

## VISIONAIRE FastPak Instruments for the LEGION<sup>◇</sup> Total Knee System



# VISIONAIRE<sup>◇</sup> FastPak for LEGION<sup>◇</sup> Instrument Technique\*

## Nota Bene

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

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

## Femoral preparation

### Positioning and exposure

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

### Pinning and drilling

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

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

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

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

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

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

- 3 Secure the femoral guide distally by inserting headed pins into the distal holes.



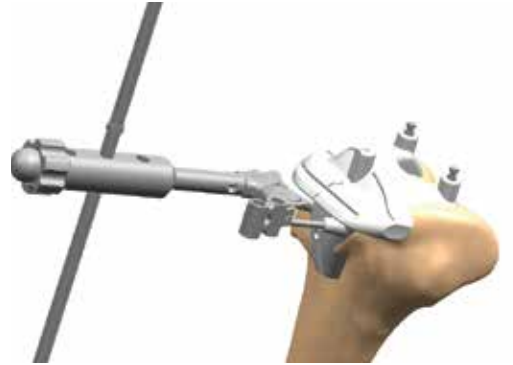
- 4 Secure the femoral guide anteriorly by inserting long headless pins into the anterior pin holes.

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



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

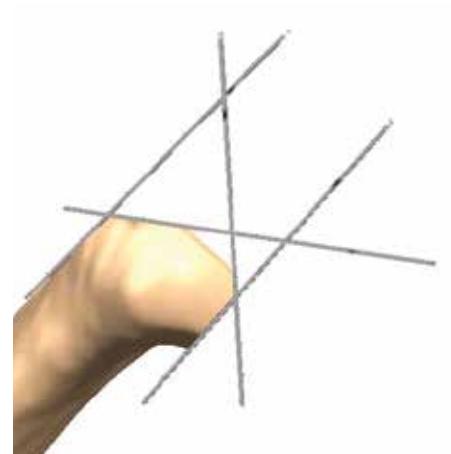
**Note:** The anterior line corresponds to the AP axis and the distal line is perpendicular to the anterior line.



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



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



## Tibial preparation

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

### Positioning and exposure

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

### Pinning and drilling

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

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

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

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

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

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

- 10 Secure the tibial guide proximally by inserting headed pins into the proximal holes.

- 11 Secure the tibial guide anteriorly by inserting long headless pins into the anterior parallel pin holes.

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

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



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

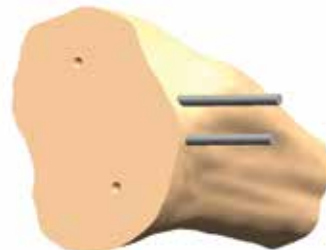
**Note:** The anterior line corresponds to the medial third of the tubercle. This line is intended to help position the external alignment rod when verifying proper alignment.



- 13 Remove one proximal pin prior to beginning the proximal resection. To complete the resection, move the remaining proximal pin to the opposite side of the tibial guide.



- 14 After completing the resection, remove the tibial guide and complete the procedure per the surgical technique recommended for the implant.



- 15 Size the tibia using the FastPak tibial baseplate trial. Using the proximal holes drilled through the VISIONAIRE<sup>®</sup> Tibial Cutting Guide, pin the medial side of the FastPak Tibial Base Trial with a short headed pin.

**Tip:** Anterior lines on tibial baseplate trial can be used to aid in setting tibial rotation.

**Note:** Excessive rotation applied to the quick connect handle during alignment verification may deform the quick connect feature of the FastPak tibia trial.



- 16 Check alignment and balance with spacer block and rod. Balance ligaments in standard fashion.

**Tip:** Since the spacer block has one end for flexion and one for extension, ensure that the appropriate end is used.



# Femoral trialing

**Note:** The LEGION® FastPak femoral trial is not compatible with the femoral wedges. If femoral wedges are required, you must use the standard LEGION femoral trial.

## Cruciate Retaining

- 17 Prepare the femoral lug holes through the trial using the femoral lug punch.

**Note:** Ensure lug punch is properly aligned and fully seated prior to punching.



## Posterior-Stabilized

- 18 Pin trial through the anterior flange using short headed pins. Attach the Housing Resection Collet to the femoral trial.

**Note:** Speed pins are contraindicated for use with the FastPak femoral trial.

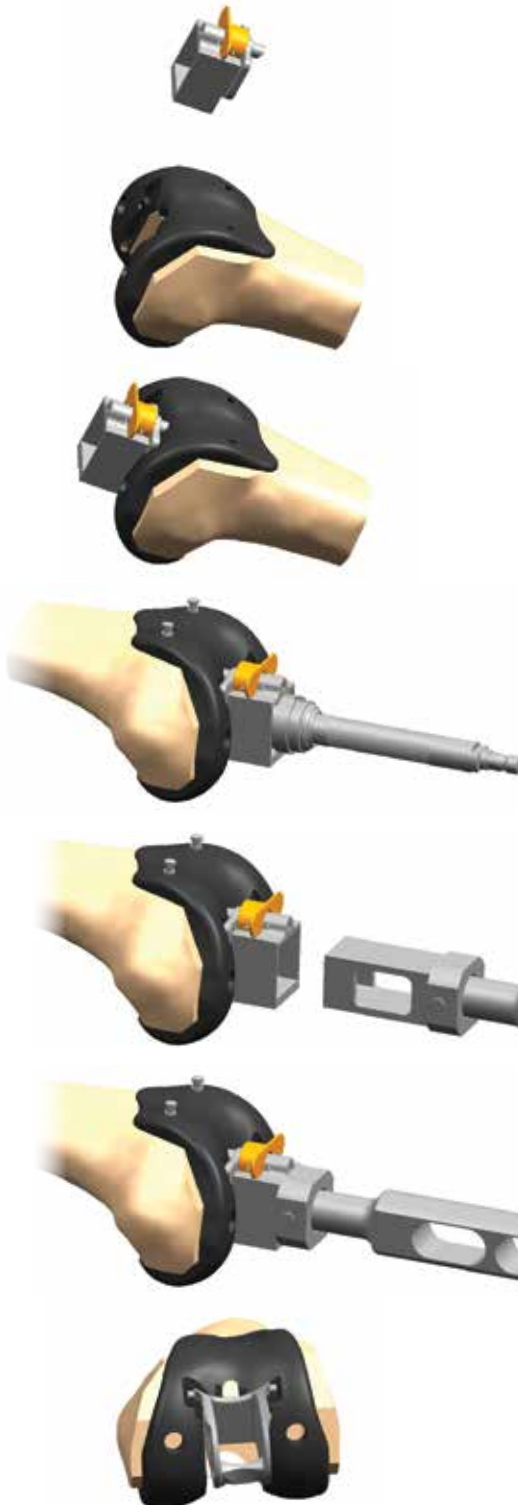
**Tip:** The housing collet shown (71440003) is the only housing collet that is compatible with the FastPak femoral trial.

**Note:** Reaming collet slides anterior/posterior with slight force applied. However, if the reaming collet will not fit into the slot, confirm bone resections and/or fit of femoral trial on femur.

- 19 Push the Housing Collet to the most posterior position of the FastPak Femoral Trial PS box. Ream through the collet until the depth stop contacts the collet. Move the Housing Collet to the anterior position of the FastPak Femoral Trial and ream the anterior bone of the PS box.
- 20 Following the same steps used when reaming the PS box, impact the Housing Box Chisel through the Housing Collet to square the corners of the PS box resection.
- 21 Select the FastPak Femoral Trial Cam Module, insert the arms of the cam module into the anterior aspect of the femoral trial box and rotate posteriorly.

**Tip:** The FastPak Femoral Trial Cam Module is packaged with the Femoral Trial.

**Note:** FastPak Femoral Trial Cam Module is not compatible with metal femoral trial



## Final preparation

- 22 Prepare the patella using surgeon's preferred technique.

**Note:** Information for patella can be found in the LEGION® Knee System surgical technique.

- 23 Place a FastPak Trial Insert into the FastPak Tibial Trial Tray and perform a trial range of motion to allow the baseplate to center on the femoral trial. As a secondary check, the surgeon may pass the alignment rod through the quick-connect handle to assess alignment. Pin the lateral side of the Fast Pack Tibial Base Trial in the determined position.

**Tip:** After putting the knee through a trial ROM, the surgeon should note the proper rotation of the trial tibial component on the proximal tibia and mark the tibia for future reference.

- 24 After trial range of motion and alignment checks, drill the tibia using the tibial drill, select the FastPak fin punch, and punch through tibia baseplate trial.

### Implantation

- 25 Remove trial components.
- 26 Prepare bone cement and apply to implants and prepared bone surfaces.
- 27 Seat the tibial implant with the tibial impactor. Remove any excess cement after fully seating implant.
- 28 Place the femoral implant on the femur and use the femoral impactor to fully seat the implant. Remove any excess cement after fully seating implant.
- 29 Place the patellar implant onto the patella and clamp onto the bone to pressurize. Remove any excess cement after fully seating implant.
- 30 Attach the articular inserter/extractor<sup>‡</sup> to the tibial tray (for standard inserts). Lift inserter superiorly until the anterior lip of the insert is fully seated.

<sup>‡</sup> The hi flex inserter and articular insert assembly tool may also be used to seat the insert.



\* Refer to the Important Medical Information Package Insert included with the VISIONAIRE<sup>°</sup> Patient Matched Instrumentation and LEGION<sup>°</sup> Total Knee System for additional product, technique, health and safety information.

For total knee replacement surgical steps please reference the 71281671 LEGION Distal Cut First Surgical Technique.

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