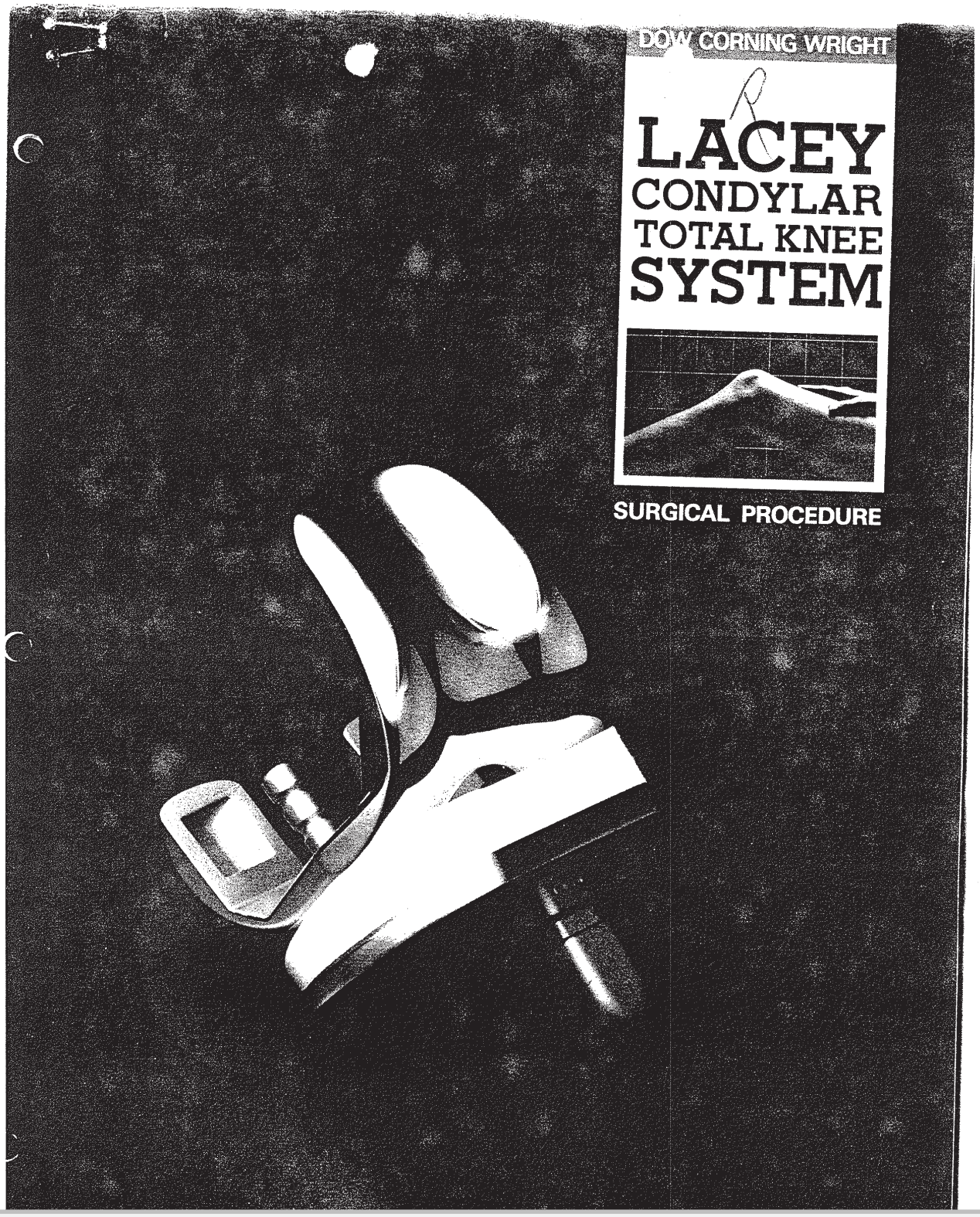
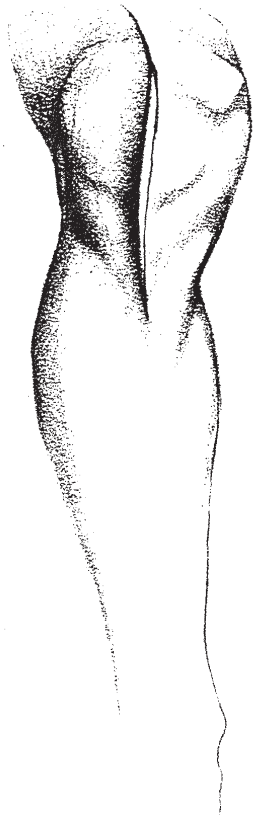
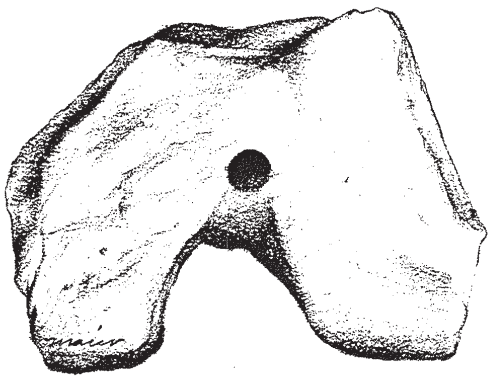


LACEY CONDYLAR TOTAL KNEE SURGICAL PROCEDURE

1. The extremity is prepped and draped in the usual manner. An anterior 5-6 inch midline incision is made with the knee flexed to 90 degrees. The knee is then placed in extension and dissection carried out in line with the skin incision down through the medial retinaculum. Subperiosteal flaps are developed medially and laterally about the metaphyseal flares. The patella is reflected laterally and the knee flexed to 90 degrees. The anterior portion of the menisci are excised and the anterior cruciate ligament incised.



2. A drill hole is placed in the intercondylar region of the femur just above the interspinous eminence of the tibia. This is to anchor the proximal end of the tibial guide centered at the mid portion of the tibia.



DOW CORNING
DOW CORNING WRIGHT

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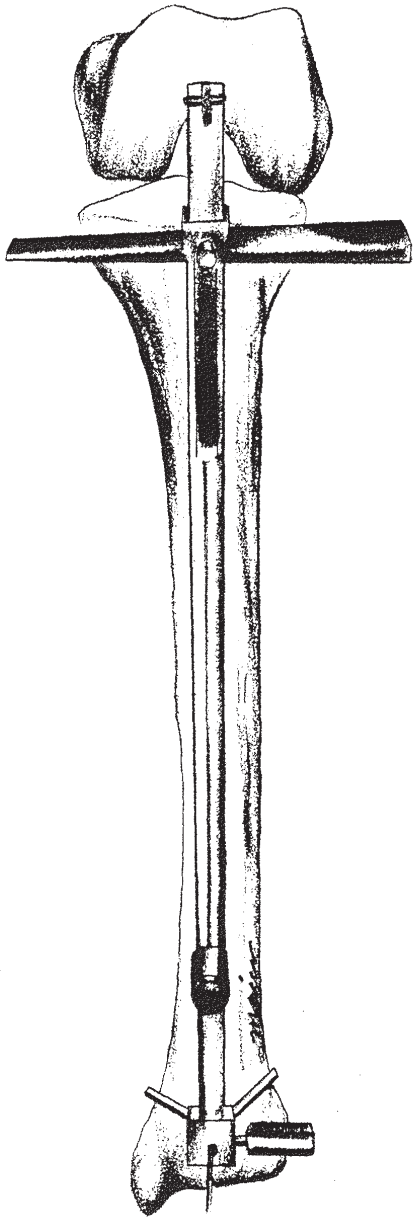
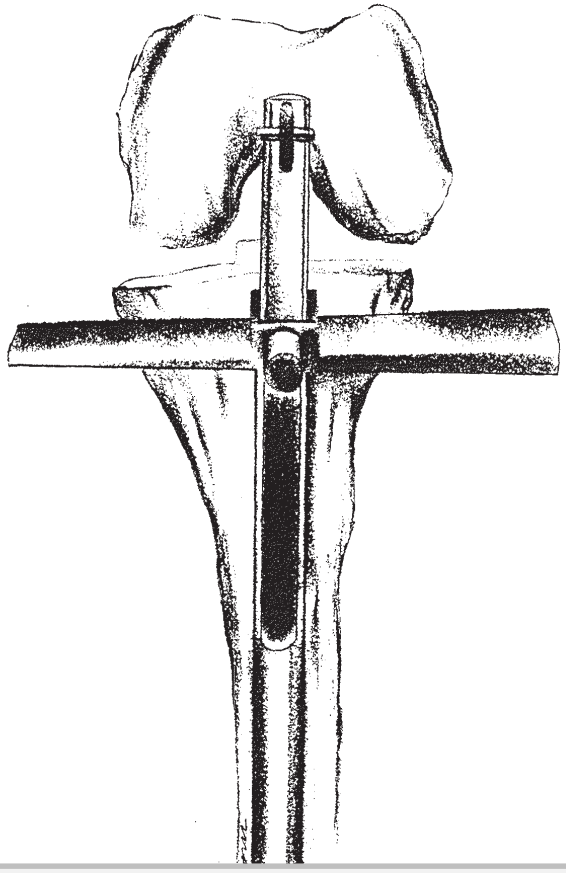
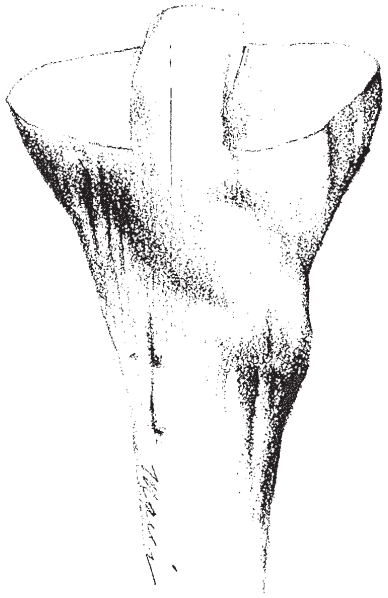


3. The tibial guide may be set at zero or three degrees of varus. The knee is placed at 80 to 90 degrees of flexion and the distal portion of the tibial guide centered with the "Y" portion placed just proximal to the malleoli. The set screws are secured. Visually the amount of tibial plateau to be removed is located with the transverse portion of the guide and the set screw secured. It is important at this point to maintain the degree of flexion of the knee or the depth of cut may change.

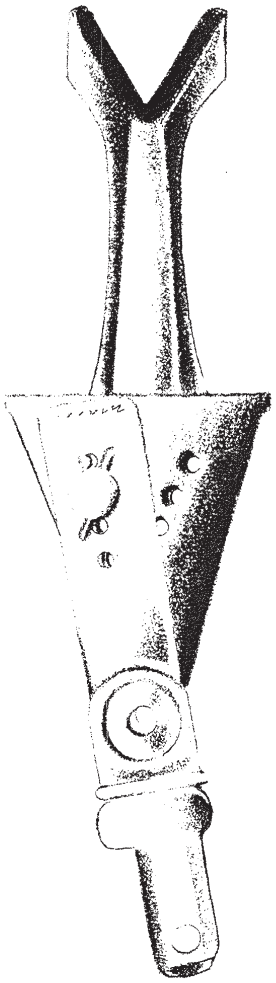
4. The tibial plateaus are osteotomized placing the oscillating saw flush against the transverse portion of the guide. The tibial cutting guide is removed. The osteotomies through the tibial plateaus are completed.



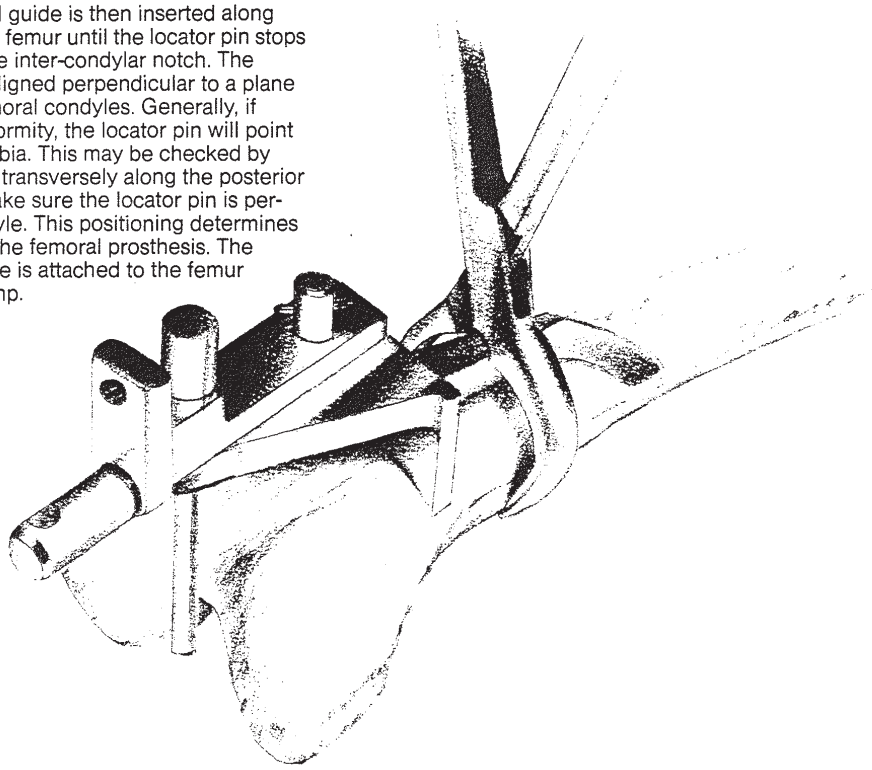
5. Two vertical cuts are made just medially and laterally to the interspinous eminence to protect the posterior cruciate ligament.



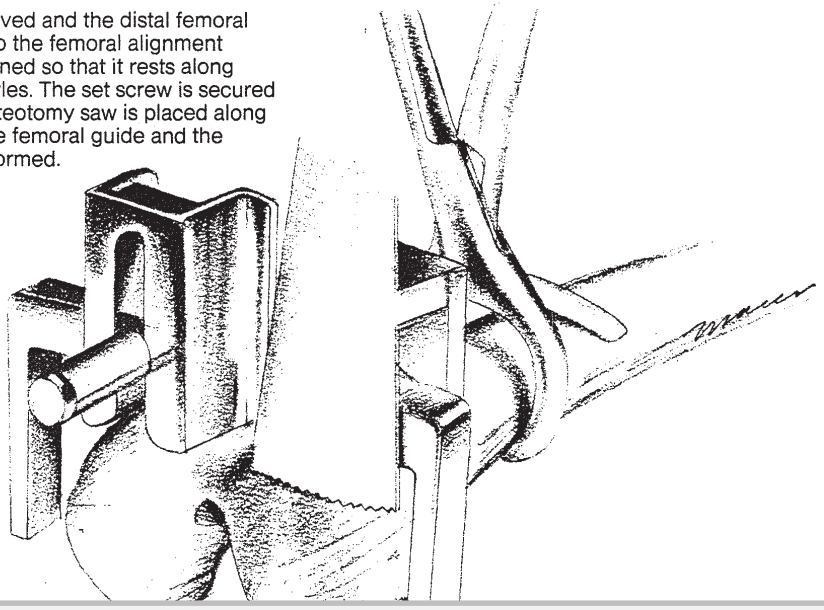
6. The knee is placed in extension and a "T" incision made in the synovial recess off the anterior femur. A plane is developed between the soft areolar tissue and the periosteum. Care should be taken not to strip the periosteum from the anterior portion of the femur. The desired amount of valgus is selected in the femoral guide. This can be either 5, 7, 9 or 11 degrees. Generally 9 degree is used. This guide may be used on either the right or left femur.



7. The locator pin is inserted into the distal end of the femoral alignment guide which determines the correct amount of bone removed with the transverse valgus cut. The femoral guide is then inserted along the anterior shaft of the femur until the locator pin stops the femoral guide in the inter-condylar notch. The locator pin should be aligned perpendicular to a plane along the posterior femoral condyles. Generally, if there is no angular deformity, the locator pin will point down the shaft of the tibia. This may be checked by placing a straight edge transversely along the posterior femoral condyles to make sure the locator pin is perpendicular to the condyle. This positioning determines the correct rotation of the femoral prosthesis. The femoral alignment guide is attached to the femur with the alignment clamp.



8. The locator pin is removed and the distal femoral cutting guide is attached to the femoral alignment guide. The guide is positioned so that it rests along the anterior femoral condyles. The set screw is secured with the locator pin. An osteotomy saw is placed along the superior margins of the femoral guide and the transverse cut is now performed.



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