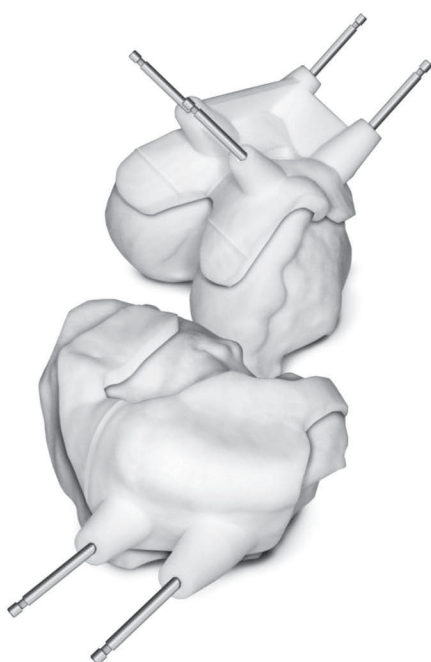
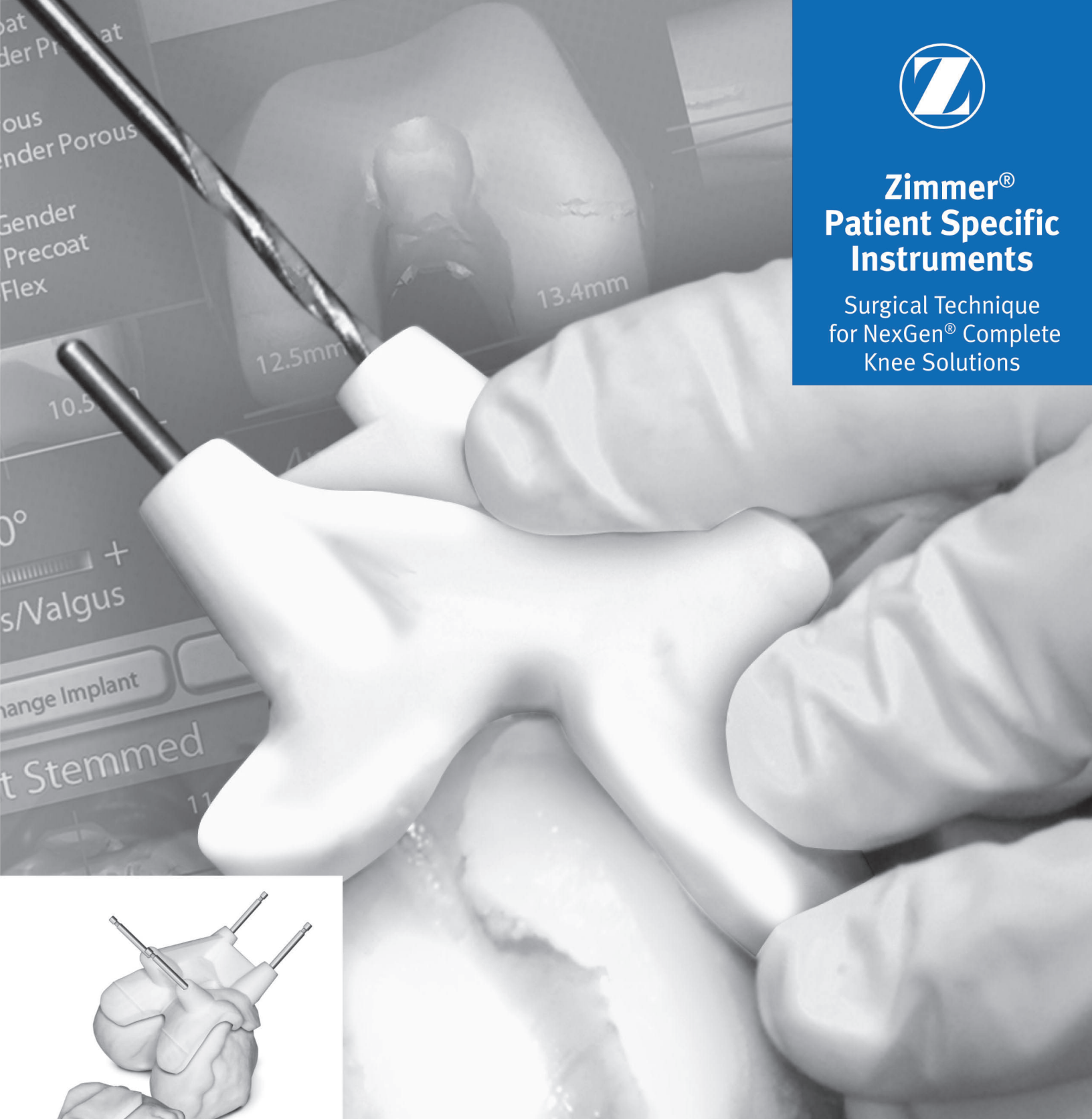




Zimmer® Patient Specific Instruments

Surgical Technique
for NexGen® Complete
Knee Solutions



The fit you can feel



Femoral Technique

1 Position Femoral Pin Guide

Position the Pin Guide on the distal femur.

Do not remove osteophytes from the femur.

Pin Guide will be captured by the anterior ridge of the femur.

Apply posterior pressure to the Pin Guide and verify secure fit.



2 Drill and Pin the Anterior Pin Holes

Verify positioning based on alignment with the epi-condylar axis and AP axis reference lines on the Pin Guide.

Drill and pin the medial and lateral pin holes of the Pin Guide.



3 Pre-drill Distal Pin Holes

Pre-drill the distal pin holes of the Pin Guide (do not place pins).



4 Place Distal Cut Guide and Cut Femur

Remove the Pin Guide by sliding it off the pins, leaving the anterior pins in the bone.

Check alignment if desired.

Secure the MIS Distal Cut Guide (00-5967-036-00), and make the cut.



5 Remove Distal Cut Guide and Place Distal Pins

Locate the pre-drilled pin holes.

Place the distal pins in pre-drilled hole of the distal femur.



In the event the pre-drilled distal holes are covered up following the distal cut, clean the area. Alternatively, prior to removing the anterior pins, place the Pin Guide back over the anterior pins and locate the distal pins through the distal Pin Guide holes.

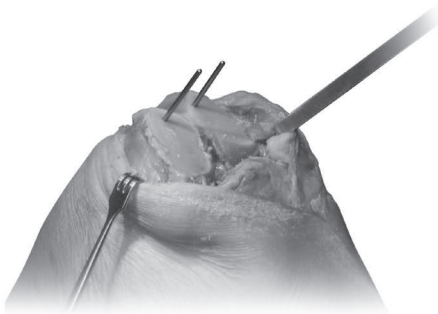


Femoral Technique continued

6 Place Distal Pins

Remove the anterior pins.

Place pins in the pre-drilled distal holes.



7 Place Femoral Finishing Guide

Secure the 4-in-1 Femoral Finishing Guide (Gold “Flex”) and make the cuts.

Adjust the M/L positioning for appropriate placement.

Secure the Finishing Guide, remove the pins, and make the cuts.



8 Follow 4-in-1 Femoral Surgical Technique

Following the 4-in-1 cuts, proceed with the surgery as suggested in the *Zimmer® MIS Multi-Reference 4-in-1 Femoral Surgical Technique*.

When performing the cuts, excessive force (considering the pressure being applied to the guide) on the medial or lateral side of the cut guide could influence the amount of varus/valgus in the cut.

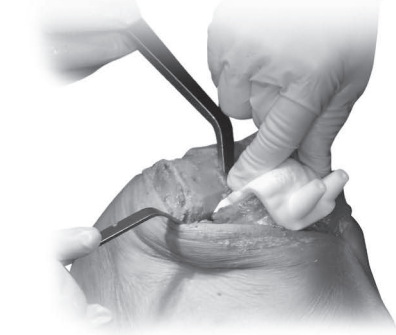
Tibial Technique

1 Position Tibial Pin Guide

Position the Pin Guide on the tibia.

Do not remove osteophytes from the tibia. Ensure that meniscus is removed.

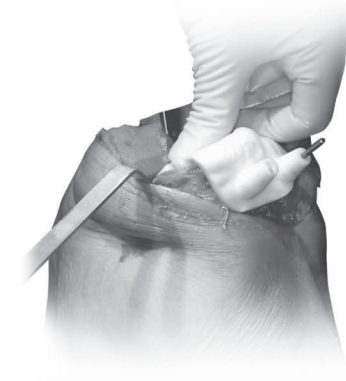
Ensure the posterior medial hook goes over the posterior ridge of the tibia.



2 Drill and Pin Lateral Pin Hole

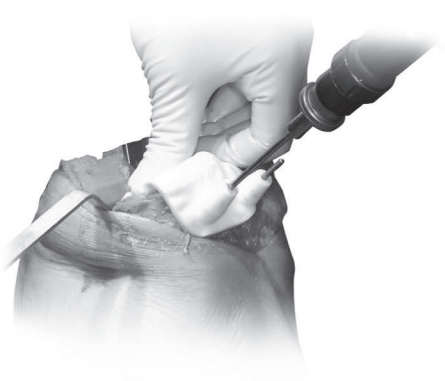
Verify positioning based on alignment with the mechanical axis reference lines on the Pin Guide.

Drill and pin the lateral hole of the Pin Guide.



3 Drill Medial Hole

Drill the medial hole of Pin Guide (do not place pin).



Tibial Technique continued

4 Remove Tibial Pin Guide

Remove the Pin Guide by lifting the medial hook off the posterior ridge and sliding off the lateral pin. It may be necessary to remove the previously placed pin from the lateral hole.



5 Place Pins

Ensure both pins are placed in the pre-drilled holes.



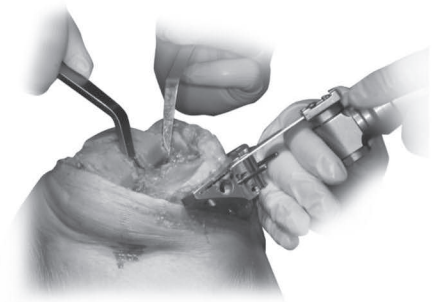
6 Secure Cut Guide and Cut Tibia

Secure the Tibial Cut Guide, check alignment with Alignment Rod before cutting, and make cuts.

Use the appropriate right or left tibia cut guide.

0° Left Cut Guide..... 00-5997-075-00

0° Right Cut Guide 00-5997-076-00



7 Follow 4-in-1 Femoral Surgical Technique

Following the primary tibia cut, proceed with the surgery as suggested in the *Zimmer MIS Multi-Reference 4-in-1 Surgical Technique*. When performing the cuts, excessive force (considering the pressure from leaning on the guide) on the medial or lateral side of the cut guide could influence the amount of varus/valgus in the cut.

Contact your Zimmer representative or visit us at www.zimmer.com

