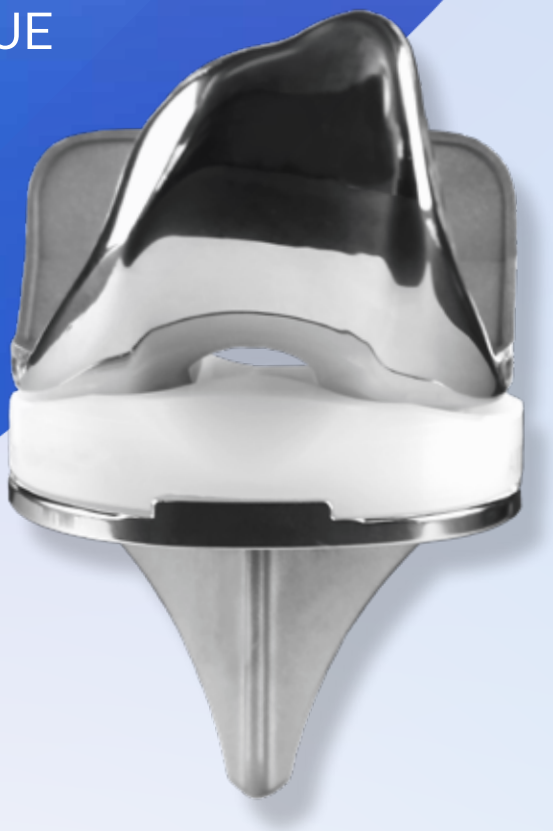
jri ORTHOPAEDICS

A3GT

Accuracy, Efficiency & Flexibility

OPERATIVE TECHNIQUE



A3GT Knee System

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Contents

Introduction

The A3GT knee system is designed to meet the combined needs of the individual patient, surgeon and operating department.

Accuracy - With an extensive range of fully cross compatible anatomic sizes, the A3GT knee system delivers the flexibility to meet your individual patient's needs, with upto 2000 possible implant configurations across 4 levels of constraint.

Efficiency - Innovation in instrument design, has resulted in a comprehensive, highly compact and efficient knee platform delivered across just 3 trays* (plus optional patella tray).

Flexibility - The A3GT offers effortless adaptability within a single knee system, supporting multiple approaches and philosophies.

System Highlights

Approach

Femur

9mm distal resection

Sizing & postisioning

4:1 Bone resection

CR Trialling

PS Box preparation

PS Trialling

Tibia

Tibial alignment and 9mm minimum resection

Sizing & trialling

Pre-drill and Keel preparation

Patella preparation

Femoral Preparation

Medullary Canal Entry

The entry point for the femoral canal is made using the starter awl, 5-10mm above the notch, anterior to the femoral attachment of the posterior cruciate ligament, and just medial to the midline.

Open the medullary canal by fully inserting the 9mm IM drill. When drilling, place the index finger and thumb on either side of the femoral metaphysis and ensure the drill follows the femoral canal. Care must be taken to avoid cortical perforation.

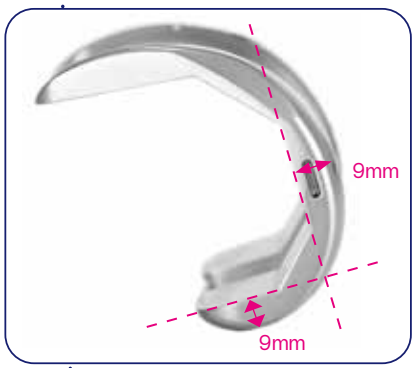
Distal Femoral Resection

The distal femoral cutting block is assembled together with the femoral resection mount and the femoral alignment guide.

Resection depth is adjusted using the silver dial considering the 9mm distal femoral implant thickness and any observed wear.

Set the valgus angle for the distal cut using the gold dial, as per the pre-operative plan.

Insert the IM rod with assembled resection components. Upon entry, extrusion of bone marrow is indicative of the rod following the femoral canal without perforation of the cortices. Avoid using excessive force to advance the rod/construct along the IM canal.



NB: micro sizes S1 and S2 have 8mm posterior femoral chondyles.

Awl
F**t** - 10

IM step drill
F**t** - 01

IM Rod
F**t** - 02

Valgus alignment guide
F**t** - 03

Distal resection mount
F**t** - 04

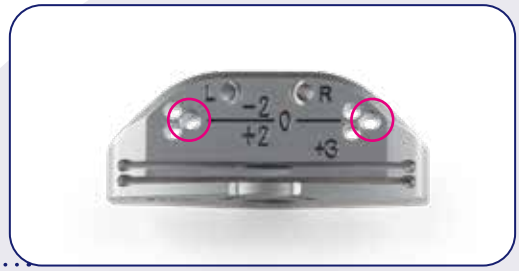
Distal cutting guide
F**t** - 05

Distal Femoral Resection cont...

Ensure the femoral alignment guide is in contact with the most prominent distal femoral condyle, the guide must be aligned in the neutral position, with reference to the posterior femoral condyles and Whitesides line.

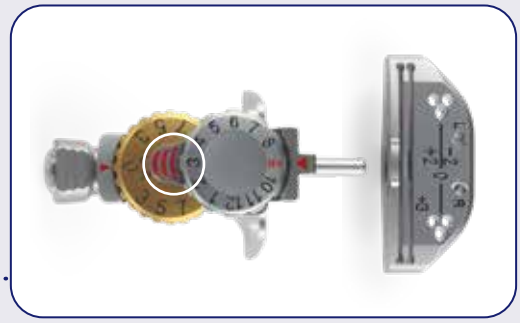
Two threaded headless pins are advanced through the '0' holes of the distal cutting guide.

Distal resection cutting guide can be adjusted +/- 2mm.



Once the desired resection has been confirmed, a third headless pin should be used to stabilise the cutting block, inserting into either the L or R oblique holes.

To disengage the resection block, press down on the red striped tab and withdraw the IM rod with the remaining assembly from the femoral canal, leaving the distal cutting block behind.



The distal femoral resection is carried out using a 1.27mm sawblade inserted through the most distal of the two available saw slots.

The proximal cutting slot will result in an additional 3mm of resected bone.

IM Rod
F*t* - 02

Valgus alignment guide
F*t* - 03

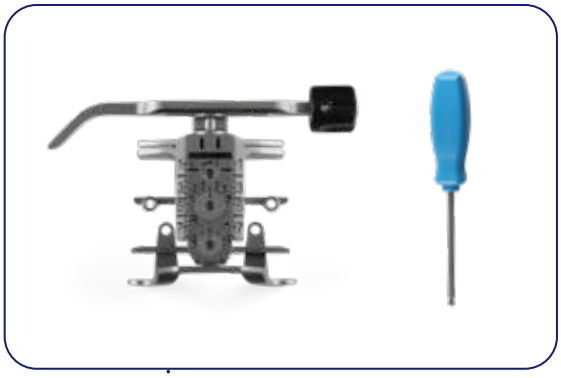
Distal resection mount
F*t* - 04

Distal cutting guide
F*t* - 05

Long threaded pin
G*t* - 19

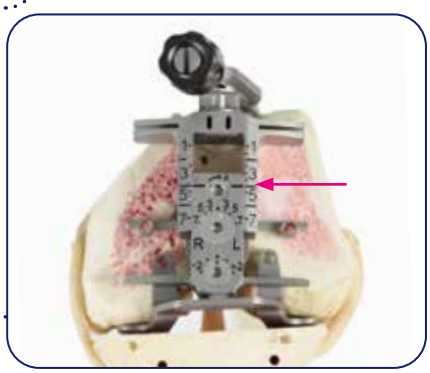
Femoral Sizing

Native distal femoral rotational alignment can be reproduced by referencing the posterior femoral condyles, Whiteside's line or the trans-epicondylar axis. The posterior femoral condyles should not be used if deficient. Further consideration should be given to gap equality in flexion and extension.



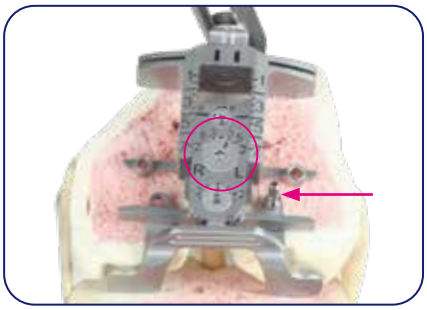
With the blue hex screwdriver, the femoral sizer can be adjusted for femoral external rotation at 0, 3, 5 and 7 degrees.

Seat the sizer flush against the resected distal femoral surface, and up against the posterior femoral condyles. The stylus should rest on the lateral flare of the anterior cortex. Femoral sizing is referenced against the black horizonal mark across the front of the sizer ***(sizes are 1-7 with half sizes between 1-4).***



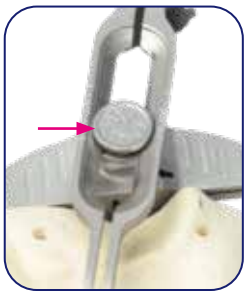
In a valgus knee or in knees with a hypoplastic posterior femoral condyle, stability of the sizer can be achieved by inserting a collared pin into the lower set holes and on the unaffected side.

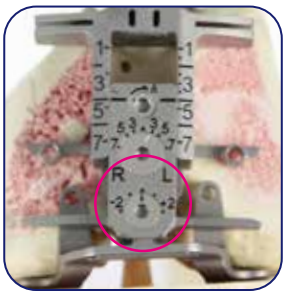
With the blue hex screw- driver the sizer can be rotated to achieve native femoral rotation.



The upper slot on the sizer can be used to assess sawblade runout (and thus anterior implant fit). For accurate stylus position (and therefore sizing) ensure the markings on the stylus line up with the centre of the disk on the superior surface of the sizer and correspond with the sizing referenced from the front of the guide.

The AP position of the 4:1 cutting block can be adjusted by upto 2mm on the sizer using the lower of the two dials on the femoral sizer. A shift in AP position will affect anterior and posterior bone cuts equally and subsequently the flexion gap. Consideration should be made not to overstuff the patello-femoral joint.





Femoral sizer
F***t*** - 08

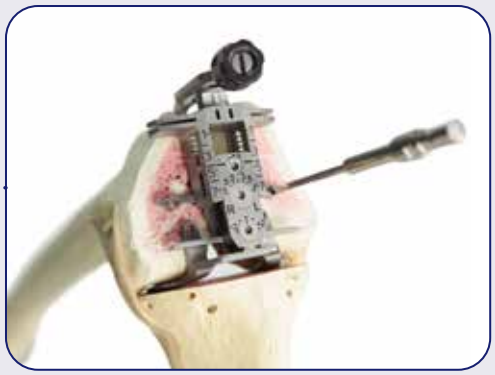
Hex driver
F***t*** - 06

Short threaded collared pin
G***t*** - 18

3.2mm Starter drill
G***t*** - 14

Large angel wing
G***b*** - 25

Once native femoral rotation is achieved, and the desired femoral sizing has been selected, create two 3.2mm pilot holes for the 4:1 block using the superior two holes on the sizer.



Seat the 4:1 femoral cutting block flush against the resected distal femur. ***Prior to making the femoral cuts, if the proximal tibia has been resected the flexion gap can be assessed using the spacer tool.*** ***- See balancing, page 10.***

Final checks can be made with an angel wing through the anterior cutting slot, avoiding potential notching. Secure block with threaded collared pins.

For accuracy a stiff 1.27mm saw blade should be used to make the cuts ensuring the block is stable at all times.

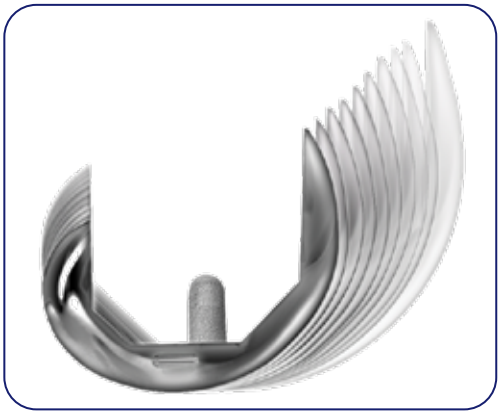
The femoral implant thickness (and therefore posterior cut) is a measured resection of 9mm for all core sizes (1-7).

NB: the two micro sizes S1 and S2 have 8mm posterior femoral condyles.

The femoral component size grows by ***2.3mm anteriorly and 2.5mm medial-laterally*** with the sizes.

A change in 4:1 block (either up or down) can be achieved using the original pilot holes.

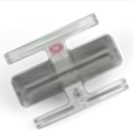
Up or down-sizing will not alter the flexion gap unless the fine adjustment tool is used to alter the block position (see gap balancing section).



3.2mm Starter drill
G***t*** - 14

4:1 impactor extractor
F***t*** - 07

Slap hammer
G***b*** - 29



4:1 block
F***t*** - 11-20

Modular handle
G***t*** - 16

Pin driver
G***t*** - 12

Long threaded collared pin
G***t*** - 20

After completing the 4:1 cuts, remove the threaded collared pins and then the cutting block with the pronged impactor extractor attached to the slap hammer.

The IM entry hole can at this point be plugged with a block of cancellous bone retained from the previous 4:1 cuts.

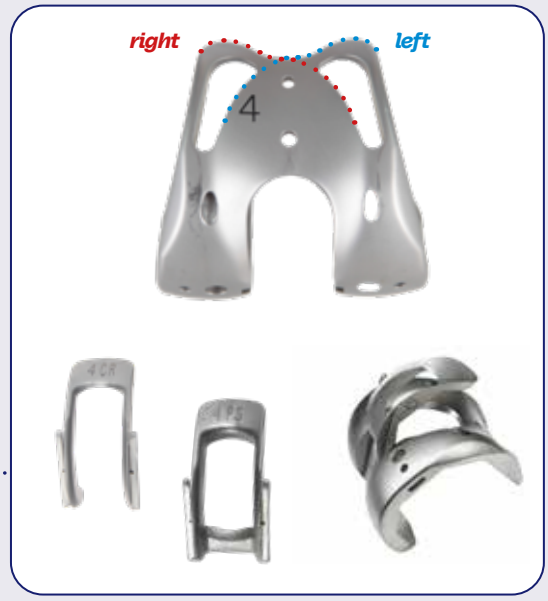
4:1 impactor extractor
F***t*** - 07

Slap hammer
G***b*** - 29

Femoral Box Preparation & Femoral Trialing

Each femoral trial is designed for use on both left and right knees.

The trial can be assembled as either CR or PS with addition of a central box trial component. The femoral trial size and central CR or PS box trial size must correspond.



Impact the femoral trial onto the prepared femur. Ensure the lateral flange of the femoral trial is in line with the lateral margin of the distal femur. Overhang must be avoided. ***Note: each trial has lateral margins for both left and right knees.***

For both CR and PS, once trialing is complete lug holes are drilled through the femoral trial.

PS Box Prep

Should the PS option be required, the bone within the femoral notch must be removed using the milling tools.

Secure the intercondylar drill tower into the femoral trial. Set the collar of the box reamer corresponing to the femoral size and then prepare by fully seating the reamer through the lug holes.


Femoral trial
F***b*** - 21-30


CR femoral box trial
F***b*** 31-40


PS femoral box trial
F***b*** 41-50


Femoral drill
F***b*** 54


PS Box reamer guide
F***b*** 52


PS box reamer
F***b*** 53


Femoral impactor block F***b*** 51


Femoral inserter/ extracor G***b*** 28


Modular handle
G***t*** 16

Balance

Management of Flexion & Extension Gaps

- Appropriate tension of the soft tissue envelope encompassing the knee is important during TKA; incorrect tensioning can potentially lead to joint stiffness or instability.

Verstraete MA, Meere PA, Salvadore G, Victor J, Walker PS. Contact forces in the tibiofemoral joint from soft tissue tensions: implications to soft tissue balancing in total knee arthroplasty. J Biomech 2017;58:195-202.

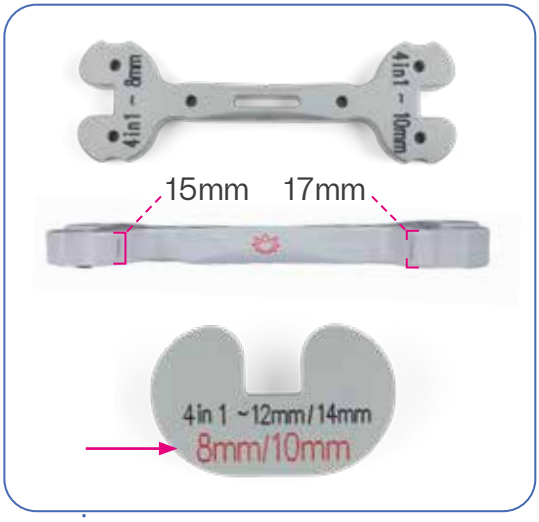
- Soft-tissue imbalance contributes to several of the foremost reasons for revision following primary TKA, including instability, stiffness, and aseptic loosening.

Gustke KA, Golladay GJ, Roche MW, Elson LC, Anderson CR. A targeted approach to ligament balancing using kinetic sensors. J Arthroplasty 2017;32(7):2127-2132.

Use of the Gap Assessment Tool

The gap assessment tool has ends of 15mm and 17mm, thereby a single build up shim can be used to represent two sizes of total construct (femur-tibia-insert).

With distal femur and proximal tibia resected the figures shown in red on the shim indicate the total construct thickness (with poly insert) measured against the prepared bone of the tibia and the femur.



The Extension Gap

Extension gap is assessed using the shims referencing the red values, which are noted.

Check varus/valgus stability is sufficient using the chosen block and note its size.

If the smallest construct size cannot be inserted into the prepared gap, additional bone needs to be resected.

Distal femoral alignment can be assessed utilising the drop rods through the sizing tool.

The Flexion Gap

Once the femur is sized the flexion space is measured under the '4 in 1' block, In this instance the black values are referenced.

The optimal scenario is that gaps in extension and flexion are both symmetric and evenly balanced.

A well balanced knee is indicative of a desirable outcome.

Spacer block
Gt 06

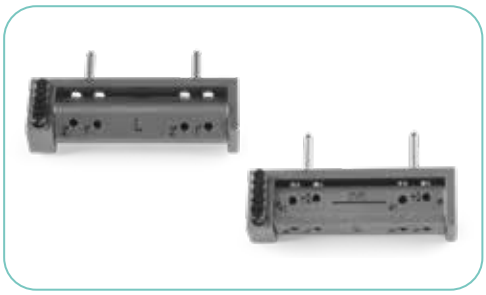
Spacer block shim
Gt 07-09

EM alignment rod - long
Gt 01

EM alignment rod - short
Gt 02

Gap Adjustment

If gap imbalance is identified, the fine adjustment tool can be used to adjust AP position or external rotation of the 4:1 block.



The adjustment block is positioned into the original pilot holes, new holes are prepared through the guide with the 3.2mm starter drill.

The flexion space underneath the newly positioned 4:1 block is then checked and subsequently pinned once assessment is satisfactory.

Following final preparation of the femur, extension and flexion gaps can be checked referencing the red values against the cut bone of the tibia and femur.

Gaps should be symmetric and of equal size.

4:1 fine adjustment guide
Ft 09

3.2mm starter drill
Gt 14

Proximal Tibial Resection

Tibial resection is carried out using the extramedullary alignment jig

3° Tibial Slope - The tibial cutting block is available in left, right and neutral configurations.

Place the opened ankle clamp just proximal to the malleoli, the ankle clamp will lock into place as the levers are pushed against the ankle.

Flexion/Extension Alignment - Neutral alignment can be achieved by ensuring the extra-medullary alignment rod is parallel to the mid coronal plane of the tibia.

Rotational Alignment - rotate the extramedullary alignment guide and ensure it is positioned over the junction of the medial third and the middle third of the tibial tuberosity. Stabilise and set the jig rotation with a headless pin in the base of the longitudinal slot in the front of the tibial jig. This will allow the cutting block to be lowered as required.

Tibial Resection - attach tibial (adjustable or non-adjustable) stylus to the cutting block. Referencing either 2mm from the affected side or 9mm from the unaffected tibial plateau. Confirm the level of resection with an angel wing and secure the block with 3.2mm headless pins.

Using the holes on the tibial block It is possible to adjust the tibial cut either 2mm proximally or distally. The two parallel pins should be left behind should subsequent/ further resection be required later.

Further stabilisation of the construct can be achieved with a long threaded collared pin through the oblique hole.

Tibial resection block
Tt 01-02

Tibial EM cut guide body
Tt 09

Ankle clamp
Tt 04

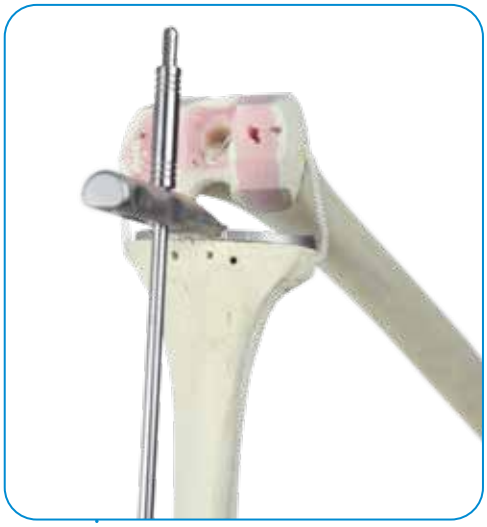
Adjustable stylus
Tt 06

2/9 Tibial Stylus
Tt 05

Long threaded pin
Gt - 19

Tibial Trialling & Final Preparation

Expose the proximal tibial plateau. All peripheral osteophytes and soft tissue remnants must be removed.



Select the appropriately sized left or right asymmetric tibial trial. Careful consideration should be given to both rotation and coverage. With the use of the tray handle and the drop rod, optimal rotation can be achieved by aligning to the imaginary line that runs from the medial third of the tibial tubercle and the tibial PCL insertion.

With the pin inserter attached to the modular handle secure the tray using short headed pins in the posterior two holes of the trial.

Trial inserts are positioned on the tray posteriorly first and should sit down flush against the tray anteriorly.

Each trial insert may cover 4 tray alpha numerical letters. Ensure the trial insert size corresponds with trial tibial tray.

Select the drill tower that corresponds with the tibial tray and impact down onto the trial. The tibial drill can then be advanced to the stop.

Finally attach the corresponding sized keel punch to the slap hammer and advance down until fully seated. Remove the punch with the slap hammer.

Tibial preparation is now complete.

Tibial trial tray handle
T***b*** 45

Tibial trial tray
T***b*** 17-36

Keel punch guide
T***t*** 11-13

Tibial Keel drill
T***t*** 07

Slap hammer
G***b*** 29

Short headed pin
G***t*** 17

Short threaded collared pin
G***t*** 18

Pin inserter
G***t*** 13

Modular handle
G***t*** 16

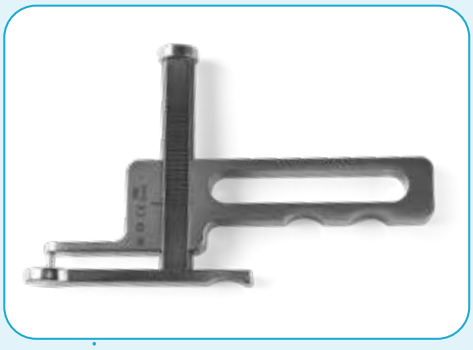
Patella Preparation

Carefully resect the soft tissues around the patella down to the quadriceps tendon and patella tendon to expose the true margin of the patella

Remove all osteophytes and synovial insertions around the patella.

Measure the thickness of the patella with the calliper noting any wear.

The average patella is between 20-30mm thick, with the greatest sagittal dimension at the median ridge.



The stylus on the patella clamp has a fixed resection depth of ***9mm.***

The S, M and L patella button implants are 7, 8 and 9mm thick respectively.

Care should be taken when the patella is thin. Following bone resection residual thickness of the patella should not be less than 12mm.

Once the resection is made the size of the patella is confirmed using the templates. The aim is to cover as much resected patella as possible. The patella templates are also used as drill guides for the patella drill. The drill should be bottomed out.

Medialising the patella 3-4mm can aid with improved patella tracking.

Patella calliper
P 01

Patella resection guide
P 02

Patella drill template
P 08-10

Patella drill
P 04

Patella trial
P 05-07

Trialling of the total construct

With the knee placed in extension insert the chosen tibial tray trial with the alignment handle together with the appropriate colour coded trial poly insert.

With the knee flexed to 90 degrees the femoral component is applied to the prepared femur and impacted with the aid of the femoral impactor tool.

If a trial patella is required, then apply to the resected retro-patella surface.

With all the trial implants in place, assess the knee joint stability in 30, 60, and 90 degrees of flexion, and in extension. Increase the thickness of the insert to achieve stability or convert to AS or PS if CR doesn't achieve adequate stability. The trialling should allow laxity of 1-2mm laterally.

Through trailing anterior lift-off of the insert trial is indicative of a tight flexion space. In this instance consider increasing tibial posterior slope, recessing the PCL or resecting the PCL and converting to either and AS insert to a PS femur and insert.

Following trialling, if required the insert trial removal tool can be used.

Final Tibial Implantation

Place the knee joint in maximum flexion and with the aid of appropriate retractors, in order to expose the proximal tibial surface.

If encountering hard sclerotic bone drill key holes in the proximal tibial surface using the 3.2mm started drill.

The proximal tibial surface must be washed thoroughly with normal saline using pulse lavage.

Prior to cementation, the surface to be cemented should be clean and dry, with absolutely no blood, fluid or soft tissue in the cancellous bone.

A thin layer of PMMA cement must be applied to the under surface of the tibial component and around the keel.

Introduce the tibial component initially by hand until it reaches the the proximal tibial surface then impact carefully down onto the prepared tibia using the tibial impactor, ensuring it is fully seated with firm hammer strikes.

Finally remove the extruded cement from around the tibial component.

Retractor
Gt 05

3.2mm Starter drill
Gt 14

Tibial impactor block
Tt 10

Modular handle
Gt 16

Final Insert Implantation

A trial or definitive insert may be used to aid cement pressurisation of the femoral and tibial components.

The definitive poly insert is introduced posteriorly down, then sliding fully towards the rear of the tray. The tibial insert introducer can help position the insert in place prior to seating.

With the anterior margin of the insert resting on the front of tray the insert impactor is used with a firm strike to seat the insert. After impaction, the insert must be inspected to ensure that is fully seated.

Tibial insert introducer
G*t* 10

Insert impactor
T*t* 08

Final Femur Implantation

Attach the femoral component to the insertor/ extraction handle. ***Alternatively cement preparation and introduction of the femoral implant can be done by hand.***

Place the knee in 90 degrees of flexion and thoroughly cleanse the distal femur with pulse lavage then dry with swabs, ensuring the surface is completely free from blood, fluid or soft tissue.

PMMA bone cement is applied to all aspects of the under-surface of the femoral component (including peg).

Low viscosity PMMA bone cement is injected into the distal femur under pressure using a cement gun.

The femur is elevated from any contact with the tibia, using a Hohman retractor and a swab placed on the insert.

The femoral component is applied to the distal femur, avoiding flexion/extension, and the pegs (if present) engage with the lug holes.

The femoral component should be seated prior to any impaction by the hammer. Firm axial impaction can then take place ensuring full seating of the femoral component.

To avoid micro scratches of the femoral component place a swab between the implant and impactor.

All extruded cement is removed using a McDonald retractor or even a knife. Cement must not be removed from under the femoral component.

Final compression

Compress the knee joint axially, sequentially in extension and in 30 degrees of flexion.

Sequential compressions help cement penetration into the cancellous bone.

Avoid hyper extending the joint during compressions.

Closure

After cement polymerisation, remove unsupported or unstable residual cement. Any cementophytes must be removed.

Assess the joint in flexion and extension

The knee joint must be irrigated thoroughly using normal saline and chlorhexidine.

Soft tissues are closed in layers.

Femoral inserter/extractor
G*b* 28

Modular handle
G*t* 16

Femoral impactor block
F*b* 51

Patella Implantation

In line with modern cementing techniques, ensure the prepared bone surface is lavaged, free from all tissue, blood, and fluids, then dried.

Bone cement should be applied to both the under surface of the patella implant and the prepared bone.

Locate the three pegs of the patella implant into the previously prepared holes.

To pressurise, locate the ring of the patella clamp over the dome of the implant and clamp down over the anterior surface of the patella.

Whilst the cement sets, remove any extruded cement from around the patella implant, taking care not to remove cement from underneath the button.

Patella clamp
P 03

A3GT Compatibility Chart

1 1.5 2 2.5 3 3.5 4 5 6 7

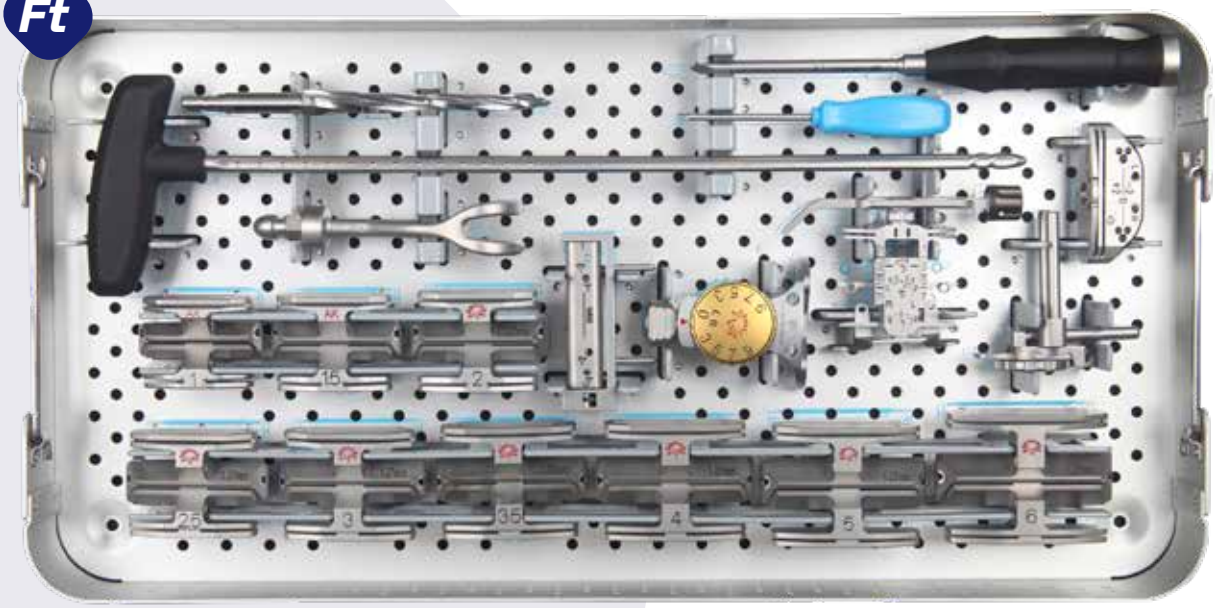
Compatibility total

SA BC DE FG

A B B+ C C+ D D+ E F G

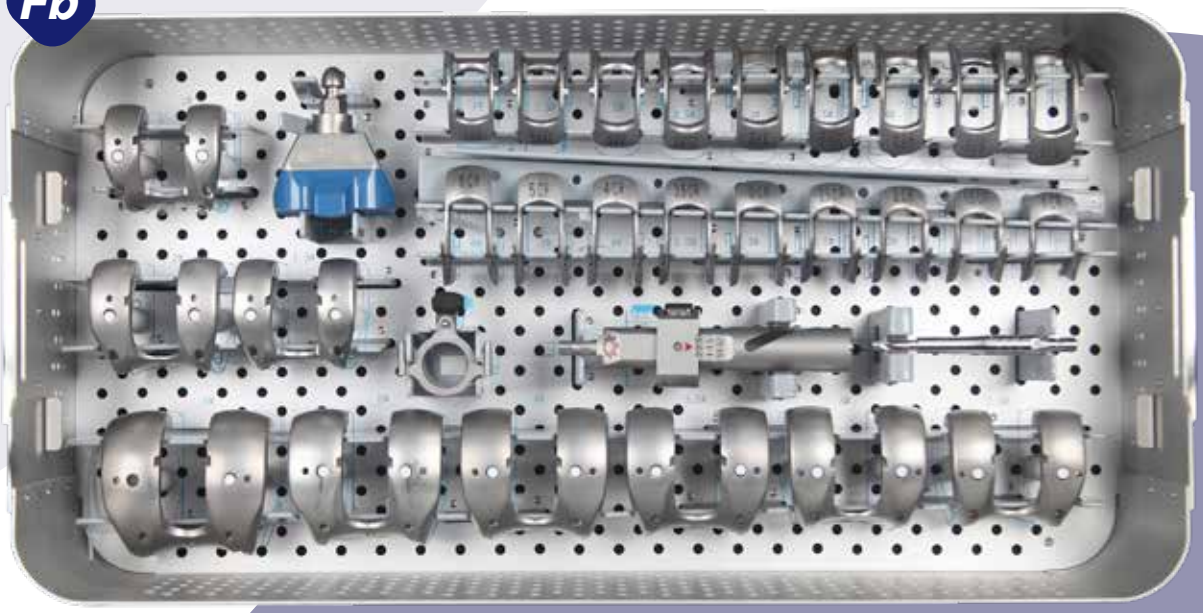
Femoral Tray

Ft



#7 4:1 cutting block not shown.

Fb



#7 Femoral trial, #7 CR & PS box trial not shown.

Ft - Femoral Tray Top

Ft

	Part Number	Description
1	G10501	IM Step Drill
2	G10502	IM T Handle Rod
3	G10503	Femoral Valgus Alignment Guide
4	G10504	Femoral Distal Resection Mount
5	G10506	Femoral Distal Cutting Block
6	G10510	Hex Driver 3mm
7	G10515	4-in-1 Impactor/Extractor
8	G10593	Femoral Sizer
9	G10594	4-in-1 Fine Adjustment Guide
10	G10596	Femoral Awl
11	G10592-1#	4-in-1 Cutting Block #1
12	G10592-1.5#	4-in-1 Cutting Block #1.5
13	G10592-2#	4-in-1 Cutting Block #2
14	G10592-2.5#	4-in-1 Cutting Block #2.5
15	G10592-3#	4-in-1 Cutting Block #3
16	G10592-3.5#	4-in-1 Cutting Block #3.5
17	G10592-4#	4-in-1 Cutting Block #4
18	G10592-5#	4-in-1 Cutting Block #5
19	G10592-6#	4-in-1 Cutting Block #6
20	G10592-7#	4-in-1 Cutting Block #7

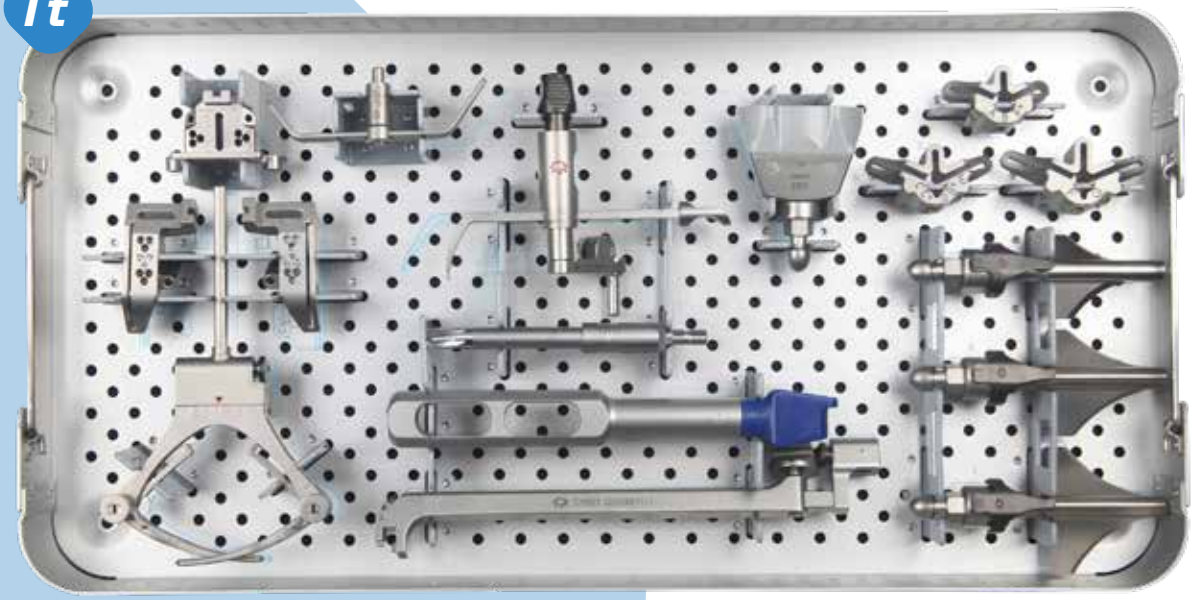
Fb - Femoral Tray Bottom

Fb

	Part Number	Description
21	G10516-1#	Femoral Trial 1#
22	G10516-1.5#	Femoral Trial 1.5#
23	G10516-2#	Femoral Trial 2#
24	G10516-2.5#	Femoral Trial 2.5#
25	G10516-3#	Femoral Trial 3#
26	G10516-3.5#	Femoral Trial 3.5#
27	G10516-4#	Femoral Trial 4#
28	G10516-5#	Femoral Trial 5#
29	G10516-6#	Femoral Trial 6#
30	G10516-7#	Femoral Trial 7#
31	G10517-CR1#	CR Femoral Box Trial CR1#
32	G10517-CR1.5#	CR Femoral Box Trial CR1.5#
33	G10517-CR2#	CR Femoral Box Trial CR2#
34	G10517-CR2.5#	CR Femoral Box Trial CR2.5#
35	G10517-CR3#	CR Femoral Box Trial CR3#
36	G10517-CR3.5#	CR Femoral Box Trial CR3.5#
37	G10517-CR4#	CR Femoral Box Trial CR4#
38	G10517-CR5#	CR Femoral Box Trial CR5#
39	G10517-CR6#	CR Femoral Box Trial CR6#
40	G10517-CR7#	CR Femoral Box Trial CR7#
41	G10517-PS1#	PS Femoral Box Trial PS1#
42	G10517-PS1.5#	PS Femoral Box Trial PS1.5#
43	G10517-PS2#	PS Femoral Box Trial PS2#
44	G10517-PS2.5#	PS Femoral Box Trial PS2.5#
45	G10517-PS3#	PS Femoral Box Trial PS3#
46	G10517-PS3.5#	PS Femoral Box Trial PS3.5#
47	G10517-PS4#	PS Femoral Box Trial PS4#
48	G10517-PS5#	PS Femoral Box Trial PS5#
49	G10517-PS6#	PS Femoral Box Trial PS6#
50	G10517-PS7#	PS Femoral Box Trial PS7#
51	G10522	Femoral Impactor Block
52	G10519	PS Box Reamer Guide
53	G10520	PS Box Reamer
54	G10518	Femoral Peg Drill

Tibial Tray

Tt



Tb

Tt - Tibial Tray Top

	Part Number	Description
1	G10525-L	Tibial Resection Block 3° Left
2	G10525-R	Tibial Resection Block 3° Right
3	G10591	3° Tibial Resection Block
4	G10524	Ankle Clamp
5	G10527	Tibial Stylus 2/9 mm
6	G10526	Adjustable Tibial Stylus
7	G10534	Tibial Keel Drill
8	G10421	Tibial Insert Impactor
9	G10523	Tibial EM Cut Guide Body
10	G10538	Tibial Tray Impactor Block
11	G10533-S	Keel Punch Guide S
12	G10533-M	Keel Punch Guide M
13	G10533-L	Keel Punch Guide L
14	G10536-S	Keel Punch S
15	G10536-M	Keel Punch M
16	G10536-L	Keel Punch L

Tb - Tibial Tray Bottom

	Part Number	Description
35	G10528-BR	Tibial Trial B
36	G10528-AR	Tibial Trial A
37	G10532-SA4mm	Tibial Trial Spacer SA 4mm
38	G10532-SA8mm	Tibial Trial Spacer SA 8mm
39	G10532-BC4mm	Tibial Trial Spacer BC 4mm
40	G10532-BC8mm	Tibial Trial Spacer BC 8mm
41	G10532-DE4mm	Tibial Trial Spacer DE 4mm
42	G10532-DE8mm	Tibial Trial Spacer DE 8mm
43	G10532-FG4mm	Tibial Trial Spacer FG 4mm
44	G10532-FG8mm	Tibial Trial Spacer FG 8mm
45	G10555	Tibial Tray Handle
46	G10130	Tibial Insert Trial Handle
47	G10529-SA8mm	CR Insert Trial SA 8mm
48	G10529-SA10mm	CR Insert Trial SA 10mm
49	G10529-BC8mm	CR Insert Trial BC 8mm
50	G10529-BC10mm	CR Insert Trial BC 10mm
51	G10529-BC8mm	CR Insert Trial DE 8mm
52	G10529-DE10mm	CR Insert Trial DE 10mm

Tb - Tibial Tray Bottom

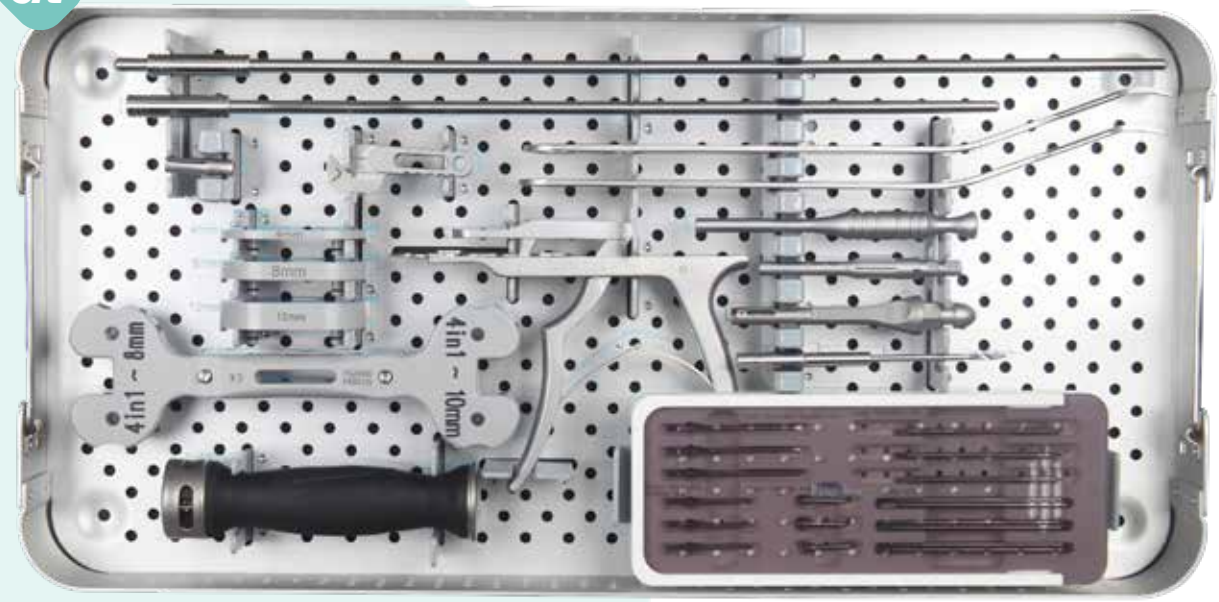
	Part Number	Description
17	G10528-GL	Tibial Trial G
18	G10528-FL	Tibial Trial F
19	G10528-EL	Tibial Trial E
20	G10528-D+L	Tibial Trial D+
21	G10528-DL	Tibial Trial D
22	G10528-C+L	Tibial Trial C+
23	G10528-CL	Tibial Trial C
24	G10528-B+L	Tibial Trial B+
25	G10528-BL	Tibial Trial B
26	G10528-AL	Tibial Trial A
27	G10528-GR	Tibial Trial G
28	G10528-FR	Tibial Trial F
29	G10528-ER	Tibial Trial E
30	G10528-D+R	Tibial Trial D+
31	G10528-DR	Tibial Trial D
32	G10528-C+R	Tibial Trial C+
33	G10528-CR	Tibial Trial C
34	G10528-B+R	Tibial Trial B+

Tb - Tibial Tray Bottom

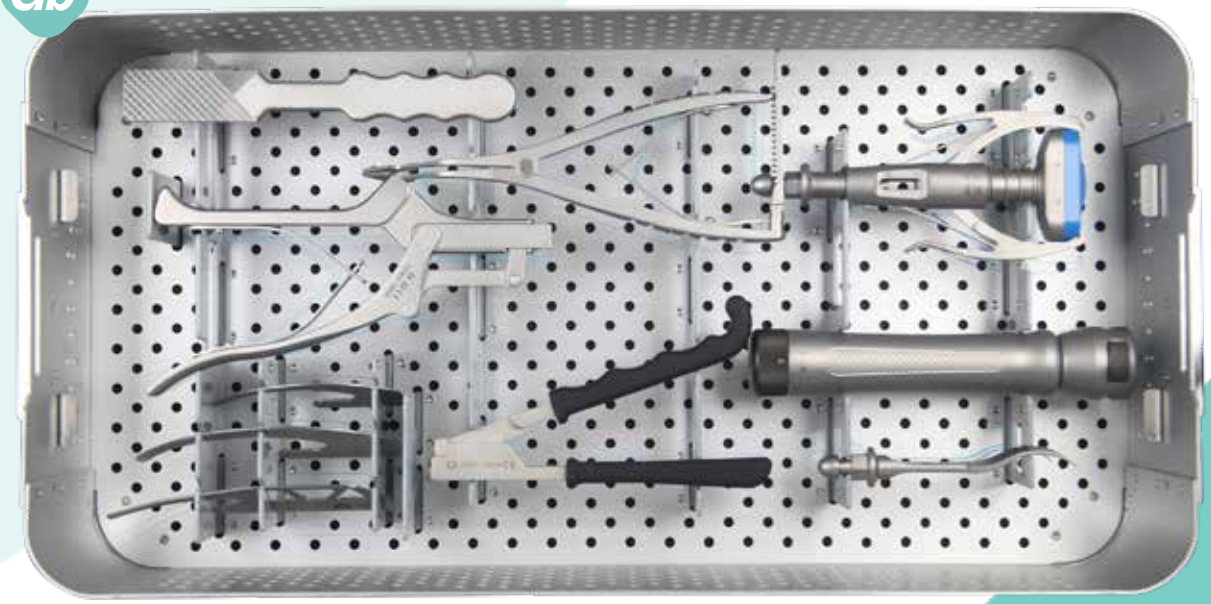
	Part Number	Description
53	G10529-FG8mm	CR Insert Trial FG 8mm
54	G10529-FG10mm	CR Insert Trial FG 10mm
54	G10530-SA8mm	PS Insert Trial SA 8mm
55	G10530-SA10mm	PS Insert Trial SA 10mm
56	G10530-BC8mm	PS Insert Trial BC 8mm
57	G10530-BC10mm	PS Insert Trial BC 10mm
58	G10530-DE8mm	PS Insert Trial DE 8mm
59	G10530-DE10mm	PS Insert Trial DE 10mm
60	G10530-FG8mm	PS Insert Trial FG 8mm
61	G10530-FG10mm	PS Insert Trial FG 10mm
62	G10531-SA8mm	AS Insert Trial SA 8mm
63	G10531-SA10mm	AS Insert Trial SA 10mm
64	G10531-FG8mm	AS Insert Trial FG 8mm
65	G10531-FG10mm	AS Insert Trial FG 10mm
66	G10531-DE8mm	AS Insert Trial DE 8mm
67	G10531-DE10mm	AS Insert Trial DE 10mm
68	G10531-BC8mm	AS Insert Trial BC 8mm
69	G10531-BC10mm	AS Insert Trial BC 10mm

General Tray

Gt



Gb



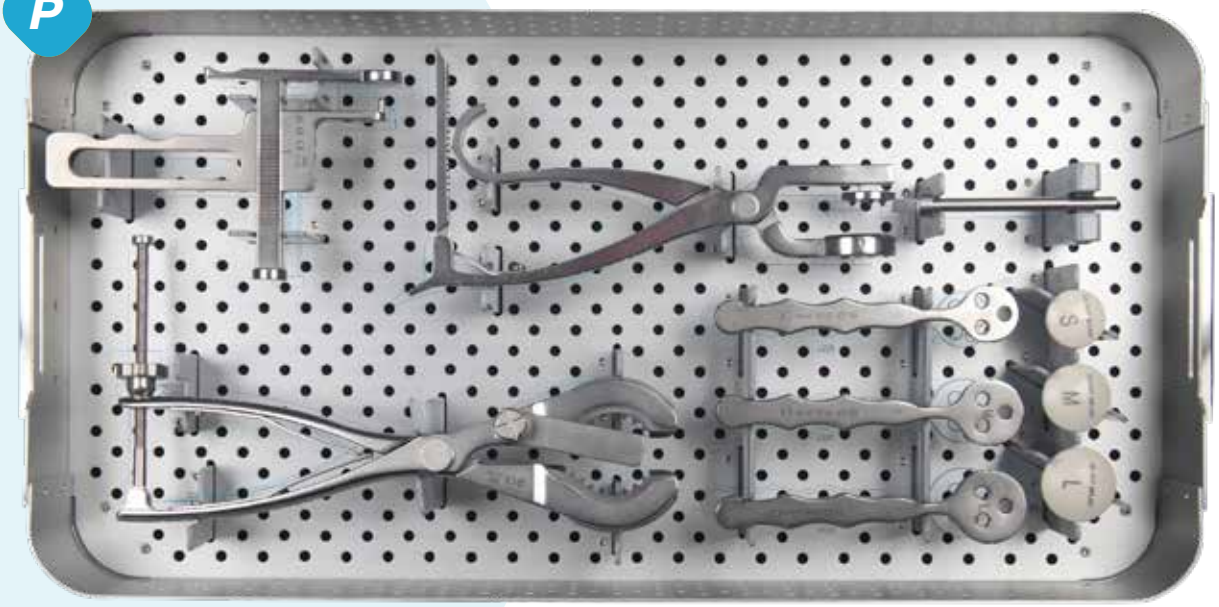
Gt - General Tray Top

	Part Number	Description
1	6844-II-L	EM Alignment Rod Long
2	6844-II-S	EM Alignment Rod Short
3	G10559	EM Alignment Rod Clip
4	G10554	Tibial EM Alignment Guide
5	4741	Retractor
6	G10561	Spacer Block
7	G10562-1	Spacer Block Shim 4mm
8	G10562-2	Spacer Block Shim 8mm
9	G10562-3	Spacer Block Shim 12mm
10	G10339	Tibial Insert Introducer
11	G10573	Pin Inserter
12	G10570	Pin Driver
13	G10590	Short Headed Pin Inserter
14	G10568	3.2mm Starter Drill
15	G10561	Spacer Block
16	G10550	Modular Handle
17	G10563	Short Headed Pin
18	G10564	Short Threaded Collared Pin
19	G10566	Long Threaded Pin
20	G10567	Long Threaded Collared Pin

Gb - General Tray Bottom

	Part Number	Description
21	8202	Bone File
22	G10708	Joint Spreader
23	G10140-III	Pin Stepwise Extractor
24	G10135	Angel Wing - Small
25	G10134	Angel Wing - Large
26	G10574	Angel Wing - Long body
27	G10595	Pin Puller
28	G10521	Femoral Inserter/Extractor
29	G10587	Slap Hammer
30	G10578	Curved Osteotome

Patella Tray



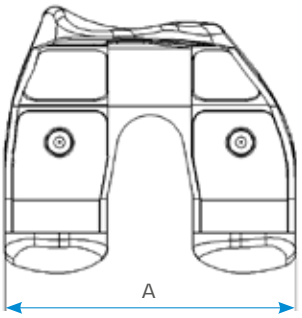
P1 - Patella Tray

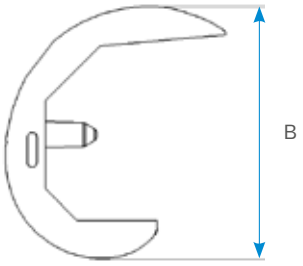
	Part Number	Description
1	6868	Patella caliper
2	6894	Patella Resection Guide
3	6895	Patella Clamp
4	6898	Patella drill
5	G10152-27	Patella trial ϕ27
6	G10152-31	Patella trial ϕ31
7	G10152-34	Patella trial ϕ34
8	G10153-27	Patella drill template ϕ27
9	G10153-31	Patella drill template ϕ31
10	G10153-34	Patella drill template ϕ34

A3GT Knee Implants

A3GT CR Femoral Condylar

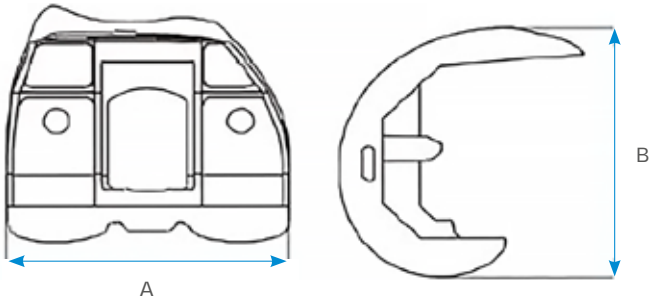
Part Number	Size	Dimensions AxB (mm)
L1#	6914-1410	56 x 52
L1.5#	6914-1415	59 x 54
L2#	6914-1420	62 x 57
L2.5#	6914-1425	64 x 59
L3#	69146-1430	67 x 61
L3.5#	6914-1435	69 x 64
L4#	6914-1440	72 x 66
L5#	6914-1450	74 x 68
L6#	6914-1460	79 x 72
L7#	6914-1470	84 x 76
R1#	6914-1310	56 x 52
R1.5#	6914-1315	59 x 54
R2#	6914-1320	62 x 57
R2.5#	6914-1325	64 x 59
R3#	6914-1330	67 x 61
R3.5#	6914-1335	69 x 64
R4#	6914-1340	72 x 66
R5#	6914-1350	74 x 68
R6#	6914-1360	79 x 72
R7#	6914-1370	84 x 76





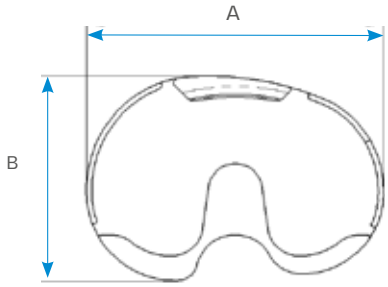
A3GT PS Femoral Condylar

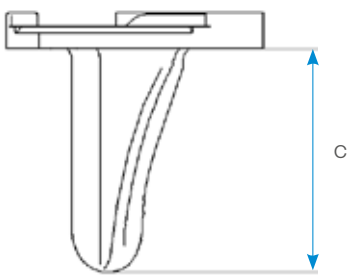
Part Number	Size	Dimensions AxB (mm)
LS1#	6916-1401	50 x 45
LS2#	6916-1402	53 x 49
L1#	6916-1410	56 x 52
L1.5#	6916-1415	59 x 54
L2#	6916-1420	62 x 57
L2.5#	6916-1425	64 x 59
L3#	6916-1430	67 x 61
L3.5#	6916-1435	69 x 64
L4#	6916-1440	72 x 66
L5#	6916-1450	74 x 68
L6#	6916-1460	79 x 72
L7#	6916-1470	84 x 76
RS1#	6916-1301	50 x 45
RS2#	6916-1302	53 x 49
R1#	6916-1310	56 x 52
R1.5#	6916-1315	59 x 54
R2#	6916-1320	62 x 57
R2.5#	6916-1325	64 x 59
R3#	6916-1330	67 x 61
R3.5#	6916-1335	69 x 64
R4#	6916-1340	72 x 66
R5#	6916-1350	74 x 68
R6#	6916-1360	79 x 72
R7#	6916-1370	84 x 76



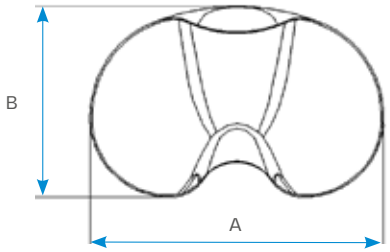
A3GT Tibial Tray

Part Number	Size	Dimensions AxB (mm)	Dimensions C (mm)
LS	A1229-1001	54 x 39	35
LA	A1229-1002	59 x 42	40
LB	A1229-1003	63 x 45	40
LB+	A1229-1013	65 x 46	40
LC	A1229-1004	67 x 47	40
LC+	A1229-1014	69 x 49	40
LD	A1229-1005	71 x 51	40
LD+	A1229-1015	73 x 52	40
LE	A1229-1006	75 x 53	40
LF	A1229-1007	79 x 56	40
LG	A1229-1008	83 x 61	40
RS	A1229-2001	54 x 39	40
RA	A1229-2002	59 x 42	40
RB	A1229-2003	63 x 45	40
RB+	A1229-2013	65 x 46	40
RC	A1229-2004	67 x 47	40
RC+	A1229-2014	69 x 49	40
RD	A1229-2005	71 x 51	40
RD+	A1229-2015	73 x 52	40
RE	A1229-2006	75 x 53	40
RF	A1229-2007	79 x 56	40
RG	A1229-2008	83 x 61	40

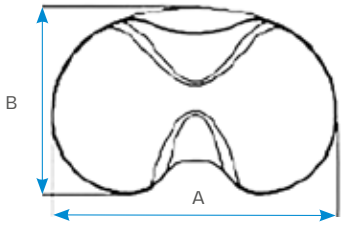




A3GT CR Tibial Insert

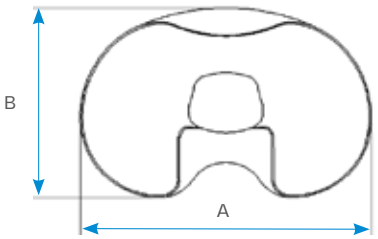


Part Number	Size	Dimensions AxB (mm)
SA#8mm	A1328-1008	54 x 36
SA#10mm	A1328-1010	54 x 36
SA#12mm	A1328-1012	54 x 36
SA#14mm	A1328-1014	54 x 36
SA#16mm	A1328-1016	54 x 36
BC#8mm	A1328-1508	63 x 40
BC#10mm	A1328-1510	63 x 40
BC#12mm	A1328-1512	63 x 40
BC#14mm	A1328-1514	63 x 40
BC#16mm	A1328-1516	63 x 40
DE#8mm	A1328-2008	71 x 46
DE#10mm	A1328-2010	71 x 46
DE#12mm	A1328-2012	71 x 46
DE#14mm	A1328-2014	71 x 46
DE#16mm	A1328-2016	71 x 46
FG#8mm	A1328-2508	79 x 51
FG#10mm	A1328-2510	79 x 51
FG#12mm	A1328-2512	79 x 51
FG#14mm	A1328-2514	79 x 51
FG#16mm	A1328-2516	79 x 51



A3GT AS Tibial Insert

Part Number	Size	Dimensions AxB (mm)
SA#8mm	A1332-1008	54 x 36
SA#10mm	A1332-1010	54 x 36
SA#12mm	A1332-1012	54 x 36
SA#14mm	A1332-1014	54 x 36
SA#16mm	A1332-1016	54 x 36
BC#8mm	A1332-1508	63 x 40
BC#10mm	A1332-1510	63 x 40
BC#12mm	A1332-1512	63 x 40
BC#14mm	A1332-1514	63 x 40
BC#16mm	A1332-1516	63 x 40
DE#8mm	A1332-2008	71 x 46
DE#10mm	A1332-2010	71 x 46
DE#12mm	A1332-2012	71 x 46
DE#14mm	A1332-2014	71 x 46
DE#16mm	A1332-2016	71 x 46
FG#8mm	A1332-2508	79 x 51
FG#10mm	A1332-2510	79 x 51
FG#12mm	A1332-2512	79 x 51
FG#14mm	A1332-2514	79 x 51
FG#16mm	A1332-2516	79 x 51



A3GT PS Tibial Insert

Part Number	Size	Dimensions AxB (mm)
SA#8mm	A1330-1008	54 x 36
SA#10mm	A1330-1010	54 x 36
SA#12mm	A1330-1012	54 x 36
SA#14mm	A1330-1014	54 x 36
SA#16mm	A1330-1016	54 x 36
BC#8mm	A1330-1508	63 x 40
BC#10mm	A1330-1510	63 x 40
BC#12mm	A1330-1512	63 x 40
BC#14mm	A1330-1514	63 x 40
BC#16mm	A1330-1516	63 x 40
DE#8mm	A1330-2008	71 x 46
DE#10mm	A1330-2010	71 x 46
DE#12mm	A1330-2012	71 x 46
DE#14mm	A1330-2014	71 x 46
DE#16mm	A1330-2016	71 x 46
FG#8mm	A1330-2508	79 x 51
FG#10mm	A1330-2510	79 x 51
FG#12mm	A1330-2512	79 x 51
FG#14mm	A1330-2514	79 x 51
FG#16mm	A1330-2516	79 x 51

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