



UniCAP™ Meniscal Sparing Unicondylar Knee System

Overview

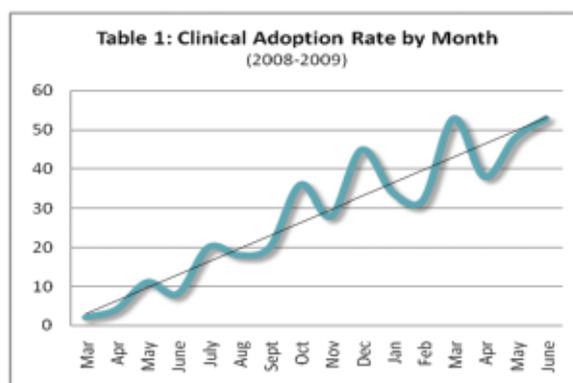
The Arthrosurface Meniscal Sparing Unicondylar Knee System was introduced to US and European markets in 2008 following extensive pre-clinical testing.

Key Benefits

1. Meniscal preservation maintains patients' natural knee biomechanics.
2. Tibial inlay resurfacing preserves plateau integrity, meniscus and tibial bone stock.
3. Variable, modular and anatomic component geometries provide custom fit and disease specific resurfacing.
4. Inlay components allow load sharing and transmission to surrounding bone and tissue creating a favorable environment for transarticular force dissipation.
5. Procedure can be performed on ambulatory surgery basis.

Early Clinical Summary

- Over 600 procedures since 2008
- Good to excellent results in majority of cases
- High patient satisfaction
- Very reproducible surgical technique
- Short recovery period, similar to debridement
- Accelerated return to work and activity
- Cartilage and bone sparing to preserve future options



Femoral Defect



Femoral Inlay Resurfacing



Centered Guidewire in Tibial Defect



Meniscus Preservation



Postoperative AP Radiograph



Postoperative Lateral Radiograph

Patient Profile

The primary selection objectives are patients with kissing lesions and early medial or lateral arthritis with $\leq 5^\circ$ of angular deformity, 50% or more of an intact meniscus and a stable knee.

Caveat: If the potential patient falls outside these parameters then alignment, compartment overloading and ligamentous stability need to be addressed prior to or in combination with the UniCAP™ procedure.

The possible compounding effects of high BMI, muscle weakness, insufficient defect coverage and patient activity level need to be taken into account when setting patient expectations.

Tibial Preservation

Allows disease specific placement of tibial component.

Trim and create a stable meniscus with the goal of maintaining 50% or more of meniscal tissue.

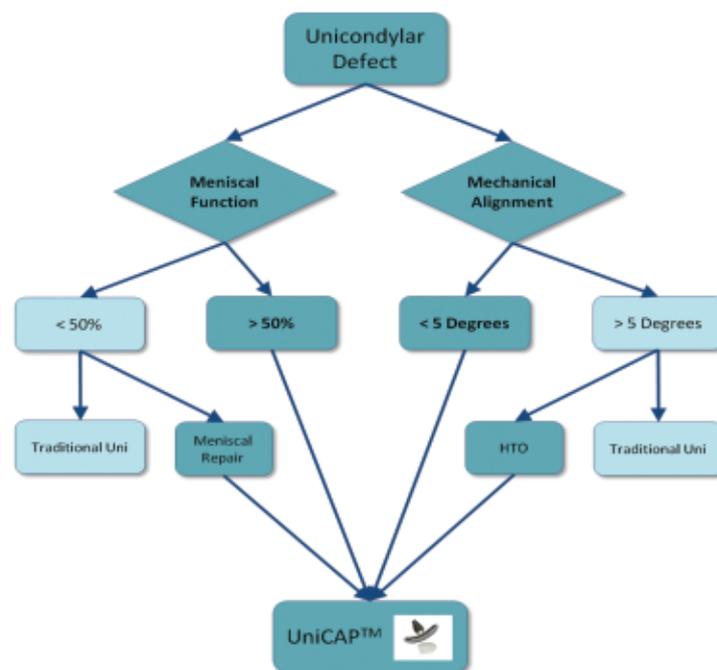
Tibial component placement requires 5mm bone bridge borders anterior and medial/lateral.

Caveat: Correct, pressurized tibial cementation using the UniCAP™ cement injector is critical to avoid implant subsidence, loosening, and stress risers.

In patients with high BMI, angular deformity, and poor bone stock, a conservative rehabilitation is warranted.



UniCAP™ Surgical Decision Tree



Joint Alignment

The mechanical alignment should be 5 degrees or less or corrected in combination with the resurfacing procedure.

Caveat: Compared to traditional unicondylar replacement procedures, the UniCAP™ Inlay Resurfacing System cannot be used to address joint re-alignment/ joint space narrowing.

Joint Stability

Ligamentous stability is critical to ensure successful resurfacing. ACL deficiency is not a contraindication as long as the knee is clinically stable.

Caveat: For combined ACL and UniCAP™ procedures, give ACL tunnel placement priority.

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