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Introduction

The Persona Fixed Distal Resection System establishes a new platform of instrumentation for performing the distal femoral resection.

Design innovations focused on effortless use include:

• Simplified design
  – 4, 5, and 6 degrees valgus guides enable quick and easy resection
  – Standard 10 mm distal resection
• Improved usability
  – Modular handle can be attached for use as a sword or a T-handle to accommodate surgical preference
  – Compatibility between fixed and adjustable distal resection components
  – Captured spike provides additional fixation

Symbols

Symbols have been established for the following:

• Left
• Right
• Varus/Valgus
• Medial/Lateral
• Standard
• Do not implant – Not for implant
• Lock
• Unlock
• Anterior Referencing
• Do not impact
• Cemented
• Stemmed
• Inset Only
Assemble Fixed Distal Resection Instrumentation

Pull the lever on the modular handle and insert the IM rod (Figure 1). Orientation of the IM rod will align with the polished line on the sides of the modular handle.

💡 **Technique Tip:** Alternately, the IM rod may be inserted into the top of the modular handle to accommodate surgical preference.

Insert the IM rod into the fixed valgus guide.

💡 **Note:** If desired, align the depth markings on the IM rod with the flat plate of the fixed valgus guide to set the IM rod at a specific length (Figure 2).

Insert the fixed resection tower into the face of the fixed valgus guide indicating the angle and side of the knee (left or right).

💡 **Note:** This assembly will result in a 10 mm distal resection. The distal resection can be changed to 9 mm by assembling the 9 mm resection plate to the fixed valgus guide (Figure 3).
Assemble Fixed Distal Resection Instrumentation (cont.)

Rotate the lock lever on the fixed resection tower to the unlocked, or “in-line”, position and fully insert into the cut guide (Figure 4a). Flip the lock lever to the locked, or “vertical”, position to secure it to the cut guide (Figure 4b).

Technique Tip: The fixed resection tower is compatible with the adjustable valgus guide and the adjustable resection tower is compatible with the fixed valgus guide. These instruments can be interchanged to accommodate surgical preference.
Establish Femoral Alignment

Drill the IM canal using the 8 mm IM step drill (Figure 5). Suction the canal to remove medullary contents.

Insert the IM rod and assembled distal resection instrumentation into the IM canal far enough to ensure the most accurate replication of the anatomic axis.

Set the orientation of the fixed valgus guide by placing it against the most prominent distal condyle and rotating it about the IM rod so that it is aligned with the epicondylar axis (Figure 6).

Note: Setting rotation of the fixed valgus guide is important for creating a distal resection that matches the desired valgus angle selected. It does not set the rotation of the femoral component.

To secure orientation, impact the captured pin on the medial side of the fixed valgus guide until the head of the captured pin is flush with the plate (Figure 7).
Resect Distal Femur

Verify the fixed valgus guide is set to the proper side (left or right) and the fixed valgus guide shows the appropriate valgus angle.

➡️ **Technique Tip:** Confirm valgus alignment by inserting the drop rod adapter into the large holes on the anterior face of the cut guide and insert an alignment rod into the drop rod adapter (Figure 8).

Insert a trocar tipped pin through each of the standard pin holes marked ‘0’ on the anterior surface of the cut guide (Figure 9).

Flip the lock lever on the fixed resection tower to the unlocked, or “in-line”, position and pull the handle to remove the IM rod and assembled distal resection instrumentation leaving only the cut guide attached to the femur (Figure 10).
Resect Distal Femur (cont.)

Note: If the captured pin was deployed it may be necessary to first remove it from the bone using the pin puller. Alternatively, removing the IM rod from the fixed valgus guide may facilitate removal of the captured pin from the bone.

Technique Tip: Additional 2 mm adjustments may be made by using the sets of holes marked -2, +2, and +4. These sets of holes indicate, in millimeters, the amount of additional bone resection each will yield relative to the 10 mm resection accommodated by the fixed resection tower (However, if the 9 mm resection plate is used, the depth adjustments are relative to a 9 mm resection).
Resect Distal Femur (cont.)

Insert the resection guide into the cut slot of the cut guide to verify the depth of resection.

Insert a trocar tipped pin through at least one of the locking, or oblique, pin holes in the cut guide to further secure the cut guide to the femur (Figure 1).  

Using a 1.27 mm (0.050 inch) oscillating saw blade through the cut slot in the cut guide, resect the distal femur.

Note: The flatness of the distal femoral resection is critical to ensuring adequate contact between the porous femoral implant and the bone. If using a porous femoral implant, evaluate the flatness of the resection prior to sizing and modify the cut as necessary so that it is completely flat.

Remove all pins and the cut guide.
Optional Cutting Technique

If desired, the bone resection can be made from the top (most distal) surface of the cut guide (Figure 12a). The top surface of the cut guide is 4 mm from the cut slot. Therefore, if cutting from the top surface, the position of the cut guide must be adjusted by moving the cut guide from the trocar tipped pins through the ‘0’ holes and reinserting the cut guide onto the trocar tipped pins through the holes marked ‘+4’ (Figure 12b). Insert a trocar tipped pin through at least one of the locking, or oblique, pin holes in the cut guide to further secure the cut guide to the femur prior to cutting the femur.
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