

Tibial System Bearing Removal

Surgical Technique



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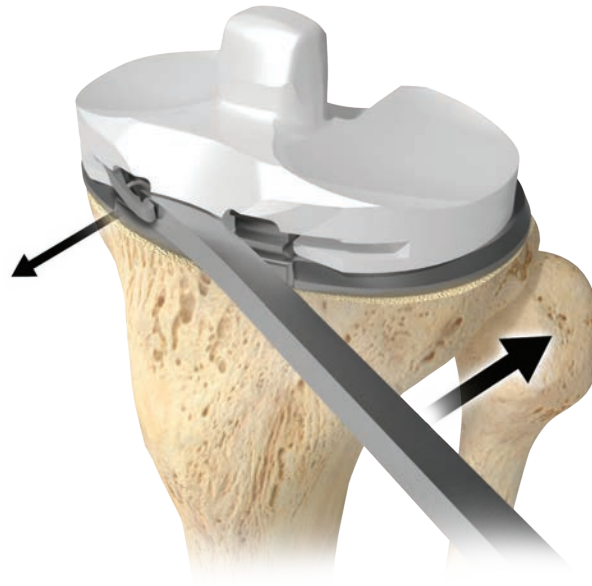


Figure 1

Locking Bar Removal

Adequate exposure is necessary to access the tibial locking bar mechanism. In most cases, the locking bar will be engaged on the medial tibial locking boss. To remove the locking bar, introduce ¼" curved osteotome behind the locking bar clip. Disengage by prying the clip away from the medial boss, while pushing the osteotome in a medial direction (Figure 1). If the locking bar is too tight, a mallet can be used to tap the osteotome and remove the locking bar.

Note: This technique can be used for the following knee systems: Ascent™, Maxim®, AGC® and Vanguard® Knee Systems

Care should be taken to remove any remaining polyethylene fragments found on or around the tibial baseplate. If a locking bar is removed, it should not be reinserted into the implant as the locking bar clip will be damaged. Individually-packaged locking bars are available to order. Ensure that Femoral and Tibial components are well fixed before continuing.

Trial Reduction

If necessary, select the trial bearing inserts needed to balance the knee. With the trial bearing inserts in place, check range of motion and the stability of the knee.



Figure 2



Figure 3

Poly Insertion

Place the appropriate polyethylene bearing insert on the tibial baseplate and push posteriorly using finger pressure (Figure 2). The polyethylene bearing must be flat on the baseplate. Ensure there is no impingement between the bearing and baseplate. The locking bar, packaged with the corresponding tibial baseplate, is inserted into the medial side of the anterior tibial baseplate/polyethylene interface as far as possible using finger pressure. The locking bar must be tight upon insertion. The bar should be too tight to fully insert with finger pressure only. The large curved end of the locking bar inserter is placed in the dimple on the locking bar (Figure 3).

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The smaller square end is engaged on the lateral tibial boss of the tibial baseplate. Make sure the smaller square end catches on the lateral boss of the tibial tray and does not block the path of the locking bar. The inserter will gradually push the locking bar until an audible click is heard (Figure 3). A visual confirmation should be made to ensure complete locking bar insertion.

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