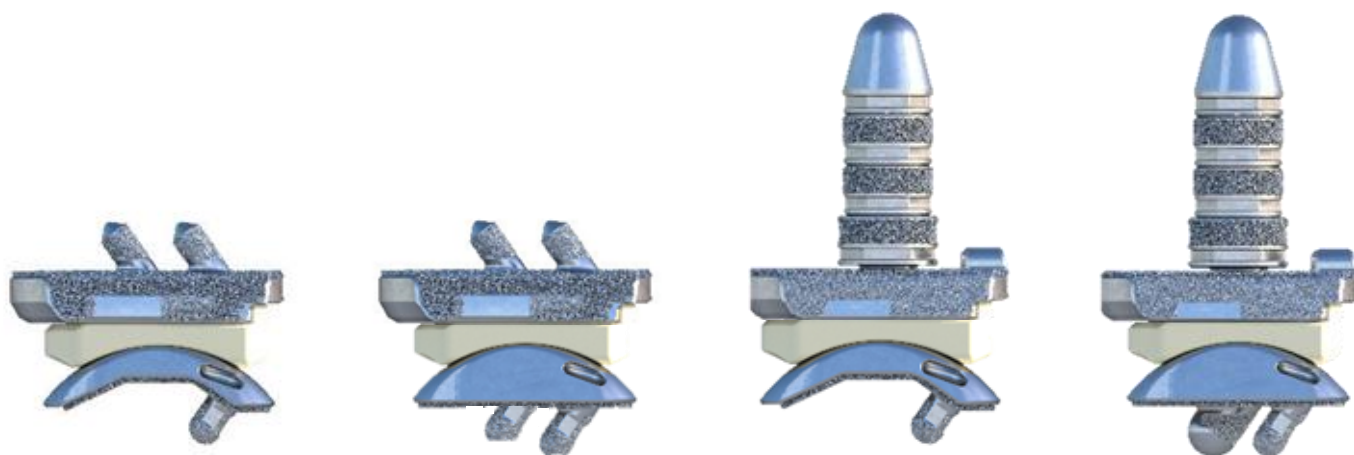


IncompassTM

Total Ankle System

Operative Technique



Incompass™ Total Ankle System Tibia Resection

PSI Pin-Thru Guide
pg #9



PSI Resect-Thru Guide
pg #25



Standard
Instrumentation
pg #40

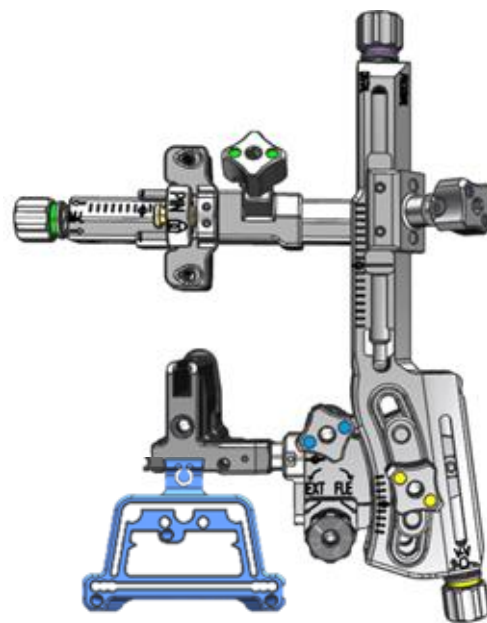




Figure 1



Figure 2

Tibial Alignment Guide Fluoroscopic Check Assembly

To enhance fluoroscopic visualization of the Prophecy Tibia Alignment Guide (PROPINC or PROPINCF) it is recommended to place metallic markers in the guide before placement on the patient. Begin by using a pair of Pin Cutters (200427) to remove the sharp end of a 2.4 Steinmann Pin (200072). (Figure 1) It may be helpful to use a needle driver to retain the cut ends of the Pin. (Figure 2)

Cut two ½" (or 12mm) segments of the Steinmann Pin and insert by hand into the two vertical holes in the Prophecy Tibia Guide. (Figure 3)

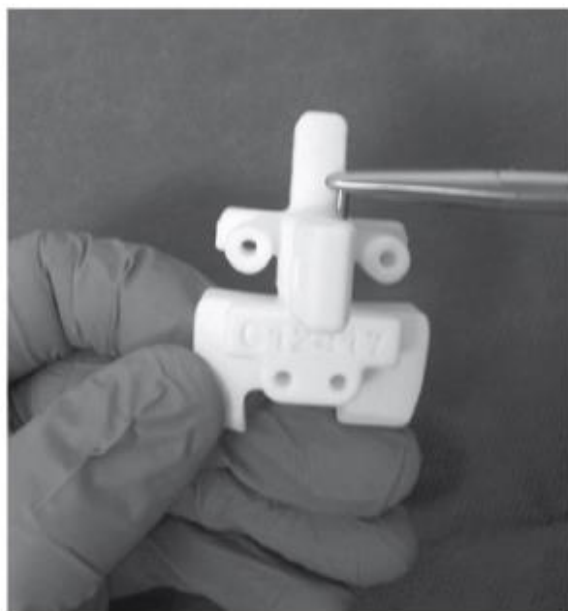


Figure 3



Figure 4



Figure 5

Surgical approach

Make the anterior incision centered on the ankle, directly lateral to the palpable tibialis anterior tendon and medial to the extensor hallucis longus tendon. (Figure 4) Define and avoid the deep peroneal nerve and anterior tibial artery. Once the nerve bundle is mobilized, the anterior ankle (distal tibia and talus) is exposed with the dorsal talonavicular joint representing the distal extent of the incision. This incision can be modified according to the specific needs of the patient.

Tibial Pin-Through Guide

Prophecy Pin-Through Guides (PROPINC or PROPINCF) are designed to incorporate fixed osteophytes on or near the articulating surfaces, and therefore osteophytes should not be removed during the surgical exposure of the ankle. However, any loose bodies, specifically called out on the Prophecy preoperative plan, should be removed as they will not have been incorporated into the proper seating of the Prophecy Guides.

Ensure the area of the anterior tibia where the Prophecy Tibia Guide will surface match is completely free of soft tissue and placed in the best-fit location. (Figure 5) Please note that the Prophecy Guides are designed to fit in one and only one proper location.

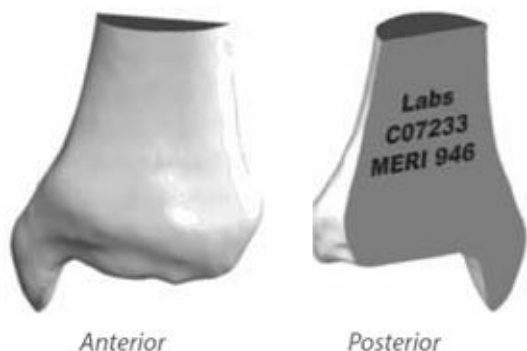


Figure 6



Figure 7

If the tibia guide does not sit flush against the tibia—before driving any pins into the bone—remove the Prophecy Tibia Guide and clean off any remaining soft tissue covering the bone.

Re-evaluate the surface match fit between the guide and the bone. Repeat these steps until the guide sits flush against the bone in the best-fit location.

Notice: Use the provided bone models as an additional tactile and visual confirmation that the tibia guide is positioned correctly on the patient's bone. (Figure 6)

Once the Prophecy Tibia Guide is in the proper location install one 2.4mm Steinmann Pin (200072) into one of the distal holes to hold it into position. (Figure 7). Next place a 2.4mm Steinmann Pin through the vertical hole in the center handle to serve as a coronal alignment cue. (Figure 8).



Figure 8



Figure 9

With the Prophecy Tibia Guide held in place, take an AP fluoro image to confirm that the tibial guide is in the correct orientation. To obtain a true AP view rotate the ankle (or conversely the c-arm) until the long Pin lines up between the two short Pins. (Figure 9) This image should correspond to the “Anterior View” tibial alignment guide image in the Prophecy Pre-Op Plan. (Figure 10)

Be sure to center the ankle on the fluoro projection screen to minimize the risk of parallax imaging error.

If the intra-op image significantly differs from the pre-op plan, remove the Prophecy Tibia Guide and any pins holding it in place. Ensure the periosteum has been cleaned from the tibia, and that skin retractors are effectively keeping all other soft tissues from interfering with the guide. It may also be beneficial to place the foot into slight plantarflexion and place a surgical bump under the tibia to elevate it. This allows the talus to drop away from the anterior tibia and prevent interference with the distal portion of the Prophecy Tibia Guide.

Replace the Prophecy Tibia Guide and repeat the procedure for AP fluoro check, using the opposite side pinhole to secure in place temporarily.

Notice: By using only one pin to secure initially, adjustments can be made to the Prophecy Tibia Guide location providing a second option to pin in place without finding the original pinhole.

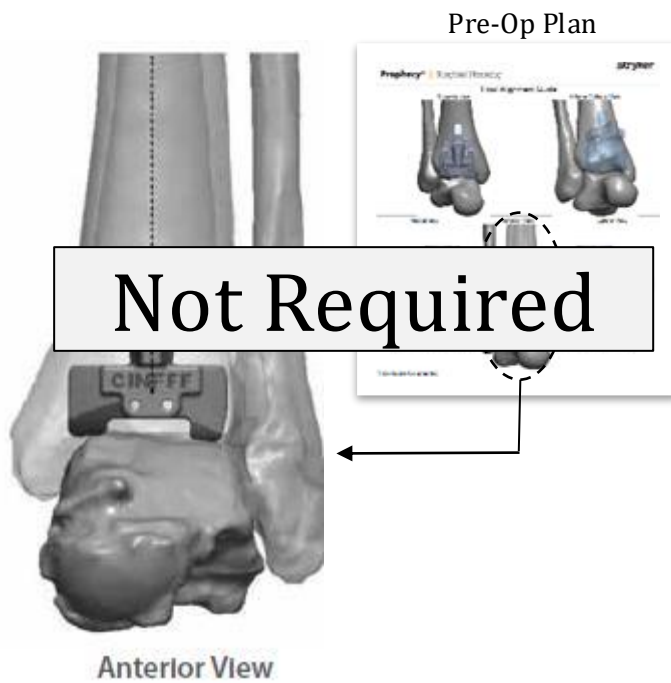


Figure 10



Figure 11

The surgeon should also obtain a fluoroscopic lateral view of the ankle to verify the flexion/extension angle of tibial pin(s) and planned tibial resection. (Figures 11 & 12)

Notice: At this point, the surgeon can revert to the standard Incompass Instrumentation and operative technique if there are any concerns with the planned resection.

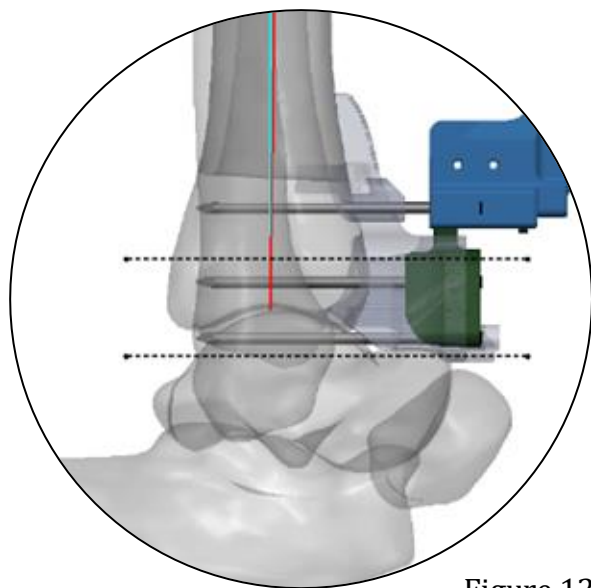


Figure 12

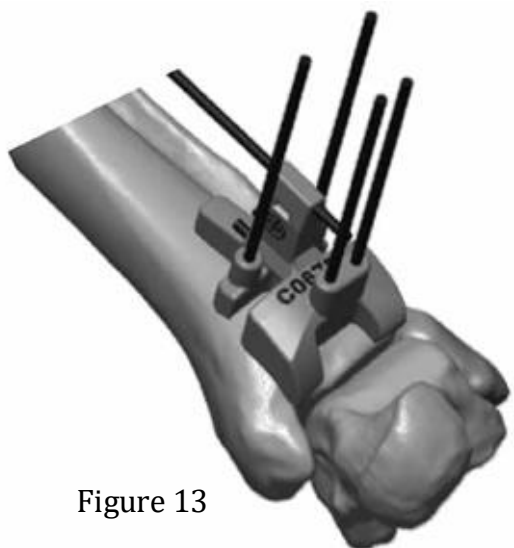


Figure 13

Once the desired fit and alignment is confirmed, install a total of four 2.4mm Steinmann pins through the guide and both cortices of the tibia. (Figure 13) Do not cut the pins at this time. Remove the Prophecy Tibia Guide by sliding it up and over the pins, leaving the pins in place. It may be helpful to attach a Kocher clamp in the notches built into the rectangular anterior handle to pull the tibia guide up.

Select the appropriately sized Resection Guide (33820052-55 or 33820062-65) and slide over the two distal tibial pins. Let the Resection Guide slide down to the surface of the tibia. Next slide the Prophecy Conversion Instrument (33820300) over the two proximal tibial pins and onto the dovetail of the Resection Guide. (Figure 14) Lock into position using the Hex Driver (33820035 and 59011120).

Notice: The proximal tibial pins should be positioned over the two center “snowman” holes in the Conversion Guide. (Figure 15)

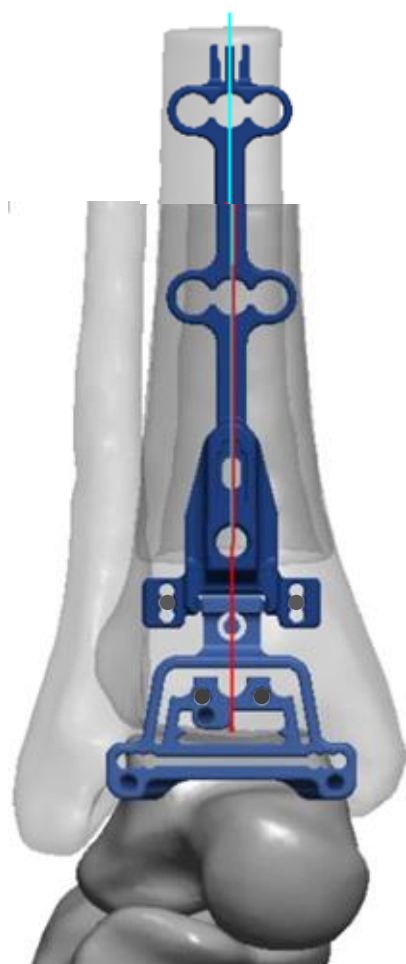


Figure 14

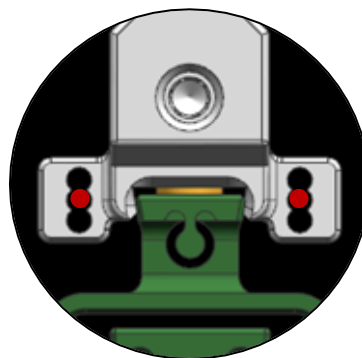
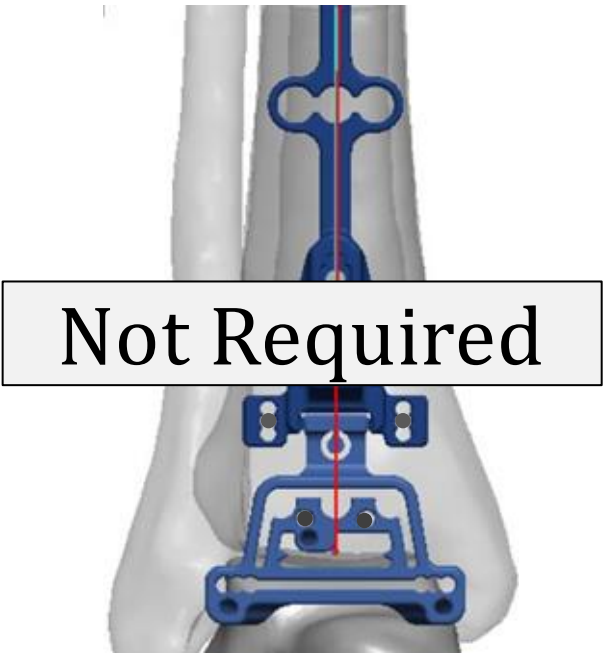


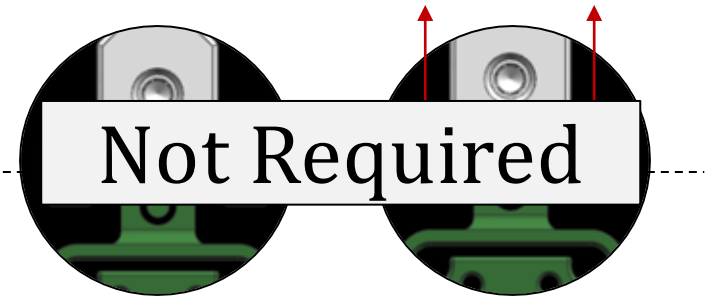
Figure 15



If desired the Resection Guide can be translated proximally or distally by 2mm by removing the two distal Steinmann pins in the resection guide, sliding the Prophecy Conversion Guide off the proximal pins, and reinstalling over the top or bottom “snowman” holes (Figure 16).

Notice: If this translation is made, the proximal pins will no longer be the correct distance from the tibial resection; therefore, after making the resection they will need to be removed and reinstalled later through tibial trial.

For fluoroscopic reference: the outer shape of the Prophecy Conversion instrument represents the height of a 4-stem construct with a 12mm diameter (Figure 17).



Snowman pin holes enable resection height adjustment (2mm increments)

Figure 16

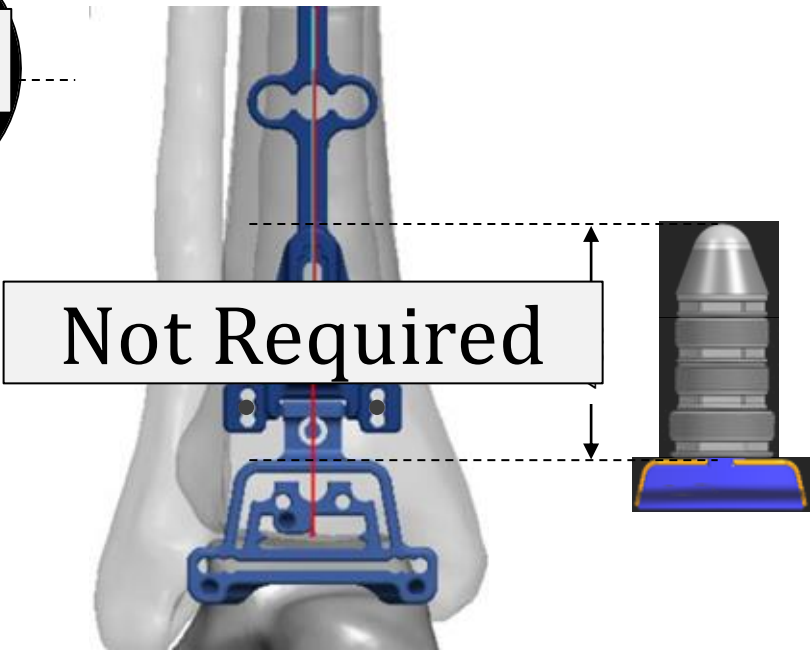


Figure 17

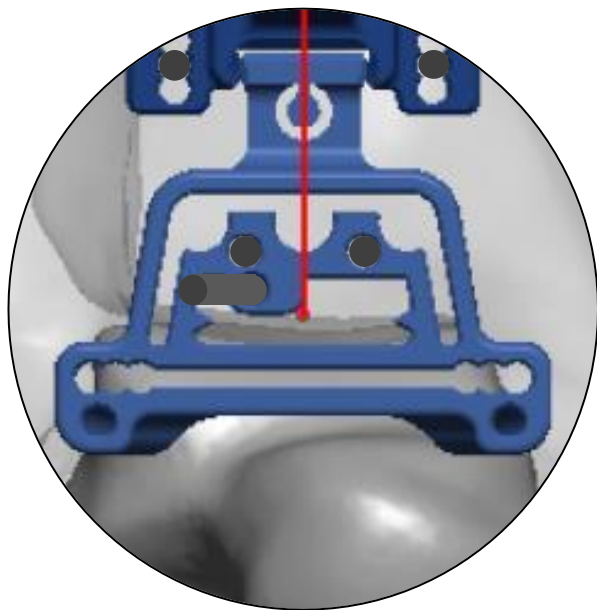


Figure 18

Optionally, install a 2.4mm Steinmann pin through the divergent pin location to prevent the alignment guide from rising during sawing. (Figure 18) To avoid damaging the posterior neurovascular bundle, ensure the pin does not advance past the posterior cortex. Using the pin cutter (200427), trim the divergent pin; leave enough length to allow its removal with a pin driver or pin puller but short enough to allow saw blade clearance in the medial resection slot (approximately 15mm).



Figure 19

Option to revert to standard instrumentation

Notice: At this point, the surgeon can revert to the standard Incompass instrumentation and operative technique if there are any concerns with the planned resection.

Place Pin Sleeves (33600025) into the two aligned holes that provide the optimal bone purchase. Typically, these will be the two center holes. (Figure 19)

Caution: The two holes chosen must align with one another e.g. both center holes, both medial holes or both lateral holes.

Insert the Trocar (33600026) through each of the Pin Sleeves to create entrance portals for the percutaneous pins. (Figure 20)



Figure 20



Figure 21

Install a 3.2mm Pin into each Pin Sleeve and through both cortices of the tibia. (Figure 21)

Remove both Pin Sleeves, Prophecy Conversion Instrument, Resection Guide, and all 2.4mm Steinmann pins. (Figure 22)

To proceed with standard instrumentation, refer to the section link below for detailed instructions.

Standard
Instrumentation
pg #45



Figure 22

Option to couple the Talus Alignment

The option to “couple” or manually position the talus underneath the tibia to achieve neutral alignment in both the coronal and sagittal plane (plantigrade) is available at this step. Using the joint line reference cues, the surgeon may obtain fluoroscopic coronal and sagittal views of the ankle before placing two Steinmann pins in the distal portion of the guide into the talus. (Figures 23 & 24)

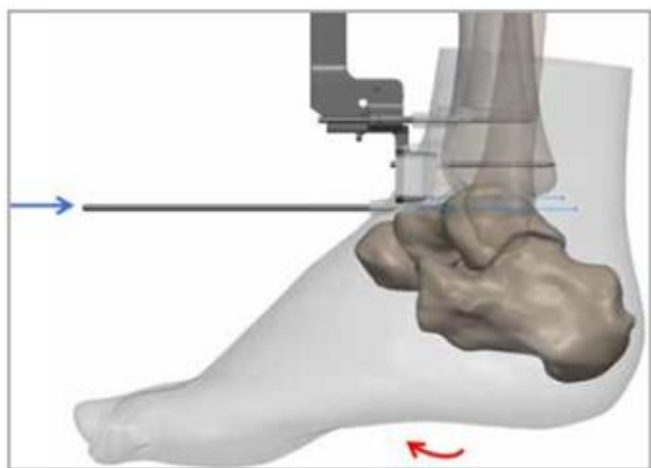


Figure 23

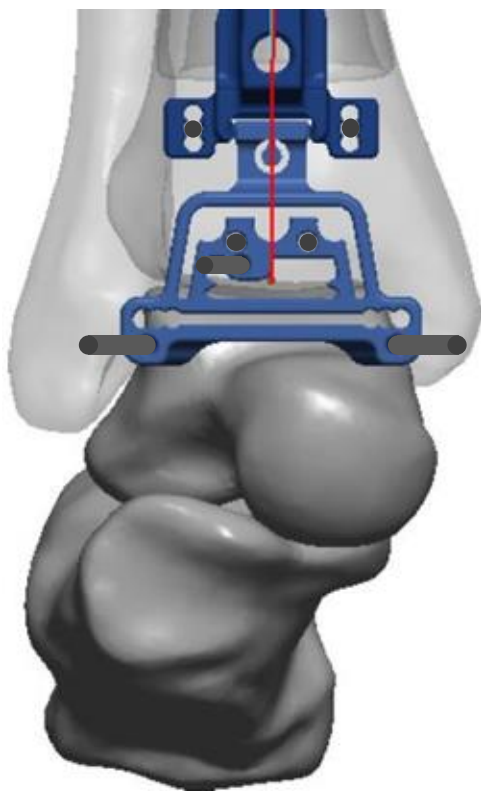


Figure 24

Drill tibial corners

Using the tibial corner drill (33820048), sequentially drill and then fill each of the proximal corners of the tibia with a corner protector peg (33829011). (Figure 25) Ensure the drill goes bi-cortically without going into the posterior soft tissue.

The corner protector pegs prevent excursion of the saw blade past the saw slots, minimizing notches at the corners. The protector pegs are identical and can be used interchangeably in the medial and lateral corners of the tibia resection insert. Insertion can be done by hand, or the head of the corner protector pegs can be loaded onto the hex driver to protect your fingers from the protruding Steinmann pins. With either insertion method, ensure the protector pegs are rotated with the outside shoulders hooking over the side of the resection insert. (Figure 26) A tactile click can verify that the corner pegs are fully seated.



Figure 25

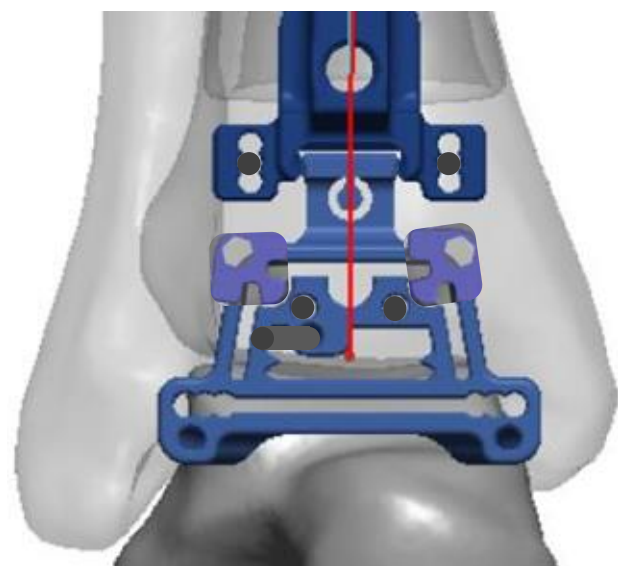


Figure 26

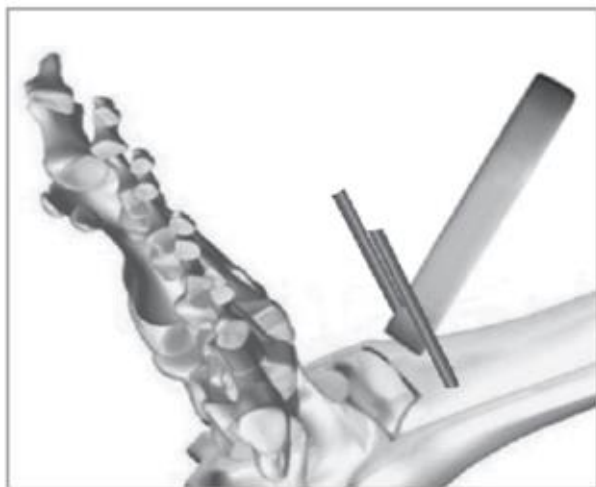


Figure 27



Figure 28

Tibial bone resection

Using the appropriate size saw blade and/or oscillating bone saw make the tibial resections only. The talar cut is not made at this time.

Remove the divergent Steinmann pin, then remove the conversion instrument, corner protector pegs, and resection guide. Leave the two proximal tibial Steinmann pins. (Figure 27)

At the top of the tibial cut, use an osteotome to cut down towards the talus at approximately 60° to remove the anterior section of the tibia. (Figure 28) Remove as much of the tibia resection as possible; at a minimum, remove any anterior bone that may prevent proper seating of the Prophecy Talar Alignment Guide on the talar dome.

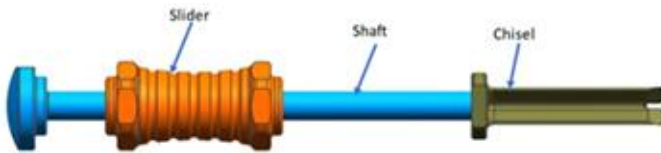


Figure 29

Assemble corner chisel by placing the Chisel Slide (33820093) over the Chisel Shaft (33820092) and securing with the Chisel Tip (33820091). (Figure 29)

To facilitate removal of the remaining posterior tibia, the Corner Chisel assembly and a mallet can be used to finish off bone cuts in the proximal corners of the resected tibia. (Figure 30) The Corner Chisel is laser marked to indicate the anterior to posterior depth of the various size tibial trays.

Warning: Care must be taken to ensure that the Corner Chisel does not penetrate too deeply, as neurovascular injury may occur. Do not rely solely on the depth indications on the Chisel to determine resection depth. If unsure, utilize a lateral fluoroscopic image to confirm proper depth of the chisel.

The Slide mechanism can be used as a backslap should the chisel become difficult to remove.



Figure 30



Figure 31

Using a pin driver, insert the Bone Removal Screw (IB200051) into the resected tibial bone. (Figure 31) Attach the Ratcheting Handle (59011120) to the Bone Removal Screw to aid in removing the remaining tibial section through traction.

Insert the 90° Posterior Capsule Release Tool (IB200050) into the joint space and use to free up the posterior capsule soft tissues attachments to the resected tibia. (Figure 32)

A reciprocating saw or bone rasp may be used to remove excess bone, taking care to follow the previously made cut line. Remove loose bone pieces and irrigate the joint space. (Figure 33)

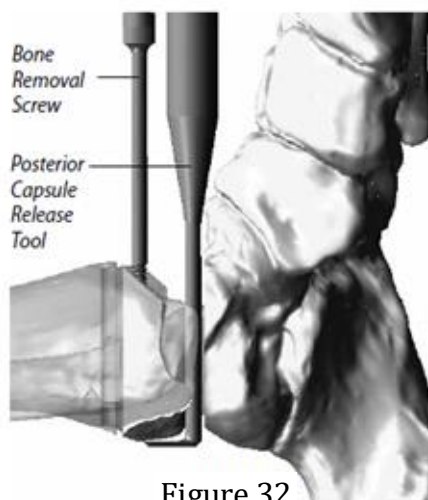


Figure 32

[Talar PSI Guide](#)
Pg. #59

[Spacer Guide](#)
Pg. #65

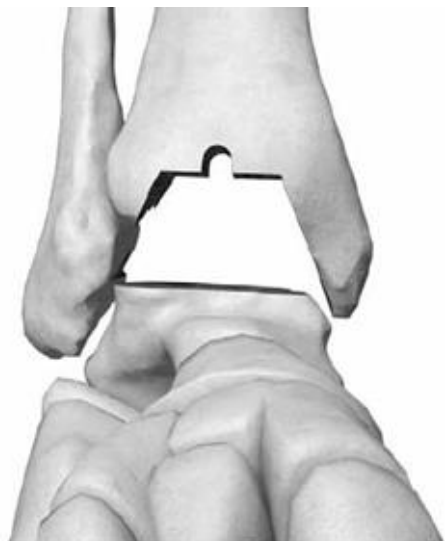
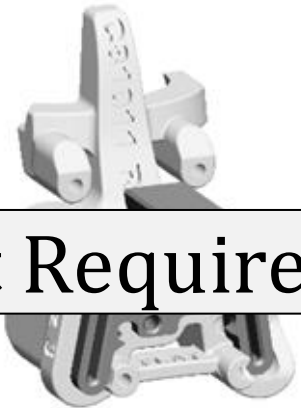


Figure 33

Incompass™ Total Ankle System Tibia Resection

PSI Resect-Thru Guide



Not Required



Figure 34



Figure 35



Figure 36

Surgical approach

Make the anterior incision centered on the ankle, directly lateral to the palpable tibialis anterior tendon and medial to the extensor hallucis longus tendon. (Figure 34) Define and avoid the deep peroneal nerve and anterior tibial artery. Once the nerve bundle is mobilized, the anterior ankle (distal tibia and talus) is exposed with the dorsal talonavicular joint representing the distal extent of the incision. This incision can be modified according to the specific needs of the patient.

Tibial Resect-Through Guide

Prophecy Resect-Through Guides (PROPINC) are designed to incorporate fixed osteophytes on or near the articulating surfaces. Therefore, osteophytes should not be removed during the surgical exposure of the ankle. However, any loose bodies, specifically called out on the Prophecy preoperative plan, should be removed as they will not have been incorporated into the proper seating of the Prophecy Guides.

Ensure the area of the anterior tibia where the Prophecy Guide will surface match is completely free of soft tissue and place the Prophecy Tibia Resect-Through Guide in the best-fit location. Please note that the guides are designed to fit in one and only one proper location.

Insert appropriately sized tibia resection insert (33820302 through 33820305) into the resect-through guide and lightly press to seat. (Figures 35 & 36)

Notice: The resection guide will not sit flush to the Prophecy guide but will be approximately 2mm to 3mm proud. (Figure 36)



Figure 37

If the Prophecy Tibia Guide does not sit flush against the tibia—before driving any pins into the bone—remove the Prophecy Tibia Guide and clean off any remaining soft tissue covering the bone.

Re-evaluate the surface match fit between the Prophecy guide and the bone. Repeat these steps until the guide sits flush against the bone in the best-fit location.

Notice: Use the provided bone models as an additional tactile and visual confirmation that the Prophecy Tibia Guide is positioned correctly on the patient's bone. (Figure 37)

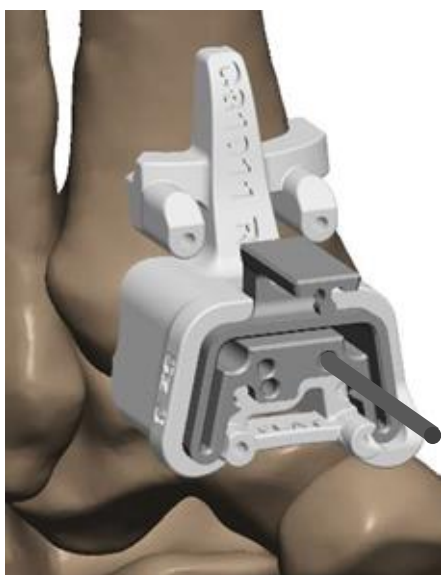


Figure 38

Once the Prophecy Tibia Guide is in the proper location, insert one 2.4mm Steinmann pin (200072) into one of the straight holes in the metal resection guide to temporarily hold it into position. (Figure 38)

Attach the Prophecy Conversion Instrument (33820300) to the resection insert and lock in position using the hex driver (33820035 and 5901-1120). (Figure 39).



Figure 39

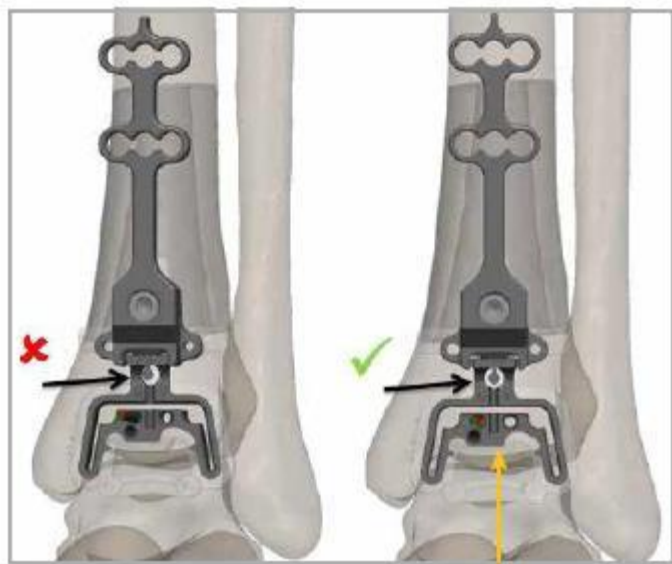


Figure 40

With the Prophecy Tibia Guide held in place, take an AP fluoro image to confirm that the tibial guide is in the correct orientation. To obtain a true AP view rotate the ankle (or conversely the c-arm) until the fluoroscopic check feature is centered. (Figure 40) This image should correspond to the “anterior view” tibial resect-through guide image in the Prophecy preop plan. (Figure 41)

Be sure to center the ankle on the fluoro projection screen to minimize the risk of parallax imaging error.



Figure 41

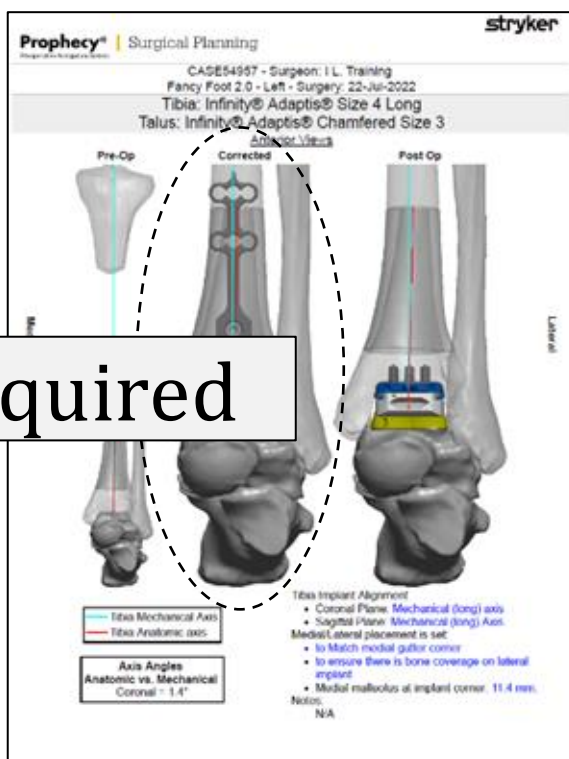




Figure 42

Notice: Proximal-distal and medial-lateral translation of the guide can be visualized at this time. The joint line indicators represent the top of the implant articulating surface with the thinnest polyethylene (Figure 42).

If the intra-op image is significantly different from the pre-op plan, remove the tibia guide as well as any pins holding it in place. Ensure the periosteum has been cleaned from the tibia, and that skin retractors are effectively keeping all other soft tissues from interfering with the guide. It may also be beneficial to place the foot into slight plantarflexion and place a surgical bump under the tibia to elevate it. This allows the talus to drop away from the anterior tibia and prevent interference with the distal portion of the tibia guide.

Replace the Prophecy Tibia Guide and repeat the procedure for AP fluoro check, using the opposite side pinhole to temporarily secure the guide in place.

Notice: By using only one pin to initially secure the guide, adjustments can be made to the guide location providing a second option to pin in place without finding the original pinhole.

The surgeon should also obtain a fluoroscopic lateral view of the ankle to verify the flexion/extension angle of the tibial pin(s) and planned tibial resection. (Figures 43 & 44)



Figure 43

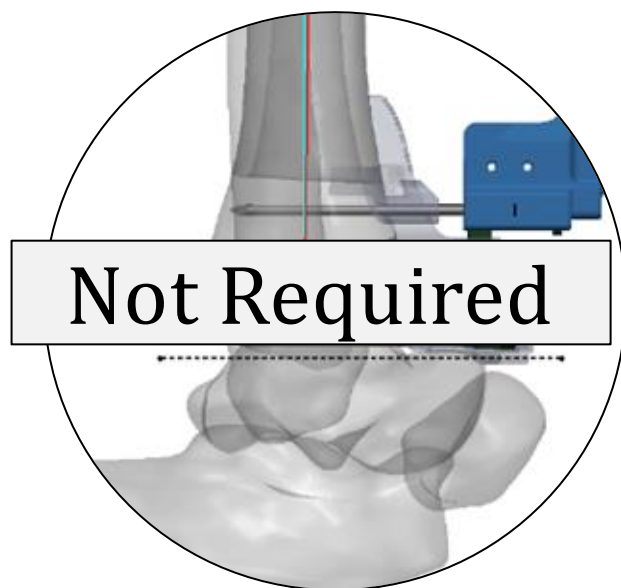
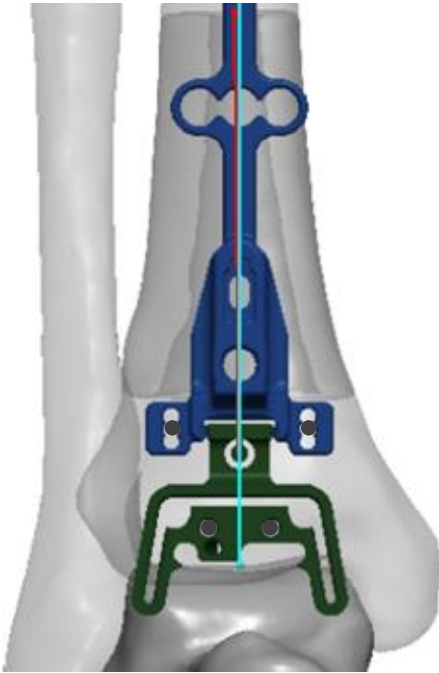


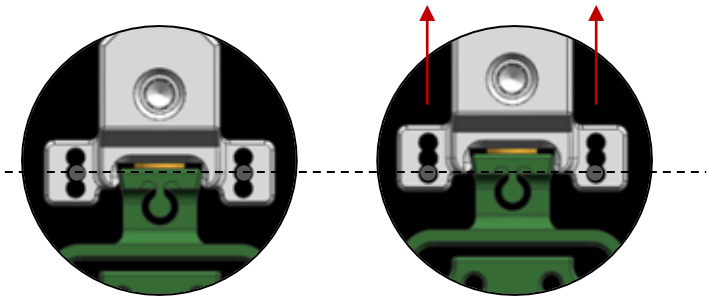
Figure 44



If desired the Resection Guide can be translated proximally or distally by 2mm by removing the two distal Steinmann pins, sliding the Prophecy Conversion Guide off the proximal pins, and reinstalling over the top or bottom “snowman” holes (Figure 45).

Notice: If this translation is made, the proximal pins will no longer be the correct distance from the tibial resection; therefore, after making the resection they will need to be removed and reinstalled later through tibial trial.

For fluoroscopic reference: the outer shape of the Prophecy Conversion instrument represents the height of a 4-stem construct with a 12mm diameter (Figure 46).



Snowman pin holes enable resection height adjustment (2mm increments)

Figure 45

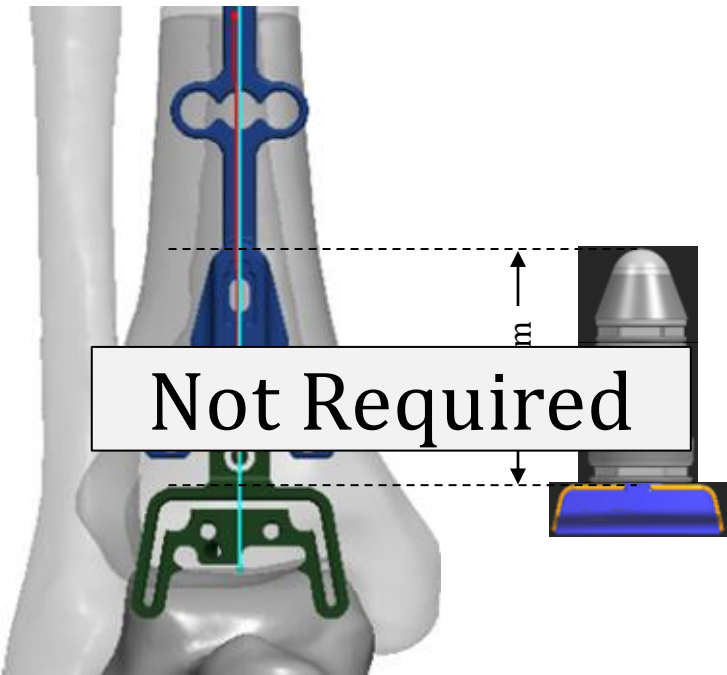
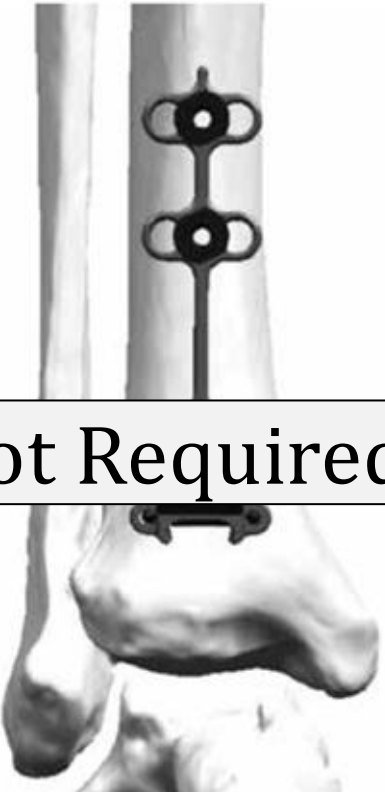


Figure 46



Not Required

Figure 47

Option to revert to standard instrumentation

Notice: At this point, the surgeon can revert to the standard Incompass instrumentation and operative technique if there are any concerns with the planned resection.

Place Pin Sleeves (33600025) into the two aligned holes that provide optimal bone purchase. Typically, these will be the two center holes. (Figure 47)

Caution: The two holes chosen must align with one another e.g. both center holes, both medial holes or both lateral holes.

Insert the Trocar (33600026) through each of the Pin Sleeves to create entrance portals for the percutaneous pins. (Figure 48)



Not Required

Figure 48



Figure 49

Install a 3.2mm Pin into each Pin Sleeve and through both cortices of the tibia. (Figure 49)

Remove both Pin Sleeves, Prophecy Conversion Instrument, Resection Guide, and all 2.4mm Steinmann pins. (Figure 50)

To proceed with standard instrumentation, refer to the section link below for detailed instructions.

[Standard Instrumentation pg #45](#)

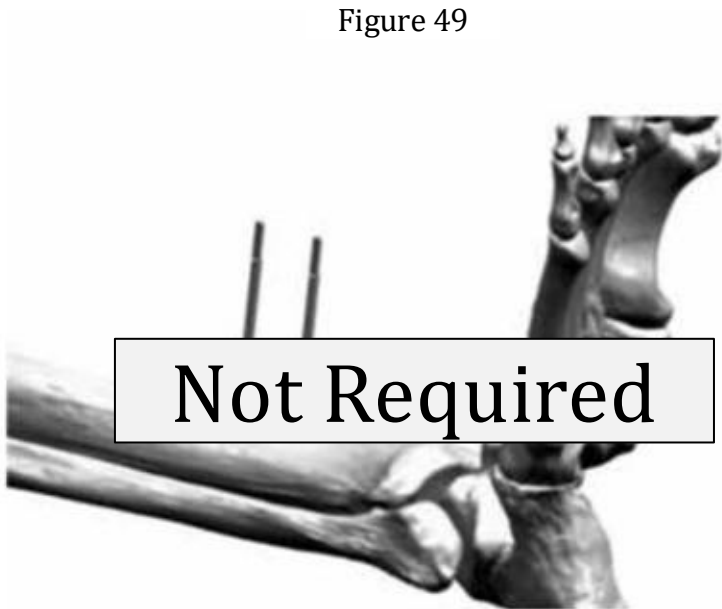


Figure 50



Figure 51

Once the desired fit and alignment are confirmed, place four 2.4mm drill-tipped Steinmann pins through the guide and both cortices of the tibia. (Figure 51) Using the pin cutter (200427) trim the pins flush.

Optionally, install a 2.4mm Steinmann pin through the divergent pin location to prevent the alignment guide from rising during sawing. To avoid damaging the posterior neurovascular bundle, ensure the pin does not advance past the posterior cortex. (Figure 52) Using the pin cutter trim the divergent pin; leaving enough length to allow its removal with a pin driver or pin puller but short enough to allow saw blade clearance in the medial resection slot (approximately 15mm).



Figure 52



Figure 53

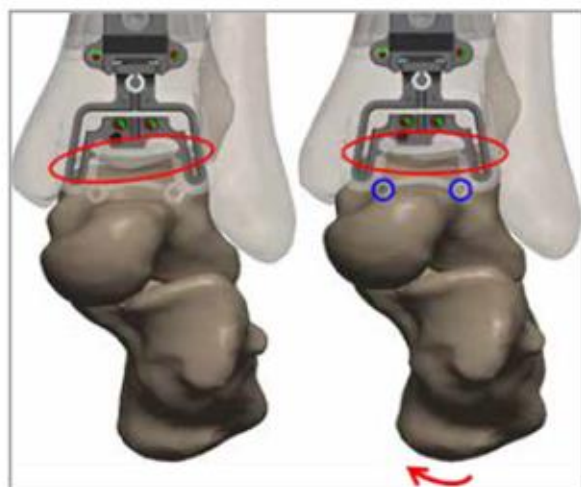


Figure 54

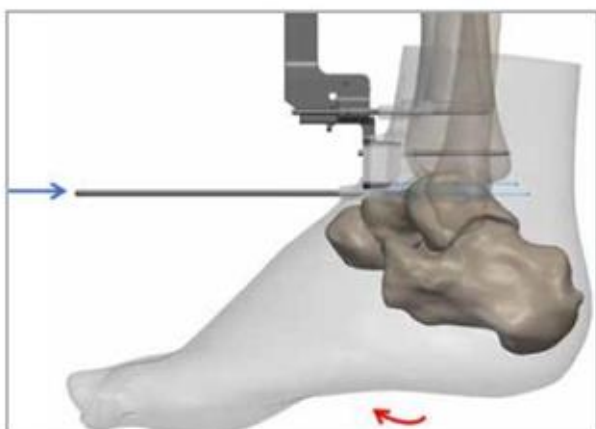


Figure 55

Option to couple the Talus Alignment

Notice: The talar holes for the option to couple alignment will only be included in the tibia guide as determined from the surgeon's preference preoperatively. Otherwise, with the exclusion of these pin holes, the following steps to couple tibia and talar alignment would not apply.

If talar pin holes exist in the Prophecy Tibia Guide, the option to “couple” or manually position the talus underneath the tibia to achieve neutral alignment in both the coronal and sagittal plane (plantigrade) is available at this step. (Figure 53) Using the joint line reference cues, the surgeon may obtain fluoroscopic coronal and sagittal views of the ankle before placing two Steinmann pins in the distal portion of the guide into the talus. (Figures 54, 55, & 56)

Refer to page 63 for instructions on how to use the talar resection guide to complete the talar resection.

Talar Resection
Pg. #63



Figure 56



Figure 57



Figure 58

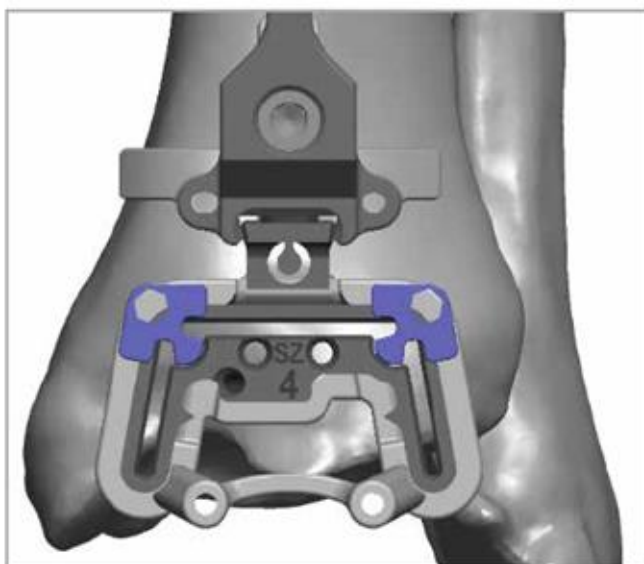


Figure 59

Drill tibial corners

Using the tibial corner drill (33820048), sequentially drill and then fill each of the proximal corners of the tibia with a corner protector peg (33829011). (Figures 57 & 58) Ensure the drill penetrates bi-cortically without extending into the posterior soft tissue.

The corner protector pegs prevent excursion of the saw blade past the saw slots, minimizing notches at the corners. The protector pegs are identical and can be used interchangeably in the medial and lateral corners of the tibia resection insert. Insertion can be done by hand, or the head of the corner protector pegs can be loaded onto the hex driver to protect your fingers from the protruding Steinmann pins. (Figure 58) With either insertion method, ensure the protector pegs are rotated with the outside shoulders hooking over the side of the resection insert. (Figure 59) A tactile click can verify that the corner pegs are fully seated.



Figure 60

Tibial bone resection

Using the appropriate size saw blade and/or oscillating bone saw make the tibial resections only. The talar cut is not made at this time. (Figure 60)

Remove the divergent Steinmann pin, then remove the conversion instrument, corner protector pegs, and resect-through guide insert. Leave the two proximal tibial Steinmann pins and two talus Steinmann pins (if present). (Figure 61)

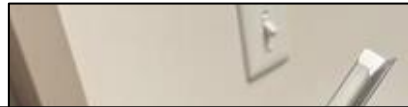
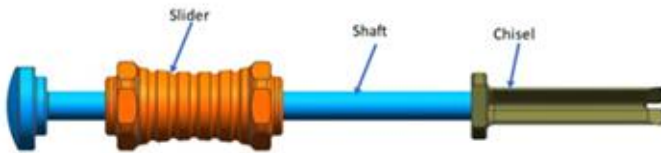
At the top of the tibial cut, use an osteotome to cut down towards the talus at approximately 60° to remove the anterior section of the tibia. (Figure 62) Remove as much of the tibia resection as possible; at a minimum, remove any anterior bone that may prevent proper seating of the Prophecy Talus Alignment Guide on the talar dome.



Figure 61



Figure 62



Not Required



Figure 63

Assemble corner chisel by placing the Chisel Slide (33820093) over the Chisel Shaft (33820092) and securing with the Chisel Tip (33820091). (Figure 63)

To facilitate removal of the remaining posterior tibia, the Corner Chisel assembly and a mallet can be used to finish off bone cuts in the proximal corners of the resected tibia. (Figure 64) The Corner Chisel is laser marked to indicate the anterior to posterior depth of the various size tibial trays.

Warning: Care must be taken to ensure the Corner Chisel does not penetrate too deeply, as neurovascular injury may occur. Do not rely solely on the depth indications on the Chisel to determine resection depth. If unsure, utilize a lateral fluoroscopic image to confirm proper depth of the chisel.

The Slide mechanism can be used as a backslap should the chisel become difficult to remove.



Not Required

Figure 64



Not Required

Using a pin driver, insert the Bone Removal Screw (IB200051) into the resected tibial bone. (Figure 65) Attach the Ratcheting Handle (5901-1120) to the Bone Removal Screw to aid in removing the remaining tibial section through traction.

Insert the 90°Posterior Capsule Release Tool (IB200050) into the joint space and use to free up the posterior capsule soft tissue attachments to the resected tibia. (Figure 66)

A reciprocating saw or bone rasp may be used to remove excess bone, taking care to follow the previously made cut line. Remove loose bone pieces and irrigate the joint space. (Figure 67)



Figure 65



Not Required

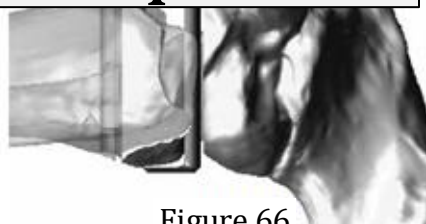


Figure 66

[Talar PSI Guide](#)
Pg. #59

[Spacer Guide](#)
Pg. #65

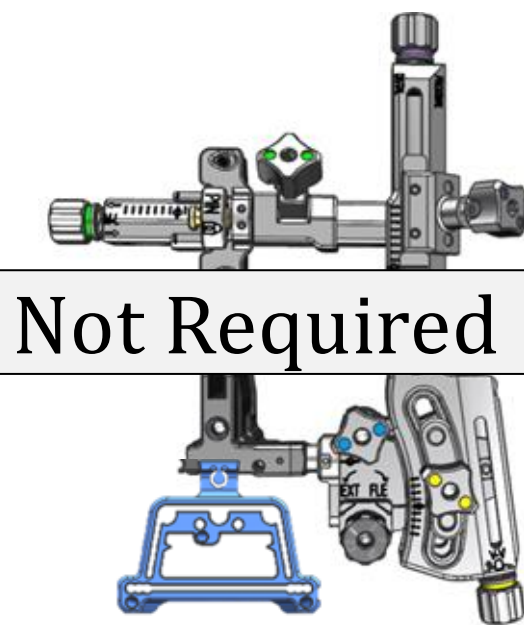


Not Required

Figure 67

Incompass™ Total Ankle System Tibia Resection

Standard
Instrumentation



Not Required



Figure 68

Surgical approach

Make the anterior incision centered on the ankle, directly lateral to the palpable tibialis anterior tendon, and medial to the extensor hallucis longus tendon. (Figure 68) Define and avoid the deep peroneal nerve and anterior tibial artery. Once the nerve bundle is mobilized, the anterior ankle (distal tibia and talus) is exposed with the dorsal talonavicular joint representing the distal extent of the incision. This incision can be modified according to the specific needs of the patient.



Figure 69

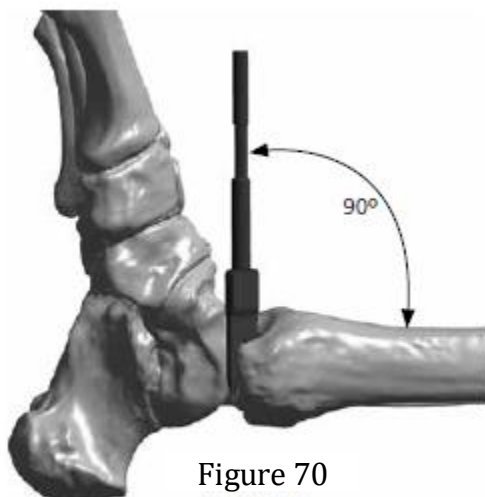


Figure 70

Set Axial Rotation

There are two options for setting the axial rotational alignment of the tibial tray:

1. Medial gutter
2. Gutter bi-section (5 degrees external to the medial gutter)

Choose either the Medial Gutter Fork (33600009) or Bi-Section Gutter Fork (33820009) and place into the medial gutter of the ankle joint, roughly perpendicular to the axis of the tibia. Ensure it is placed deep into the medial gutter, as this will establish the ultimate axial rotation of the prosthesis. (Figures 69 & 70)

Notice: When using the Bi-Section Gutter Fork it is important to make sure it is oriented correctly such that it is angled externally (laterally) to the foot and not internally (medially).

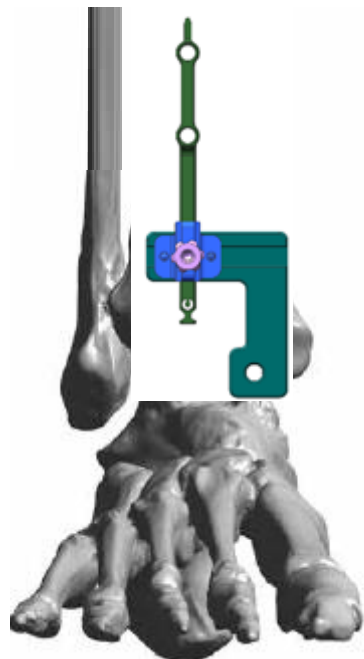


Figure 71

Set Axial Rotation

Assemble the Rotation Guide Pointer (33820011) and the Rotation Guide Slide (33820012) and install over the end of the Gutter Fork. (Figure 71) Slide the Rotation Guide Pointer medial/lateral to reach the approximate center of the tibia. Rotate the Rotation Guide Slide about the gutter fork until the Pointer is aligned approximately to the mechanical axis of the tibia.

The knob on the Pointer can be loosened to allow it to be raised and lowered to align the distal T-bar with the ankle joint line fluoroscopically. (Figure 72)

A 2.4mm can be inserted through the proximal end of the pointer to assist in visual alignment. (Figure 72)

There is also a fluoro alignment cue above the T-bar that can be aligned to ensure a true AP view. (Figure 72)

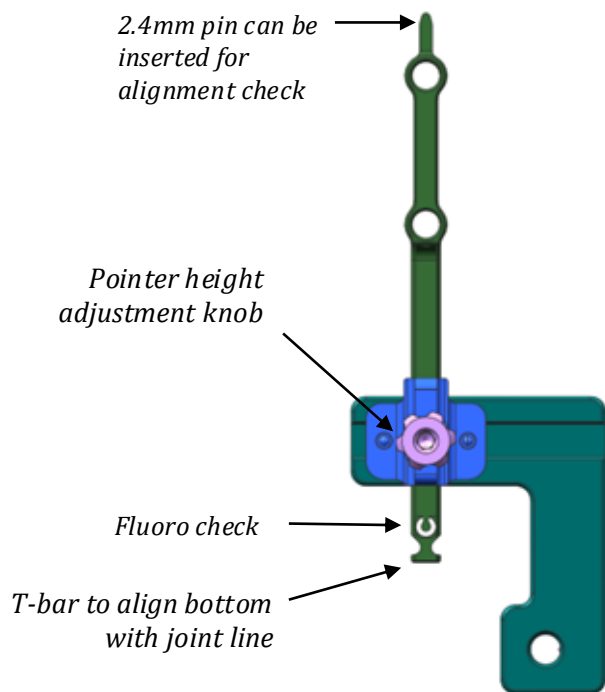


Figure 72

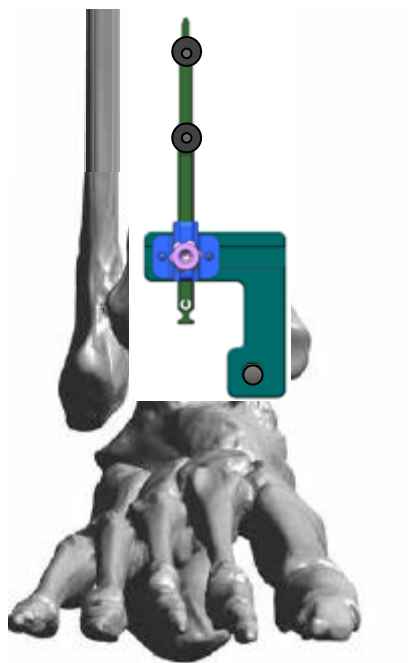


Figure 73

Place Pin Sleeves (33600025) into the two holes of the Rotation Guide Pointer. Insert the Trocar (33600026) through each of the Pin Sleeves to create entrance portals for the percutaneous pins.

Install a 3.2mm Pin (33820002) into each Pin Sleeve and through both cortices of the tibia. (Figure 73)

Remove both Pin Sleeves, the Pointer, Slider, and Gutter Fork leaving the two parallel pins in place. (Figure 74)



Figure 74

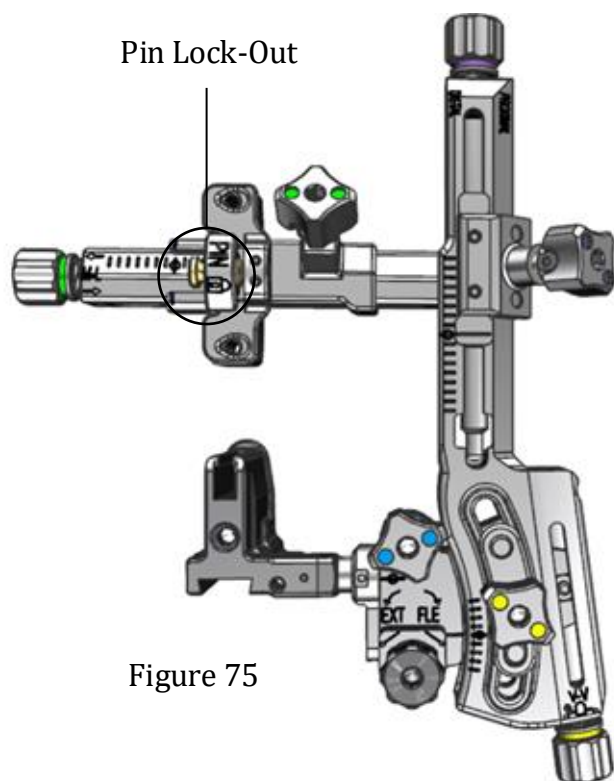


Figure 75

Place the Adjustment Arc (33820030) on the two parallel tibial pins and lock it in place a few millimeters above the surface of the tibia by tightening the pin lockout screw with the Hex Driver. (Figure 75) It is important not to rest the Arc directly on the tibia as it may not freely translate into the desired position.

Connect the appropriate size Resection Guide (33820042-45 or 33820052-55) to the Adjustment Arc by sliding it into the dovetail opening. Allow the Guide to slide into the dovetail until it rests against the surface of the tibia. Then, raise the Guide to leave 1mm of clearance between the Guide and the tibial plafond. Lock into place with the Hex Driver. (Figure 76)

To obtain a true AP fluoroscopic view rotate the ankle (or conversely the c-arm) until the fluoroscopic check feature is centered. (Figure 77)

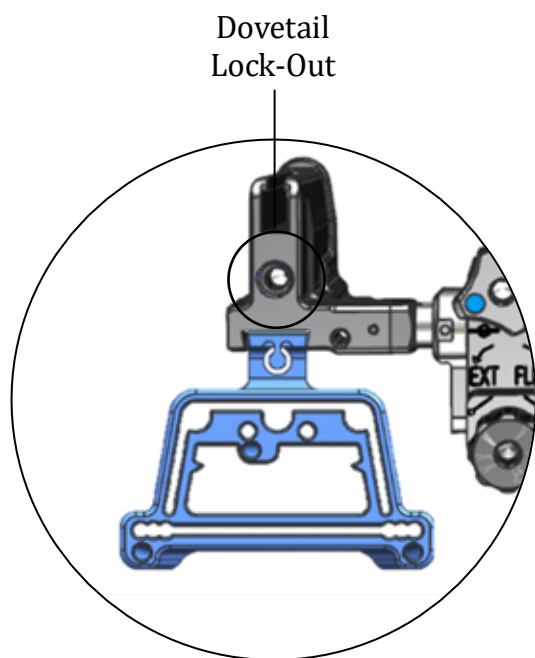
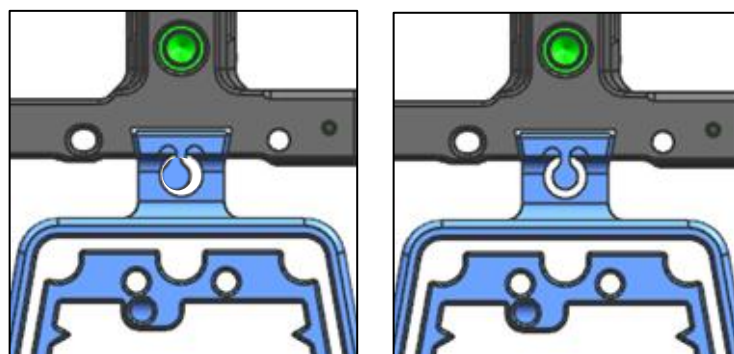


Figure 76



Incorrect

Correct

Figure 77

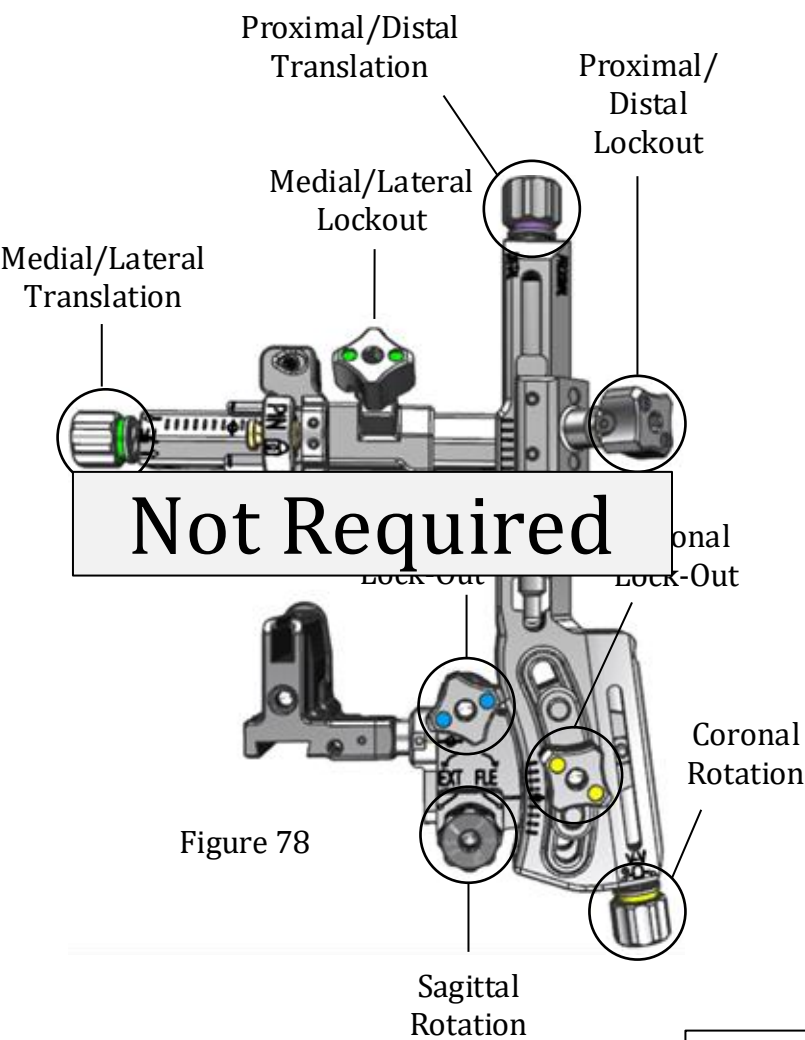


Figure 78

Adjustment Arc Diagram

For all subsequent adjustments to the Resection Guide refer to the following Adjustment Arc features. (Figures 78, 79, & 80)

Color Coding	Adjustment Direction
Yellow	Coronal Rotation (Varus/Valgus)
Blue	Sagittal Rotation (Flex/Extension)
Green	Medial/Lateral Translation
Purple	Proximal/Distal Translation



Adjustment Knobs



Lock-Out Knobs

Figure 79

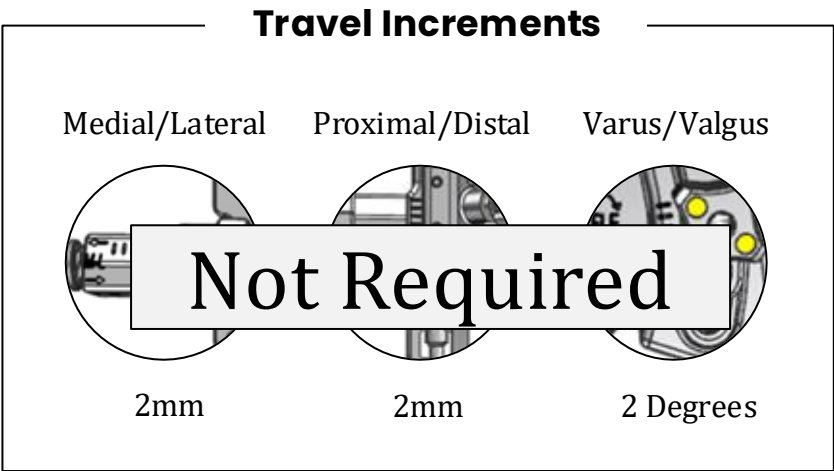
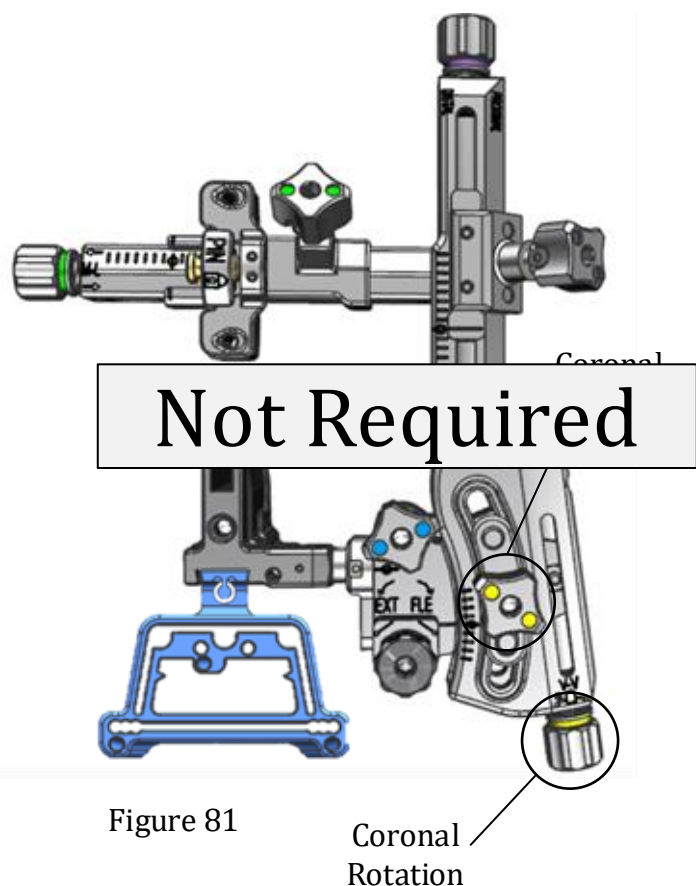


Figure 80



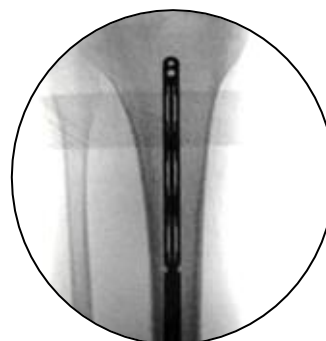
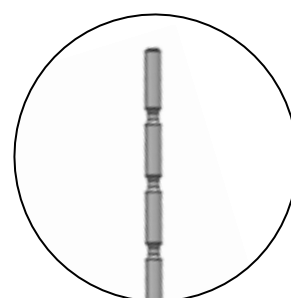
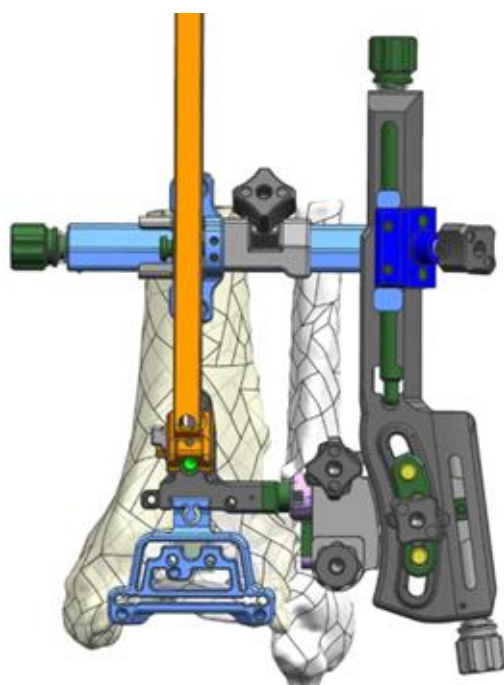
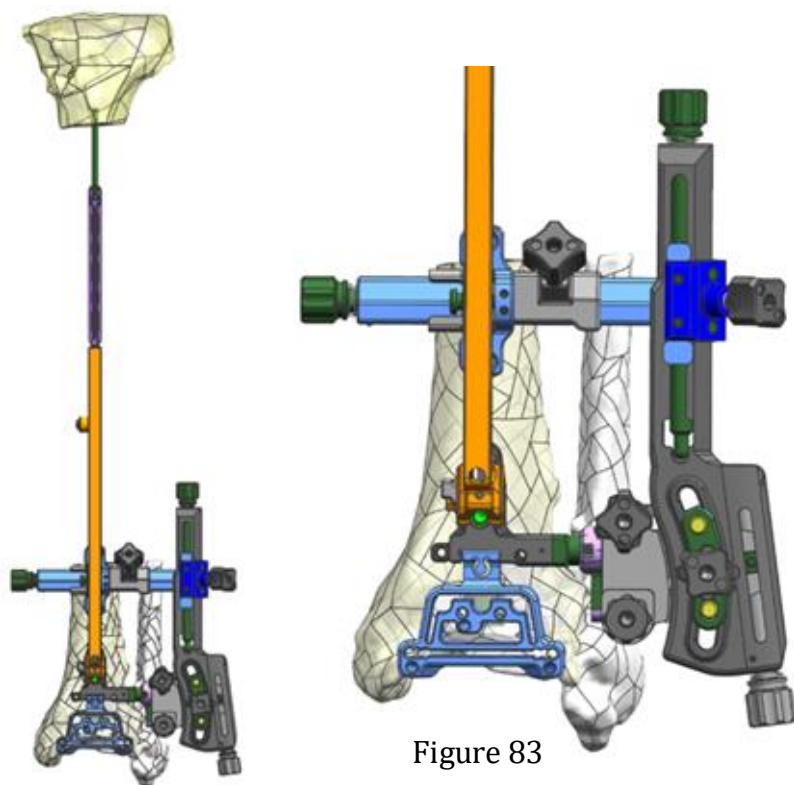
Adjust Coronal Rotation

The Adjustment Arc can now be adjusted to establish coronal rotation (varus/valgus). Turn the yellow-banded knob clockwise or counterclockwise to adjust the desired degree of varus or valgus rotation of the resection guide. (Figure 81)

Verify under AP fluoroscopy and tighten the yellow-dotted coronal lockout knob when adjustment is set. (Figure 81)

Alternately, for a coronal fluoroscopic rotational reference, the surgeon may attach the Coronal Alignment Rod (33820031) to the Adjustment Arc using the Hex Driver. (Figures 82, 83, & 84)

Notice: To avoid interference with the Coronal Alignment Rod the 3.2mm pins may be shortened by cutting the grooved ends (Figure 85) with the Pin Cutter (200427).



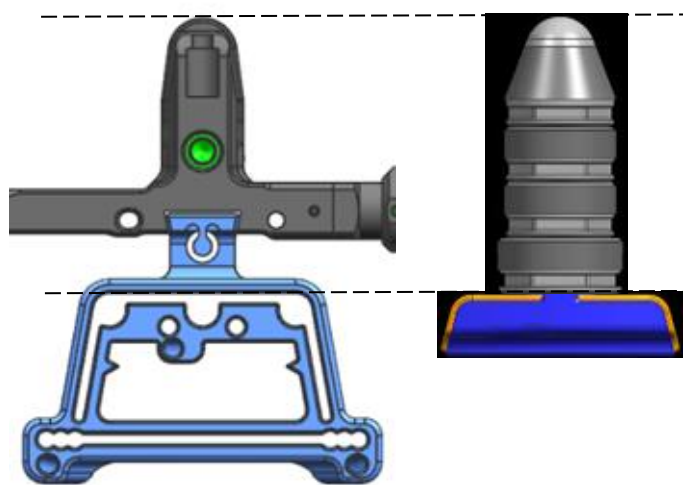


Figure 86

Note that the stem silhouette feature on the Adjustment Arc is the same height as a 4-stem construct and 12mm diameter; however, due to fluoroscopic projection may appear slightly smaller on fluoro. (Figures 86 & 87)



Figure 87

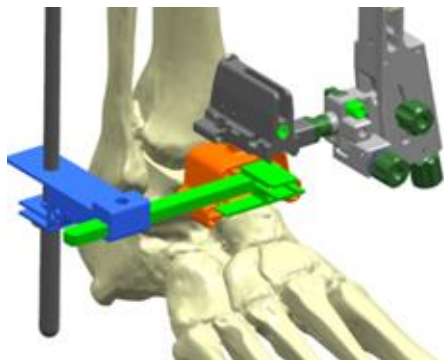


Figure 88

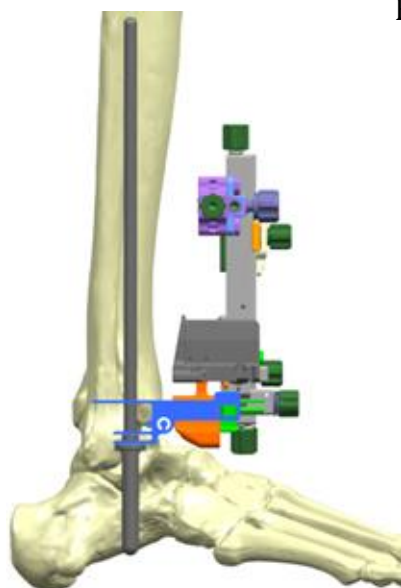


Figure 89



Incorrect



Correct

Figure 90

Adjust Sagittal Rotation

Choose the corresponding size Resection Height Gauge (33820063 – 65) and assemble with the Resection Height Gauge Arm (33820060) and Sagittal Alignment Rod (33820020). Insert this assembly into the proximal pin holes of the Resection Guide. (Figure 88 & 89)

To obtain a true lateral fluoroscopic view rotate the ankle (or conversely the c-arm) until the fluoroscopic check feature is centered. (Figure 90)

The Adjustment Arc can now be adjusted to establish sagittal rotation (flexion/extension). Turn the blue-banded knob clockwise for flexion and counterclockwise for extension. (Figure 91)

Verify under lateral fluoroscopy and tighten the blue-dotted sagittal lockout knob when desired position is achieved.

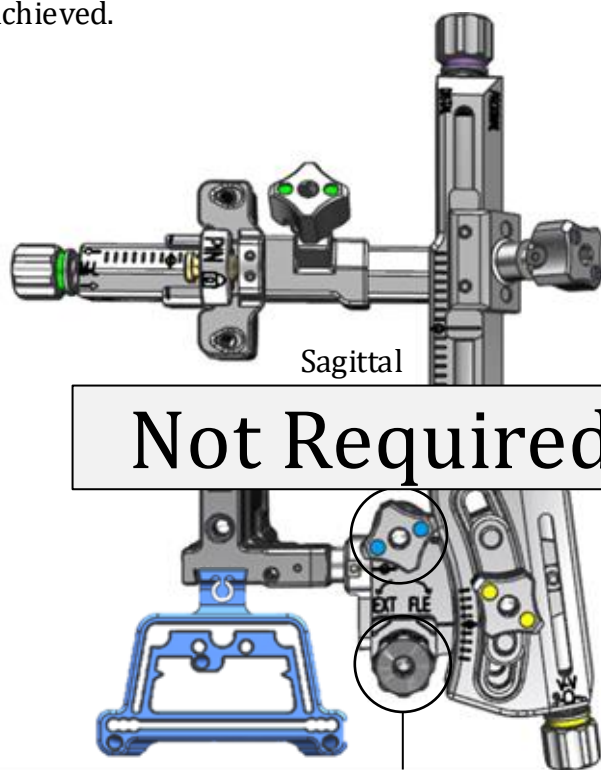


Figure 91

Sagittal
Rotation

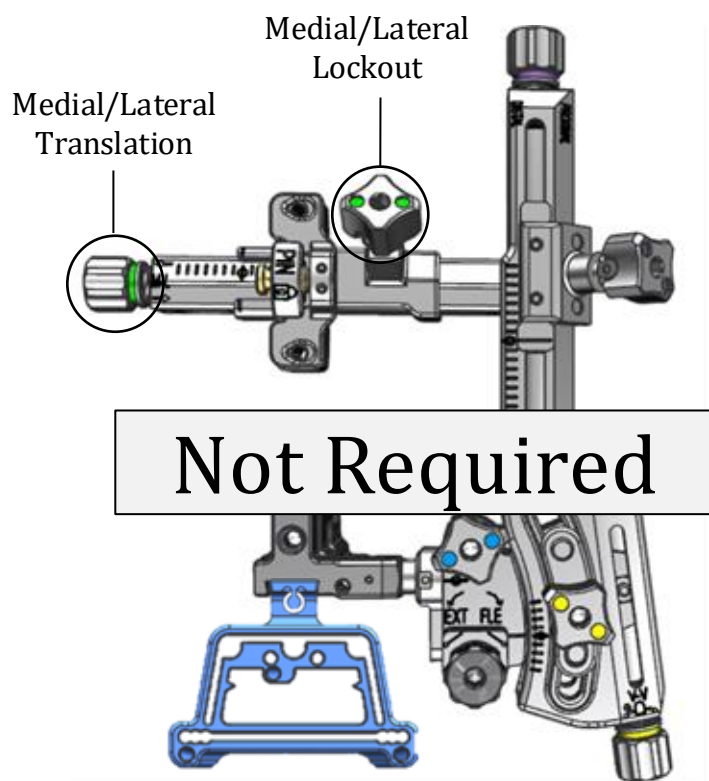


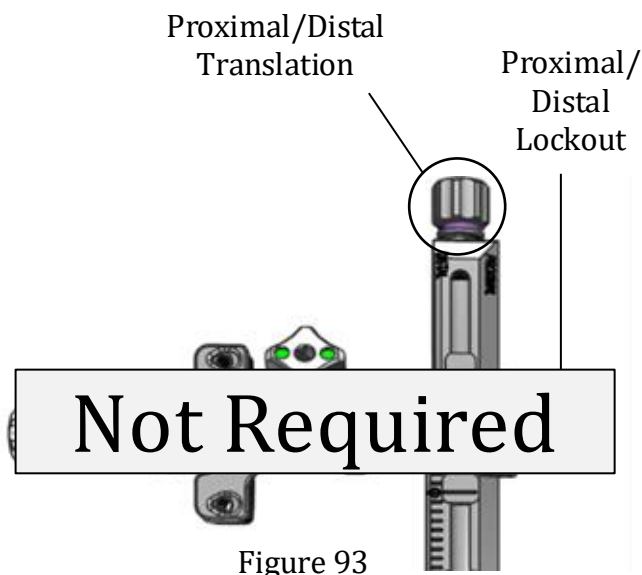
Figure 92

Adjust Medial/Lateral Translation

To translate the Resection Guide medially or laterally, turn the green-banded knob clockwise or counterclockwise. (Figure 92) The direction of movement will depend on whether the foot is left or right.

Using the medial and lateral resection slots as a guide, choose a position that does not cut the fibula and preserves much of the medial malleolus. If necessary, evaluate multiple resection guide sizes.

Verify under AP fluoroscopy and tighten the green-dotted medial/lateral lockout knob when desired position is achieved.



Adjust Proximal/Distal Translation

To adjust resection height, turn the purple-banded knob clockwise to translate proximally and counterclockwise to translate distally. (Figure 93)

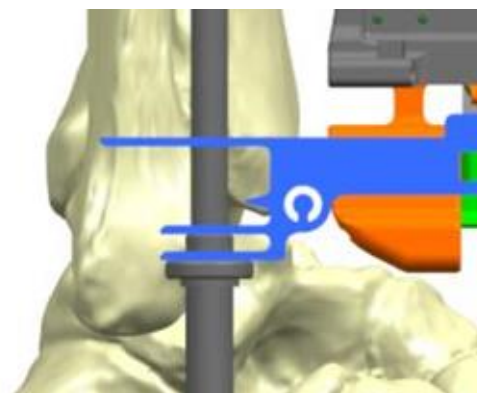
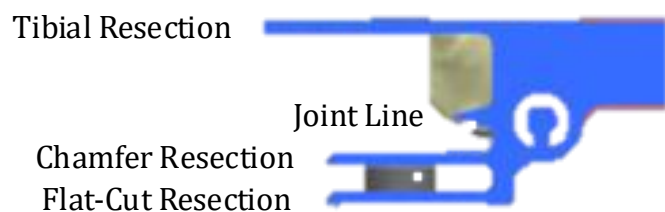
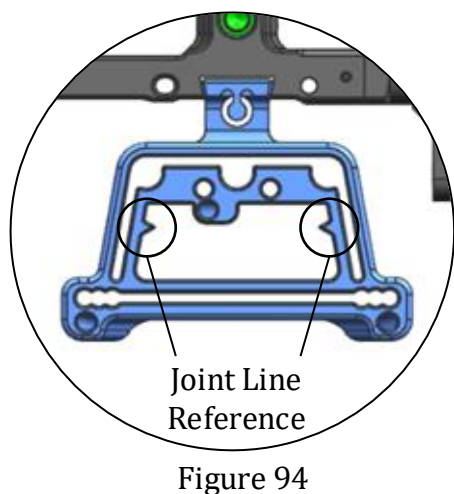
For initial positioning utilize the joint line indicator features on the Resection Guide. (Figure 94) Verify under AP fluoroscopy. The resection height position can be further refined in the subsequent step.

Reinsert the Resection Height Gauge assembly (without the Sagittal Alignment Rod) into the Resection Guide.

Referencing the various features of the Height Gauge adjust the final proximal/distal positioning of the Resection Guide. (Figures 95 & 96) Verify under lateral fluoroscopy and tighten the purple-dotted proximal/distal lockout knob when desired position is achieved.

Caution: For proper evaluation, the ankle must be positioned at 90°.

Study the talus carefully, and if it is not in the 90° position due to posterior contracture, the surgeon should lengthen the Achilles tendon and remove anterior impinging osteophytes.



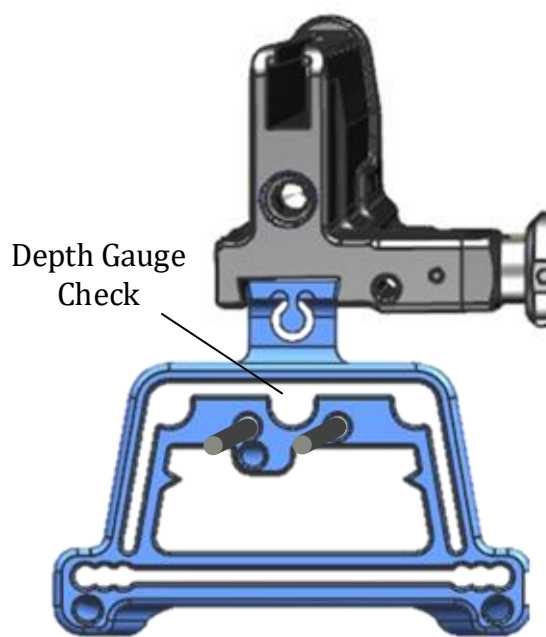


Figure 97

Tibial depth gauge check

Ensure that all Adjustment Arc lockouts are secured with the Hex Driver and place two 2.4mm Steinmann Pins (200072) through the Resection Guide into the tibia.

Using the tibial corner drill (33820048), drill bi-cortically through the center proximal hole of the Resection Guide. (Figure 97) Next, use the Depth Gauge (33820067) through the Resection Guide to measure the length of the proximal tibial cut. (Figure 98)

If desired, the nominal size of the tibial tray can be changed at this point by switching to a different size Resection Guide. Simply unlock the dovetail mechanism and slide out the Resection Guide and replace with another. The tibial pins are in the exact same location for each size.

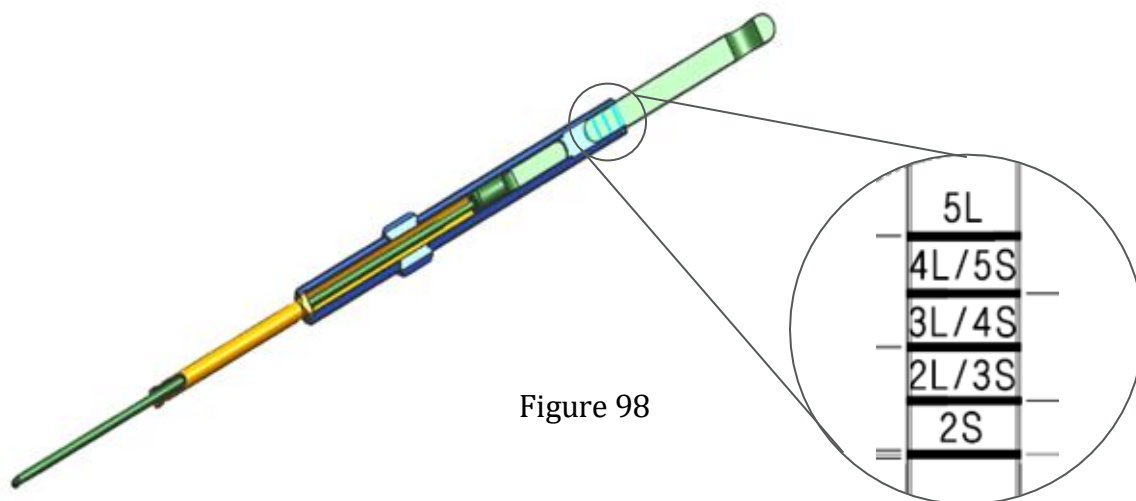


Figure 98

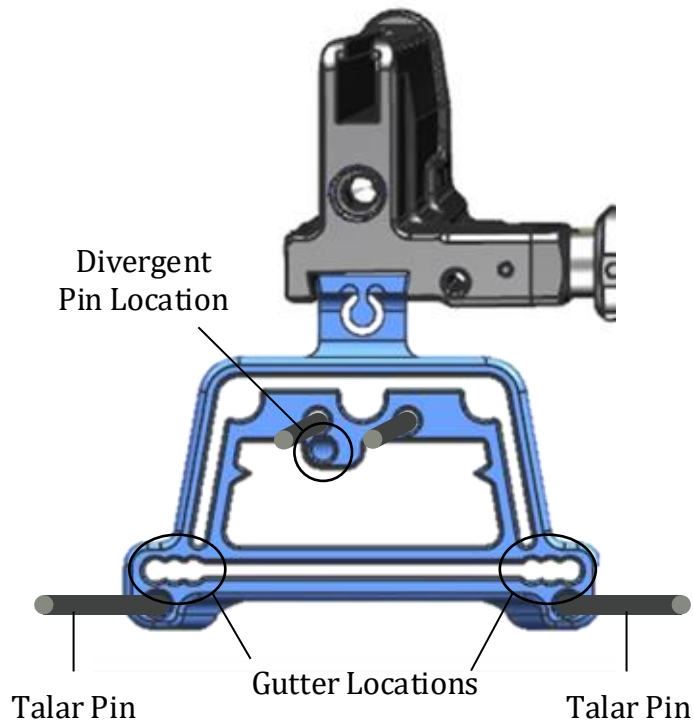


Figure 99

Once the final guide is selected place two 2.4mm Steinmann pins into the talar pin locations

Caution: During installation of the distal talar pins it is critical that the ankle be positioned in neutral alignment in both the coronal and sagittal plane (plantigrade).

If the surgeon chooses to decouple the talar cut, forgo pinning and resecting the talus at this step. Reference section "Talar Resection: Spacer Guide" for specific surgical steps.

Spacer Guide
Pg. #65

Install a 2.4mm Steinmann Pin into each gutter location. Using the Pin Cutter trim the tibial and gutter pins flush to the surface of the Resection Guide. Trim the talar pins leaving enough length to allow their removal with a pin driver or pin puller.

Optionally, install a 2.4mm Steinmann pin through the divergent tibial pin location to prevent the alignment guide from rising during sawing. To avoid damaging the posterior neurovascular bundle, ensure the pin does not advance past the posterior cortex. (Figure 99) Using the pin cutter, trim the divergent pin; leave enough length to allow its removal with a pin driver or pin puller but short enough to allow saw blade clearance in the medial resection slot (approximately 15mm).

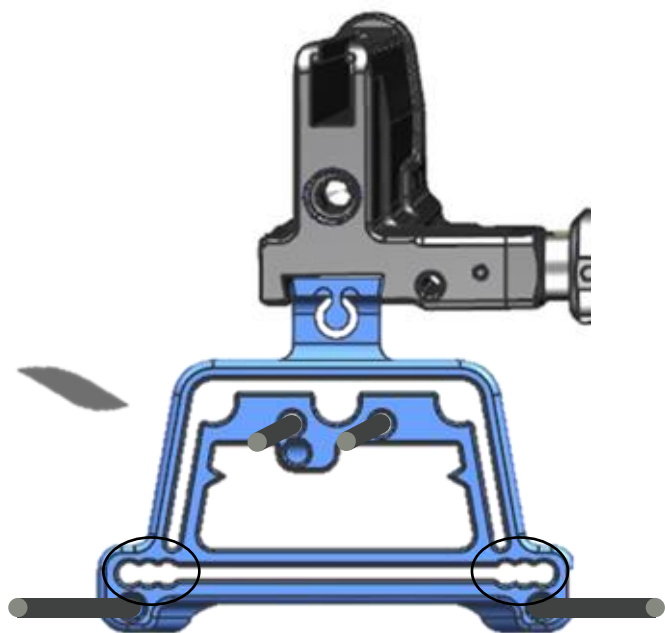


Figure 100

Drill tibial corners

Using the tibial corner drill (33820048), sequentially drill and then fill each of the proximal corners of the tibia with a corner protector peg (33829011). (Figure 100) Ensure the drill penetrates bi-cortically without extending into the posterior soft tissue.

The corner protector pegs prevent excursion of the saw blade past the saw slots, minimizing notches at the corners. The protector pegs are identical and can be used interchangeably in the medial and lateral corners of the tibia resection insert. Insertion can be done by hand, or the head of the corner protector pegs can be loaded onto the hex driver to protect your fingers from the protruding Steinmann pins. With either insertion method, ensure the protector pegs are rotated with the outside shoulders hooking over the side of the resection insert. (Figure 101) A tactile click can verify that the corner pegs are fully seated.

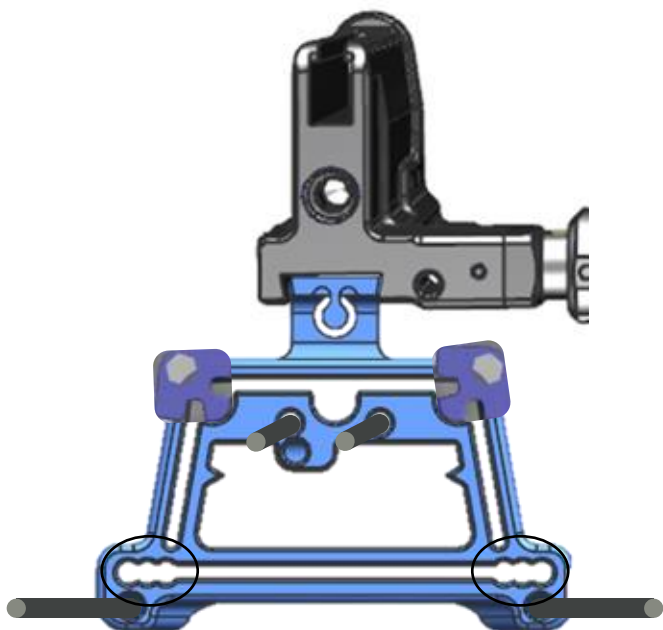


Figure 101



Figure 102



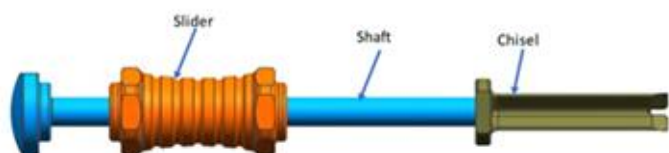
Figure 103

Tibial bone resection

Using the appropriately sized Saw Blade and oscillating bone saw make the tibial and talar bone resections. This includes cutting through the proximal, distal, medial, and lateral slots of the Resection Guide.

Remove the divergent tibial pin and talar pins then remove the Resection Guide, Adjustment Arc, and remaining Steinmann Pins. Check that the talar resection is complete by using a ½-inch osteotome. Complete the cut if necessary and gently lever the resected bone out anteriorly.

To facilitate removal of the resected talus, use an osteotome at the top of the tibial cut and cut down towards the talus at approximately 60° to remove the anterior section of the tibia. (Figures 102 & 103)



Assemble the corner chisel by placing the Chisel Slide (33820093) over the Chisel Shaft (33820092) and securing with the Chisel Tip (33820091). (Figure 104)

To facilitate removal of the remaining posterior tibia, the Corner Chisel assembly and a mallet can be used to finish off bone cuts in the proximal corners of the resected tibia. (Figure 105) The Corner Chisel is laser marked to indicate the anterior to posterior depth of the various size tibial trays.

Not Required

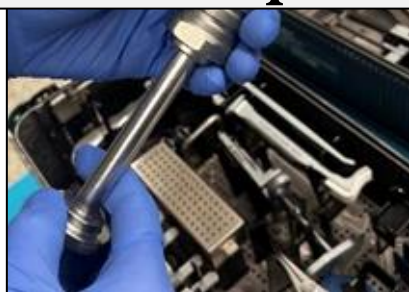


Figure 104

Warning: Care must be taken to ensure the Corner Chisel does not penetrate too deeply, as neurovascular injury may occur. Do not rely solely on the depth indications on the Chisel to determine resection depth. If unsure, utilize a lateral fluoroscopic image to confirm proper depth of the chisel.

The Chisel Slide mechanism can be used as a backslap should the chisel become difficult to remove.

Not Required

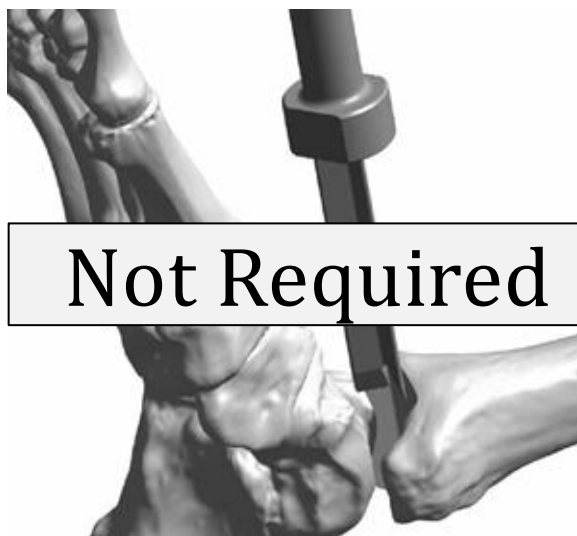


Figure 105



Not Required

Figure 106

Using a pin driver, insert the Bone Removal Screw (IB200051) into the resected tibial bone. (Figure 106) Attach the Ratcheting Handle (5901-1120) to the Bone Removal Screw to aid in removing the remaining tibial section through traction.

Insert the 90°Posterior Capsule Release Tool (IB200050) into the joint space and use to free up the posterior capsule soft tissue attachments to the resected tibia. (Figure 107)

A reciprocating saw or bone rasp may be used to remove excess bone, taking care to follow the previously made cut line. Remove loose bone pieces and irrigate the joint space. (Figure 108)



Not Required

Figure 107

Not Required

Figure 108

Incompass™ Total Ankle System Talar Resection

PSI Guide
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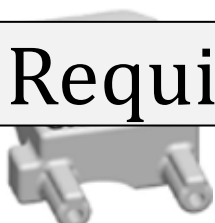
Spacer Guide
pg #65



Incompass™ Total Ankle System Talar Resection

PSI Guide

Not Required



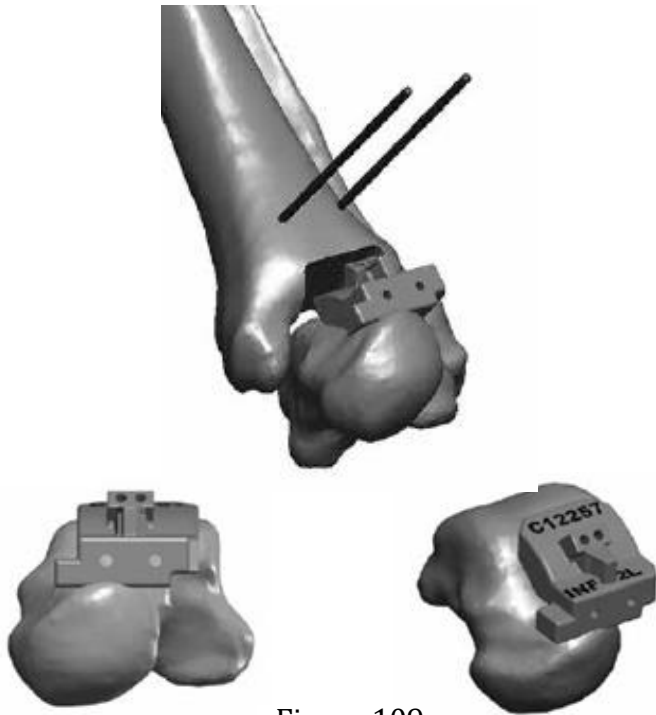


Figure 109

Prophecy Talar Guide

Place the foot into plantar flexion for maximum exposure of the talar dome. Ensure the area around the neck and dome of the talus where the Prophecy Talar Guide will surface match is free of all soft tissue. Place the Prophecy Talar Guide (PROPINC or PROPINCF) on the talar surface in the best-fit location. (Figure 109)

In the case of uneven talar dome cartilage wear, improved Prophecy Talar Guide accuracy may be achieved by carefully removing the cartilage with a curette from the surface-match area of the talus prior to placing the Prophecy Talar Guide.

If any portion of the tibia bone prevents the Prophecy Talar Guide from fitting properly on the talus, either remove more of the tibial resection or increase plantar flexion of the foot (or a combination of both).

Notice: Use the provided bone models as an additional tactile and visual confirmation that the Prophecy Talar Guide is positioned correctly on the patient's bone. (Figure 110)

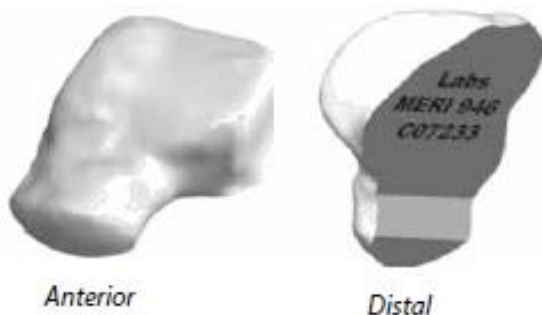


Figure 110



Figure 111

While holding the Prophecy Talar Guide in place install one 2.4mm Steinmann pin through either hole on the top surface of the guide and into the dome of the talus to temporarily hold in place. (Figure 111)

Next, install two 2.4mm Steinmann pins (200072) through the anterior pin holes of the Prophecy Talar Guide and into the talar bone. (Figure 112)

Remove the Steinmann pin in the top of the guide. Do not cut the remaining pins at this time. Remove the Prophecy Talar Guide by sliding it over the pins, leaving the pins in place. (Figure 113) It may be helpful to attach a Kocher clamp to the notches built into the central triangular feature of the Prophecy Talar Guide to pull the guide up.

Notice: By using only one pin to secure initially, adjustments can be made to the Prophecy Talar Guide location providing a second option to pin in place without finding the original pin hole.



Figure 112



Figure 113



Figure 114

The surgeon has the option to fluoroscopically verify the proximal/distal location and flexion/extension angle of the talar component prior to talar resection. Obtain a true lateral view by aligning the c-arm so that the talar Steinmann pins appear as one. (Figure 114)

Refer to the images in the Prophecy report for visualization of the proper pin position. In addition, the surgeon can compare to images in the Prophecy report to verify accuracy of the Prophecy Talar Guide. (Figures 115 & 116)

Chamfer Cut PSI Guide

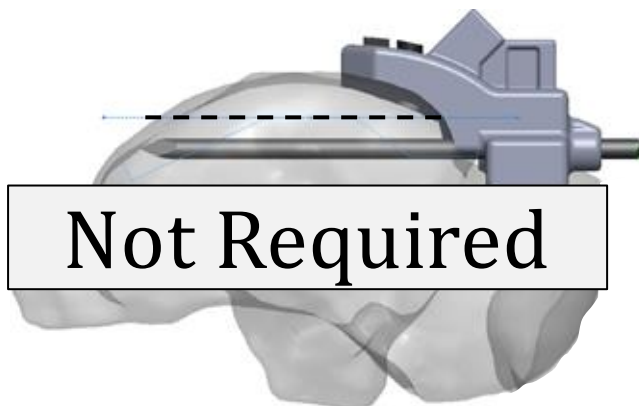


Figure 115

Flat-Cut PSI Guide

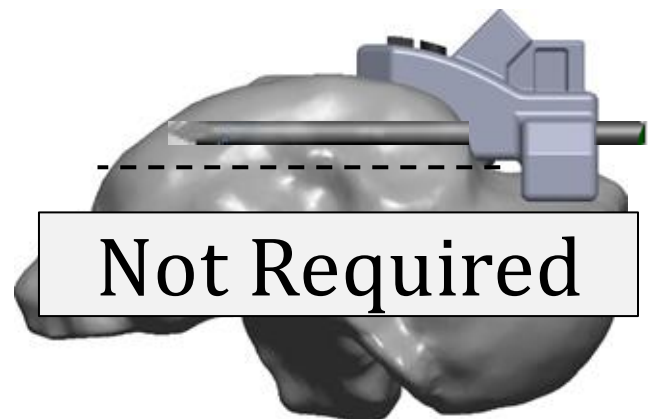


Figure 116

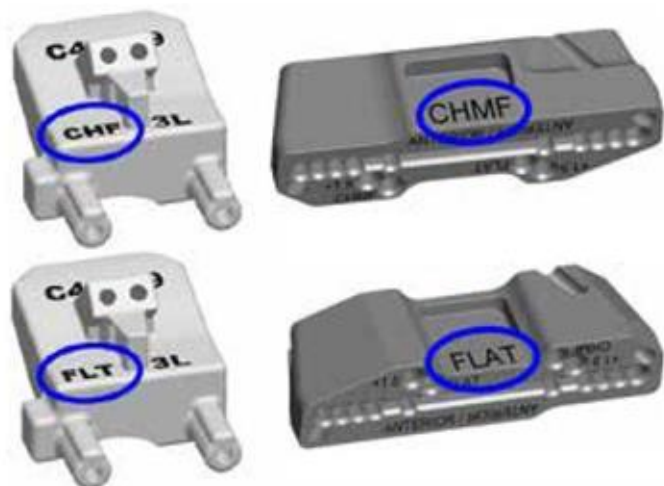


Figure 117

Talar bone resection

Refer to the patient's Prophecy report for details regarding the appropriate talar resection guide type, paying special attention to the guide orientation, markings, and pin holes utilized. Typically, for a chamfered talar resection level, the reversible Talar Resection Guide (33820310 or 33820311) should be positioned with the markings "CHMF" upright. Conversely, for a flat-cut resection level the marking "FLAT" should be facing up. (Figure 117)

Position the Talar Resection Guide over the talar pins and slide the guide down toward the talus. (Figure 118)



Figure 118

Notice: At this point, the surgeon still has the option to intra-operatively change from a chamfer to flat-cut talar resection (or vice versa). Refer to Appendix A for details on utilizing the Talar Resection Guide to translate the talar resection level.

Insert two additional 2.4mm Steinmann pins into the medial and lateral gutters to protect the malleoli. Optionally, install a 2.4mm Steinmann pin through one of the divergent pin locations.

(Figure 119) Use the pin cutter to cut the Steinmann pins close to the surface of the resection guide. Leave enough length on the divergent pin to allow its removal with a pin driver or pin puller.



Figure 119

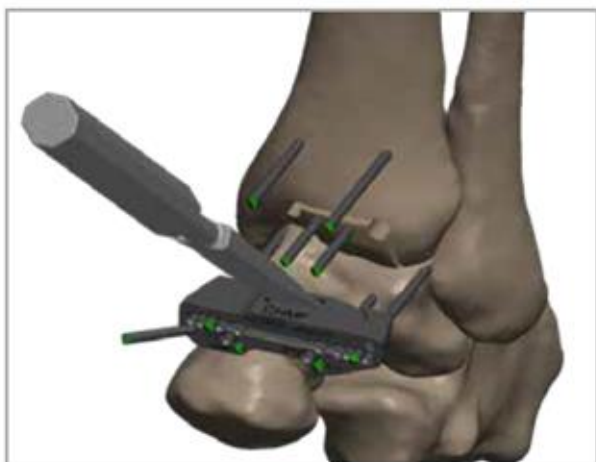


Figure 120

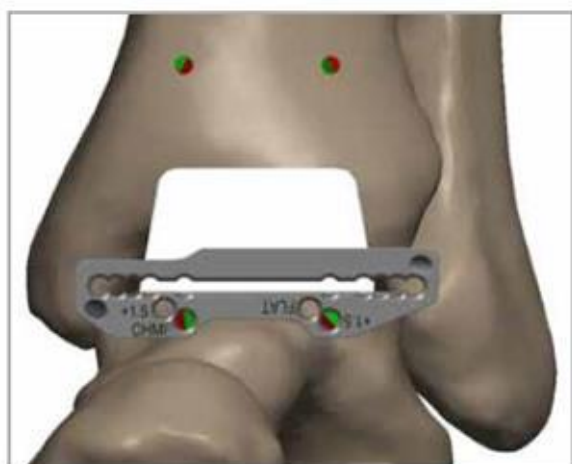


Figure 121

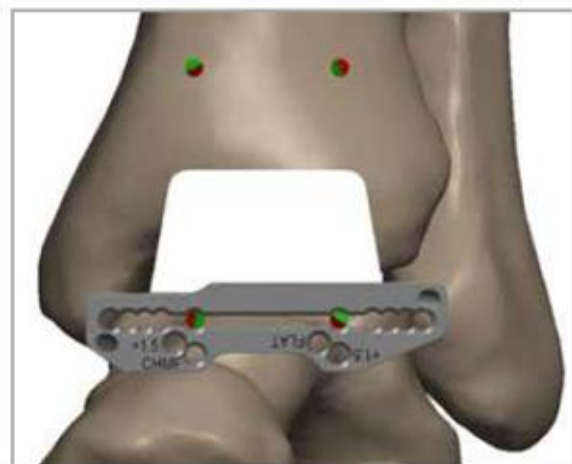


Figure 122

Care must be taken to ensure that the placement of the gutter pins does not unintentionally cause a shift in the position of the Talar Resection Guide. In addition, any unintentional pressure applied to the talar resection guide by the soft tissue envelope or retractors may cause it to shift, leading to an inaccurate resection.

Using the appropriate saw blade and oscillating bone saw make the talar resection.

Located on the proximal plane of the Talar Resection Guide is a notch that may be used to receive a generic instrument for manually holding the saw guide in position while making the talar resection. (Figure 120)

Notice: It may be necessary to manually hold the resection guide onto the bone as excessive vibration from the saw can cause the guide to move anteriorly and disengage from the pins.

The Talar Resection Guide provides an option to adjust the resection level of the chamfer cut at an additional 1.5mm. To take an additional 1.5mm in the resection level, the resection guide can be placed in the proximal set of pin holes prior to the cut being made, or after the initial resection has been taken from the talus. (Figures 121 & 122)

Pegged Tibia
Pg. #72

Stemmed Tibia
Pg. #77

Incompass™ Total Ankle System Talar Resection

Spacer Guide



Not Required



Figure 123

Spacer Guide Positioning

Select the appropriate Tibial Trial (see below) and install over the two tibial pins and into the resected joint space. (Figure 123).

- 33820072-0075 Right Side Trials
- 33820082-0085 Left Side Trials

Ensure the Tibia Trial is fully seated against the anterior cortex of the tibia. (Figure X) Pins may be trimmed flush to the tibial tray trial.

The self-retaining laminar spreaders (33609012) should be inserted between the trial and the talus to ensure the trial is seated flush.

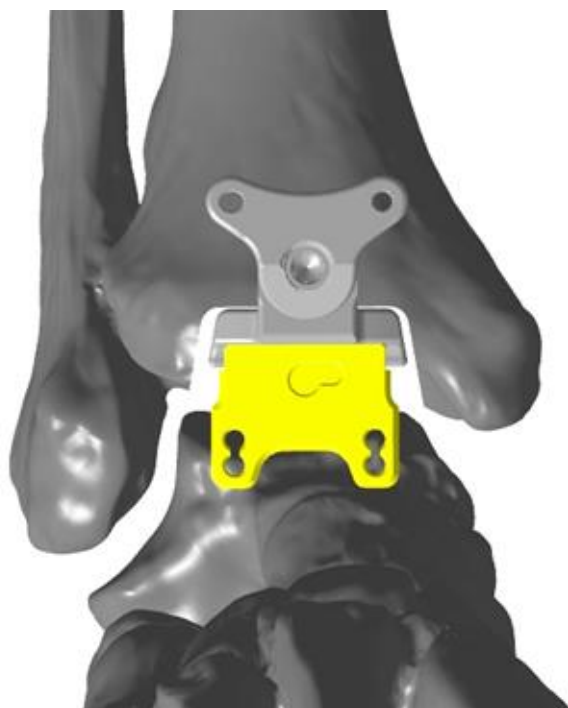


Figure 124

Install the appropriately sized Tibial Spacer Guide (33820402 through 33820405) into the Tibial Tray Trial. (Figures 124 & 125) The Poly/Dome Trial Holding Tool (33820090) may assist in the insertion and removal of spacer guides.

Caution: Before inserting the Tibial Spacer, the talus must be able to be positioned into a neutral varus/valgus position and neutral flexion/extension. If this cannot be achieved, appropriate soft tissue releases or other ligament balancing procedures will be required.



Figure 125

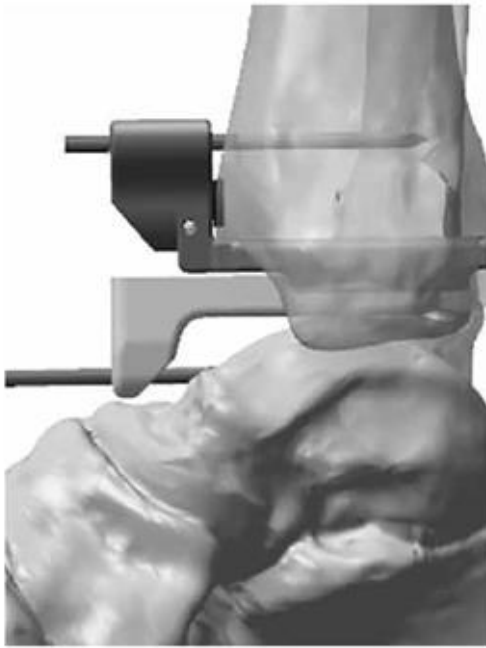


Figure 126

Position the foot so the ankle joint is in a neutral alignment in both the coronal and sagittal plane (plantigrade). While holding the foot in this position, install two 2.4mm Steinmann Pins through the Tibial Spacer Guide and into the talus. (Figure 126)

The pin locations will depend on whether the surgeon is choosing a chamfer or flat-cut style talar component. (Figure 127 & 128)

Verify fluoroscopically.

Pin Locations

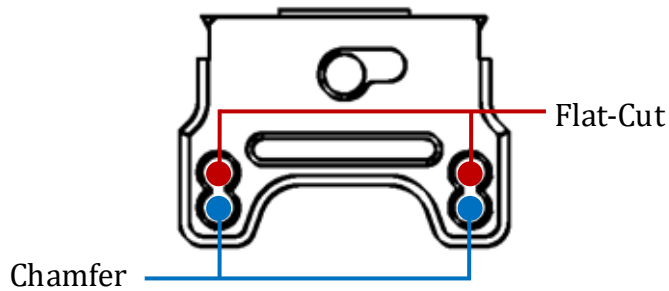


Figure 127

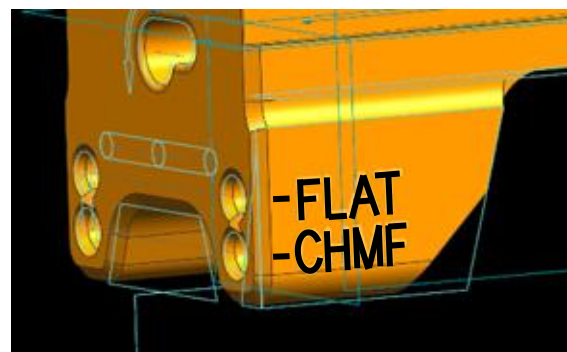


Figure 128



Not Required

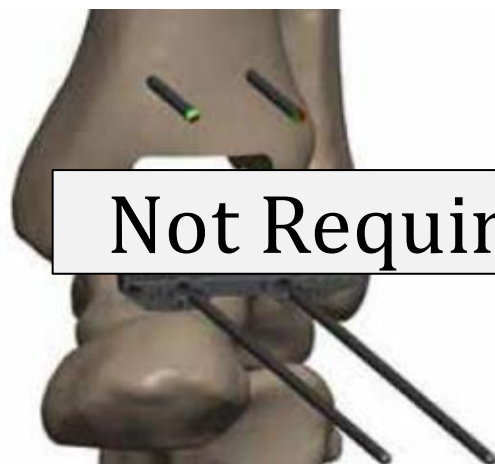


Figure 129

Talar bone resection

Select the desired narrow (33820310) or wide (33820311) reversible Talar Resection Guide. Pay special attention to the guide orientation, markings, and pin holes utilized. For a chamfered talar resection level, the Talar Resection Guide should be positioned with the markings "CHMF" upright. Conversely, for a flat-cut resection level the marking "FLAT" should be facing up. (Figure 129)

Position the Talar Resection Guide over the talar pins and slide the guide down toward the talus. (Figure 130)



Not Required

Figure 130

Insert two additional 2.4mm Steinmann pins into the medial and lateral gutters for protection of the malleoli. Optionally, install a 2.4mm Steinmann pin through one of the divergent pin locations. (Figure 131) Use the pin cutter to cut the Steinmann pins close to the surface of the resection guide. Leave enough length on the divergent pin to allow its removal with a pin driver or pin puller.



Not Required

Figure 131



Figure 132

Care must be taken to ensure that the placement of the gutter pins does not unintentionally cause a shift in the position of the Talar Resection Guide. In addition, any unintentional pressure applied to the Talar Resection Guide by the soft tissue envelope or retractors may cause it to shift, leading to an inaccurate resection.

Using the appropriate saw blade and oscillating bone saw make the talar resection.

Located on the proximal plane of the talar resection guide is a notch that may be used to receive a generic instrument for manually holding the saw guide in position while making the talar resection. (Figure 132)

Notice: It may be necessary to manually hold the resection guide onto the bone as excessive vibration from the saw can cause the guide to move anteriorly and disengage from the pins.

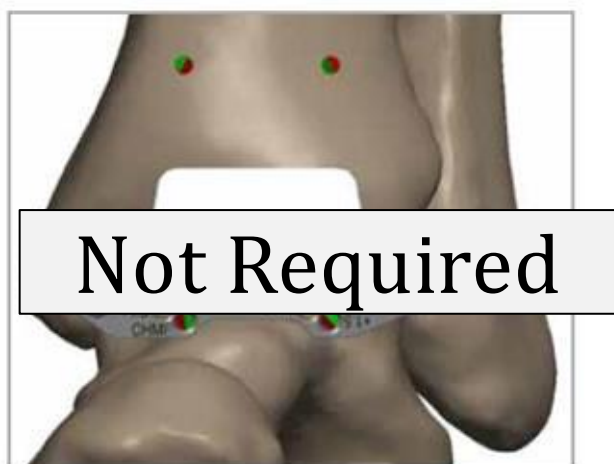


Figure 133

The Talar Resection Guide provides an option to adjust the resection level of the chamfer cut an additional 1.5mm. To take an additional 1.5mm in the resection level, the Talar Resection Guide can be placed in the proximal set of pin holes prior to the cut being made, or after the initial resection has been taken from the talus. (Figures 133 & 134)

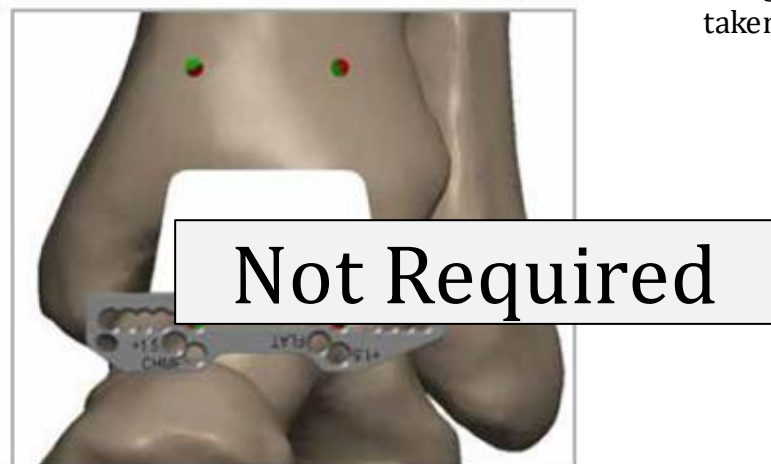


Figure 134

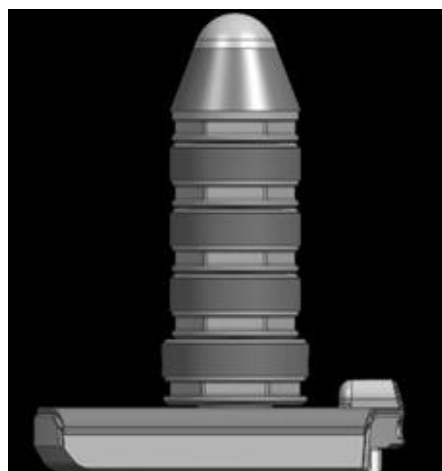
[Pegged Tibia
Pg. #72](#)
[Stemmed Tibia
Pg. #77](#)

Incompass™ Total Ankle System Tibial Preparation

Pegged Tibia
pg #72



Stemmed Tibia
pg #77



Incompass™ Total Ankle System Tibial Preparation

Pegged Tibia



Not Required

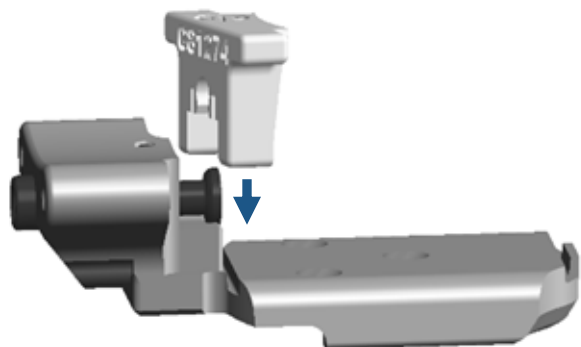


Figure 135

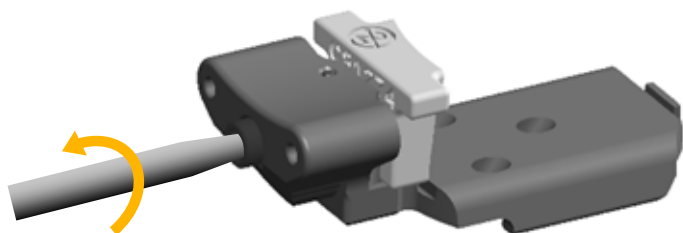


Figure 136

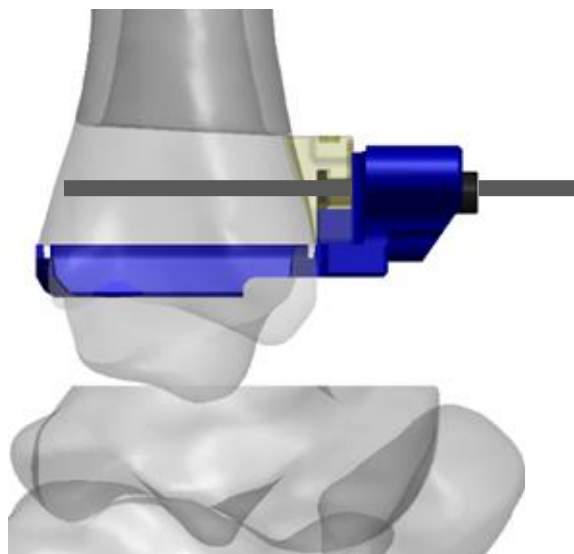


Figure 137

Trialing and AP Sizing

Attach the patient-specific Prophecy Anterior Tibia Spacer (PROPINC or PROPINCF) to the appropriate Tibial Trial by sliding over the posterior flange of the plunger. (Figure 135) While holding in place use the Hex Driver to turn the plunger counterclockwise until snug. (Figure 136) This is the intended initial position of the trial assembly.

- 33820072–0075 Right Side Trial
- 33820082–0085 Left Side Trial

Next, place the trial assembly over the two remaining tibial pins and into the resected joint space. (Figure 137). Ensure the anterior tibia spacer is fully seated against the anterior cortex of the tibia. Pins may be trimmed flush to the tibial tray trial.

The self-retaining laminar spreaders (33609012) should be inserted between the trial and the talus to ensure the trial is seated flush.

The tibial tray trial is also used to check the tibial cut surfaces and ensure that no bone fragments will impede proper positioning of the tibial tray. Remove excess bone and irrigate as necessary.



Figure 138

The tibial trial allows the surgeon to determine the optimal AP tibial coverage and positioning through fluoroscopic evaluation. (Figure 138)

The surgeon has the option to choose either a standard or long AP sized tibial tray. The notches in the tibial trial indicate the length of the “standard” option. (Figure 139)

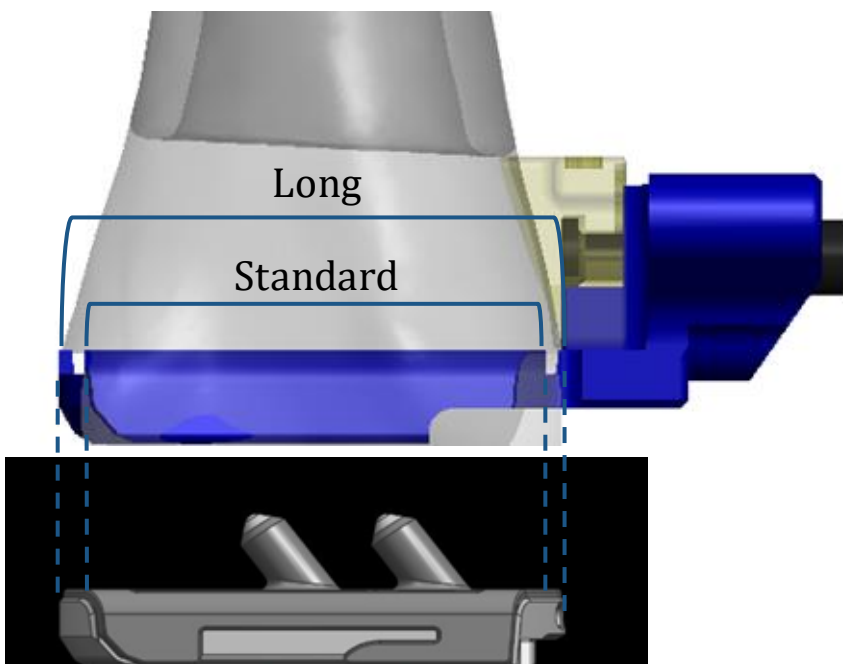


Figure 139

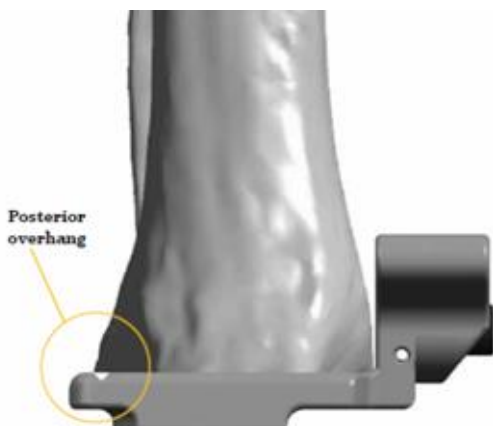


Figure 140

The surgeon also has the option to anteriorly translate the tibial trial (maximum of 3mm) to minimize posterior overhang if desired. (Figure 140) To adjust, insert the hex driver into the front of the tibial trial and turn clockwise. (Figures 141 & 142)

Notice: For standard technique (non-Prophecy) the two 2.4mm Steinman Pins in the tibia will not yet be present and must be installed after the tibial trial is correctly positioned. There will also be no Prophecy Anterior Spacer Guide, therefore the sagittal position of the trial must be set using the 3.5mm Hex Driver to adjust the trial plunger.



Figure 141

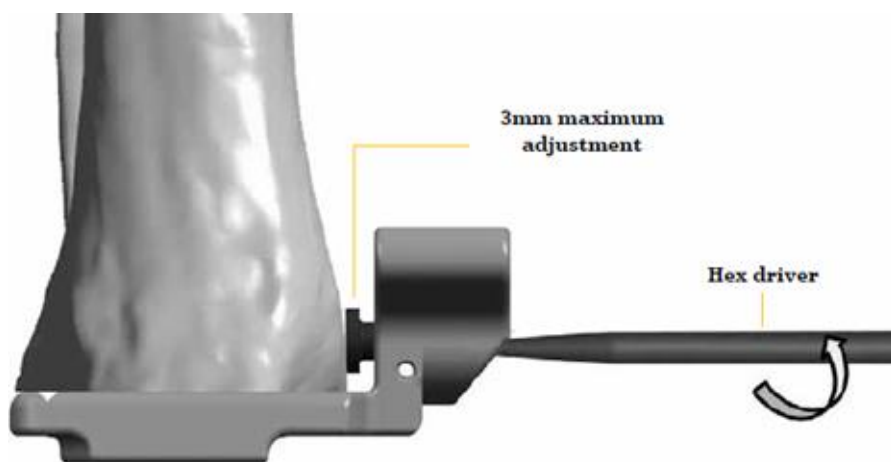


Figure 142

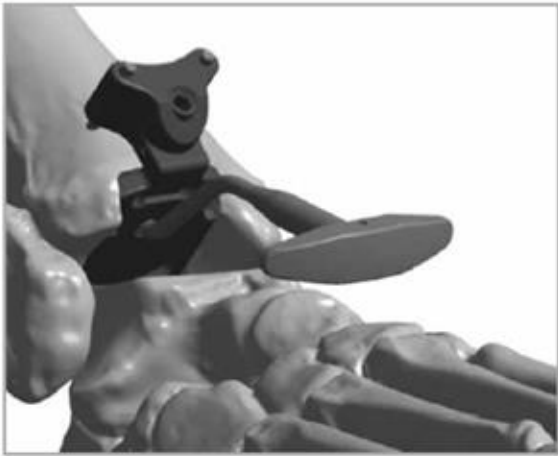


Figure 143



Figure 144



Figure 145

Tibial peg broaching

Using the posterior tibial peg broach (33820088), prepare a hole in the resected tibia by malleting the broach through the posterior opening of the trial. (Figure 143) Temporarily leave the posterior broach in place while the two anterior holes are prepared.

Prepare the two anterior holes through the trial using the anterior tibial peg broach (33820089). (Figure 144)

After preparing all three holes, remove both broaches and leave the tibial tray trial in place. (Figure 145)

Chamfer Talus
Pg #98

Flat-Cut Talus
Pg #106

Incompass™ Total Ankle System Tibial Preparation

Stemmed Tibia



Not Required

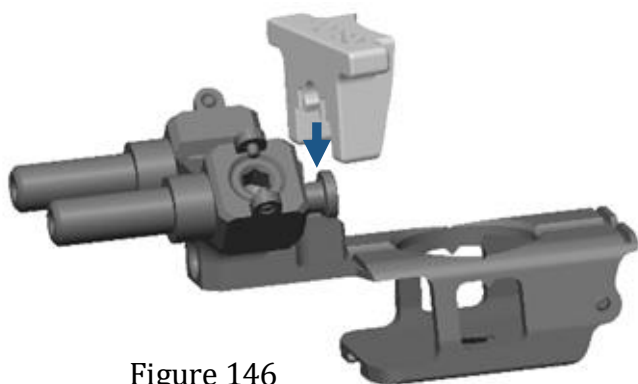


Figure 146

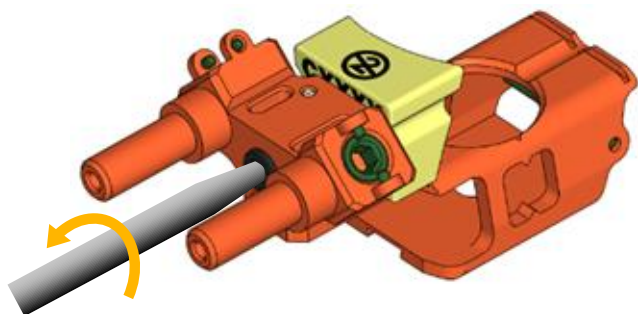


Figure 147

Trialing and AP Sizing

Attach the patient-specific Prophecy Anterior Tibia Spacer (PROPINC or PROPINCF) to the appropriate Tibial Stem Cartridge by sliding over the posterior flange of the plunger. (Figure 146) While holding in place use the Hex Driver to turn the plunger counterclockwise until snug. (Figure 147) This is the intended initial position of the trial assembly.

- 33829002–9005 Chamfer Cut Talus Cartridge
- 33829012–9015 Flat Cut Talus Cartridge

Next, place the cartridge assembly over the two remaining tibial pins and into the resected joint space. (Figure 148). Ensure the anterior tibia spacer is fully seated against the anterior cortex of the tibia. (Figure 149) Pins may be trimmed flush to the tibial tray trial.

Optionally, 1.5mm or 3.0mm Shims (33829020 and 33829021) may be placed between the cartridge and the talus to fill the joint space.

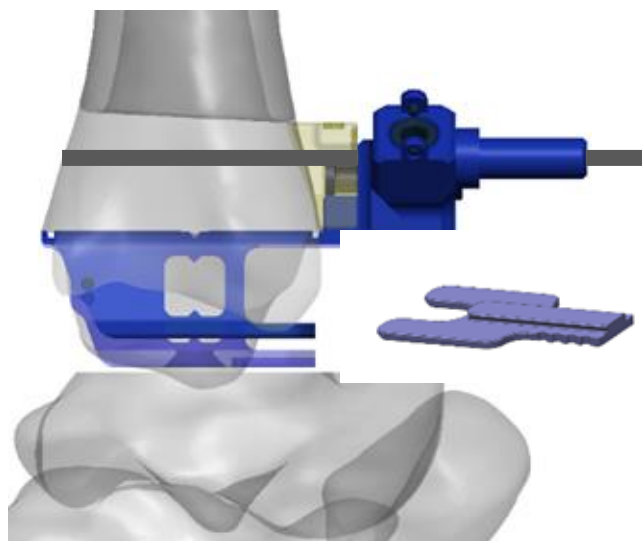


Figure 148

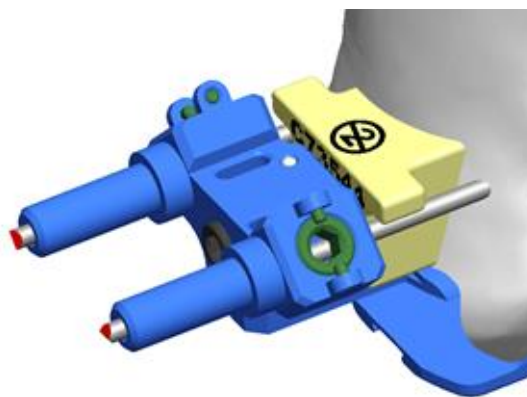


Figure 149

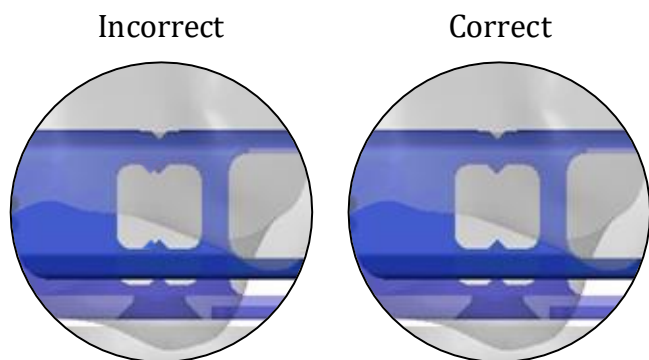


Figure 150

To obtain a true lateral fluoroscopic image ensure the top and bottom arrows of the tibia cartridge appear as single points. (Figure 150)

The surgeon can also use the v-notch as a reference for the AP position of the center of the tibial stem. (Figure 151)

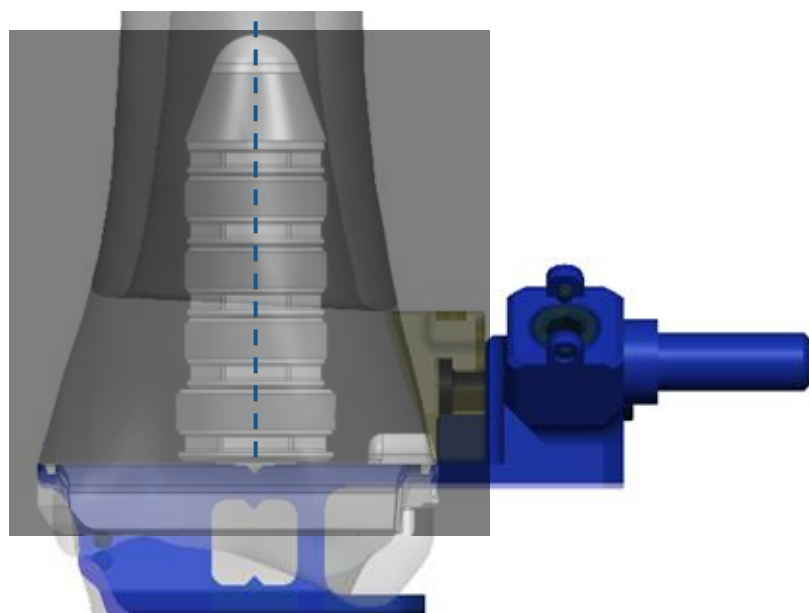


Figure 151

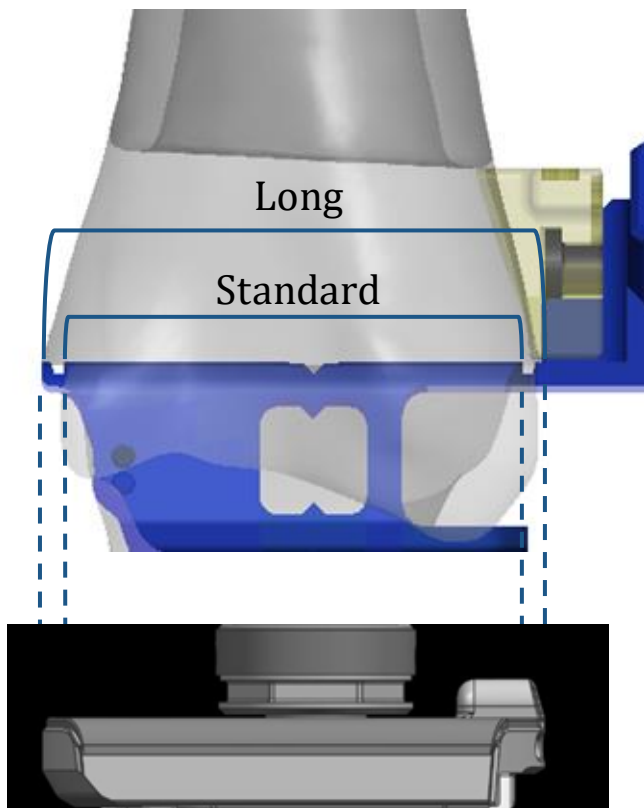


Figure 152

The Tibial Trial allows the surgeon to determine the optimal AP tibial coverage and positioning through fluoroscopic evaluation.

The surgeon has the option to choose either a standard or long sagittal-sized tibial tray. The notches in the tibial trial indicate the length of the “standard” option. (Figure 152)

The Tibial Cartridge is also used to check the tibial cut surfaces and ensure that no bone fragments will impede proper positioning of the tibial tray. Remove excess bone and irrigate as necessary.

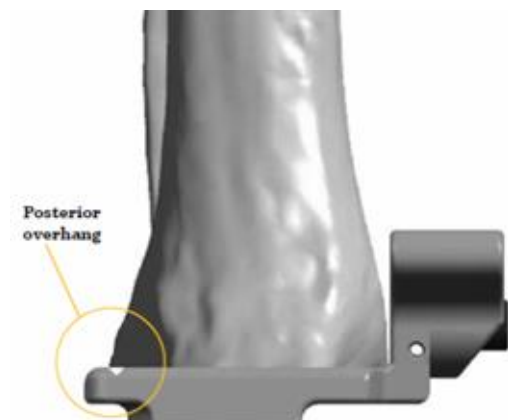


Figure 153

The surgeon also has the option to anteriorly translate the Tibial Trial (maximum of 3mm) to minimize posterior overhang if desired. (Figure 153) To adjust, insert the hex driver into the front of the tibial cartridge and turn clockwise. (Figure 154)

Notice: For standard technique (non-Prophecy) the two 2.4mm Steinman Pins in the tibia will not yet be present and must be installed after the tibial trial is correctly positioned. There will also be no Prophecy Anterior Spacer Guide, therefore the sagittal position of the trial must be set using the 3.5mm Hex Driver to adjust the trial plunger.

After final adjustments are made to the positioning of the Tibial Cartridge, use the hex driver to lock the cartridge to the two tibial pins. (Figure 155)

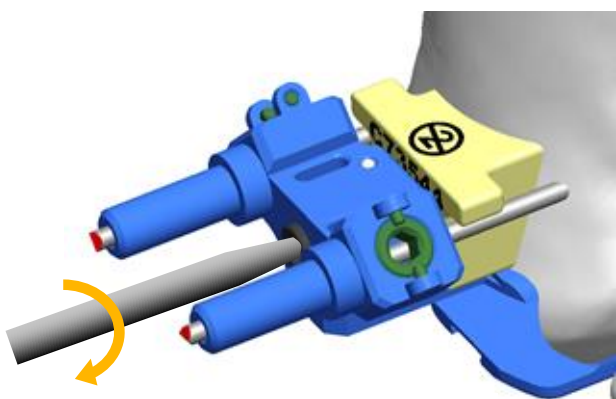


Figure 154

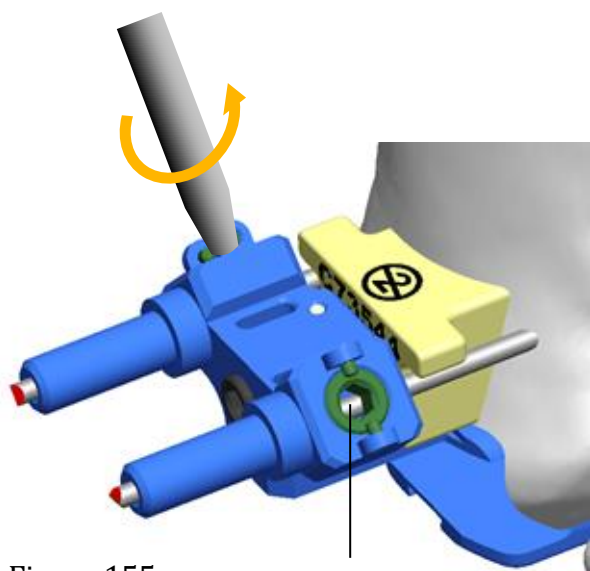


Figure 155

Pin Lock-Outs

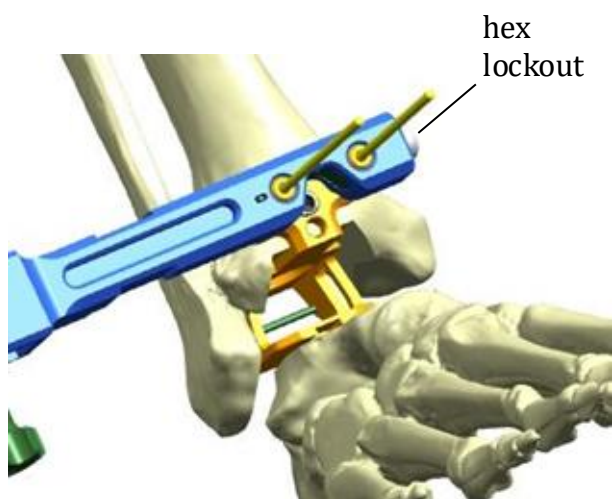


Figure 156

Tibial Stem Templating (Sagittal View)

Assemble the appropriately-sided Drill Guide Attachment Arm (33829030 or 33829031) onto the anterior barrels of the tibial cartridge. (Figure X) Ensure it is fully seated and lock into place with the hex driver. (Figure 156)

Next, attach the Sagittal Stem Alignment Rod (33829040) to the drill guide arm and secure by tightening the distal-facing knob. (Figure 157)

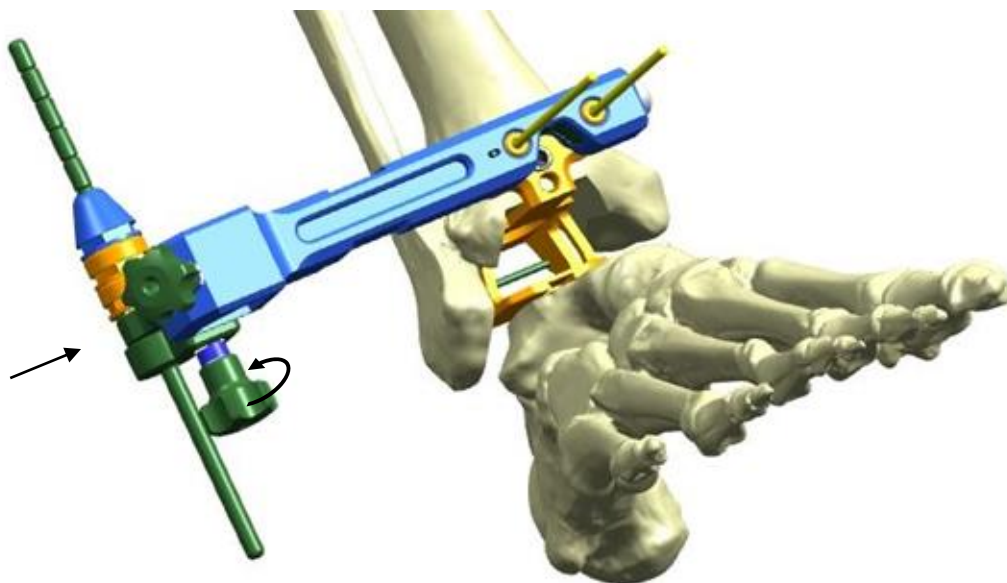


Figure 157



Figure 158

In a true lateral fluoroscopic view, the sagittal alignment rod should appear centered within the open window of the Tibial Cartridge. (Figure 158)

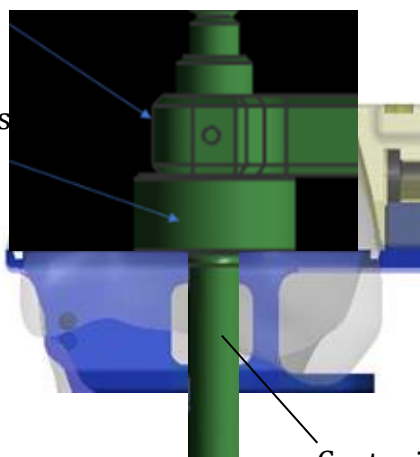
There are built-in stem diameter references in the sagittal alignment rod that represent the base stem and one mid stem (Figure 159).

The surgeon can assemble additional modular stem template pieces (Figure 160) as desired to template both the height and diameter of potential stem configurations.

- 33829112 Top 12mm
- 33829114 Top 14mm
- 33829116 Top 16mm
- 33829212 Mid 12mm
- 33829214 Mid 14mm
- 33829216 Mid 16mm
- 33829218 Mid 18mm

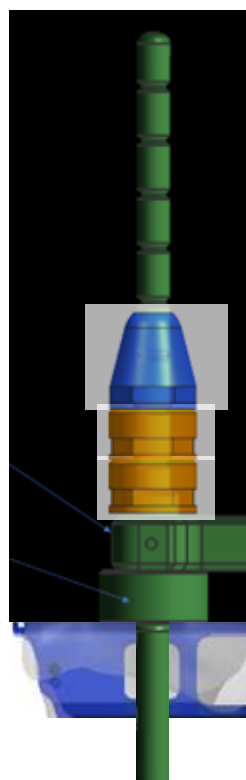
14mm Mid
Stem Ref.

16mm Bas
Stem Ref.



Center in
Window

Figure 159



Top Stem
Template

Mid Stem Template

Figure 160

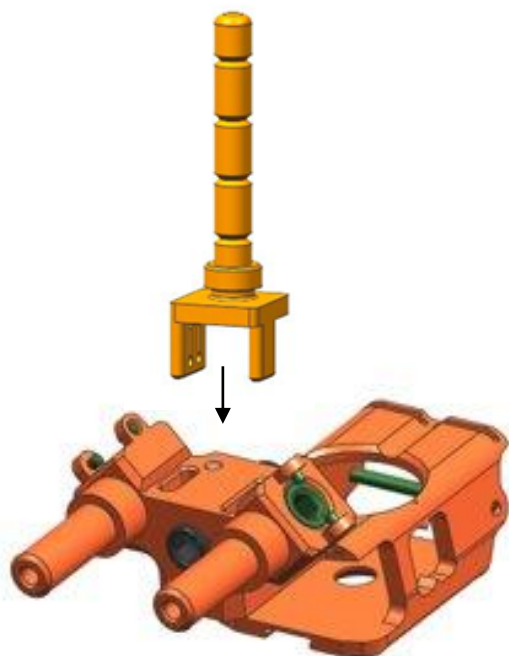


Figure 161

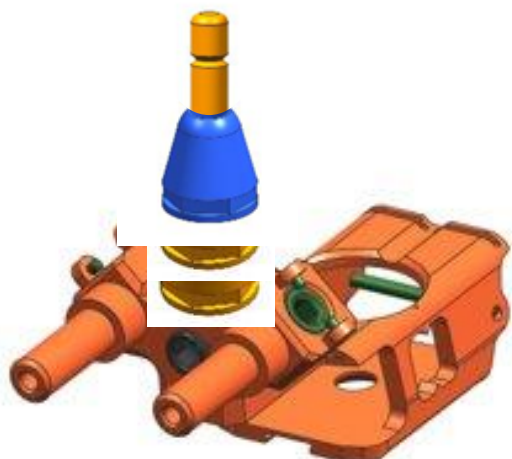


Figure 162

Tibial Stem Templating (Coronal View)

Attach the Coronal Stem Alignment Rod (33829023) to the Tibial Cartridge. (Figure 161) The surgeon can assemble modular stem template pieces as desired to template both the height and diameter of potential stem configurations. (Figure 162)

In a true AP fluoroscopic view, the central hole in the tibial cartridge will appear as a perfect circle. (Figure 163)

Notice: The first assembled template piece will actually represent the 3rd piece in the overall stem construct. For example, the 3 assembled pieces shown in Figure B would fluoroscopically represent a 5-piece stem construct.



Figure 163

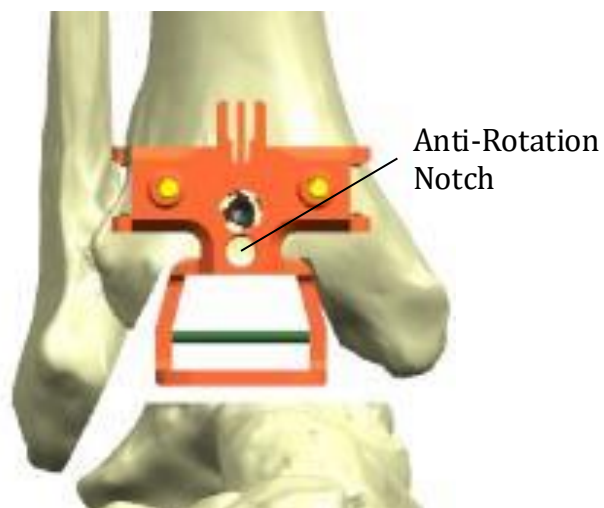


Figure 164



Figure 165

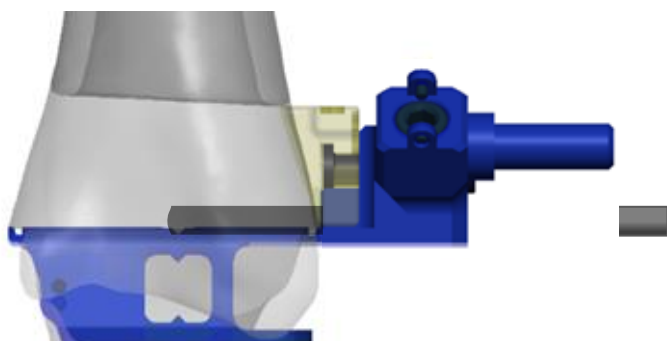


Figure 166

Drill Anti-Rotation Notch

Using the Anti-Rotation Drill (33829048) drill through the Tibial Cartridge. (Figures 164 & 165)
The drill has a stop collar feature designed to guide the drill to the required depth. (Figure 166)

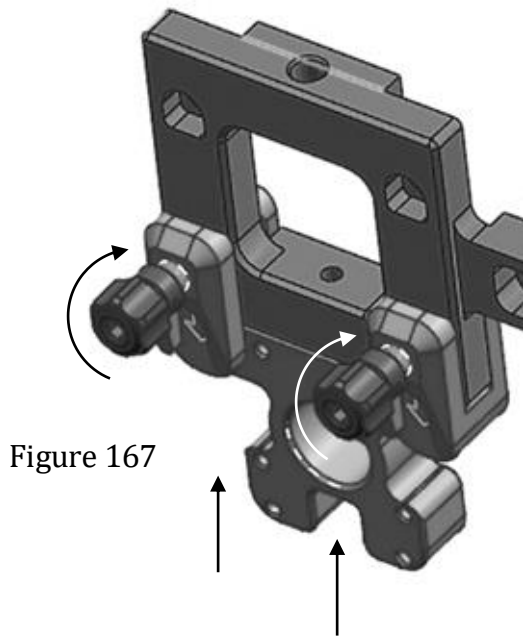


Figure 167

Construct the Drill Guide Assembly

1. Slide the Bushing Collet (33829035) into the Threaded Bushing (33829034) and capture with the Bushing Nut (33829036).
2. Thread in the Threaded Bushing to the Drill Guide Attachment Plate (338290233).
3. Slide the Attachment Plate onto the Drill Guide L-Bracket (33829032) and secure with the two captured knobs. (Figure 167)
4. Slide the L-Bracket through the Attachment Arm until the attachment plate touches the heel and tighten the attachment arm knob.
5. Attach the Drill Guide Proximal Stabilizer (33829037 or 33829038) to the Attachment Arm and secure in place with the stabilizer knob. (Figure 168)

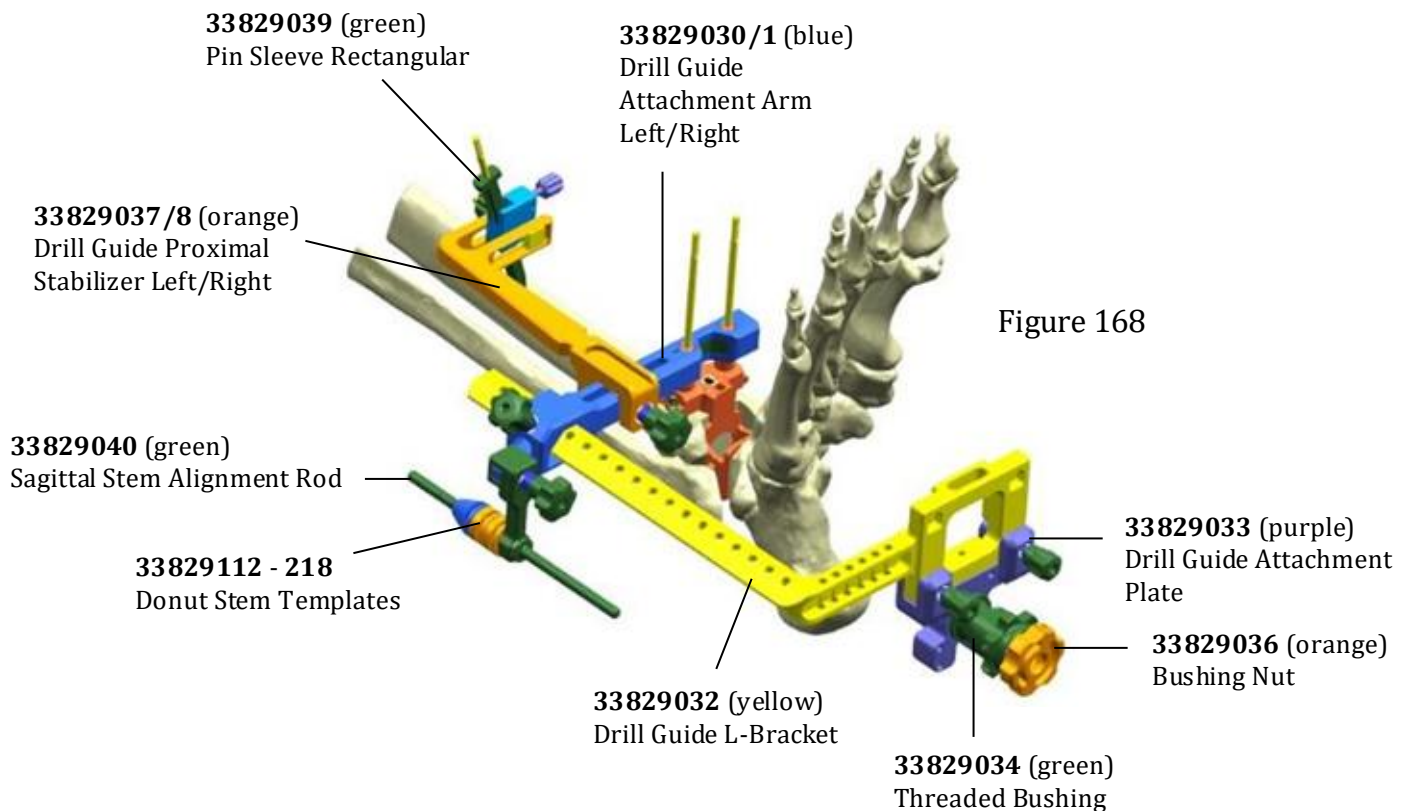


Figure 168

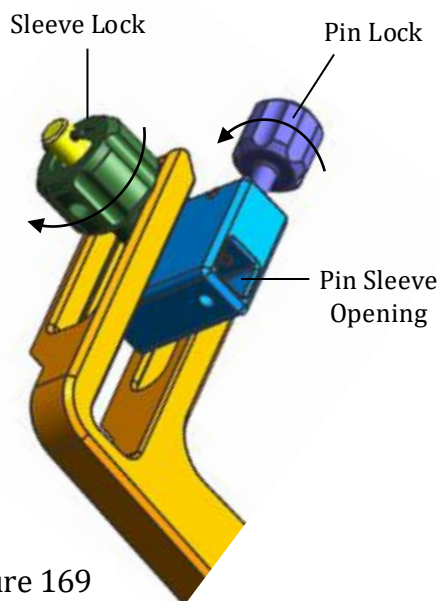


Figure 169

Proximal Stabilization

Slide the Rectangular Pin Sleeve (33829039) into the Proximal Stabilizer. Adjust the angle of the sleeve and lock into position with the proximal knob. (Figure 169)

Install one 3.2mm Pin (33820002) through the Pin Sleeve and into the tibia. Turn the side knob to lock the stabilizer arm to the pin. (Figure 170)

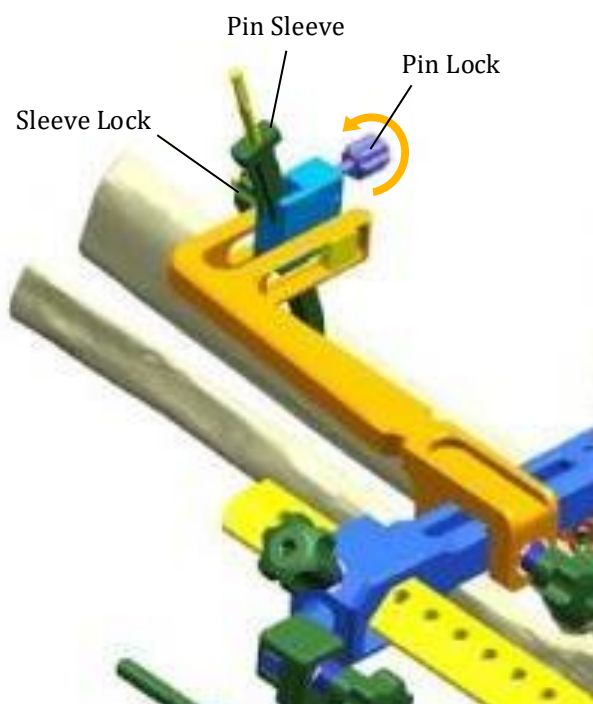


Figure 170

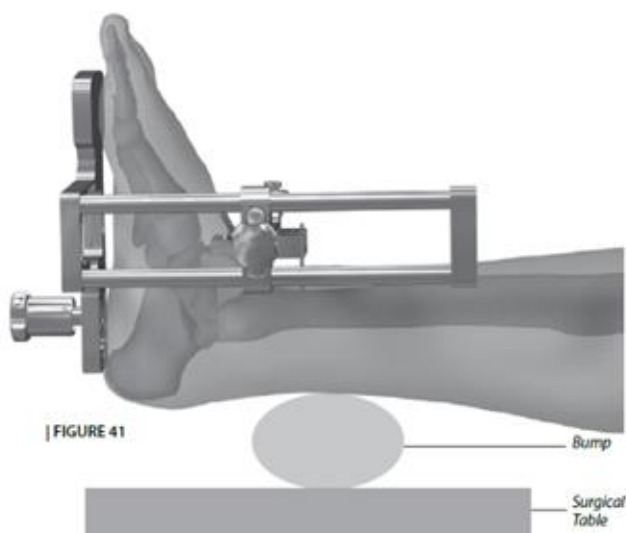


Figure 171

Drill the Tibia

It is recommended to place a surgical bump under the Achilles prior to drilling through the drill guide. (Figure 171) By placing a bump proximal to the talus, it will prevent the back of the heel from resting on the surgical table and potentially translating anterior in relation to the tibia. When properly aligned, the drill guide will place the 5mm drill anterior and medial to the posterior facet of the subtalar joint. Under a lateral fluoroscopic image, the drill should appear to be in line with the lateral process of the talus. (Figure 172)

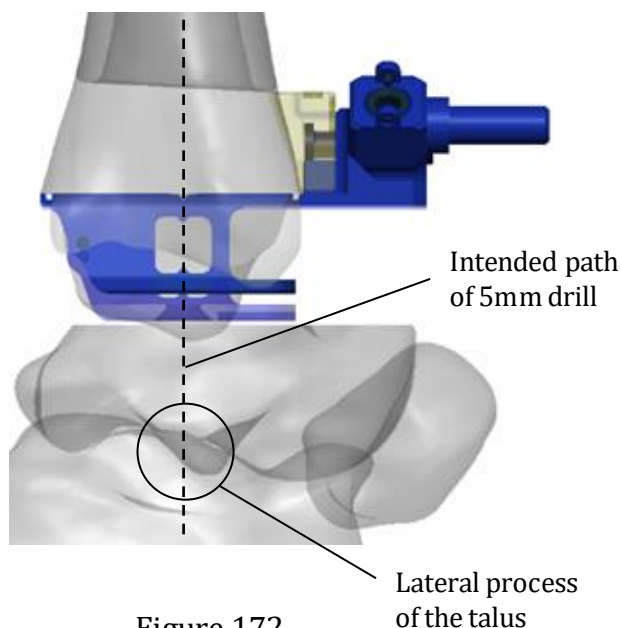


Figure 172

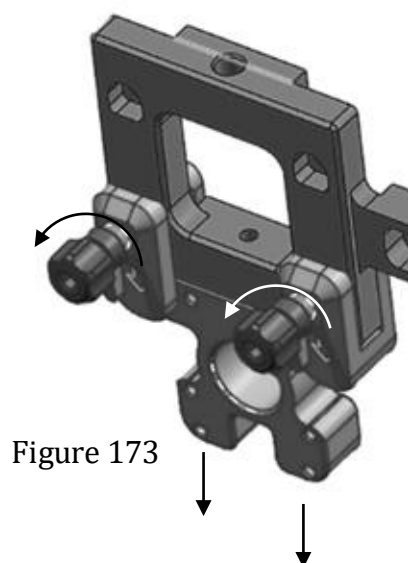


Figure 173

With a skin marker, put ink on the tip of the Trocar (33829042) and insert into the Cannula (33829041). Insert the Trocar and Cannula through the bushing assembly and push the tip against the skin to mark the incision point.

Remove the Trocar and Cannula and unthread the attachment plate knobs to release the attachment plate. (Figure 173) Centering on the previously marked spot, insert a #15 Scalpel and make a 1cm vertical incision in the bottom of the heel. (Figure 174)



Figure 174

Reattach the attachment plate and re-insert the Trocar and Cannula, pushing through soft tissue in the bottom of the foot, rotating the Cannula until it lightly contacts the calcaneus.

Caution: Pushing too hard on the calcaneus will disturb alignment.

Lock the Cannula in place by tightening the outer bushing nut. Remove the Trocar and place the 5mm Drill (33829050) through the Cannula and slowly peck-drill through the calcaneus and talus. (Figure 175)

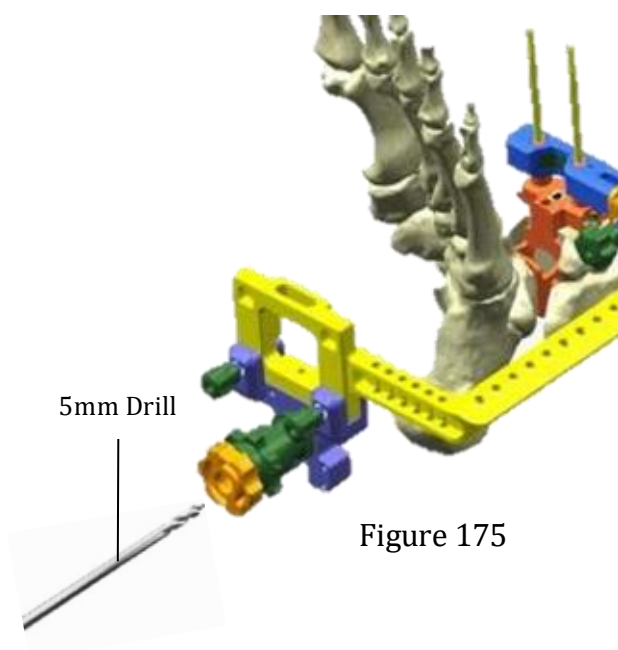


Figure 175

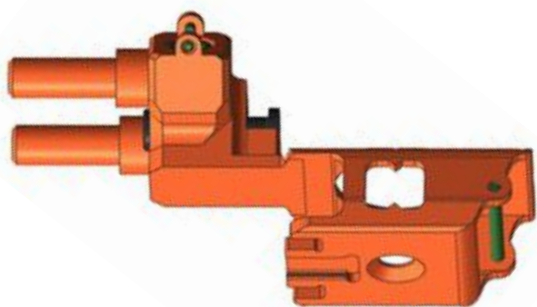


Figure 176

The tip of the 5mm Drill will be captured and guided by the conical anti-skiving feature of the tibial cartridge. (Figure 176)

Attach the Modular Gunsight (33829022) to the Tibial Cartridge (Figure 177) to provide a fluoro reference to help obtain a true AP view and a target for the drill path.

Continue drilling into the tibial canal.

Notice: When drilling the IM canal, it is important to take both AP and Lateral fluoro images to ensure the drill is going up the canal as planned. (Figures 178 & 179)

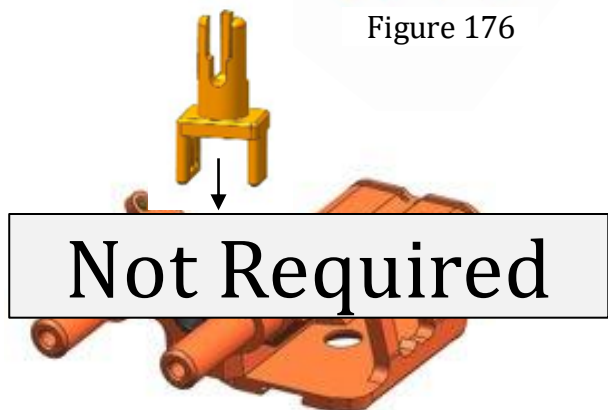


Figure 177



Figure 178

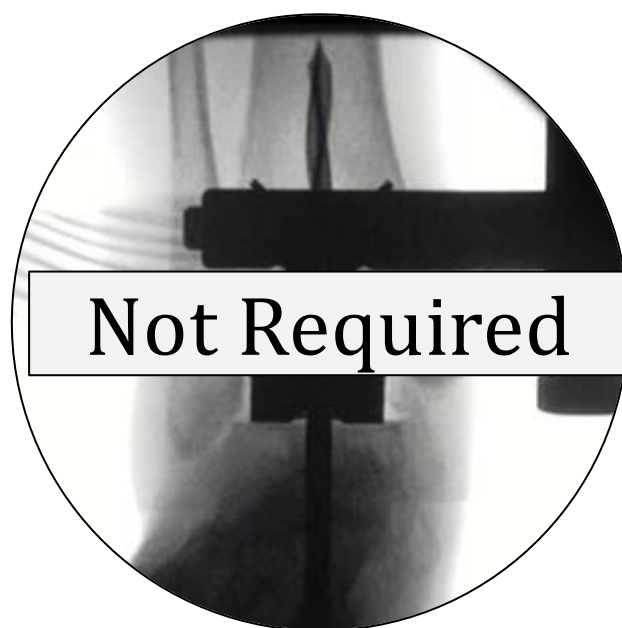


Figure 179

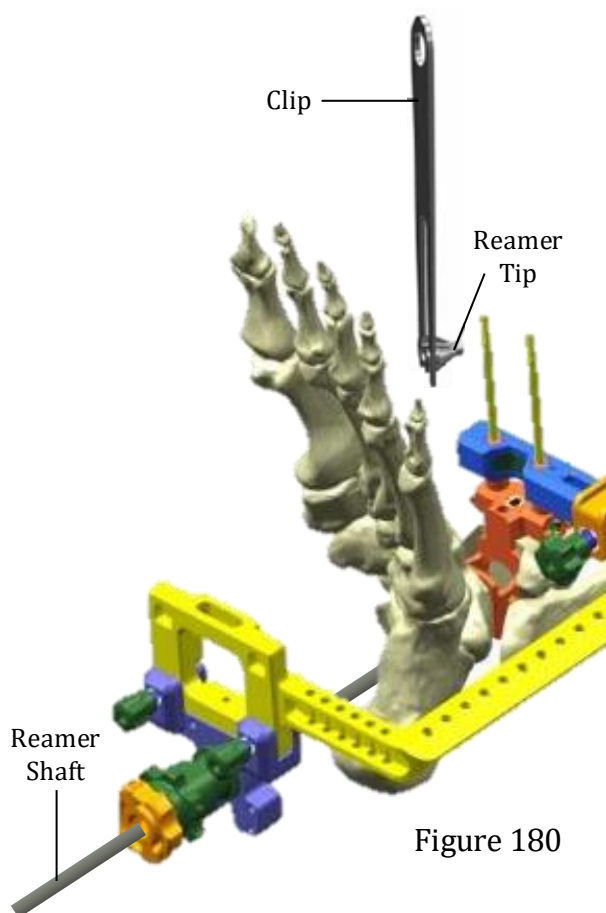


Figure 180

Ream the Tibia

Remove the 5mm Drill from the foot and replace with the Reamer Drive Rod (33829051) with Jacob's chuck attached. Advance the rod until the threads are flush with the bottom surface of the tibial cartridge.

Using the appropriate size Tibial Stem Clip (33829312 through 33829318), attach and introduce the appropriate size Reamer Tip into the joint space through the tibial cartridge. (Figure 180)

Notice: The Clips have a positive stop feature on one side to help align the reamer tip with the reamer rod within the tibial cartridge. (Figure 181) Be sure to orient the clip accordingly. (Figure 182)

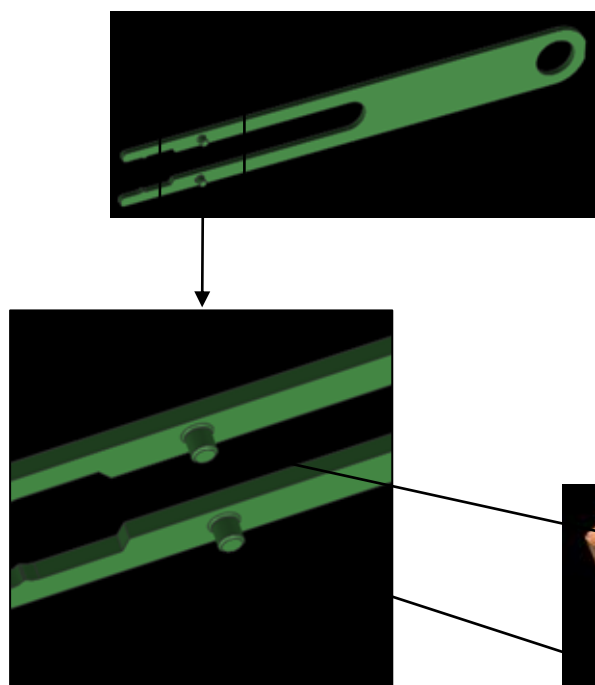
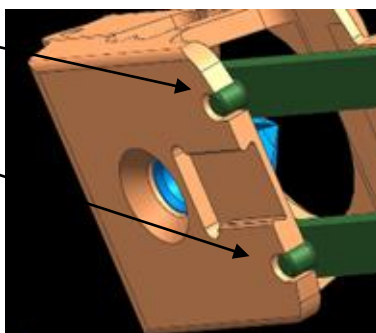


Figure 181



Figure 182



Reamer Types

- Blunt Tip (33829412 through 33829418)
- Sharp Tip (33829512 through 33829518)



Figure 183

Connect the Reamer Tip (Figure 183) to the Reamer Drive Rod and push the tip of the Reamer into the 5mm hole in the tibia. Attach the driver and ream the tibial IM canal to the depth of the desired tibial stem construct. Refer to Appendix B for tibial stem height details and recommended reaming depths.

The Reamer Drive Rod is marked with a depth indicator that can be viewed through the anterior window.

Notice: It is highly recommended that AP fluoro images are made throughout the tibial reaming process to ensure the reamer is following the planned path. (Figures 184 & 185)



Figure 184



Figure 185

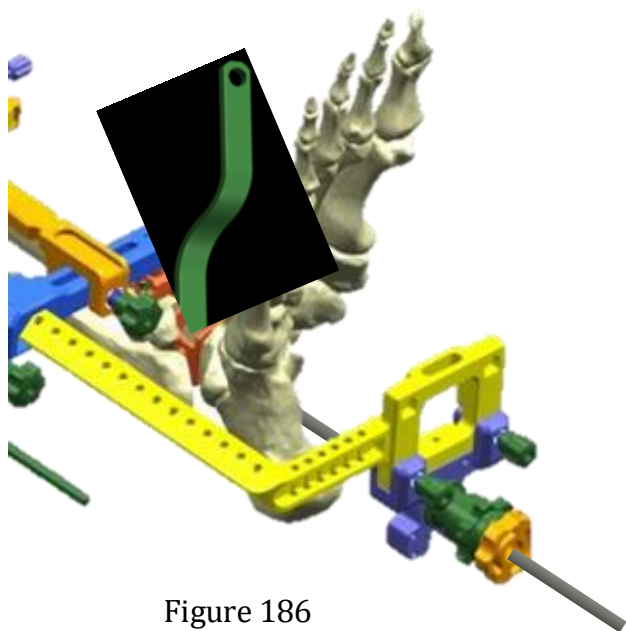


Figure 186

Pull the Reamer back into the joint space.

Caution: Do not reverse the drill rotation while the Reamer Tip is still in the tibia, as it will become unthreaded and remain in the tibia.

Using the appropriately sized Tibial Stem Wrench (33829612 through 33829618), unthread the Reamer Tip from the Drive Rod and remove from the joint space. (Figure 186) Repeat the reaming steps for all sizes of reamers required/desired.

Caution: It is strongly recommended that the surgeon use irrigation to clean the joint space between reamer sizes.

Leave the Reamer Drive Rod in the foot with the tip slightly distal to the surface of the talar resection.

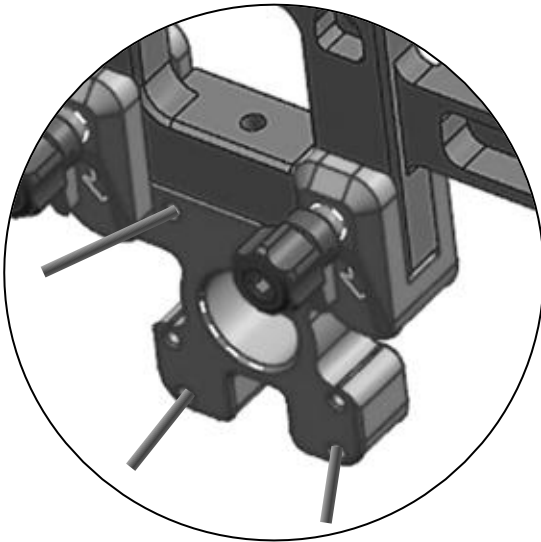


Figure 187

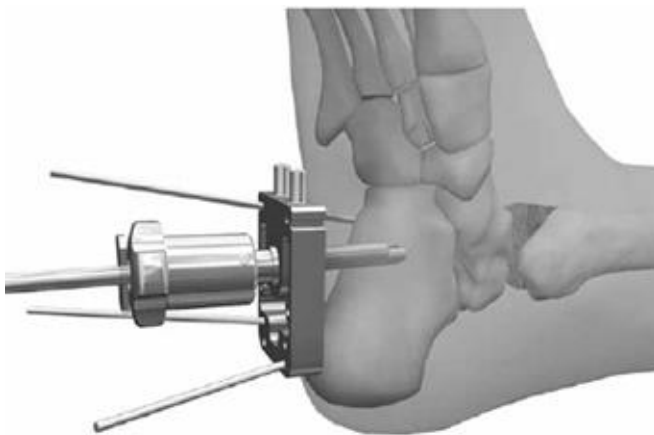


Figure 188

Removing the Drill Guide

1. Secure the attachment plate to the calcaneus with three 2.4mm Steinmann Pins. (Figure 187) Two pins can be inserted through the bottom holes of the plate (one medial and one lateral) with the 3rd pin in one of the top-hole locations (preferably on the lateral side).
2. Loosen the two knobs on the attachment plate
3. Loosen the side knob on the stabilizer arm that is securing the 3.2 tibial pin
4. Remove this 3.2 tibial pin
5. Use the hex drive to loosen the attachment arm from the two 2.4 tibial pins
6. Remove the drill guide assembly
7. Use the hex driver to loosen pin locks of the tibial cartridge on the two 2.4 tibial pins
8. Remove the two 2.4 tibial pins
9. Remove the reamer drive rod
10. Remove the tibial cartridge

At this point, all that should be left is the attachment plate and cannula secured to the bottom of the foot. (Figure 188)

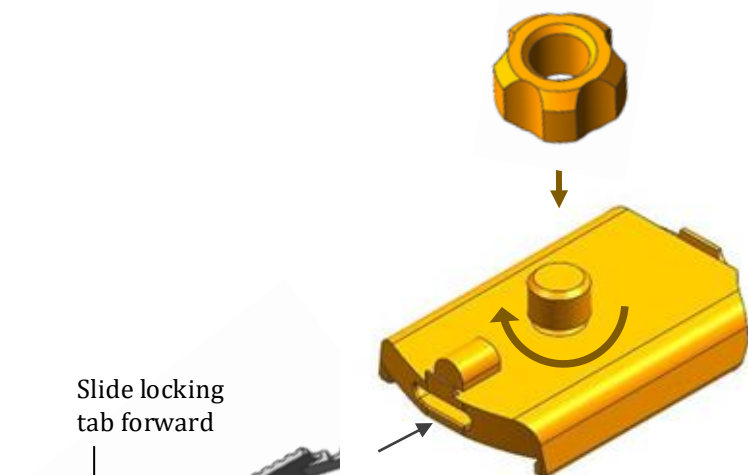


Figure 189

Trial the Tibia

Select the appropriate Tibial Tray Trial and assemble the Base Stem Trial that corresponds with the distal-most reamed diameter. (Figure 189)

- Right Tib Trial - 33829062 through 33829062
- Left Tib Trial - 33829072 through 33829072
- Base Stem Trial - 33829714 through 33829718

Attach the Tibial Tray Holding Tool (33829055) by inserting the prongs into the anterior slot of the trial and sliding the plastic locking tab forward. (Figure 189)

Insert trial into the resected joint space and use the Strike Rod (33829052) to fully seat the Tibial Tray Trial. (Figure 190) Utilizing lateral fluoroscopic imaging, evaluate the anterior and posterior coverage of the tibial cortex. Determine if a standard or long tibial tray is appropriate and opt for overhang both anteriorly and posteriorly if the anatomy is between sizes. (Figure 191)

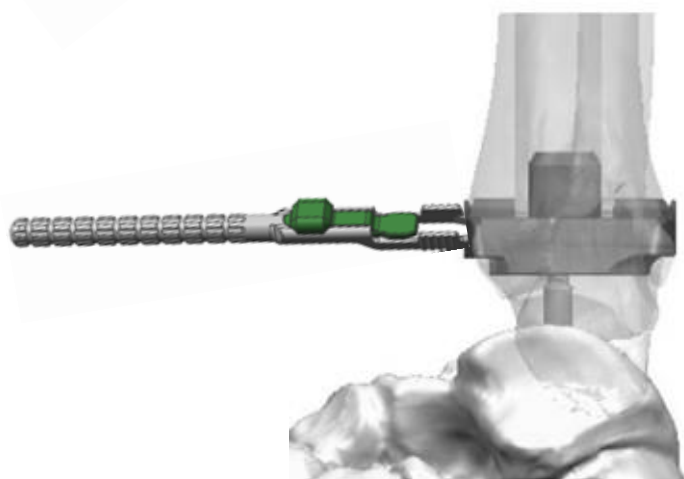


Figure 190

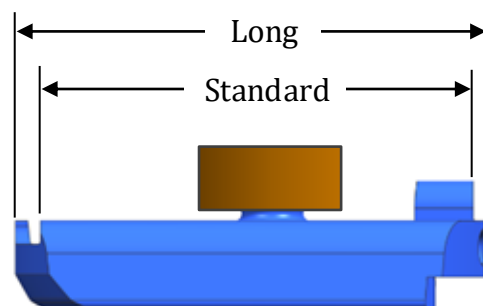


Figure 191

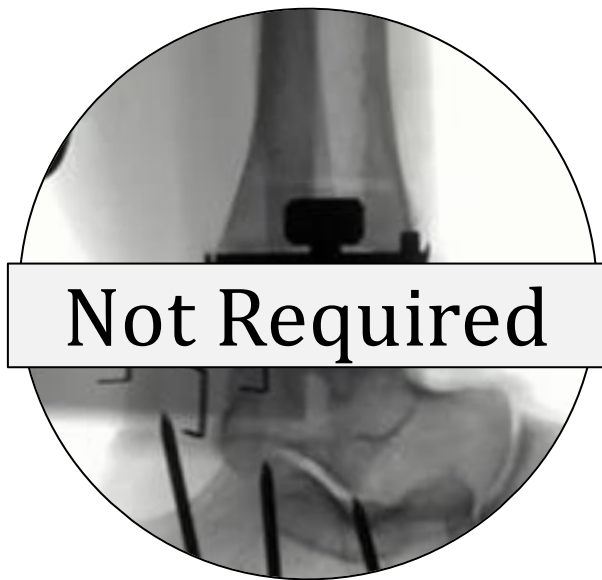


Figure 192



Figure 193

Caution: It is critical to obtain sagittal plane coverage of the tibia, particularly anteriorly where more load is concentrated. (Figure X) Thus, in choosing the correct size, overhang with a longer prosthesis is preferred relative to shorter implants that do not reach the cortices.

The Tibial Tray Trial is also used to check the tibial cut surfaces and ensure that no bone fragment will impede proper positioning and seating of the Tibial Tray Implant. (Figures 192 & 193) Remove excess bone as necessary and irrigate.

Chamfer Talus
Pg# 98

Flat-Cut Talus
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Incompass™ Total Ankle System Talar Preparation

Chamfer Talus
pg #98



Flat-Cut Talus
pg #106



Incompass™ Total Ankle System Talar Preparation

Chamfer Talus

Not Required

Talar Sizing and Positioning

The surgeon has two options for the Talar Dome implant size at this juncture: either the matching size for the implanted Tibial Tray or one size smaller. It is beneficial to assess both sizes under AP and lateral fluoroscopic images. Please note that the AP image is critical for sizing the talar component, as the surgeon's goal is to minimize overhang of the talar component, and thus minimize prosthetic impingement in the medial and lateral gutters of the ankle joint.

Attach the Trial Holding Tool (33820090) to the appropriately sized Poly Trial and place into the Tibial Trial. The locking tab of the Poly Insert Trial should engage the Tibial Tray Trial. Remove the holding tool and introduce the corresponding size Floating Talar Dome Trial (33820101 through 33820105). (Figure 194)



Figure 194

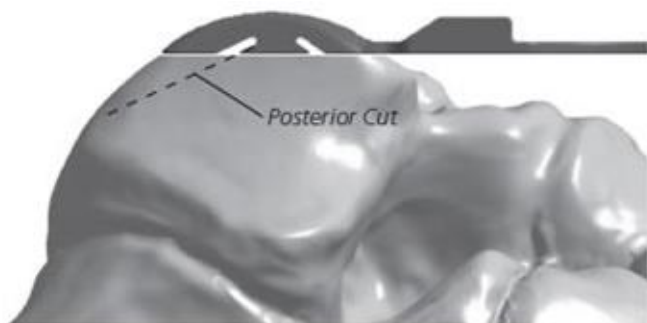


Figure 195

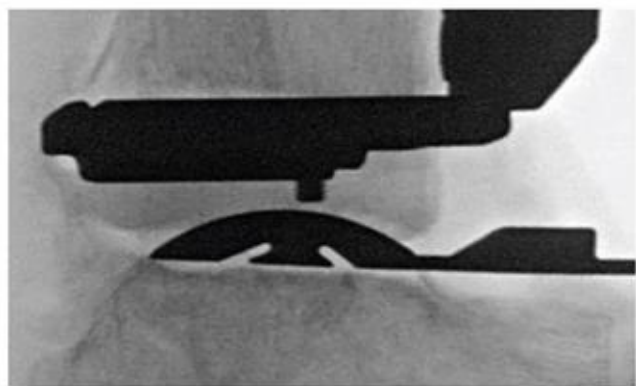


Figure 196

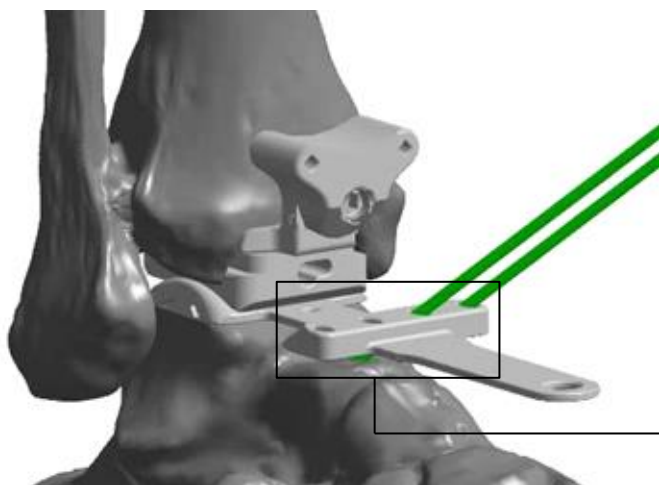


Figure 197

Talar Sizing and Positioning

Under sagittal plane fluoroscopy, ensure the posterior portion of the Talar Trial is resting on the posterior portion of the patient's residual talus (establish congruence). (Figures 195 & 196)

To accurately perform the range of motion, place axial compression on the components to maintain position, and flex and extend the ankle. The surgeon will observe the talar trial rotating into the anatomic position for this particular patient establishing the center of rotation for the ankle.

Notice: The surgeon must not only be cognizant of the talar position in the sagittal plane but must simultaneously maintain medial/lateral coverage as evidenced by the previous AP plane fluoroscopic views.

Once the Talar Dome Trial has settled into optimum anatomical position, hold the foot in place and install two drill-tipped 2.4mm Steinmann Pins (338200XX) through the Talar Dome Trial to temporarily hold it in place. (Figure 197)

Note that the Talar Dome Trial has four pin hole options labeled A through D. (Figure 198) Whichever two locations the surgeon chooses be sure to use the same two holes in the subsequent talar preparation instruments.

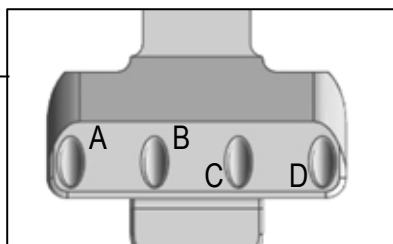


Figure 198

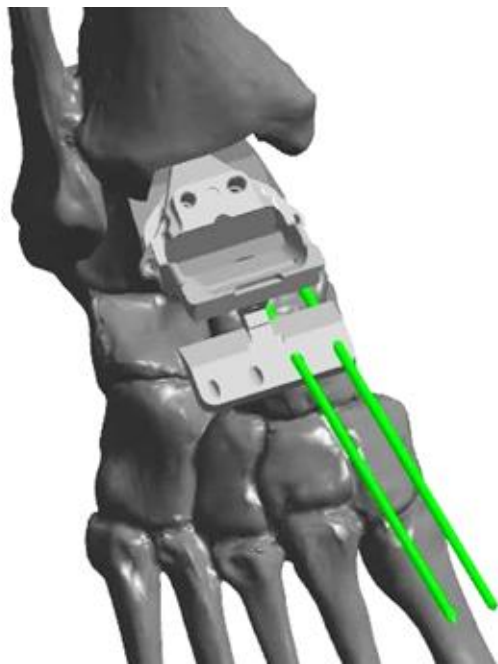


Figure 199

Talar Chamfer Resections

Remove the Poly Trial and Tibial Tray Trial from the joint space and slide the Floating Talar Dome trial off the 2.4mm pins in the talus.

Install the appropriately sized Talar Resection Guide Base (33820111 through 33820115) over the talar pins and seat flush to the resected bone. (Figure 199)

Using the T-Handle Pin Driver (33600120), or power drill install two Temporary Fixation Screws (33610002 or 33610003) through the Talar Resection Guide Base into the talus. (Figure 200)

Caution: When installing the Temporary Fixation Screws care must be taken to avoid over-torquing. It is recommended to install the screws to $\frac{3}{4}$ of their depth on power, then finish using the T-Handle Pin Driver to avoid breakage.

As an alternative, 2.4mm Steinman pins may be utilized for posterior fixation. Based on the anatomy, this may be required to ensure optimal fixation. Lastly, cut the two anterior 2.4mm Steinman pins flush to the guide.

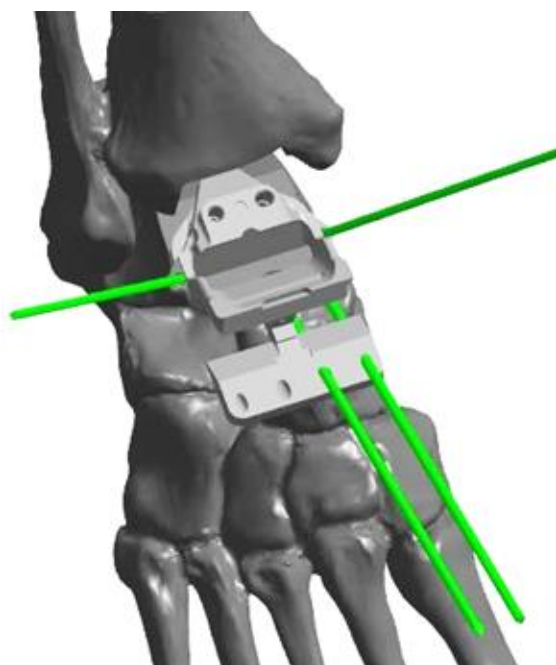


Figure 200

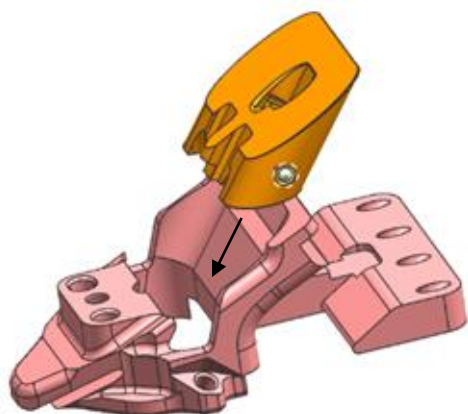


Figure 201

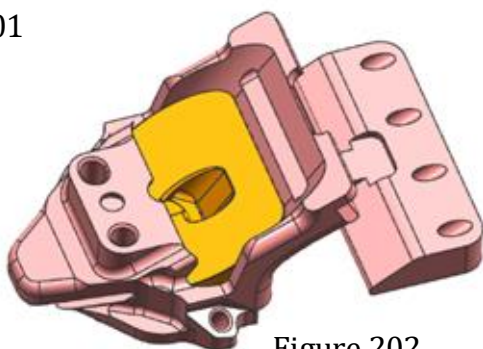


Figure 202

Install the appropriately sized Talar Resection Guide Insert (33820151 through 33820155) into the resection guide base. (Figures 201 & 202) The Trial Holding Tool (33820090) may assist insertion and removal of insert.

Make the posterior talar chamfer resection through the slot in the Talar Resection Guide Base. If desired, 2.4mm Steinman pins may be placed in the peripheral holes found in the saw blade slot to ensure saw blade retention. (Figure 203)

Caution: Careful attention should be paid to not allow the saw blade to skive due to bone curvature or sclerotic bone posteriorly.

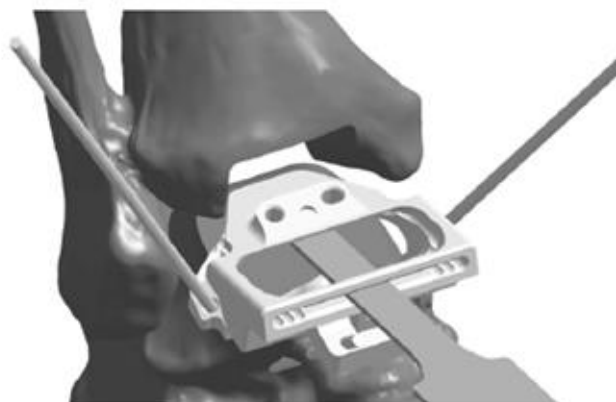


Figure 203

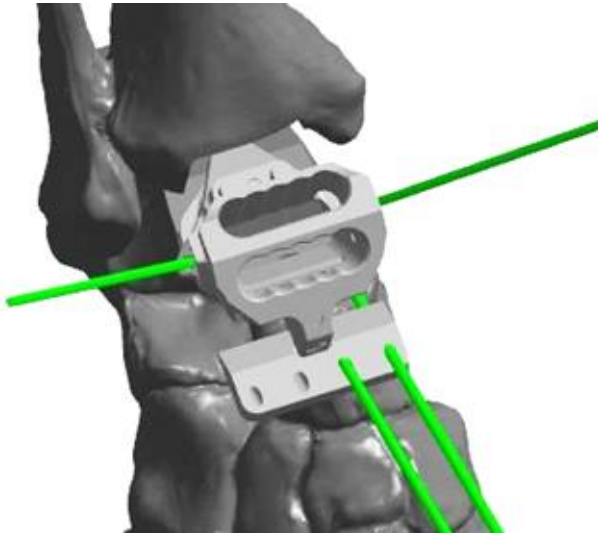


Figure 204

Connect the Pilot Guide (33820121 - 33820125) of corresponding size to the Talar Resection Guide Base with the retention feature positioned distally. Once correctly positioned, the retention feature should secure in place, ensuring a stable connection with the Talar Resection Guide Base. (Figure 204)

Using the Talar Reamer (33820099), sequentially ream through each pilot hole, beginning with the anterior row and ending with the posterior row. (Figure 205) To ensure bone resections are at the proper depth verify that the shoulder of the Reamer is flush against the Guide for each reaming step.

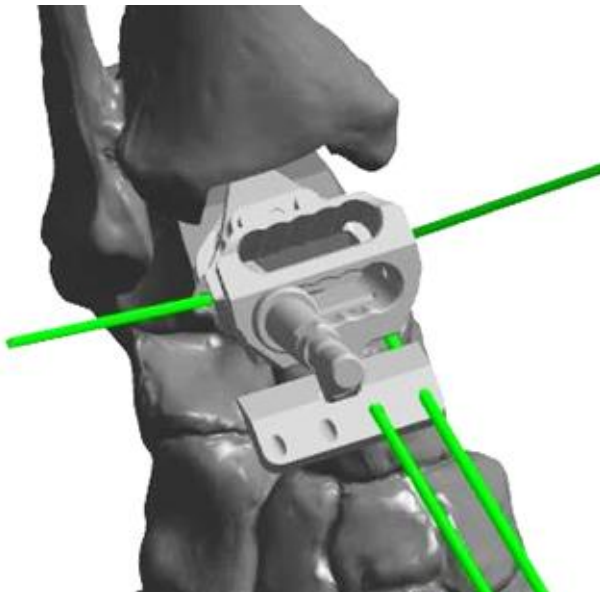


Figure 205

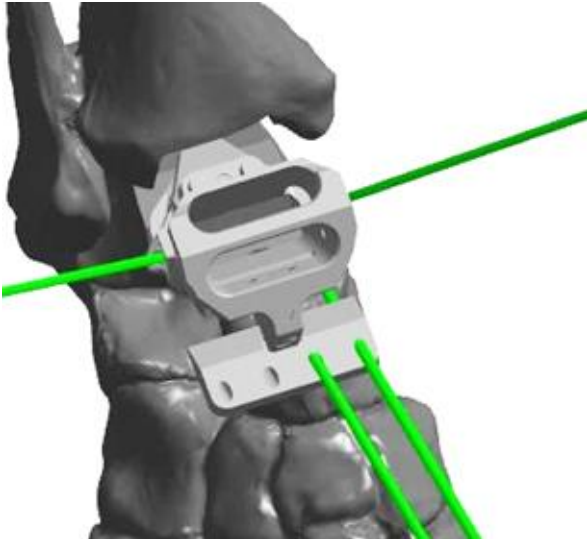


Figure 206

Detach the Anterior Pilot Reaming Guide and replace with the Finish Guide (33820131 - 33820135) of the corresponding size. Ensure that the retention feature is positioned distally. (Figure 206)

Using the Talar Reamer perform the finishing resections for the anterior talar chamfer by sliding the reamer from side to side within the Anterior Finish Reaming Guide, beginning with the anterior slot and ending with the posterior slot. (Figure 207)

Remove the Temporary Fixation Screws, 2.4mm Steinmann Pins, Talar Resect Guide Base, and any residual bone medial and/or lateral to the prepared chamfer cuts using either an osteotome or rongeur. (Figure 208)

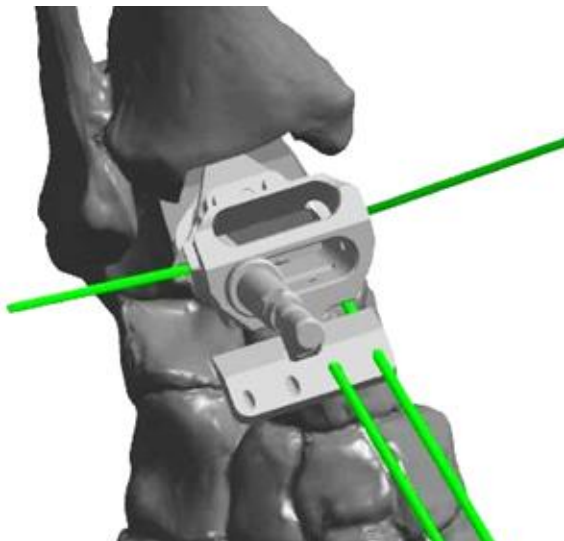


Figure 207

Caution: Care should be taken to avoid flexing the Steinmann Pins during removal on power as this could lead to cold welding.

Caution: Due to the angle of the cut, it may be necessary to finish the posterior chamfer with a reciprocating saw following removal of the Talar Resection Guide Base. In cases where sclerotic bone caused the saw blade to skive and undercut, a manual “feathering” recut should be performed.

Caution: Failure to adequately remove residual bone from resected edges may lead to improper seating of the talar component.



Figure 208



Figure 209



Figure 210

Talar Peg Drilling

Reinstall the Poly Insert Trial into the Tibial Tray Trial. Attach the Trial Holding Tool (33820090) to the appropriately sized Talar Dome Trial (33820141 through 33820145) and place on the resected talus. (Figure 209)

Perform a trial reduction to establish optimal talar medial/lateral positioning.

Slightly plantarflex the foot and install a 2.4mm Pin through the Talar Trial to temporarily hold it in position.

Using the Talar Peg Drill (33820138), drill a hole through the medial and lateral openings in the Talar Dome Trial. (Figure 210) The drill has a hard stop designed to set the appropriate drilling depth in the talus for the Talar Dome anterior pegs.

Low-Profile Pegged Tibia
pg #112

Stemmed Tibia
pg #115

Incompass™ Total Ankle System Talar Preparation

Flat-Cut Talus



Not Required

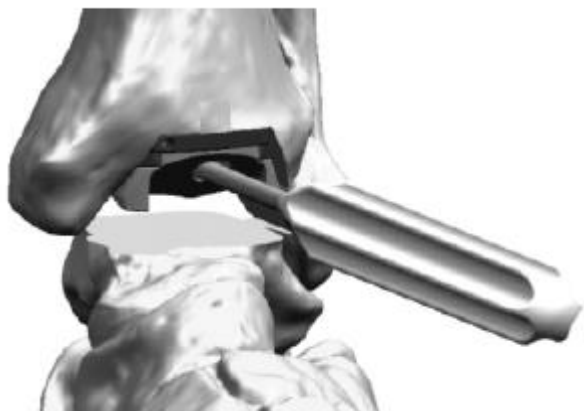


Figure 211

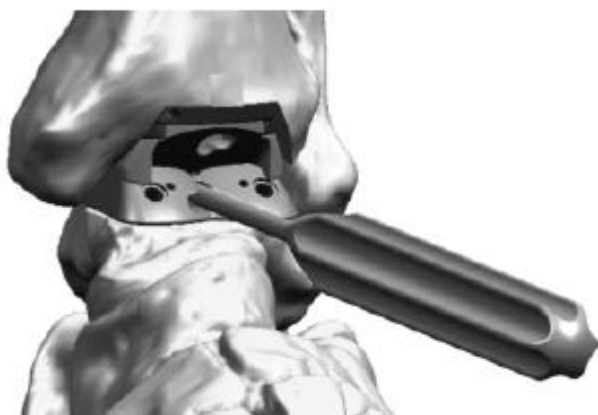


Figure 212

Talar Sizing and Positioning

The surgeon has two options for the Talar Dome implant size at this juncture: either the matching size for the implanted Tibial Tray, or one size smaller. It is beneficial to assess both sizes under AP and lateral fluoroscopic images. Please note that the AP image is critical for sizing the talar component, as the surgeon's goal is to minimize overhang of the talar component, and thus minimize prosthetic impingement in the medial and lateral gutters of the ankle joint.

Attach the Trial Holding Tool (33820090) to the appropriately sized Poly Trial and place into the Tibial Trial. (Figure 211) The locking tab of the Poly Insert Trial should engage the Tibial Tray Trial.

Next use the Trial Holding Tool to introduce the appropriately sized Talar Dome Trial (33820201 through 33820205). (Figures 212 & 213)

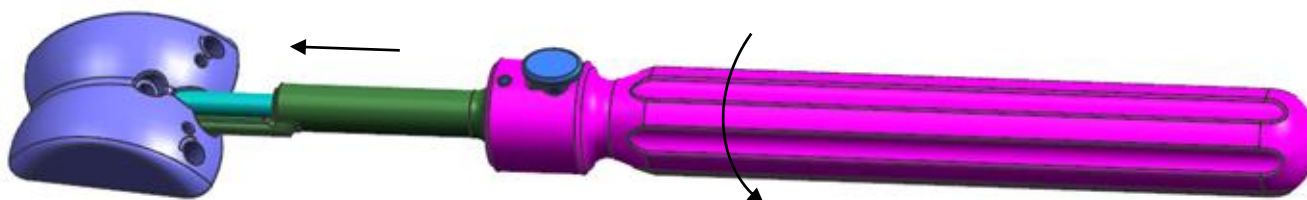


Figure 213



Figure 214



Figure 215

Under lateral plane fluoroscopy, ensure the posterior portion of the talar component is resting on the posterior portion of the patient's residual talus (establish congruence). (Figure 214) While holding the talus in this position, use a marking pen to mark the anterior portion of the talar component with reference to the patient's residual talus.

Be sure to observe the talar component with reference to the line on the residual talus previously drawn. This will ensure the talar component does not migrate anteriorly during the range of motion. To accurately perform the range of motion, place some axial compression of the components to maintain position, and flex and extend the ankle.

The surgeon will observe the talar component rotating into the anatomic position for this particular patient. Note that the surgeon must not only be cognizant of the talar position in the lateral plane but must simultaneously maintain medial/lateral coverage as evidenced by the previous AP plane fluoroscopic views.

Once the talar dome trial has settled into optimum anatomical position, install two 1.4mm pins (500036) through the talar dome trial to temporarily hold it in place. (Figure 215)

Notice: With the talar component pinned in position, the surgeon should once again place the ankle through a range of motion to ensure tibiotalar articular congruence. Also, confirm through lateral fluoroscopy that the prosthesis did not shift anteriorly.

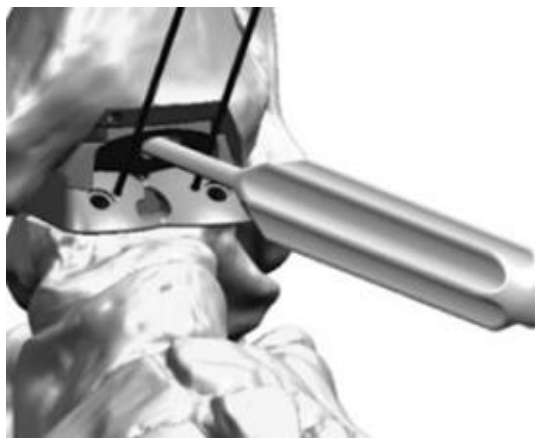


Figure 216



Figure 217

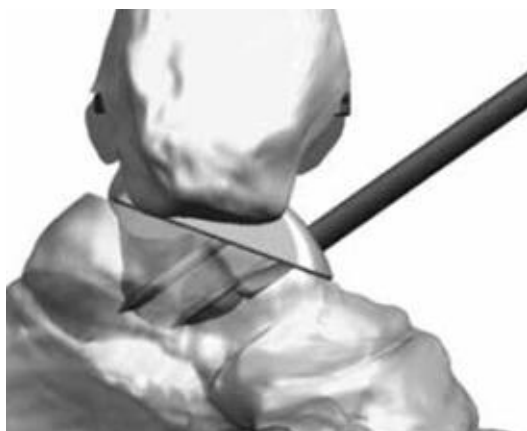


Figure 218

Talar Peg Drilling

Use the trial holding tool to remove the poly insert trial. The foot may be plantarflexed to aid in removal of poly insert trial. (Figures 216 & 217)

Notice: The poly insert trial has a small locking tab that engages the tibial tray. To remove poly insert trial pull down on the holding tool to disengage tab before pulling out.

Using the Talar Peg Drill (33820138), drill a hole through the medial, lateral, and central-posterior openings in the flat-cut talar dome trial. The drill has a hard stop designed to set the appropriate drilling depth for all 3 talar pegs. (Figure 218)

Remove 1.4mm pins and talar dome trial.

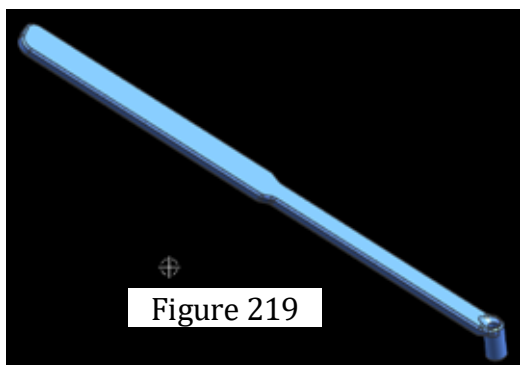


Figure 219

Alternate Stemmed Talar Dome Implant

If the surgeon chooses to use the Talar Dome implant with the 8mm central stem, do not use the talar peg drill to drill the central peg hole. Instead, insert the Talar Stem Pin Sleeve (33820210) into the central hole of the talar dome trial and install a 2.4mm pin. (Figure 219)

Remove the two 1.4mm pins and slide the talar dome trial off the central 2.4mm pin. The foot may be plantarflexed to aid in removal of the talar dome trial.

Install the Talar Stem Reamer (33820208) over the pin and ream the talus. (Figure 220) The reamer has a hard stop designed to set the appropriate reaming depth. (Figure 221)

Remove the Reamer and 2.4mm Pin.



Figure 220

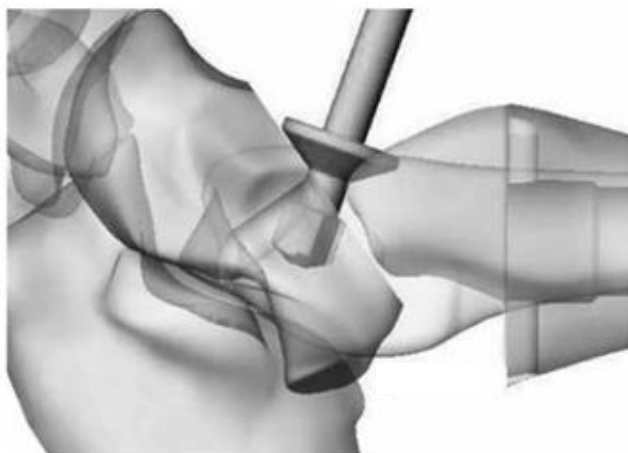


Figure 221

Low-Profile Pegged Tibia
pg #112

Stemmed Tibia
pg #115

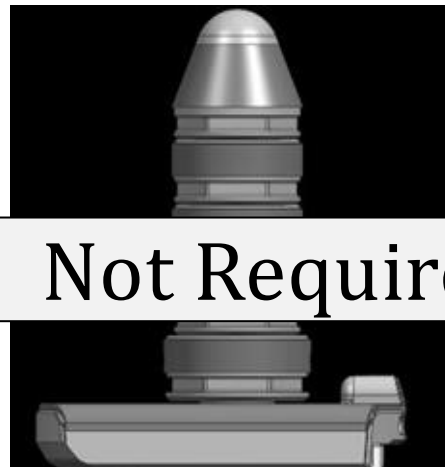
Incompass™ Total Ankle System Tibial Implantation

Low-Profile Pegged Tibia
pg #112



Not Required

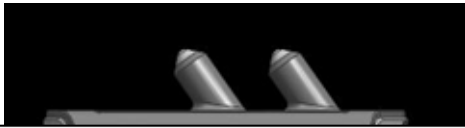
Stemmed Tibia
pg #115



Not Required

Incompass™ Total Ankle System Tibial Implantation

Low-Profile Pegged Tibia



Not Required

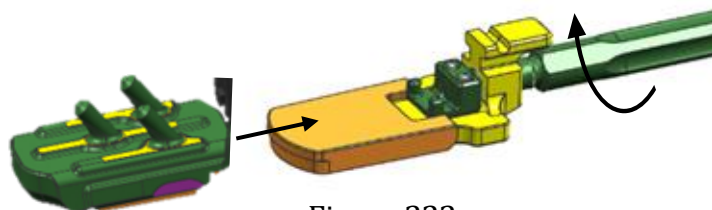


Figure 222

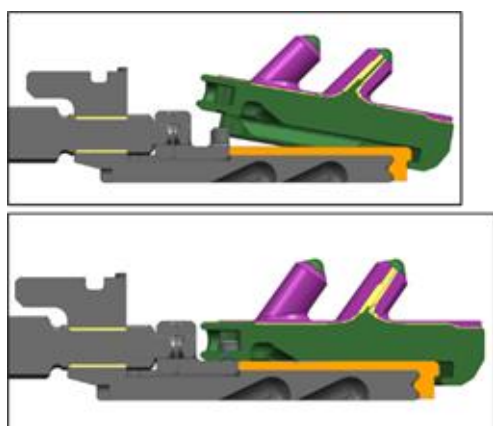


Figure 223

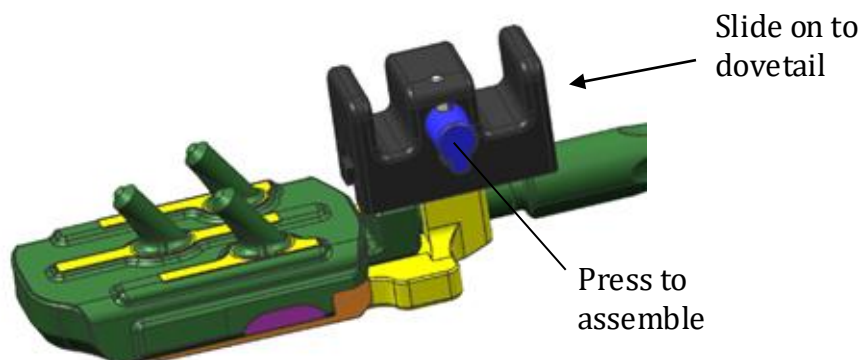


Figure 224

Tibial Component Implantation

Remove any pins remaining in the tibia.

Choose the appropriately sized Tibial Tray Impaction Insert (33820162 – 33820165) and assemble the Tibial Tray component by sliding onto the Impaction Insert and just over the two small retaining posts. Secure in place by turning the handle of the Impaction Insert clockwise. (Figures 222 & 223)

Assemble the Depth Stop Attachment (33820160). Be sure to assemble the depth stop in the correct orientation for the corresponding standard or long-size tibial component chosen. (Figure 224)

Apply bone cement to the top and side walls of the Tibial Tray component, taking care not to get any cement on the anterior face or bottom of the Tray.

Caution: In the United States, the ankle prosthesis is intended for cement use only.

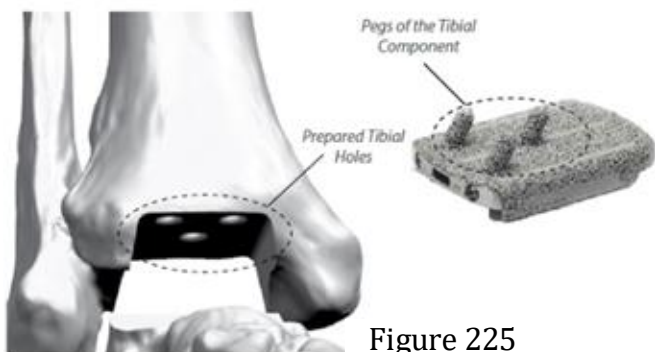


Figure 225

Tibial Component Implantation

Introduce the tibial tray into the joint space, ensuring all three pegs are aligned with the prepared tibial holes. (Figures 225 & 226)

Assemble the appropriately sized Impactor Arm (33680142 or 33680144) and Impactor Positioner (33680145) onto the Offset Impactor Handle (33680140). (Figures 227 & 228)

Insert the notch of the Tibial Tray Impactor Arm into the notch of the Tibial Tray Impactor Insert and ensure the ledge of the Tibial Tray Impactor Arm is flush with the Tibial Tray Impactor Insert to secure impaction trajectory. (Figure 229)

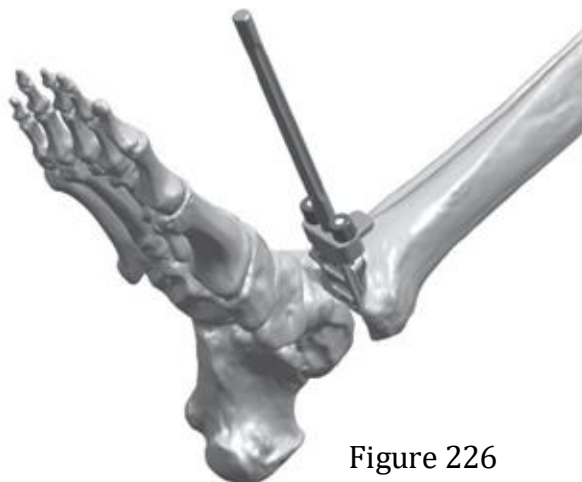


Figure 226



Figure 227



Figure 228



Figure 229

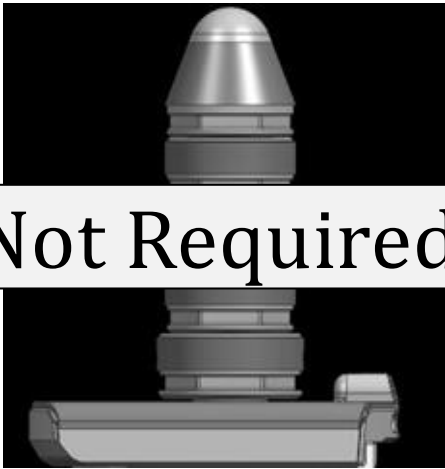
Impact the tibial tray into the prepared tibia and verify progress via fluoroscopic imaging. A Straight Impactor (33680141) and/or Universal Impactor Arm (33680143) is available for final impaction if needed. Once the tibial tray is seated, un-assemble the tibial tray impact insert from the tibial tray.

Chamfer Talus
pg #122

Flat-Cut Talus
pg #125

Incompass™ Total Ankle System Tibial Implantation

Stemmed Tibia



Not Required

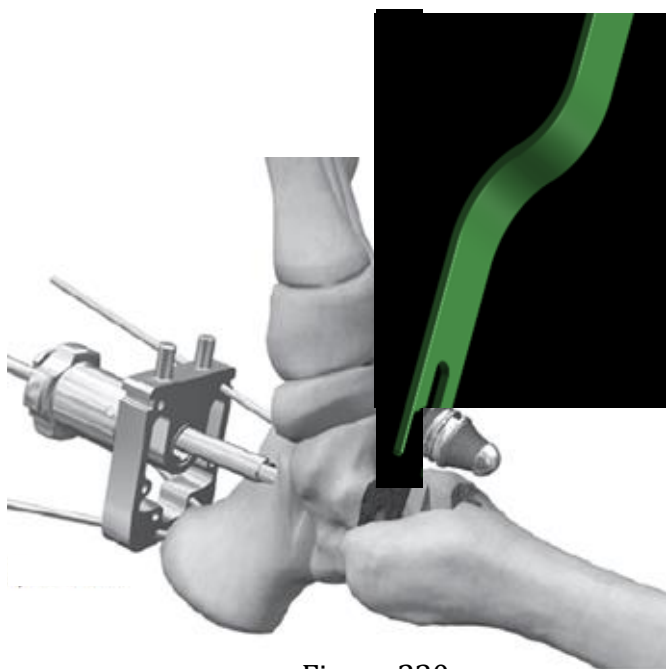


Figure 230

Install Tibial Stems

Remove any pins remaining in the tibia.

In most cases, the Top Tibial Stem and first Mid Stem can be preassembled and placed into the joint space. Firmly tighten these two components together on the back table using the X-Drive (33829081) and the appropriately sized Wrench (33829612-33829618). Orienting the Wrench in the distal direction as labeled, slide onto the Mid Stem piece with a finger or thumb holding it in place. Introduce the components into the joint space, placing the Top Stem piece into the intramedullary canal of the tibia. (Figure 230)

Insert the X-Drive (33829081) through the cannula and up through the talus. (Figure 231)

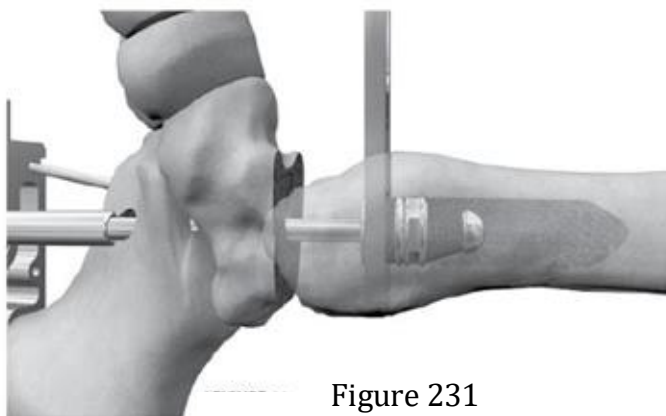


Figure 231

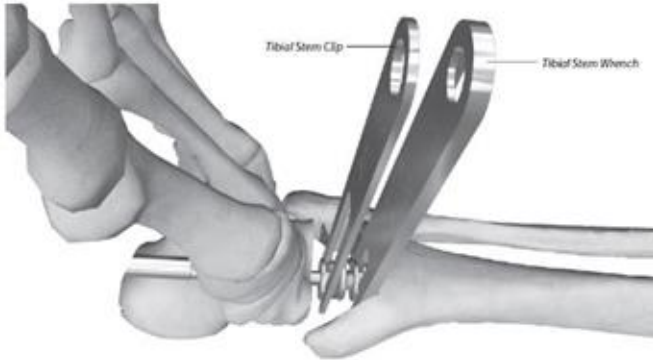


Figure 232

An assistant should hold the Wrench while the surgeon installs the next Mid Stem piece. Insert the next Mid Stem piece onto the appropriately sized Clip, introduce into the joint space and align with the Mid Stem piece. (Figure 232) An assistant may hold on to the Wrench and distract the joint to aid insertion of the next piece.

Engage the X-Drive and thread the stems firmly together. Move the Wrench to the distal Stem piece before pushing the Stem up into the tibia.

Notice: Always leave the Wrench on the distal Stem piece, or the stem construct may be inadvertently pushed up into the tibia. If the stem pieces are inadvertently pushed into the tibia, please see Appendix C for stem retrieval instructions.

Select the appropriate Base Stem piece and introduce with a Clip (33829312 – 33829318). Tightly thread the Base Stem using the X-Drive. Remove the Clip and insert a Wrench on the Base Stem. (Figure 233)

With the Base Stem tight, remove the Wrench and rotate the stem construct so the Morse taper release hole is pointing anteriorly and is in line with the anti-rotation notch. The Base Stem release hole is used to detach the Tibial Base Stem from the Tibial Tray in the event of revision.

Place the Wrench back on the Base Stem.

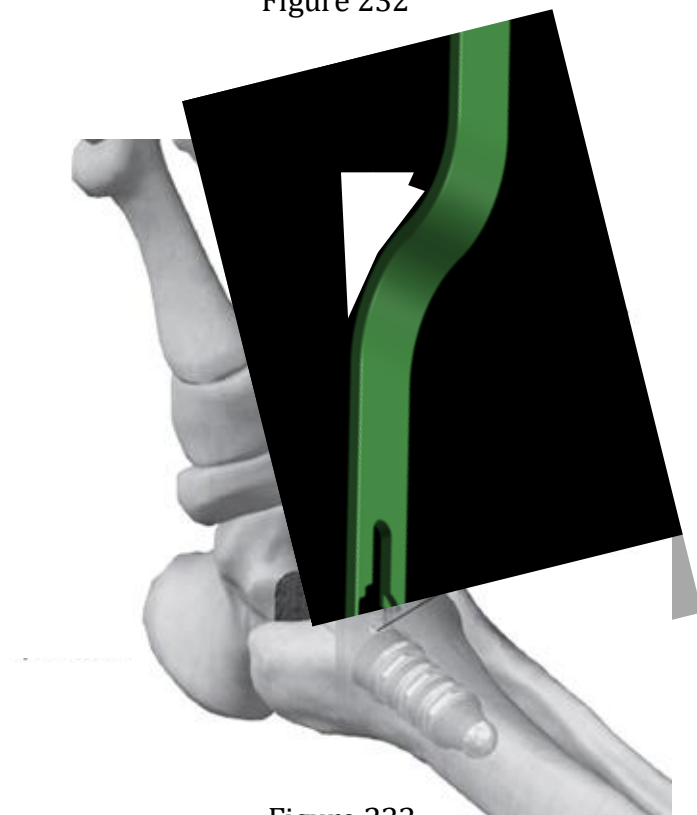


Figure 233

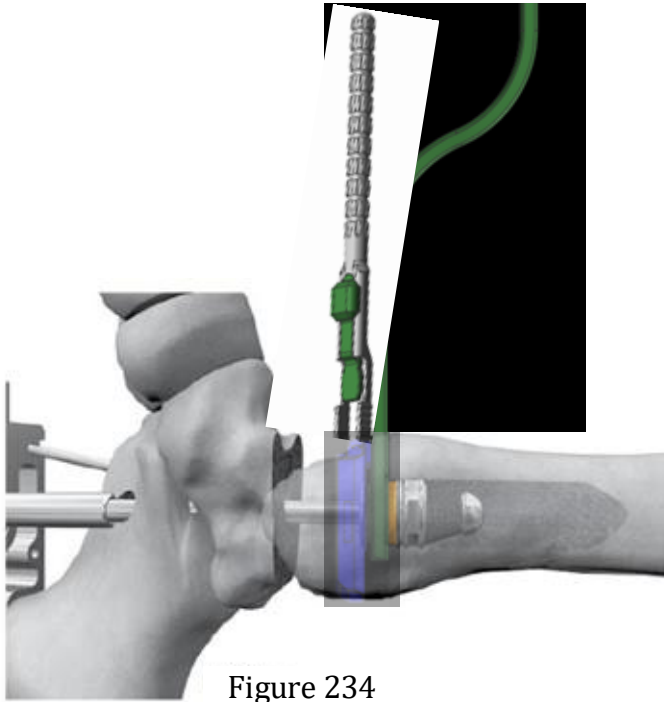


Figure 234

Install Tibial Tray

Irrigate the Morse Taper surface of the Base Stem to clean it.

Caution: Contamination on the Morse Taper surfaces can prevent proper seating.

Remove the X-Drive and replace with the Strike Rod (33829052). Hold the Tibial Stem Base with the Wrench and introduce the Tibial Tray using the Tibial Tray Holding Tool (33829055). Insert the Morse Taper into the Stem Base. Push the Strike Rod into the small detent on the bottom surface of the Tibial Tray. (Figure 234)

Holding the Wrench firmly, strike the end of the Strike Rod several times with a mallet to seat the Morse Taper connection.

Caution: The Tibial Tray will not seat if the wrench is in the wrong orientation. Wrench is marked “Distal” for correct orientation.

Remove the Wrench and test the Morse Taper connection by trying to rotate the Tibial Tray against the Stem. If properly engaged, both the stem and Tibial Tray should move as one unit.

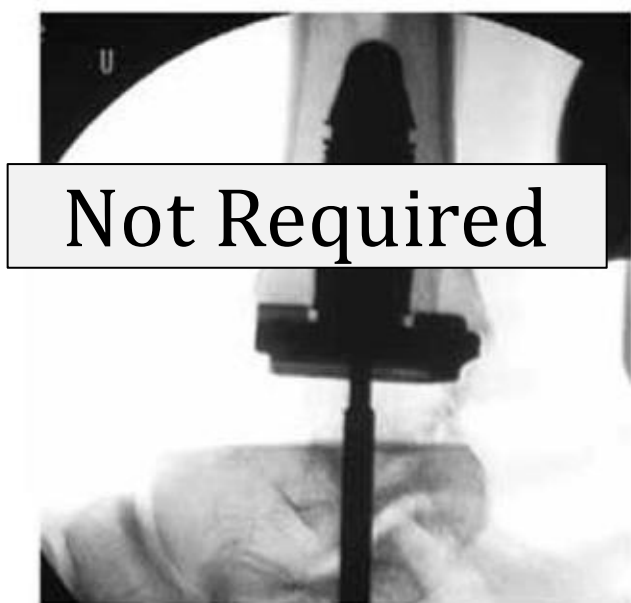


Figure 235

Apply bone cement to the top and sidewalls of the Tibial Tray component.

Caution: In the United States, the ankle prosthesis is intended for cement use only.

Caution: Be sure not to get any cement on the anterior face or bottom of the Tray.

Seat the assembly firmly into the tibia using a mallet and the Strike Rod. Remove the Holding Tool and Strike Rod and visually check the anterior alignment. Check the lateral fluoroscopic image for proper posterior seating. (Figure 235)

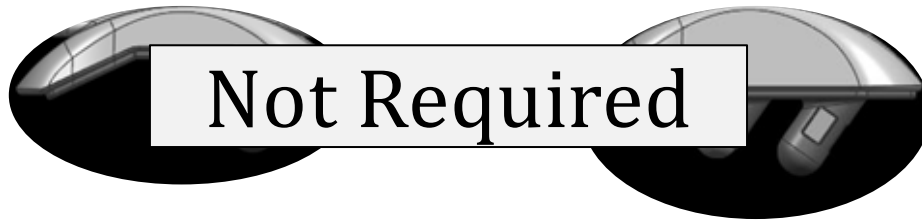
Chamfer Talus
pg #122

Flat-Cut Talus
pg #125

Incompass™ Total Ankle System Talar Implantation

Chamfer Talus
pg #122

Flat-Cut Talus
pg #125



Incompass™ Total Ankle System Talar Implantation

Chamfer Talus



Not Required



Figure 236

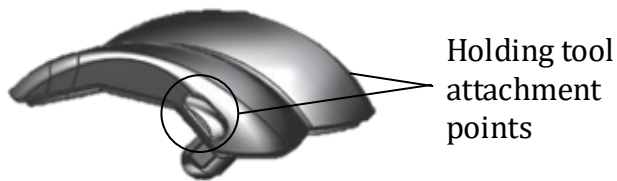


Figure 237

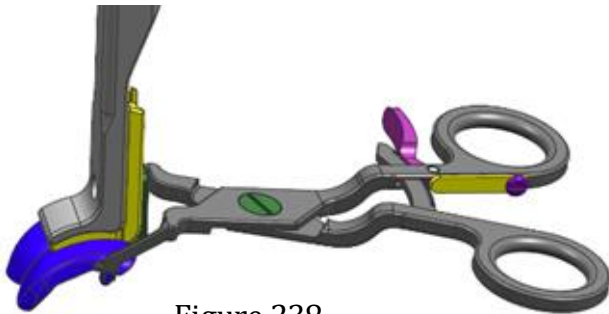


Figure 238



Figure 239

Install Talar Dome

Place the foot in plantar flexion and insert the appropriately sized plastic Talar Dome Protector (33820172 - 33820172) into the Tibial Tray to protect the Talar Dome surface during installation. (Figure 236)

Apply bone cement to the bottom surface of the Talar Dome.

Caution: In the United States, the ankle prosthesis is intended for cement use only.

Attach the talar implant to the Talar Dome Holding Tool (33820180) and introduce the implant to the joint space aligning the two anterior pegs with the prepared holes in the talus. (Figure 237) Once the Talar Dome is aligned, remove the plastic protector.

Assemble the Talar Dome Strike Tip (33680131) to the Talar Dome Strike Handle (33680130), then attach the Talar Dome Strike Flange (33680132).

With the ankle in plantar-flexion, put the talar dome strike flange under the anterior lip of the talar dome component to help control possible forward flexion during impaction. (Figures 238 & 239)

Strike the talar dome impactor, but do not fully seat the talar dome with the flanged talar impactor assembly.



Figure 240

For final implant seating use the standard talar dome impactor.

Assemble the Dome Strike Tip (IB200031) and Dome Strike Handle (IB200030) and align on the Talar Dome. Strike the top of the handle with a mallet to fully seat the Talar Dome. (Figure 240) Utilize a lateral fluoroscopic image to ensure that the Talar Dome is fully seated. If the Talar Dome is difficult to fully seat in hard bone, it may be advisable to remove the Talar Dome and increase the diameter of the anterior peg holes slightly with the peg drill.

Poly Insertion
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Incompass™ Total Ankle System Talar Implantation

Flat-Cut Talus



Not Required

Not Required

Figure 241

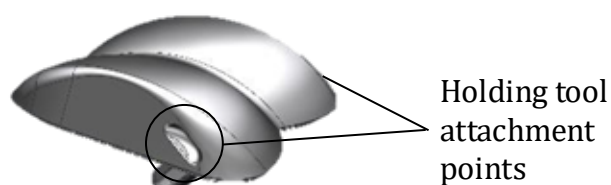


Figure 242

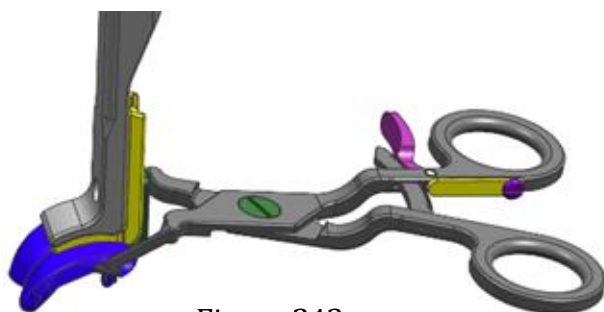


Figure 243

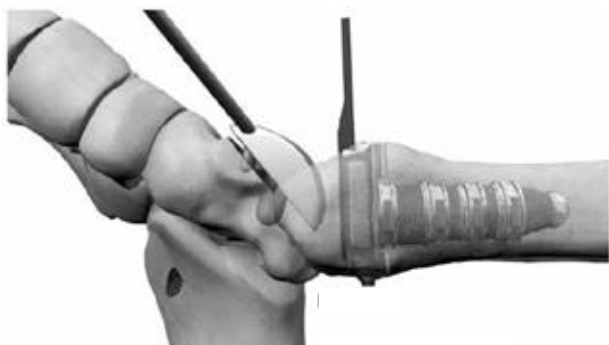


Figure 244

Install Talar Dome

Notice: The following steps are applicable for both versions of the flat-cut implant (central peg or central stem).

Place the foot in plantar flexion and insert the appropriately sized plastic Talar Dome Protector (33820172 - 33820172) into the Tibial Tray to protect the Talar Dome surface during installation. (Figure 241)

Apply bone cement to the bottom surface of the Talar Dome.

Caution: In the United States, the ankle prosthesis is intended for cement use only.

Attach the talar implant to the Talar Dome Holding Tool (33820180) and introduce the implant to the joint space aligning the two anterior pegs and central peg/stem with the prepared holes in the talus. (Figures 242, 243, & 244) Once the Talar Dome is aligned, remove the plastic Protector.



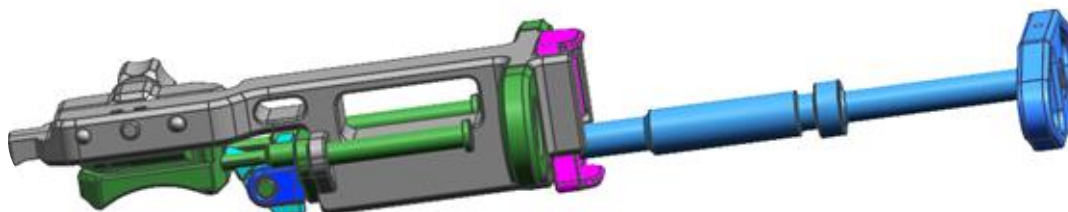
Figure 245

Assemble the Dome Strike Tip (IB200031) and Dome Strike Handle (IB200030) and align on the Talar Dome. Strike the top of the handle with a mallet to fully seat the Talar Dome. (Figure 245) Utilize a lateral fluoroscopic image to ensure that the Talar Dome is fully seated. If the Talar Dome is difficult to fully seat in hard bone, it may be advisable to remove the Talar Dome and increase the diameter of the anterior peg holes slightly with the peg drill.

Poly Insertion
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Incompass™ Total Ankle System Poly Insertion

Poly Insertion



Install Poly Insert

1. Pull back handle of Poly Inserter (33820190)

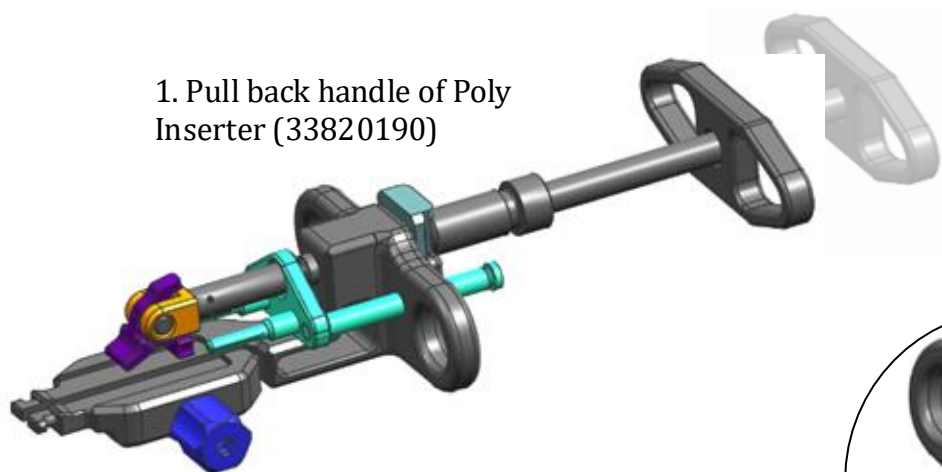


Figure 246

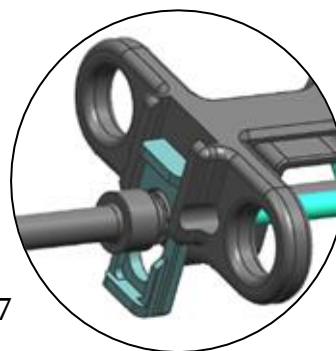


Figure 247

2. Move selector to "LOCK"

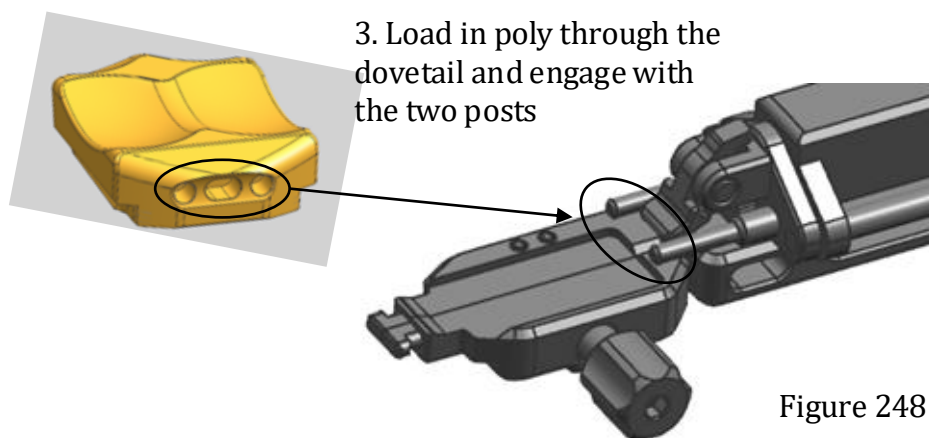
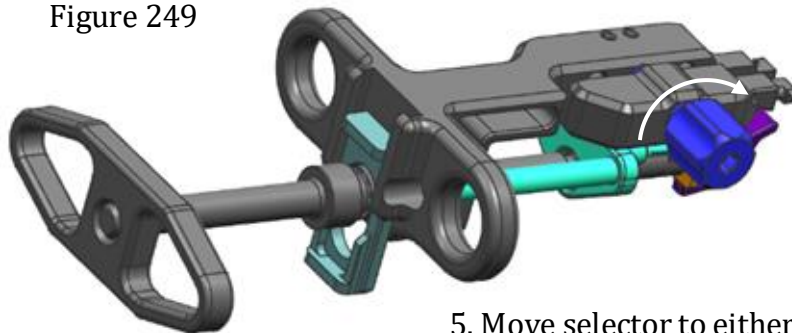


Figure 248

Install Poly Insert

4. Engage with the anterior slot of the tibial tray and tighten side knob to secure connection

Figure 249



5. Move selector to either "STD" or "LONG" position

6. Squeeze to plunge handle followed by turning the handle clockwise until it stops

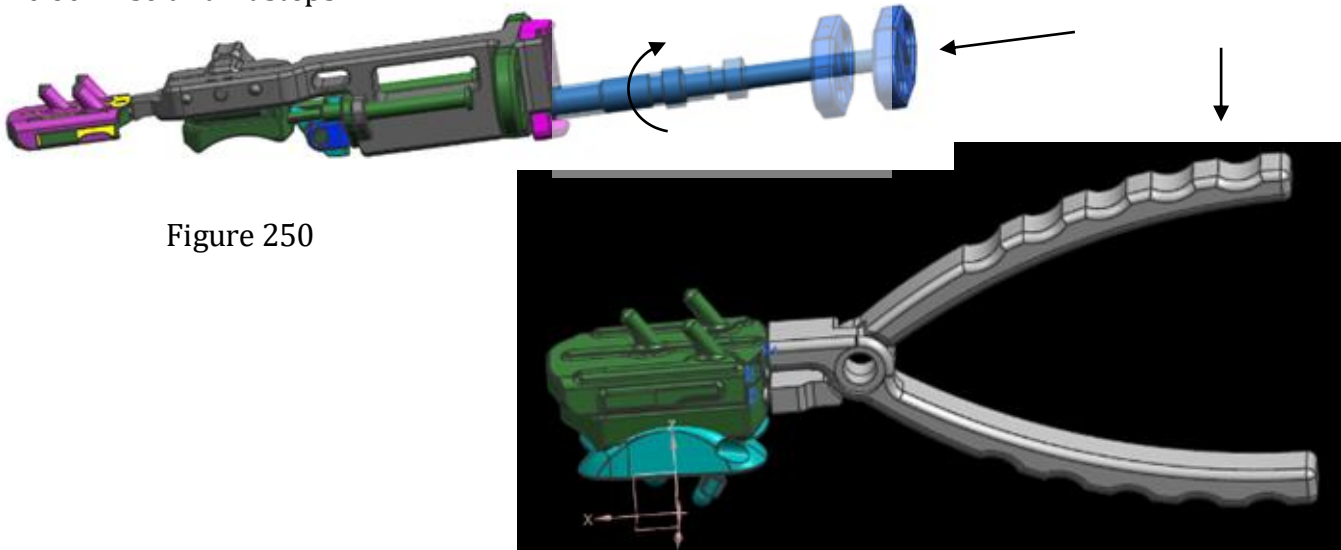


Figure 250

Figure 251

7. Use Poly Clamp (33820191) to ensure final seating of the Poly Insert

Check for proper articulation and observe the range of motion under fluoroscopy, ensuring appropriate gliding mechanics for the prosthesis. Also, perform one final check to be sure all components are appropriately seated. Close the wound and cast foot in slight plantar flexion.

Postoperative Management

Postoperative care is the responsibility of the medical professional.

Explant Information

Poly Insert Replacement

To assist in removal of the Poly Insert the surgeon may use the Poly Clamp (33820191). Insert one end of the clamp into the open slot in the anterior face of the tibial tray and the other end into the two small hole features in the poly insert. Once the clamp is secure apply outward pressure on both handles to slowly unlock the poly from the tibial tray. (Figure 252) A narrow osteotome may be inserted into the anterior region of the insert to facilitate removal. A hemostat may be used to remove the insert once it is no longer locked to the tibial tray. Care must be taken not to scratch or damage any component that is not intended to be removed.

Tibial and Talar Components

To remove the components, small osteotomes, power saws, or other surgical instruments may be used to disrupt the bone-cement interface. Care must be exhibited to save remaining bone stock as well as to prevent fracture. Once the components have been removed, rongeurs or small osteotomes as well as other surgical instruments may be used to remove the remaining cement.

If the removal of the implant is required due to revision or failure of the device, the surgeon should contact the manufacturer using the contact information located on the back cover of this surgical technique to receive instructions for returning the explanted device to the manufacturer for investigation.

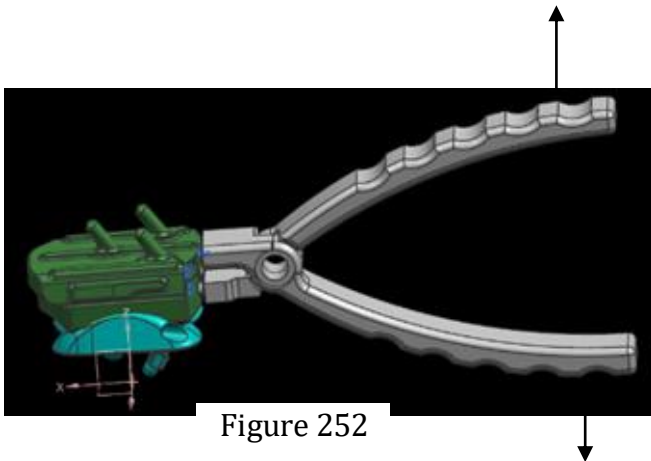


Figure 252

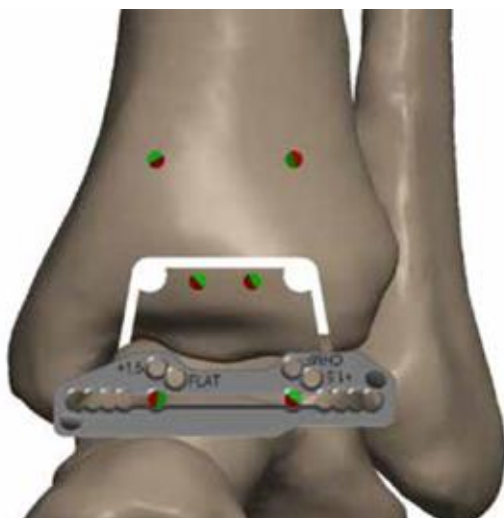


Figure 253

Conversion between chamfered talus and flat-cut talus resection level

The following steps are provided to indicate how to lower the talus resection from the chamfered talus resection level to the flat cut talus resection level. With the talus pins still in place for a chamfered talus plan, orient the talar resection guide to show the markings “flat” and slide over existing 2.4mm pins in the talus so that the pins go through the resection slot. (Figure 253) Next, install two additional 2.4mm pins in pin holes proximal to the resection slot into the talus. (Figure 254)

Remove the two 2.4mm pins from the talar resection slot. Using the pin cutter trim the pins flush to the surface of the resection guide. (Figure 255)

Optionally, the surgeon can install a 2.4mm Steinmann pin into each gutter location and an additional 2.4mm pin through one of the divergent pin locations.

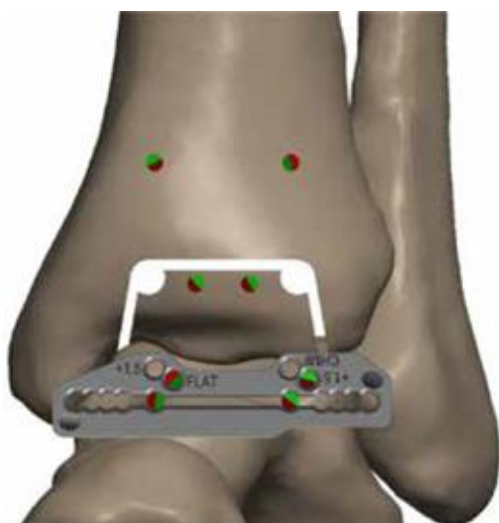


Figure 254

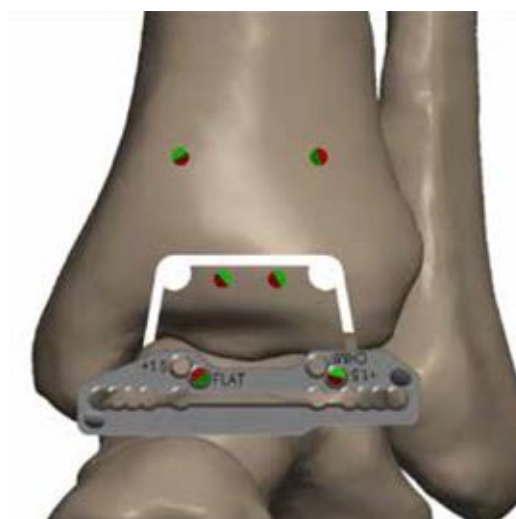
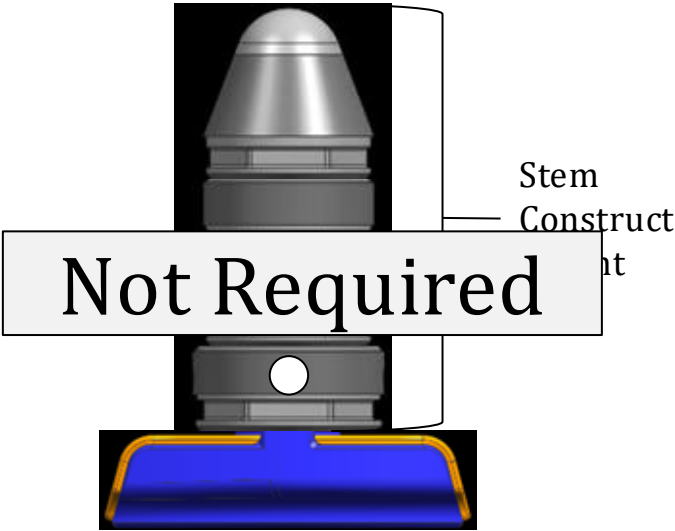


Figure 255

Stem Construct Heights



Number of Stems	Stem Construct Height
3	32mm
4	40mm
5	48mm
6	56mm
7	64mm
8	72mm
9	80mm
10	88mm

Base Stem Compatibility



Tibial Tray Nominal Size	Base Stem Options
2	16mm
3	16mm & 18mm
4	16mm & 18mm
5	16mm & 18mm



Figure 256



Figure 257



Figure 258



Figure 259

Retrieving a base stem piece from the tibia

Insert the Reamer Shaft (33829051) through the bottom of the foot and thread the base stem extraction tool (33829082) in the open joint space. (Figure 256) A size 14 clip (33829314) is used to introduce the base stem extraction tool. Once it is threaded onto the reamer shaft replace the Clip with a size 14 wrench (33829614) to tighten. (Figure 257)

Remove the wrench and push the extraction tool up in the tibia until contact is made with the base stem piece. Continue to turn the reamer shaft clockwise to engage the threads of the base stem piece. (Figure 258) Once threads are engaged, pull out the stem construct until the base stem is visible in the joint space. (Figure 259)

Place the appropriate size wrench on the base stem and turn the reamer shaft counterclockwise to disengage the extraction tool from the base stem. Leaving the wrench on the base stem push the stem construct back into the tibia. (Figure 260) Use the size 14 wrench to remove the extraction tool from the reamer shaft.



Figure 260

Retrieving a mid or top stem piece from the tibia

Follow the exact steps detailed on previous page for removing the base stem piece, substituting the mid/top stem extraction tool (33829083) for the base stem extraction tool.

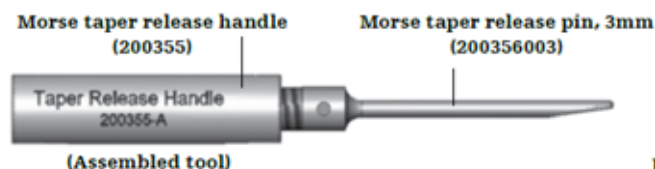


Figure 261

Morse Taper Release

Thread morse taper release pin (200356003) into morse taper release handle (200355). (Figure 261) Insert tip of the morse taper release pin into the morse taper release hole of the implant. Angled surface of the release pin should face distally. Holding the implant firmly, strike the end of the morse taper release handle with a mallet until the morse taper becomes unseated. (Figure 262)

Caution: Release pin must be inserted into the talar dome from anterior to posterior to disengage taper. Failure to do so could result in pin becoming permanently jammed.

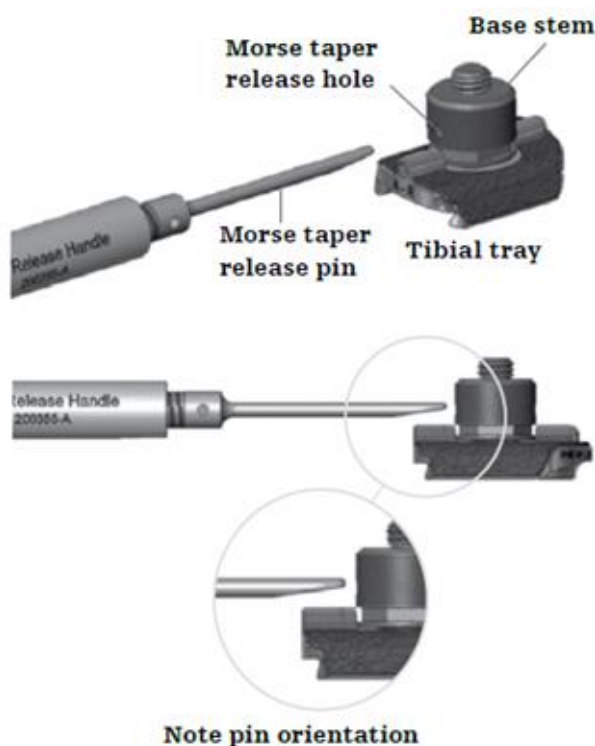


Figure 262

3385KITA – Incompass™ Implant Kit

Item Number	Description
33850021	TALAR DOME CHAMFER SIZE 1
33850022	TALAR DOME CHAMFER SIZE 2
33850023	TALAR DOME CHAMFER SIZE 3
33850024	TALAR DOME CHAMFER SIZE 4
33850025	TALAR DOME CHAMFER SIZE 5
33850031	TALAR DOME FLAT CUT SIZE 1
33850032	TALAR DOME FLAT CUT SIZE 2
33850033	TALAR DOME FLAT CUT SIZE 3
33850034	TALAR DOME FLAT CUT SIZE 4
33850035	TALAR DOME FLAT CUT SIZE 5
33850041	TALAR DOME FLAT CUT W/STEM SZ1
33850042	TALAR DOME FLAT CUT W/STEM SZ2
33850043	TALAR DOME FLAT CUT W/STEM SZ3
33850044	TALAR DOME FLAT CUT W/STEM SZ4
33850045	TALAR DOME FLAT CUT W/STEM SZ5
33850012	TIBIAL TRAY PEGGED LT SZ2 STD
33850112	TIBIAL TRAY PEGGED LT SZ2 LNG
33850013	TIBIAL TRAY PEGGED LT SZ3 STD
33850113	TIBIAL TRAY PEGGED LT SZ3 LNG
33850014	TIBIAL TRAY PEGGED LT SZ4 STD
33850114	TIBIAL TRAY PEGGED LT SZ4 LNG
33850015	TIBIAL TRAY PEGGED LT SZ5 STD
33850115	TIBIAL TRAY PEGGED LT SZ5 LNG
33850002	TIBIAL TRAY PEGGED RT SZ2 STD
33850102	TIBIAL TRAY PEGGED RT SZ2 LNG
33850003	TIBIAL TRAY PEGGED RT SZ3 STD
33850103	TIBIAL TRAY PEGGED RT SZ3 LNG
33850004	TIBIAL TRAY PEGGED RT SZ4 STD
33850104	TIBIAL TRAY PEGGED RT SZ4 LNG
33850005	TIBIAL TRAY PEGGED RT SZ5 STD
33850105	TIBIAL TRAY PEGGED RT SZ5 LNG

Item Number	Description
33851012	TIBIAL TRAY STEMMED LT SZ2 STD
33851112	TIBIAL TRAY STEMMED LT SZ2 LNG
33851013	TIBIAL TRAY STEMMED LT SZ3 STD
33851113	TIBIAL TRAY STEMMED LT SZ3 LNG
33851014	TIBIAL TRAY STEMMED LT SZ4 STD
33851114	TIBIAL TRAY STEMMED LT SZ4 LNG
33851015	TIBIAL TRAY STEMMED LT SZ5 STD
33851115	TIBIAL TRAY STEMMED LT SZ5 LNG
33851002	TIBIAL TRAY STEMMED RT SZ2 STD
33851102	TIBIAL TRAY STEMMED RT SZ2 LNG
33851003	TIBIAL TRAY STEMMED RT SZ3 STD
33851103	TIBIAL TRAY STEMMED RT SZ3 LNG
33851004	TIBIAL TRAY STEMMED RT SZ4 STD
33851104	TIBIAL TRAY STEMMED RT SZ4 LNG
33851005	TIBIAL TRAY STEMMED RT SZ5 STD
33851105	TIBIAL TRAY STEMMED RT SZ5 LNG
3385116T	STEM TOP 16MM PLASMA SPRAY
3385114T	STEM TOP 14MM PLASMA SPRAY
3385112T	STEM TOP 12MM PLASMA SPRAY
3385118M	STEM MID 18MM PLASMA SPRAY
3385116M	STEM MID 16MM PLASMA SPRAY
3385114M	STEM MID 14MM PLASMA SPRAY
3385112M	STEM MID 12MM PLASMA SPRAY
3385218B	STEM BASE 18MM ADAPTIS
3385216B	STEM BASE 16MM ADAPTIS
200138108S	SAW BLADE STRYKER UNIV WIDE
200138107S	SAW BLADE STRYKER UNIV NARROW
IB200051	INBONE™ SCREW BONE REMOVER

3385KITA – Incompass™ Implant Kit

Item Number	Description
33852106	POLY INSERT SIZE 2-1 6MM
33852107	POLY INSERT SIZE 2-1 7MM
33852108	POLY INSERT SIZE 2-1 8MM
33852109	POLY INSERT SIZE 2-1 9MM
33852110	POLY INSERT SIZE 2-1 10MM
33852112	POLY INSERT SIZE 2-1 12MM
33852206	POLY INSERT SIZE 2-2 6MM
33852207	POLY INSERT SIZE 2-2 7MM
33852208	POLY INSERT SIZE 2-2 8MM
33852209	POLY INSERT SIZE 2-2 9MM
33852210	POLY INSERT SIZE 2-2 10MM
33852212	POLY INSERT SIZE 2-2 12MM
33853206	POLY INSERT SIZE 3-2 6MM
33853207	POLY INSERT SIZE 3-2 7MM
33853208	POLY INSERT SIZE 3-2 8MM
33853209	POLY INSERT SIZE 3-2 9MM
33853210	POLY INSERT SIZE 3-2 10MM
33853212	POLY INSERT SIZE 3-2 12MM
33853306	POLY INSERT SIZE 3-3 6MM
33853307	POLY INSERT SIZE 3-3 7MM
33853308	POLY INSERT SIZE 3-3 8MM
33853309	POLY INSERT SIZE 3-3 9MM
33853310	POLY INSERT SIZE 3-3 10MM
33853312	POLY INSERT SIZE 3-3 12MM

Item Number	Description
33854307	POLY INSERT SIZE 4-3 7MM
33854308	POLY INSERT SIZE 4-3 8MM
33854309	POLY INSERT SIZE 4-3 9MM
33854310	POLY INSERT SIZE 4-3 10MM
33854311	POLY INSERT SIZE 4-3 11MM
33854313	POLY INSERT SIZE 4-3 13MM
33854406	POLY INSERT SIZE 4-4 6MM
33854407	POLY INSERT SIZE 4-4 7MM
33854408	POLY INSERT SIZE 4-4 8MM
33854409	POLY INSERT SIZE 4-4 9MM
33854410	POLY INSERT SIZE 4-4 10MM
33854412	POLY INSERT SIZE 4-4 12MM
33855407	POLY INSERT SIZE 5-4 7MM
33855408	POLY INSERT SIZE 5-4 8MM
33855409	POLY INSERT SIZE 5-4 9MM
33855410	POLY INSERT SIZE 5-4 10MM
33855411	POLY INSERT SIZE 5-4 11MM
33855413	POLY INSERT SIZE 5-4 13MM
33855506	POLY INSERT SIZE 5-5 6MM
33855507	POLY INSERT SIZE 5-5 7MM
33855508	POLY INSERT SIZE 5-5 8MM
33855509	POLY INSERT SIZE 5-5 9MM
33855510	POLY INSERT SIZE 5-5 10MM
33855512	POLY INSERT SIZE 5-5 12MM

3385KITB – Incompass™ Revision Poly Implant Kit

Item Number	Description
33852114	POLY INSERT SIZE 2-1 14MM
33852116	POLY INSERT SIZE 2-1 16MM
33852214	POLY INSERT SIZE 2-2 14MM
33852216	POLY INSERT SIZE 2-2 16MM
33853214	POLY INSERT SIZE 3-2 14MM
33853216	POLY INSERT SIZE 3-2 16MM
33853314	POLY INSERT SIZE 3-3 14MM
33853316	POLY INSERT SIZE 3-3 16MM
33854315	POLY INSERT SIZE 4-3 15MM
33854317	POLY INSERT SIZE 4-3 17MM
33854414	POLY INSERT SIZE 4-4 14MM
33854416	POLY INSERT SIZE 4-4 16MM
33855415	POLY INSERT SIZE 5-4 15MM
33855417	POLY INSERT SIZE 5-4 17MM
33855514	POLY INSERT SIZE 5-5 14MM
33855516	POLY INSERT SIZE 5-5 16MM

3385KIT1 – Incompass™ Instrument Kit

Item Number	Description
200072	INBONE™ STEINMANN PIN, 2.4MM
200427	INBONE™ PIN CUTTER, 3.2
500036	K-WIRE 1.4MM X 228MM
18770140	ORTHOLOC™ PIN PULLER
33600009	MEDIAL GUTTER FORK SMALL
33600025	PIN SLEEVE
33600026	TROCAR
33820011	ROTATION GUIDE POINTER
33820012	ROTATION GUIDE SLIDER
33820020	SAGITTAL ALIGNMENT ROD
33820030	RESECTION ADJUSTMENT ARC
33820031	CORONAL ALIGNMENT ROD
33820035	HEX DRIVER SHAFT 3.5MM
33820042	RESECTION GUIDE CHMF TAL SZ 2
33820043	RESECTION GUIDE CHMF TAL SZ 3
33820044	RESECTION GUIDE CHMF TAL SZ 4
33820045	RESECTION GUIDE CHMF TAL SZ 5
33820048	DRILL TIBIAL CORNER 4.8MM
33820052	RESECTION GUIDE FLAT TAL SZ 2
33820053	RESECTION GUIDE FLAT TAL SZ 3
33820054	RESECTION GUIDE FLAT TAL SZ 4
33820055	RESECTION GUIDE FLAT TAL SZ 5
33820060	RESECTION HEIGHT GAUGE ARM
33820063	RESECTION HEIGHT GAUGE SZ 2,3
33820064	RESECTION HEIGHT GAUGE SZ 4
33820065	RESECTION HEIGHT GAUGE SZ 5
33820067	DEPTH GAUGE PROXIMAL TIBIA CUT
33820072	TRIAL TIB TRAY PEGGED RT SZ2
33820073	TRIAL TIB TRAY PEGGED RT SZ3
33820074	TRIAL TIB TRAY PEGGED RT SZ4
33820075	TRIAL TIB TRAY PEGGED RT SZ5
33820082	TRIAL TIB TRAY PEGGED LT SZ2
33820083	TRIAL TIB TRAY PEGGED LT SZ3
33820084	TRIAL TIB TRAY PEGGED LT SZ4
33820085	TRIAL TIB TRAY PEGGED LT SZ5

Item Number	Description
33820088	BROACH TIBIAL PEG POSTERIOR
33820089	BROACH TIBIAL PEG ANTERIOR
33820090	HOLDING TOOL POLY DOME TRIAL
33820091	TIBIAL CORNER CHISEL TIP
33820092	TIBIAL CORNER CHISEL SHAFT
33820093	TIBIAL CORNER CHISEL SLIDE
33820099	REAMER CHAMFER TALAR DOME
33820101	FLOATING TALAR TRIAL CHMF SZ1
33820102	FLOATING TALAR TRIAL CHMF SZ2
33820103	FLOATING TALAR TRIAL CHMF SZ3
33820104	FLOATING TALAR TRIAL CHMF SZ4
33820105	FLOATING TALAR TRIAL CHMF SZ5
33820111	TALAR RESECT GUIDE BASE SZ 1
33820112	TALAR RESECT GUIDE BASE SZ 2
33820113	TALAR RESECT GUIDE BASE SZ 3
33820114	TALAR RESECT GUIDE BASE SZ 4
33820115	TALAR RESECT GUIDE BASE SZ 5
33820121	ANTER TALAR PILOT GUIDE SZ 1
33820122	ANTER TALAR PILOT GUIDE SZ 2
33820123	ANTER TALAR PILOT GUIDE SZ 3
33820124	ANTER TALAR PILOT GUIDE SZ 4
33820125	ANTER TALAR PILOT GUIDE SZ 5
33820131	ANTER TALAR FINISH GUIDE SZ 1
33820132	ANTER TALAR FINISH GUIDE SZ 2
33820133	ANTER TALAR FINISH GUIDE SZ 3
33820134	ANTER TALAR FINISH GUIDE SZ 4
33820135	ANTER TALAR FINISH GUIDE SZ 5
33820138	DRILL TALAR PEG 3.8MM
33820141	TRIAL TALAR DOME CHMF SZ 1
33820165	TIB TRAY IMPACT INSERT SZ 5
33820172	TALAR DOME PROTECTOR SZ 2
33820173	TALAR DOME PROTECTOR SZ 3
33820174	TALAR DOME PROTECTOR SZ 4
33820175	TALAR DOME PROTECTOR SZ 5

3385KIT1 – Incompass™ Instrument Kit

Item Number	Description
33820180	HOLDING TOOL TALAR DOME
33820190	POLY INSERTER
33820191	POLY FINAL SEATING CLAMP
33820201	TRIAL TALAR DOME FLAT SZ 1
33820202	TRIAL TALAR DOME FLAT SZ 2
33820203	TRIAL TALAR DOME FLAT SZ 3
33820204	TRIAL TALAR DOME FLAT SZ 4
33820205	TRIAL TALAR DOME FLAT SZ 5
33820208	REAMER TALAR STEM 8MM
33820210	PIN SLEEVE TALAR STEM
33820220	TALAR RECUT GUIDE 5MM
33820222	TALAR RECUT GUIDE 2MM
33820300	PROPHECY CONVERSION GUIDE
33820302	RESECT THRU GUIDE INSERT SZ 2
33820303	RESECT THRU GUIDE INSERT SZ 3
33820304	RESECT THRU GUIDE INSERT SZ 4
33820305	RESECT THRU GUIDE INSERT SZ 5
33820310	TALAR RESECTION GUIDE NARROW
33820311	TALAR RESECTION GUIDE WIDE
33820402	TIBIAL SPACER GUIDE SZ 2
33820403	TIBIAL SPACER GUIDE SZ 3
33822110	TRIAL POLY INSERT SZ 2-1 10MM
33822112	TRIAL POLY INSERT SZ 2-1 12MM
33822206	TRIAL POLY INSERT SZ 2-2 6MM
33822207	TRIAL POLY INSERT SZ 2-2 7MM
33822208	TRIAL POLY INSERT SZ 2-2 8MM
33822209	TRIAL POLY INSERT SZ 2-2 9MM
33822210	TRIAL POLY INSERT SZ 2-2 10MM
33822212	TRIAL POLY INSERT SZ 2-2 12MM
33823206	TRIAL POLY INSERT SZ 3-2 6MM
33823207	TRIAL POLY INSERT SZ 3-2 7MM
33823208	TRIAL POLY INSERT SZ 3-2 8MM
33823209	TRIAL POLY INSERT SZ 3-2 9MM
33823210	TRIAL POLY INSERT SZ 3-2 10MM
33823212	TRIAL POLY INSERT SZ 3-2 12MM

Item Number	Description
33823306	TRIAL POLY INSERT SZ 3-3 6MM
33823307	TRIAL POLY INSERT SZ 3-3 7MM
33823308	TRIAL POLY INSERT SZ 3-3 8MM
33823309	TRIAL POLY INSERT SZ 3-3 9MM
33823310	TRIAL POLY INSERT SZ 3-3 10MM
33823312	TRIAL POLY INSERT SZ 3-3 12MM
33824307	TRIAL POLY INSERT SZ 4-3 7MM
33824308	TRIAL POLY INSERT SZ 4-3 8MM
33824309	TRIAL POLY INSERT SZ 4-3 9MM
33824310	TRIAL POLY INSERT SZ 4-3 10MM
33824311	TRIAL POLY INSERT SZ 4-3 11MM
33824313	TRIAL POLY INSERT SZ 4-3 13MM
33824406	TRIAL POLY INSERT SZ 4-4 6MM
33824407	TRIAL POLY INSERT SZ 4-4 7MM
33824408	TRIAL POLY INSERT SZ 4-4 8MM
33824409	TRIAL POLY INSERT SZ 4-4 9MM
33824410	TRIAL POLY INSERT SZ 4-4 10MM
33824412	TRIAL POLY INSERT SZ 4-4 12MM
33825407	TRIAL POLY INSERT SZ 5-4 7MM
33825408	TRIAL POLY INSERT SZ 5-4 8MM
33825409	TRIAL POLY INSERT SZ 5-4 9MM
33825410	TRIAL POLY INSERT SZ 5-4 10MM
33825411	TRIAL POLY INSERT SZ 5-4 11MM
33825413	TRIAL POLY INSERT SZ 5-4 13MM
33825506	TRIAL POLY INSERT SZ 5-5 6MM
33825507	TRIAL POLY INSERT SZ 5-5 7MM
33825508	TRIAL POLY INSERT SZ 5-5 8MM
33825509	TRIAL POLY INSERT SZ 5-5 9MM
33825510	TRIAL POLY INSERT SZ 5-5 10MM
33825512	TRIAL POLY INSERT SZ 5-5 12MM
33829002	CARTRIDGE STM TIB CHMF TAL SZ2
33829003	CARTRIDGE STM TIB CHMF TAL SZ3
33829004	CARTRIDGE STM TIB CHMF TAL SZ4
33829005	CARTRIDGE STM TIB CHMF TAL SZ5

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Item Number	Description
33829012	CARTRIDGE STM TIB FLAT TAL SZ2
33829013	CARTRIDGE STM TIB FLAT TAL SZ3
33829014	CARTRIDGE STM TIB FLAT TAL SZ4
33829015	CARTRIDGE STM TIB FLAT TAL SZ5
33829020	SHIM 1.5MM
33829021	SHIM 3MM
33829022	MOD GUNSIGHT TIB STEM TRIAL
33829023	CORONAL STEM ALIGNMENT ROD
33829024	PIN 2.4MM X 127MM DRILL TIP
33829030	DRILL GUIDE ATTACHMENT ARM LT
33829031	DRILL GUIDE ATTACHMENT ARM RT
33829032	DRILL GUIDE L BRACKET
33829033	DRILL GUIDE ATTACHMENT PLATE
33829034	THREADED BUSHING 5MM
33829035	BUSHING COLLET 5MM
33829036	BUSHING NUT 5MM
33829037	DRILL GUIDE PROX STABILIZER LT
33829038	DRILL GUIDE PROX STABILIZER RT
33829039	PIN SLEEVE RECTANGULAR 3.2MM
33829040	SAGITTAL STEM ALIGNMENT ROD
33829041	CANNULA 5MM
33829042	BLUNT TROCAR 5MM
33829048	DRILL ANTI ROTATION 4.8MM
33829050	DRILL 5MM PILOT
33829051	REAMER SHAFT 5MM
33829052	STRIKE ROD 5MM
33829055	HOLDING TOOL STEMMED TIB TRAY
33829062	TRIAL TIB TRAY STEMMED RT SZ2
33829063	TRIAL TIB TRAY STEMMED RT SZ3
33829064	TRIAL TIB TRAY STEMMED RT SZ4
33829065	TRIAL TIB TRAY STEMMED RT SZ5
33829072	TRIAL TIB TRAY STEMMED LT SZ2
33829073	TRIAL TIB TRAY STEMMED LT SZ3
33829074	TRIAL TIB TRAY STEMMED LT SZ4
33829075	TRIAL TIB TRAY STEMMED LT SZ5

Item Number	Description
33829081	X DRIVE 5MM
33829082	EXTRACTION TOOL BASE STEM
33829083	EXTRACTION TOOL MID TOP STEM
33829112	DONUT TEMPLATE TOP STEM 12MM
33829114	DONUT TEMPLATE TOP STEM 14MM
33829116	DONUT TEMPLATE TOP STEM 16MM
33829212	DONUT TEMPLATE MID STEM 12MM
33829214	DONUT TEMPLATE MID STEM 14MM
33829216	DONUT TEMPLATE MID STEM 16MM
33829218	DONUT TEMPLATE MID STEM 18MM
33829312	CLIP 12MM
33829314	CLIP 14MM
33829316	CLIP 16MM
33829318	CLIP 18MM
33829412	TIBIAL REAMER BLUNT TIP 12MM
33829414	TIBIAL REAMER BLUNT TIP 14MM
33829416	TIBIAL REAMER BLUNT TIP 16MM
33829418	TIBIAL REAMER BLUNT TIP 18MM
33829512	TIBIAL REAMER SHARP TIP 12MM
33829514	TIBIAL REAMER SHARP TIP 14MM
33829516	TIBIAL REAMER SHARP TIP 16MM
33829518	TIBIAL REAMER SHARP TIP 18MM
33829612	WRENCH 12MM
33829614	WRENCH 14MM
33829616	WRENCH 16MM
33829618	WRENCH 18MM
33829714	TRIAL MODULAR BASE STEM 14MM
33829716	TRIAL MODULAR BASE STEM 16MM
33829718	TRIAL MODULAR BASE STEM 18MM
59011120	RATCHETING HANDLE HUDSON ADAPT
200356003	INBONE™ PIN
200355	INBONE™ HANDLE
33600120	T-HANDLE PIN DRIVER
33600141	TIBIA TRAY IMPACTOR STRAIGHT

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Item Number	Description
33609012	RETRACTOR SELF RETAINING
33610002	TEMP FIX PIN TALAR GUIDE LONG
33610003	TEMP FIX PIN TAL RESECT GUIDE
33680130	TALAR DOME STRIKE HANDLE
33680131	TALAR DOME STRIKE TIP SULC
33680132	TALAR DOME STRIKE FLANGE
33680140	TIBIAL TRAY OFFSET IMPACT HNDL
33680141	TIBIAL TRAY STRAIGHT IMPACT HN
33680142	TIBIAL TRAY IMPACT ARM SZ 1-3
33680143	TIBIAL TRAY IMPACT ARM, UNIVER
33680144	TIBIAL TRAY IMPACT ARM SZ 4-6
33680145	TIBIAL TRAY IMPACT POSITIONER
33689011	TIBIAL CORNER PEG
33820002	PIN 3.2MM X 127MM NOTCHED
33820009	BI-SECT GUTTER FORK SMALL
33820142	TRIAL TALAR DOME CHMF SZ 2
33820143	TRIAL TALAR DOME CHMF SZ 3
33820144	TRIAL TALAR DOME CHMF SZ 4
33820145	TRIAL TALAR DOME CHMF SZ 5
33820151	TALAR RESECT GUIDE INSERT SZ 1
33820152	TALAR RESECT GUIDE INSERT SZ 2
33820153	TALAR RESECT GUIDE INSERT SZ 3
33820154	TALAR RESECT GUIDE INSERT SZ 4
33820155	TALAR RESECT GUIDE INSERT SZ 5
33820160	TIB TRAY INSERTER DEPTH STOP
33820162	TIB TRAY IMPACT INSERT SZ 2
33820163	TIB TRAY IMPACT INSERT SZ 3
33820164	TIB TRAY IMPACT INSERT SZ 4
33820404	TIBIAL SPACER GUIDE SZ 4
33820405	TIBIAL SPACER GUIDE SZ 5

Item Number	Description
33820510	ASSEMBLY INSTRUMENT TRAY 1
33820520	ASSEMBLY INSTRUMENT TRAY 2
33820530	ASSEMBLY INSTRUMENT TRAY 3
33820540	ASSEMBLY INSTRUMENT TRAY 4
33822106	TRIAL POLY INSERT SZ 2-1 6MM
33822107	TRIAL POLY INSERT SZ 2-1 7MM
33822108	TRIAL POLY INSERT SZ 2-1 8MM
33822109	TRIAL POLY INSERT SZ 2-1 9MM
IB200030	INBONE™ HANDLE DOME STRIKE
IB200031	INBONE™ DOME STRIKE TIP SULC
IB200050	INBONE™ BONE RELEASE TOOL

3385KIT2 – Incompass™ Revision Poly Instrument Kit

Item Number	Description
33822114	TRIAL POLY INSERT SZ 2-1 14MM
33822116	TRIAL POLY INSERT SZ 2-1 16MM
33822214	TRIAL POLY INSERT SZ 2-2 14MM
33822216	TRIAL POLY INSERT SZ 2-2 16MM
33823214	TRIAL POLY INSERT SZ 3-2 14MM
33823216	TRIAL POLY INSERT SZ 3-2 16MM
33823314	TRIAL POLY INSERT SZ 3-3 14MM
33823316	TRIAL POLY INSERT SZ 3-3 16MM
33824315	TRIAL POLY INSERT SZ 4-3 15MM
33824317	TRIAL POLY INSERT SZ 4-3 17MM
33824414	TRIAL POLY INSERT SZ 4-4 14MM
33824416	TRIAL POLY INSERT SZ 4-4 16MM
33825415	TRIAL POLY INSERT SZ 5-4 15MM
33825417	TRIAL POLY INSERT SZ 5-4 17MM
33825514	TRIAL POLY INSERT SZ 5-5 14MM
33825516	TRIAL POLY INSERT SZ 5-5 16MM
33820550	ASSEMBLY REV POLY INST TRAY

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