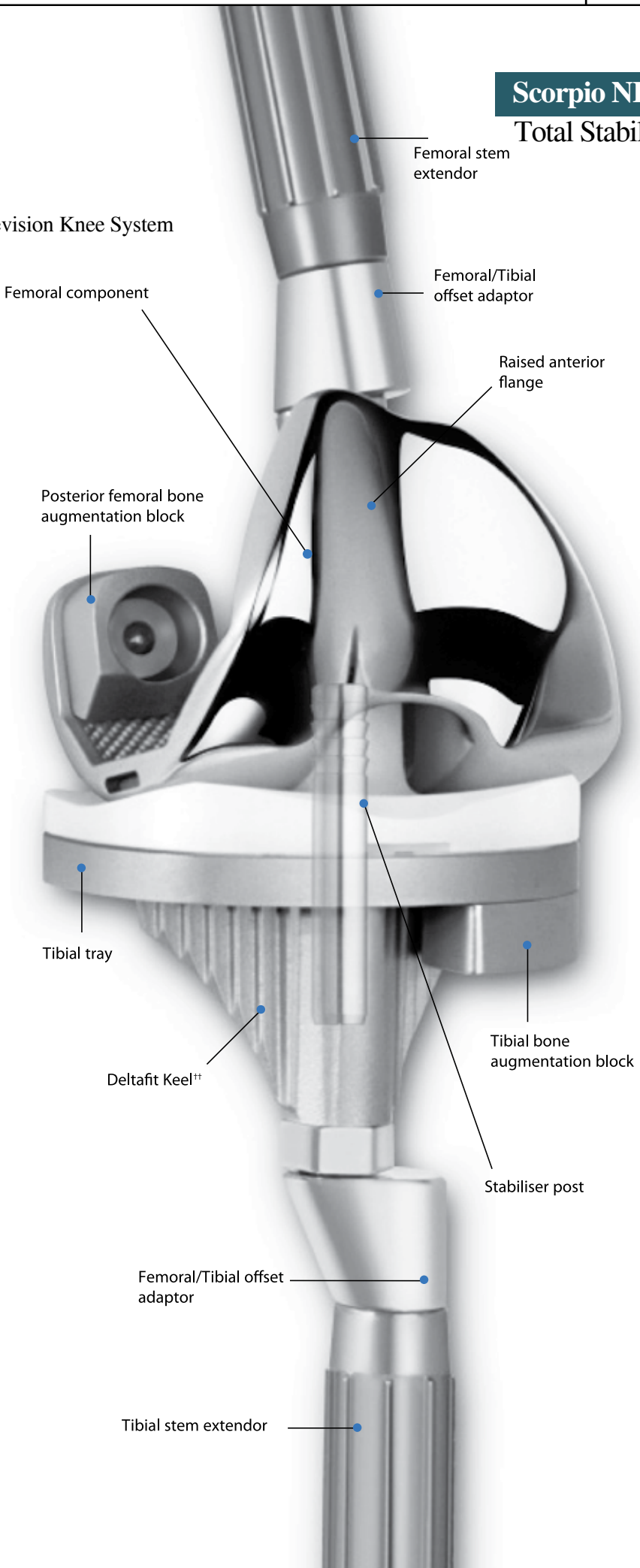
Scorpio NRG
Total Stabilized

Scorpio TS™
Single Axis Revision Knee System



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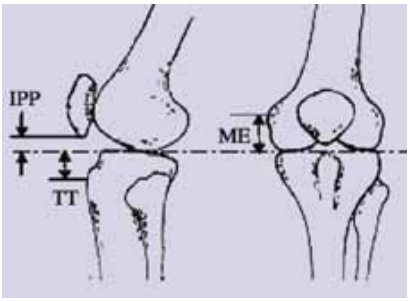
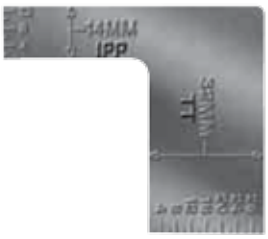
Reproduction of the natural joint line is one of the key challenges faced in total knee revision surgery. Research has shown that the functional results of the revised knee can be significantly compromised if the joint line is elevated from its natural position.

Studies have quantified the significance of the joint line position on total knee revision results. It shows that flexion can decrease by as much as 30°,[4] and the Knee Society Scores can decrease by 16 points[5]. Additionally, mid flexion instability may be increased by raising or lowering the joint line by as little as 5mm[6]. In conclusion, if the joint line is not adequately reproduced it leads to a lower functional score, increased need for manipulations and an increased risk of re-revision. If the joint line is determined by an «eye-ball» method, there is risk of getting it wrong in more than 80% of the cases.

So where is the joint line (JL) Studies indicate the following location:

- Medial epicondyle to JL: 28 mm +/- 3.54 mm
- Inferior pole of the patella to JL: 14 mm +/- 4.29 mm
- Tibial tuberosity to JL: 32 mm +/- 7.73 mm





Joint line scale

Stryker provides easy-to-use solutions to facilitate restoration of the joint line, including a distal cutting guide with a scribe line which lines up with the medial epicondyle. A joint line scale is also available.

Distal cutting guide

[4]Leach et al. Am Journal of Knee Surgery, 1994
[5]Partington et al. Clin Orthopaedics, 1999
[6]Martin et al. Clin Orthopaedics, 1990
[7]Journal of Arthroplasty, in press

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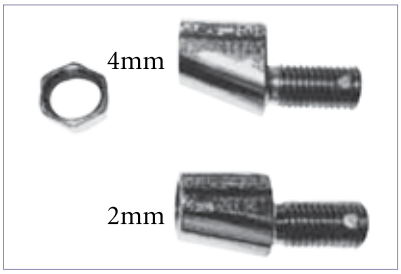
To provide superior fixation and load transfer in the tibia, Stryker knee revision systems use offset adaptors to independently fit the implant and stem components to both the internal and external geometries of the reconstructed tibial bone.

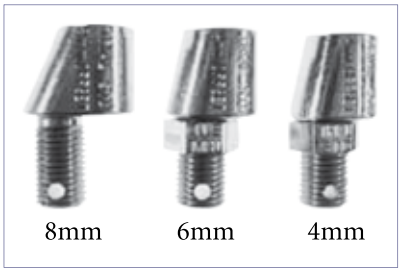
Failure to adequately offset the stem in relation to the tibial baseplate may lead to overhang of the tibial baseplate as well as cortical bone contact with the stem extender, which can be painful for the patient and compromise the clinical outcome.

The IM-based instrumentation allows for complete 360° radial offsetting of the stem in relation to the tibial baseplate. Tibial offset adaptors are available in 4, 6 and 8mm.

Similarly, in order to optimise the location of the femoral implant in relation to stem extender (IM-canal), femoral offset adaptors are available in2 and4mm.



Femur



Tibia