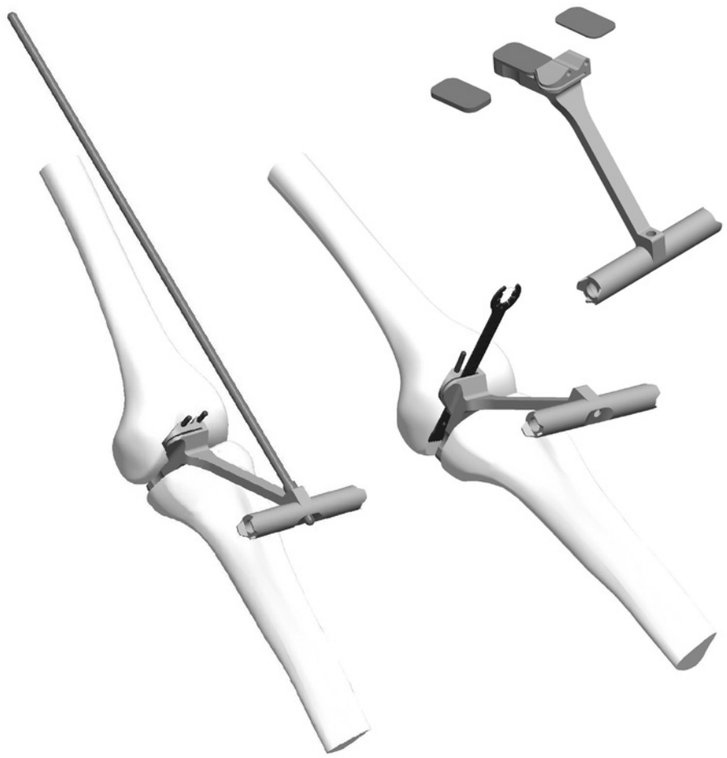
- Flex the knee.
- At this point, the gaps can be verified using an 8 mm spacer that can be connected with the extramedullary alignment rods.
- Shims of various heights (1, 2, 3, 4 mm) can be added to the 8 mm spacer to more precisely set the ligament tension and determine the height of the tibial insert.
- If the anterior side of the baseplate lifts off during joint testing (insufficient slope), the tibial cut can be redone while increasing the tibial slope by 2° or 4° with the specific resection guide.

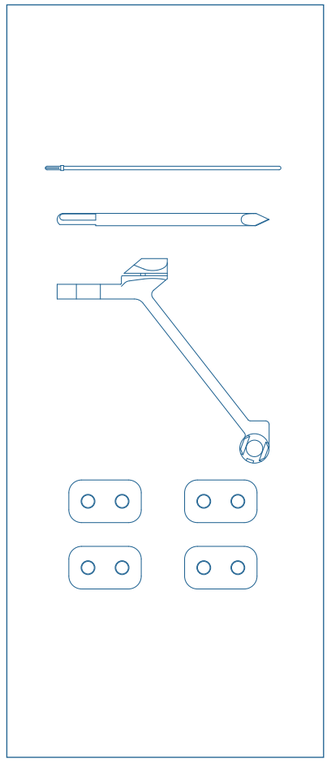
Note: PTo increase the tibial slope by 2°, place the tibial recutting block on the K-wires at ‘0’ (the ‘slope 2°’ marking must be visible). If the resection height also needs to be increased, set the recutting block on the K-wires at +2 or +4 mm. Make the cut by pushing the blade in the upper side of the guide until it stops.
To increase the tibial slope by 4°, place the tibial recutting block so the ‘slope 4°’ marking is visible.



Verification of extension gaps

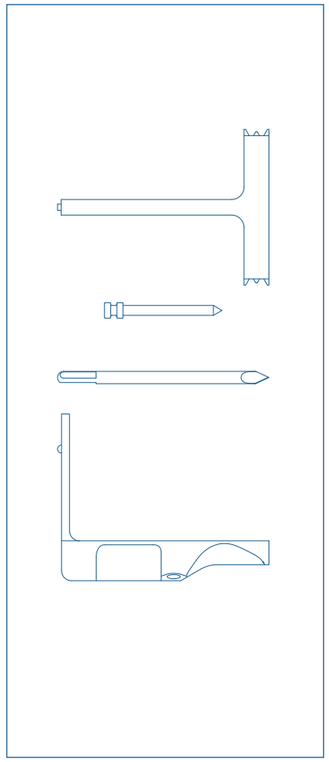
- Extend the knee.
- Use an electrocautery pen to mark the femur where the anterior edge of the tibial plateau is located when the knee is extended.
- Insert the same spacer and shims used when the knee was flexed.
- If the femoral condyle is significantly worn, 1 or 3 mm shims can be used to fill the distal condylar defect; the shim is placed between the condyle and spacer.
- Once the extension and flexion gaps are satisfactorily balanced, remove the two headless pins.





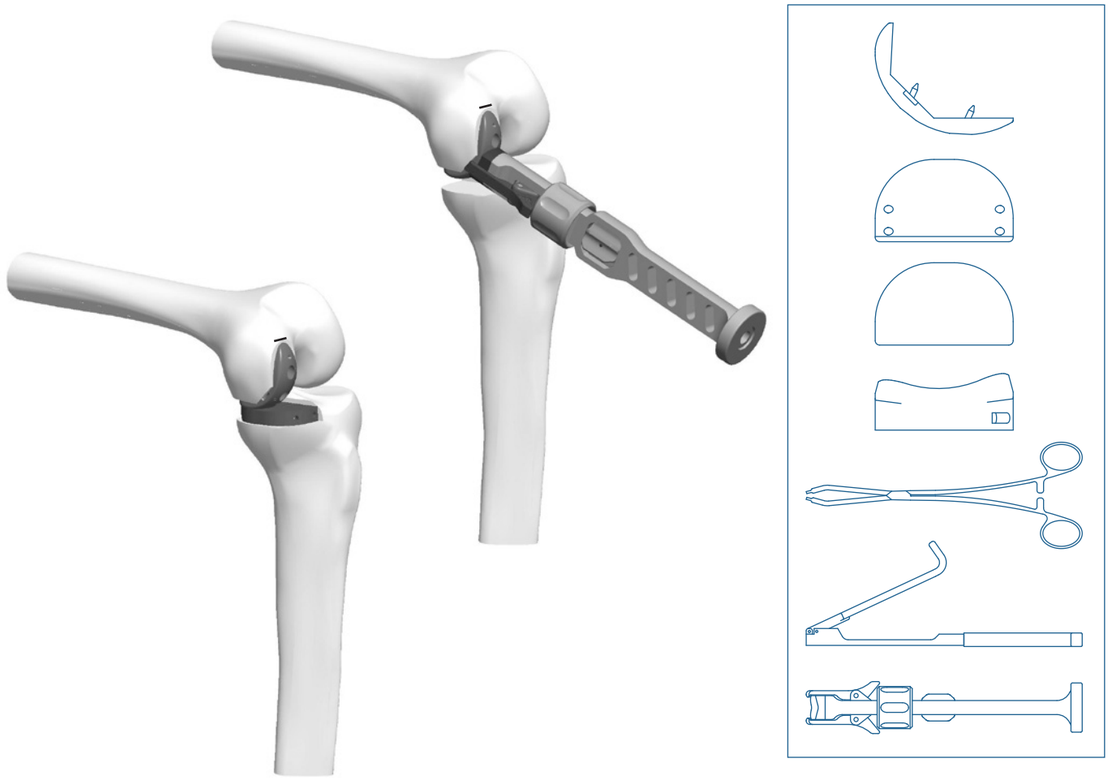
Distal cut in extension

- If a shim was used to determine the tibial insert height in the previous step, place it between the distal resection guide and tibial cut.
- If a shim was used to make up for femoral wear in the previous step, place it between the distal resection guide and distal condyle.
- Extend the knee.
- Place the distal resection guide (MED.L/LAT.R or MED.R/LAT.L) against the distal condyle and tibial cut.
- Check the guide position with the extramedullary alignment rod.
- Check the guide position relative to the mark on the anterior edge of the tibial plateau with the knee extended.
- Insert two headless pins using a surgical motorised hand-piece and universal or AO quick-connect adapter.
- Make the distal femoral cut.
- Remove the two headless pins and the distal resection guide.



Positioning of posterior resection and chamfer guide

- Flex the knee to 90°.
- Select the posterior femoral resection guide that matches the operated side (MED.L/LAT.R or MED.R/LAT.L). Use the H5 screwdriver to place it on the femoral resection guide clamp.
- Control the femoral component size using the Posterior Femoral Resection Guide template corresponding to the planned size, checking the following criteria:
  - Make sure there is no anterior overhang by setting the camber; the component must not project beyond the mark that represents the tibia's anterior edge, otherwise the patella could be impinged.
  - Make sure there is good mediolateral coverage and the component is as centred as possible.
  - Ensure the component fully rests on the distal cut and the posterior condyle.
- Insert the headless pins using a surgical motorised hand-piece and universal or AO quick-connect adapter.
- Make the posterior condylar cut (6 mm maximum) and then the chamfer cut.



Trial implants and joint testing

- Use the femoral component holder to insert the trial femoral component into place, and then impact it using the femoral component impactor.

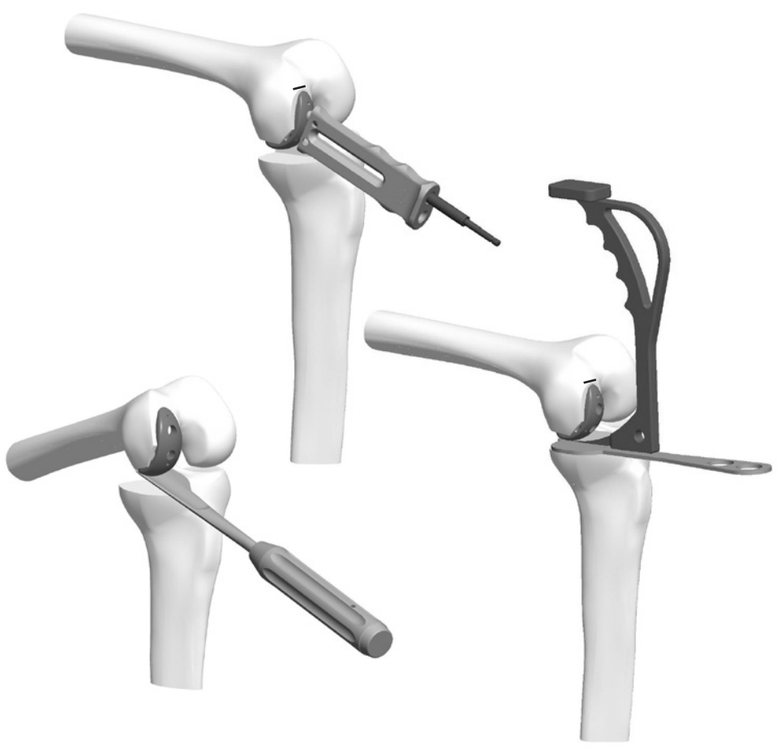
- On the tibial cut, place either the
  - trial FIXED insert for a FIXED baseplate (full-PE or metal tray) or
  - trial tibial baseplate with a mobile insert for a mobile platform baseplate.

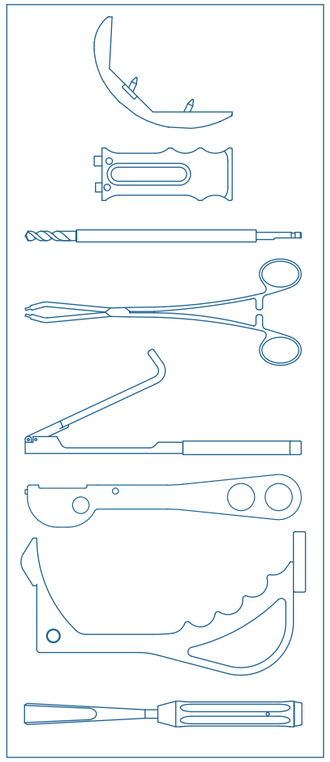
Make sure the insert points in the correct direction (‘A’ is engraved on the insert’s anterior side) to achieve the best congruency.

- Test the stability of the femoral and tibial components.

- Make sure there is a laxity safety margin at approximately 30° knee flexion (takes into account under-correction requirement).

Note: Use of a tibial baseplate for mobile insert is contraindicated in cases of lateral tibiofemoral osteoarthritis.





Femoral and tibial preparation

- Place the drill guide for condyle peg of the same size as that of the femoral component onto the trial femoral component.

- Use the drill bit with stop to make pilot holes for the anchoring pegs.

- Resect any posterior osteophytes with the osteotome; this prevents impingement during hyperflexion.

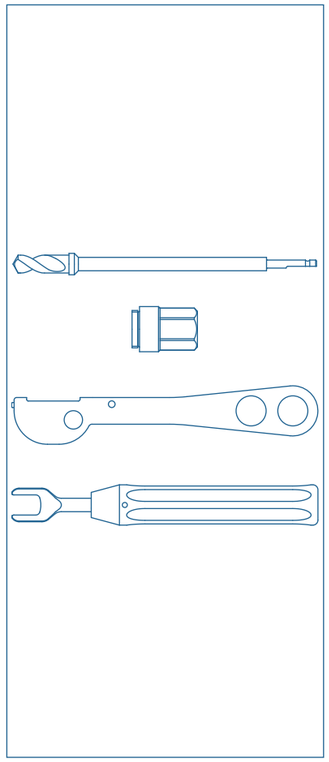
- Put the appropriate-sized tibial positioning plate into the knee.

- Set the tibial fin punch into the slot on the plate, making sure to choose the appropriate side: MED.R/LAT.L or MED.L/LAT.R.

- Impact it completely.

- Remove the trial femoral component.

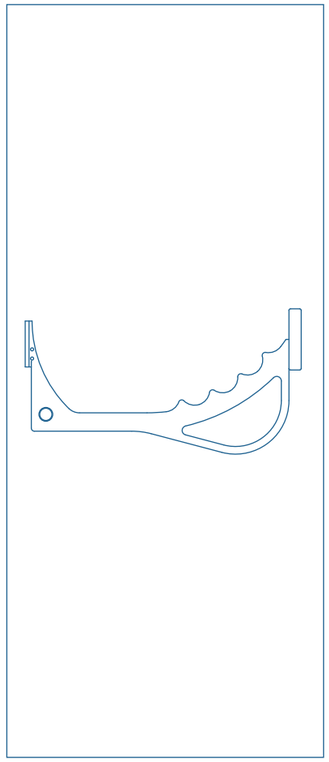
Make sure the insert points in the correct direction (“A” is engraved on the insert’s anterior side) to achieve the best congruency.



Cementless tibial baseplate for fixed insert

Peg preparation

- Screw the drilling barrel onto the tibial positioning plate and tighten it using the drilling barrel wrench.
- Place the entire construct back on the tibial cut; hyperflexing the knee and externally rotating the tibia will make insertion easier.
- Prepare the peg hole by drilling with the Ø 10 mm drill bit until it stops.



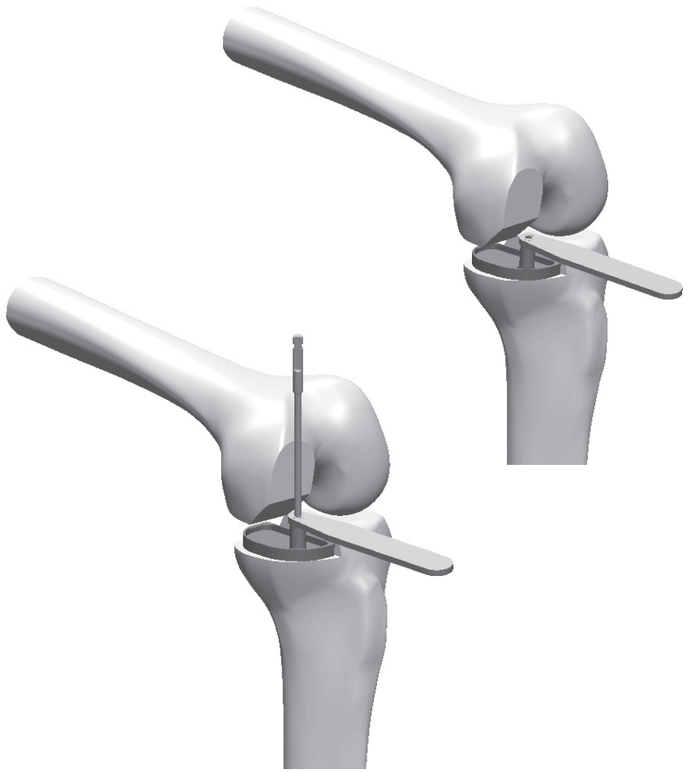
Placement of chosen cementless tibial implant

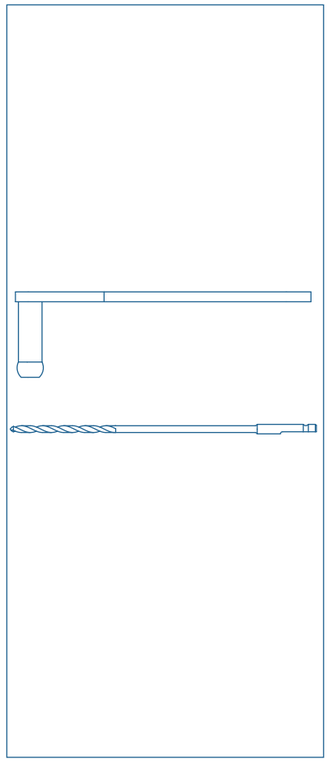
Without fixation screw

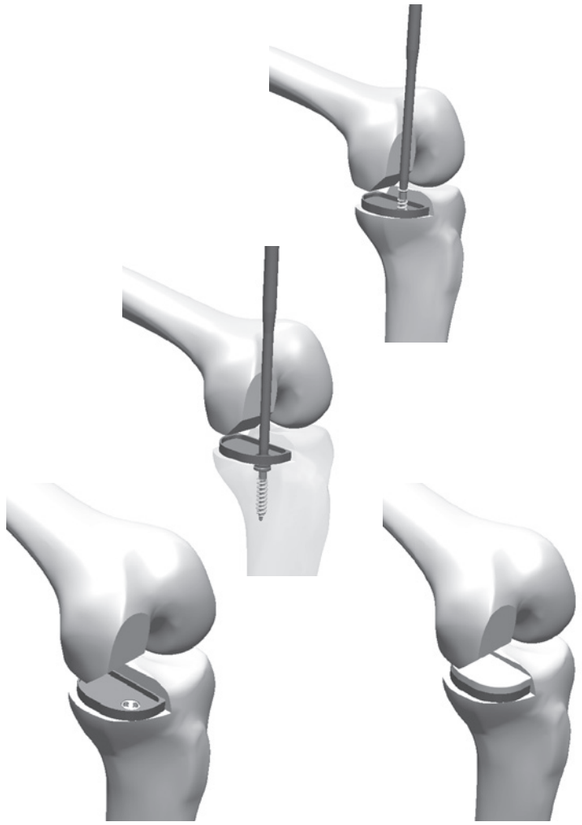
- No fixation screw is needed when using the cementless tibial baseplate for fixed insert.
- Impact the baseplate (without the insert) using the tibial baseplate impactor.
- Put the PEEK stopper into the hole on the top of the baseplate.
- Based on the thickness validated during the testing phase, select an insert of the same size as the baseplate. Introduce the insert from the posterior side of the baseplate.
  Slide in the posterior edge of the insert, making sure the attachment notches are completely clear. Impact the anterior edge of the insert with the tibial impactor.

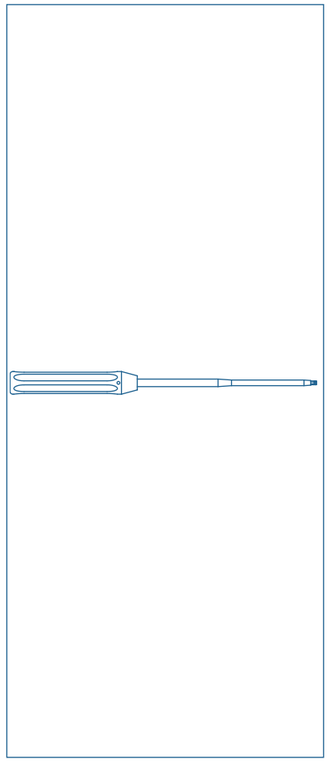
Note: The PEEK stopper is packed with the cementless tibial baseplate for fixed insert; it can be used with or without a fixation screw.

Note: The stopper, insert and tibial baseplate can be assembled on the back table.









Placement of chosen cementless tibial implant

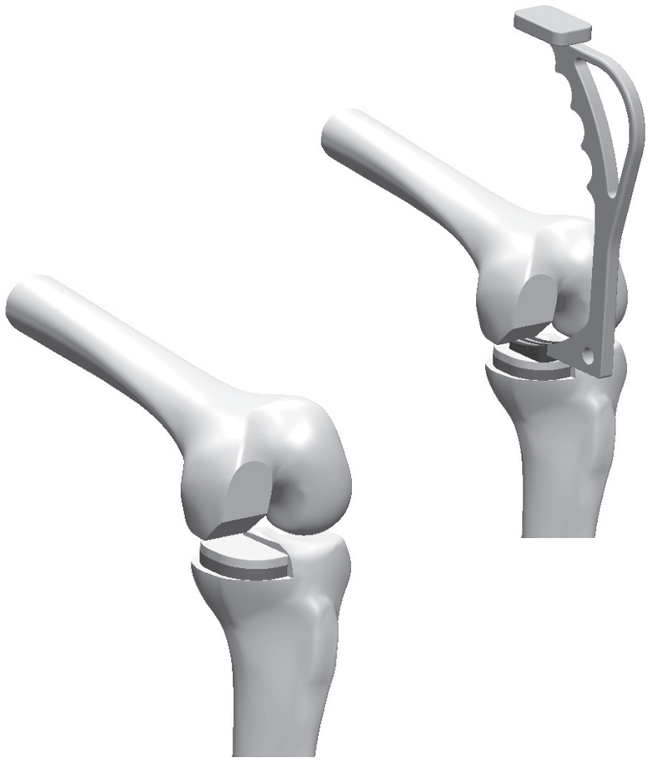
With fixation screw

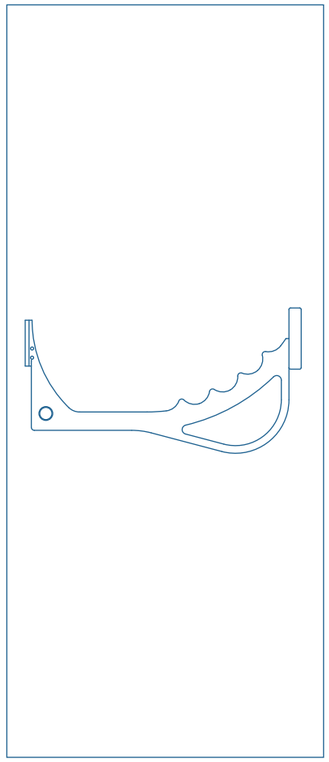
- If fixation screw is needed with the cementless tibial baseplate for fixed insert:
  - Put the drill guide for Ø3.2 mm drill bit into place; the screw can be angled up to 18°.
  - Drill a hole using the 145 mm long, Ø3.2 mm drill bit.
  - Select a Ø6.5 mm fixation screw that matches the hole's depth; screws are available in lengths of 16 mm, 20 mm and up to 55 mm in 5-mm increments.
  - Use the screw holder to hold the screw and put it through the peg hole.
  - Tighten the screw with the H3.5 screwdriver until the bottom of the screw head touches the tibial baseplate.

- Put the PEEK stopper into the hole on the top of the baseplate.

Note: The PEEK stopper is packed with the cementless tibial baseplate for fixed insert; it can be used whether a screw is present or not.

- Based on the thickness validated during the testing phase, select the insert of the same size as the baseplate. Slide in the posterior edge of the insert, making sure the attachment notches are completely clear.
  Impact the anterior edge of the insert with the tibial impactor.





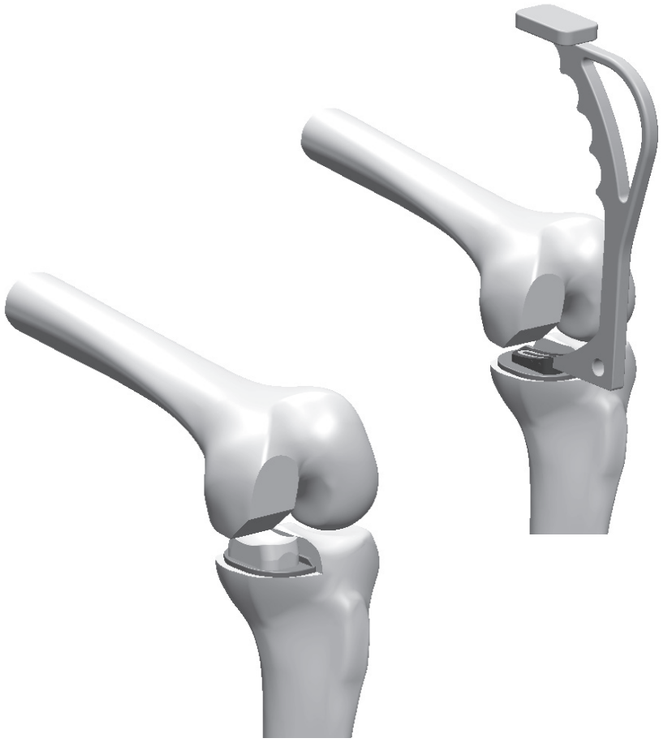
Cemented tibial baseplate for fixed insert

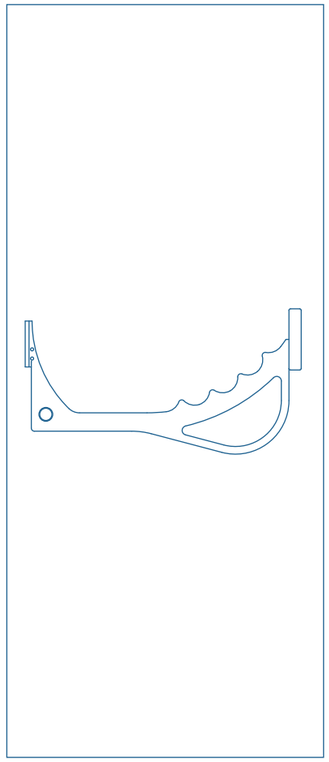
Placement of chosen tibial implant

- Impact the baseplate using the tibial baseplate impactor.

- Based on the thickness validated during the testing phase, select an insert of the same size as the baseplate. Slide in the posterior edge of the insert, making sure the attachment notches are completely clear.
  Impact the anterior edge of the insert with the tibial impactor.
  The insert and baseplate can either be assembled on the back table, or after the baseplate has been cemented in place; make sure the cement is dry and the attachment area is completely clear.

Note: Follow the instructions provided with the surgical cement.





Tibial baseplate for mobile insert

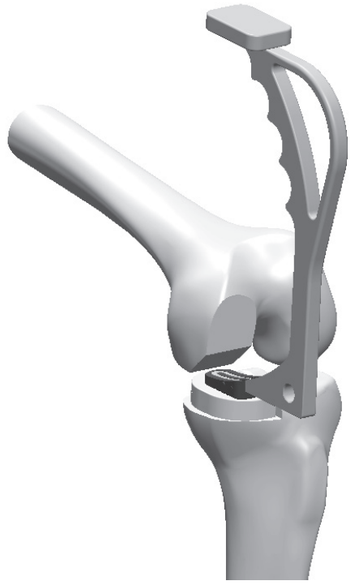
Placement of chosen tibial implant

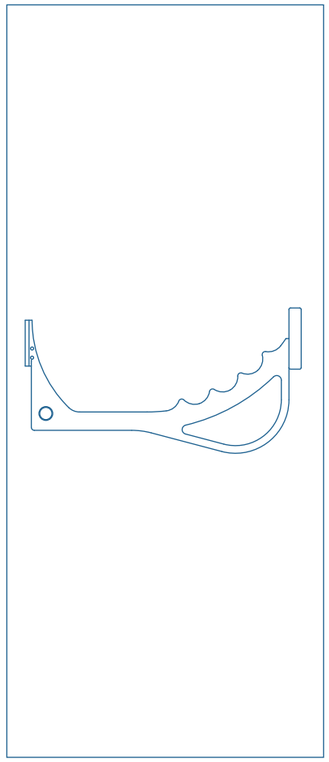
- Impact the baseplate using the tibial baseplate impactor.

Note: DIf using a cemented baseplate, follow the instructions provided with the surgical cement.

- The insert must be the same size as the femoral component and chosen according to the thickness validated during the testing phase.

- The insert will be inserted at the same time as the femoral component.



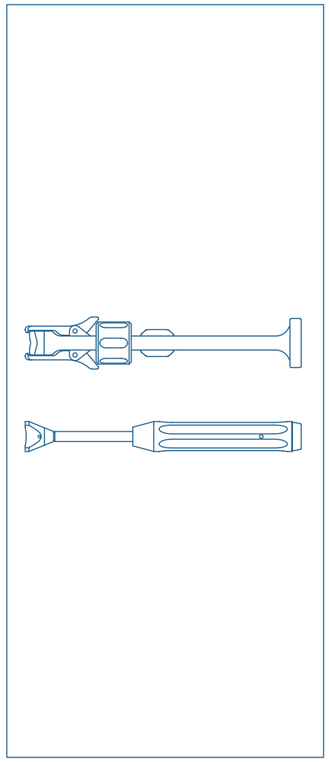


Insertion of full-PE tibial implant

Placement of chosen tibial implant

- Impact the full-PE tibial implant of the same size and thickness as that validated during the testing phase.

Note: Follow the instructions provided with the surgical cement.



Insertion of final implants

Femoral component

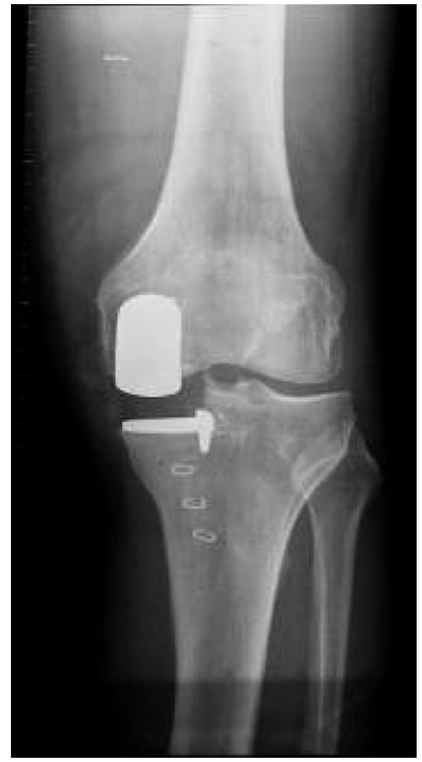
- Put the femoral component (cemented or cementless) in its holder.
- Flex the knee 90° and impact the component.
- Finish impacting with the femoral component impactor.

Note: If using a cemented femoral component, follow the instructions provided with the surgical cement.

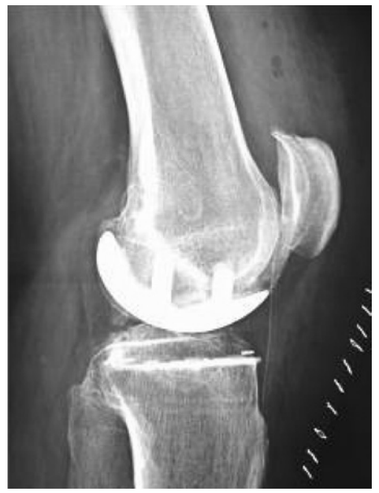
- If a mobile insert is being used, place it under the femoral component now. Make sure the insert points in the correct direction (“A” is engraved on the insert’s anterior side) to achieve the best congruency.
- An osteotomy can be performed at the anterior edge of the femoral component to prevent impingement of the mobile insert when the knee is fully extended.

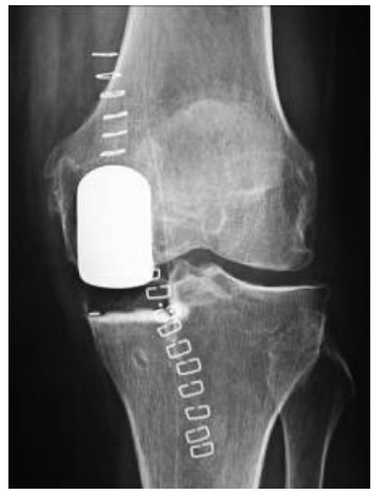
Notes

Postoperative Radiographs



Cementless UNI SCORE® mobile platform





Cemented UNI SCORE® Full-PE implant

Extraction

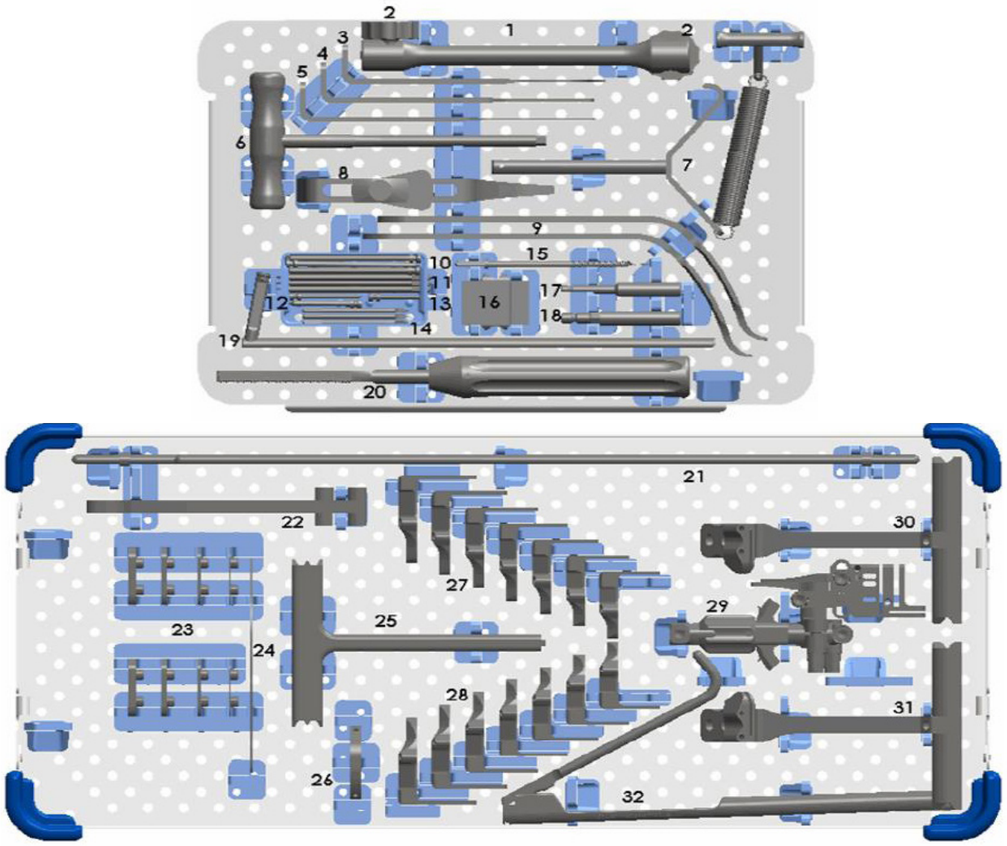
- If the cementless UNI SCORE® baseplate with peg and fixation screw have to be revised:
  - Remove the femoral component using bone chisels.
  - Pry out the insert by placing an osteotome between the insert and baseplate.
  - Remove the PEEK stopper with forceps (e.g. Kocher forceps).
  - Loosen the screw using the H3.5 screwdriver with self-retaining tip.
  - Remove the tibial baseplate using bone chisels.

- If the femoral component needs to be extracted, a slap-hammer can be assembled with the unicompartmental femoral component holder.
  Available upon request.
  - After making sure the femoral component is no longer anchored to the bone, remove the component.

Patient Specific instrumentation i.M.A.G.E.® for UNI SCORE® UKS consists in:

- The UNI SCORE® conventional instrumentation composed of two trays with two layers each:
  - One (1) set for tibial and femoral resection
  - One (1) set for tibial/femoral preparation and trials
- The i.M.A.G.E.® set for UNI SCORE® UKS

Tibial and femoral resection set

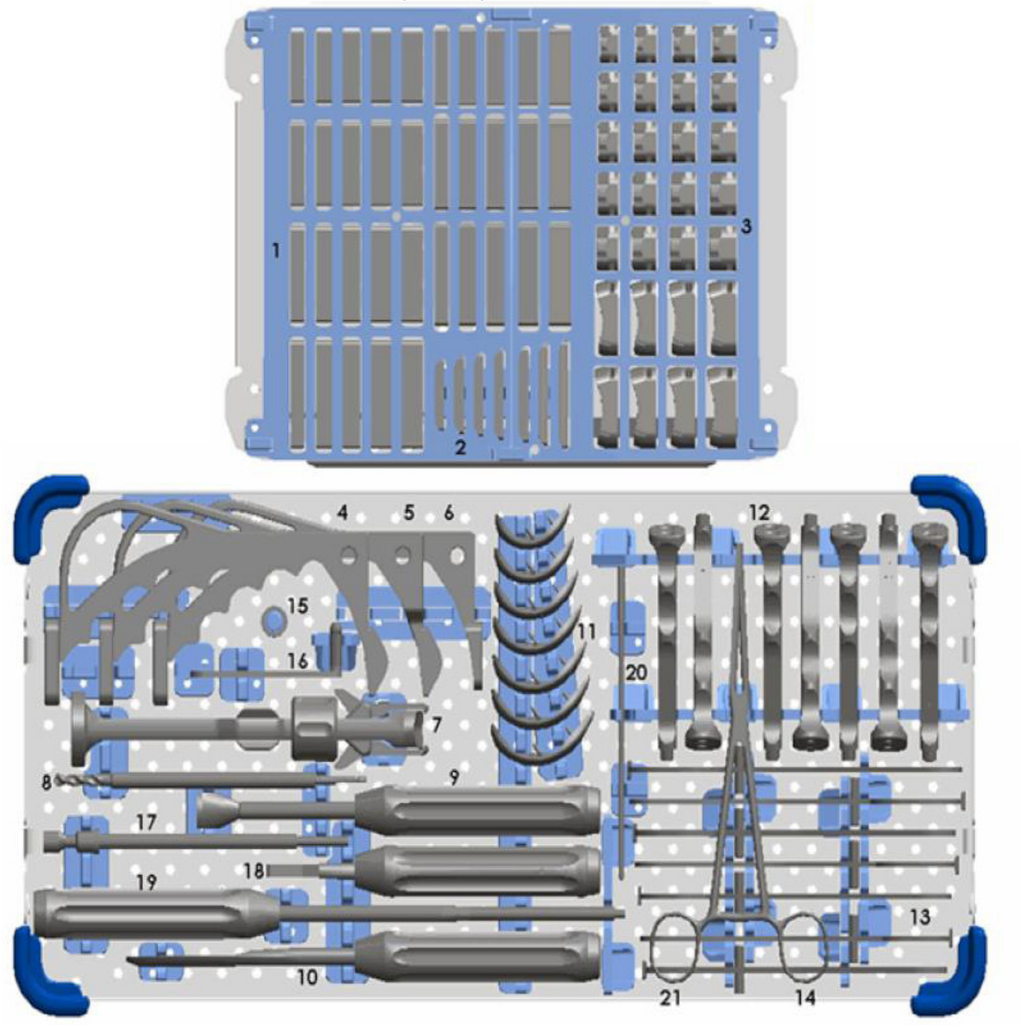


Item	Name	Product No.	Qty
1	Extramedullary alignment column Ø 8	2-0218400	1
2	Wheel for extramedullary aiming column	2-0201800	2
3	Curved joint line gauge	2-0218503	1
4	Short joint line gauge	2-0218502	1
5	Long joint line gauge	2-0218501	1
6	H5 Screwdriver	2-0200800	1
7	Malleolar clamp	2-0201600	1
8	Femoral probe for unicompartmental tibial guide	2-0218700	1
9	Hohmann retractor (UNI) 240 mm 18 mm	2-0220700	2
10	Headed pin – length 70 mm	2-0201302	3
11	Headless pin – length 80 mm	2-0201400	3
12	Headed pin – length 38 mm	2-0201304	2
13	Headed pin – length 30 mm	2-0201301	1
14	Headless pin – length 55 mm	2-0201401	3
15	Collared K-wire Ø 4 mm, length 100 mm	2-0218300	1

Tibial and femoral resection set

Item	Name	Product No.	Qty
16	Unicompartmental tibial resection guide	2-0221300	1
17	AO quick-connect adapter for self-drilling pin	2-0201200	1
18	Universal quick-connect adapter for self-drilling pin	2-0201100	1
19	Extramedullary slide bar	2-0218200	1
20	Unicompartmental flat rasp	2-0221400	1
21	Extramedullary alignment rod	2-0200600	2
22	Spacer handle	2-0218800	1
23	Wedge thickness 1 mm for spacer	2-0218901	2
23	Wedge thickness 2 mm for spacer	2-0218902	2
23	Wedge thickness 3 mm for spacer	2-0218903	2
23	Wedge thickness 4 mm for spacer	2-0218904	2
24	Narrow resection gauge	2-0218600	1
25	Femoral cutting guide holding clamp	2-0221000	1
26	6 mm spacer for posterior femoral resection guide	2-0223100	1
27	Posterior femoral resection guide – Size 1 MED.R / LAT.L	2-0219201	1
27	Posterior femoral resection guide – Size 2 MED.R / LAT.L	2-0219202	1
27	Posterior femoral resection guide – Size 3 MED.R / LAT.L	2-0219203	1
27	Posterior femoral resection guide – Size 4 MED.R / LAT.L	2-0219204	1
27	Posterior femoral resection guide – Size 5 MED.R / LAT.L	2-0219205	1
27	Posterior femoral resection guide – Size 6 MED.R / LAT.L	2-0219206	1
27	Posterior femoral resection guide – Size 7 MED.R / LAT.L	2-0219207	1
28	Posterior femoral resection guide – Size 1 MED.L / LAT.R	2-0219101	1
28	Posterior femoral resection guide – Size 2 MED.L / LAT.R	2-0219102	1
28	Posterior femoral resection guide – Size 3 MED.L / LAT.R	2-0219103	1
28	Posterior femoral resection guide – Size 4 MED.L / LAT.R	2-0219104	1
28	Posterior femoral resection guide – Size 5 MED.L / LAT.R	2-0219105	1
28	Posterior femoral resection guide – Size 6 MED.L / LAT.R	2-0219106	1
28	Posterior femoral resection guide – Size 7 MED.L / LAT.R	2-0219107	1
29	Unicompartmental tibial guide	2-0218100	1
30	Distal resection guide MED.L. / LAT.R.	2-0219001	1
31	Distal resection guide MED.R. / LAT.L.	2-0219002	1
32	Pin extractor	2-0201500	1

Tibial/femoral preparation and trial set



Item	Name	Product No.	Qty
1	Unicompartmental trial fixed insert Size 1 H8	2-0220111	1
1	Unicompartmental trial fixed insert Size 1 H9	2-0220121	1
1	Unicompartmental trial fixed insert Size 1 H10	2-0220131	1
1	Unicompartmental trial fixed insert Size 1 H11	2-0220141	1
1	Unicompartmental trial fixed insert Size 1 H12	2-0220151	1
1	Unicompartmental trial fixed insert Size 2 H8	2-0220112	1
1	Unicompartmental trial fixed insert Size 2 H9	2-0220122	1
1	Unicompartmental trial fixed insert Size 2 H10	2-0220132	1
1	Unicompartmental trial fixed insert Size 2 H11	2-0220142	1
1	Unicompartmental trial fixed insert Size 2 H12	2-0220152	1
1	Unicompartmental trial fixed insert Size 3 H8	2-0220113	1
1	Unicompartmental trial fixed insert Size 3 H9	2-0220123	1
1	Unicompartmental trial fixed insert Size 3 H10	2-0220133	1
1	Unicompartmental trial fixed insert Size 3 H11	2-0220143	1
1	Unicompartmental trial fixed insert Size 3 H12	2-0220153	1

Tibial/femoral preparation and trial set

Item	Name	Product No.	Qty
1	Unicompartmental trial fixed insert Size 4 H8	2-0220114	1
1	Unicompartmental trial fixed insert Size 4 H9	2-0220124	1
1	Unicompartmental trial fixed insert Size 4 H10	2-0220134	1
1	Unicompartmental trial fixed insert Size 4 H11	2-0220144	1
1	Unicompartmental trial fixed insert Size 4 H12	2-0220154	1
1	Unicompartmental trial fixed insert Size 5 H8	2-0220115	1
1	Unicompartmental trial fixed insert Size 5 H9	2-0220125	1
1	Unicompartmental trial fixed insert Size 5 H10	2-0220135	1
1	Unicompartmental trial fixed insert Size 5 H11	2-0220145	1
1	Unicompartmental trial fixed insert Size 5 H12	2-0220155	1
1	Unicompartmental trial fixed insert Size 6 H8	2-0220116	1
1	Unicompartmental trial fixed insert Size 6 H9	2-0220126	1
1	Unicompartmental trial fixed insert Size 6 H10	2-0220136	1
1	Unicompartmental trial fixed insert Size 6 H11	2-0220146	1
1	Unicompartmental trial fixed insert Size 6 H12	2-0220156	1
1	Unicompartmental trial fixed insert Size 7 H8	2-0220117	1
1	Unicompartmental trial fixed insert Size 7 H9	2-0220127	1
1	Unicompartmental trial fixed insert Size 7 H10	2-0220137	1
1	Unicompartmental trial fixed insert Size 7 H11	2-0220147	1
1	Unicompartmental trial fixed insert Size 7 H12	2-0220157	1
2	Unicompartmental trial tibial baseplate – Size 1	2-0220001	1
2	Unicompartmental trial tibial baseplate – Size 2	2-0220002	1
2	Unicompartmental trial tibial baseplate – Size 3	2-0220003	1
2	Unicompartmental trial tibial baseplate – Size 4	2-0220004	1
2	Unicompartmental trial tibial baseplate – Size 5	2-0220005	1
2	Unicompartmental trial tibial baseplate – Size 6	2-0220006	1
2	Unicompartmental trial tibial baseplate – Size 7	2-0220007	1
3	Unicompartmental trial mobile insert Size 1 H9	2-0220221	1
3	Unicompartmental trial mobile insert Size 1 H10	2-0220231	1
3	Unicompartmental trial mobile insert Size 1 H11	2-0220241	1
3	Unicompartmental trial mobile insert Size 1 H12	2-0220251	1
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3	Unicompartmental trial mobile insert Size 2 H11	2-0220242	1
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3	Unicompartmental trial mobile insert Size 3 H10	2-0220233	1
3	Unicompartmental trial mobile insert Size 3 H11	2-0220243	1
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3	Unicompartmental trial mobile insert Size 4 H12	2-0220254	1
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3	Unicompartmental trial mobile insert Size 5 H10	2-0220235	1
3	Unicompartmental trial mobile insert Size 5 H11	2-0220245	1
3	Unicompartmental trial mobile insert Size 5 H12	2-0220255	1

Tibial/femoral preparation and trial set

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3	Unicompartmental trial mobile insert Size 6 H10	2-0220236	1
3	Unicompartmental trial mobile insert Size 6 H11	2-0220246	1
3	Unicompartmental trial mobile insert Size 6 H12	2-0220256	1
3	Unicompartmental trial mobile insert Size 7 H9	2-0220227	1
3	Unicompartmental trial mobile insert Size 7 H10	2-0220237	1
3	Unicompartmental trial mobile insert Size 7 H11	2-0220247	1
3	Unicompartmental trial mobile insert Size 7 H12	2-0220257	1
4	Tibial fin punch MED.R / LAT. L	2-0219400	1
5	Tibial fin punch MED.L / LAT. R	2-0219500	1
6	Unicompartmental baseplate impactor	2-0219600	1
7	Unicompartmental femoral component holder	2-0220500	1
8	Drill for unicompartmental condyle peg	2-0218000	1
9	Unicompartmental femoral component impactor	2-0220400	1
10	Unicompartmental osteotome	2-0221500	1
11	Unicompartmental trial femoral component – Size 1	2-0219701	1
11	Unicompartmental trial femoral component – Size 2	2-0219702	1
11	Unicompartmental trial femoral component – Size 3	2-0219703	1
11	Unicompartmental trial femoral component – Size 4	2-0219704	1
11	Unicompartmental trial femoral component – Size 5	2-0219705	1
11	Unicompartmental trial femoral component – Size 6	2-0219706	1
11	Unicompartmental trial femoral component – Size 7	2-0219707	1
12	Drilling guide for unicompartmental femoral component peg – Size 1	2-0219801	1
12	Drilling guide for unicompartmental femoral component peg – Size 2	2-0219802	1
12	Drilling guide for unicompartmental femoral component peg – Size 3	2-0219803	1
12	Drilling guide for unicompartmental femoral component peg – Size 4	2-0219804	1
12	Drilling guide for unicompartmental femoral component peg – Size 5	2-0219805	1
12	Drilling guide for unicompartmental femoral component peg – Size 6	2-0219806	1
12	Drilling guide for unicompartmental femoral component peg – Size 7	2-0219807	1
13	Trial baseplate – Size 1	2-0230401	1
13	Trial baseplate – Size 2	2-0230402	1
13	Trial baseplate – Size 3	2-0230403	1
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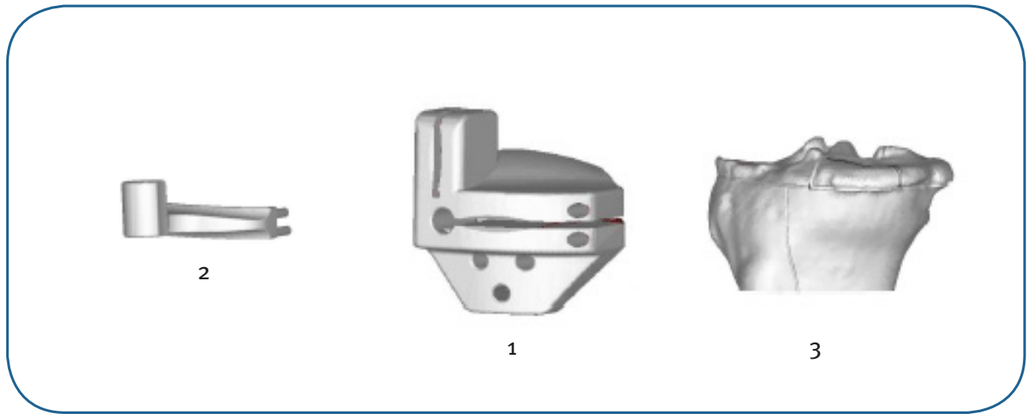
13	Trial baseplate – Size 5	2-0230405	1
13	Trial baseplate – Size 6	2-0230406	1
13	Trial baseplate – Size 7	2-0230407	1
14	Holding clamp	2-0220300	1
15	Guiding barrel for stop drill bit Ø10 mm	2-0230000	1
16	Drill guide for drill bit D 3,2	2-0230200	1
17	Stopping drill bit Ø10 mm	2-0230100	1
18	Wrench for tibial stem	2-0205500	1
19	Retentive straight screwdriver H3,5	2-0230500	1
20	Drill bit Ø3.2 length 145 mm	2-0102400	1
21	Screw holder	2-0102800	1

i.M.A.G.E.® set for UNI SCORE® UKS

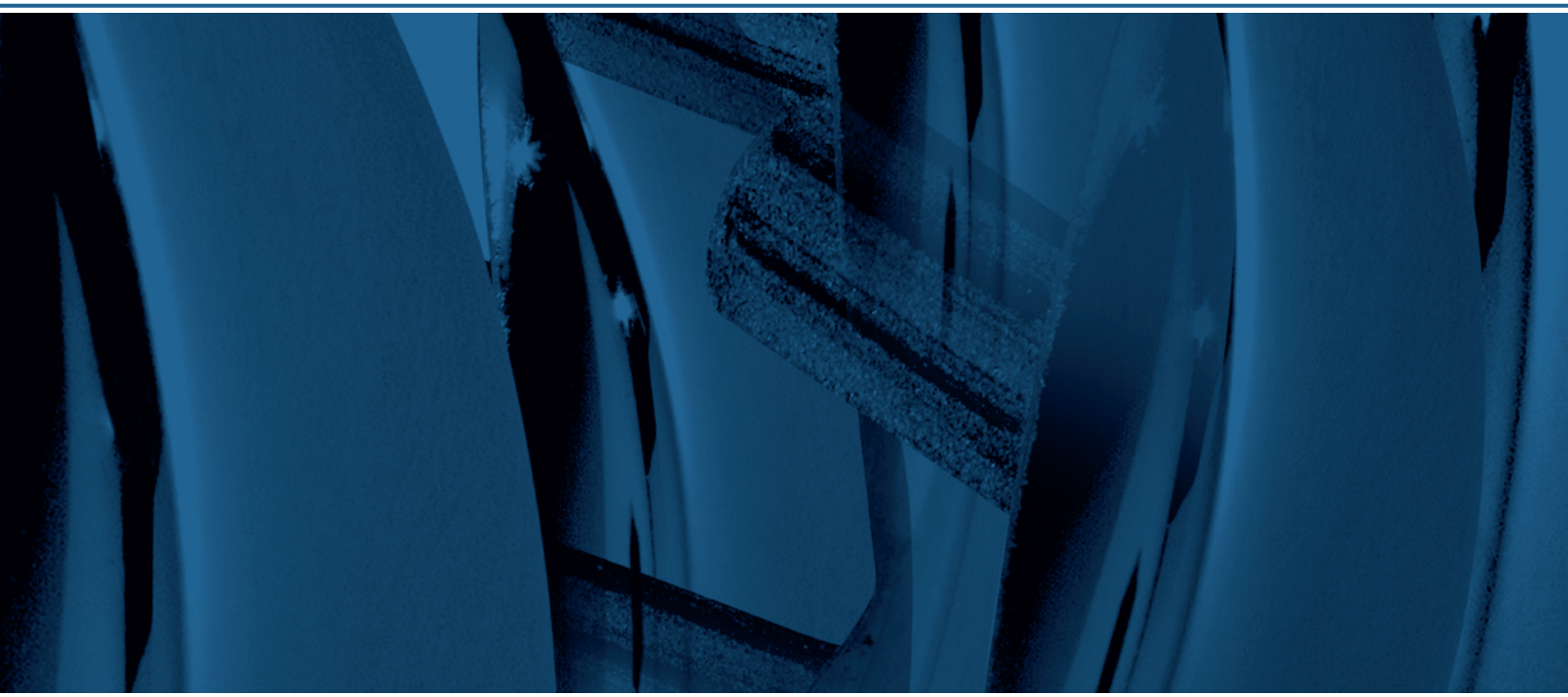


Item	Name	Product No.	Qty
	i.M.A.G.E.® Tibial Cutting Guide with Phantom, Medial-UKS MRI Version - Non Sterile	**9-0201110**	
1	i.M.A.G.E.® Tibial Cutting Guide, Medial-UKS	-	1
2	i.M.A.G.E.® UNI Alignment Control Device, Medial-UKS	-	1
3	i.M.A.G.E.® Tibia Phantom , Medial-UKS	-	1
	i.M.A.G.E.® Tibial Cutting Guide with Phantom, Medial-UKS CT Scan Version - Non Sterile	**9-0201130**	
1	i.M.A.G.E.® Tibial Cutting Guide, Medial-UKS	-	1
2	i.M.A.G.E.® UNI Alignment Control Device, Medial-UKS	-	1
3	i.M.A.G.E.® Tibia Phantom, Medial-UKS	-	1
	i.M.A.G.E.® Tibial Cutting Guide, Medial-UKS MRI Version - Non Sterile	**9-0201100**	
1	i.M.A.G.E.® Tibial Cutting Guide, Medial-UKS	-	1
2	i.M.A.G.E.® UNI Alignment Control Device, Medial-UKS	-	1
	i.M.A.G.E.® Tibial Cutting Guide, Medial-UKS CT Scan Version - Non Sterile	**9-0201120**	
1	i.M.A.G.E.® Tibial Cutting Guide, Medial-UKS	-	1
2	i.M.A.G.E.® UNI Alignment Control Device, Medial-UKS	-	1

Notes

Notes

Reference : TO.G.GB.019/1.0



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Fax : +33 (0)4 75 41 87 42

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