Surgical Technique

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JOURNEY° UNI

Unicompartmental Knee System



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JOURNEY◇ UNI Unicompartmental Knee System

Unicompartmental knee implants are indicated for restoring either compartment of a knee that has been affected by the following:

1. Noninflammatory degenerative joint disease including osteoarthritis, traumatic arthritis, or avascular necrosis;
2. Correction of functional deformity;
3. Revision procedures where other treatments or devices have failed; and
4. Treatment of fractures that are unmanageable using other techniques.

Unicompartmental knee implants are single use only and are intended for implantation only with bone cement.

Contraindications:

1. Cases where there is poor bone stock which would make the procedure unjustifiable.
2. Active, local infection or previous intra-articular infections.
3. Mental or neurologic conditions that tend to pre-empt the patient's ability or willingness to restrict activities.
4. Neuropathic (Charcot) joint.
5. Conditions that tend to place increased loads on implants such as age, weight, and activity level, which are incompatible with a satisfactory long-term result.
6. Collateral ligament insufficiency (except in cases where a constrained knee system is indicated and used).
7. Skeletal immaturity.
8. Use of a supracondylar nail through intercondylar notch of PROFIX◇ primary femoral components.
9. Use of slotted femoral and tibial stems without adequate bone support.

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Nota Bene

The technique description herein is made available to the healthcare professional to illustrate the authors' suggested treatment for the uncomplicated procedure. In the final analysis, the preferred treatment is that which addresses the needs of the patient.

JOURNEY® UNI Unicompartmental Knee System

Femoral component

- Asymmetric: The implant mimics the distal condyle's normal, anatomic shape by following a 10° A/P angle. This allows the left medial component to be used on the right lateral condyle, and the right medial component to be used on the left lateral condyle.
- Anatomic: The implant comes in seven sizes in order to customize the fit to the patient. The shape of the sagittal J-curve is the result of extensive testing to optimize function throughout the flexion arc. The anatomic anterior mesial bevel is a design feature that further optimizes the shape by ensuring smooth patellar tracking in deep flexion.
- Bone interface: Three planar resections and two peg holes provide a uniform, congruent cement interface. The pegs significantly diverge from the posterior planar resection, and the posterior peg is long enough to aid in placing the component in small spaces for final implantation. The entire mating surface, including the pegs, is grit-blasted to enhance cement fixation.
- Versatility: Sizes 3, 4, 5, 6 and 7 all feature the exact same planar resections and peg hole locations. Once these preparations have been made, the 3 – 7 trials are interchangeable, and can be up- and down-sized until a decision is made for the final implant choice. Sizes 1 and 2 are also interchangeable, with slightly different cuts and peg locations than 3 – 7. Sizes 3 – 7 typically are d for 80% or more of uni cases.

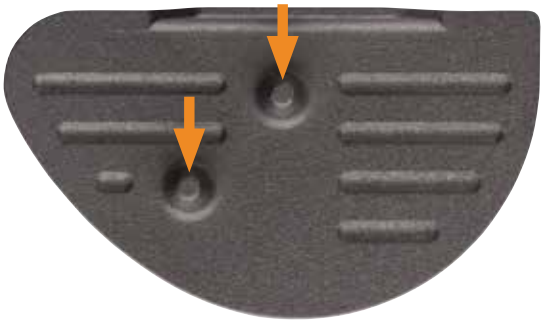




Tibial component

- Asymmetric: The left medial component can be used on the right lateral tibia, and the right medial component can be used on the left lateral tibia.
- Flexibility: The implant comes in six sizes, and the poly thickness increases in single millimeter increments from 8 – 11mm to allow for fine-tuning the fit.* The all-poly version and the metal-backed version have the same instrumentation, allowing for easy intraoperative choice. The all-poly version also has a thin 7mm option.
- Unconstrained kinematics: When coupling a curved femoral component on a flat articular surface, unconstrained kinematics can be achieved. The JOURNEY UNI system is an ACL/PCL conserving device that lacks constraint, so the native ligaments can control the movement of the knee.

Anterior mesial lugs





*12 and 14mm options are available through InVentures.

Tibia cut first method summary

Step 1
Assemble the extramedullary tibial guide and place on tibia. Set tibial resection depth, posterior slope and sagittal alignment. Pin the tibial cutting block.



Step 2
Resect the proximal tibia.



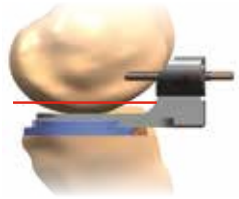
Step 3
Insert a gap stick into the flexion/extension space and balance the knee.



Step 4
Assemble the distal femoral cutting block and appropriate tibial trial insert. Align block with drop rod assembly.



Step 5
Pin the distal cutting block to the femur. Resect the distal femur.



Step 6
Size the femur using the 2-in-1 femoral cutting block. Position the 2-in-1 femoral cutting block and pin it to the distal femur. Drill the peg holes and resect the femur.



Step 7
Assemble the tibial hook sizer and tibial sizer. Size the tibia.



Step 8
Assemble the femoral trial on to the distal femur, insert the tibial base trial onto the proximal tibia and insert the appropriate thickness of tibial insert trials into the tibial trial base. Perform a trial range of motion.



Step 9
Punch for tibial implant lugs.



Step 10
Cement the femoral and tibial implants in place using the lugs to locate the position and orientation.



Using the tibial styli

- Some surgeons prefer to simply place an angel wing in the cutting slot in order to locate the tibial transverse cut.
- If it is preferred to use a stylus in order to measure the resection, two double-ended styli are offered to measure 2, 4, 6 or 8 millimeters of resection.
- Evaluate the degree of deformity during pre-operative planning, as this will aid in determining which stylus to use.
- If significant deformity and/or cartilage wear are present, consider the 2-4 stylus in order to minimize the tibial resection.
- If deformity and/or wear are minimal, consider the 6-8 stylus, because the thinnest metal backed tibia is 8 millimeters (total thickness, baseplate plus insert) and overstuffing the joint is to be avoided.

Tibial preparation

Instrument assembly

1. **Remove the long screw from the ankle clamp.**

- Insert the ankle clamp into the hole of the EM alignment tube and insert the long screw into the ankle clamp. Lock the EM alignment tube to the ankle clamp using the cam.
- Insert the selected rod, spiked or non-spiked, into the hole of the tibial cutting block.
- Insert the rod into the proximal end of the EM alignment tube, Lock the EM alignment Tube to the rod using the cam.
- Place the extramedullary tibial ankle clamp around the ankle and align the EM guide parallel to the tibial axis in the sagittal and coronal planes, then adjust in the sagittal plane to account for the desired posterior tibial slope.

Note: The tibial cutting block has a neutral slope. If posterior slope is desired, the extrameduallary guide easily allows this.







Adjustable ankle clamp and ankle clamp adjustment rod
7144-0444



Uni tibial cutting block
7144-1335



Tibial alignment tube
7144-0448



EM tibial spiked rod
7144-1338



EM non-spiked rod
7144-0446

2. **Option 1 – Spiked fixation rod**

- Impact the posterior spike to secure the rod to the tibial plateau.
- Rotate the extramedullary alignment guide assembly to the medial one-third of the tibial tubercle and adjust the ankle guide for desired posterior slope.
- Impact the anterior spike of the spiked rod.



Option 2 – Non-spiked fixation rod

- Temporarily secure the tibial cutting block to the non-spiked rod using the gold thumb screw.
- Lock in place using the gold cam.

Note: The hex driver may be used to tighten the gold thumb screw if desired.



3. **Tibial resection depth**

- Insert the paddle of the tibial stylus into the slot of the tibial cutting block.
- There are two double sided tibial styli that allow for resection depths of 2mm, 4mm, 6mm, and 8mm.
- Lower the tibial cutting block with the stylus to the lowest point on the tibial plateau.
- Lock the tibial cutting block using the gold thumb screw.







JOURNEY® UNI mini tibial stylus 2 - 4mm
7401-3488

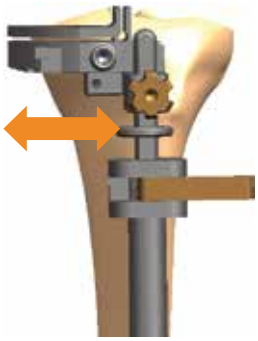


JOURNEY UNI mini tibial stylus 6 - 8mm
7401-3491

Tibial preparation *continued*

4. **Sagittal resection alignment**

- Care should be taken for proper rotation of the cut. Tendency is to internally rotate the vertical cut due to poor exposure next to the tendon (often fat pad is in the way). A good rule of thumb is the saw blade should be parallel to the lateral wall of the medial femoral condyle.
- The tibial cutting block allows for further M/L positioning after the depth has been set.
- To lock the M/L position once attained, use the hex driver to lock the screw located in the tibial cutting block.



Tip: A sagittal saw blade or resection check placed through the vertical slot of the cutting block will aid in the M/L position as well as rotation alignment.



Note: The medial sagittal cut should be made just medial to the insertion point of the ACL in the tibial spine in order to maximize the size of the tibial base.

5. **Intersection pin**

- Insert the quick connect drill or pin at the intersection of the two tibial resection slots.
- Care should be taken to not damage the posterior vascular structures by inserting the drill or pin too far.
- Leave the drill or pin in place for resection.



Note: The drill or pin aids in the prevention of over-resection.

Tip: If using the non-spiked fixation rod, the oblique distal pin should be used for added fixation if required.



Hex screwdriver
7401-2441

Quick connect pin
7401-2904

Quick connect 1/8” drill
7401-2905

6. Tibial resections

Perform the sagittal and transverse resections.

Recommended oscillating blades*

Cat No.	Description
7151-2905	Stryker 2000 1/2" straight
7151-2906	Old Stryker 2000 1/2" straight
7151-2907	Amsco Hall 1/2" straight
7151-2908	3M 1/2" straight

*Or any 0.053" or 1.35mm thick blade



Recommended reciprocating saw blades**

7144-1570	Stryker reciprocating saw blade double-sided
7144-1573	Stryker reciprocating saw blade single-sided
7144-1574	Amsco Hall reciprocating saw blade single-sided

** .047" or 1.19mm for double-sided blades
.039" or 1.00mm for single-sided blades

Optimal tibial cut

As shown, the sagittal cut should be made just medial to the ACL attachment point on the tibial spine in order to maximize the size of the tibial base.



Sub-optimal tibial cut

As shown, if the sagittal cut is made medial to the tibial spine, it prevents maximization of the size of the tibial implant which could lead to lateralizing the femoral component which may not be desirable. If this occurs, the recommendation would be to redo the sagittal cut just medial to the ACL attachment point on the tibial spine in order to maximize the size of the tibial base.



If the sagittal blade flexes, it can result in an uneven cut along the tibial spine and will prevent sizing the tibia accurately. If this occurs, redo the sagittal cut using the saw or using the Bone Rasp as shown in the next step.

Tibial preparation *continued*

7. **Fine tuning tibial resections**

- The bone rasp may be used to clean up the resections, including the corner.
- The bone rasp has teeth along three faces of the instrument.
- In the event that bone removal is necessary on the sagittal resection but not the transverse, the rasp may be turned upside-down as shown.





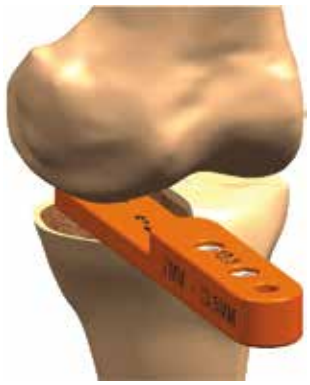


Bone rasp
7144-1351

Joint balancing

8. Checking gap balance

- Place the appropriate gap stick into the flexion/extension space between the femur and resected tibia to balance the joint.
- The thickness of gap stick that balances the joint in flexion and extension will determine the thickness of tibial insert poly to be used in conjunction with the distal cutting block as well as implant trialing and implantation.
- Typically when extension is balanced, flexion will be tight due to distal condyle disease.



Note: Gap stick thicknesses are: 7mm, 8mm, 9mm, 10mm and 11mm. These are the thicknesses currently offered in the JOURNEY® UNI tibial inserts. The 7mm option is only available in the all poly option, not the metal backed tibia.



Tip: Many surgeons advise to check the extension gap in 10° – 20° of flexion to account for the screw-home mechanism.

Fine tuning

- The bone rasp can be used to fine-tune the gap balancing by removing 1 or 2mm of cartilage off of either the posterior or distal condyle as appropriate (see gap balancing chart on the next page).
- The joint should be balanced in flexion and extension.



Tip: Many surgeons consider a 2mm flexion and extension gap when valgus stress is applied to a medial uni to be a good rule of thumb. Some accept a slightly larger gap in flexion when using a fixed bearing tibia. The tibial insert handle is 1.5mm and can be used to help assess laxity.





JOURNEY® UNI gap stick
7401-3474



Bone rasp
7144-1351



Tibial insert handle
7123-6012

Joint balancing *continued*

9. Gap balancing, after tibial cut

Scenario	Flexion Gap	Extension Gap	Next step
1	Good	Good	Remove equal thickness distal and posterior femoral bone. The distal and 2-in-1 cutting blocks are designed to do this. Rule of thumb is a 2mm gap upon valgus stress in a medial uni.
2	Good	Tight	Use bone rasp to remove 1mm to 2mm of cartilage from the distal condyle prior to femoral resections, or recut the tibia with less or no slope and accept modest flexion laxity since the cruciate ligaments are intact.
3	Good	Loose	Consider removing less distal femoral bone with the 4.5mm distal block in order to build up the extension gap but not the flexion gap.
4	Tight	Good	Use bone rasp to remove 1mm to 2mm of cartilage from the posterior condyle prior to femoral resections.
5	Tight	Tight	Remove more proximal tibia, assess if scenario one can be achieved with the gap sticks.
6	Tight	Loose	Can be challenging. Often in ACL deficient knees/lateral unis where the wear pattern is more posterior than distal. In the chronic ACL deficient knee, PCL contracture can occur, resulting in excessive rollback. The wear pattern can effectively create more slope, and it is common to under-resect, leading to relative overstuffing of the posterior space. In these cases you tend to get more fixed medial contracture (vs. correctable) but still have some anteromedial cartilage so the joint is tighter in flexion. Solutions include resecting less distal femur with the 4.5mm block, rasping 1 – 2mm of cartliage from the posterior condyle in order to shift the femoral component anteriorly, and increasing the tibial slope.
7	Loose	Good	Carefully examine the degree of laxity in flexion. Many uni surgeons agree that with fixed bearing tibias, modest laxity in flexion (slightly greater than the 2mm rule of thumb) can be acceptable. The cruciate ligaments are retained, and more normal kinematics are still achieved. If flexion is deemed unacceptably loose, one option is to remove less posterior bone by allowing a space between the posterior paddle of the 2-in-1 cutting block before pinning so that less than 6.5mm of posterior bone is removed. Another is to remove more distal bone and increase the thickness of tibial poly.
8	Loose	Tight	Extremely rare. UKA might not be indicated. Options are similar to scenario 7 but harder to address.
9	Loose	Loose	Trial with the next mm increment of gap stick, assess if scenario one can be achieved with thicker poly. The poly increases in small, 1mm increments, so balancing can be fine-tuned.

Optional

The drop rod can be used with the gap sticks to check A/P slope and varus/valgus of the tibial resection and overall limb alignment.





Extramedullary alignment rod
114861



JOURNEY® UNI gap stick
7401-3474

Femoral preparation

10. Instrument assembly

Choose the appropriate size and hand distal cutting block required to make the distal resection (the options are 4.5mm and 6.5mm).

Note: The 4.5mm distal resection block should only be used in situations where you are trying to reduce the extension gap, but not the flexion gap, by taking less distal femoral bone. This situation arises after the tibial cut and before the femoral cut, where the extension gap is loose and the flexion gap is not. See the previous page for a more detailed explanation in scenario 3 and 6.



Locate the tibial trial insert that will allow maximum coverage of the resected tibial plateau and is the identical thickness of the gap stick used to balance the joint in flexion and extension (eg, 8mm gap stick = 8mm trial insert).



Invert the tibial trial insert so that the groove is facing upward.

Insert the tibial trial insert onto the lower rail of the distal cutting block.



- Insert the drop rod assembly into the distal block.
- Assemble the drop rod by screwing the two ends together while capturing the flange of the drop rod slot closest to the midline of the knee.

or

- Assemble the drop rod by screwing the two ends together and insert into the drop rod hole closest to the midline of the knee.

11. Extramedullary alignment

- Insert the distal block and tibial insert trial assembly into the extension space.
- Assess the M/L placement of the distal block in order to avoid pinning into the trochlear groove.
- Use the drop rod assembly to ensure the distal resection is made perpendicular to the femoral axis. To accomplish this, it may be necessary to slightly flex the knee to compensate for posterior tibial slope.

Note: A vertical line has been marked onto the top and anterior faces of the block to help assess block alignment prior to pinning.

Assessing alignment



After alignment





JOURNEY® UNI distal block
7401-3442



JOURNEY UNI tibial trial insert
7143-6133

65mm Rimless speed pin
7500-9338



JOURNEY UNI
Drop rod assembly
7401-3496



Extramedullary alignment rod
114861

Femoral preparation *continued*

12. Distal resection

- Use the drop rod assembly to ensure the distal resection is made perpendicular to the femur. To accomplish this, it may be necessary to slightly flex the knee to compensate for posterior tibial slope.



- Assess block position.

- Pin the Distal Block to the femur.



- Resect the distal femur.



JOURNEY® UNI distal block
7401-3442



JOURNEY UNI tibial trial
7143-6133

65mm Rimless speed pin
7500-9338

13. Checking gap balance:

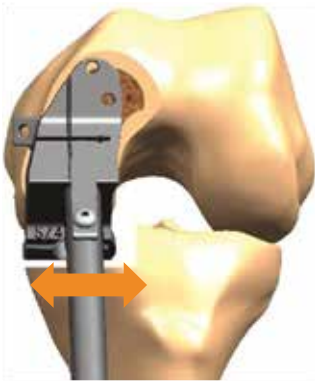
Insert the thick end of the same gap stick previously used to balance the joint in extension bullet point: The thick end of the gap stick represents the total thickness of the selected poly insert, tibial baseplate and distal femoral condyle implant.

Note: Femoral implant sizes 1 and 2 are 1mm thinner in the posterior and distal condylar thickness dimensions than sizes 3-7 (sizes 1 and 2 are 5.5mm and sizes 3-7 are 6.5mm). When trialing with a size 1 or 2 femur, it is possible for gap balancing with the gap stick to be perfect after the tibial and femoral cuts, and then have 1mm of laxity in flexion and extension. If the patient is very small and has the potential for a size 1 or 2, ensure that your initial tibial cut does not require the largest insert thickness of 11mm.



14. Femoral block sizing, positioning and fixation

- The size of block is determined by optimizing the coverage of the distal resection without overhang and positioning to touch the posterior condyle.
- The anterior edge of the block should not go beyond the anterior edge of the distal resection but should be 1mm to 1.5mm posterior of the edge.
- The M/L position of the 2-in-1 femoral block is obtained by locating it to give optimal coverage of the distal resection and positioning to touch the posterior condyle.



Note: To assist in component positioning, the blocks have the same footprint as the implants.

Tip: The A/P cuts and peg hole location are the same for sizes 3, 4, 5, 6, and 7. Once cuts are made and peg holes drilled, up- or down-sizing is still available.

Tip: The A/P cuts and peg hole location are the same for sizes 1 and 2. Once cuts are made and peg holes drilled, up- or down-sizing is still available between these two sizes. If between sizes 2 and 3; size 2 should be selected.

Note: There is a laser-etched line down the middle of the block to assist with M/L positioning.

Tip: Use the JOURNEY® UNI 2-in-1 block QC handle to assist in cutting block positioning.



JOURNEY UNI gap stick
7401-3474



JOURNEY UNI 2-in-1
Femoral block
7401-3454

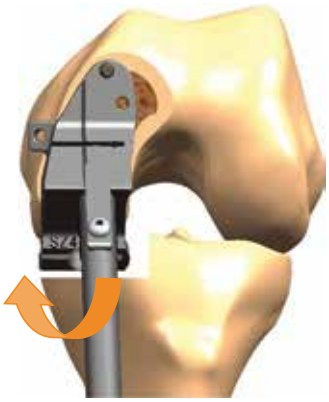


JOURNEY UNI 2-in-1
block QC handle
7401-3486

Femoral preparation *continued*

15. Anterior pin and toggle

- Ensure that the 2-in-1 block is flush to the distal resection and posterior condyle once the optimal position has been achieved.
- Insert a headed pin into anterior pin hole.
- Finalize rotation of the block.



16. Second and third pin

- Insert the medial outboard pin.
- Insert the lateral distal pin. – optional

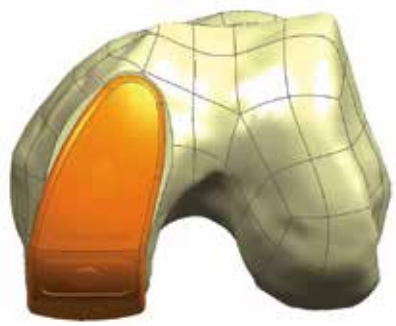
Tip: Adequate fixation can be possible without inserting the medial outboard pin when the Alignment peg is used.

Note: When positioning the 2-in-1 block, keep in mind that the footprint is the same as the corresponding implant.

Note: You do not want the block or the implant to overhang off the most anterior part of the distal cut.

Note: If there is 1 – 2mm of uncovered anterior bone between the anterior edge of the implant and the perimeter of the resection, this is acceptable.







JOURNEY® UNI 2-in-1 femoral block
7401-3454



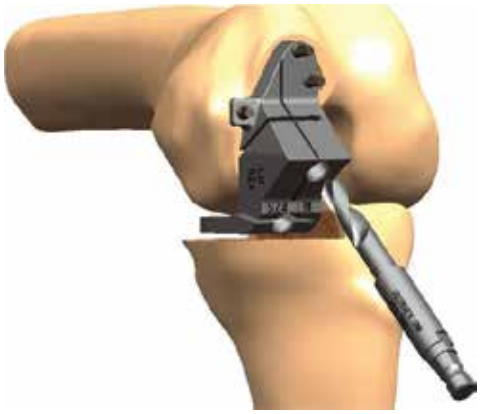
JOURNEY UNI 2-in-1 block QC handle
7401-3486



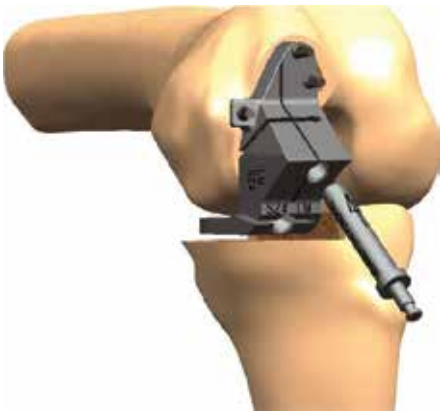
45mm Rimmed speed pin
7501-8973

17. Femoral peg hole preparation

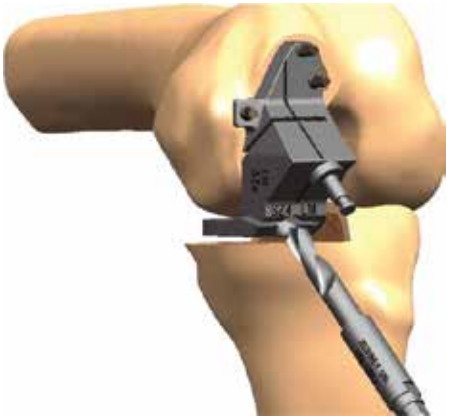
- Drill the anterior peg hole.



- Insert the alignment peg into the prepared anterior peg hole.



- Drill the posterior peg hole.





JOURNEY® UNI 2-in-1 femoral block
7401-3454



JOURNEY UNI 2-in-1 block QC handle
7401-3486



45mm Rimmed speed pin
7501-8973



JOURNEY UNI femoral lug drill
7401-3485

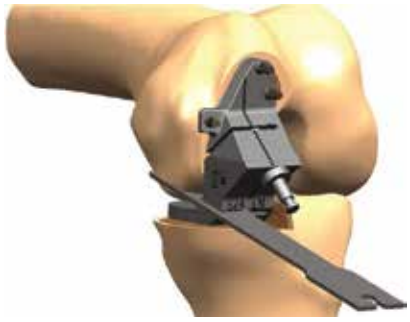


JOURNEY UNI femoral alignment peg
7401-3487

Femoral preparation *continued*

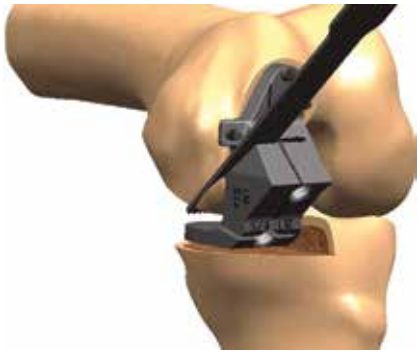
18. **Resect the posterior condyle.**

Note: The posterior cut is a flexed cut at 105° from the distal cut, allowing for optimal bone coverage in flexion while maintaining the 6.5mm thickness.

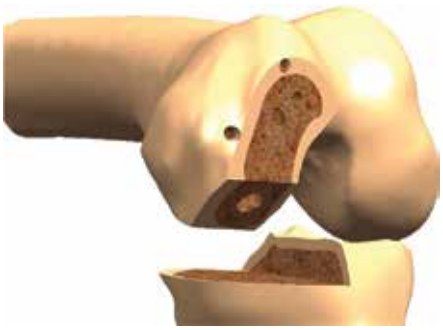


- Remove the alignment peg and resect the posterior chamfer.

Note: The posterior paddle serves as a blade stop when the posterior chamfer cut is being made.



- Remove pins and block.





JOURNEY® UNI 2-in-1 femoral block
7401-3454



JOURNEY UNI 2-in-1 block QC handle
7401-3486



45mm Rimmed speed pin
7501-8973



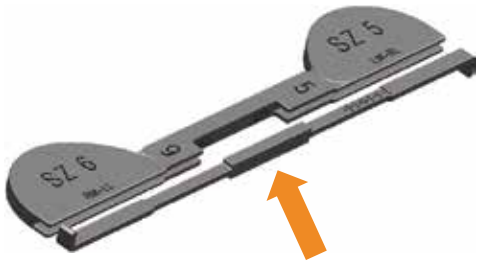
JOURNEY UNI femoral lug drill
7401-3485



JOURNEY UNI femoral alignment peg
7401-3487

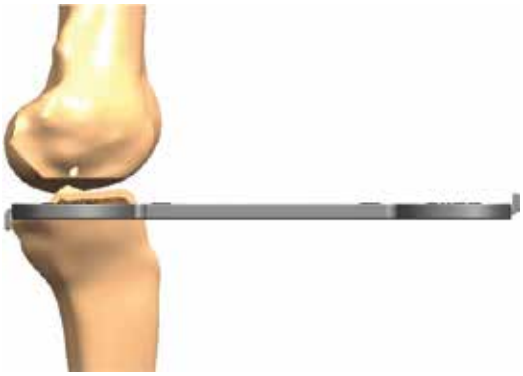
Instrument assembly

- Insert the JOURNEY® UNI tibial hook sizer into the appropriate JOURNEY UNI tibial sizer.



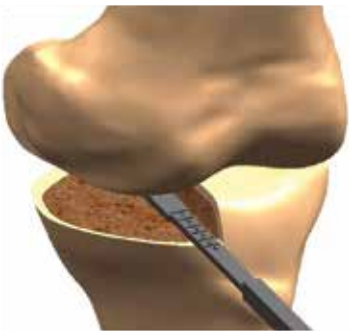
19. Sizing the tibia

- Insert the tibial sizer assembly into the joint.
- Pull the assembly anteriorly until the posterior hook engages the posterior cortex.
- The tibial sizer should completely cover the resected tibial plateau without overhang.





Note: The hook sizer can be used to size the tibia without the tibial sizer





JOURNEY UNI tibial sizer
7401-3482



JOURNEY UNI
tibial hook sizer
7401-3484

Femoral preparation *continued*

20. Trial reduction and final preparation

- Insert the tibial base trial onto the proximal tibia.
- Assemble the appropriate size femoral trial onto the distal femur.
- Insert the appropriate thickness and size of the tibial insert trial into the tibial baseplate trial.
- Perform a trial range of motion.
- Check to make sure the femur sits in the middle of the tibia both in flexion and extension. This is to prevent edge loading. The laser etched line on the block in step 14 will likely ensure centering of the component. This is a final check.



Tip: The tibial base trials have small spikes to prevent movement during trialing.

Note: Femoral sizes 3 - 7 share same cuts and peg locations so size adjustments can be made if needed.



Remove femoral trial

- Punch for the tibial pegs using the tibial punch in the appropriate size.



JOURNEY® UNI fixed bearing femoral trial
7401-3424



JOURNEY UNI tibial base trial
7143-6124



JOURNEY UNI tibial trial insert
7143-6133



Tibial punch
7144-1347

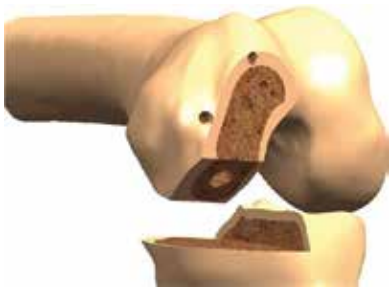


Tibial insert handle
7123-6012

Final implantation

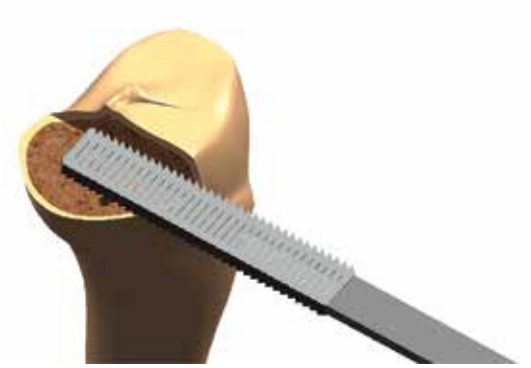
21. Implantation

- It is recommended to use irrigation to remove loose particles and debris to create an ideal cement surface.



22. Tibia

- Ensure that the vertical wall of the tibial spine is straight and does not overhang the resected plateau. Overhang can cause the final tibial insert to not seat properly. If there is overhang of the vertical wall of the tibia, a rasp can be used to ensure the bone is perpendicular to the horizontal tibial cut.
- Ensure that the resected tibial plateau is thoroughly clean and dry.
- Apply a thin layer of cement to the resected tibial plateau. An osteotome can be used to assist in compressing the cement into the plateau.







Final implantation *continued*

22. Tibia *continued*

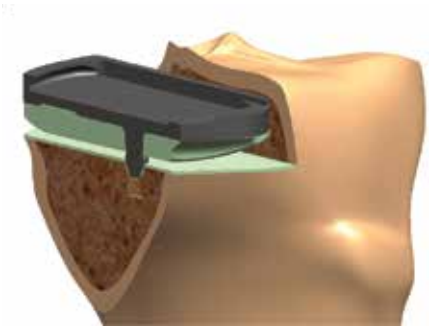
- Ensure that the distal surface of the tibial baseplate is completely dry.
- Apply bone cement to the distal surface of the tibial baseplate

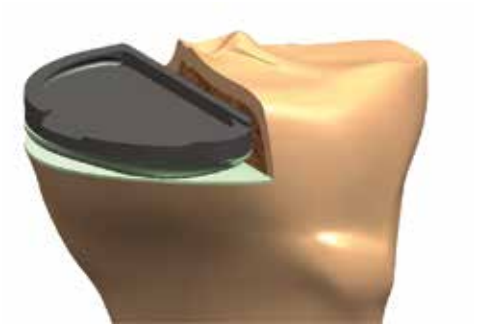
Note: Care should be taken to avoid excess cement on the posterior aspect of the tibia and tibial component. Excess cement that extrudes posteriorly is difficult to remove.



- Locate the tibial baseplate by aligning and inserting the tibial lugs into the pre-punched peg holes in the tibia.

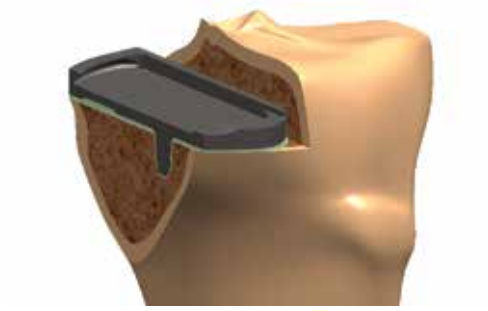
Note: The tibial pegs extend further distally than the self-preparing fin. The baseplate should locate and initially seat within the prepared peg holes before the fin seats on the resected surface.

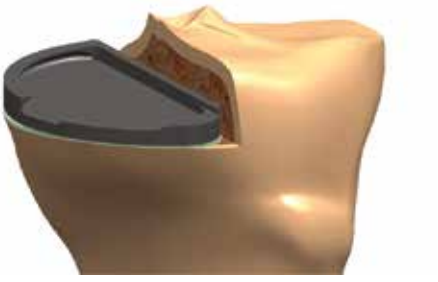




- Employing the tibial impactor, impact the tibial baseplate onto the tibia until the implant is fully seated.
- Remove excess cement









Tibial impactor/
cement pressurizer
7144-1353

Final implantation *continued*

23. Femoral

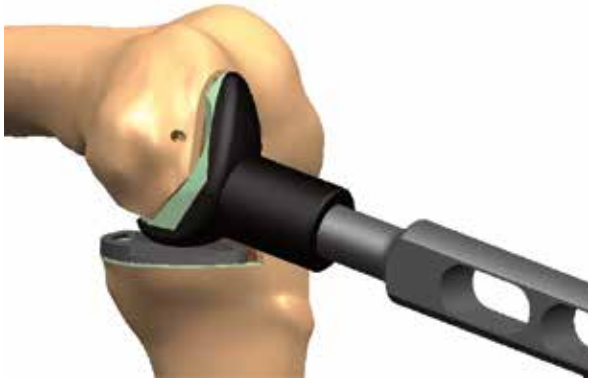
- Insure that the resected femoral surfaces are thoroughly clean and dry.
- Apply cement to the femoral implant's internal box surfaces.





- Seat the femoral implant by aligning the femoral lugs to the pre-reamed lug holes in the femur.
- Utilize the femoral implant impactor to fully seat the femoral component and remove all excess cement.

  Note: Care should be taken to avoid excess cement on the posterior aspect of the femur and femoral component. Excess cement that extrudes posteriorly is difficult to remove.



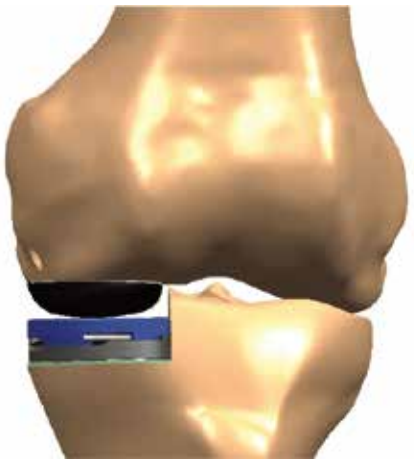




Femoral impactor
7123-6952

- Insert the appropriate thickness of tibial trial insert.
- Extend the knee and maintain it in full extension while compressing against the tibial baseplate and trial while the cement is drying.

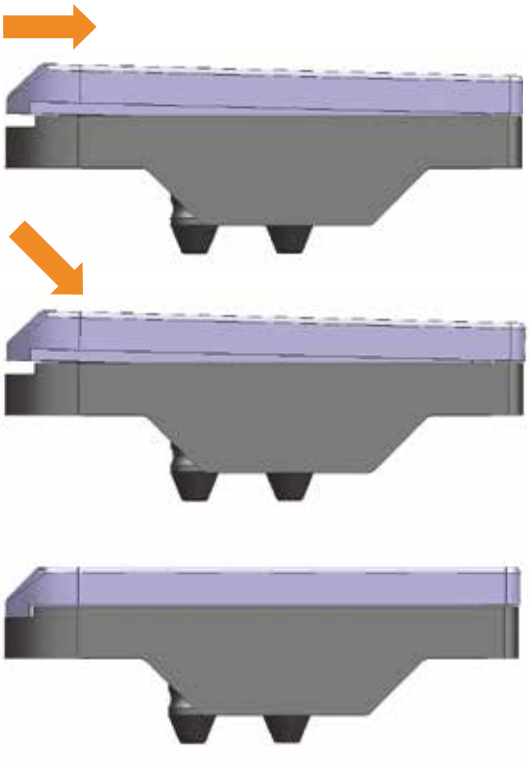




Final implantation *continued*

24. Insertion of the articular insert

- Thoroughly clean the Tibial Base Implant making sure that no debris is present in the locking area or on the mesial rail.
- Ensure there is no protrusion of the vertical wall along the tibial spine, impeding the insert from aligning properly (utilize rasp on vertical wall if required)
- Slide the tibial insert at a shallow angle along the A/P spine posterior ensuring the insert doesn't impinge on the vertical tibial eminence until the insert will not go further.
- Once insert is positioned and aligned as far posteriorly as possible apply a posteriorly directed and distal force with thumb/finger pressure until the anterior lock portion of the insert engages the tibial base.
- If necessary, the tibial impactor may be used to seat the insert with the aid of a mallet using a gentle tap.
- If the insert does not immediately lock with finger pressure, ensure the insert is properly aligned in the baseplate by pushing the insert from the outside toward the tibial spine with finger pressure.

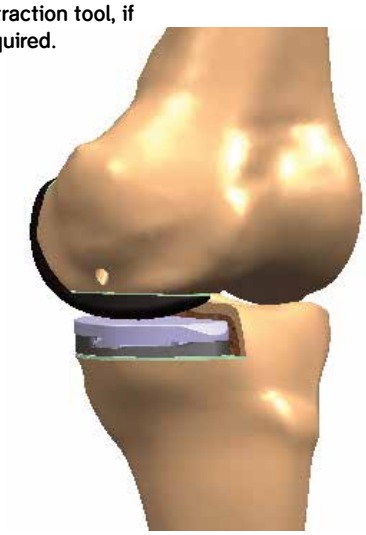




This gap is normal and allows for the insertion of an extraction tool, if required.

25. Completion

- Irrigate the components thoroughly, perform routine closure and wound management.

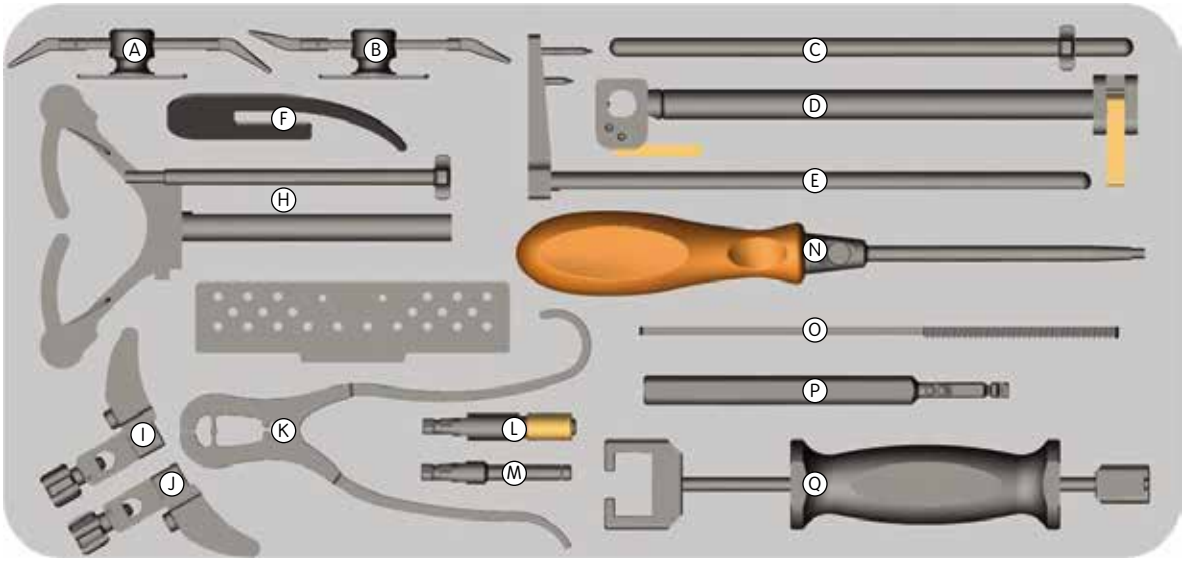




Tibial impactor
7123-6968

Tray layout

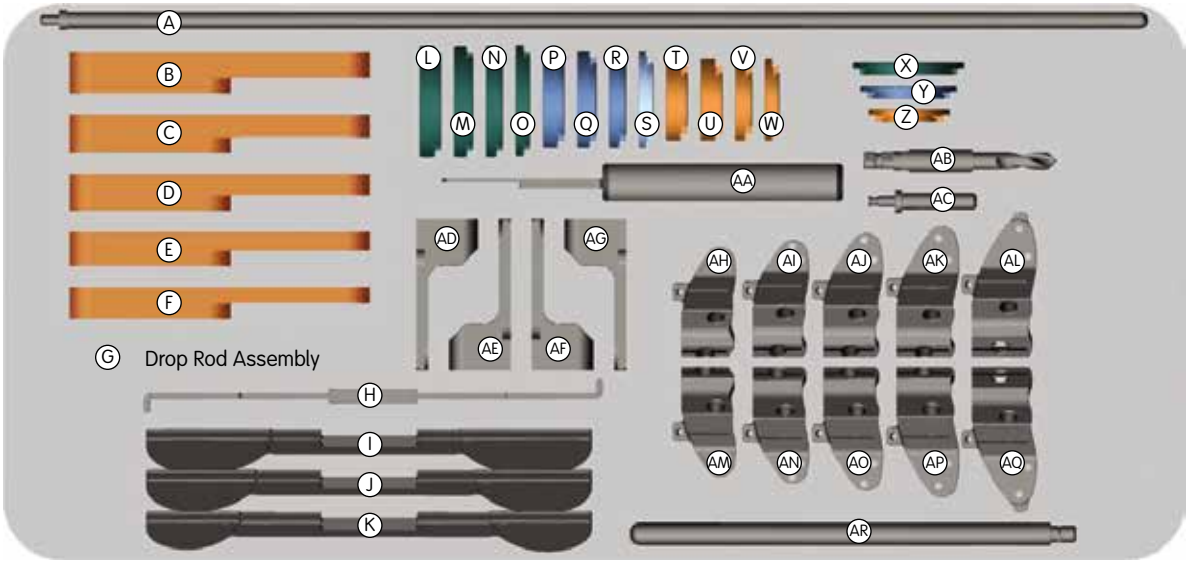
7142-2378 - JOURNEY® UNI tray 1



Ref. letter	Cat. no.	Description
A	7401-3488	JOURNEY UNI mini tibial stylus 2mm and 4mm
B	7401-3491	JOURNEY UNI tibial stylus 6mm and 8mm
C	7144-0446	GENESIS® II non-spike fixation rod
D	7144-0448	GENESIS II tibial alignment tube
E	7144-1338	JOURNEY EM tibial spiked rod
F	7144-0380	GENESIS II resection check
H	7144-0444	GENESIS II adjustable ankle clamp & alignment rod
I	7144-1335	JOURNEY UNI tibial cutting block Left
J	7144-1336	JOURNEY UNI tibial cutting block Right
K	7144-0491	Universal pin puller
L	7163-1186	Mini connector
M	7401-3489	Speed pin quick connect
N	7401-2441	JOURNEY 3.5mm hex driver
O	7144-1351	JOURNEY bone rasp
P	7151-3331	Universal pin driver
Q	7401-2451	JOURNEY slap hammer extractor

Tray layout *continued*

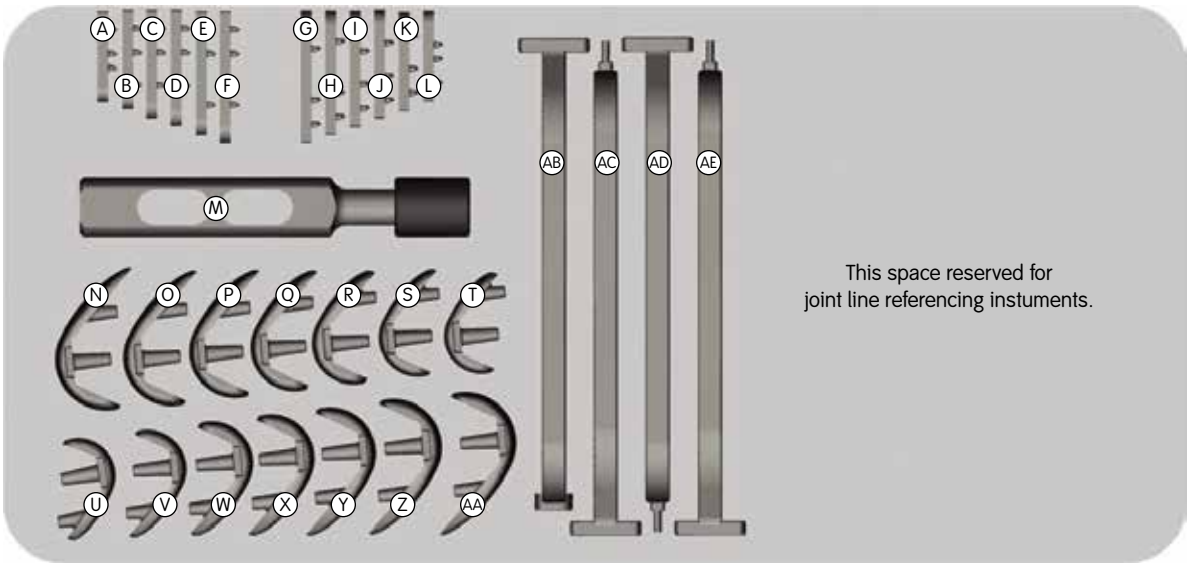
7142-2379 JOURNEY® UNI tray 2



Ref. letter	Cat. no.	Description
A	114861	Extramedullary alignment rod
B	7401-3477	JOURNEY UNI gap stick 11mm / 17.5mm
C	7401-3476	JOURNEY UNI gap stick 10mm / 16.5mm
D	7401-3475	JOURNEY UNI gap stick 9mm / 15.5mm
E	7401-3474	JOURNEY UNI gap stick 8mm / 14.5mm
F	7401-3473	JOURNEY UNI gap stick 7mm / 13.5mm
G	7401-3496	JOURNEY UNI drop rod assembly
H	7401-3484	JOURNEY UNI tibial hook sizer
I	7401-3481	JOURNEY UNI tibial sizer Sz 1-2
J	7401-3482	JOURNEY UNI tibial sizer Sz 3-4
K	7401-3483	JOURNEY UNI tibial sizer Sz 5-6
L	7143-6141	JOURNEY UNI tibial trial insert Sz 5-6 11mm
M	7143-6139	JOURNEY UNI tibial trial insert Sz 5-6 10mm
N	7143-6138	JOURNEY UNI tibial trial insert Sz 5-6 9mm
O	7143-6137	JOURNEY UNI tibial trial insert Sz 5-6 8mm
P	7143-6136	JOURNEY UNI tibial trial insert Sz 3-4 11mm
Q	7143-6135	JOURNEY UNI tibial trial insert Sz 3-4 10mm
R	7143-6134	JOURNEY UNI tibial trial insert Sz 3-4 9mm
S	7143-6133	JOURNEY UNI tibial trial insert Sz 3-4 8mm
T	7143-6132	JOURNEY UNI tibial trial insert Sz 1-2 11mm
U	7143-6131	JOURNEY UNI tibial trial insert Sz 1-2 10mm
V	7143-6129	JOURNEY UNI tibial trial insert Sz 1-2 9mm
W	7143-6128	JOURNEY UNI tibial trial insert Sz 1-2 8mm

Ref. letter	Cat. no.	Description
X	7143-6144	JOURNEY UNI all poly tibial trial insert Sz 5-6 7mm
Y	7143-6143	JOURNEY UNI all poly tibial trial insert Sz 3-4 7mm
Z	7143-6142	JOURNEY UNI all poly tibial trial insert Sz 1-2 7mm
AA	7123-6012	ACCURIS® Tibial insert handle
AB	7401-3485	JOURNEY UNI femoral lug drill
AC	7401-3487	JOURNEY UNI femoral alignment peg
AD	7401-3441	JOURNEY UNI distal block LM 4.5mm
AE	7401-3442	JOURNEY UNI distal block LM 6.5mm
AF	7401-3444	JOURNEY UNI distal block RM 6.5mm
AG	7401-3443	JOURNEY UNI distal block RM 4.5mm
AH	7401-3458	JOURNEY UNI 2-in-1 fem block LM Sz 1-2
AI	7401-3453	JOURNEY UNI 2-in-1 fem block LM Sz 3
AJ	7401-3454	JOURNEY UNI 2-in-1 fem block LM Sz 4
AK	7401-3455	JOURNEY UNI 2-in-1 fem block LM Sz 5
AL	7401-3459	JOURNEY UNI 2-in-1 fem block LM Sz 6-7
AM	7401-3468	JOURNEY UNI 2-in-1 fem block RM Sz 1-2
AN	7401-3463	JOURNEY UNI 2-in-1 fem block RM Sz 3
AO	7401-3464	JOURNEY UNI 2-in-1 fem block RM Sz 4
AP	7401-3465	JOURNEY UNI 2-in-1 fem block RM Sz 5
AQ	7401-3469	JOURNEY UNI 2-in-1 fem block RM Sz 6-7
AR	7401-3486	JOURNEY UNI 2-in-1 block QC handle

7142-2381 JOURNEY° UNI tray 3



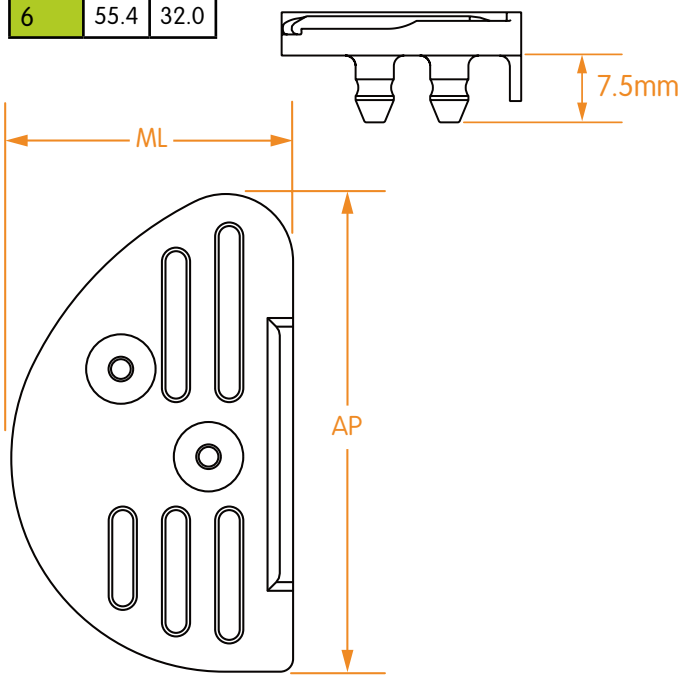
Ref. letter	Cat. no.	Description
A	7143-6121	JOURNEY UNI tibial base trial Sz 1 LM/RL
B	7143-6122	JOURNEY UNI tibial base trial Sz 2 LM/RL
C	7143-6123	JOURNEY UNI tibial base trial Sz 3 LM/RL
D	7143-6124	JOURNEY UNI tibial base trial Sz 4 LM/RL
E	7143-6125	JOURNEY UNI tibial base trial Sz 5 LM/RL
F	7143-6126	JOURNEY UNI tibial base trial Sz 6 LM/RL
G	7143-6156	JOURNEY UNI tibial base trial Sz 6 RM/LL
H	7143-6155	JOURNEY UNI tibial base trial Sz 5 RM/LL
I	7143-6154	JOURNEY UNI tibial base trial Sz 4 RM/LL
J	7143-6153	JOURNEY UNI tibial base trial Sz 3 RM/LL
K	7143-6152	JOURNEY UNI tibial base trial Sz 2 RM/LL
L	7143-6151	JOURNEY UNI tibial base trial Sz 1 RM/LL
M	7123-6952	ACCURIS° femoral impactor
N	7401-3427	JOURNEY UNI fixed bearing fem trial LM Sz 7
O	7401-3426	JOURNEY UNI fixed bearing fem trial LM Sz 6
P	7401-3425	JOURNEY UNI fixed bearing fem trial LM Sz 5
Q	7401-3424	JOURNEY UNI fixed bearing fem trial LM Sz 4
R	7401-3423	JOURNEY UNI fixed bearing fem trial LM Sz 3
S	7401-3422	JOURNEY UNI fixed bearing fem trial LM Sz 2
T	7401-3421	JOURNEY UNI fixed bearing fem trial LM Sz 1

Ref. letter	Cat. no.	Description
U	7401-3431	JOURNEY UNI fixed bearing fem trial RM Sz 1
V	7401-3432	JOURNEY UNI fixed bearing fem trial RM Sz 2
W	7401-3433	JOURNEY UNI fixed bearing fem trial RM Sz 3
X	7401-3434	JOURNEY UNI fixed bearing fem trial RM Sz 4
Y	7401-3435	JOURNEY UNI fixed bearing fem trial RM Sz 5
Z	7401-3436	JOURNEY UNI fixed bearing fem trial RM Sz 6
AA	7401-3437	JOURNEY UNI fixed bearing fem trial RM Sz 7
AB	7144-1353	JOURNEY UNI tibial impactor
AC	7144-1346	JOURNEY UNI tibial punch Sz 1-2
AD	7144-1347	JOURNEY UNI tibial punch Sz 3-4
AE	7144-1348	JOURNEY UNI tibial punch Sz 5-6

JOURNEY® UNI
Unicompartmental Knee System

Tibial tray dimensions (mm)

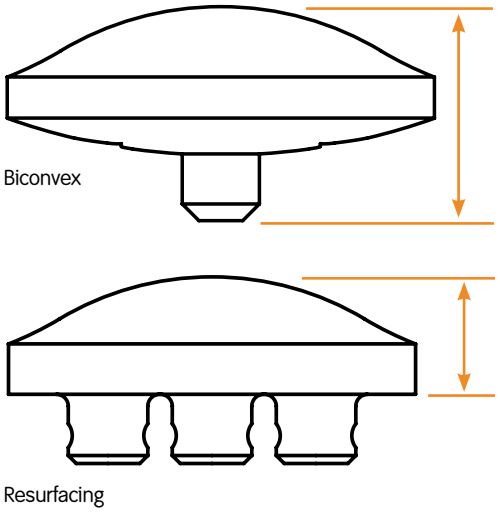
Size	AP	ML
1	38.0	23.5
2	41.7	25.3
3	45.6	26.9
4	48.8	28.8
5	52.3	30.4
6	55.4	32.0



Patellar dimensions**

The PFJ System uses the GENESIS® II round resurfacing or biconvex patella. Do not use the JOURNEY BCS Bi-Cruciate Stabilized patellar implants with the PFJ femoral components.

		Diameter				
	Thickness	23	26	29	32	35
Biconvex	13	●	●	●	●	
Resurfacing	9		●	●	●	●



Articular insert interchangeability

JOURNEY UNI tibial inserts are completely interchangeable with all size JOURNEY UNI femoral components.

Modular inserts come in three sizes: 1-2, 3-4, 5-6.

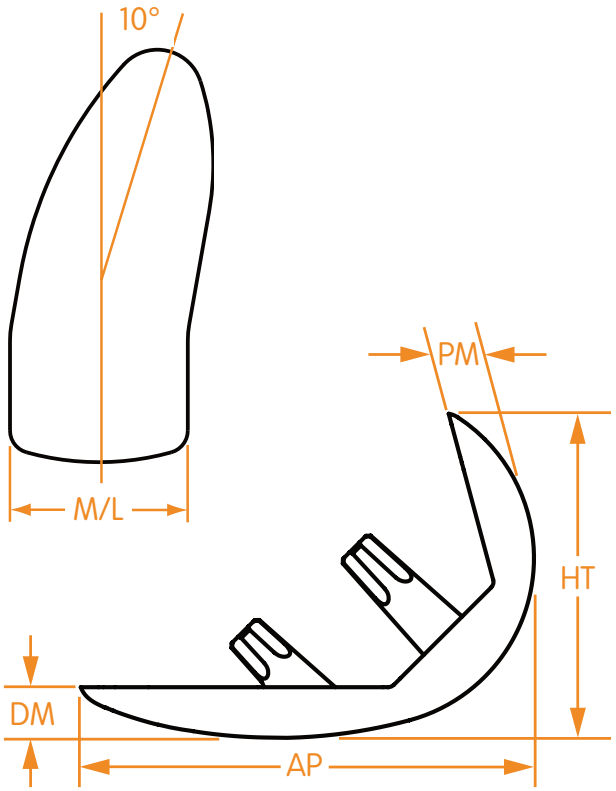
Articular insert thickness (mm)

	7	8	9	10	11	12*	14*
Modular		●	●	●	●	●	●
All-Poly	●	●	●	●	●		

* 12mm and 14mm inserts are only available through InVentures.

Femoral component dimensions (mm)

Size	AP	HT	ML	DM	PM
1	40	31	19	5.5	5.5
2	43	32	20	5.5	5.5
3	46	34	21	6.5	6.5
4	49	36	22	6.5	6.5
5	52	38	23	6.5	6.5
6	55	40	24	6.5	6.5
7	58	42	25	6.5	6.5



JOURNEY° shared components


Tibia

Patella

Knee Hotline

1-800-238-7538

Implant sets

7142-2400 JOURNEY® UNI tibia base LM/RL Sz 2-6

Cat. no.	Description
7142-2422	JOURNEY UNI tibial base LM/RL Sz 2
7142-2423	JOURNEY UNI tibial base LM/RL Sz 3
7142-2424	JOURNEY UNI tibial base LM/RL Sz 4
7142-2425	JOURNEY UNI tibial base LM/RL Sz 5
7142-2426	JOURNEY UNI tibial base LM/RL Sz 6

7142-2420 JOURNEY Tibia base RM/LL Sz 2-6

Cat. no.	Description
7142-2432	JOURNEY UNI tibial base RM/LL Sz 2
7142-2433	JOURNEY UNI tibial base RM/LL Sz 3
7142-2434	JOURNEY UNI tibial base RM/LL Sz 4
7142-2435	JOURNEY UNI tibial base RM/LL Sz 5
7142-2436	JOURNEY UNI tibial base RM/LL Sz 6

7142-2430 JOURNEY UNI LM/RL poly inserts Sz 2-6

Cat. no.	Description
7142-2241	JOURNEY UNI tibial insert Sz 1-2 LM/RL 8mm
7142-2242	JOURNEY UNI tibial insert Sz 1-2 LM/RL 9mm
7142-2243	JOURNEY UNI tibial insert Sz 1-2 LM/RL 10mm
7142-2244	JOURNEY UNI tibial insert Sz 1-2 LM/RL 11mm
7142-2251	JOURNEY UNI tibial insert Sz 3-4 LM/RL 8mm
7142-2252	JOURNEY UNI tibial insert Sz 3-4 LM/RL 9mm
7142-2253	JOURNEY UNI tibial insert Sz 3-4 LM/RL 10mm
7142-2254	JOURNEY UNI tibial insert Sz 3-4 LM/RL 11mm
7142-2261	JOURNEY UNI tibial insert Sz 5-6 LM/RL 8mm
7142-2262	JOURNEY UNI tibial insert Sz 5-6 LM/RL 9mm
7142-2263	JOURNEY UNI tibial insert Sz 5-6 LM/RL 10mm
7142-2264	JOURNEY UNI tibial insert Sz 5-6 LM/RL 11mm

7142-2440 JOURNEY UNI RM/LL poly inserts Sz 2-6

Cat. no.	Description
7142-2245	JOURNEY UNI tibial insert Sz 1-2 RM/LL 8mm
7142-2246	JOURNEY UNI tibial insert Sz 1-2 RM/LL 9mm
7142-2247	JOURNEY UNI tibial insert Sz 1-2 RM/LL 10mm
7142-2248	JOURNEY UNI tibial insert Sz 1-2 RM/LL 11mm
7142-2255	JOURNEY UNI tibial insert Sz 3-4 RM/LL 8mm
7142-2256	JOURNEY UNI tibial insert Sz 3-4 RM/LL 9mm
7142-2257	JOURNEY UNI tibial insert Sz 3-4 RM/LL 10mm
7142-2258	JOURNEY UNI tibial insert Sz 3-4 RM/LL 11mm
7142-2265	JOURNEY UNI tibial insert Sz 5-6 RM/LL 8mm
7142-2266	JOURNEY UNI tibial insert Sz 5-6 RM/LL 9mm
7142-2267	JOURNEY UNI tibial insert Sz 5-6 RM/LL 10mm
7142-2268	JOURNEY UNI tibial insert Sz 5-6 RM/LL 11mm

7142-2450 JOURNEY UNI tibia construct LM/RL Sz 2-6

Cat. no.	Description
7142-2241	JOURNEY UNI tibial insert Sz 1-2 LM/RL 8mm
7142-2242	JOURNEY UNI tibial insert Sz 1-2 LM/RL 9mm
7142-2243	JOURNEY UNI tibial insert Sz 1-2 LM/RL 10mm
7142-2244	JOURNEY UNI tibial insert Sz 1-2 LM/RL 11mm
7142-2251	JOURNEY UNI tibial insert Sz 3-4 LM/RL 8mm
7142-2252	JOURNEY UNI tibial insert Sz 3-4 LM/RL 9mm
7142-2253	JOURNEY UNI tibial insert Sz 3-4 LM/RL 10mm
7142-2254	JOURNEY UNI tibial insert Sz 3-4 LM/RL 11mm
7142-2261	JOURNEY UNI tibial insert Sz 5-6 LM/RL 8mm
7142-2262	JOURNEY UNI tibial insert Sz 5-6 LM/RL 9mm
7142-2263	JOURNEY UNI tibial insert Sz 5-6 LM/RL 10mm
7142-2264	JOURNEY UNI tibial insert Sz 5-6 LM/RL 11mm
7142-2422	JOURNEY UNI tibial base LM/RL Sz 2
7142-2423	JOURNEY UNI tibial base LM/RL Sz 3
7142-2424	JOURNEY UNI tibial base LM/RL Sz 4
7142-2425	JOURNEY UNI tibial base LM/RL Sz 5
7142-2426	JOURNEY UNI tibial base LM/RL Sz 6

7142-2460 JOURNEY UNI tibia construct RM/LL Sz 2-6

Cat. no.	Description
7142-2245	JOURNEY UNI tibial insert Sz 1-2 RM/LL 8mm
7142-2246	JOURNEY UNI tibial insert Sz 1-2 RM/LL 9mm
7142-2247	JOURNEY UNI tibial insert Sz 1-2 RM/LL 10mm
7142-2248	JOURNEY UNI tibial insert Sz 1-2 RM/LL 11mm
7142-2255	JOURNEY UNI tibial insert Sz 3-4 RM/LL 8mm
7142-2256	JOURNEY UNI tibial insert Sz 3-4 RM/LL 9mm
7142-2257	JOURNEY UNI tibial insert Sz 3-4 RM/LL 10mm
7142-2258	JOURNEY UNI tibial insert Sz 3-4 RM/LL 11mm
7142-2265	JOURNEY UNI tibial insert Sz 5-6 RM/LL 8mm
7142-2266	JOURNEY UNI tibial insert Sz 5-6 RM/LL 9mm
7142-2267	JOURNEY UNI tibial insert Sz 5-6 RM/LL 10mm
7142-2268	JOURNEY UNI tibial insert Sz 5-6 RM/LL 11mm
7142-2432	JOURNEY UNI tibial base RM/LL Sz 2
7142-2433	JOURNEY UNI tibial base RM/LL Sz 3
7142-2434	JOURNEY UNI tibial base RM/LL Sz 4
7142-2435	JOURNEY UNI tibial base RM/LL Sz 5
7142-2436	JOURNEY UNI tibial base RM/LL Sz 6

7142-2470 JOURNEY UNI mini LM/RL Sz 1

Cat. no.	Description
7142-2421	JOURNEY UNI tibial base LM/RL Sz 1
7142-2431	JOURNEY UNI tibial base RM/LL Sz 1

7142-2350 JOURNEY® UNI OXINIUM® femoral Sz 1 and 7

Cat. no.	Description
7142-2341	JOURNEY UNI OXINIUM femoral Sz 1 LM/RL
7142-2347	JOURNEY UNI OXINIUM femoral Sz 7 LM/RL
7142-2351	JOURNEY UNI OXINIUM femoral Sz 1 RM/LL
7142-2357	JOURNEY UNI OXINIUM femoral Sz 7 RM/LL

7142-2340 JOURNEY UNI OXINIUM femoral Sz 2-6

Cat. no.	Description
7142-2342	JOURNEY UNI OXINIUM femoral Sz 2 LM/RL
7142-2343	JOURNEY UNI OXINIUM femoral Sz 3 LM/RL
7142-2344	JOURNEY UNI OXINIUM femoral Sz 4 LM/RL
7142-2345	JOURNEY UNI OXINIUM femoral Sz 5 LM/RL
7142-2346	JOURNEY UNI OXINIUM femoral Sz 6 LM/RL
7142-2352	JOURNEY UNI OXINIUM femoral Sz 2 RM/LL
7142-2353	JOURNEY UNI OXINIUM femoral Sz 3 RM/LL
7142-2354	JOURNEY UNI OXINIUM femoral Sz 4 RM/LL
7142-2355	JOURNEY UNI OXINIUM femoral Sz 5 RM/LL
7142-2356	JOURNEY UNI OXINIUM femoral Sz 6 RM/LL

Notes

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7135 Goodlett Farms Parkway
Cordova, TN 38016
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Telephone: 1-901-396-2121
Information: 1-800-821-5700
Orders and Inquiries: 1-800-238-7538

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