

Keys to Success in Tibiofemoral Resurfacing

UniCAP[®] contoured articular resurfacing is intended for early joint degeneration and arthrosis.

1. Expectation Management

Patients can expect to improve on pain and function by an average of 70 to 80% based on existing resurfacing data. The individual success depends on a number of selection criteria that determine the improvement and longevity of the treatment effect.

2. Patient Selection

Similar to biological cartilage procedures, UniCAP[®] resurfacing is influenced by the same confounding factors. The procedure should **not** be performed if any of the following criteria are met:

Preoperative

- > 5 degrees of mechanical axis mal-alignment
- AP radiographs showing
 - Loss of joint space
 - Significant osteophyte formation
- MRI showing extensive edema and cyst formation
- Ligamentous instability
- 10 degrees or more of extension deficit

Intraoperative Femoral Condyle

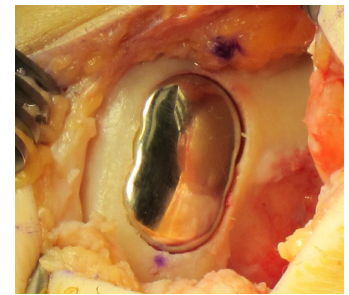
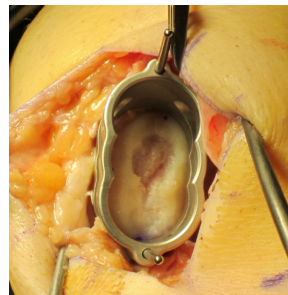
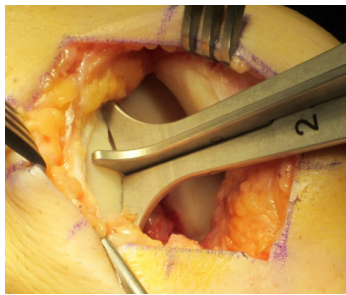
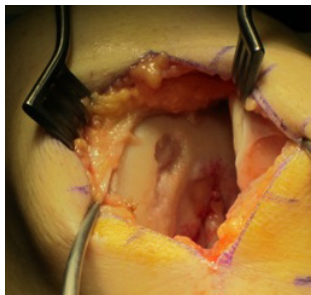
- Lesion grade less than Grade III
- Lesion size beyond coverage area of the implant
- Lesion location extending to posterior condyle
- Femoral bone loss

Tibial Plateau

- > 50% of meniscal loss
- Damage to tibia not centralized
- Lesion grade less than Grade III
- Lesion size beyond coverage area of the implant
- Tibial bone loss

3. Technical Considerations

- Ensure 90 degree access to the joint surface and maintain perpendicular axis
- Monitor bone quality and purchase of the fixation component. Use cement around the screw if indicated
- Keep **implant edges recessed** to the surrounding articular cartilage to improve biological integration and avoid proud edges during weight bearing



Always refer to the package insert information, product labeling and/or user instructions before using any ArthroSurface product.

Literature Number: P/N 0020-0406, REV-A
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The UniCAP[®] device for knee resurfacing is approved by FDA and international CE Mark

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