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Eventum Mark 2 Depth and Angle Adaptors Surgical Technique



Overview

The Eventum Depth and Angle Adaptors are to be used with the provided Enztec Premium Patella Saw Guide as a surgical aid for patella resection. The aim is to perform an initial conservative cut and then a controlled adjustment of the depth and angle of patella resection. The adaptors attach to the provided cutting guide device and allow the user to change the depth and/or angle of the cut applied.

Please refer to the IFU for further information.

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Preparation for Patella Resection

Proceed with preferred surgical workflow for resecting and resurfacing the tibia and femur.

Place the leg in extension and evert the patella by at least 90 degrees. Remove the soft tissue from the patella, apart from the insertion sites of the quadriceps and patella tendons.

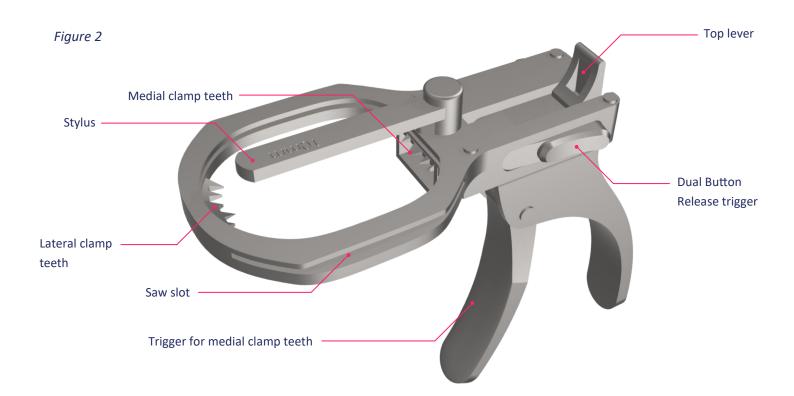
Examine the patella and evaluate any damage to determine the amount of bone that should be resected.

Use a standard calliper to measure the total thickness of the patella, at its thickest point, to the nearest mm.

Determine the desired level of patella resection, taking into consideration the total anatomical thickness and patella implant configuration.



Assembling the Cutting Guide



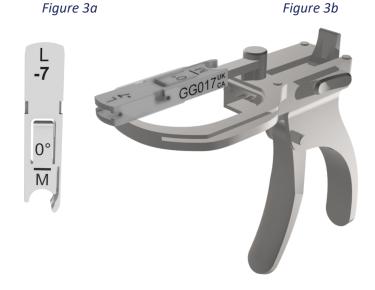
Before the Cutting Guide is first placed around the patella, a First Cut adaptor needs to be attached.

First cut adaptors are provided for a resection of 7mm or 6mm. The adaptor for a 7mm resection is identified by the -7 marking on the top face of the adaptor (Figure 3a), and similarly the 6mm adaptor by -6.

A First Cut adaptor slides fully onto the stylus and provides tactile feedback when securely attached (Figure 3b).

The adaptor should be orientated so that the lettering is facing up, away from where the patella will be clamped.

The First Cut adaptors (and angle adaptors) are designed so that they can only be attached to the stylus in the correct orientation, as shown in (Figure 4).







Clamping the Patella





The Cutting Guide has a ring structure which is placed around the patella.

The ridge on the lower side of a First Cut adaptor should be in contact with the surgeons chosen reference point, usually the apex of the articular surface of the patella.

Whilst maintaining contact between the adaptor and the patella reference point, position the Cutting Guide so that the lateral edge of the patella is in contact with the lateral clamp teeth.

The medial clamp teeth move to meet the medial edge of the patella to clamp the patella in place. To move the teeth, squeeze the clamp trigger (Figure 5).

Initial Patella Resection

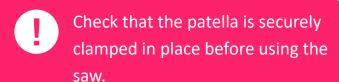


Once the cutting guide is securely and correctly clamped to the patella, swivel the stylus to the side and use an oscillating saw to cut the patella through the saw slot (Figure 6).

This resection will create a flat surface on the patella.

After completing this initial resection, unclamp the patella. To unclamp the patella, press the two release buttons simultaneously. This should remove the medial clamp teeth from the patella.

Remove the First Cut adaptor from the stylus by sliding it off.



If the medial clamp teeth are stuck, manually pull them back using the top lever.

Attaching the Depth and Angle Adaptors

The surgeon should now assess the resection and determine the depth and angle of an additional cut to prepare the patella for the implant.

The surgeon can then use depth and angle adaptors to complete the additional cuts to achieve the desired resection.

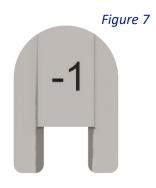
Depth adaptors are provided from 1mm to 4mm and can be identified by the number on the top face of the adaptor (Figure 7).

Adaptors are provided to facilitate a resection with no added angle (0 degrees) or at a 2.5 degrees angle. The First Cut adaptors also act as the neutral angle adaptors and can be identified via the 0° symbol (Figure 8a).

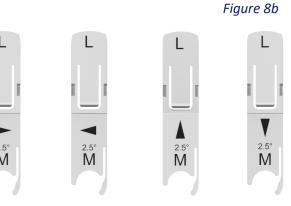
For a resection of 2.5 degrees, four adaptors are provided to facilitate a resection in four different directions on the patella - medial to lateral, lateral to medial, superior to inferior, inferior to superior. Figure 8b displays the set of four angle adaptors for a 2.5° resection.

For angle adaptors that facilitate an angled resection, the direction of the slope of the angle is identified via the triangle marking on the top face of the adaptor. The point of the triangle indicates the direction where more bone will be resected (Figure 8b).

The M L markings on the top face of the angle adaptors act as aid to identify the medial (M) and lateral (L) side of the patella.







Attaching the Depth and Angle Adaptors

First, an angle adaptor needs to be inserted onto the stylus. Identify the angle adaptor needed for the resection.

The angle adaptor will lock into place around the stylus to secure. The angle adaptor should be positioned so that the markings on the top face are facing up, away from the patella.

The angle adaptor is designed so that it can only be attached to the stylus in the correct orientation (Figure 4).

Attach the depth adaptor over the angle adaptor by bringing it down onto the end of the angle adaptor and then sliding back towards the handle. The depth adaptor will secure with a click (Figure 9).



Additional Patella Resections





When an angle and depth adaptor are securely attached to the Cutting Guide, clamp the patella using the clamp trigger to drive forward the medial clamp teeth. The depth adaptor should be resting against the flat surface of the patella created by the initial resection (Figure 10a).

After clamping the patella, remove the depth adaptor from the stylus, whilst holding onto the angle adaptor at the stylus swivel point.

Ensure you do not press the dual release buttons whilst removing the depth adaptor.

Swivel the stylus and angle adaptor to the side (Figure 10b).

Complete the resection using an oscillating saw through the saw slot.

Unclamp the patella using the dual release buttons.

Assess the new resection and determine if additional resections are required.



Ensure that the final thickness of the patella is greater than 12mm, to reduce the risk of patella fracture.

Placement of the Patella Implant

The surgeon should then follow the final steps of the patella implant procedure they are using (Figure 11).

Assess knee mobility and prepare the incision site for close.

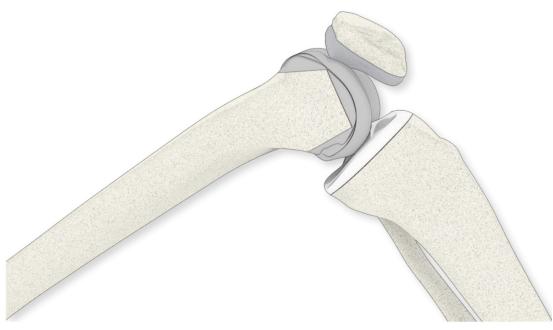


Figure 11

Appendix Device Components

| | Name | Product Code |
|--|---|--------------|
| | Cutting Guide | 4240-4310 |
| 7 | -1mm Cutting Guide Depth Adaptor | DA011 |
| 2 | -2mm Cutting Guide Depth Adaptor | DA012 |
| n | -3mm Cutting Guide Depth Adaptor | DA013 |
| 4 | -4mm Cutting Guide Depth Adaptor | DA014 |
| Q | -6mm First Cut Adaptor | GG016 |
| J. | -7mm First Cut Adaptor | GG017 |
| Z;2° ✓ | Cutting Guide Angle Adaptor (L►M) 2.5 Degree | AA015 |
| Z 55° | Cutting Guide Angle Adaptor (M►L) 2.5 Degree | AA016 |
| Z;2° ▼ | Cutting Guide Angle Adaptor (S►I Left Knee / I►S Right Knee) 2.5 Degree | AA017 |
| Z ^{5:2} ↓ □ □ □ □ | Cutting Guide Angle Adaptor (S►I Right Knee / I►S Left Knee) 2.5 Degree | AA018 |
| | | |





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