

## Patient Matched Cutting Blocks Surgical Procedure: GENESIS<sup>®</sup> II, LEGION<sup>®</sup> PRIMARY or JOURNEY<sup>®</sup> BCS knee systems

**Tip:** Do not remove osteophytes before testing block fit; if there is an osteophyte that is causing the block not to sit properly on the bone, only remove the specific osteophyte impinging the fit then attempt to seat the block again

### Femoral Block:

#### Exposure

Be sure to remove all soft tissue from the anterior cortex using a flat Hohmann retractor

#### Pinning and Drilling

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

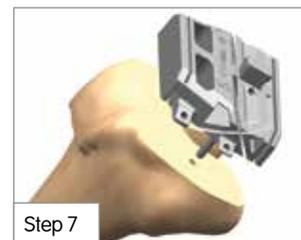
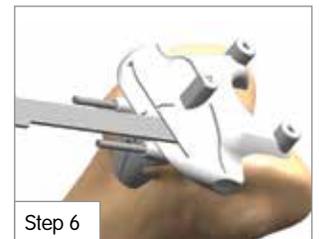
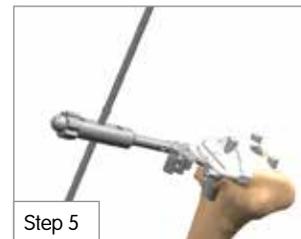
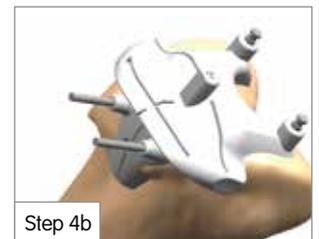
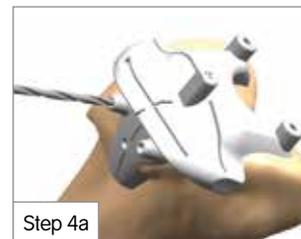
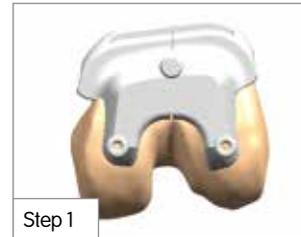
**Tip:** The proximal part of the femoral block should rest on the anterior cortex to ensure that the block is not in flexion

2. Allow the surgical assistant to firmly hold the block in place while the surgeon drills through the two distal holes using the 1/8 inch drill bit
3. Insert either long headed pins (45mm) or 45mm bone spikes into the distal holes that were drilled in step 2
4. With the distal pins in place, pin the anterior face of the block using either 45mm speed pins or by drilling through the holes and using long (45mm) bone spikes to secure the anterior face of the block
5. Use the slot alignment checker to determine if proper alignment will be achieved with the distal cut

**Note:** The vertical etching represents the AP axis which can be used with the perpendicular epis to show rotational alignment

6. Remove the distal pins and make the distal cut
7. Proceed with the remaining femoral cuts by using the appropriately sized AP cutting block

**Note:** The distal pinholes of the patient matched femoral cutting block match the pinholes for the 4-in-1 AP cutting block



The following technique is recommended for both the Minimally Invasive Surgery tibia and the Traditional Anterior Approach tibia block used with VISIONAIRE<sup>®</sup> instrumentation.

## Tibia Block:

### Positioning and Exposure

1. Sublux the tibia
2. Remove the meniscus
3. Make sure all the proximal anterior loose soft tissue fibers have been removed

### Pinning and Drilling

1. Place the tibial block on the proximal tibia. The key contact points for the tibial block are the medial and lateral plateaus and the anterior medial tibial face

**Note:** The cutting block should be resting flush on all three surfaces; if the block is not resting flush, remove any osteophytes or soft tissue that is impinging the fit

2. With the surgical assistant firmly holding the block in place, drill and pin the two proximal holes using either long (45mm) bone spikes or 45mm headed pins
3. With the proximal pins in place, pin the anterior face of the block using either 45mm speed pins or by drilling through the two holes and using long (45mm) bone spikes to secure anterior face of the block in place

**Tip:** This is important to ensure that the tibia does not rotate or change varus/valgus while pinning anteriorly

The additional anterior hole above the slot can be used to further secure the block during resection

4. Use the slot alignment checker and drop rod check to ensure proper alignment will be achieved with the proximal tibial cut

**Note:** The anterior etch marks the medial third of the tibia tubercle for tibia rotation; this can also be used to line up the drop rod for checking v/v and slope

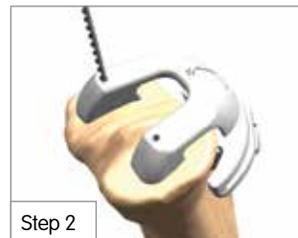
5. Remove the proximal pins and resect the tibia

6. Proceed to tibia trialing

**Note:** The pinholes on the tibial trial match the proximal pinholes of the patient matched tibial cutting block



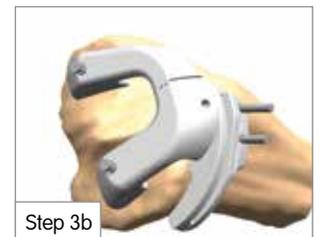
Step 1



Step 2



Step 3a



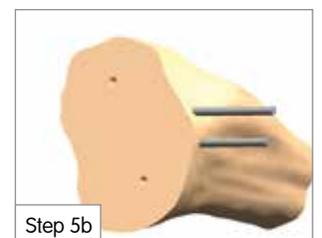
Step 3b



Step 4



Step 5a



Step 5b