Surgical Technique

smith&nephew

LEGION®

Total Knee System

ORTHOMATCH®

Universal Instruments

LEGION® Total Knee System

Surgical Technique

Nota Bene

The technique description herein is made available to the healthcare professional to illustrate a suggested method for the procedure. In the final analysis, the preferred method is that which addresses the needs of the specific patient. This surgical technique is provided for educational and informational purposes only. Smith & Nephew does not provide medical advice and it is not intended to serve as such. It is the responsibility of the treating physician to determine and utilize the appropriate products and techniques according to their own clinical judgment for each of their patients. For more information on the products in this surgical technique, including indications for use, contraindications, effects, precautions and warnings, please consult the LEGION Total Knee System' Instructions for Use (IFU).

Introduction

The LEGION® Total Knee System has been designed to offer orthopaedic surgeons solutions to address a range of intraoperative situations. Proper implant function is dependant on an accurate surgical technique.

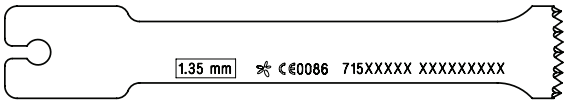
Preoperative planning

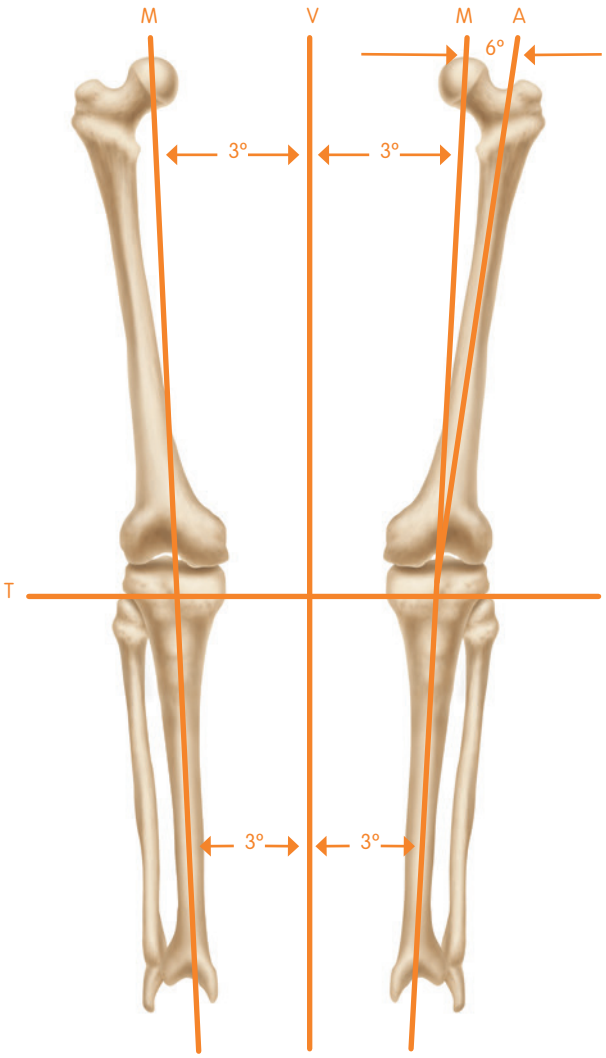
On a full lower limb radiological view determine the angle between the anatomical and the mechanical axes. This measurement will be used intraoperatively to select the appropriate valgus angle so that correct limb alignment is restored. (Beware of misleading angles in knees with a flexion contracture or rotated lower extremities.)

Note: Many surgeons prefer to simply select a standard angle for the distal femoral cut (ie, 5°, 6° or 7°) based on the patient and surgical experience.

Recommended sawblade

1.35 Sawblade
Cutting thickness and blade thickness is 0.053" or 1.35mm.





M = Mechanical Axis
A = Anatomical Axis
T = Transverse Axis
V = Vertical Axis

Femoral preparation

1. Open the femoral canal with the 9.5mm Intramedullary Drill. The drill has a 12mm step to open the entry point further (Figure 1).

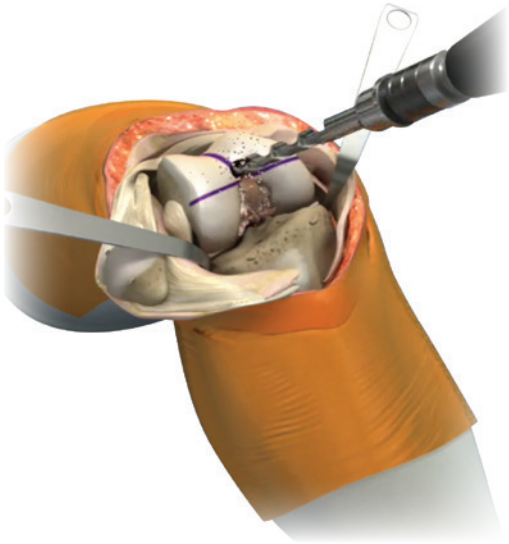


Figure 1

2. Assemble the Valgus Alignment Guide with the Valgus Bushing (5°, 6° or 7°) (Figure 2a). Position the right or left mark facing upwards to match the correct side (hand) of the knee. These choices should be based on preoperative planning and assessment of valgus angle.

3. Slide the T-Handle rod through the Valgus Bushing and in to the femoral canal until the assembled Valgus Alignment Guide (Figure 2b) touches at least one of the distal femoral condyles.

4. Connect the Universal Cutting Block to the Valgus Alignment Guide with the "F" mark facing upwards (Figure 2c) and allow the cutting block to sit in a neutral position within the trochlea.

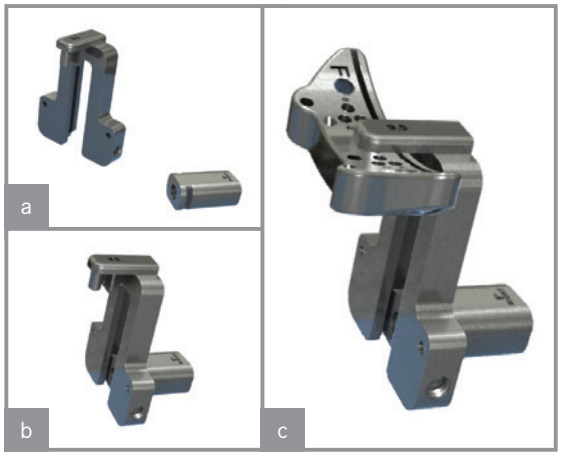


Figure 2

5. Use Trocar Pins to secure the Distal Femoral Cutting Block to the anterior femur through the two holes marked "0" (Figure 3).

Figure 3

6. Once the universal cutting block is secured with pins, remove pins from Valgus Alignment Guide and slide the Valgus Alignment Guide anteriorly to fully remove it. Then remove the T-Handle and Valgus Bushing from the Intra-medullary canal.

7. Extend the knee fully and insert drop rod guide assembly in to the blade slot of the Universal Cutting Block to check Hip Knee Mechanical Axis (HKA) before resection (Figure 4).

Figure 4

8. By sliding the Resection Check Guide (angel wing) into the slot of the Universal Cutting Block assess the bone resection level before performing the resection. The Universal Cutting Block pinned through the "0" holes will resect 9.5mm from the prominent condyle of the femur (Figure 5).

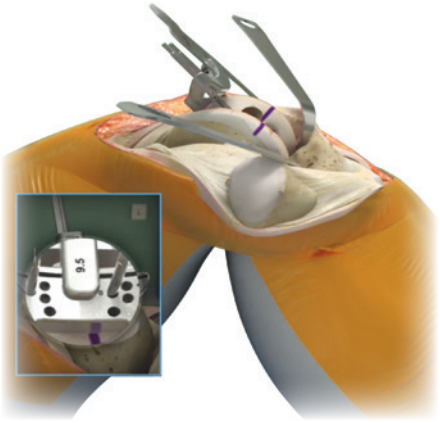


Figure 5

9. If additional bone removal is desired, the Universal Cutting block can be shifted superiorly by removing it from the pins and reinserting it onto the "+2" pin holes. This will result in a 11.5mm distal resection (Figure 6).

Figure 6

10. Once resection level and alignment are determined, insert a third pin into the angled pin hole to secure the Universal Cutting Block in position (Figure7).

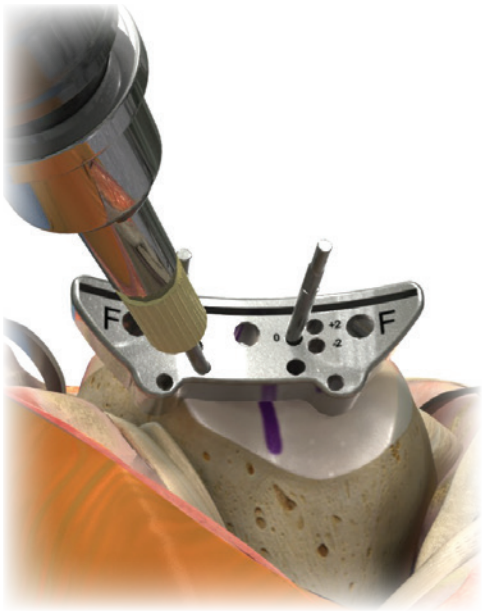


Figure 7

11. Resect the distal femur using an oscillating saw (Figure 8).

12. Once resection is complete then remove pins and the Universal Cutting Block from the femoral bone and remove the cut bones from the distal condyles.

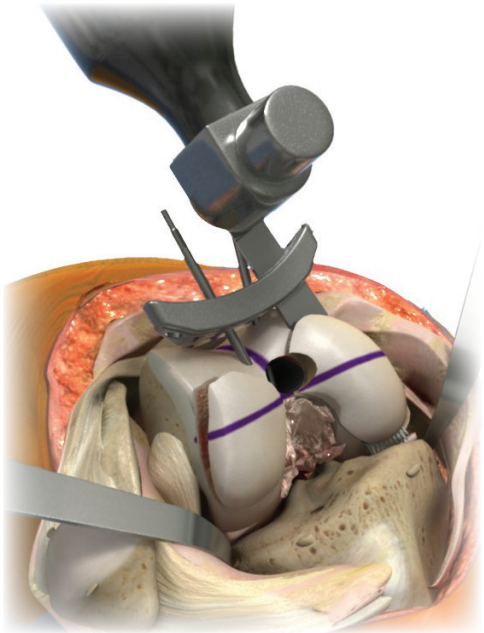


Figure 8

Tibial preparation

Note: If the ORTHOMATCH® Polymer tibia jig is used to perform the proximal tibia cut, please go to page 28. If you are using the GENESIS® II tibia jig please continue to Step 1 below.

The GENESIS® II Tibia Jig included in the ORTHOMATCH® set configuration utilizes an extramedullary guide with a spiked rod.

Extramedullary Tibial Alignment

Instrument Assembly:

a. Insert the ankle clamp into the distal end of the alignment tube and thread the locking pin into the ankle clamp (Figure 9).
b. After the ankle clamp is moved into the proper position, lock into place with the gold knob.
c. Choose the correct left or right tibial cutting block. Select the spiked fixation rod.

Figure 9

Spiked Fixation Rod

Instrument Assembly:

a. Place the spiked fixation rod through the central anterior hole in the tibial cutting guide; adjust the block and tighten the central knob to lock the block in position.
b. Introduce the spiked fixation rod into the proximal end of the alignment assembly and adjust and lock the cam on the assembly (Figure 10a).

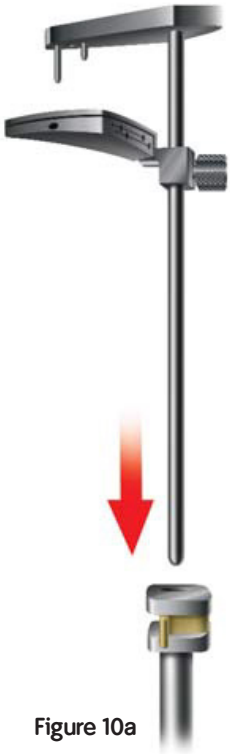


Figure 10a

1. Place the arms of the extramedullary alignment clamp around the ankle, and adjust the distal M-L slide directly over the middle of the tibiotalar joint which is also approximated by the second ray of the foot proximal to the malleoli (Figure 10b). The cutting block on the proximal end of the assembly should be proximal to the tibial tubercle (Figure 10c).

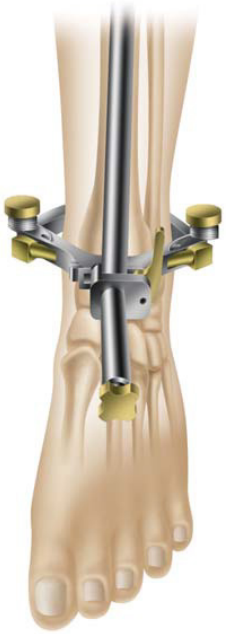


Figure 10b

Figure 10c

Tibial preparation *continued*

2. Impact the longer spike of the spiked fixation rod into the proximal tibia (Figure 11).

3. Assess rotation of the alignment guide and slope of the cutting plane. The goal is to align the extramedullary alignment assembly rotationally so that it aligns over the medial third of the tibial tubercle and over the second toe (Figure 12a).

4. Rotational alignment is critical due to the 3° posterior sloped cut. The slope can be adjusted according to the patient's anatomy (Figure 12b). Impact the second spike to secure the assembly (Figure 12c).

Note: 3-5° of slope is built into the articular insert (depending on which insert is chosen) and 3° of slope is built into the tibial cutting block. A neutral or slightly sloped alignment should usually be chosen.

Tip: Neutral or minimally sloped alignment may be achieved by palpating the fibula followed by aligning the alignment guide parallel to the fibula. Tibial bowing and soft tissue bulk may make external tibial referencing unreliable.

Figure 11

Figure 12a

Figure 12b

Figure 12c

Tibial Resection

1. Attach the tibial stylus to the tibial cutting block by inserting the stylus foot into the cutting slot.

2. Lower the cutting block until the stylus touches the low point on the less affected side of the tibia (Figures 13a). The stylus can be adjusted for a 9, 11 or 13mm tibial resection by twisting the knob on top of the stylus.

3. Pin the tibial cutting block to the tibia by inserting pins first through the central holes; then the oblique hole.

Tip: Pinning through the central holes marked 0mm with smooth pins will allow the block to be moved +2mm should additional resection be required (Figure 13b).

Tip: A 9mm resection is recommended since 9mm of metal and plastic is the thinnest available component.

Tip: To do an extramedullary alignment check, place the extramedullary alignment rod through the tibial cutting block.

Figure 13a

Figure 13b

Tibial preparation *continued*

To remove the assembly:
For the extramedullary assembly with spiked rod, release the cam at the top of the alignment tube and using the slap hammer to remove the spiked fixation rod (Figure 14a) after loosening the thumbscrew.

4. Cut the tibia by first directing the blade in the posterior direction and then laterally (Figure 14b).

5. Check alignment and balance with spacer block and rod (Figures 14c & 14d). Balance ligaments in standard fashion.

Figure 14a

Figure 14b

Figure 14c

Figure 14d

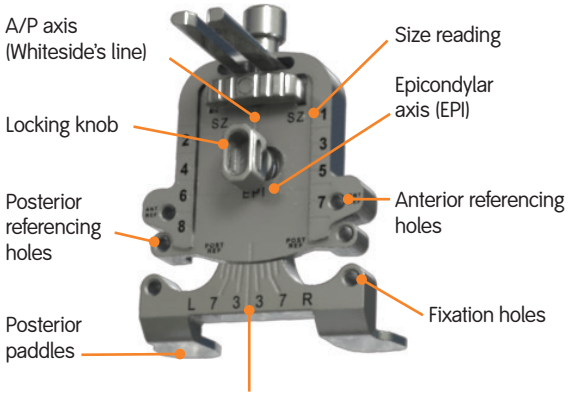
Femoral positioning and sizing

ORTHOMATCH® Femoral Sizer allows for external rotation to be set from 0-9° based on surgeon preference and patient anatomy. Rotational alignment may be checked by aligning the A/P axis (Whiteside's Line) with the vertical marks on the sizing guide or by ensuring that the "EPI" lines on the face of the guide are parallel with the epicondylar axis. Once rotation is set the guide can be locked by turning the Quick Connect Handle.

The sizing guide can be used for either posterior referencing or anterior referencing by utilizing either the "Anterior Reference" or "Posterior Reference" holes. These holes correlate with similar holes on the A/P Resection blocks.

The Femoral size is indicated on either side of the femoral housing of the sizer. In addition, the Femoral Stylus is marked with sizing correlating with the femoral flange length / anterior sawblade exit point.

Stylus marked to indicate anterior femoral flange length/sawblade exit point



Quick connection handle attaches to sizing guide for application to resected distal femur

Femoral positioning and sizing *continued*

Sizing steps are as follows:

Optional: Mark the AP and epicondylar axis on the femur (Figure 15).

a. Place sizing guide onto resected distal femur
b. Pin guide through fixation holes to provide stability
c. Select desired femoral external rotation 0-9deg
d. Note indicated size – if between sizes see surgical step 7 below for more detail
e. Select Anterior or Posterior referencing
f. Pin either anterior or posterior referencing holes with trocar pins
g. Leave pins in place for femoral cutting block

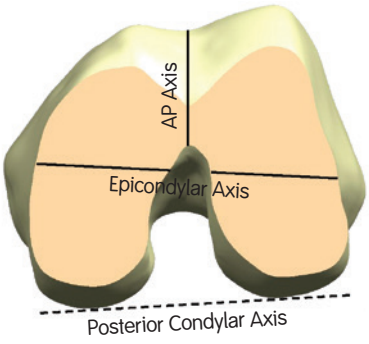


Figure 15

1. Place the Femoral Sizer flush to the resected distal femur by using the Quick Connect Handle to ensure both the posterior paddles of the Femoral Sizer are in contact with the underside of the posterior condyles (Figure 16).

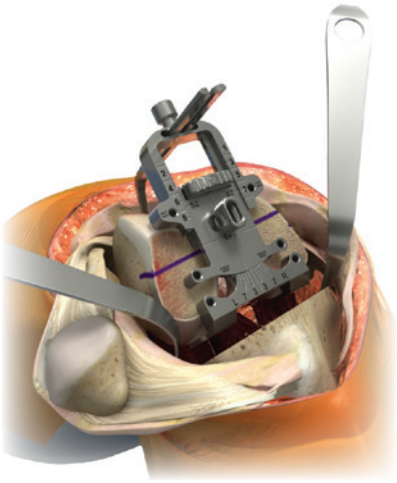


Figure 16

2. Secure the guide to the bone through the two pin holes located at the bottom of the sizing guide (Figure 16a).

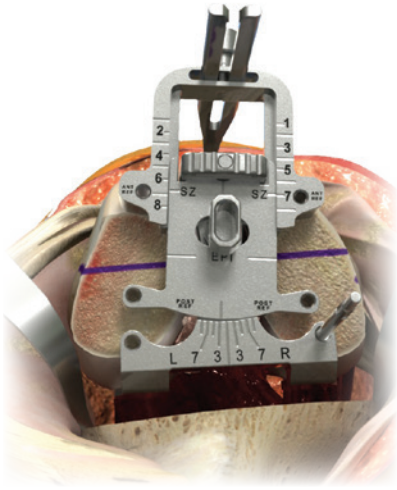


Figure 16a

3. It is important to use the distal femoral anatomic landmarks (AP axis and Epicondylar Axis) of the knee to guide external rotation and to ensure optimized sizing, ligament balance and patella tracking.

   The sizing guide is commonly set at 3°. However, certain patient groups have higher external rotation of the femur, which correlates to a greater degree of tibia vara. In these patients more external rotation of the femoral component should be considered (Figure 16b).

   Note: Ensure that the appropriate side is chosen when setting external rotation, ie, "L" for left and "R" for right.

4. Once the desired external rotational is set, lock the sizing guide by rotating the central knob clockwise with the Quick Connect Handle.

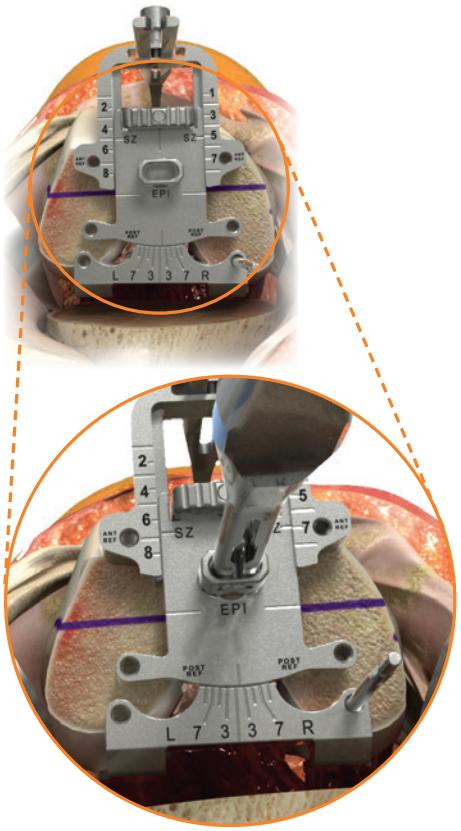


Figure 16b

5. In order to determine femoral size, position the stylus tip just lateral of the anterior trochlear sulcus and slide the Femoral Sizer housing down until the stylus touches the anterior cortex. The size is indicated against the laser marked "SZ" (Figure 16c).

Figure 16c

Femoral positioning and sizing *continued*

6. Slide the Femoral Stylus backward or forward so that the size indicated on the Femoral Stylus matches the size indicated on the Femoral Sizer. The point at which the Femoral Stylus contacts the bone marks the peak of the femoral anterior flange (Figure 16d).

7. If between sizes, it is recommended to use the following protocol depending on preferred referencing technique.

   Posterior referencing
   Choose the next larger size (ie, upsize) to reduce the risk of anterior notching

   Anterior referencing
   Choose the next smaller size (ie, downsize) to avoid overstuffing the flexion space

   Note: The average difference between sizes of the LEGION® femoral implant is 3mm.

8. Once implant size and external rotation are determined place two pins in the appropriate anterior OR posterior referencing pin holes (not both). Remove the Femoral Sizer by sliding it off the secured trocar pins, leaving the pins in situ (Figure 16e and 16f).

Figure 16d

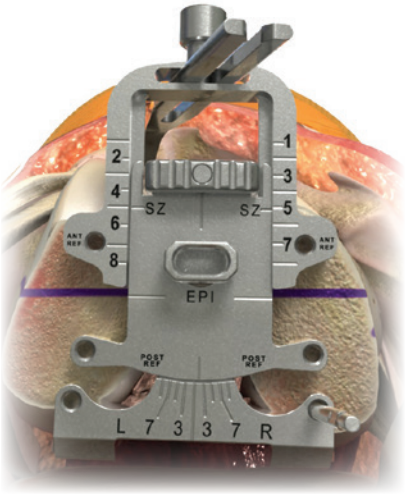


Figure 16e

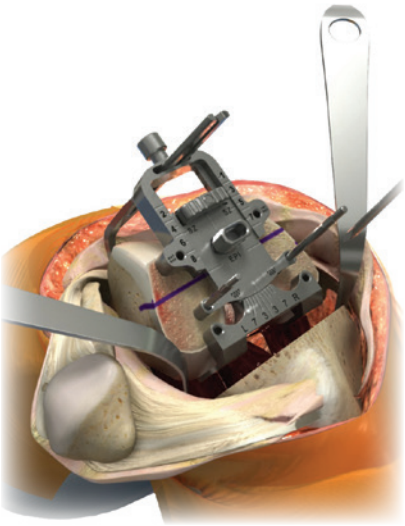


Figure 16f

A/P and chamfer resection

1. Select the appropriate size A/P Resection Block and place it over the pins through the appropriate anterior or posterior referencing holes. Ensure that the cutting block is flush with the resected distal femur. Once secure remove the anterior or posterior referencing pins from the block (Figure 17).

2. In order to secure the block there are additional fixation holes medially and laterally as well as a central pin hole.

3. Prior to bone resection, insert the Resection Check (angel wing) into the anterior blade slot of the A/P Resection Block to check the plane of the resection and to avoid any chance for notching (Figure 17a).

Note: Component size can also be estimated by the M-L dimension of the cutting block at the condylar and junctional region. The cutting block M-L width corresponds to the Standard size (not Narrow) LEGION® femoral component.

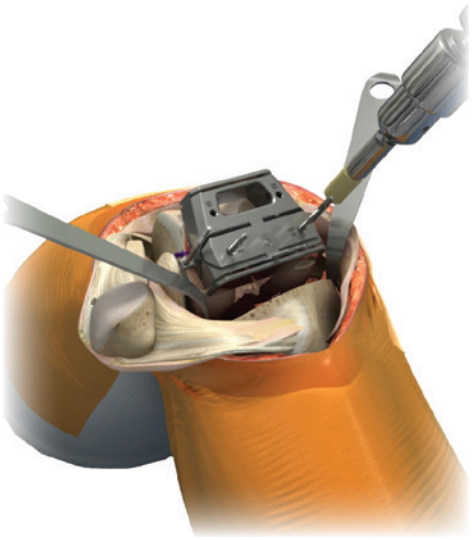


Figure 17

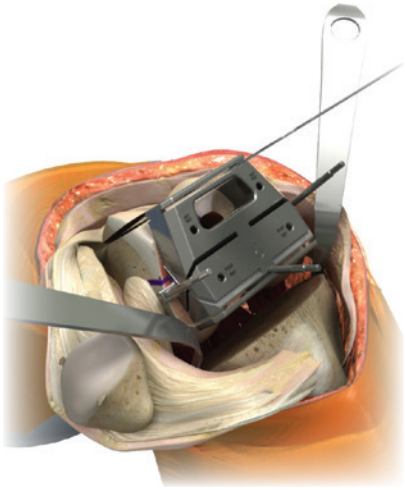


Figure 17a

AP translations

Should any fine adjustment be required at this stage, then an option is to use the anterior OR posterior referencing Translation Blocks. These are designed to allow fine adjustment of the A/P position of the femoral cutting block.

To use the translation block remove the trochar pins, placing the spikes on the back of the block into the same location holes used for the A/P cutting block, and then re-drill pins in the new position. It is useful to mark the original pin track holes with a marking pen in order to properly identify the new holes.

Care must be taken when using these Translation Blocks as any translation of the cutting block may affect both the posterior flexion space and patello-femoral joint space.

Anterior referencing block

Posterior referencing block

A/P and chamfer resection *continued*

4. Complete the anterior, posterior and chamfer cuts with an oscillating saw. The block is designed to allow for angling of the sawblade during the cuts (Figure 17b).

   Note: To maintain block stability, the anterior chamfer cut should be completed last.

5. Once all resection cuts are complete, remove the A/P Resection Block and remaining pins from the bone (Figure 18).

6. Ensure the knee is flexed to 90 degrees to check flexion gap balance using the appropriate Spacer Block and Rod. There should be 1-2mm of laxity laterally only. The objective is to have equal flexion and extension spaces (Figure 18a and 18b).

   Note: Surgical tips to achieve optimal flexion:
   - Avoid posterior impingement of femoral component by ensuring adequate size and correct posterior condylar offset
   - Use a curved/offset osteotome to remove any posterior osteophytes
   - Correctly balance the flexion gap
   - Prevent overhang of the femoral and tibial components
   - Ensure optimal tibial slope taking into consideration slope built in instruments and implants and the patient's anatomy
   - Beware of the neurovascular structures at the posterior aspect of the knee joint
   - For the Posterior Stabilised option, excise the entire PCL attachment from the femoral intercondylar notch with either a cautery or scalpel as the PCL has been shown to constrain flexion assessment

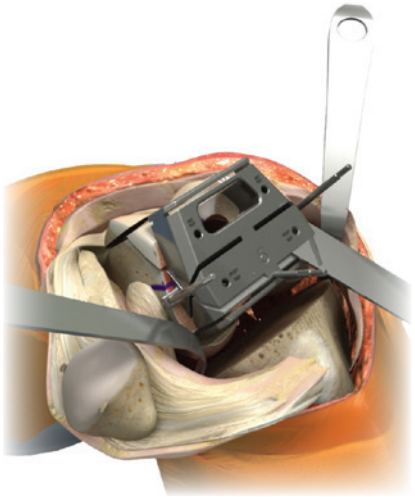


Figure 17b

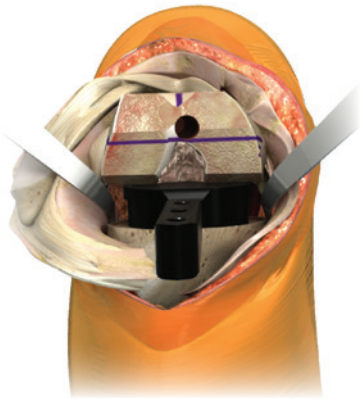


Figure 18

Figure 18a

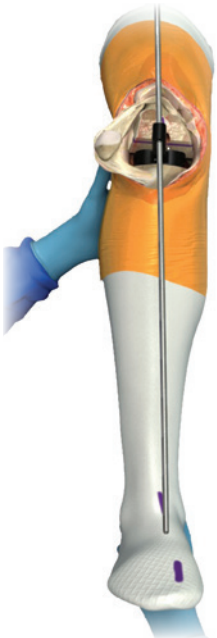


Figure 18b

Component trialing - Posterior Stabilized resection

1. Flex the knee to 90° and insert the appropriate sized femoral trial using the femoral trial impactor.

   Note: To avoid the trial slipping into flexion, the Trial Femoral Impactor can also be used as a Notch Impactor by rotating it 180 degrees and impacting the anterior femoral notch area (Figure 19).

2. The Femoral trial should be both fully seated and flush with the lateral cortex avoiding excessive overhang on either side of the bone. If overhang is present a Narrow implant can be selected, indicated by the laser markings either side of the trial.

   Note: It is important also to assess the fit of the trial in the trochlea and trochlea junction area to avoid any overhang.

   Note: The LEGION® Femoral Trials can be used to trial for both LEGION Posterior Stabilized (PS) and Cruciate Retaining (CR) implants. For PS implants, proceed to step 3. For CR implants, proceed to page 29, step 1 (Component trialing - Cruciate Retaining resection).

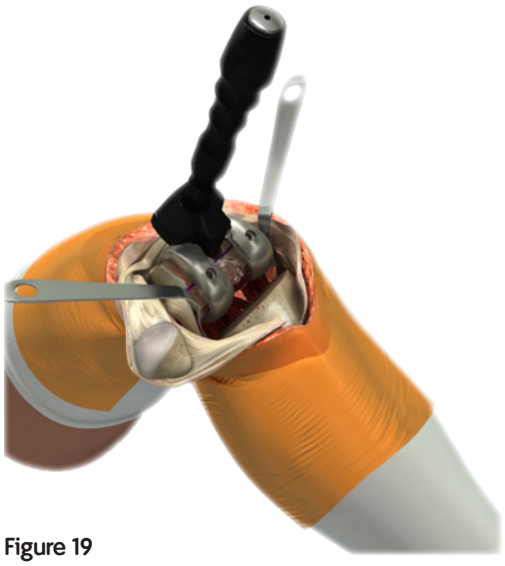


Figure 19

3. Secure the Femoral Trial to the bone using two short headed pins in the anterior flange (Figure 20).

4. Insert the appropriate sized housing collet (size 1-2 or 3-8) to the trial femoral component by sliding the housing collet from anterior to posterior in the provided slot.

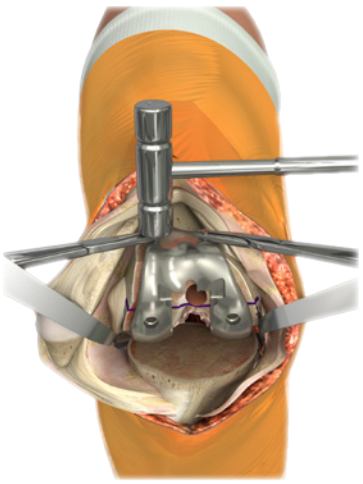


Figure 20

4a. Then slide the appropriate sized Collet Guide into the housing from anterior to posterior (Figure 21).

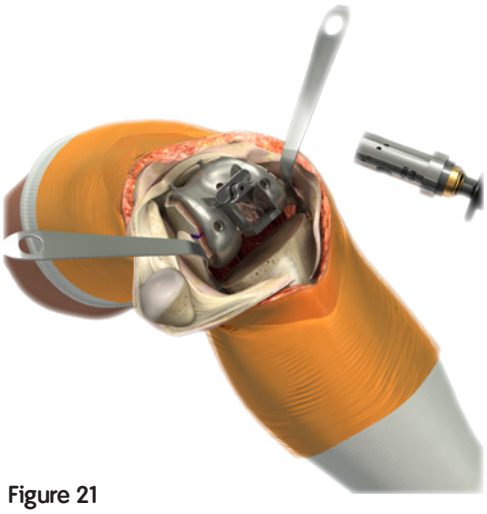


Figure 21

Component trialing - Posterior Stabilized resection *continued*

5. Assemble the PS Housing Reamer by attaching the housing reamer dome and the PS reamer sleeve to the reamer shaft. Ream through the PS Housing Collet in both anterior and posterior positions until the depth stop of the Reamer contacts the PS Housing Collet (Figure 21a).

6. Attach the Modular PS Box Chisel to the Modular Handle and impact through the Collet Guide until flush with the Collet. The Chisel should be used anteriorly and then posteriorly to ensure that the full length of the PS box is prepared. Remove any remaining bone debris within the box preparation area.

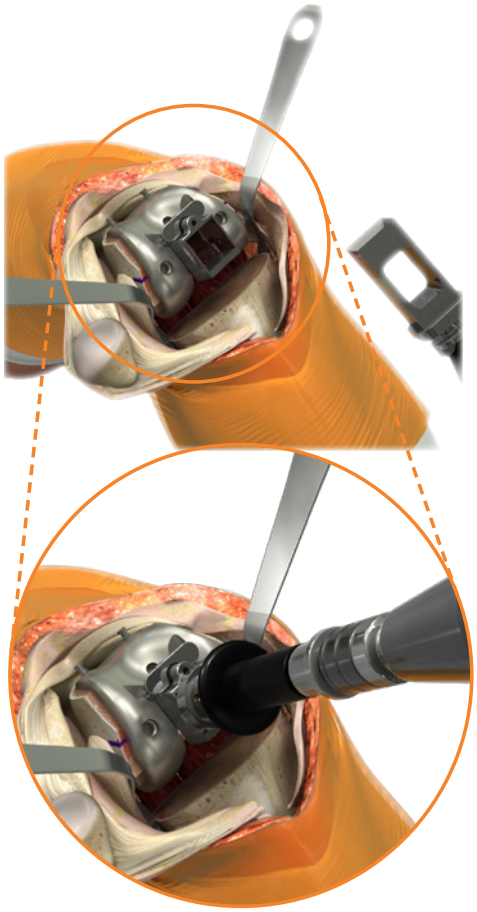


Figure 21a

7. Select the appropriate sized femoral trial PS Cam Module (matching the Femoral Trial size selected). Insert the arms of the femoral trial PS Cam Module into the anterior aspect of the Femoral Trial box and push posteriorly until seated (Figure 21b).

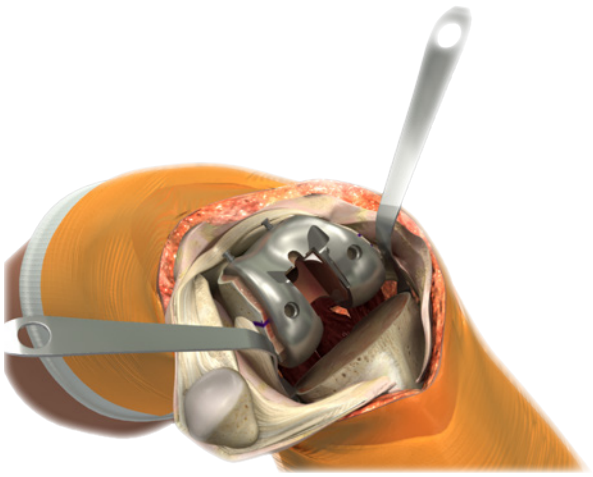


Figure 21b

8. Place the appropriate size and desired thickness Articular Insert Trial onto the Tibial Trial. For an Insert thickness greater than 9mm select the appropriate shim. Attach the Quick Connect Handle to the Tibial Trial and insert the assembly into the knee (Figure 22).

Note: The recommended technique is to flex the knee to 120°, push in the insert as far as possible and bring the leg out into full extension.

9. Perform trial range of motion and assess laxity and balance. The knee should drop passively into full extension. Under varus/valgus stress, there should be approximately 1-2mm of gapping both medially and laterally throughout the range-of-motion. There should be no increase in resistance as the knee flexes from 0° to 90°. If the knee is too tight, try a thinner insert or resect more tibia.

Note: Under full varus or valgus stress, the gapping should be at least the width of a cautery tip (~2mm).

10. Long leg alignment can also be assessed by bringing the leg into full extension and passing the alignment rods through the Quick Connect Handle.

11. Use a cautery to mark the location of the laser marked lines on the anterior surface of the tibia to reference the baseplate rotation (Figure 22a).

Note: In most cases, rotational alignment of the tibial baseplate is based upon best fit and coverage. However, medial third of the tibial tubercle is a useful guide to define rotation.

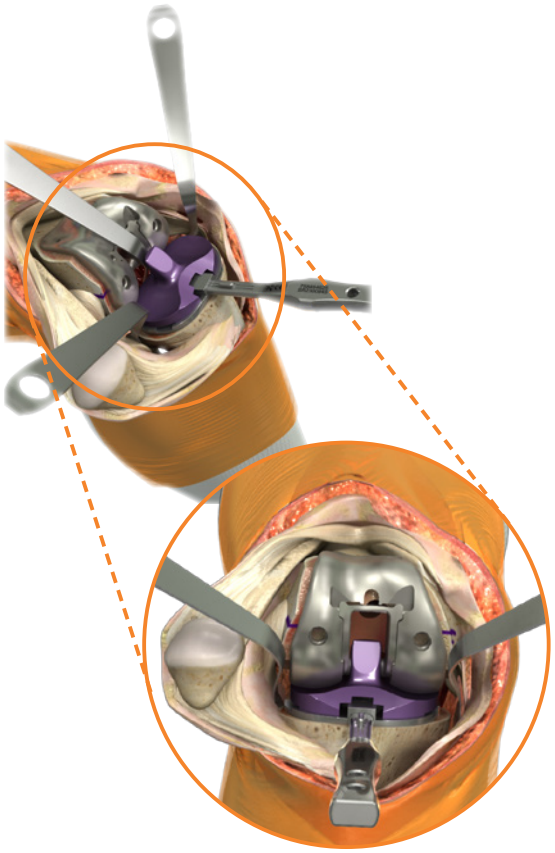


Figure 22

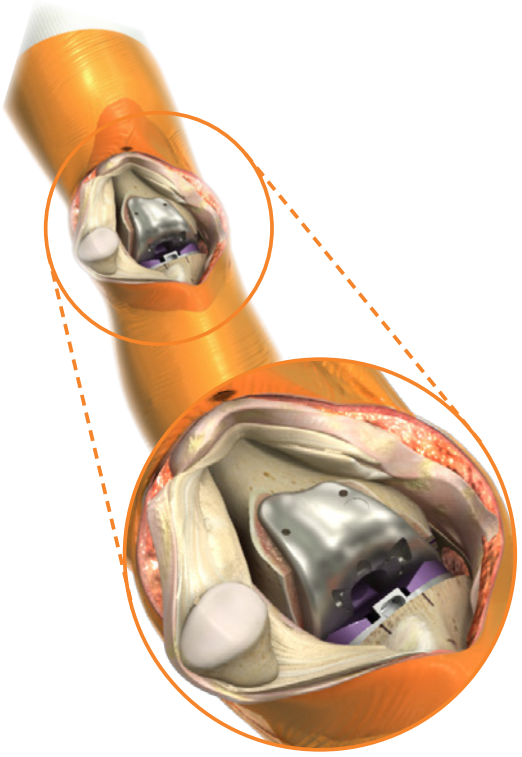


Figure 22a

Tibial keel preparation

1. Once the trial assessment is complete and final implant size determined remove the Insert Trial and, if necessary, the femoral trial (Figure 23).

Figure 23

2. Re-assess the tibial coverage, size and rotation required and pin the Tibial Trial baseplate in place using two short headed pins (Figure 24).

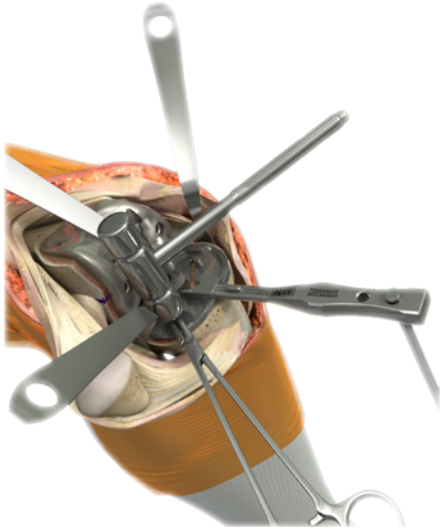


Figure 24

3. Using the 11mm Tibial Drill, drill through the central canal of the Tibial Trial (Figure 24a).

Figure 24a

4. Select the appropriate Modular Fin Punch, attach it to the Modular Handle and prepare the keel. Keel punch through the baseplate (Figure 24b). To remove the keel punch, disengage the Modular Handle and then use the slap hammer to remove from the bone (Figure 24c).

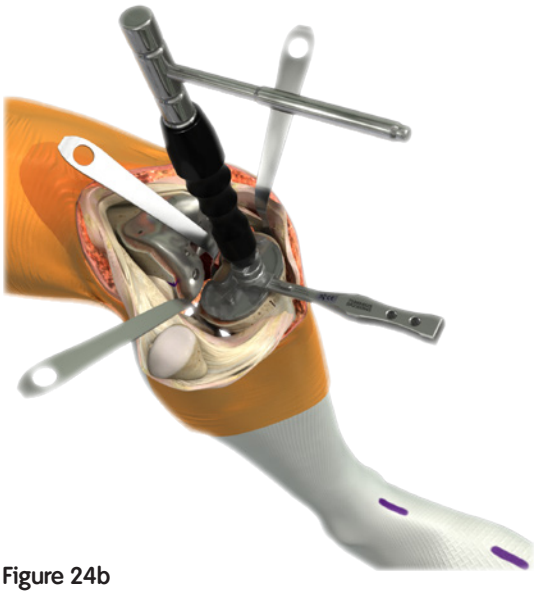


Figure 24b

Note: An alternative method to setting tibial rotation is to use the Tibia Trial Bullet. This can be used once the central canal has been prepared but before the keel preparation. With the Tibial Trial not pinned to the tibial surface, insert the bullet into the prepared canal, insert a 9mm trial Articular Surface and the appropriate Femoral trial. Assess baseplate rotation and use a cautery to mark correct position. Then pin and prepare keel as described above.

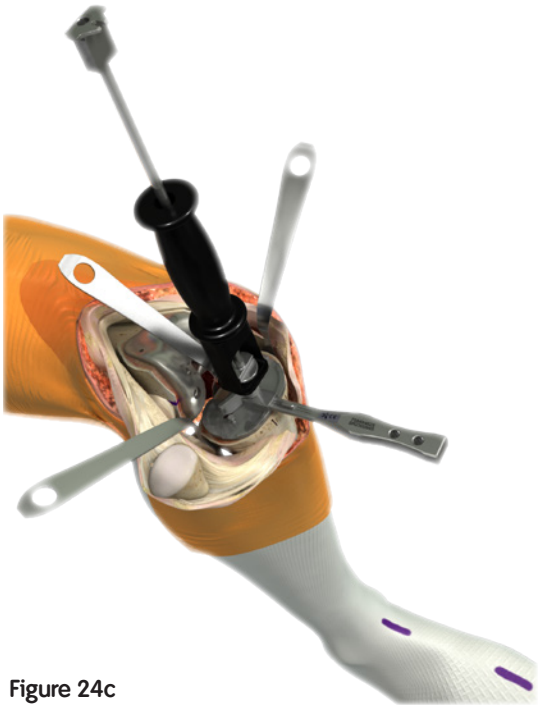


Figure 24c

Resurfacing patellar preparation

1. Rotate the patella to 90°. Trim tissue surrounding the patella using electrocautery.

2. Use a rongeur to remove osteophytes and reduce the patella to its true size. The electrocautery should also be used to release soft tissue attachments to the estimated level of resection.

3. Measure patellar thickness with the patellar calipers (Figure 25).

   Note: The LEGION® Total Knee System is compatible with the GENESIS® II patella. The GENESIS II Resurfacing Patella is 9mm thick for all sizes.

4. Subtract 9mm from this measured thickness. This is the amount of bone that will remain after resection (Figure 25a).

5. Set the Patella Resection guide for the amount of bone that should remain after resection. The guide is set at this level by turning the knurled knob (Figure 25a).

For example:

A. Measure the overall thickness of the patella with the Patellar Caliper. For this example, the patella measures 25mm.

B. Subtract the thickness of the The GENESIS II Resurfacing Patellar Component. In this example, 9mm (25mm - 9mm = 16mm). The guide should be set at 16mm.

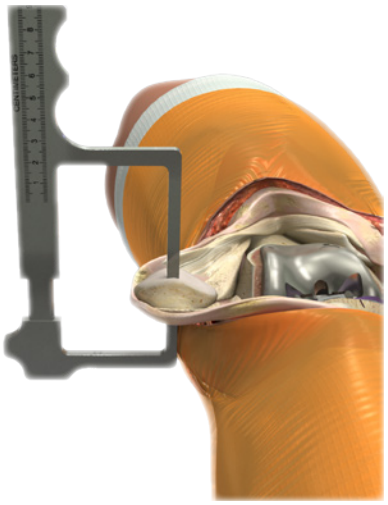


Figure 25

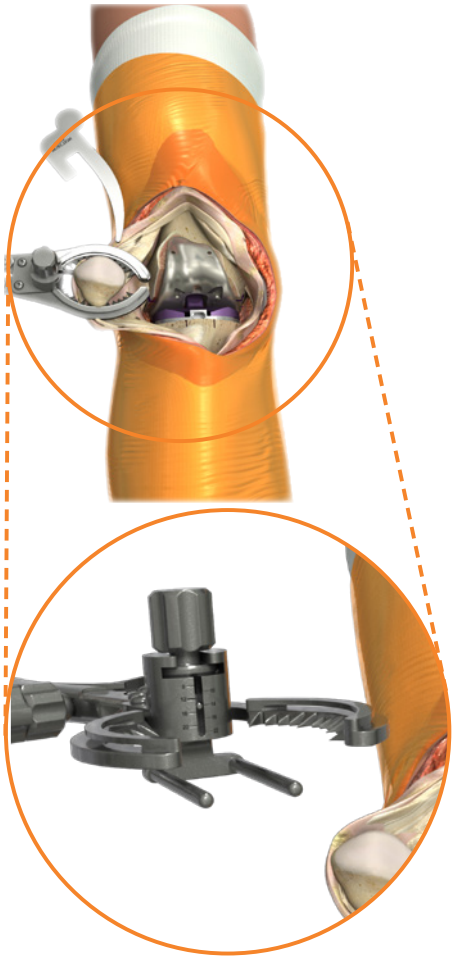


Figure 25a

6. Cut the patella through the dedicated saw guide (Figure 25b).

7. Select the appropriate diameter Resurfacing Patella Drill Guide and place it onto the Patella. Align Patella Drill Guide to the resected patella.

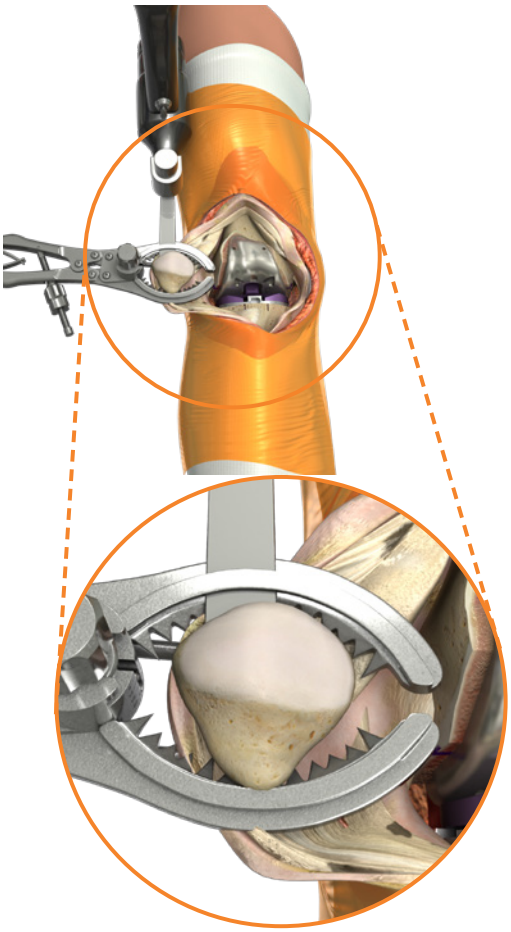


Figure 25b

8. Use the Patella Peg Drill to drill for the three peg holes through the Patella Drill Guide until the drill bottoms out in the guide (Figure 25c).

Figure 25c

Resurfacing patellar preparation *continued*

9. Remove the Patella Reamer Guide and Drill Guide from the patella. Place the Resurfacing Patellar Trial onto the resected patella. Use the Patella Caliper to reassess the patella thickness (Figure 25d and 25e).

10. Revert back the patella onto the femoral trial to check patella-femoral articulation by flexing and extending the knee several times.

Figure 25d

Figure 25e

Implantation and closure

1. Maximally flex the knee and place a thin bent Hohmann retractor laterally and medially and an Aufranc retractor posteriorly to sublux the tibia forward (Figure 26).

2. Apply generous amounts of cement to the dry underside of the baseplate, keel and onto the proximal tibia and keel prep hole (Figure 26).

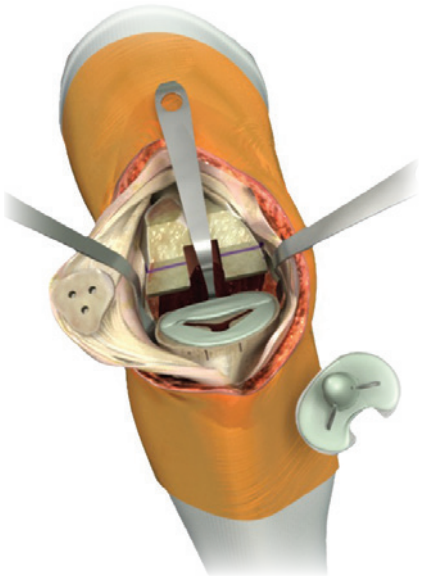


Figure 26

3. Use the Tibial Implant Impactor on the Modular Handle and Mallet to fully seat the Tibial Baseplate Component onto the proximal tibia. Remove excess cement (Figure 26a).

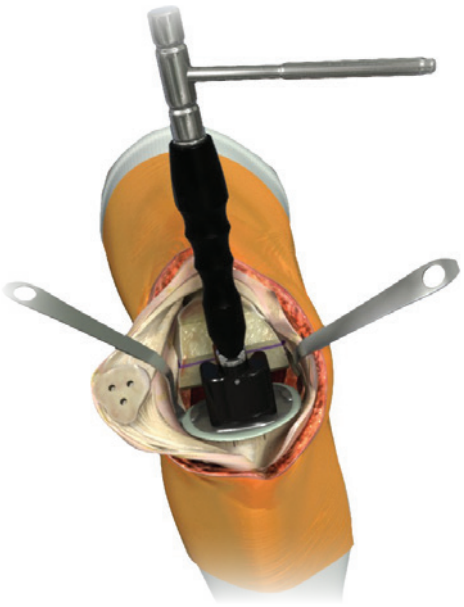


Figure 26a

4. Flex the knee to 90° keeping the thin bent Hohmann laterally and removing the Aufranc retractor. Mix and prepare bone cement for femoral component and distal femur. Apply cement to the femoral component or prepared bone, based on the surgeon's preference (Figure 26b).

Note: Care should be taken to avoid excess cement on the posterior aspect of the femur and femoral component. Excess cement that extrudes posteriorly can be difficult to remove.

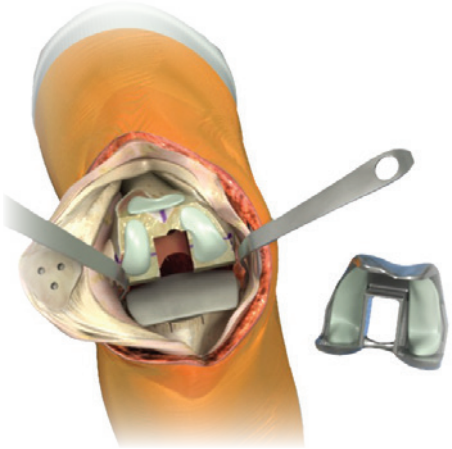


Figure 26b

5. Place the Femoral Implant onto the femur and use the Modular Femoral Impactor to fully seat the implant. Remove excess cement. Extend the knee to remove cement anteriorly without retracting the proximal soft tissue (Figure 26c).

Note: Similar to the Femoral Trial Impactor, the Femoral Implant Impactor can be used to impact into the femoral notch as well as on to the distal surface of the component by rotating 180 degrees. This can be used to prevent the component from tilting into flexion during impaction.

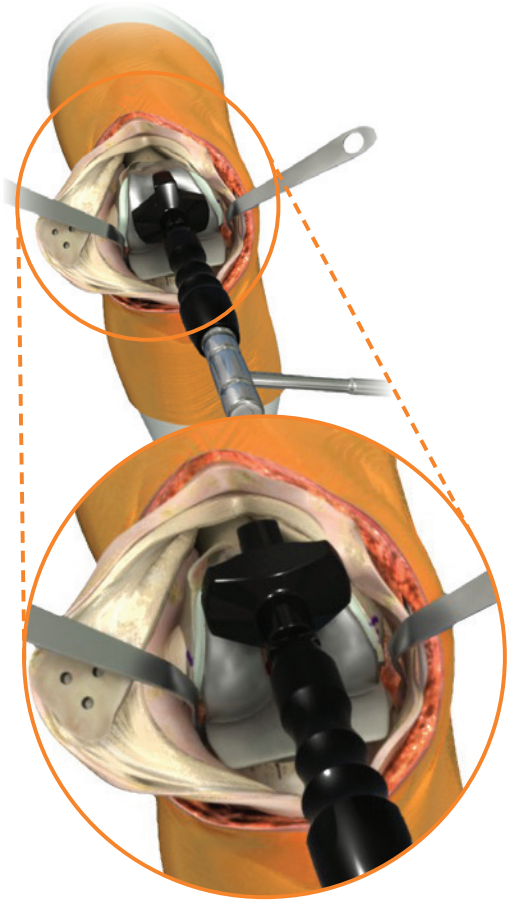


Figure 26c

6. Place the appropriate size Insert Trial onto the Tibial Implant and extend the leg to pressurize the cement. Remove any additional excess cement (Figure 26d).

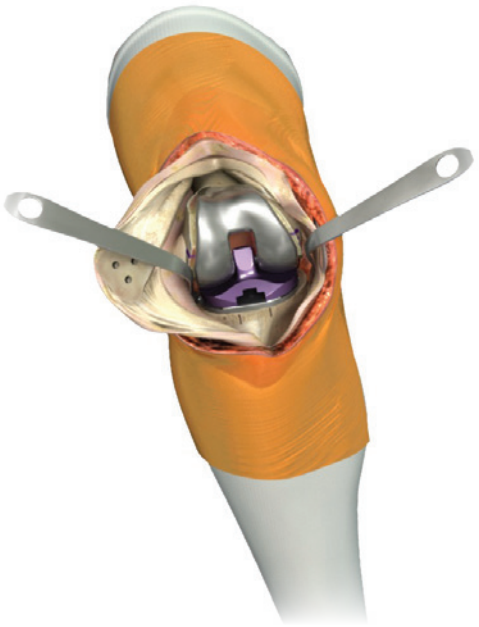


Figure 26d

7. Apply bone cement to the patella. Place the patellar implant onto the patella and clamp into the bone. Remove excess cement (Figure 26e).

8. Select the correct Articular Insert Implant with the appropriate thickness.

9. Clear any debris from the locking mechanism of the Tibial Implant and slide the Articular Insert Implant into the Tibial Implant engaging the locking mechanism. Begin insertion in flexion and extend the leg to engage the locking mechanism.

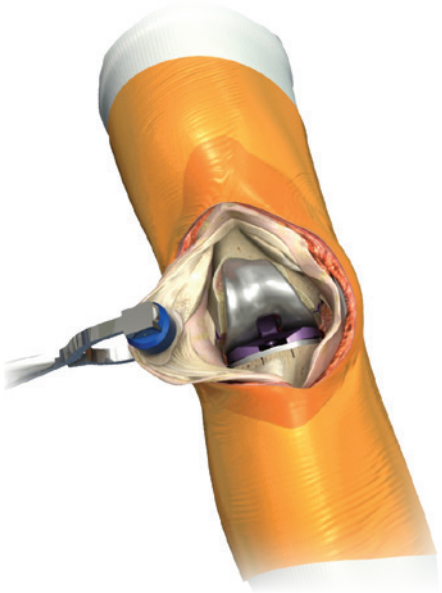


Figure 26e

10. The Articular insert is locked into position using the Modular Tibial Impactor. This should be done when the leg is flexed to around 20-30 degrees and by impacting on the anterior surface of the insert (Figure 26f).

Note: To check insert is fully seated, perform a visual examination on each side of the insert slot. This area will have no visible gap.

11. Check fixation and close.

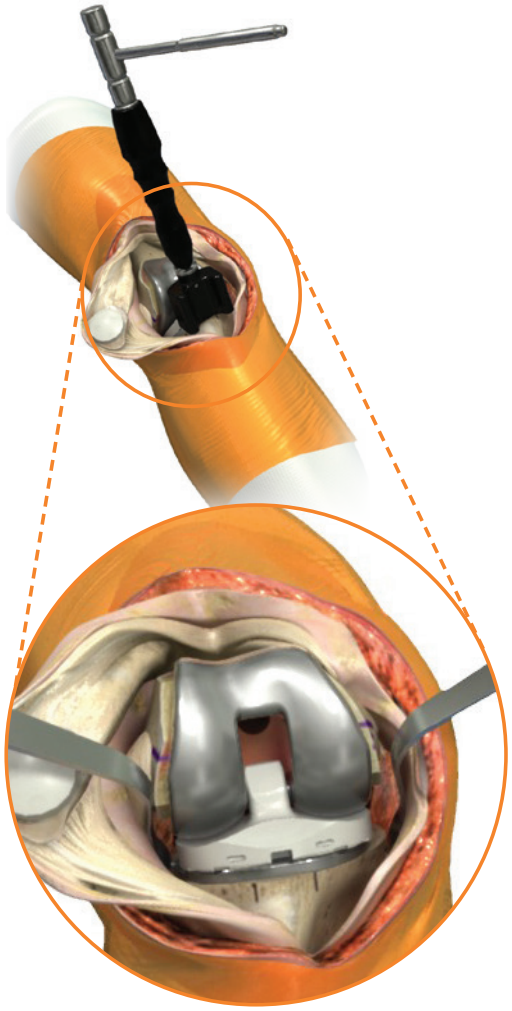


Figure 26f

Tibial preparation

1. Assemble the 3° Cut Block Connector and Tibial Spiked Fixation Rod to the Extramedullary Tibial Alignment Guide and Ankle clamp (Figure 27).

2. Connect the Universal Cutting Block to the 3° Cut Block Connector with the “T” mark facing outwards. This can be attached either centrally or medially depending on preference.

Figure 27

3. Place the Ankle Clamp around the patient’s ankle distally, and proximally impact the posterior spike of the Tibial Spiked Fixation Rod into the ACL footprint to secure assembly (Figure 28).

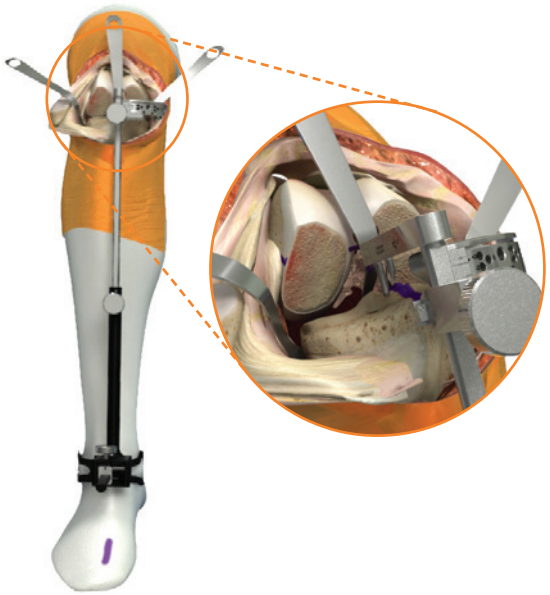


Figure 28

4. Align the Extramedullary Tibial Alignment Guide parallel to the Tibial Axis in the coronal and sagittal planes. Rotate the assembly to the medial one-third of the tibial tubercle and impact the anterior spike of the up rod (Figure 28and 28a).

Note: 3-5° of slope is built into the articular insert (depending on which insert is chosen) and 3° of posterior slope is built into the Cut Block Connector.

Figure 28

5. Attach the Tibial Stylus to the Universal Cutting Block by inserting the foot of the Tibial Stylus into the cutting slot of the Universal Cutting Block (Figure 29).

6. Adjust the resection level by lowering the Universal Cutting Block until the Tibial Stylus touches the low point on the less affected side of the tibia. The Tibial Stylus can be adjusted for 2mm (affected side) or 9mm (less affected side) tibial resection by reversing its position in the cutting slot of the Universal Cutting Block.

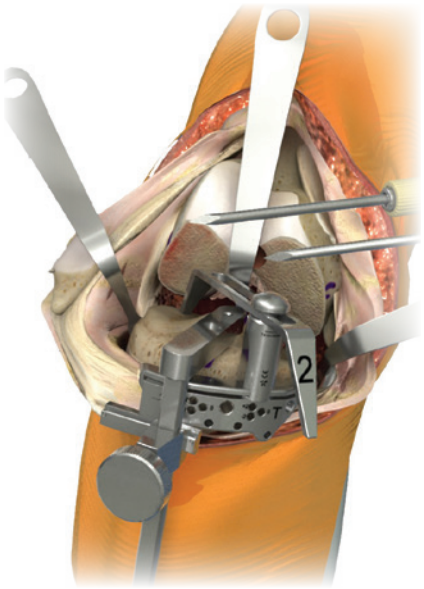


Figure 29

7. Pin the Universal Cutting Block to the tibia by inserting pins first through the central holes; then the medial hole (Figure 30).

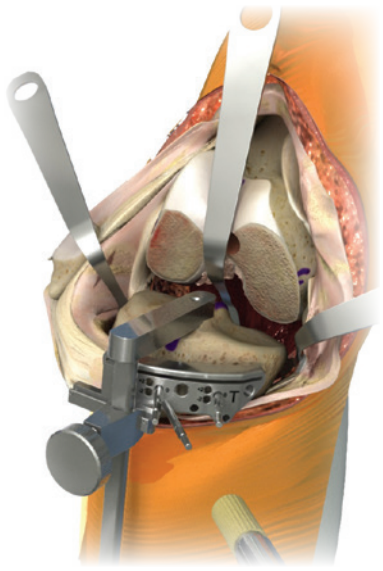


Figure 30

8. Check the posterior slope and resection plane with Resection Check (angel wing) (Figure 31).

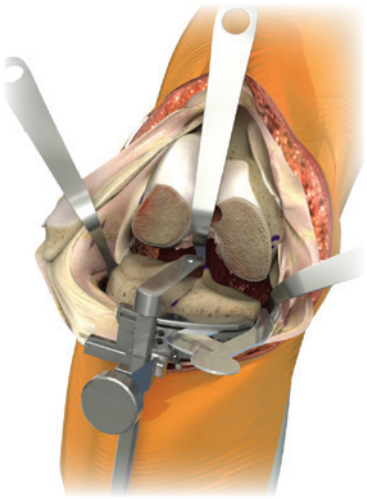


Figure 31

9. Remove the extramedullary Tibial Alignment Guide assembly by loosening the thumbscrews and then using the slaphammer to remove the Spiked Rod superiority while the Universal Cutting Block remains in position with secured pins. The Ankle Clamp and 3° Cut Block Connector can also be removed.

10. Insert Drop Rod Guide assembly into the blade slot of the Universal Cutting Block in Mid line of proximal tibia to check mechanical axis alignment (Figure 32).

Figure 32

11. Resect the proximal tibia using an oscillating saw (Figure 33).

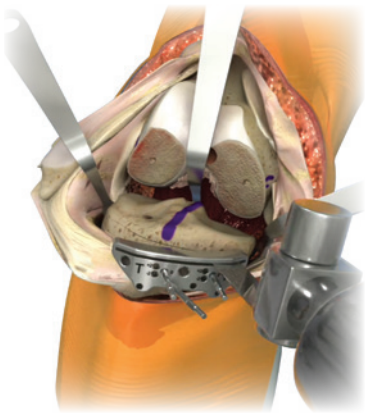


Figure 33

12. Remove the Universal Cutting Block from the bone and clean up the proximal tibial surface (Figure 34).

Note: When a Posterior Stabilised implant is chosen, if it has not already been removed, excise completely the entire PCL attachment from the femoral intracondylar notch with either a cautery or scalpel to prevent it from affecting the assessment.

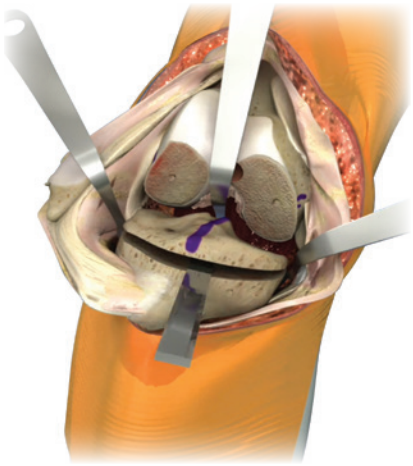


Figure 34

13. Extend the knee to 0 degree to check mechanical axis alignment and extension gap balance. Check alignment and balance with the appropriate Spacer Block and Rod. Balance ligaments in standard fashion (Figure 35).

Note: If the extension gap is too tight for a 9mm spacer, and the distal resection is through the deepest portion of the trochlear groove, resect additional tibia.

Figure 35

Component trialing - Cruciate Retaining resection

The LEGION® platform is also available for use with a cruciate retaining procedure.

Component trialing

1. For cruciate retaining femorals, after completing step 3 of the component trialing, prepare the femoral lug holes through the femoral trial with the femoral lug punch.

   Note: This step is also required for cemented posterior-stabilizing femorals using femoral lugs or Flex-Lok pegs.

2. Place the appropriate size and desired thickness Articular Insert Trial onto the Tibial Trial. For Insert thicknesses greater than 9mm select the appropriate shim. Attach the Quick Connect Handle to the Tibial Trial and insert the assembly into the knee.

   Note: The recommended technique is to flex the knee to 120°, push in the insert as far as possible and bring the leg out into full extension.

3. Perform trial range of motion and assess laxity and balance. The knee should drop passively into full extension. Under varus/valgus stress, there should be approximately 1-2mm of gapping both medially and laterally throughout the range-of-motion. There should be no increase in resistance as the knee flexes from 0° to 90°. If the knee is too tight, try a thinner insert or resect more tibia.

   Note: Under full varus or valgus stress, the gapping should be at least the width of a cautery tip (~2mm).

4. Long leg alignment can also be assessed by bringing the leg into full extension and passing the alignment rods through the Quick Connect Handle.

5. Use a cautery to mark the location of the laser marked lines on the anterior surface of the tibia to reference the baseplate rotation.

   Note: In most cases, rotational alignment of the tibial baseplate is based upon best fit and coverage. However, medial third of the tibial tubercle is a useful guide to define rotation.

Implantation and closure

1. Flex the knee to 90° keeping the thin bent Hohmann laterally and removing the Aufranc retractor. Mix and prepare bone cement for femoral component and distal femur. Apply cement to the femoral component or prepared bone, based on the surgeon's preference.

   Note: Care should be taken to avoid excess cement on the posterior aspect of the femur and femoral component. Excess cement that extrudes posteriorly can be difficult to remove.

   Note: If using femoral lugs or Flex-Lok pegs with cemented posterior-stabilizing femorals, screw those components into the femoral prior to cement application.

2. Place the Femoral Implant onto the femur and use the Modular Femoral Impactor to fully seat the implant. Remove excess cement. Extend the knee to remove cement anteriorly without retracting the proximal soft tissue.

   Note: Similar to the Femoral Trial Impactor, the Femoral Implant Impactor can be used to impact into the femoral notch as well as on to the distal surface of the component by rotating through 180 degrees. This can be used to prevent the component tilting into flexion during impaction.

3. Place the appropriate size Insert Trial onto the Tibial Implant and extend the leg to pressurize the cement. Remove any additional excess cement.

4. Clear any debris from the locking mechanism of the Tibial Implant and slide the Articular Insert Implant into the Tibial Implant engaging the locking mechanism. Begin insertion in flexion and extend the leg to engage the locking mechanism.

5. The Articular insert is locked into position using the Modular Tibial Impactor. This is best done when the leg is flexed to around 20-30 degrees and impacting on the anterior surface of the insert.

   Note: To check insert is fully seated, perform a visual examination on each side of the insert slot. This area will have no visible gap.

   Check fixation and close.

Catalog Information

LEGION® PS OXINIUM® Femorals

Cat. No.	Description
71421202	LEGION PS OXINIUM Femoral Size 2 Right
71421203	LEGION PS OXINIUM Femoral Size 3 Right
71421204	LEGION PS OXINIUM Femoral Size 4 Right
71421205	LEGION PS OXINIUM Femoral Size 5 Right
71421206	LEGION PS OXINIUM Femoral Size 6 Right
71421207	LEGION PS OXINIUM Femoral Size 7 Right
71421208	LEGION PS OXINIUM Femoral Size 8 Right
71421212	LEGION PS OXINIUM Femoral Size 2 Left
71421213	LEGION PS OXINIUM Femoral Size 3 Left
71421214	LEGION PS OXINIUM Femoral Size 4 Left
71421215	LEGION PS OXINIUM Femoral Size 5 Left
71421216	LEGION PS OXINIUM Femoral Size 6 Left
71421217	LEGION PS OXINIUM Femoral Size 7 Left
71421218	LEGION PS OXINIUM Femoral Size 8 Left

LEGION CR OXINIUM Femorals

Cat. No.	Description
71421222	LEGION CR OXINIUM Femoral Size 2 Right
71421223	LEGION CR OXINIUM Femoral Size 3 Right
71421224	LEGION CR OXINIUM Femoral Size 4 Right
71421225	LEGION CR OXINIUM Femoral Size 5 Right
71421226	LEGION CR OXINIUM Femoral Size 6 Right
71421227	LEGION CR OXINIUM Femoral Size 7 Right
71421228	LEGION CR OXINIUM Femoral Size 8 Right
71421232	LEGION CR OXINIUM Femoral Size 2 Left
71421233	LEGION CR OXINIUM Femoral Size 3 Left
71421234	LEGION CR OXINIUM Femoral Size 4 Left
71421235	LEGION CR OXINIUM Femoral Size 5 Left
71421236	LEGION CR OXINIUM Femoral Size 6 Left
71421237	LEGION CR OXINIUM Femoral Size 7 Left
71421238	LEGION CR OXINIUM Femoral Size 8 Left

LEGION Narrow PS OXINIUM Femorals

Cat. No.	Description
71421263	LEGION Narrow PS OXINIUM Size 3N Left
71421264	LEGION Narrow PS OXINIUM Size 4N Left
71421265	LEGION Narrow PS OXINIUM Size 5N Left
71421266	LEGION Narrow PS OXINIUM Size 6N Left
71421273	LEGION Narrow PS OXINIUM Size 3N Right
71421274	LEGION Narrow PS OXINIUM Size 4N Right
71421275	LEGION Narrow PS OXINIUM Size 5N Right
71421276	LEGION Narrow PS OXINIUM Size 6N Right

LEGION Narrow CR OXINIUM Femorals

Cat. No.	Description
71421243	LEGION Narrow CR OXINIUM Size 3N Left
71421244	LEGION Narrow CR OXINIUM Size 4N Left
71421245	LEGION Narrow CR OXINIUM Size 5N Left
71421246	LEGION Narrow CR OXINIUM Size 6N Left
71421253	LEGION Narrow CR OXINIUM Size 3N Right
71421254	LEGION Narrow CR OXINIUM Size 4N Right
71421255	LEGION Narrow CR OXINIUM Size 5N Right
71421256	LEGION Narrow CR OXINIUM Size 6N Right

LEGION® PS Non-Porous Femorals

Cat. No.	Description
71423222	LEGION PS Non-Porous Femoral Size 2 Left
71423223	LEGION PS Non-Porous Femoral Size 3 Left
71423224	LEGION PS Non-Porous Femoral Size 4 Left
71423225	LEGION PS Non-Porous Femoral Size 5 Left
71423226	LEGION PS Non-Porous Femoral Size 6 Left
71423227	LEGION PS Non-Porous Femoral Size 7 Left
71423228	LEGION PS Non-Porous Femoral Size 8 Left
71423232	LEGION PS Non-Porous Femoral Size 2 Right
71423233	LEGION PS Non-Porous Femoral Size 3 Right
71423234	LEGION PS Non-Porous Femoral Size 4 Right
71423235	LEGION PS Non-Porous Femoral Size 5 Right
71423236	LEGION PS Non-Porous Femoral Size 6 Right
71423237	LEGION PS Non-Porous Femoral Size 7 Right
71423238	LEGION PS Non-Porous Femoral Size 8 Right

LEGION CR Non-Porous Femorals

Cat. No.	Description
71423202	LEGION CR Non-Porous Femoral Size 2 Left
71423203	LEGION CR Non-Porous Femoral Size 3 Left
71423204	LEGION CR Non-Porous Femoral Size 4 Left
71423205	LEGION CR Non-Porous Femoral Size 5 Left
71423206	LEGION CR Non-Porous Femoral Size 6 Left
71423207	LEGION CR Non-Porous Femoral Size 7 Left
71423208	LEGION CR Non-Porous Femoral Size 8 Left
71423212	LEGION CR Non-Porous Femoral Size 2 Right
71423213	LEGION CR Non-Porous Femoral Size 3 Right
71423214	LEGION CR Non-Porous Femoral Size 4 Right
71423215	LEGION CR Non-Porous Femoral Size 5 Right
71423216	LEGION CR Non-Porous Femoral Size 6 Right
71423217	LEGION CR Non-Porous Femoral Size 7 Right
71423218	LEGION CR Non-Porous Femoral Size 8 Right

LEGION PS Non-Porous Narrow Femorals

Cat. No.	Description
71933648	LEGION PS Non-Porous Narrow Femoral Size 3 Left
71933649	LEGION PS Non-Porous Narrow Femoral Size 4 Left
71933650	LEGION PS Non-Porous Narrow Femoral Size 5 Left
71933651	LEGION PS Non-Porous Narrow Femoral Size 6 Left
71933652	LEGION PS Non-Porous Narrow Femoral Size 3 Right
71933653	LEGION PS Non-Porous Narrow Femoral Size 4 Right
71933654	LEGION PS Non-Porous Narrow Femoral Size 5 Right
71933655	LEGION PS Non-Porous Narrow Femoral Size 6 Right

LEGION CR Non-Porous Narrow Femorals

Cat. No.	Description
71933640	LEGION CR Non-Porous Narrow Femoral Size 3 Left
71933641	LEGION CR Non-Porous Narrow Femoral Size 4 Left
71933642	LEGION CR Non-Porous Narrow Femoral Size 5 Left
71933643	LEGION CR Non-Porous Narrow Femoral Size 6 Left
71933644	LEGION CR Non-Porous Narrow Femoral Size 3 Right
71933645	LEGION CR Non-Porous Narrow Femoral Size 4 Right
71933646	LEGION CR Non-Porous Narrow Femoral Size 5 Right
71933647	LEGION CR Non-Porous Narrow Femoral Size 6 Right

LEGION® CR High Flex XLPE Inserts

Cat. No.	Description
71453101	LEGION CR High Flex XLPE Inserts Size 1-2 9mm
71453102	LEGION CR High Flex XLPE Inserts Size 1-2 11mm
71453103	LEGION CR High Flex XLPE Inserts Size 1-2 13mm
71453104	LEGION CR High Flex XLPE Inserts Size 1-2 15mm
71453105	LEGION CR High Flex XLPE Inserts Size 1-2 18mm
71453111	LEGION CR High Flex XLPE Inserts Size 3-4 9mm
71453112	LEGION CR High Flex XLPE Inserts Size 3-4 11mm
71453113	LEGION CR High Flex XLPE Inserts Size 3-4 13mm
71453114	LEGION CR High Flex XLPE Inserts Size 3-4 15mm
71453115	LEGION CR High Flex XLPE Inserts Size 3-4 18mm
71453121	LEGION CR High Flex XLPE Inserts Size 5-6 9mm
71453122	LEGION CR High Flex XLPE Inserts Size 5-6 11mm
71453123	LEGION CR High Flex XLPE Inserts Size 5-6 13mm
71453124	LEGION CR High Flex XLPE Inserts Size 5-6 15mm
71453125	LEGION CR High Flex XLPE Inserts Size 5-6 18mm
71453131	LEGION CR High Flex XLPE Inserts Size 7-8 9mm
71453132	LEGION CR High Flex XLPE Inserts Size 7-8 11mm
71453133	LEGION CR High Flex XLPE Inserts Size 7-8 13mm
71453134	LEGION CR High Flex XLPE Inserts Size 7-8 15mm
71453135	LEGION CR High Flex XLPE Inserts Size 7-8 18mm
71453181	LEGION CR High Flex XLPE Inserts Size 1-2 10mm
71453182	LEGION CR High Flex XLPE Inserts Size 1-2 12mm
71453183	LEGION CR High Flex XLPE Inserts Size 3-4 10mm
71453184	LEGION CR High Flex XLPE Inserts Size 3-4 12mm
71453185	LEGION CR High Flex XLPE Inserts Size 5-6 10mm
71453186	LEGION CR High Flex XLPE Inserts Size 5-6 12mm
71453187	LEGION CR High Flex XLPE Inserts Size 7-8 10mm
71453188	LEGION CR High Flex XLPE Inserts Size 7-8 12mm

LEGION PS High Flex XLPE Inserts

Cat. No.	Description
71453171	LEGION PS High Flex XLPE Inserts Size 1-2 10mm
71453172	LEGION PS High Flex XLPE Inserts Size 1-2 12mm
71453173	LEGION PS High Flex XLPE Inserts Size 3-4 10mm
71453174	LEGION PS High Flex XLPE Inserts Size 3-4 12mm
71453175	LEGION PS High Flex XLPE Inserts Size 5-6 10mm
71453176	LEGION PS High Flex XLPE Inserts Size 5-6 12mm
71453177	LEGION PS High Flex XLPE Inserts Size 7-8 10mm
71453178	LEGION PS High Flex XLPE Inserts Size 7-8 12mm
71453201	LEGION PS High Flex XLPE Inserts Size 1-2 9mm
71453202	LEGION PS High Flex XLPE Inserts Size 1-2 11mm
71453203	LEGION PS High Flex XLPE Inserts Size 1-2 13mm
71453204	LEGION PS High Flex XLPE Inserts Size 1-2 15mm
71453205	LEGION PS High Flex XLPE Inserts Size 1-2 18mm
71453206	LEGION PS High Flex XLPE Inserts Size 1-2 21mm
71453211	LEGION PS High Flex XLPE Inserts Size 3-4 9mm
71453212	LEGION PS High Flex XLPE Inserts Size 3-4 11mm
71453213	LEGION PS High Flex XLPE Inserts Size 3-4 13mm
71453214	LEGION PS High Flex XLPE Inserts Size 3-4 15mm
71453215	LEGION PS High Flex XLPE Inserts Size 3-4 18mm
71453216	LEGION PS High Flex XLPE Inserts Size 3-4 21mm
71453221	LEGION PS High Flex XLPE Inserts Size 5-6 9mm
71453222	LEGION PS High Flex XLPE Inserts Size 5-6 11mm
71453223	LEGION PS High Flex XLPE Inserts Size 5-6 13mm
71453224	LEGION PS High Flex XLPE Inserts Size 5-6 15mm
71453225	LEGION PS High Flex XLPE Inserts Size 5-6 18mm
71453226	LEGION PS High Flex XLPE Inserts Size 5-6 21mm
71453231	LEGION PS High Flex XLPE Inserts Size 7-8 9mm
71453232	LEGION PS High Flex XLPE Inserts Size 7-8 11mm
71453233	LEGION PS High Flex XLPE Inserts Size 7-8 13mm
71453234	LEGION PS High Flex XLPE Inserts Size 7-8 15mm
71453235	LEGION PS High Flex XLPE Inserts Size 7-8 18mm
71453236	LEGION PS High Flex XLPE Inserts Size 7-8 21mm

LEGION® XLPE Dished Inserts

Cat. No.	Description
71453271	LEGION XLPE Dished Insert Size 1-2 9mm
71453272	LEGION XLPE Dished Insert Size 1-2 11mm
71453273	LEGION XLPE Dished Insert Size 1-2 13mm
71453274	LEGION XLPE Dished Insert Size 1-2 15mm
71453275	LEGION XLPE Dished Insert Size 1-2 18mm
71253276	LEGION XLPE Dished Insert Size 1-2 21mm
71453277	LEGION XLPE Dished Insert Size 3-4 9mm
71453278	LEGION XLPE Dished Insert Size 3-4 11mm
71453279	LEGION XLPE Dished Insert Size 3-4 13mm
71453281	LEGION XLPE Dished Insert Size 3-4 15mm
71453282	LEGION XLPE Dished Insert Size 3-4 18mm
71453283	LEGION XLPE Dished Insert Size 3-4 21mm
71453284	LEGION XLPE Dished Insert Size 5-6 9mm
71453285	LEGION XLPE Dished Insert Size 5-6 11mm
71453286	LEGION XLPE Dished Insert Size 5-6 13mm
71453287	LEGION XLPE Dished Insert Size 5-6 15mm
71453288	LEGION XLPE Dished Insert Size 5-6 18mm
71453289	LEGION XLPE Dished Insert Size 5-6 21mm
71453291	LEGION XLPE Dished Insert Size 7-8 9mm
71453292	LEGION XLPE Dished Insert Size 7-8 11mm
71453293	LEGION XLPE Dished Insert Size 7-8 13mm
71453294	LEGION XLPE Dished Insert Size 7-8 15mm
71453295	LEGION XLPE Dished Insert Size 7-8 18mm
71453296	LEGION XLPE Dished Insert Size 7-8 21mm

GENESIS® II Tibial Baseplates (Cemented)

Cat. No.	Description
71420160	GENESIS II Cemented Tibial Baseplate Size 1 Left
71420162	GENESIS II Cemented Tibial Baseplate Size 2 Left
71420164	GENESIS II Cemented Tibial Baseplate Size 3 Left
71420166	GENESIS II Cemented Tibial Baseplate Size 4 Left
71420168	GENESIS II Cemented Tibial Baseplate Size 5 Left
71420170	GENESIS II Cemented Tibial Baseplate Size 6 Left
71420172	GENESIS II Cemented Tibial Baseplate Size 7 Left
71420174	GENESIS II Cemented Tibial Baseplate Size 8 Left
71420176	GENESIS II Cemented Tibial Baseplate Size 1 Right
71420180	GENESIS II Cemented Tibial Baseplate Size 2 Right
71420182	GENESIS II Cemented Tibial Baseplate Size 3 Right
71420184	GENESIS II Cemented Tibial Baseplate Size 4 Right
71420186	GENESIS II Cemented Tibial Baseplate Size 5 Right
71420188	GENESIS II Cemented Tibial Baseplate Size 6 Right
71420191	GENESIS II Cemented Tibial Baseplate Size 8 Right
71931716	GENESIS II Cemented Tibial Baseplate Size 9 Right
71931923	GENESIS II Cemented Tibial Baseplate Size 9 Left

GENESIS® II Round Resurfacing Patellae

Cat. No.	Description
71420574	GENESIS II Round Resurfacing Patella 29mm
71420576	GENESIS II Round Resurfacing Patella 32mm
71420578	GENESIS II Round Resurfacing Patella 35mm
71420580	GENESIS II Round Resurfacing Patella 26mm
71926225	GENESIS II Round Resurfacing Patella 38mm
71926226	GENESIS II Round Resurfacing Patella 41mm

GENESIS II Oval Resurfacing Patellae

Cat. No.	Description
71421029	GENESIS II Oval Resurfacing Patella 29mm
71421032	GENESIS II Oval Resurfacing Patella 32mm
71421035	GENESIS II Oval Resurfacing Patella 35mm
71421038	GENESIS II Oval Resurfacing Patella 38mm
71421041	GENESIS II Oval Resurfacing Patella 41mm

GENESIS II Biconvex Resurfacing Patellae

Cat. No.	Description
71420566	GENESIS II Biconvex Resurfacing Patella 23mm
71420568	GENESIS II Biconvex Resurfacing Patella 26mm
71420570	GENESIS II Biconvex Resurfacing Patella 29mm
71420572	GENESIS II Biconvex Resurfacing Patella 32mm

GENESIS II Femoral Flex-Lok Pegs

Cat. No.	Description
71420063	GENESIS II Femoral Flex-Lok Peg

GENESIS II Primary Femoral Lug

Cat. No.	Description
71420999	GENESIS II Primary Femoral Lug

LEGION® CR TKS Implant Constructs

Recommended Combination

Femoral	Insert	Tibial Baseplate	Patella
LEGION CR Non-Porous Femoral (CoCr) LEGION CR Narrow Non-Porous Femoral (CoCr) LEGION CR Femoral (OXINIUM®) LEGION CR Narrow Femoral (OXINIUM)	LEGION XLPE Dished Insert LEGION CR High Flex XLPE Insert	GENESIS® II Tibial Baseplate (Cemented)	GENESIS II Round Resurfacing Patella GENESIS II Oval Resurfacing Patella GENESIS II Biconvex Resurfacing Patella

LEGION CR Compatibility

LEGION CR Femoral (OXINIUM)
LEGION CR Narrow Femoral (OXINIUM)
LEGION CR Non-Porous Femoral (CoCr)
LEGION CR Narrow Non-Porous Femoral (CoCr)

LEGION XLPE Deep Dish Insert
LEGION CR High Flex XLPE Insert

Patella	Inserts	Tibial Baseplate	Femoral
GENESIS II Round Resurfacing Patella GENESIS II Oval Resurfacing Patella GENESIS II Biconvex Resurfacing Patella	LEGION XLPE Dished Insert LEGION CR High Flex XLPE Insert GENESIS II CR Insert GENESIS II CR Deep Dish Insert GENESIS II CR High Flex (Deep Flex) Insert	GENESIS II Tibial Baseplate (Cemented)	LEGION CR Non-Porous Femoral (CoCr) LEGION CR Narrow Non-Porous Femoral (CoCr) LEGION CR Femoral (OXINIUM®) LEGION CR Narrow Femoral (OXINIUM) GENESIS II CR Femoral (CoCr) GENESIS II CR Femoral (OXINIUM)

Optional Compatibility for LEGION CR Femoral Components

LEGION CR Non-Porous Femoral (CoCr)
LEGION CR Narrow Non-Porous Femoral (CoCr)

GENESIS II
Femoral Flex-Lok Peg

LEGION® CR Component Size Compatibility

LEGION Component	Compatible Component	Size
LEGION CR Non-Porous Femoral (CoCr) **LEGION CR** Narrow Non-Porous Femoral (CoCr) **LEGION CR** Femoral (OXINIUM®) **LEGION CR** Narrow Femoral (OXINIUM)	LEGION XLPE Dish Insert	Size 1-8, 9-21 mm
	LEGION CR High Flex XLPE Insert	Size 1-8, 9-18 mm
	GENESIS® II CR Insert	Size 1-8, 9-18 mm
	GENESIS II CR Deep Dish Insert	Size 1-8, 9-21 mm
	GENESIS II CR High Flex (Deep Flex) Insert	Size 1-8, 9-18 mm
	GENESIS II Round Resurfacing Patella	26-41 mm
	GENESIS II Oval Resurfacing Patella	29-41 mm
	GENESIS II Biconvex Resurfacing Patella	23-32 mm
LEGION CR Non-Porous Femoral (CoCr) **LEGION CR** Narrow Non-Porous Femoral (CoCr)	GENESIS II Femoral Flex-Lok Peg	N/A
LEGION XLPE Dished Insert **LEGION CR** High Flex XLPE Insert	LEGION CR Non-Porous Femoral (CoCr)	Size 2-8 LT/RT
	LEGION CR Narrow Non-Porous Femoral (CoCr)	Size 3-6 LT/RT
	LEGION CR Femoral (OXINIUM)	Size 2-8 LT/RT
	LEGION CR Narrow Femoral (OXINIUM)	Size 3-6 LT/RT
	GENESIS II CR Femoral (CoCr)	Size 1-8 LT/RT
	GENESIS II CR Femoral (OXINIUM)	Size 2-9 LT/RT
	GENESIS II Tibial Baseplate (Cemented)	Size 1-9, LT/RT
GENESIS II CR Tibial Baseplate (Cemented)	LEGION CR High Flex XLPE Insert	Size 1-8, 10-21 mm
	LEGION XLPE Dished Insert	Size 1-8, 9 mm
	GENESIS II CR Insert	Size 1-8, 9-18 mm
	GENESIS II CR Deep Dish Insert	Size 1-8, 9-21 mm
	GENESIS II CR High Flex (Deep Flex) Insert	Size 1-8, 9-18 mm

LEGION® PS TKS Implant Constructs

Recommended Combination

Femoral	Insert	Tibial Baseplate	Patella
LEGION PS Non-Porous Femoral (CoCr) LEGION PS Narrow Non-Porous Femoral (CoCr) LEGION PS Femoral (OXINIUM®) LEGION PS Narrow Femoral (OXINIUM)	LEGION PS High Flex XLPE Insert	GENESIS® II Tibial Baseplate (Cemented)	GENESIS II Round Resurfacing Patella GENESIS II Oval Resurfacing Patella GENESIS II Biconvex Resurfacing Patella

LEGION PS Compatibility

LEGION PS Femoral (OXINIUM)
LEGION PS Narrow Femoral (OXINIUM)
LEGION PS Non-Porous Femoral (CoCr)
LEGION PS Narrow Non-Porous Femoral (CoCr)

LEGION PS
High Flex XLPE Insert

Patella	Inserts	Tibial Baseplate	Femoral
GENESIS II Round Resurfacing Patella GENESIS II Oval Resurfacing Patella GENESIS II Biconvex Resurfacing Patella	LEGION PS High Flex XLPE Insert GENESIS II PS Insert GENESIS II PS High Flex Insert	GENESIS II Tibial Baseplate (Cemented)	LEGION PS Non-Porous Femoral (CoCr) LEGION PS Narrow Non-Porous Femoral (CoCr) LEGION PS Femoral (OXINIUM®) LEGION PS Narrow Femoral (OXINIUM) GENESIS II PS Femoral (CoCr) GENESIS II PS Femoral (OXINIUM)

Optional Compatibility with LEGION PS

LEGION PS Femoral (OXINIUM)
LEGION PS Narrow Non-Porous Femoral (OXINIUM)
LEGION PS Non-Porous Femoral (CoCr)
LEGION PS Narrow Non-Porous Femoral (CoCr)

GENESIS II
Femoral Flex-Lok Peg

GENESIS II
Primary Femoral Lug

LEGION® PS Component Size Compatibility

LEGION Component	Compatible Component	Size
LEGION PS Non-Porous Femoral (CoCr) **LEGION PS** Narrow Non-Porous Femoral (CoCr) **LEGION PS** Femoral (CoCr) **LEGION PS** Narrow Femoral (OXINIUM®)	LEGION PS High Flex XLPE Insert	Size 1-8, 9-21 mm
	GENESIS® II PS Insert	Size 1-8, 9-25 mm
	GENESIS II PS High Flex Insert	Size 1-8, 9-25 mm
	GENESIS II Round Resurfacing Patella	26-41 mm
	GENESIS II Oval Resurfacing Patella	29-41 mm
	GENESIS II Biconvex Resurfacing Patella	23-32 mm
LEGION PS Femoral (OXINIUM) **LEGION PS** Narrow Femoral (OXINIUM®) **LEGION PS** Non-Porous Femoral (CoCr) **LEGION PS** Narrow Non-Porous Femoral (CoCr)	GENESIS II Primary Femoral Lug	N/A
	GENESIS II Femoral Flex-Lok Peg	N/A
LEGION PS High Flex XLPE Insert	LEGION PS Non-Porous Femoral (CoCr)	Size 2-8 LT/RT
	LEGION PS Narrow Non-Porous Femoral (CoCr)	Size 3-6 LT/RT
	LEGION PS Femoral (OXINIUM)	Size 2-8 LT/RT
	LEGION PS Narrow Femoral (OXINIUM)	Size 3-6 LT/RT
	GENESIS II PS Femoral Component (CoCr)	Size 1-8 LT/RT
	GENESIS II PS Femoral (OXINIUM)	Size 2-9 LT/RT
	GENESIS II Tibial Baseplate (Cemented)	Size 1-9, LT/RT
GENESIS II PS Tibial Baseplate (Cemented)	LEGION PS High Flex XLPE Insert	Size 1-8, 9-21 mm
	GENESIS II PS Insert	Size 1-8, 9-25 mm
	GENESIS II PS High Flex Insert	Size 1-8, 9-25 mm

Notes

Notes

Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Smith & Nephew representative or distributor if you have questions about the availability of Smith & Nephew products in your area.

Smith & Nephew, Inc.
1450 Brooks Road
Memphis, TN 38116

Telephone: 901-396-2121
Information: 1-800-238-7538
Orders/inquires: 1-800-238-7538

www.smith-nephew.com

08674 V2 71282144 REVA 10/22