

MYKNEE CROSSOVER TECHNIQUE

The MyKnee crossover technique combines the modularity of the GMK System with the accuracy of the MyKnee patient specific technology in a unique and highly reproducible procedure, focused on the management of challenging primary cases where further constraint may be required.



1. CT scan acquisition and bone model reconstruction.



2. MyKnee planning with 3D simulation of the implant positioning.



3. Bone resections through the MyKnee cutting blocks.



4. Femoral and tibial finishing to accommodate the final implant.

MODULAR INSTRUMENTATION

The instrument tray layout can adapt to multiple surgical scenarios, from difficult primary to challenging revision cases, optimizing operating room efficiency.

GMK REVISION SYSTEM
GENERAL TRAYS



GMK REVISION
SPECIFIC TRAYS



GMK HINGE
SPECIFIC TRAYS

GMK® REVISION SYSTEM
GLOBAL MEDACTA KNEE

DIFFERENT NEEDS...YOUR GLOBAL SOLUTION



Brochure

Hip

Knee

Spine

Navigation

MAXIMIZE OUTCOMES, MINIMIZE COMPLEXITY

Patients are not all the same. A wide range of options is needed to address the unique clinical situation of every patient.

The surgical environment requires simplicity. Accurate and reproducible instrumentation is essential to address a challenging scenario with a straightforward and flexible procedure.

The GMK Revision System has been designed to provide the surgeon with:

- a wide range of anatomic solutions to fit every patient.
- a system supported by intuitive instrumentation.

VARIOUS LEVELS OF INCREMENTAL CONSTRAINT

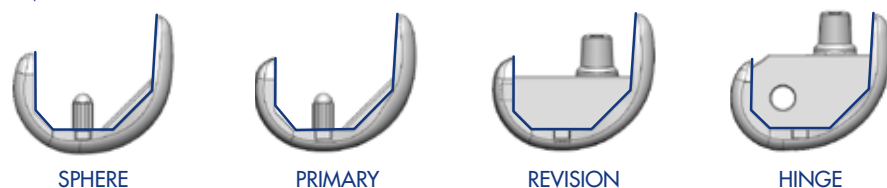
The GMK Revision System provides various levels of incremental constraint according to each patient's needs:

- posterior-stabilized.
- semiconstrained.
- totally constrained.



EASY TRANSITION ACROSS THE SYSTEM

The same internal femoral profile allows for an easy transition across the system. Few additional intra-operative steps are required to switch to a more constrained implant.



STRESS-FREE HINGE ASSEMBLY

The innovative modular hinge mechanism is engaged intra-operatively through a fast and intuitive procedure that does not require any significant joint subluxation.



COMPREHENSIVE RANGE OF SIZES AND OPTIONS TO MANAGE FIXATION, BONE LOSS AND JOINT LINE POSITION

- Cemented and cementless stems, interchangeable between femur and tibia
- Augmentation block, interchangeable between medial and lateral side
- Various insert thicknesses up to 26 mm

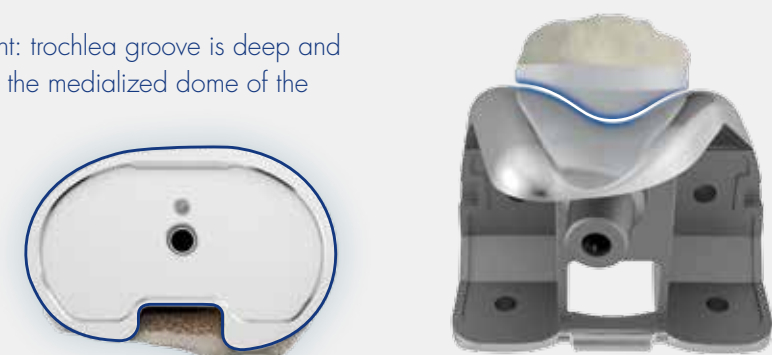
360° OFFSET OPTION FOR FEMUR AND TIBIA

- Modular offset options allows surgeon to optimize tibial coverage and flexion gap management



ANATOMIC DESIGN

- Asymmetric tibial baseplate: left and right trays help achieve solid support on cortical bone
- Anatomic patello-femoral joint: trochlea groove is deep and extended to accommodate the medialized dome of the asymmetric patella to potentially improve patella tracking and minimize mid-flexion instability



BONE PRESERVING DESIGN TO SAVE BONE STOCK

- Minimal condylar resections as for a primary knee
- The hinge mechanism does not extend on the posterior condyles
- The medio-lateral dimension of femoral box does not change for revision and hinge
- Same tibial keel depth for primary, revision and hinge allows for the use of an offset coupler

