

> Revision Knee: Clinical Indication Questions

1. Why are you revising this knee?

Total component swap of a failed primary TKA or UKA (both femoral and tibial components)

The Exprt Revision Knee System is suited for:

- Minimal to moderate bone loss.
- Minimal to moderate deformity.
- Minimal to moderate flexion / extension gap mismatch.

Failed TKA

- **Loosening** Fixation of components to bone has been compromised.
- **Infection** Two stage revision for infection with minimal to moderate bone loss and soft tissue disruption.
- **Malalignment** Improper alignment of components with respect to bony anatomy.

Failed UKA

Advise the surgeon they might have to resect additional bone due to the “built –in” femoral (3mm) and tibial (2mm) augments.

- **Loosening** Fixation of components to bone has been compromised.
- **Infection** Two stage revision for infection with minimal to moderate bone loss and soft tissue disruption.
- **Malalignment** Improper alignment of components with respect to bony anatomy.

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2. Is there an intact MCL?

- If YES, then Exprt is an appropriate option.
- If NO, the surgeon should consider the use of a hinge.

3. Is there significant bone loss of the distal femur and / or proximal tibia (>20mm), or a large osteolytic defect?

- Exprt fills up to 52mm of tibiofemoral joint space with tibial and femoral augments.

4. Is there malrotation (internal / external) of the femoral component resulting in patellar tilt, patellar dislocation, etc.?

- 5mm stackable augments are available to address malrotation.

5. Is there significant deformity or malalignment?

- Minimal to moderate rotational malalignment correction can be performed with 5mm stackable augments.
- Three cemented stem options to address a variety of deformities:
 - 15 x 75mm (cylindrical)
 - 15 x 65mm (tapered)
 - 15 x 40mm (cylindrical)

➤ Revision Knee: Technical Specifications

