

# GENESIS<sup>◇</sup> II system set-up and delivery information

Surgeon name: \_\_\_\_\_

Sales Representative name: \_\_\_\_\_

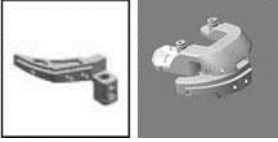
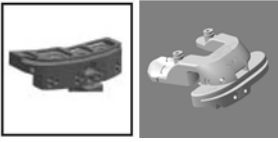

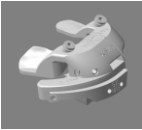
## Implant selection

- GENESIS II P/S       GENESIS II C/R

## Distal Femoral Block

|   |  |   |
|---|--|---|
| <p><b>1. External Rotation (Which is prioritized?):</b></p> <p><input type="checkbox"/> Trans-epicondylar Axis    <input type="checkbox"/> AP Axis (Whiteside's Line)</p> <p><input type="checkbox"/> Posterior Condylar Axis    <input type="checkbox"/> Other _____</p> <p>Order of Priority: _____</p>   | <p><b>2. Varus/Valgus Alignment:</b></p> <p><input type="checkbox"/> Mechanical Axis off patient X-Ray</p> <p><input type="checkbox"/> Up to 5°    <input type="checkbox"/> Up to 6°    <input type="checkbox"/> Up to 7°</p> <p><input type="checkbox"/> 3°    <input type="checkbox"/> 4°    <input type="checkbox"/> 5°    <input type="checkbox"/> 6°    <input type="checkbox"/> 7°    <input type="checkbox"/> Other _____</p> |   |
| <p><b>3. Distal Femoral Resection:</b></p> <p><input type="checkbox"/> Implant Thickness    <input type="checkbox"/> +1mm    <input type="checkbox"/> +2 mm    <input type="checkbox"/> Resect Trochlear Sulcus (No Limit)    <input type="checkbox"/> Resect Trochlear Sulcus (Up to +2mm)</p> <p><input type="checkbox"/> Resect Trochlear Sulcus (Up to +4mm)    <input type="checkbox"/> Resect _____ mm into sulcus</p> <p><input type="checkbox"/> Other _____</p>                                      |  |   |
| <p><b>4. Referencing:</b></p> <p><input type="checkbox"/> Anterior    <input type="checkbox"/> Posterior    <input type="checkbox"/> Other _____</p>  | <p><b>5. Between Sizes:</b></p> <p><input type="checkbox"/> Upsize Always    <input type="checkbox"/> Upsize unless ML overhang</p> <p><input type="checkbox"/> Downsize Always</p>  |   |
| <p><b>6. To achieve optimal flexion/extension gaps when sizing the engineer may increase flexion in femur up to 2 degrees (May advise otherwise for a P/S user to not risk jumping the post.):</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Other _____</p>   |  |   |
| <p><b>7. Anterior Cut Preference (A conservative anterior cut will exit the cortex at implant height or below, with no risk of notching. A standard anterior cut will result in the component being as flush to the anterior cortex as possible with minimal risk of notching. An aggressive anterior cut will exit the cortex above implant height and may risk notching.):</b></p> <p><input type="checkbox"/> Conservative    <input type="checkbox"/> Aggressive    <input type="checkbox"/> Standard</p> |  |   |
| <p><b>8. Femur Guide Contact Extensions:</b></p> <p><input type="checkbox"/> Extended    <input type="checkbox"/> Not Extended</p>  | <p><b>9. Femur Recut Guide:</b></p> <p><input type="checkbox"/> Genesis II (Universal Instruments)    <input type="checkbox"/> Journey</p> <p><input type="checkbox"/> TC-Plus    <input type="checkbox"/> Other _____</p>   | <p><b>10. Sawblade Thickness:</b></p> <p><input type="checkbox"/> 1.35mm    <input type="checkbox"/> 1.27mm</p> |

## Proximal Tibial Block

|  |  |   |   |
|--|--|---|---|
| <b>1. Tibia Block Design:</b><br><input type="checkbox"/> MIS Approach <input type="checkbox"/> Traditional Anterior Approach<br>    |  | <b>2. Tibia External Rotation:</b><br><input type="checkbox"/> Medial third of the tibia tubercle<br><input type="checkbox"/> Best baseplate coverage<br><input type="checkbox"/> Combination of both<br><input type="checkbox"/> Other _____   |   |
| <b>3. Posterior Slope:</b><br><input type="checkbox"/> 0° <input type="checkbox"/> 3° <input type="checkbox"/> 4° <input type="checkbox"/> 5°<br><input type="checkbox"/> Match anatomy (No limit) <input type="checkbox"/> Up to 3° <input type="checkbox"/> Up to 4° <input type="checkbox"/> Up to 5°<br><input type="checkbox"/> Up to 6° <input type="checkbox"/> Other _____ |  | <b>4. Varus/Valgus Alignment:</b><br><input type="checkbox"/> Mechanical Axis (off patient X-Ray)<br><input type="checkbox"/> Other _____   |   |
| <b>5. Proximal Resection:</b><br><input type="checkbox"/> Standard Resection <input type="checkbox"/> +1mm <input type="checkbox"/> +2mm<br><input type="checkbox"/> +3mm <input type="checkbox"/> +4mm<br><input type="checkbox"/> Other _____  |  | <b>6. Maximum Resection in case of severe deformity</b><br><i>(Significant wear of the tibia plateau may require additional resection to achieve a flush cut. This preference sets the maximum amount of additional bone allowed to be resected):</i><br><input type="checkbox"/> No Increase <input type="checkbox"/> Up to +2mm <input type="checkbox"/> Up to +4mm<br><input type="checkbox"/> Up to +6mm <input type="checkbox"/> Other _____ |   |
| <b>7. Implant Between Sizes:</b><br><input type="checkbox"/> Best Fit (some over/under hang acceptable)<br><input type="checkbox"/> Upsize (maximum coverage)<br><input type="checkbox"/> Downsize (no overhang)   |  | <b>8. Surgical Sequence</b> <i>Pinholes for Tibia Cut First do not match tibia trial:</i><br><input type="checkbox"/> Distal Femur Cut First <input type="checkbox"/> Proximal Tibia Cut First<br>    |   |
| <b>9. Tibia Recut Guide:</b><br><input type="checkbox"/> Genesis II MIS (Universal Instruments)<br><input type="checkbox"/> Genesis II TAA <input type="checkbox"/> Journey MIS<br><input type="checkbox"/> Journey II MIS** <input type="checkbox"/> TC-Plus TAA<br><input type="checkbox"/> Other _____  |  | <b>10. Tibia Guide Contact Extensions</b> (Not available with Tibia Cut First):<br><input type="checkbox"/> Extended<br><input type="checkbox"/> No Extended  | <b>11. Tibia Drop Rod Alignment:</b><br><input type="checkbox"/> Perpendicular to cut plane<br><input type="checkbox"/> Parallel to tibia shaft |

\*\* Journey II MIS block is a limited release cutting block. Part numbers 7401-4473 and 7401-4474.

### First Case Notes

- 1.) Remove all soft tissue (including meniscus), but leave all osteophytes attached.
- 2.) Cutting block pinholes match standard instrumentation in surgery for flexibility.
- 3.) Pin distally first on the femur and proximally first on the tibia. This will keep the block from shifting while pinning.
- 4.) For a valgus case it is common practice to cut less off of the tibia, in an attempt to restore the healthy joint line.
- 5.) Alignment checkers are issued with first surgeries. They can be used to check varus/valgus alignment of the tibia.
- 6.) The surgeon will have 48 hours to approve a preoperative plan before the plan is auto-approved and sent to manufacturing.

### Technical support contact info:

1-800-262-3536, option 1

visionairesupport@smith-nephew.com