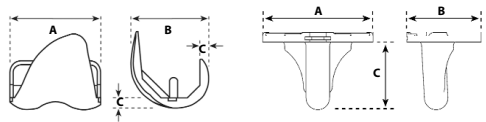
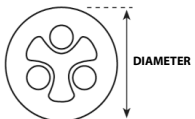


IMPLANT DIMENSIONS (mm)

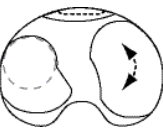


SIZE	A	B	C
1	60	52	8
2	65	57	8
3	70	62	8
4	75	66	8
5	80	71	8
6	85	76	9

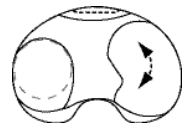
TRAY SIZE	A	B	C
1	60	41	35
1+	65	44	35
2	65	44	35
2+	70	48	43
3	70	48	43
3+	75	51	43
4	75	51	43
4+	80	54	50
5	80	54	50
5+	85	58	50
6	85	58	50



SIZE (DIAMETER)	SINGLE PEG	TRIPEG	THICKNESS (mm)
25	-	N/A	7 or 9
26	N/A	-	8
28	-	N/A	7 or 9
29	N/A	-	8
32	-	-	8
35	-	-	8
38	-	-	10
41	-	-	11



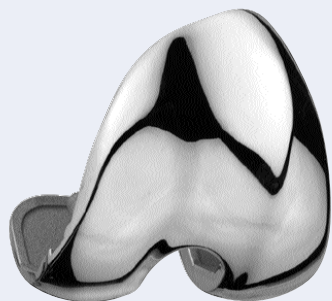
ADVANCE® DOUBLE-HIGH INSERT PCL RETAINING  
Available Thicknesses  
10, 12, 14, 17mm



ADVANCE® MEDIAL-PIVOT INSERT PCL SACRIFICING  
Available Thicknesses  
10, 12, 14, 17, 20, 25mm

# ODYSSEY™ MIS Instrumentation is exclusively for ADVANCE® Double-High & Medial-Pivot Knee Systems

INSERT OPTIONS FOR RETAINING OR SACRIFICING THE PCL



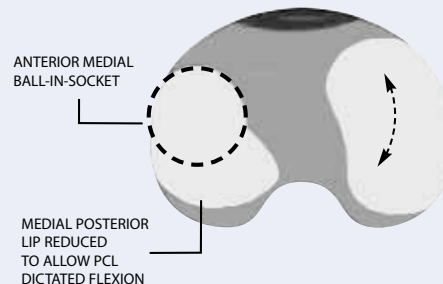
ADVANCE® Femoral Component



ADVANCE® Tibial Base

YOUR CHOICE OF INSERTS

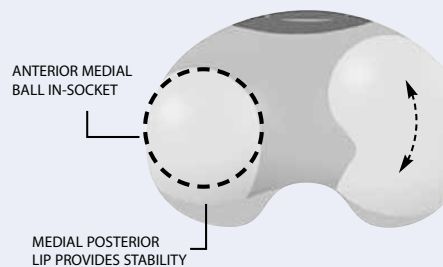
## ADVANCE® DOUBLE-HIGH INSERT PCL RETAINING



ANTERIOR MEDIAL BALL-IN-SOCKET

MEDIAL POSTERIOR LIP REDUCED TO ALLOW PCL DICTATED FLEXION

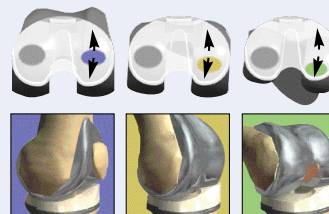
## ADVANCE® MEDIAL-PIVOT INSERT PCL SACRIFICING



ANTERIOR MEDIAL BALL-IN-SOCKET

MEDIAL POSTERIOR LIP PROVIDES STABILITY

Natural medial-pivoting motion with or without the PCL



EXTENSION

FLEXION



ODYSSEY™

MIS Instrumentation  
for the ADVANCE® Knee Systems  
ABBREVIATED SURGICAL TECHNIQUE



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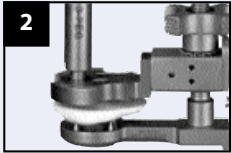
\*Trademarks and ®Registered marks of Wright Medical Technology, Inc.  
ADVANCE™ is covered by one or more of the following patents:  
U.S. Patents: 4,298,992; 4,718,413; 5,219,362; 5,662,656; 5,672,178; 5,702,458; 6,013,103  
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MK 090-303

**ODYSSEY™ ANTERIOR ROUGH CUT INSTRUMENTATION  
ABBREVIATED SURGICAL TECHNIQUE**

**PATELLA PREPARATION**

Resect the patellar surface with the patellar clamp and depth gauge. | **FIGURE 1** The appropriate tri-peg or central peg guide and reamer are used to prepare the peg holes. | **FIGURE 2**



**PREPARATION OF THE DISTAL FEMUR**

Draw a line down the **deepest part of the trochlear groove** to represent the A/P axis.

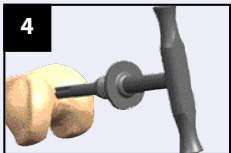
**STARTER HOLE PREPARATION**

Initiate an opening in the femoral canal with the 3/8" (9.5mm) diameter drill bit. | **FIGURE 3**



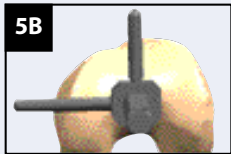
**ALIGNMENT ROD INSERTION**

Insert and remove the fluted intramedullary (IM) reamer/rod into the femoral canal with the t-handle. | **FIGURE 4**



**DISTAL FEMORAL ALIGNMENT/EXTERNAL ROTATION**

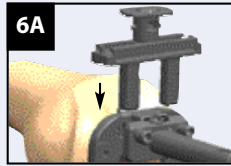
Insert a 3", 5", or 7" valgus rod into the femoral canal **without sinking the anti-rotation fins**. | **FIGURE 5A** Utilize the alignment crosshair or the external rotation clamp | **FIGURE 5B, 5C** to set external rotation of the rod and sink the fins.



**ANTERIOR ROUGH CUT**

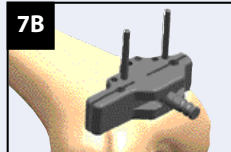
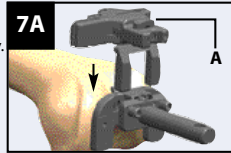
**NOTE | All ODYSSEY™ femoral resection slots are designed for a .050" (1.3mm) thick saw blade.**

Lock the IM alignment body to the valgus rod. Slide the anterior rough cut guide into the IM alignment body. | **FIGURE 6A** Introduce the anterior stylus into the stylus body. | **FIGURE 6B** Once anterior resection depth is determined, fix the anterior rough cut guide by tightening the two screws.



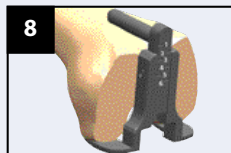
**DISTAL FEMORAL RESECTION**

Insert the distal resection guide and crosshead into the IM alignment body. | **FIGURE 7A** The standard resection is 9mm. After pinning the crosshead, push down the locking button (A in Fig. 7A) to separate it from the alignment body. Utilize the slaphammer and hook to remove the valgus rod. | **FIGURE 7B**



**FEMORAL SIZING**

If the knee measures between sizes, use the smaller of the two sizes. | **FIGURE 8**



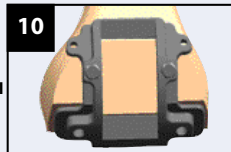
**ANTERIOR AND POSTERIOR RESECTIONS**

The distance from the pin outriggers on the sides of the block are the same M/L width as the femoral component. **The recommended order of the resections is: posterior, posterior chamfer, anterior, anterior chamfer.** | **FIGURE 9**



**SULCUS RESECTION**

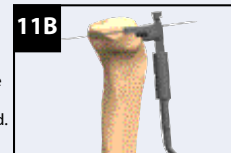
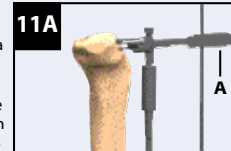
The guide is lateralized to reacquire the Q-angle. **The guide width matches the M/L dimensions of the femoral implant.** | **FIGURE 10** Drill for the femoral implant pegs through the distal holes using the 3/16" drill bit.



**TIBIAL PREPARATION**

**EXTRAMEDULLARY TIBIAL RESECTION**

When the guide is parallel to the tibia a 3° posterior slope is resected. | **FIGURE 11A** For an anatomic slope, place the dual reference gauge in the cutting slot and adjust the guide with the ankle screw. | **FIGURE 11B** Set the desired level of resection with the 2mm/10mm stylus. The alignment guide and rod can be used to check alignment to the ankle (A in Fig. 11A). If the cross-head is detached from the guide, the crosshead can be moved distally 2mm if headless pins are used.



**INTRAMEDULLARY TIBIAL RESECTION**

The 3/8" (9.5mm) drill bit is used to penetrate the proximal tibia just posterior to the ACL attachment. Insert the fluted IM reamer into the tibial canal. Slide the tibial alignment guide down the reamer/rod. | **FIGURE 12A** Pin the crosshead to the proximal tibia through the 0mm holes. When the crosshead is detached from the guide, the block can be moved distally 2mm if headless pins are used. Varus/valgus angulation can be checked to the ankle using the external alignment guide and rod. | **FIGURE 12B**



**TIBIAL SIZING**

**NOTE | If using the ADVANCE™ Medial-Pivot Knee, the tibial insert size must match the femoral implant size. | CHART 1 There are two tibial base sizes that can be used with any one size femoral component. For example, a size 3 femoral implant can be used with either a size 3 or 3+ tibial base. When using the ADVANCE™ Double-High insert, a femoral component one size greater than the tibial insert may be utilized. For example, a size 3 ADVANCE™ Double-High insert may be used with a size 3 or 4 femur and a size 3 or 3+ tibial base. | CHART 2**

MEDIAL-PIVOT		
FEMUR	INSERT	TIBIA
1	1	1 or 1+
2	2	2 or 2+
3	3	3 or 3+
4	4	4 or 4+
5	5	5 or 5+
6	6	6

CHART 1

DOUBLE-HIGH		
FEMUR	INSERT	TIBIA
1 or 2	1	1 or 1+
2 or 3	2	2 or 2+
3 or 4	3	3 or 3+
4 or 5	4	4 or 4+
5 or 6	5	5 or 5+

CHART 2

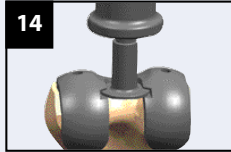
**KEEL PREPARATION**

Pin the tibial trial to the tibia using short headed anchoring pins. | **FIGURE 13A** Prepare the entry hole for the tibial stem using the 1/2" drill guide and reamer (press-fit or over-size). | **FIGURE 13B** Ream to the first line on the reamer for a size 1, 1+, or 2 base, to the second line for a 2+, 3, 3+, or 4 base, and to the third line for a 4+, 5, 5+, or 6 base. Plunge the keel punch through the guide until it is fully seated and the punch collar is level with the edge of the guide. | **FIGURE 13C**



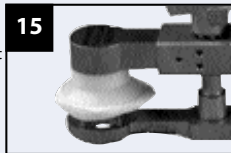
**TRIAL REDUCTION**

Seat the femoral trial with the femoral impactor. Insert the trial insert of appropriate size and thickness onto the trial base and complete the trial reduction. After the trial reduction is complete, remove the **femoral trial with the slaphammer** by sliding the disc extractor tip between the femoral condyles. | **FIGURE 14**



**IMPLANT INSERTION**

Insert the femoral implant with the femoral impactor. The tibial base implant is inserted with the tibial base impactor. The patellar implant can be held in place while the cement cures using the parallel patellar recessing clamp and plastic seater. | **FIGURE 15**



**TIBIAL INSERT SEATING**

Initially seat the insert by pushing it as far posterior as possible with hand pressure. Place the tip of the 45° insert impactor in the anterior slot of the tibial insert. | **FIGURE 16** The impactor handle should be at an angle slightly greater than 45°. Keeping the impactor tip in the slot, decrease the angle of the impactor handle until the tip is felt to impinge within the slot. **Apply several strong mallet blows at 45°** until the insert drops behind the anterior capture and the insert face is flush against the surface of the tibial base.

