



Introduction

The JOURNEY™ DEUCE™ minimally invasive bi-compartmental knee system is unique in that it retains both the cruciate ligaments (ACL & PCL) as well as the lateral tibiofemoral compartment. This allows for accurate tibiofemoral resections. The device is a hybrid system that encompasses the proven principles of tri-compartmental total knee replacement as well as uni-compartmental knee replacements.

The JOURNEY DEUCE Bi-Compartmental Knee System has been designed to restore normal function and normal kinematics for patients receiving a (pre) primary total knee. To achieve this, Smith & Nephew has utilized state-of-the-art technologies and innovative techniques to better understand normal knee kinetics and kinematics and their relationship to natural articular geometry of the knee. With a design based on natural anatomy, the JOURNEY DEUCE Bi-Compartmental Knee System addresses many of the functional problems still plaguing conventional systems such as paradoxical motion, anterior instability and limited flexion.

Patient outcomes can be directly related to accurate surgical technique and precision instrumentation. The JOURNEY DEUCE bi-compartmental instrumentation has been developed to assist the surgeon in obtaining accurate and reproducible results. New ergonomic instrumentation is designed with quick connect and release buttons to facilitate fast and stable instrument assembly/disassembly to reduce OR time.

The JOURNEY DEUCE knee instruments are designed to facilitate a less invasive approach. While it has been the designers' objective to develop accurate, easy-to-use instrumentation, each surgeon must evaluate the appropriateness of the following technique based on his or her medical training, experience and patient evaluation.

Indications & Contradictions

Indications for DEUCE Bi-Compartmental Knee Replacement

- 1 Post-traumatic arthritis
- 2 Degenerative arthritis
- 3 Failed osteotomies and unicompartmental replacement
- 4 Presence of disease in medial compartment and patellofemoral joint only – no disease present in lateral compartment

Contraindications for DEUCE Bi-Compartmental Knee Replacement

- 1 Cases where there is poor bone stock which would make the procedure unjustifiable
- 2 Active, local infection or previous intra-articular infections
- 3 Mental or neurologic conditions that tend to preempt the patient's ability or willingness to restrict activities
- 4 Neuropathic (Charcot) joint
- 5 Conditions that tend to place increased loads on implants such as age, weight and activity level, which are incompatible with a satisfactory long-term result
- 6 Cruciate and collateral ligament insufficiency
- 7 Skeletal immaturity

JOURNEY™ DEUCE™

Bi-Compartmental Knee System

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Contact Numbers

Knee Hotline: 1-800-230-7538

Loaner Services: 1-901-399-3539

Nota Bene

The technique description herein is made available to the healthcare professional to illustrate the authors' suggested treatment for the uncomplicated procedure. In the final analysis, the preferred treatment is that which addresses the needs of the patient.

Prologue

Pre-op Planning

The general principles of good patient selection and sound surgical judgment apply to this knee procedure. Preoperative planning and meticulous surgical technique are essential to achieve optimal results. Considerations of anatomic loading, soft-tissue condition and component placement are critical to minimize a variety of postoperative complications.

An important part of the pre-operative assessment of a patient for a unicompartmental replacement includes an assessment of the mechanical axis. Most authors in the orthopaedic literature agree that for a medial uni replacement, the knee should be slightly under-corrected, that is the post-operative mechanical axis should be in slight varus. This is necessary since over-correction (into valgus for a medial uni) has been shown to cause accelerated wear of the native cartilage of the lateral side. Just as it is not desirable to end up with over-correction, it is also not desirable to end up with excessive under-correction, since this can lead to accelerated poly wear and loosening. Therefore, when assessing the knee pre-operatively, the surgeon should consider what the mechanical axis is likely to be at the end of the procedure.

Since ligament releases are not routinely used at this time during a bi-compartmental knee replacement, a useful assessment of this angle can be accomplished preoperatively. This can be done clinically by observing the correction achieved by the application of a valgus force with the knee in 15° flexion. By this method, a surgeon can identify preoperatively those patients that are likely to be over-corrected if a uni is done as well as those that would remain excessively under-corrected and can therefore choose another treatment option for those patients.

Through an anteromedial arthrotomy the joint is examined. Providing the gross degeneration change is limited to the medial compartment and patellofemoral compartment, and the patient's cruciate ligaments are intact, it is possible to proceed with a bi-compartmental knee replacement.

In positioning the patient for surgery, the surgeon must be able to pass the knee through a range of motion from full extension through to approximately 110° of knee flexion. The following technique may be used with either a cobalt chrome femoral component or an OXINIUM™ Oxidized Zirconium femoral component.

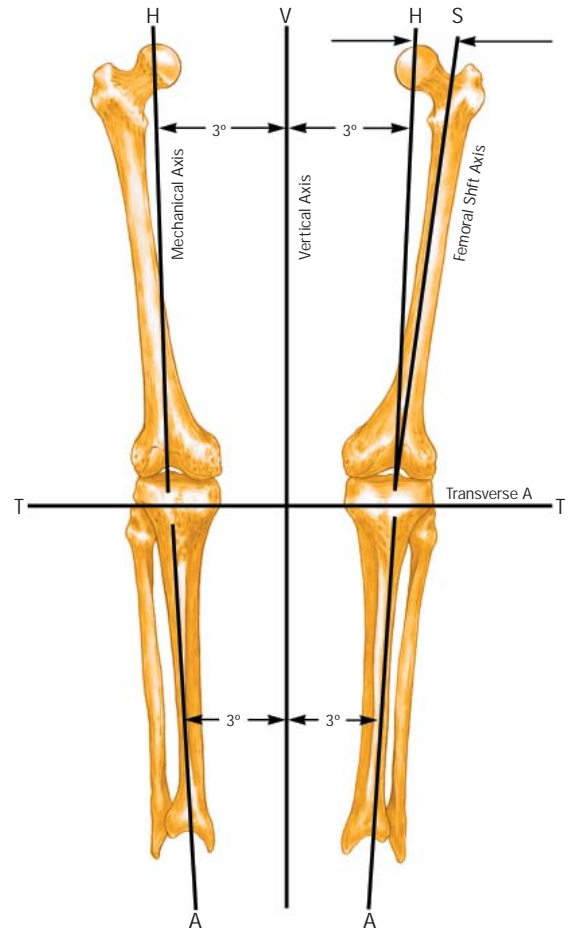
Determine the angle between the anatomical and the mechanical axes. This measurement will be used intra-operatively to select the appropriate valgus angle so that correct limb alignment is restored. Beware of misleading angles in knees with a flexion contracture or rotated lower extremities.

Most uni knee systems force a 90° horizontal tibial cut, the same as with a TKA. The JOURNEY™ Uni Tibial System allows the surgeon to choose either a 90° horizontal tibial cut or to dial in a degree of varus through the use of the mechanism on the extramedullary guide. In a TKA, the tibial component is placed perpendicular to the tibial mechanical axis. The weight bearing line will be straight through the center of the knee so that there will be no shear stress on the components.

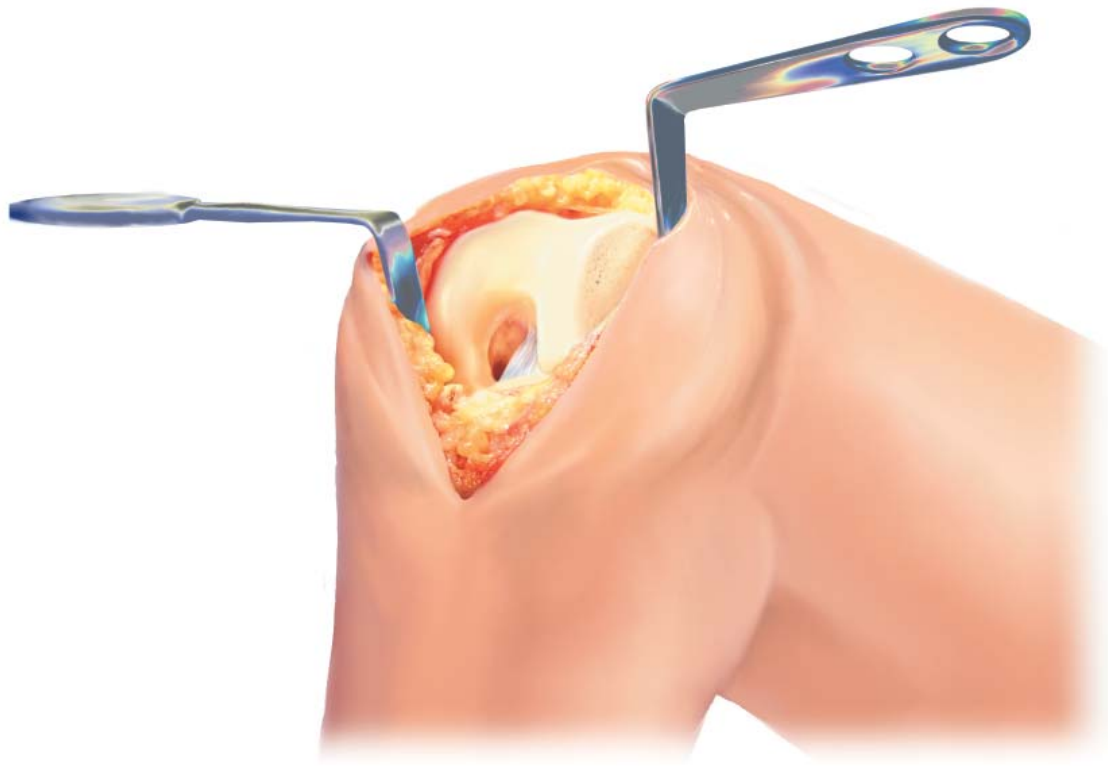
Some uni surgeons, advise that a uni should not be treated as half of a total knee. With a uni, the weight bearing line lies medial to the center of the knee, and therefore a line perpendicular to the weight bearing line will be in slight varus, because the knee is in slight varus (mandatory undercorrection). Therefore, in order to avoid shear stress on the components in a uni, the components need to be placed perpendicular to the weight bearing line, not perpendicular to the tibial mechanical axis.

The varus angle corresponding to the authentic tibial bow is the angle between A and C. When the angle is more than 5° the UCA arthroplasty is contraindicated. It corresponds to the JOURNEY uni extramedullary alignment guide and is typically 1-5°.

Incidentally, a line drawn perpendicular to the weight bearing line (from center of the ankle to center of the hip) in a valgus stress view coincides with the line drawn parallel to the joint line that is used to produce the varus angle.



- A Tibial mechanical axis center of the knee to the middle of the ankle
- B Line tangential to the extremal tibial plateau
- C Line perpendicular to the B line
- D Line perpendicular to the A line

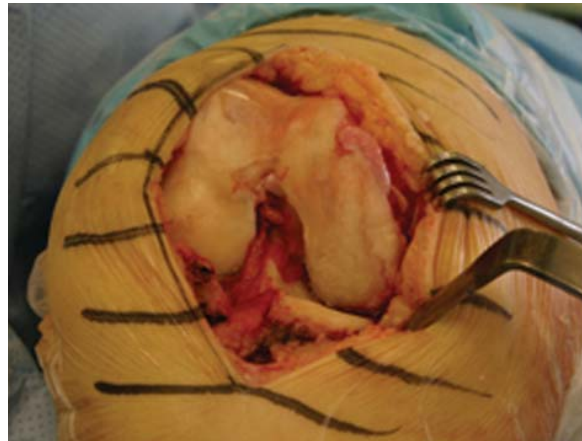
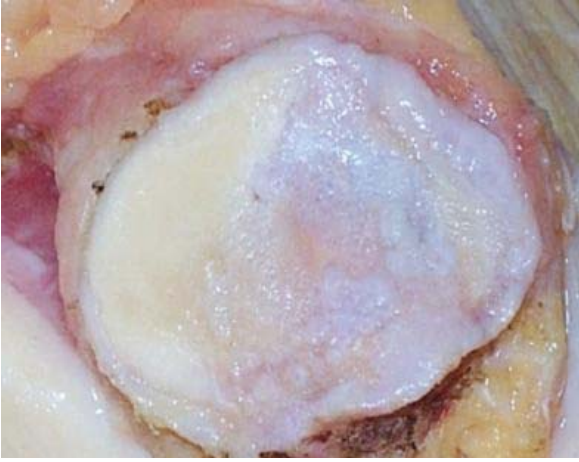


Exposure

This technique primarily describes a proposed treatment for varus knees. An anteromedial arthrotomy is made to the level of the tibial tubercle. A medial meniscectomy is performed, and the intercondylar notch must be clearly visualized with an adequate opening. Part of the fat pad should be resected. All marginal osteophytes are resected from the affected femoral and tibial condyles to avoid “tenting of the medial ligamentous structures and allow joint balancing.”

Further preparation may include the release of the tibial arm of the semi-membranosus tendon. This allows for external tibial rotation during jig placement and implant insertion, as well as posterior cement removal. The intercondylar notch has to be open and osteophytes taken out. If an anterior bony block is present in front of the ACL, it has to be removed.

Bi-Compartmental Disease



Pre-op x-rays for evaluations (example)



Post op x-rays



Part I

Tibial Preparation

Instrument Assembly

- Remove the long screw from the Ankle Clamp
- Insert the Ankle Clamp into hole of the EM Alignment Tube and insert the long screw into the Ankle Clamp. Lock the EM Alignment Tube to the Ankle Clamp using the cam
- Insert the selected rod, Spiked or Non-Spiked, into the hole of the Tibial Cutting Block
- Insert the rod into the proximal end of the EM Alignment Tube. Lock the EM Alignment Tube to the rod using the cam



Place the Extramedullary Tibial Ankle Clamp around the ankle and align the Extramedullary Tibial Alignment Guide parallel to the Tibial Axis in the coronal and sagittal planes

Note: There is no posterior slope built into the tibial cutting block – if posterior slope is desired, it must be adjusted using the Extramedullary Guide



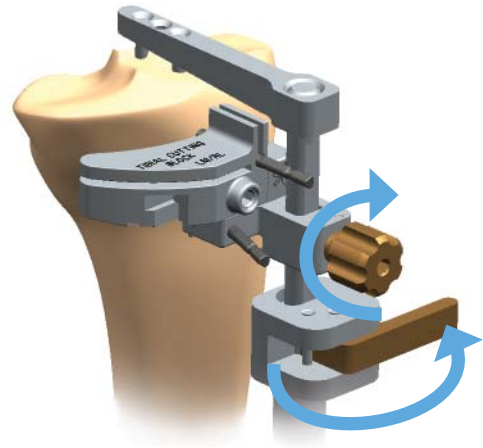
Ankle Clamp System



EM Alignment System

Option 1 – Spiked Fixation Rod

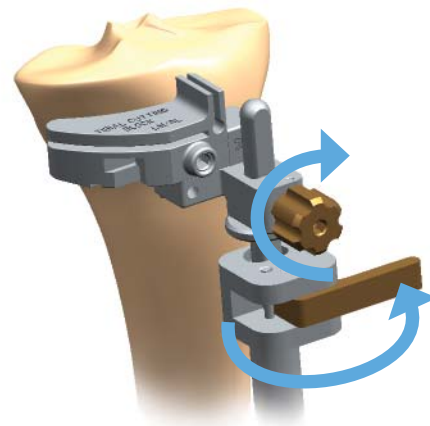
- Impact the posterior spike to secure the rod to the tibial plateau
- Rotate the Extramedullary Alignment Guide assembly to the medial one-third of the tibial tubercle and adjust the Ankle Guide for desired posterior slope
- Impact the anterior spike of the spiked rod



Option 2 – Non-Spiked Fixation Rod

- Temporarily secure the Tibial Cutting Block to the Non-Spiked Rod using the gold thumbscrew
- Lock in place using the gold cam

Tip: The hex driver may be used to tighten the gold thumbscrew if desired



EM Non-spiked Rod



EM Spiked Rod

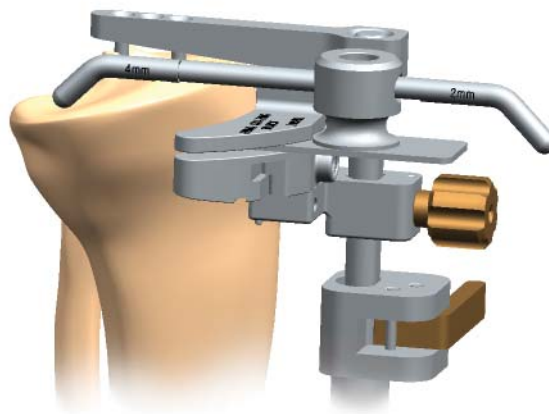
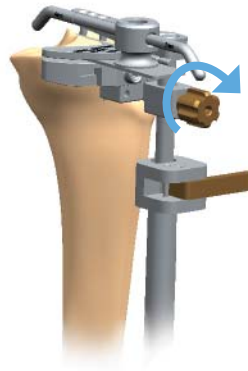


Tibial Cutting Block Left

Tibia Resection Depth

- Insert the paddle of the Tibia Stylus in the slot of the Tibial Cutting Block
- The Tibial Stylus has two sides, a 2mm and a 4mm side
- Lower the Tibial Cutting Block with the Stylus to the lowest point on the tibial plateau
- Lock the Tibial Cutting Block to the rod using the gold thumbscrew

Tip: The 4mm setting will generally provide a resection level for an 8mm tibial implant



Tibial Stylus

Tibial Resections

Perform the sagittal and transverse resections

Recommended Oscillating Blades*

Cat. No.	Description
71512905	Stryker 2000 ½" Straight
71512906	Old Stryker ½" Straight
71512907	Amsco Hall ½" Straight
71512908	3M ½" Straight

Recommended Reciprocating Saw Blades

71441570	Stryker Reciprocating Saw Blade Double Sided
71441571	Hall Reciprocating Saw Blade Double Sided
71441572	AO Synthes Reciprocating Saw Blade Double Sided
71441573	Stryker Reciprocating Saw Blade Single Sided
71441574	Hall Reciprocating Saw Blade Single Sided
71441575	AO Synthes Reciprocating Saw Blade Single Sided



*Or any 0.053" or 1.35mm thick saw blade

Optimal Cut

As shown, the sagittal cut should be made just medial to the ACL attachment point on the tibial spine in order to maximize the size of the tibial base



Sub optimal Tibial Cut

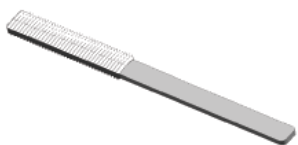
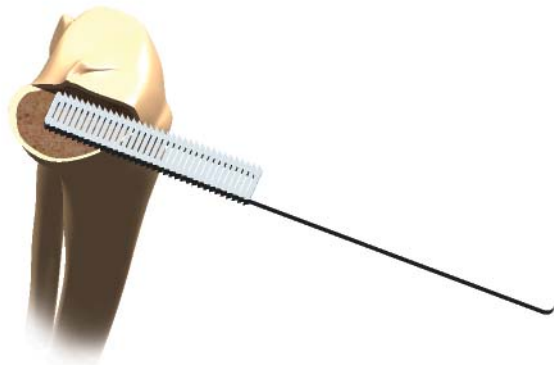
As shown, if the sagittal cut is made medial to the tibial spine, it prevents maximization of the size of the tibial implant which could lead to lateralizing the femoral component which may not be desirable. If this occurs, the recommendation would be to redo the sagittal cut just medial to the ACL attachment point on the tibial spine in order to maximize the size of the tibial base

If the sagittal blade flexes, it can result in an uneven cut along the tibial spine and will prevent sizing the tibia accurately. If this occurs, redo the sagittal cut using the saw or using the bone rasp as shown in the next step



Fine Tune

- The Bone Rasp may be used to clean up the resections, including the corner
- The Bone Rasp has teeth along three faces of the instrument
- In the event that bone removal is necessary on the sagittal resection but not the transverse, the rasp may be turned upside-down as shown



Bone Rasp

Tibial Sizing

- Select the appropriate size Spacer/Sizing Block for the best tibial coverage
- The sizing is measured based on the outer periphery of the blocks
- Based on the coverage, more resection may be required on the sagittal resection plane

Note: The Extramedullary Alignment Rod may be placed in the hole of the Spacer/Sizing Block to verify proper alignment

Tip: If the tibial resection is achieved in one piece, the resected tibial plateau may also be used to estimate size



Joint Balancing

- Place the appropriate Insert trial and perform a trial range of motion
- Assess flexion and extension balancing prior to femoral preparation

Tip: Place the insert trial on the thin end of the spacer block

Tip: Different insert thickness may be used in flexion and extension if required in order to determine flexion extension gap MIS match

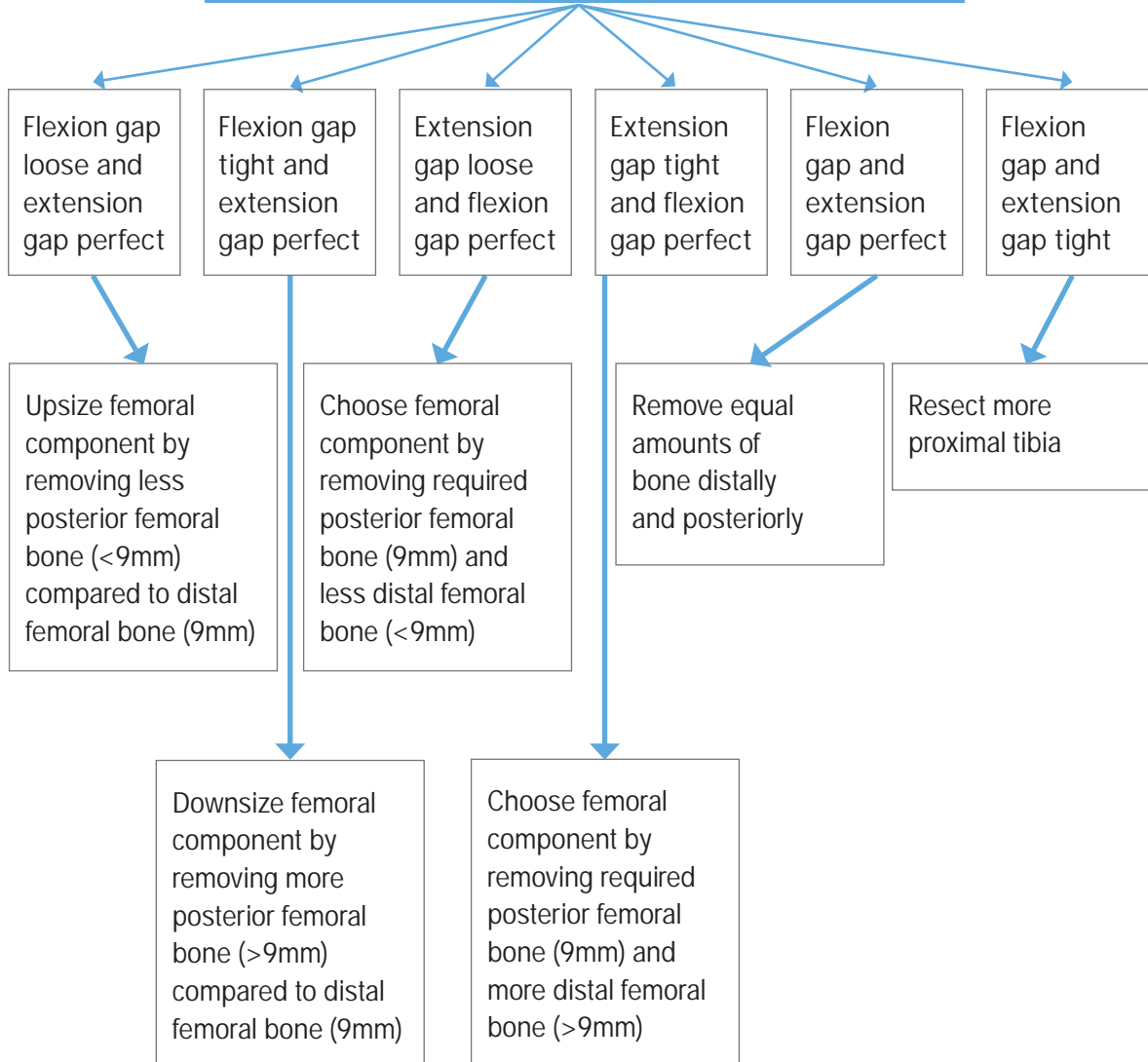


Tibia Spacer Block, Size 3



Tibia Insert Tira Size 3-4, 8mm

Flexion-extension gap balancing



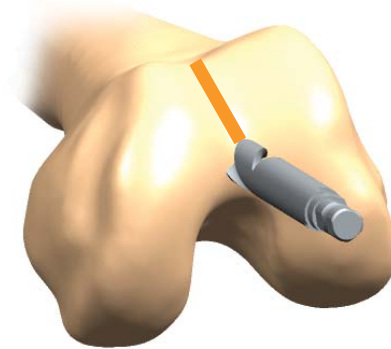
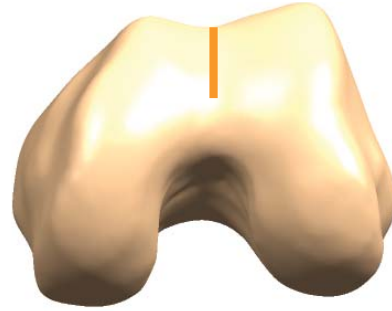
Part II

Femoral Preparation

Intramedullary Preparation

- Mark the A/P axis
- Open the femoral canal with the 9.5mm Intramedullary Drill

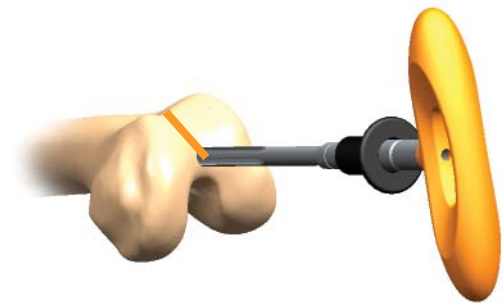
Note: Drill the IM canal in the deepest part of the Trochlea along the AP axis – do not medialise the IM hole



Intramedullary Rod Placement

- Use the Quick Connect T-Handle to insert the 8mm Intramedullary Rod into the femoral canal
- Remove the Quick Connect T-Handle

Tip: The Intramedullary Rod is available in 8 inch and 16 inch lengths



IM Drill, 9.5mm



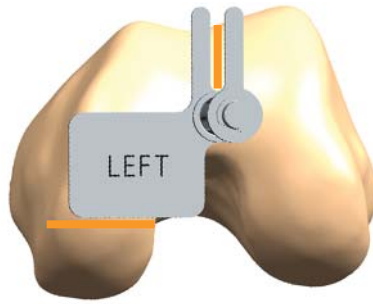
IM Rod, 8 inch



Quick Connect, T-Handle

Epicondylar Reference

- If desired, the Femoral Alignment Template may be used to mark a perpendicular line to the A/P axis
- **Note:** In general, erring on the side of external rotation is better than erring on the side of internal rotation
- Remove the template once complete



Anterior Cutting Guide

- Place the Anterior Cutting Guide/Sizing Guide Assembly over the IM Rod
- The anterior hole or the posterior hole on the collet may be used based on preference

Tip: The anterior hole will be used more often

- If desired, the Modular Posterior Paddle may be used for A/P sizing
- Insert the paddle in the provided capture slot on the Anterior Cutting Guide
- Place the paddle face against the posterior medial condyle

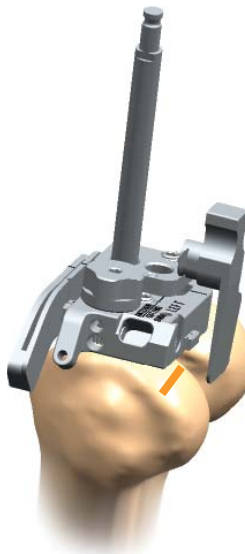
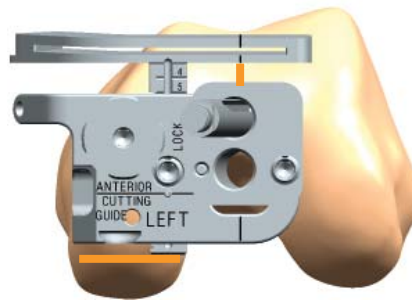
Tip: The Quick Connect Handle may be used for additional stability

Tip: The anterior collet hole should be used when the IM hole is anterior or the knee is large

Tip: The posterior collet hole should be used if the IM hole is positioned posterior or if the knee is relatively small

Tip: The posterior paddle may force the block into an undesirable internal rotation and most often is not used

Note: The femur is not sized at this point



Femoral Alignment Template



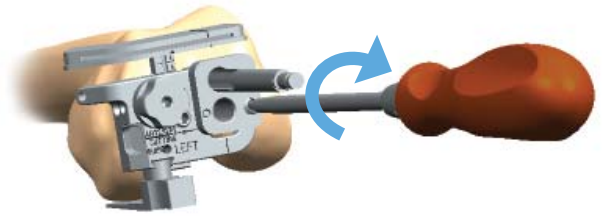
Anterior Cutting Guide, Left



Modular Paddle, Left

Anterior Cutting Guide – External Rotation & Lock

- Using the A/P axis or epicondylar axis as a reference, align the Anterior Cutting Guide in the proper rotation
- Once the rotation has been established, lock the collet to the guide using the Hex Driver

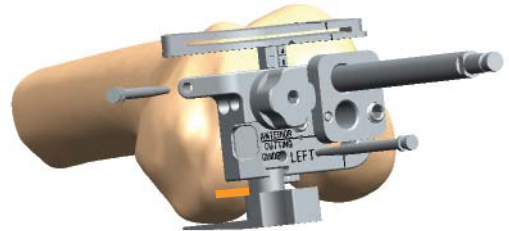


Tip: The Quick Connect Handle may be used for additional stability

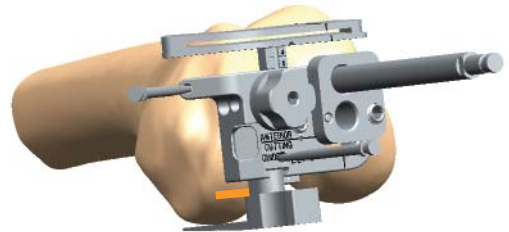
Anterior Cutting Guide – Pin Placement

- Pin the Anterior Cutting Guide to the distal femur

Tip: The anterior-medial pin may be omitted if the Anterior Cutting Guide is stable when only using the distal pin. This will be the case most of the time



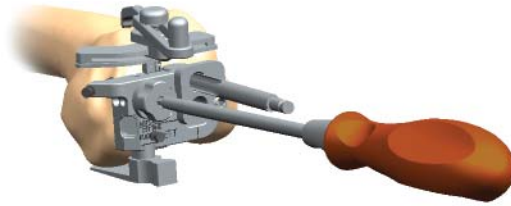
Tip: Pre-drilling pin holes is recommended



Bone Spike, Short

Anterior Cutting Guide – Anterior Resection Placement

- Assemble the Anterior Stylus to the Anterior Cutting Guide by placing the stylus into the cutting slot
- Position the stylus so that it contacts the lateral ridge of the anterior cortex



Tip: It is preferred to be conservative with initial anterior cut in order to avoid notching

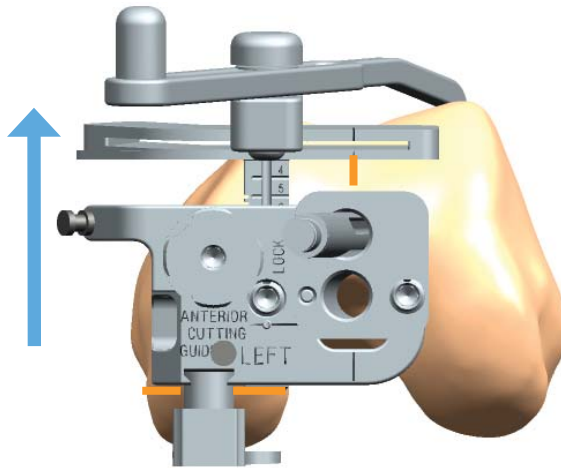
Tip: The Hex Driver may be used to aid in rotating the Anterior Cutting Guide resection level dial

CAUTION: Take care not to dial the anterior slot too far posterior by flexing the stylus

Note: The femur is not being sized at this point

Sizing – Posterior Referencing with Anterior Shift

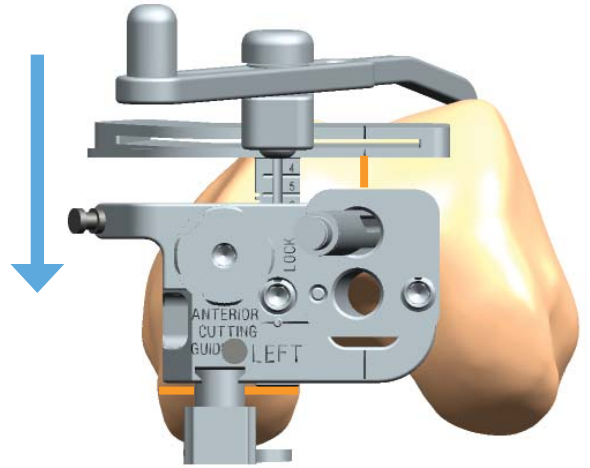
- If the location of the anterior resection is moved anterior to the larger size, the patellofemoral joint may be overstuffed and the transition zone may not be recessed
- Example: The size is between a Size 5 and 6 – shifting the anterior resection to a Size 6 moves the anterior resection in the anterior direction by approximately 2mm



Anterior Stylus

Sizing – Posterior Referencing with Posterior Shift

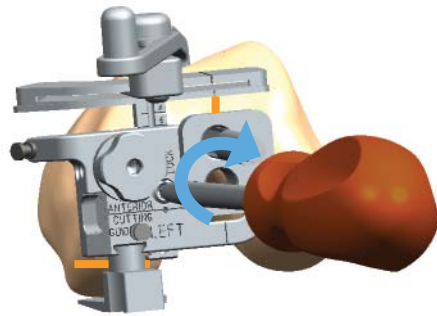
- If the location of the anterior resection is moved posterior to the smaller size, the risk of notching the anterior femur is increased
- Example: The size is between a Size 5 and 6 – shifting the anterior resection to a Size 5 moves the anterior resection in the posterior direction by approximately 2mm



Anterior Cutting Guide - Lock

- Lock the Anterior Cutting Guide slot using the Hex driver

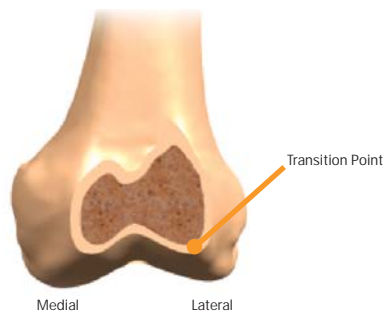
Tip: If additional resection is required after the anterior resection is made, the slot may be adjusted posteriorly by unlocking the cutting slot, adjusting the slot position, locking the cutting slot and making another resection



Anterior Resection

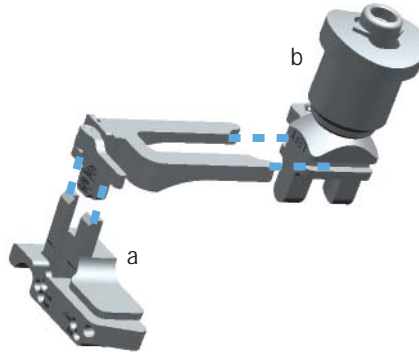
- Resect the anterior femur
- Remove the Anterior Cutting Guide/Sizing Guide assembly while leaving the IM Rod in place
- Locate & mark the Transition Point at the most distal point where the anterior resection meets the lateral cartilage

Tip: The Resection Check may be used to verify that the anterior resection will not notch the anterior femur



Distal Cutting Block Assembly

- a Place the appropriate hand Alignment Guide into the same hand Distal Cutting Block until flush – lock the block to the guide using the cam
- b Assemble the Variable Collet to the Alignment Guide by orienting the collet with the appropriate hand towards the Distal Cutting Block and sliding it towards the block



Distal Resection

- Place the assembly over the IM Rod

Tip: The Variable Collet is marked with one side "Left" and one side "Right". Assemble the collet to the Alignment Guide with the appropriate hand pointing anterior as shown in the example for a left knee

Note: The Variable Collet cannot be assembled backwards

Note: At this step, the goal is balancing of the thickness of distal medial bone removed and the valgus angle of the medial distal femoral cut to allow for the optimum transition zone cut (The surgeon should have an idea of this based on the flexion-extension balancing which was done with spacer blocks in place after the tibia cut)



Variable Collet



Alignment Guide, Left

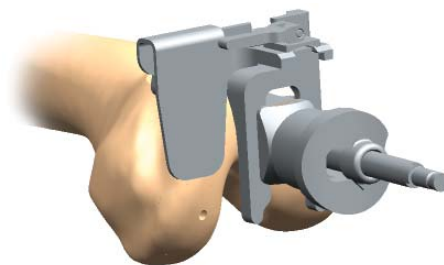


Distal Cutting Block, Left

Distal Cutting Block Adjustment

- It is important to adjust the distal cutting block with the appropriate shim inserted into the medial cutting slot to ensure the desired distal resection is obtained

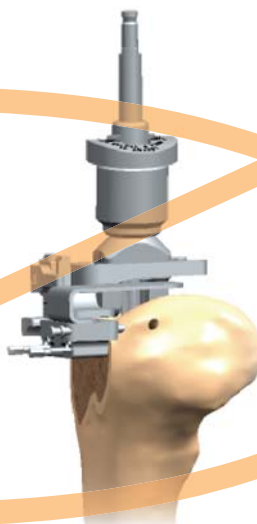
Tip: The Femoral Shim Plate is available in 7mm (-2), 9mm (0) and 11mm (+2) resection levels. The shim chosen will be dependant upon knee balancing and transition point parameters



Note: The shim must be touching the medial distal femur as shown in the adjacent figure to ensure that the required distal resection is made

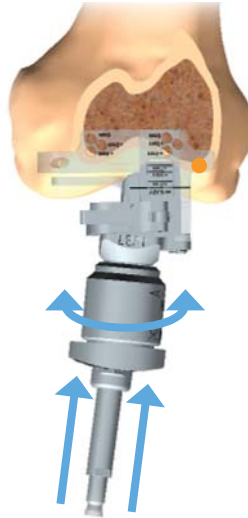


Note: No gap must exist between the shim and the distal bone as shown in the adjacent figure as that would remove less distal bone than required and would result in a tight extension gap



Distal Cutting Block Adjustment

- Adjustment of the Variable Collet is achieved by first rotating the knurled (patterned) nut and then by depressing the head for adjustment with the IM Rod remaining fixed
- Adjust the angle as necessary so that the lateral wing of the Distal Cutting Block is either equal to or slightly proximal to the transition point
- In conjunction with the transition point, the distal-medial depth must be achieved by using the appropriate Femoral Shim Plate



Tip: The Femoral Shim Plate is available in 7mm (-2), 9mm (0) and 11mm (+2) resection levels. The shim chosen will be dependant upon knee balancing and transition point parameters.

Note: The following options are possible; the femoral implant has a distal thickness of 9mm in all sizes:

- If the extension gap was perfect then the 0 shim is to be used as it will measure 9mm of bone to be resected
- If the extension gap was tight then the +2 shim is to be used as it will measure 11mm of bone to be resected
- If the extension was loose then the -2 shim is to be used as it will measure 7mm of bone to be resected



Tip: If required, the locking cam on the alignment guide can be loosened and the distal cutting block moved down to ensure that the transition point is visible with the required distal resection measurement

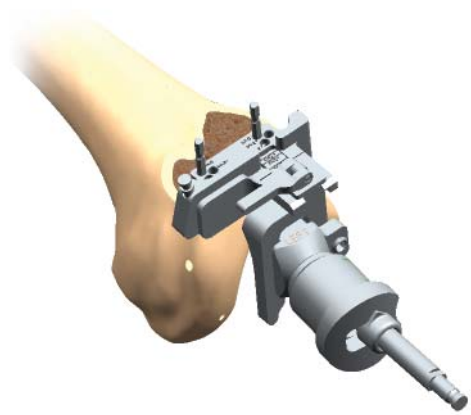


Distal Cutting Block Fixation

- Pin the Distal Cutting Block to the femur using straight pins in the adjustment holes
- If further fixation is required, a headed pin may be used in the medial oblique pin hole
- The femoral shim may be removed upon pinning the block

Tip: The Distal Cutting Block may be shifted in 2mm increments using the straight pins as a guide

Tip: Pre-drilling pin holes is recommended



Distal Resection

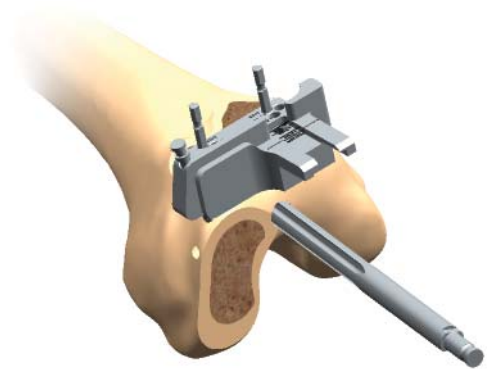
- Resect the medial distal condyle
- Remove the Distal Cutting Block

Tip: The IM Rod should be left in place so as to not resect the lateral distal condyle

Tip: The Variable Collet and Alignment Guide do not need to be removed for the distal resection

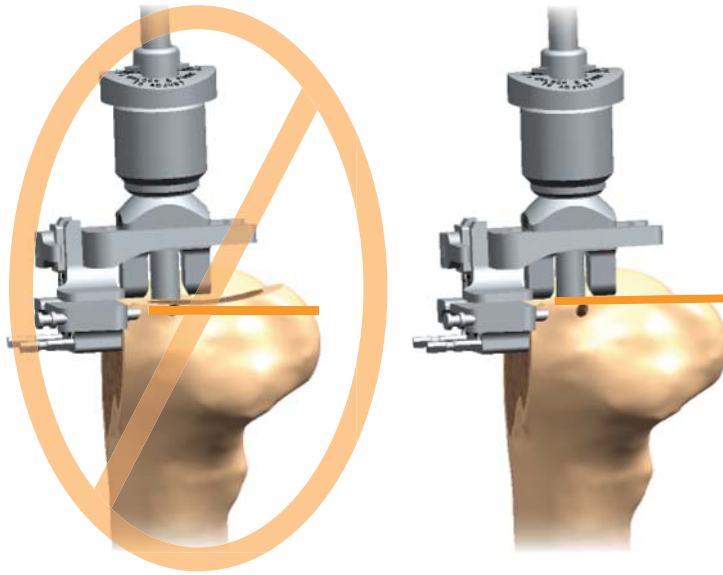
Note: Depending upon the quality of the bone or if a thin blade is utilized, there might be the probability of skiving the blade at the posterior distal end of the cut

Tip: If the distal cut is flush with the sulcus of the trochlea, then the appropriate amount of bone has been removed with respect to the transition point



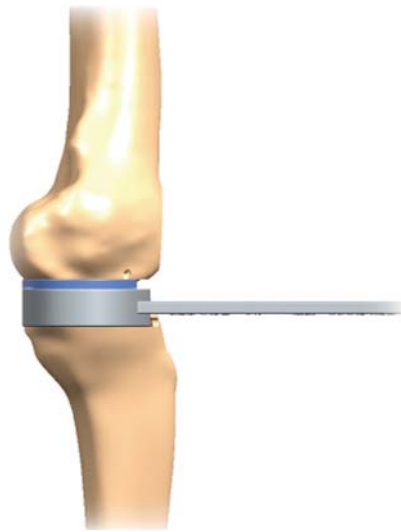
Note: It is recommended to check the distal cut by placing the resection check onto the surface in order to detect if the blade skived during the cut as shown in the adjacent figure

Note: If this occurs, it is important to go back and redo the distal cut to make it completely flat as shown



Tip: It is recommended to check the distal cut by placing the flexion extension spacer block into the joint in extension with the appropriate tibial insert in the thick end of the spacer block

(The thick end of the spacer block takes into account the 9mm of distal femoral thickness of the femoral component that will be implanted)



Tip: After the distal cut remove any bone ridge and/or osteophytes from the medial distal surface and trochlear groove

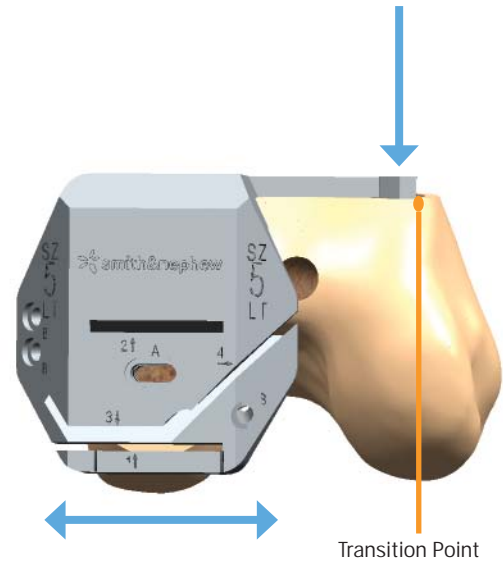
Tip: The 4-in-1 block should sit flush on the medial distal cut. There should not be any gaps

Femoral Block Sizing

- If the Modular Paddle was used during the anterior resection step, A/P Cutting Block should be chosen that matched the size determined during that step
- The M/L position of the block is obtained first by locating the block in position with the posterior condyles
- Adjust the block using the two lines located on the posterior face of the A/P Cutting Block

Tip: The posterior lines on the A/P Cutting Block represent the width of the implant's posterior condyle

Note: The lateral "finger" of the block should be located inside the anterior resection when the block is positioned using the posterior lines – if the finger is lateral to the anterior resection, a smaller size must be chosen



Femoral Cutting Block, Size 5, Left

Femoral Block Sizing

- Based upon the flexion extension gap balancing done after the tibial cut, the Femoral Shim Plates (-2, 0 & +2) may be used to determine the posterior resection level
- Slide the short side of the shim into the posterior resection slot (#4) and visually determine which shim comes in contact with the medial posterior condyle

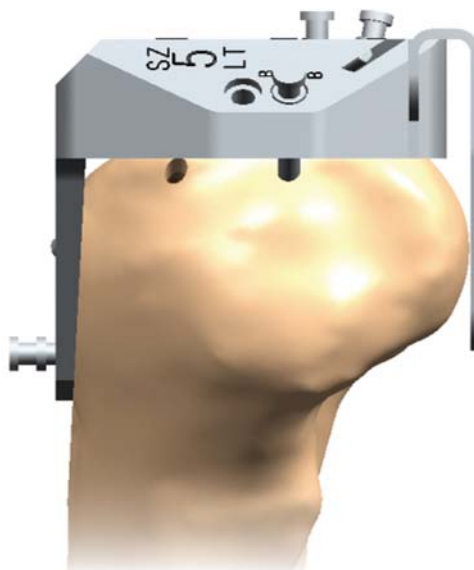
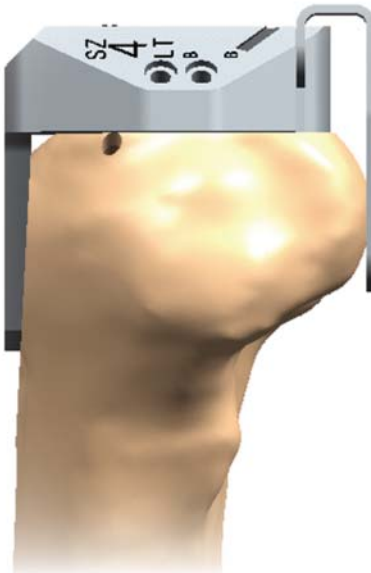


Tip: Usually 2 sizes will fit the AP requirements

Example: The size 4 cutting block with the +2 shim (shown in the adjacent figure) and/or the size 5 cutting block with the 0 shim.

Note: The AP sizing should be based upon the flexion extension gap balancing done after the tibial cut; the following options are possible:

- If the flexion gap was tight and the extension gap was perfect, then use the appropriate size with the +2 shim
- If the flexion gap was loose and the extension gap was perfect, then use the appropriate size with the -2 shim
- If the flexion and extension gap was perfect, then use the appropriate size with the 0 shim and if between sizes, use the smaller size as it is preferable to have a looser flexion gap



Femoral Block Positioning

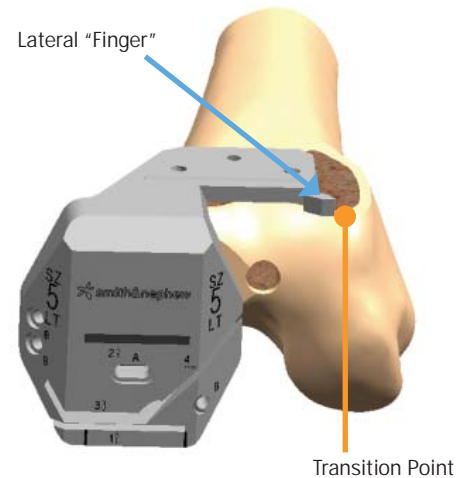
- The M/L position of the block is obtained first by locating the block in position with the posterior condyles
- Adjust the block using the two lines located on the posterior face of the A/P Cutting Block

Tip: The posterior lines on the A/P Cutting Block represent the width of the implant's posterior condyle

- The lateral "finger" of the block should be located inside the anterior resection when the block is positioned using the posterior lines.

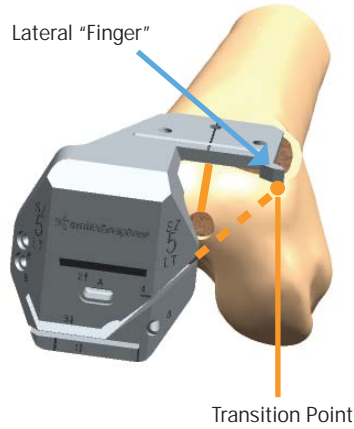
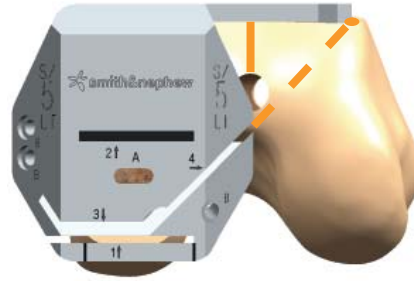
Tip: The finger should point towards the transition point and should be in the same sagittal plane as the transition point for the optimum transition cut

Tip: If the finger is lateral to the anterior resection, a smaller size must be chosen (this will result in a loose flexion gap)



Femoral Block Positioning (Optimal Position)

- As can be seen in the adjacent image, the finger should point towards the transition point and should be in the same sagittal plane as the transition point for the optimum transition cut
- The posterior line on the AP block are centered over the medial femoral condyle
- If the block is pinned in place here, it will result in the femoral component being placed ideally; this would lead to:
 - Medial femoral condyle centered over the medial tibial implant
 - Perfect transition zone (the femoral component would be flush with the cartilage at the transition zone (dotted line))



Resultant Implant Positioning

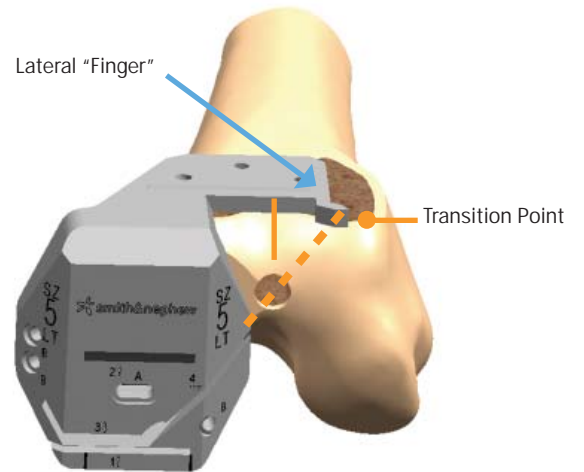
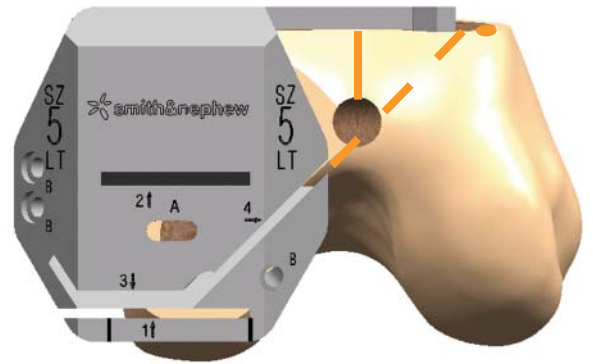
The optimal position is the medial femoral condyle centered over the medial tibial implant



Femoral Block Positioning (Sub-Optimal Position)

- As can be seen in the adjacent image, the finger is medial and proximal to the transition point
- The medial posterior line on the AP block is overhanging the medial femoral condyle
- If the block is pinned in place here, it will result in the femoral component being placed more medially than desired; this might lead to:
 - Medial femoral condyle overhanging the medial tibial plateau
 - Imperfect transition zone (the femoral component could be proud of the cartilage at the transition zone as the transition cut would more medial than desired (dotted line))

Note: In this situation, it is recommended to lateralise the cutting block more until the finger is in the same sagittal



Resultant Implant Positioning

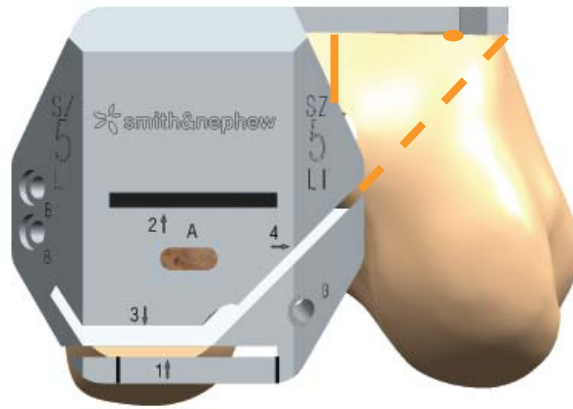
The sub-optimal position is the medial femoral condyle overhanging the medial tibial implant

This is an acceptable situation

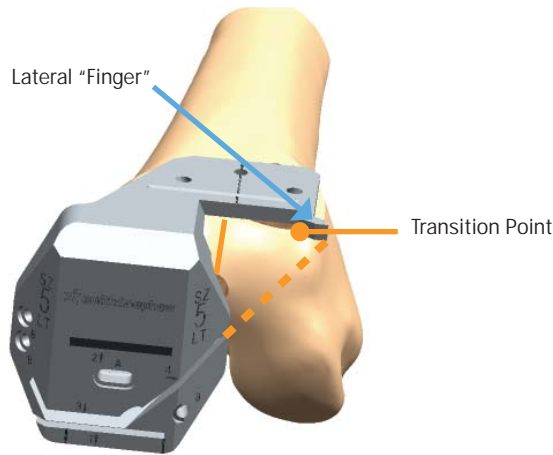


Femoral Block Positioning (Sub-Optimal Position)

- As can be seen in the adjacent image, the finger is lateral and distal to the transition point
- The mesial posterior line on the AP block is overhanging the medial femoral condyle over the intercondylar notch
- If the block is pinned in place here, it will result in the femoral component being placed more laterally than desired; this might lead to:
 - Medial femoral condyle impinging on the ACL
 - Imperfect transition zone (the femoral component could be greatly recessed of the cartilage at the transition zone as the transition cut would more lateral than desired (dotted line))



Note: In this situation, it is recommended to medialise the cutting block more until the finger is in the same sagittal plane as the transition point or to down size the femoral component (this would result in a looser flexion gap)



Resultant Implant Positioning

The sub-optimal position is the medial femoral condyle overhanging mesially over the medial tibial implant (as shown adjacent)

This is unacceptable as the medial femoral condyle might impinge on the ACL



Femoral Block Pinning – Fixation

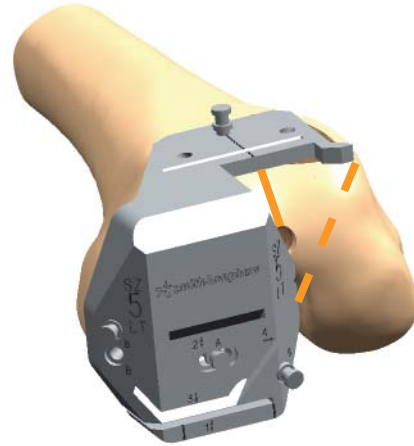
- Once the size and M/L position have been determined, drill and pin the block to the distal femur in the slot labeled as “A” using a headed pin

Tip: The slot allows for additional M/L movement of the block to fine tune the position

- Drill and pin for 3 additional pins in any holes labeled as “B” using headed pins
- Remove the pin in the “A” slot

Tip: The blocks have recessed holes that allow the headed pins to fully secure the block to the femur

Note: The pin in slot “A” must be removed prior to the posterior (#2) and anterior (#3) chamfer resections



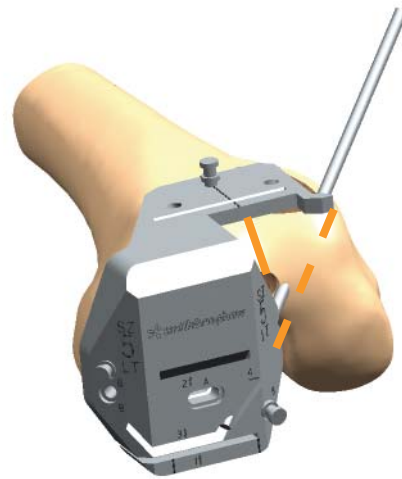
Femoral Block Pinning – Transition

- Once the block has been fixed to the femur, place the Quick Connect Drill at the intersection of anterior chamfer resection (#3) and transition resection (#4) slots

Note: This drill acts as a depth stop for both resections to prevent resection of the lateral condyle

- Verify that the drill exits in the area created by the anterior resection and not in the area lateral to the anterior resection
- Leave the drill in place for all resections

Tip: The transition pin may be completed after the posterior (#1) and posterior chamfer (#2) resections have been completed



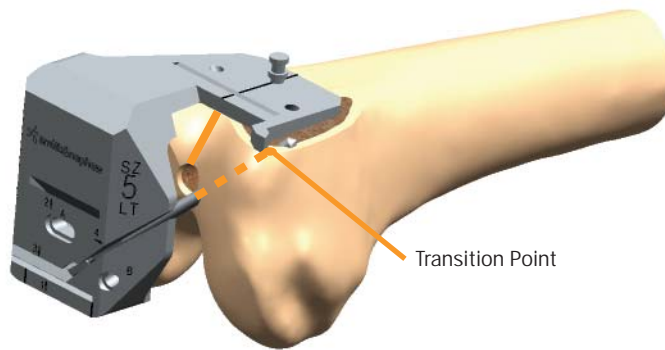
Note: Priorities on Sizing and Positioning

The medial femoral condyle needs to sit directly over the tibial articular surface. Cheat the 4-in-1 block laterally as much as possible without the diagonal pin exiting below the anterior cut surface of the femur laterally. The exit point of the diagonal transition pin will indicate the amount of bone to be resected at the transition point and will give a visual indication if the cuts will be made to allow an ideal transition point

If two different 4-in-1 blocks are placed and it seems ideal to use the smaller size, but it appears that the smaller size block will result in too much bone being taken posteriorly (loose flexion gap), then check to see if the anterior cutting block can be reapplied to take more bone anteriorly on the femur without notching the anterior cortex. This will allow for the smaller size to be used while optimizing the flexion gap

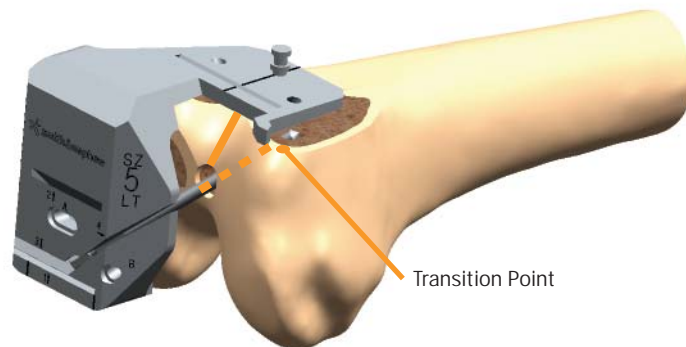
Note: the transition cut would be in the same sagittal plane as the transition point and result in a perfect transition zone

This would be the ideal situation



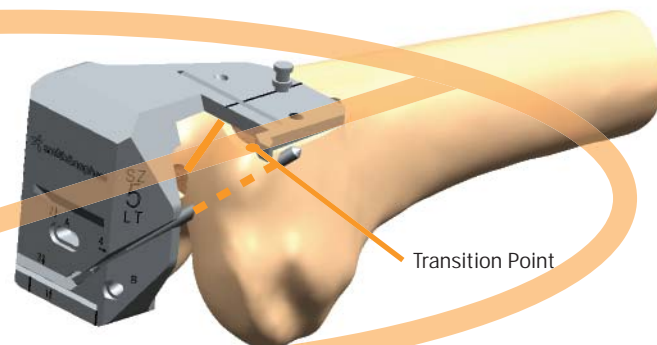
Tip: the transition cut would be medial to the transition point and result in an imperfect transition zone

This would be an acceptable situation and would leave a portion of the anterior cortex uncovered by the implant



Tip: the transition cut would be lateral to the transition point and result in an imperfect transition zone

This would be an unacceptable situation and would cause lateral overhang of the anterior flange of the implant



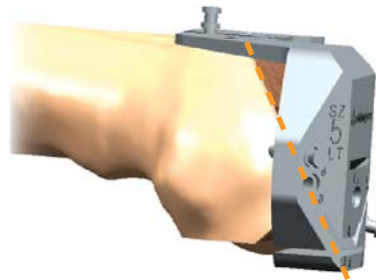
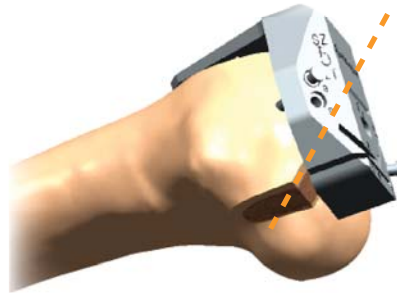
Femoral Resections

- Resect the posterior medial condyle through slot #1
- Resect the posterior chamfer through slot #2

Tip: A narrow (12mm wide or less) oscillating saw blade must be used for these resections

- Resect the anterior chamfer through slot #3
- Resect the transition surface through slot #4

Tip: A thick (approx. 1mm) reciprocating blade must be used for the transition resection



Femoral and Tibial Preparation Complete

- Remove the A/P Cutting Block from the femur
- The Bone Rasp may be used to clean up any bone surfaces if necessary
- If necessary, the Sizer/Spacer Blocks may be used to verify extension and flexion spaces in conjunction with the Tibial Insert Trials



Part III

Trial Reduction & Final Preparation

Femoral and Tibial Trials

- Insert the Tibial Base Trial onto the proximal tibia

Tip: The Tibial Base Trials have small spikes to prevent movement during trialing

- Assemble the appropriate size and hand Femoral Trial onto the distal femur, aligning with the transition surface

Tip: Small headed pins may be used for fixation of the Femoral Trial if needed

- Insert the appropriate thickness and size of Tibial Insert Trial into the Tibial Base Trial
- Perform a trial range of motion

Note: It is critical that the transition area of the Femoral Trial be slightly recessed below the native cartilage – if this does not occur, additional distal resection must be done



Femoral Trial, Size 5, Left



Tibial Base Trial, Size 4, LM/RL



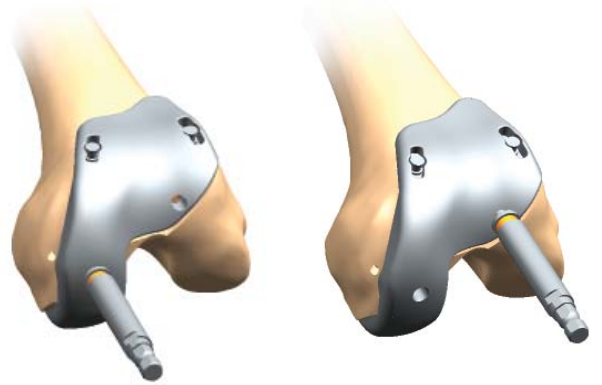
Tibia Insert Trial, Size 3-4, 8mm

Femoral Pegs

- Drill for the two femoral pegs using the Femoral Peg Drill

Tip: The drill depth is controlled by the shoulder on the drill

Note: While drilling for the pegs, the femoral trial should be fixed to prevent movement



Tibial Pegs

- Punch for the tibial pegs using the Tibial Punch in the appropriate size

Tip: The Quick Connect Drill may be used to prepare for the pegs



Peg Drill

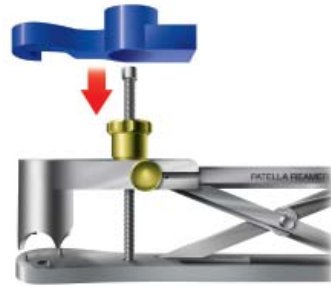


Tibial Punch, Size 3-4

Note: Please use the GENESIS™II Patellar implants and instruments
Do NOT use the JOURNEY™BCS patellar implants or instruments

Instrument Assembly & Reaming

- Attach the blue (Biconvex) or red (Resurfacing) patellar depth gauge to the reamer guide
- Attach the matching sized patellar reamer dome and patellar depth stop to the patellar reamer shaft
- Lower the assembly through the patellar reamer guide until the reamer dome contacts the patella
- Swing the patellar depth gauge around so that the "claw" surrounds the patellar reamer shaft
- Lower the patellar depth stop by pushing the gold button until it contacts the patellar depth gauge - the patellar depth stop will automatically lock in place
- Remove the depth gauge
- Ream the patella until the depth stop engages the patellar reamer guide
- Remove the guide from the patella



Patellar Depth Gauge



Depth Stop



Patellar Reamer Dome



Patellar Reamer Shaft

Note: Please use the GENESIS™II Patellar implants and instruments
Do NOT use the JOURNEY™BCS patellar implants or instruments

Peg Drill and Trial Attachment

- If the Resurfacing patella is used, select the appropriate diameter Resurfacing Patella Drill Guide and slide it onto the Patella Reamer Guide
- Attach the Patella Reamer Guide Assembly to the reamed patella and tighten the reamer guide on the patella
- Use the Patella Peg Drill to drill the three pegs through the Patella Drill Guide until the drill bottoms out in the guide
- Remove the Patella Reamer Guide and drill guide from the patella
- Place either the Biconvex or the Resurfacing Patellar Trial onto the resected patella
- Use the Patella Caliper to reassess the patella thickness



Patellar Drill Guide

Patellar Drill

Part V

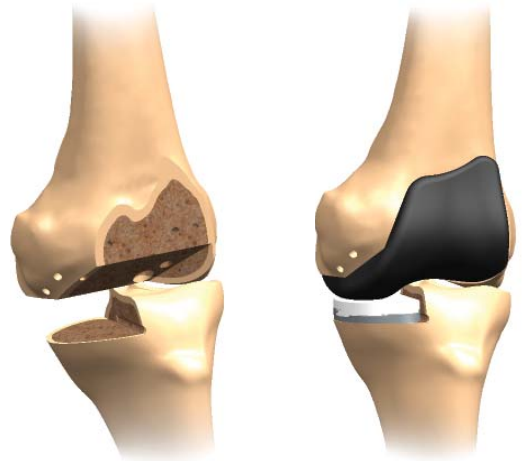
Implantation

Femoral & Tibial Implants

- Thoroughly clean the femur, tibia and patella
- Cement the Femoral, Tibial and Patellar Implants in place using the pegs to locate the position and orientation
- To pressurize the cement, a Tibial Insert Trial of the appropriate size may be placed in the Tibial Base Implant during this time

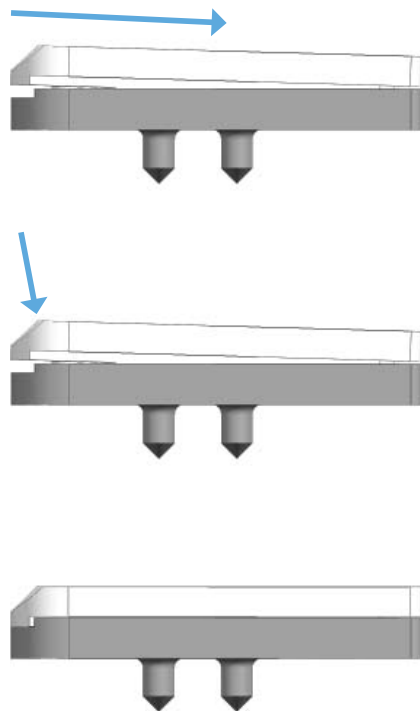
Note: Care should be taken to avoid excess cement on the posterior aspect of the femur and femoral component. Excess cement that extrudes posteriorly is difficult to remove

- To pressurize the cement on the Patella, assemble the Patellar Cement Clamp to the Patellar Reamer Guide & clamp the patellar implant into the patella and remove the extruded cement



Insertion of Articular Insert

- Thoroughly clean the Tibial Base Implant making sure that no debris is present in the locking area or on the mesial rail
- Slide the Tibial Insert at a shallow angle along the A/P spine posterior until the insert will not go further
- Apply a distal force with finger pressure until the anterior lock portion of the insert engages the Tibial Base
- If necessary, the Tibial Impactor may be used to seat the insert with the aid of the mallet



Femoral Impactor



Mallet



Tibial Impactor

Recommended Items for Surgery

LOANER SET NUMBERS

008811	SN KNEE DISPOSABLE KIT
008185	JOURNEY™ DEUCE™ INSTRUMENT KIT
008812	JOURNEY DEUCE OXINIUM™ FEMORAL IMPLANT KIT
008813	JOURNEY DEUCE CoCr FEMORAL IMPLANT KIT
008814	JOURNEY UNI METAL BACK TIBIAL IMPLANT KIT
008815	JOURNEY UNI ALL POLY TIBIAL IMPLANT KIT
007735	GENESIS™ II UNIVERSAL PATELLAR INSTRUMENT SET
007892	GENESIS II BICONVEX PATELLAR IMPLANT KIT
007893	GENESIS II RESURFACING PATELLAR IMPLANT KIT

INSTRUMENT SET NUMBERS

71566100	JOURNEY DEUCE FEMORAL INSTRUMENT SET
71566110	JOURNEY UNI TIBIAL INSTRUMENT SET
71566120	JOURNEY GENERAL INSTRUMENT SET

IMPLANT SET NUMBERS

71422210	JOURNEY DEUCE OXINIUM FEMORAL SET
71422200	JOURNEY DEUCE CoCr FEMORAL SET
71422220	JOURNEY UNI METAL BACK TIBIAL SET
71422230	JOURNEY UNI ALL POLY TIBIAL SET

LOANER KIT NUMBERS FOR TOTAL KNEE BACK UP (GENESIS II)

008120	GII SPC ACF FEMORAL INSTRUMENT SET
008122	GII SPC DCF FEMORAL INSTRUMENT SET
008623	GII SPC CR OXINIUM FEMOR SZ3-8 SET RIGHT
008624	GII SPC CR OXINIUM FEMOR SZ3-8 SET LEFT
008625	G11 SPC CR NON POROUS FEMORAL SZ3-8 LEFT
008626	G11 SPC CR NON POROUS FEMORAL SZ3-8 RIGHT

GII SPC INSTRUMENT SET NUMBER

71441280	ANTERIOR CUT FIRST
71441290	DISTAL CUT FIRST

GII SPC IMPLANT SET NUMBERS

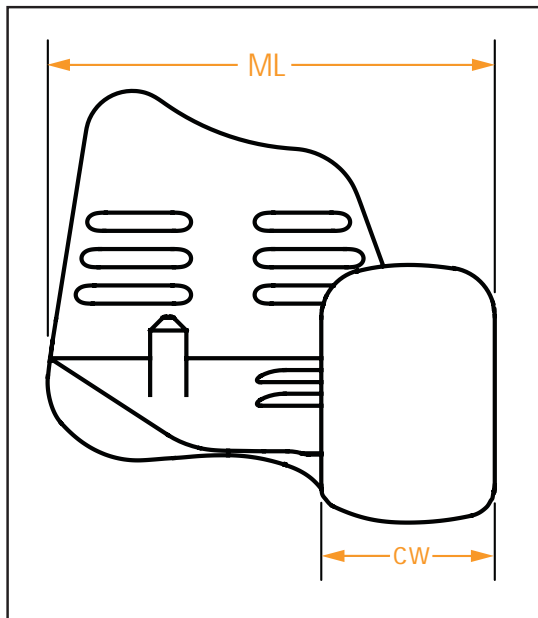
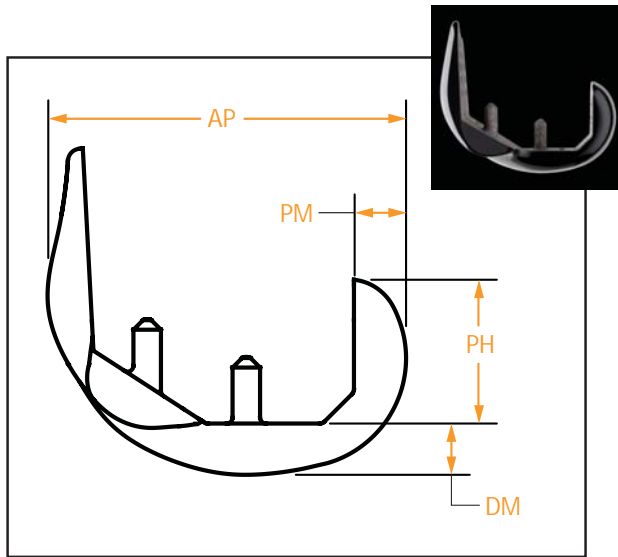
71421220	OXINIUM CR
71423200	CoCr CR

JOURNEY™ DEUCE™

Bi-Compartmental Knee System

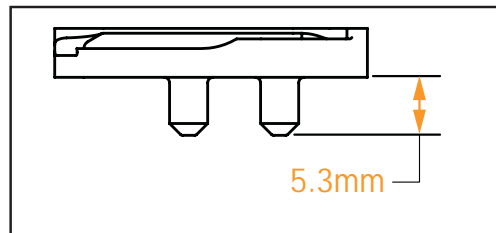
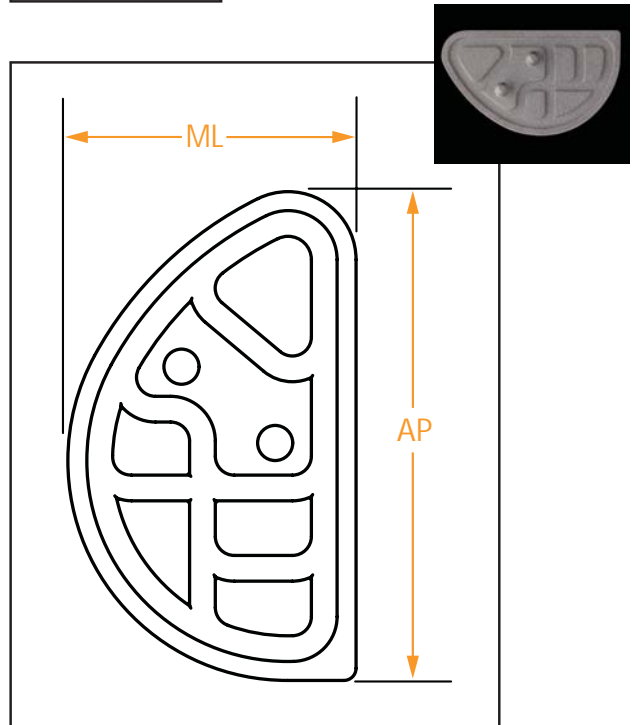
Femoral Component Dimensions (mm)

Size	AP	ML	DM	PM	PH	CW
3	54.5	55.0	9.0	9.0	22.3	21.5
4	58.5	56.4	9.0	9.0	23.4	21.5
5	62.0	58.5	9.0	9.0	24.8	23.0
6	65.5	61.0	9.0	9.0	25.7	24.0
7	69.0	64.0	9.0	9.0	26.0	26.0
8	72.5	67.5	9.0	9.0	28.0	28.0



Tibial Tray Dimensions (mm)

Size	AP	ML
1	38.0	23.5
2	41.7	25.3
3	45.6	26.9
4	48.8	28.8
5	52.3	30.4
6	55.4	32.0



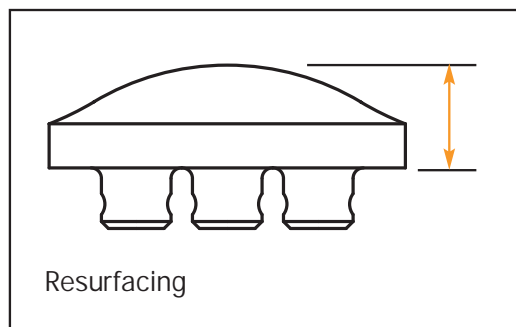
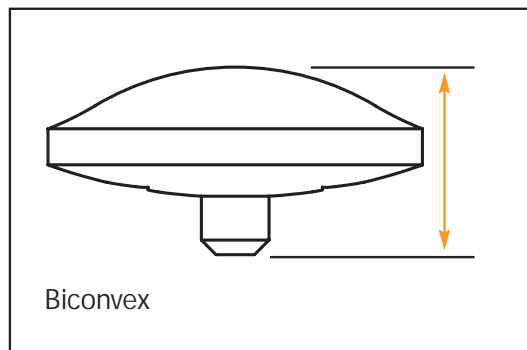
JOURNEY™ DEUCE™

Bi-Compartmental Knee System

Patellar Dimensions

The JOURNEY DEUCE Bi-Compartmental Knee System uses the GENESIS™II round resurfacing or biconvex patella. Do not use the JOURNEY Bi-Cruciate Stabilized patellar implants with the JOURNEY DEUCE femoral component.

		Diameter				
	Thickness	23	26	29	32	35
Biconvex	13	●	●	●	●	
Resurfacing	*9		●	●	●	●



* 13mm including peg height

Articular Insert Interchangeability

JOURNEY DEUCE inserts are completely interchangeable with all size femoral components.

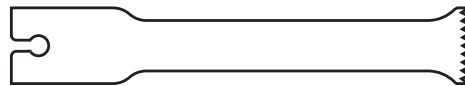
Modular inserts come in three sizes: 1-2, 3-4, 5-6.

Articular Insert Thickness (mm)

	7	8	9	10	11
Modular		●	●	●	●
All-Poly	●	●	●	●	●

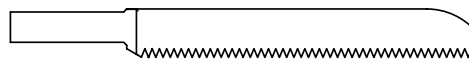
Sawblade Thickness

PROFIX™ Straight Sawblade



Cutting thickness and blade thickness should be .053" or 1.35mm.

Recipricating Sawblade



Cutting thickness and blade thickness should be .039" or 1.00mm for single-sided blades and .047" or 1.19mm for double-sided blades.

Femoral Components

Catalog Item	Description
71422203	JOURNEY™ DEUCE™ OXINIUM™ FEMORAL SZ 3 LT
71422213	JOURNEY DEUCE OXINIUM FEMORAL SZ 3 RT
71422204	JOURNEY DEUCE OXINIUM FEMORAL SZ 4 LT
71422214	JOURNEY DEUCE OXINIUM FEMORAL SZ 4 RT
71422205	JOURNEY DEUCE OXINIUM FEMORAL SZ 5 LT
71422215	JOURNEY DEUCE OXINIUM FEMORAL SZ 5 RT
71422206	JOURNEY DEUCE OXINIUM FEMORAL SZ 6 LT
71422216	JOURNEY DEUCE OXINIUM FEMORAL SZ 6 RT
71422207	JOURNEY DEUCE OXINIUM FEMORAL SZ 7 LT
71422217	JOURNEY DEUCE OXINIUM FEMORAL SZ 7 RT
71422208	JOURNEY DEUCE OXINIUM FEMORAL SZ 8 LT
71422218	JOURNEY DEUCE OXINIUM FEMORAL SZ 8 RT
71422903	JOURNEY DEUCE FEMORAL COCR SZ 3 LT*
71422913	JOURNEY DEUCE FEMORAL COCR SZ 3 RT*
71422904	JOURNEY DEUCE FEMORAL COCR SZ 4 LT*
71422914	JOURNEY DEUCE FEMORAL COCR SZ 4 RT*
71422905	JOURNEY DEUCE FEMORAL COCR SZ 5 LT*
71422915	JOURNEY DEUCE FEMORAL COCR SZ 5 RT*
71422906	JOURNEY DEUCE FEMORAL COCR SZ 6 LT*
71422916	JOURNEY DEUCE FEMORAL COCR SZ 6 RT*
71422907	JOURNEY DEUCE FEMORAL COCR SZ 7 LT*
71422917	JOURNEY DEUCE FEMORAL COCR SZ 7 RT*
71422908	JOURNEY DEUCE FEMORAL COCR SZ 8 LT*
71422918	JOURNEY DEUCE FEMORAL COCR SZ 8 RT*

*Not available in US and Australia

Metal Back Tibial Components

Catalog Item	Description
71422221	JOURNEY™ UNI TIBIAL BASE LM/RL SZ 1
71422222	JOURNEY UNI TIBIAL BASE LM/RL SZ 2
71422223	JOURNEY UNI TIBIAL BASE LM/RL SZ 3
71422224	JOURNEY UNI TIBIAL BASE LM/RL SZ 4
71422225	JOURNEY UNI TIBIAL BASE LM/RL SZ 5
71422226	JOURNEY UNI TIBIAL BASE LM/RL SZ 6
71422231	JOURNEY UNI TIBIAL BASE RM/LL SZ 1
71422232	JOURNEY UNI TIBIAL BASE RM/LL SZ 2
71422233	JOURNEY UNI TIBIAL BASE RM/LL SZ 3
71422234	JOURNEY UNI TIBIAL BASE RM/LL SZ 4
71422235	JOURNEY UNI TIBIAL BASE RM/LL SZ 5
71422236	JOURNEY UNI TIBIAL BASE RM/LL SZ 6
71422241	JOURNEY UNI TIB INSERT SZ1-2 LM/RL 8MM
71422242	JOURNEY UNI TIB INSERT SZ1-2 LM/RL 9MM
71422243	JOURNEY UNI TIB INSERT SZ1-2 LM/RL 10MM
71422244	JOURNEY UNI TIB INSERT SZ1-2 LM/RL 11MM
71422245	JOURNEY UNI TIB INSERT SZ1-2 RM/LL 8MM
71422246	JOURNEY UNI TIB INSERT SZ1-2 RM/LL 9MM
71422247	JOURNEY UNI TIB INSERT SZ1-2 RM/LL 10MM
71422248	JOURNEY UNI TIB INSERT SZ1-2 RM/LL 11MM
71422251	JOURNEY UNI TIB INSERT SZ3-4 LM/RL 8MM
71422252	JOURNEY UNI TIB INSERT SZ3-4 LM/RL 9MM
71422253	JOURNEY UNI TIB INSERT SZ3-4 LM/RL 10MM
71422254	JOURNEY UNI TIB INSERT SZ3-4 LM/RL 11MM
71422255	JOURNEY UNI TIB INSERT SZ3-4 RM/LL 8MM
71422256	JOURNEY UNI TIB INSERT SZ3-4 RM/LL 9MM
71422257	JOURNEY UNI TIB INSERT SZ3-4 RM/LL 10MM
71422258	JOURNEY UNI TIB INSERT SZ3-4 RM/LL 11MM
71422261	JOURNEY UNI TIB INSERT SZ5-6 LM/RL 8MM
71422262	JOURNEY UNI TIB INSERT SZ5-6 LM/RL 9MM
71422263	JOURNEY UNI TIB INSERT SZ5-6 LM/RL 10MM
71422264	JOURNEY UNI TIB INSERT SZ5-6 LM/RL 11MM
71422265	JOURNEY UNI TIB INSERT SZ5-6 RM/LL 8MM
71422266	JOURNEY UNI TIB INSERT SZ5-6 RM/LL 9MM
71422267	JOURNEY UNI TIB INSERT SZ5-6 RM/LL 10MM
71422268	JOURNEY UNI TIB INSERT SZ5-6 RM/LL 11MM

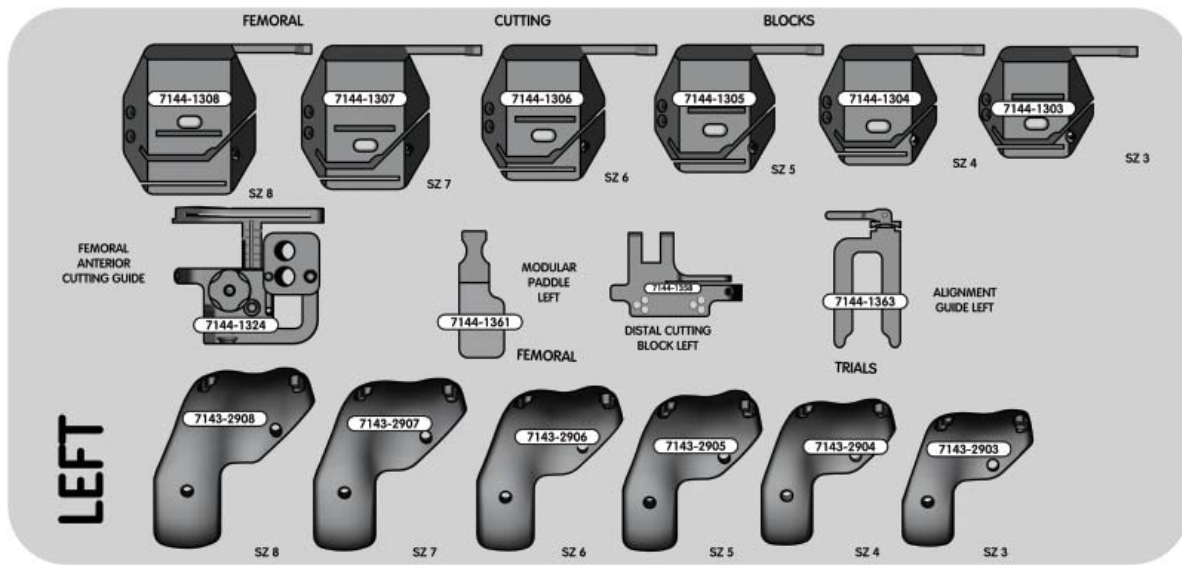
All Poly Tibial Components

Catalog Item	Description
71422271	JOURNEY™ UNI ALLPOLY TIB SZ 1 LM/RL 8MM
71422272	JOURNEY UNI ALLPOLY TIB SZ 1 LM/RL 9MM
71422273	JOURNEY UNI ALLPOLY TIB SZ 1 LM/RL 10MM
71422274	JOURNEY UNI ALLPOLY TIB SZ 1 LM/RL 11MM
71422275	JOURNEY UNI ALLPOLY TIB SZ 1 RM/LL 8MM
71422276	JOURNEY UNI ALLPOLY TIB SZ 1 RM/LL 9MM
71422277	JOURNEY UNI ALLPOLY TIB SZ 1 RM/LL 10MM
71422278	JOURNEY UNI ALLPOLY TIB SZ 1 RM/LL 11MM
71422281	JOURNEY UNI ALLPOLY TIB SZ 2 LM/RL 8MM
71422282	JOURNEY UNI ALLPOLY TIB SZ 2 LM/RL 9MM
71422283	JOURNEY UNI ALLPOLY TIB SZ 2 LM/RL 10MM
71422284	JOURNEY UNI ALLPOLY TIB SZ 2 LM/RL 11MM
71422285	JOURNEY UNI ALLPOLY TIB SZ 2 RM/LL 8MM
71422286	JOURNEY UNI ALLPOLY TIB SZ 2 RM/LL 9MM
71422287	JOURNEY UNI ALLPOLY TIB SZ 2 RM/LL 10MM
71422288	JOURNEY UNI ALLPOLY TIB SZ 2 RM/LL 11MM
71422291	JOURNEY UNI ALLPOLY TIB SZ 3 LM/RL 8MM
71422292	JOURNEY UNI ALLPOLY TIB SZ 3 LM/RL 9MM
71422293	JOURNEY UNI ALLPOLY TIB SZ 3 LM/RL 10MM
71422294	JOURNEY UNI ALLPOLY TIB SZ 3 LM/RL 11MM
71422295	JOURNEY UNI ALLPOLY TIB SZ 3 RM/LL 8MM
71422296	JOURNEY UNI ALLPOLY TIB SZ 3 RM/LL 9MM
71422297	JOURNEY UNI ALLPOLY TIB SZ 3 RM/LL 10MM
71422298	JOURNEY UNI ALLPOLY TIB SZ 3 RM/LL 11MM
71422301	JOURNEY UNI ALLPOLY TIB SZ 4 LM/RL 8MM
71422302	JOURNEY UNI ALLPOLY TIB SZ 4 LM/RL 9MM
71422303	JOURNEY UNI ALLPOLY TIB SZ 4 LM/RL 10MM
71422304	JOURNEY UNI ALLPOLY TIB SZ 4 LM/RL 11MM
71422305	JOURNEY UNI ALLPOLY TIB SZ 4 RM/LL 8MM
71422306	JOURNEY UNI ALLPOLY TIB SZ 4 RM/LL 9MM
71422307	JOURNEY UNI ALLPOLY TIB SZ 4 RM/LL 10MM
71422308	JOURNEY UNI ALLPOLY TIB SZ 4 RM/LL 11MM

All Poly Tibial Components

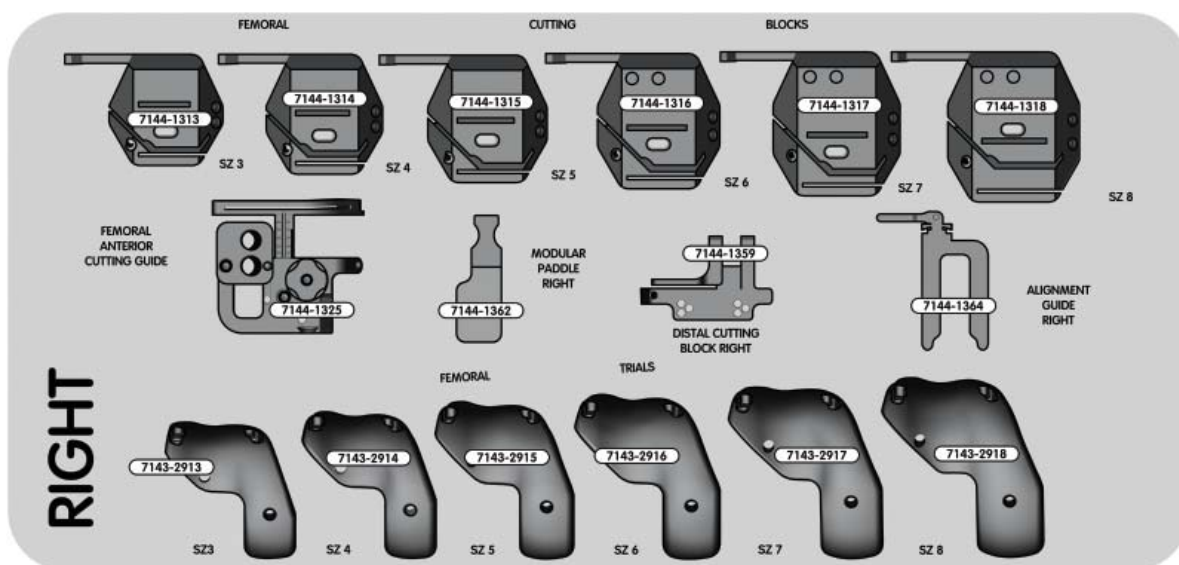
Catalog Item	Description
71422311	JOURNEY™ UNI ALLPOLY TIB SZ 5 LM/RL 8MM
71422312	JOURNEY UNI ALLPOLY TIB SZ 5 LM/RL 9MM
71422313	JOURNEY UNI ALLPOLY TIB SZ 5 LM/RL 10MM
71422314	JOURNEY UNI ALLPOLY TIB SZ 5 LM/RL 11MM
71422315	JOURNEY UNI ALLPOLY TIB SZ 5 RM/LL 8MM
71422316	JOURNEY UNI ALLPOLY TIB SZ 5 RM/LL 9MM
71422317	JOURNEY UNI ALLPOLY TIB SZ 5 RM/LL 10MM
71422318	JOURNEY UNI ALLPOLY TIB SZ 5 RM/LL 11MM
71422321	JOURNEY UNI ALLPOLY TIB SZ 6 LM/RL 8MM
71422322	JOURNEY UNI ALLPOLY TIB SZ 6 LM/RL 9MM
71422333	JOURNEY UNI ALLPOLY TIB SZ 6 LM/RL 10MM
71422334	JOURNEY UNI ALLPOLY TIB SZ 6 LM/RL 11MM
71422335	JOURNEY UNI ALLPOLY TIB SZ 6 RM/LL 8MM
71422336	JOURNEY UNI ALLPOLY TIB SZ 6 RM/LL 9MM
71422337	JOURNEY UNI ALLPOLY TIB SZ 6 RM/LL 10MM
71422338	JOURNEY UNI ALLPOLY TIB SZ 6 RM/LL 11MM
71422401	JOURNEY UNI ALLPOLY TIB SZ 1 LM/RL 7MM
71422402	JOURNEY UNI ALLPOLY TIB SZ 2 LM/RL 7MM
71422403	JOURNEY UNI ALLPOLY TIB SZ 3 LM/RL 7MM
71422404	JOURNEY UNI ALLPOLY TIB SZ 4 LM/RL 7MM
71422405	JOURNEY UNI ALLPOLY TIB SZ 5 LM/RL 7MM
71422406	JOURNEY UNI ALLPOLY TIB SZ 6 LM/RL 7MM
71422407	JOURNEY UNI ALLPOLY TIB SZ 1 RM/LL 7MM
71422408	JOURNEY UNI ALLPOLY TIB SZ 2 RM/LL 7MM
71422409	JOURNEY UNI ALLPOLY TIB SZ 3 RM/LL 7MM
71422410	JOURNEY UNI ALLPOLY TIB SZ 4 RM/LL 7MM
71422411	JOURNEY UNI ALLPOLY TIB SZ 5 RM/LL 7MM
71422412	JOURNEY UNI ALLPOLY TIB SZ 6 RM/LL 7MM

JOURNEY™ DEUCE™ Left Femoral Tray



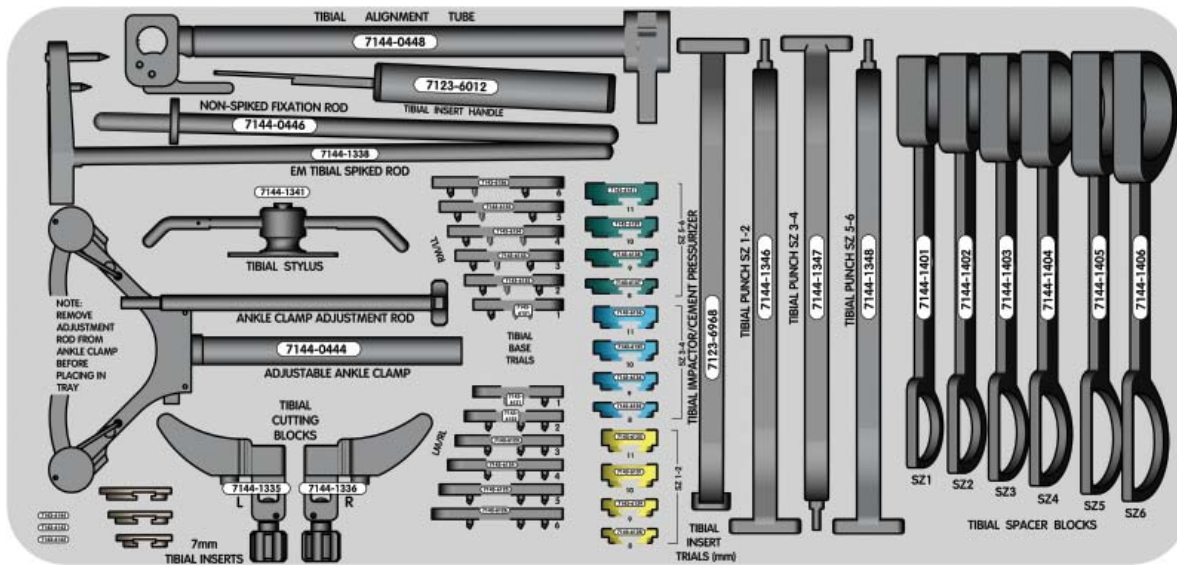
Catalog Item	Description
71432903	JOURNEY DEUCE FEM TRIAL SZ 3 LT
71432904	JOURNEY DEUCE FEM TRIAL SZ 4 LT
71432905	JOURNEY DEUCE FEM TRIAL SZ 5 LT
71432906	JOURNEY DEUCE FEM TRIAL SZ 6 LT
71432907	JOURNEY DEUCE FEM TRIAL SZ 7 LT
71432908	JOURNEY DEUCE FEM TRIAL SZ 8 LT
71441303	JOURNEY DEUCE FEM CUT BLK SZ 3 LT
71441304	JOURNEY DEUCE FEM CUT BLK SZ 4 LT
71441305	JOURNEY DEUCE FEM CUT BLK SZ 5 LT
71441306	JOURNEY DEUCE FEM CUT BLK SZ 6 LT
71441307	JOURNEY DEUCE FEM CUT BLK SZ 7 LT
71441308	JOURNEY DEUCE FEM CUT BLK SZ 8 LT
71441324	JOURNEY DEUCE FEM ANT CUT GUIDE LT
71441358	JOURNEY DEUCE DIST CUT BLOCK LT
71441361	JOURNEY DEUCE MODULAR PADDLE LEFT
71441363	JOURNEY DEUCE ALIGNMENT GUIDE LEFT

JOURNEY™ DEUCE™ Right Femoral Tray



Catalog Item	Description
71432913	JOURNEY DEUCE FEM TRIAL SZ 3 RT
71432914	JOURNEY DEUCE FEM TRIAL SZ 4 RT
71432915	JOURNEY DEUCE FEM TRIAL SZ 5 RT
71432916	JOURNEY DEUCE FEM TRIAL SZ 6 RT
71432917	JOURNEY DEUCE FEM TRIAL SZ 7 RT
71432918	JOURNEY DEUCE FEM TRIAL SZ 8 RT
71441313	JOURNEY DEUCE FEM CUT BLK SZ 3 RT
71441314	JOURNEY DEUCE FEM CUT BLK SZ 4 RT
71441315	JOURNEY DEUCE FEM CUT BLK SZ 5 RT
71441316	JOURNEY DEUCE FEM CUT BLK SZ 6 RT
71441317	JOURNEY DEUCE FEM CUT BLK SZ 7 RT
71441318	JOURNEY DEUCE FEM CUT BLK SZ 8 RT
71441325	JOURNEY DEUCE FEM ANT CUT GUIDE RT
71441359	JOURNEY DEUCE DIST CUT BLOCK RT
71441362	JOURNEY DEUCE MODULAR PADDLE RIGHT
71441364	JOURNEY DEUCE ALIGNMENT GUIDE RIGHT

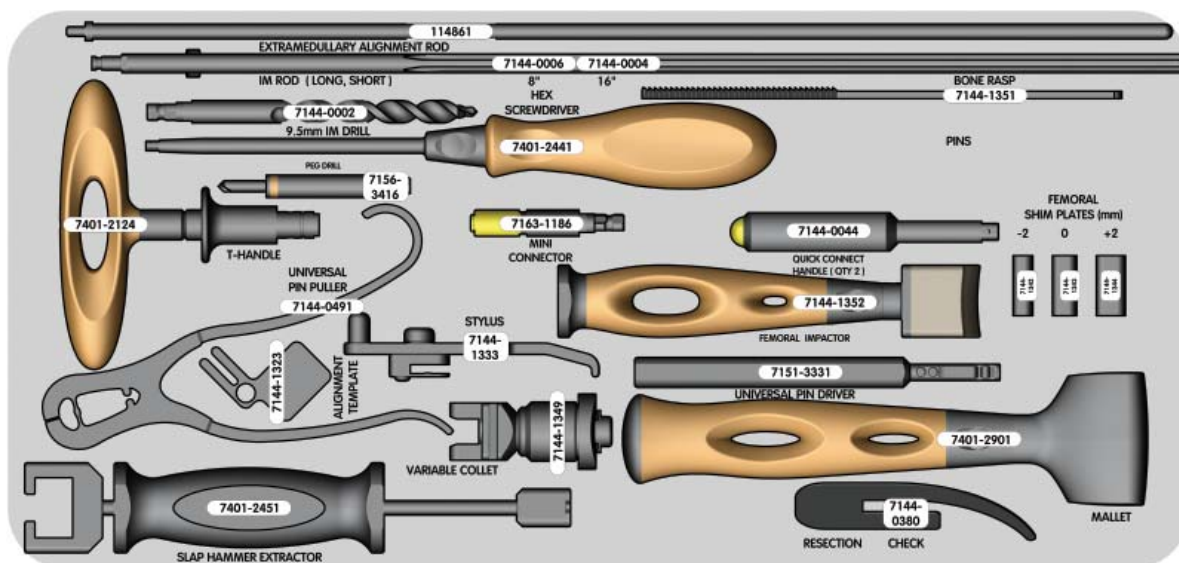
JOURNEY™ Uni Tibial Instrument Tray



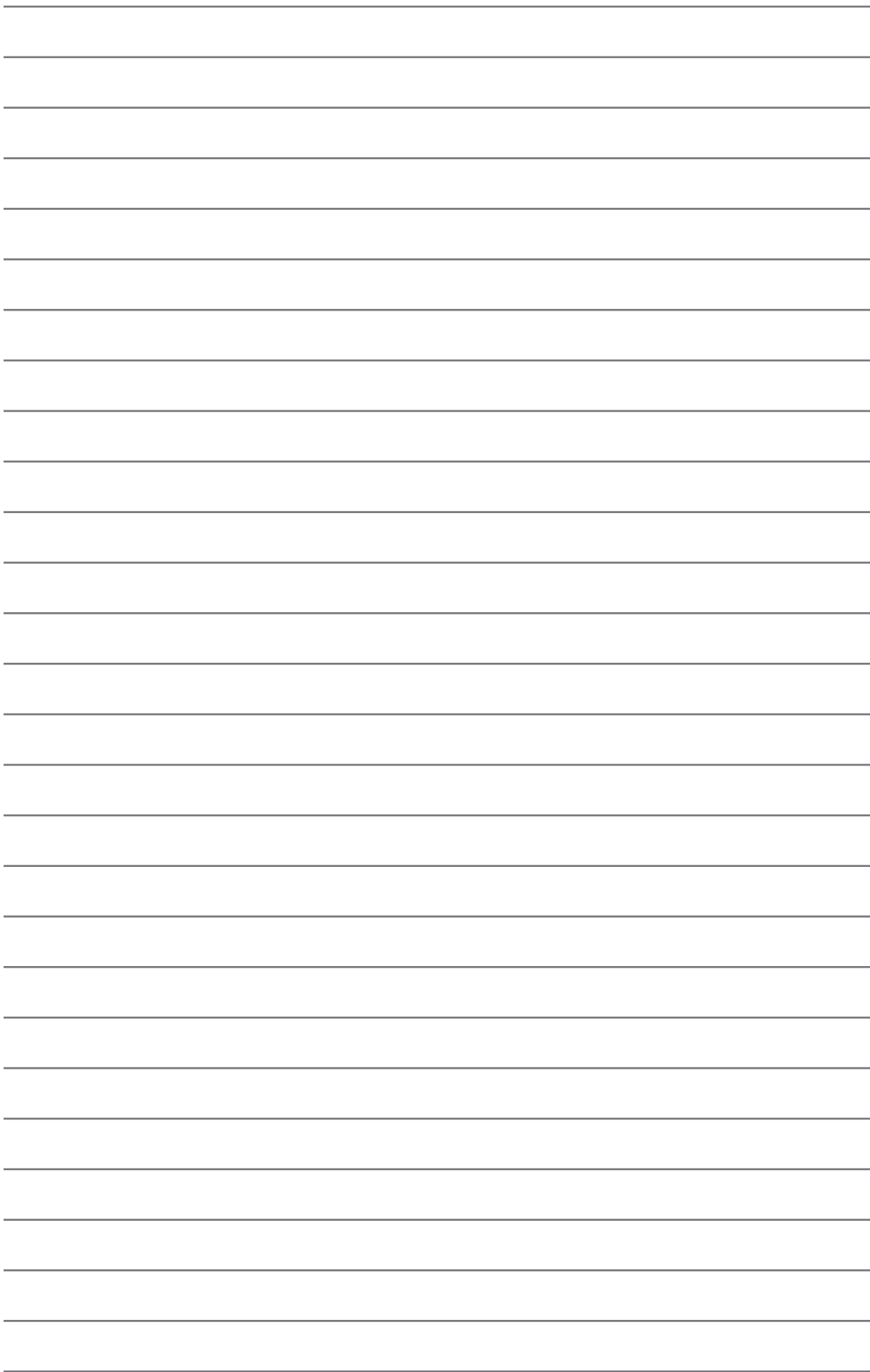
Catalog Item	Description
71236012	ACCURIS™ TIBIAL INSERT HANDLE
71436121	JOURNEY UNI TIB BASE TRL SZ1 LM/RL
71436122	JOURNEY UNI TIB BASE TRL SZ2 LM/RL
71436123	JOURNEY UNI TIB BASE TRL SZ3 LM/RL
71436124	JOURNEY UNI TIB BASE TRL SZ4 LM/RL
71436125	JOURNEY UNI TIB BASE TRL SZ5 LM/RL
71436126	JOURNEY UNI TIB BASE TRL SZ6 LM/RL
71436128	JOURNEY UNI TIB TR INS SZ 1-2/8MM
71436129	JOURNEY UNI TIB TR INS SZ 1-2/9MM
71436131	JOURNEY UNI TIB TR INS SZ1-2/10MM
71436132	JOURNEY UNI TIB TR INS SZ1-2/11MM
71436133	JOURNEY UNI TIB TR INS SZ3-4/8MM
71436134	JOURNEY UNI TIB TR INS SZ3-4/9MM
71436135	JOURNEY UNI TIB TR INS SZ3-4/10MM
71436136	JOURNEY UNI TIB TR INS SZ3-4/11MM
71436137	JOURNEY UNI TIB TR INS SZ5-6/8MM
71436138	JOURNEY UNI TIB TR INS SZ5-6/9MM
71436139	JOURNEY UNI TIB TR INS SZ5-6/10MM
71436141	JOURNEY UNI TIB TR INS SZ5-6/11MM

71436142	JOURNEY UNI TIB ALL POLY TRIAL INSERT 1-2/7MM
71436143	JOURNEY UNI TIB ALL POLY TRIAL INSERT 3-4/7MM
71436144	JOURNEY UNI TIB ALL POLY TRIAL INSERT 5-6/7MM
71436151	JOURNEY UNI TIBIA TRIAL SZ1 RM/LL
71436152	JOURNEY UNI TIBIA TRIAL SZ2 RM/LL
71436153	JOURNEY UNI TIBIA TRIAL SZ3 RM/LL
71436154	JOURNEY UNI TIBIA TRIAL SZ4 RM/LL
71436155	JOURNEY UNI TIBIA TRIAL SZ5 RM/LL
71436156	JOURNEY UNI TIBIA TRIAL SZ6 RM/LL
71440444	GENESIS™II ADJUSTABLE ANKLE CLAMP
71440446	GENESIS II NON SPIKED FIX ROD
71440448	GENESIS II TIBIAL ALIGNMENT TUBE
71441335	JOURNEY UNI TIBIAL CUT BLK LT
71441336	JOURNEY UNI TIBIAL CUT BLK RT
71441338	JOURNEY EM TIBIAL SPIKED ROD
71441341	JOURNEY UNI TIBIAL STYLUS
71441346	JOURNEY UNI TIBIAL PUNCH SZ 1-2
71441347	JOURNEY UNI TIBIAL PUNCH SZ 3-4

JOURNEY™ DEUCE™ Hybrid Instrument Tray



Catalog Item	Description
114861	EXTRAMEDULLARY ALIGNMENT ROD
71440002	GENESIS™ II FEM DRILL 9.5MM
71440004	GENESIS II LONG INTRAMEDULLARY ROD 16 IN
71440006	GENESIS II SHORT I/M ROD 8 INCH
71440044	GENESIS II QUICK CONNECT HANDLE
71440380	GENESIS II RESECTION CHECK
71440491	PIN PULLER
71441323	JOURNEY FEM ALIGNMENT TMLPTE
71441333	JOURNEY DEUCE FEM STYLUS
71441342	JOURNEY DEUCE FEM SHIM PLATE 7MM
71441343	JOURNEY DEUCE FEM SHIM PLATE 9MM
71441344	JOURNEY DEUCE FEM SHIM PLATE 11MM
71441349	JOURNEY DEUCE VARIABLE COLLET
71441351	JOURNEY BONE RASP
71441352	JOURNEY DEUCE FEM IMPACTOR
71513331	UNIVERSAL PIN DRIVER
71563416	PF PEG DRILL
71631186	MINI CONNECTOR
74012124	QUICK CONNECT T-HANDLE
74012441	JOURNEY 3.5MM HEX DRIVER
74012451	JOURNEY SLAP HAMMER EXTRACT
74012901	JOURNEY MALLET





Orthopaedic Reconstruction
Smith & Nephew Inc.
1450 Brooks Road
Memphis, TN 38116
USA

www.smith-nephew.com

Telephone: 1-901-396-2121
Information: 1-800-821-5700
Orders and Inquiries: 1-800-238-7538