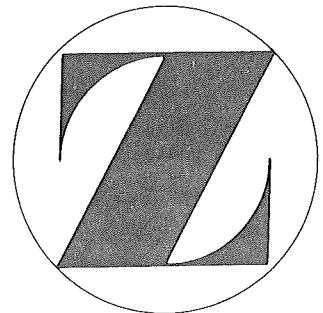
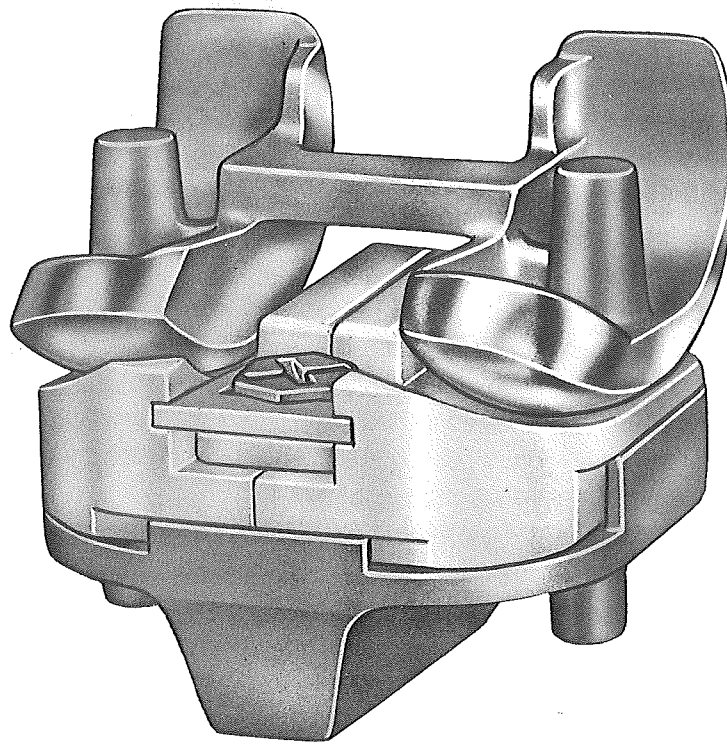
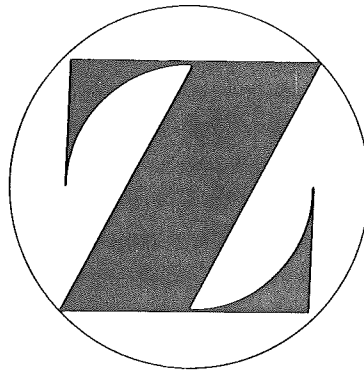


# casey total knee





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# casey total knee<sup>†</sup>

## GENERAL PRINCIPLES AND FEATURES

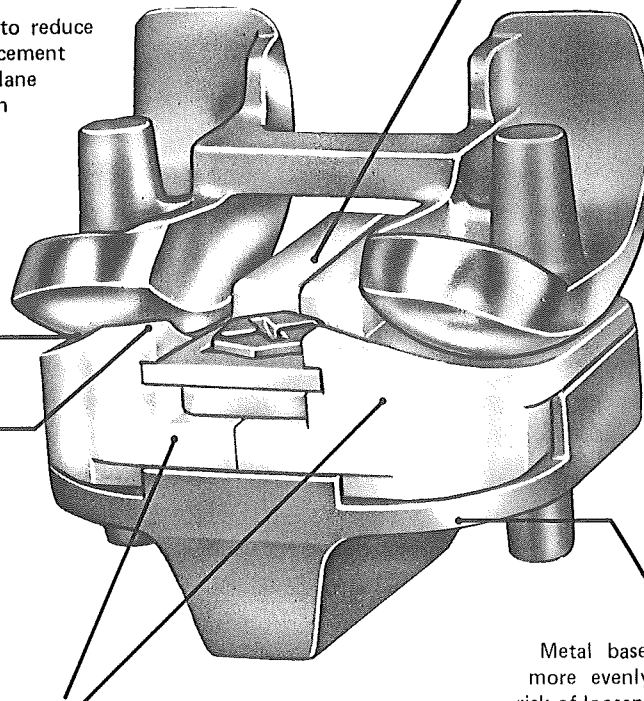
- \* For the advanced arthritic knee - painful - some instability - deformed, particularly varus or valgus.
- \* Two sizes will be available in the future. Currently available is the smaller size suitable mainly for women but also for small men.
- \* Chrome cobalt alloy and high density polyethylene - proven materials.
- \* Medullary canal of femur and tibia is not entered. If infection occurs it should remain local.
- \* Straight flat bone cuts, horizontal for both femur and tibia, allow ease of pre-operative assessment (from weight-bearing and stress X-rays) as to the relative amounts of bone to be removed from medial and lateral femoral and tibial condyles such as to end up with a joint surface which is close to horizontal.
- \* Bone cuts and lateral soft tissue release (if needed) achieve major correction of deformity. Variable height polyethylene tibial plateaus allow final fine adjustment.
- \* Total bone removal is 2cm or less.
- \* Trial plateaus - Black trial plateaus are used to select the desired height of polyethylene plateau for final fine adjustment of ligamentous tension and varus/valgus alignment. Selection of plateaus to adjust ligamentous tension is not compromised by the limitations of hardening cement.
- \* Design allows polyethylene plateaus to be interchanged in the future through a simple arthrotomy incision, using unique locking device.

† As developed by Dr. Brian Casey, F.R.C.S., Sydney, Australia

Prosthesis is not rigidly constrained to reduce risk of loosening at the tibial bone cement junction. Rotation in the horizontal plane is possible in all positions of flexion and extension but shape of surfaces is such that stability is greatest in extension.

Anterior eminence to replace posterior cruciate function.

Intercondylar eminence to reduce risk of lateral tibial subluxation and increase medial-lateral stability aided by the concave shape of the polyethylene bearing surfaces.



Metal base distributes femoral forces more evenly to tibial bone to reduce risk of loosening.

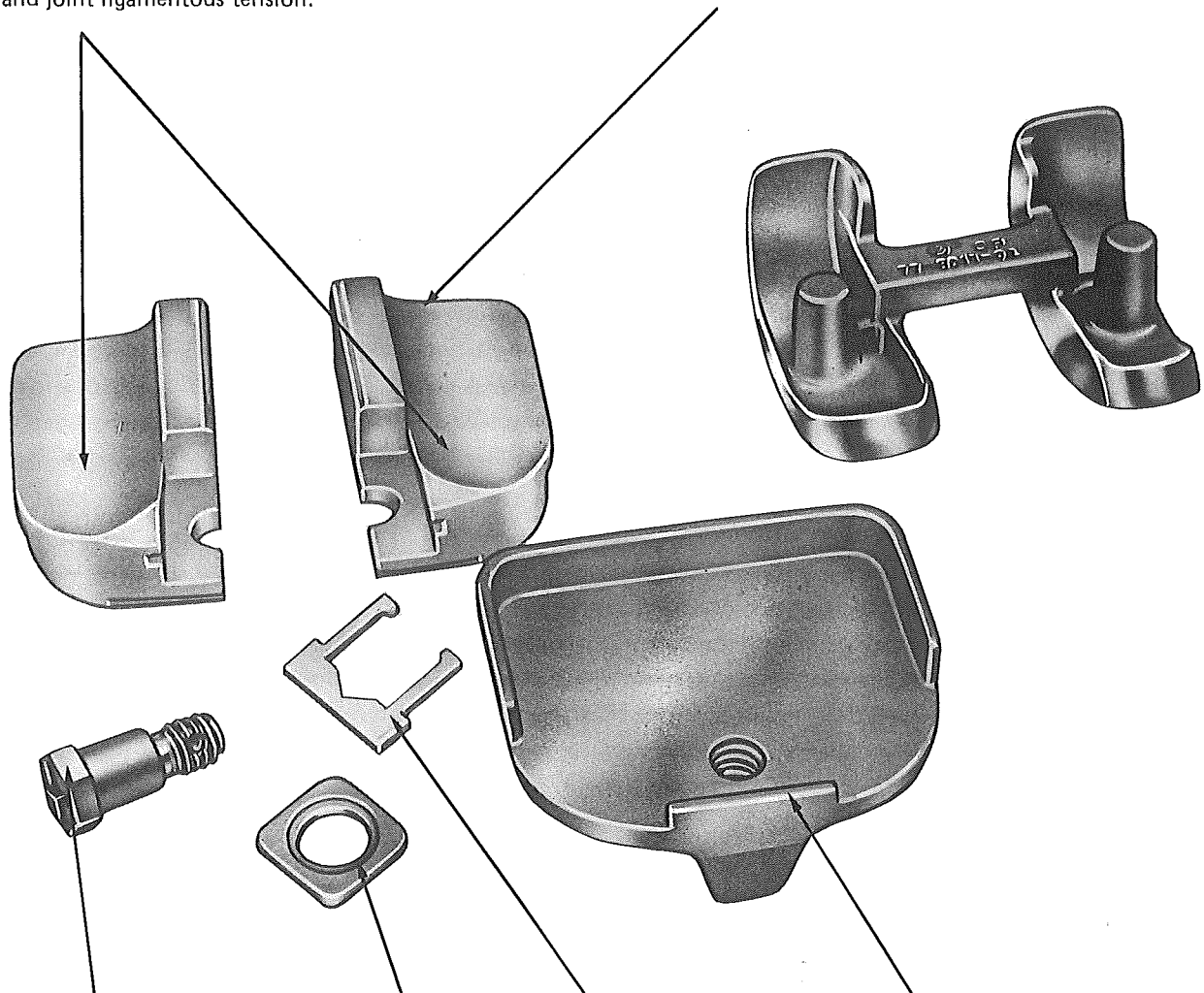
#### POLYETHYLENE PLATEAUS

3 thicknesses available for each side. Joint is cleared of methacrylate under direct vision before these are inserted.

# Parts of the Prosthesis

3 thicknesses of **POLYETHYLENE PLATEAU** for each side with increments of 2.5mm allows final adjustment of leg alignment and joint ligamentous tension.

Lack of posterior eminence avoids restriction of flexion. Allows clearance of wear particles into posterior capsular recess.



**SHOULDER SCREW** with Nylok insert holds polyethylene plateaus in place.

**POLYETHYLENE RETAINER** grips hexagonal head of shoulder screw and prevents loosening.

**WASHER** distributes forces from shoulder screw to polyethylene plateaus. Cut out side is the bottom.

**METAL TIBIAL PROSTHESIS**  
Broad base distributes forces from femur and reduces risk of sinking or loosening.  
Polyethylene plateaus can be easily replaced in the future without removing this base.

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