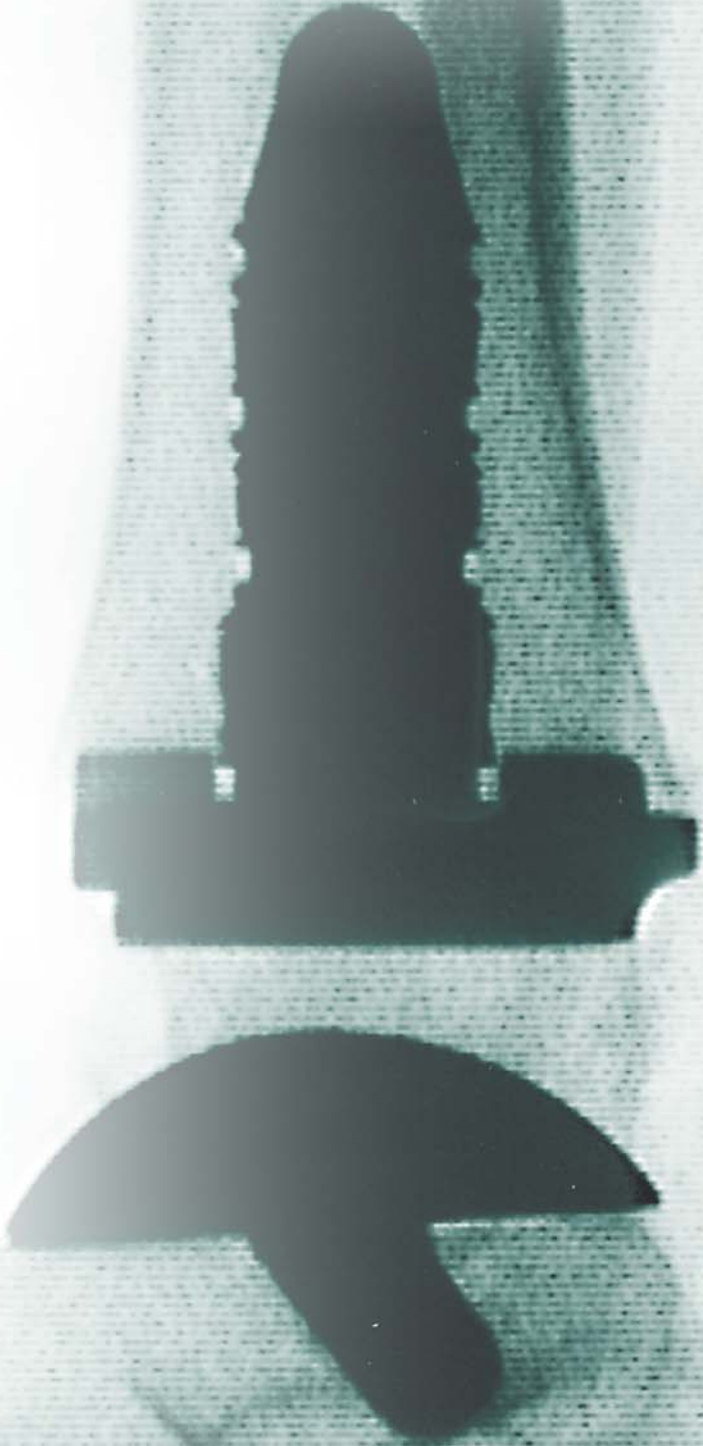


INBONE®

Total Ankle System

SURGICAL TECHNIQUE



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Proper surgical procedures and techniques are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training and experience. Prior to use of the system, the surgeon should refer to the product package insert for complete warnings, precautions, indications, contraindications and adverse effects. Package inserts are also available by contacting Wright Medical Technology, Inc.

Introduction



THE MOST ADVANCED ENGINEERING AND TECHNOLOGY FOR TOTAL ANKLE REPLACEMENT

The INBONE™ Total Ankle System — a high performance modular prosthesis installed via a mechanized intra-medullary alignment system — is a major advancement for precise, reproducible installation and projected implant life.

A Modular Prosthesis Offering

- The first substantial anchoring available in total ankle systems
- Articulating components that closely mirror nature's design

A Highly Mechanized Intra-medullary Alignment System Offering

- Precision installation
- Consistently reproducible results
- A short learning curve to success

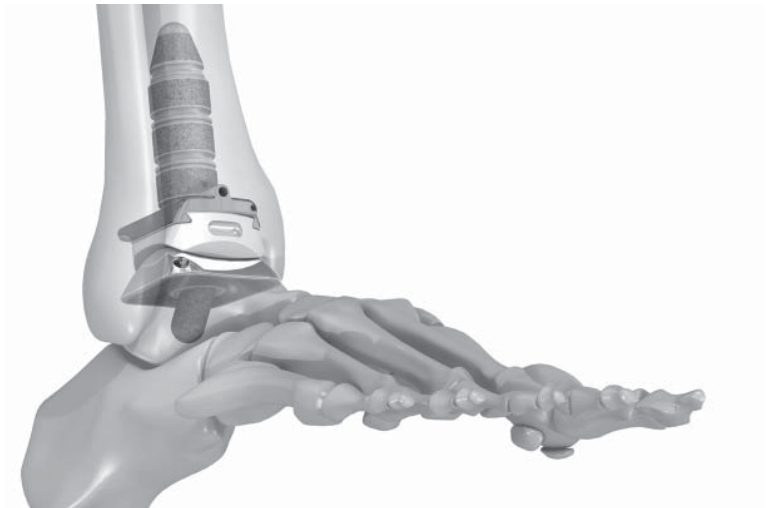
Positive Clinical Benefits

- Bone preservation
- Addresses ankle/lower leg deformities

Modular Components for Intra-Medullary Anchoring

The INBONE Total Ankle is available in five sizes, left and right. The tibial stem pieces range from 14-18 mm in diameter with a typical 4-piece construct measuring 50 mm in length (figure 1). This is completely customizable per individual patient need. The segmented design (figure 2) allows for a less invasive approach and more robust anchoring.

The talar stem is 10 mm in diameter and available in 10 and 14 mm lengths.



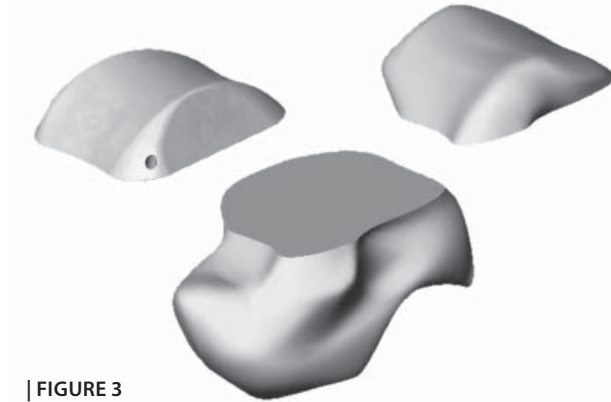
| FIGURE 1



| FIGURE 2

Anatomical Design

The talar component closely matches the human talus, facilitating smooth and natural movement. This large base of support aids joint stability while reducing wear-generating stresses (figure 3).



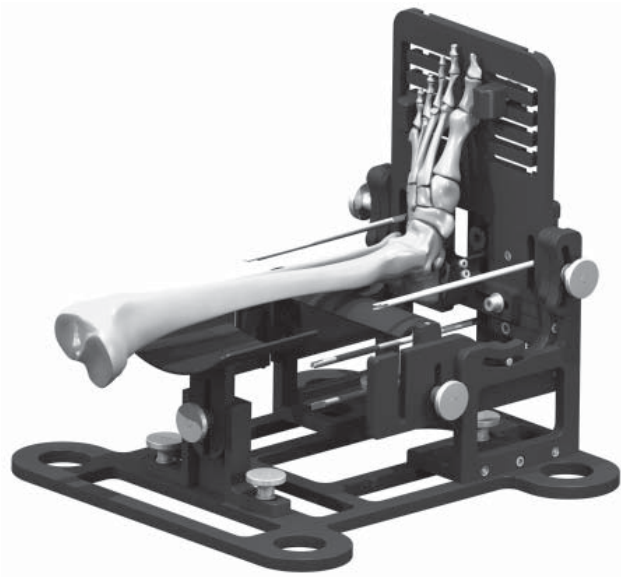
| FIGURE 3

Thick Poly Bearing

The POLY is available in two thicknesses per size, ranging from 7-15 mm. Studies have determined that greater POLY thickness can extend prosthesis longevity.

Precision Installation System

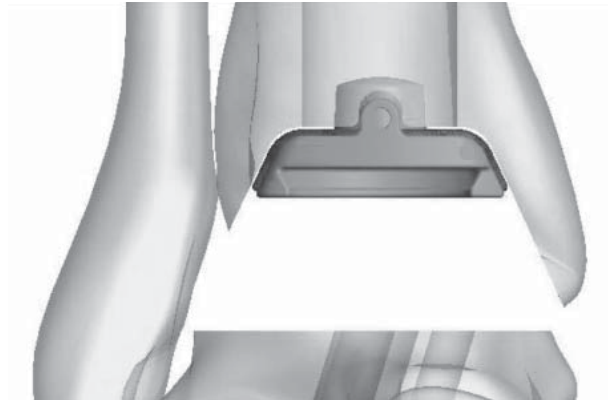
The patented FootHolder (figure 4) is the heart of this dynamic system. The forefoot and heel are fixed to it, but the ankle remains dynamic. Guide rods determine exact intra-medullary alignment for primary drilling and cutting guides define precise bone removal. Custom tooling is used in building and installing the prosthesis.



| FIGURE 4

Minimal Bone Resection

The trapezoidal shape of the tibial component saves the majority of the medial malleolus and leaves the fibula completely intact, preserving these important structures (figure 5).



| FIGURE 5

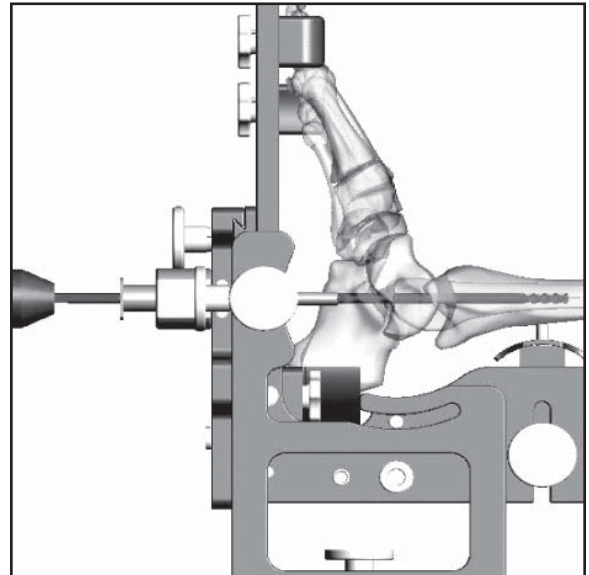
Addresses Deformities

Longer tibial stems may be constructed to bridge osteotomies. The FootHolder allows positioning to correct for varus/valgus ankles.

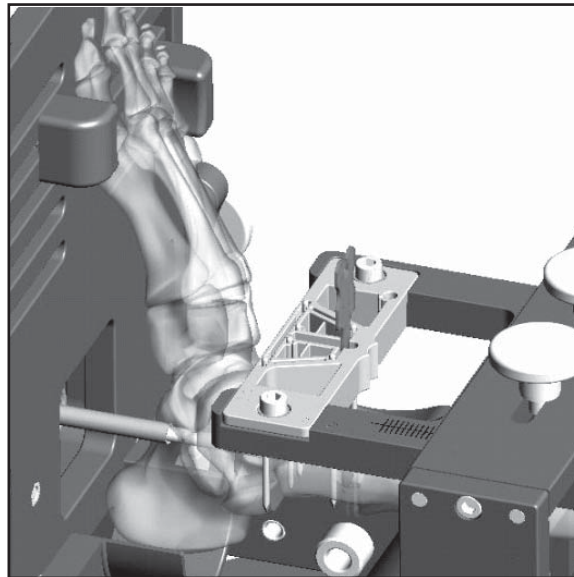
Total ankle arthroplasty is indicated for patients with ankle joints damaged by severe rheumatoid, post-traumatic or degenerative arthritis. The ankle prosthesis is additionally indicated for patients with a failed previous ankle surgery. Total ankle arthroplasty is intended to give a patient limited mobility by reducing pain, restoring alignment and replacing the flexion and extension movement in the ankle joint.



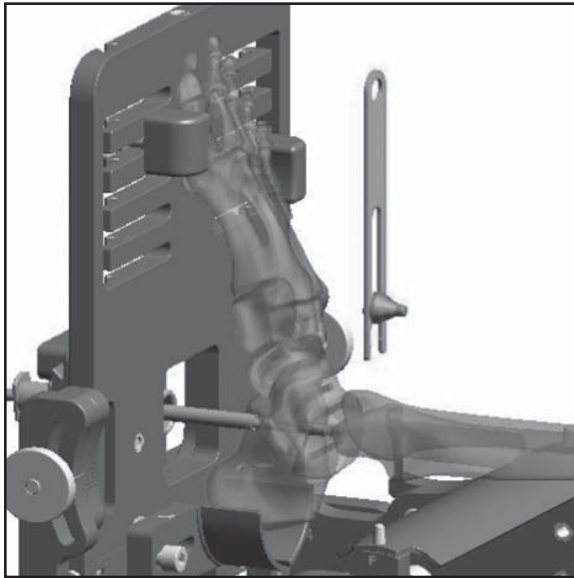
Step One | Align and immobilize foot in FootHolder using fluoro



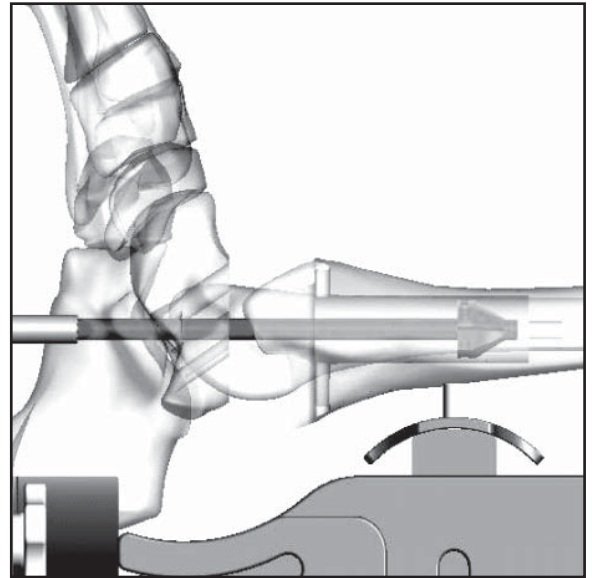
Step Two | Drill 6 mm reference hole anterior to the posterior facet of the subtalar joint



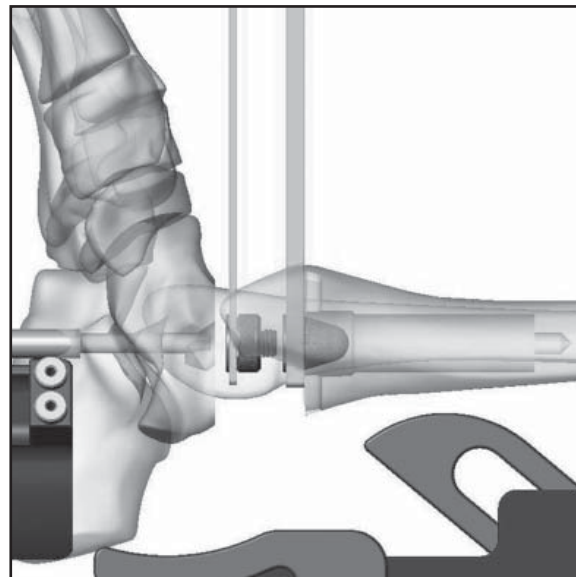
Step Three | Make tibial and talar cuts using saw guide



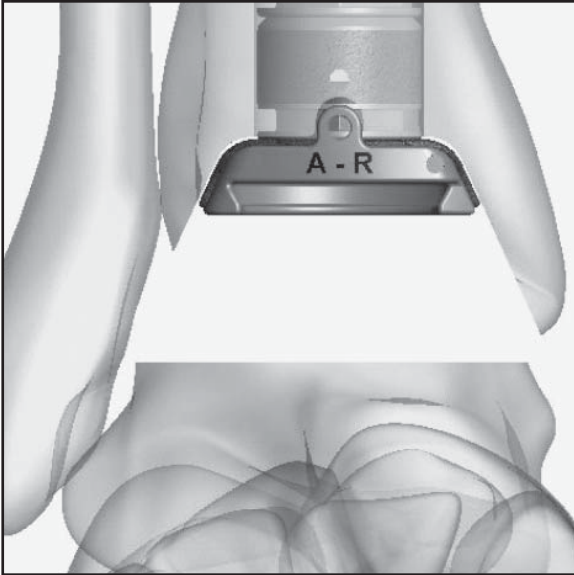
Step Four | Drop tibial reamer through anterior incision



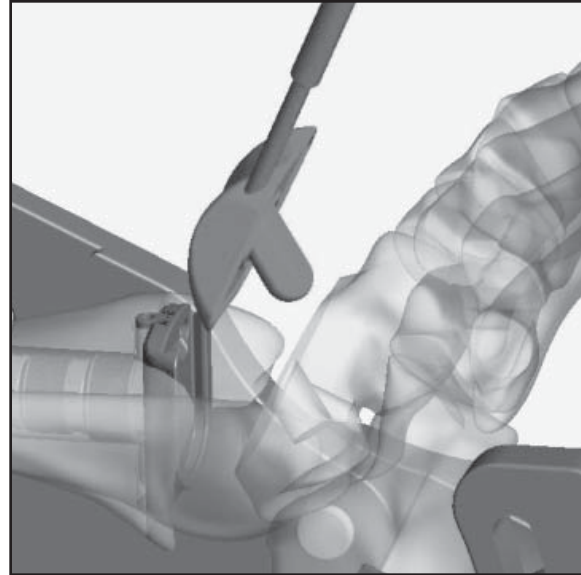
Step Five | Ream tibia



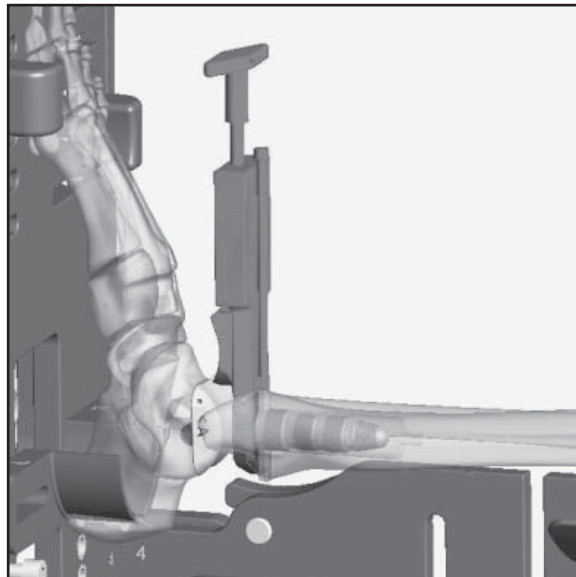
Step Six | Insert modular tibial stem pieces



Step Seven | Install tibial tray



Step Eight | Install talar stem/dome



Step Nine | Install POLY insert



Wright Medical Technology, Inc.

5677 Airline Road
Arlington, TN 38002
901.867.9971 phone
800.238.7188 toll-free
www.wmt.com

Wright Medical EMEA

Krijgsman 11
1186 DM Amstelveen
The Netherlands
011.31.20.545.0100
www.wmt-emea.com

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