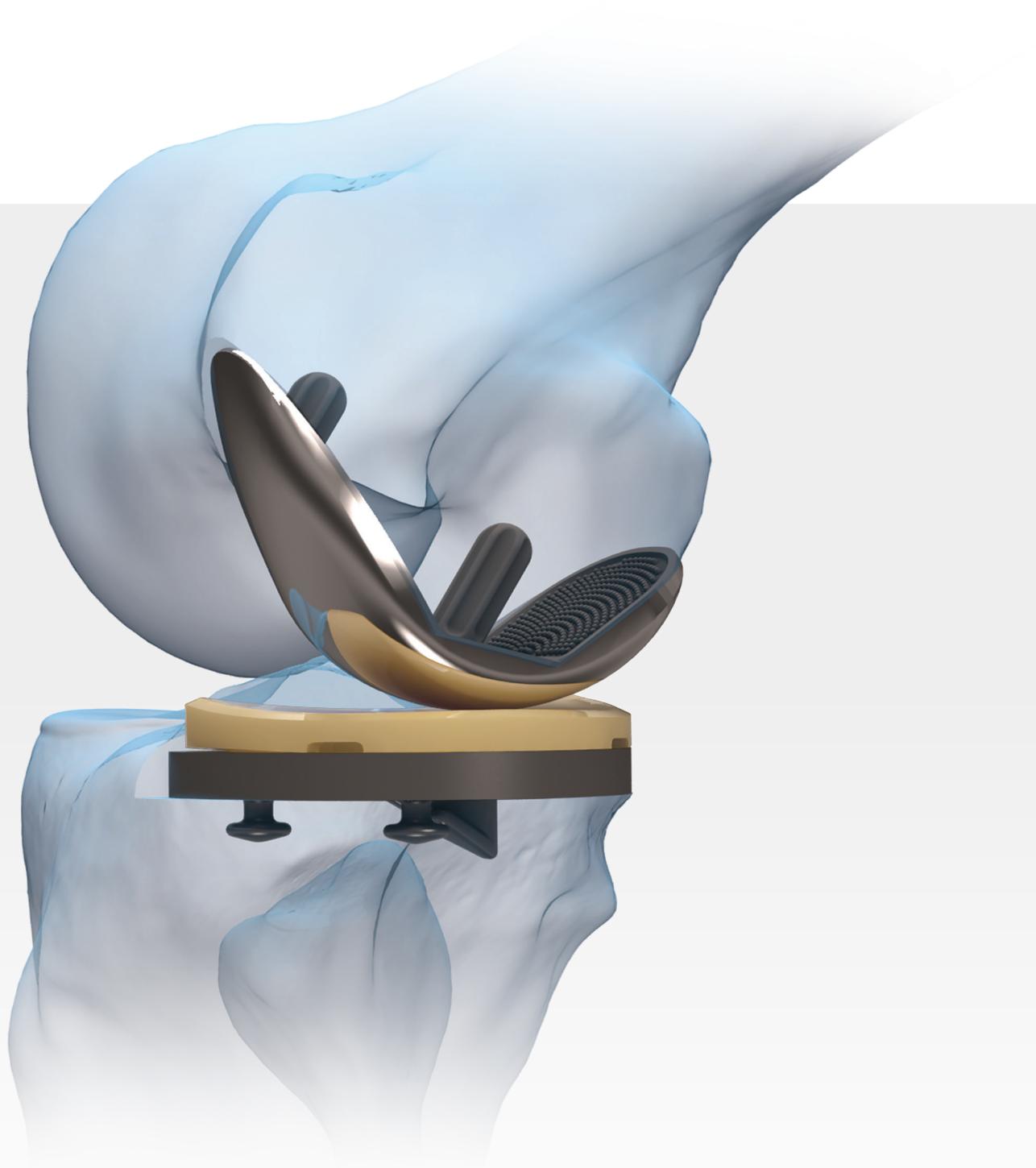


# iBalance<sup>®</sup> UKA System

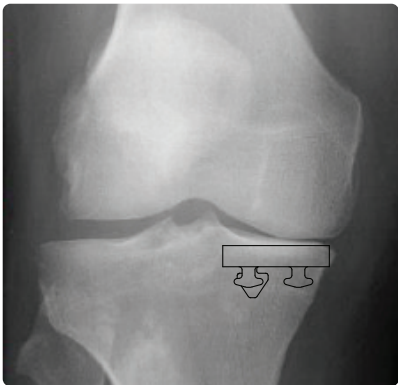
Surgical Technique



This technique guide was developed in conjunction with Mark D. Campbell, MD, and Alan L. Valadie, MD.

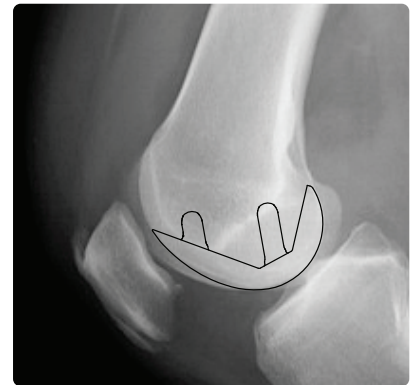
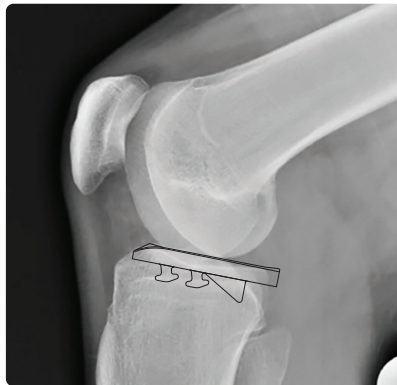
## Preoperative Templating

Preoperative templating can be accomplished using conventional acetate templates (AR-501) or a variety of available third-party digital templating solutions.



### Tibia

The tibia is templated on the AP and lateral radiographs. The tibial component should not undermine the tibial eminence and should not extend past the cortex but should also not be undersized to maintain adequate cortical support of the implant.



### Femur

The femur is templated on the lateral radiograph. The template should be superimposed over the operative condyle (medial shown in this example) and the component should match the curvature of the condyle as closely as possible without overhanging posteriorly.



### Incision

When resurfacing the medial compartment, make a longitudinal incision medial to the midline of the knee; the quadriceps can be handled with a subvastus, midvastus, or mini parapatellar arthrotomy.

When resurfacing the lateral compartment, offset the incision over the lateral compartment and dissect the capsule using a lateral parapatellar approach. Incise the capsule and extend the incision proximally along the distal edge of the vastus lateralis. It should be noted that the patellar tendon extends quite far across the lateral compartment. It is important to retract the tendon medially so that the vertical saw cut can be made sufficiently medial for optimum component placement and to avoid unintentional external rotation.

### Exposure

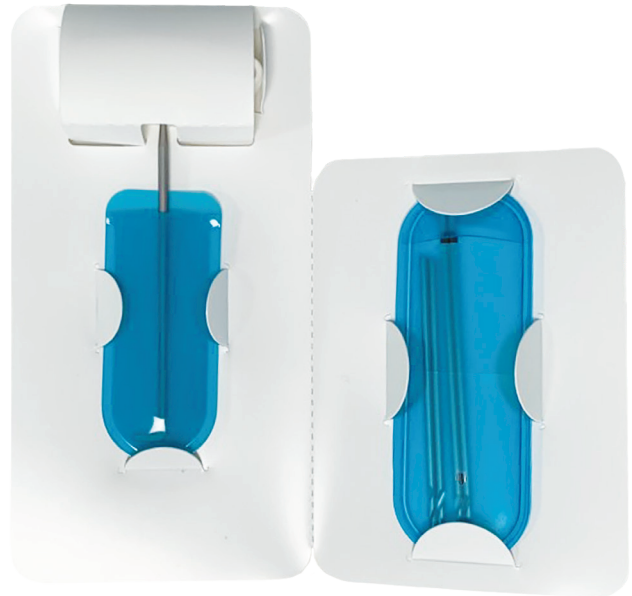
Depending on which compartment is being resurfaced, release the soft tissues from the very proximal edge of the corresponding plateau to allow insertion of a small retractor. Often it is helpful to remove a small amount of the anterior fat pad. Any significant collateral release should be avoided.

### Osteophyte Removal

Prior to beginning the bony preparation of the tibia and femur, inspect the operative compartment and remove any peripheral osteophytes from the margins of the femoral condyle, intercondylar notch, posterior tibial plateau, and from beneath the medial or lateral collateral ligament.

## Tibial Resection: Disposable Cutting Guide

The iBalance® UKA disposable tibial cutting guide is an innovative yet simplistic device that assists with tibial resection by providing patient-specific tibial slope and resection level while allowing the surgeon control over rotation and varus/valgus alignment.

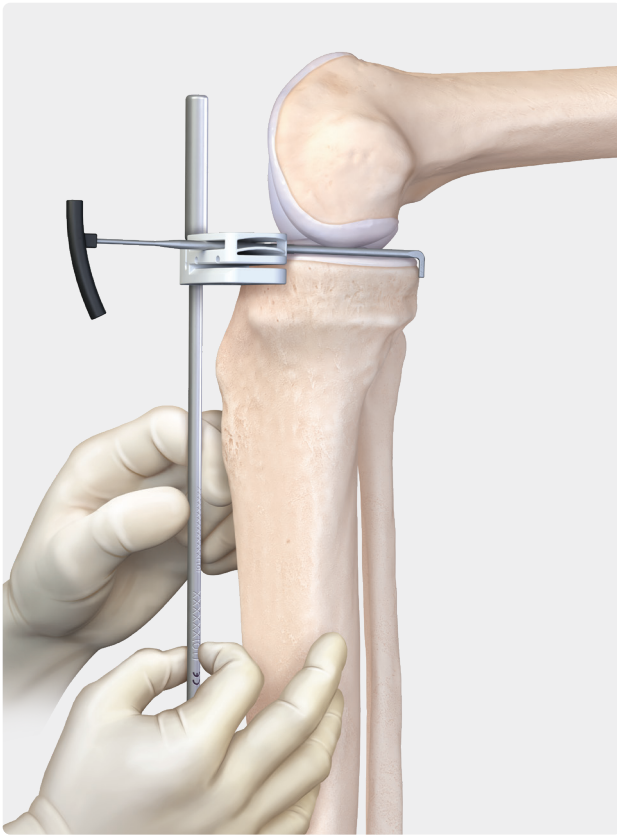


1

Holding the appropriate side of the cutting block in your hand as an extension of the handle, insert the hook into the joint space at the midline of the femoral condyle. Once past the posterior cortex, rotate the hook 90°.



**Note:** When appropriately inserted, the hook defines the native tibial slope as referenced by the anterior and posterior aspect of the tibia as well as appropriate tibial resection level by creating a 9 mm space from the posterior femur to the tibial resection.



**2a**

Slide the cutting block toward the tibia while rotating the upward end toward the midline of the tibia. Insert a drop rod into the cutting block and slide and rotate the cutting block about the hook as necessary so the cutting block is appropriately aligned.

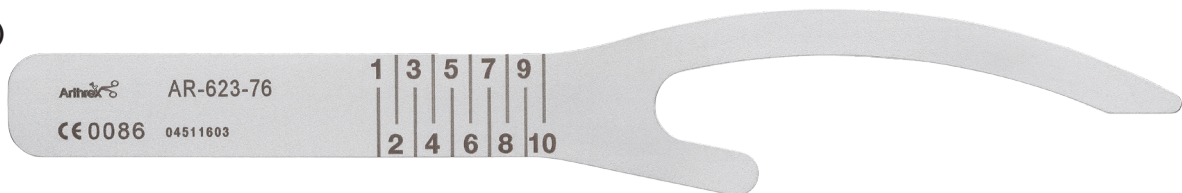


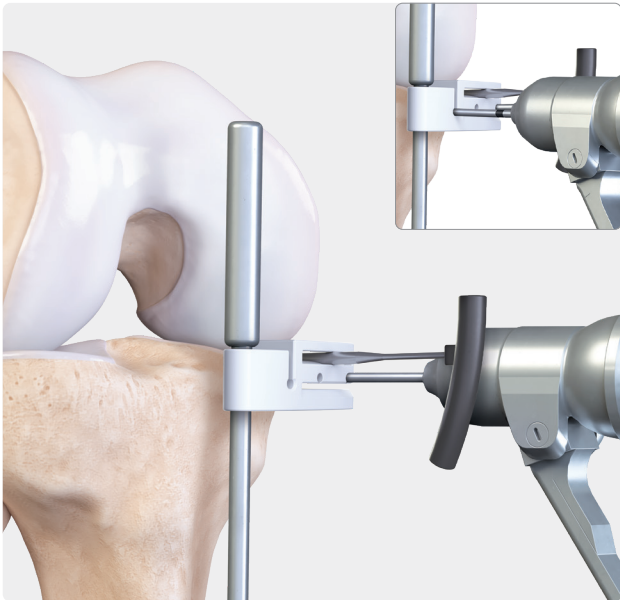
**2b**

**Note:** The drop rod is used for appropriate varus/valgus alignment. When helpful, an angel wing **(a)** may be used to ensure appropriate internal/external rotation as well as medial lateral positioning **(2b)**.

- > The kit includes 4 mm and 2.4 mm pins: two are 75 mm and the two with the black band are 95 mm.

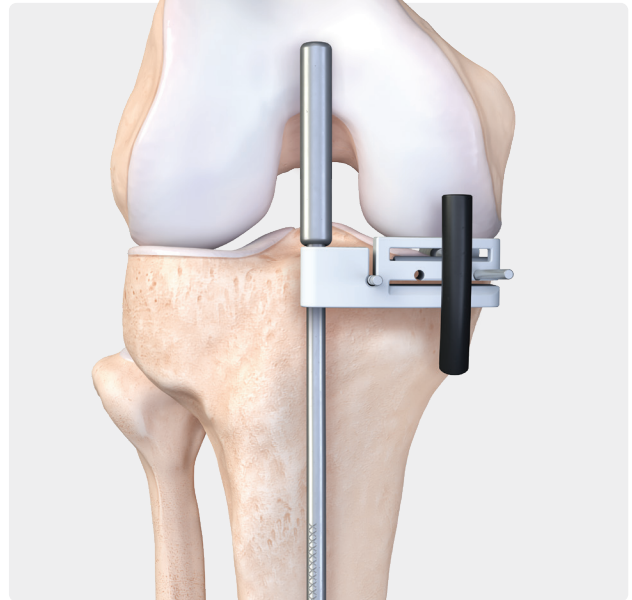
**(a)**





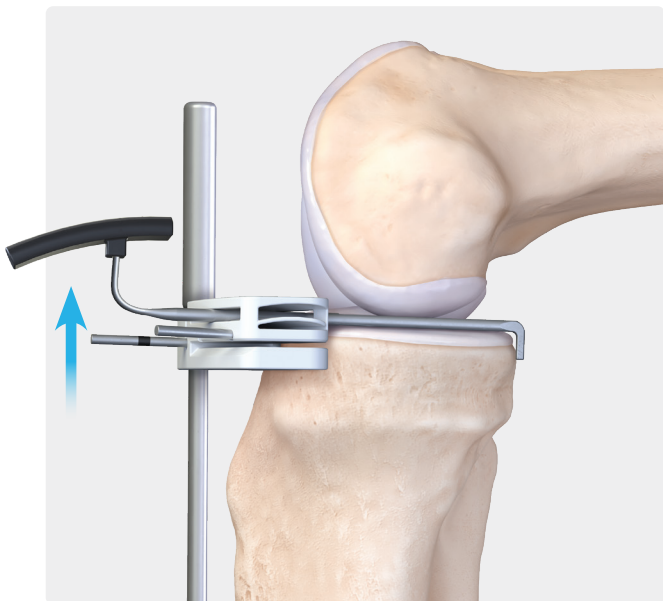
**3a**

Insert the first two pins in the most accessible holes, typically the hinge hole and the most medial fixation point.



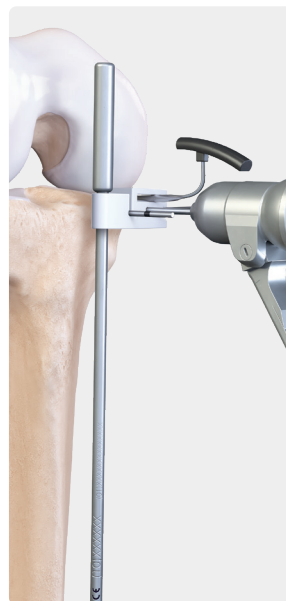
**3b**

Verify that the alignment is satisfactory.



**4a**

After verifying satisfactory alignment, bend the black handle upward and insert the third fixation pin.

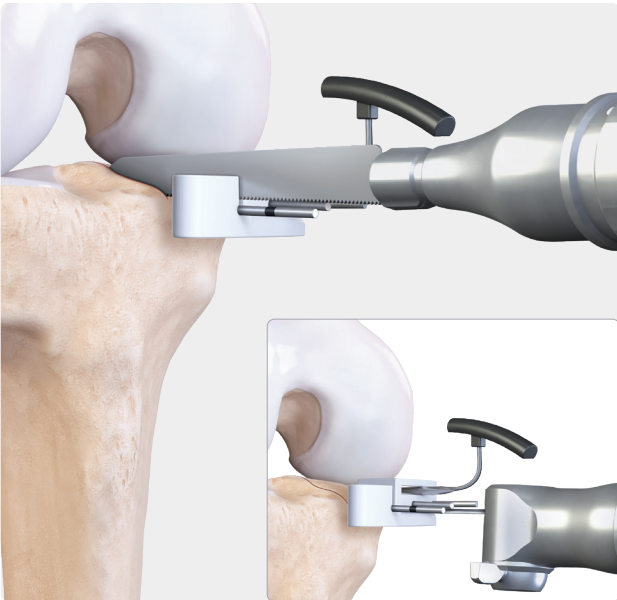


**4b**



**4c**

Remove the drop rod and angel wing if still in place and ensure appropriate retraction is in place to protect the MCL.



**5a**

Perform both vertical and horizontal resection using a standard reciprocating saw and then a 1.27 mm × 13 mm sagittal saw.

**Note:** The fixation pins above the resection can be used as a secondary guide beyond the capture to help define the appropriate plane of the saw.



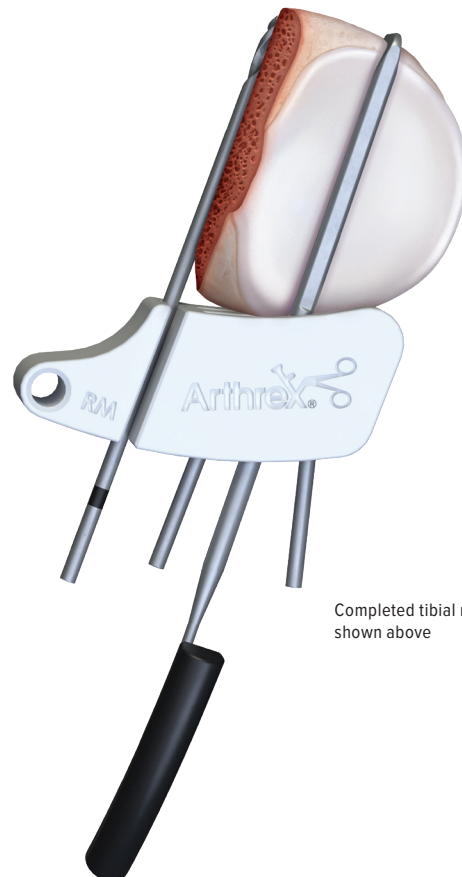
**5b**

After vertical and horizontal cuts.

## Complete Resection

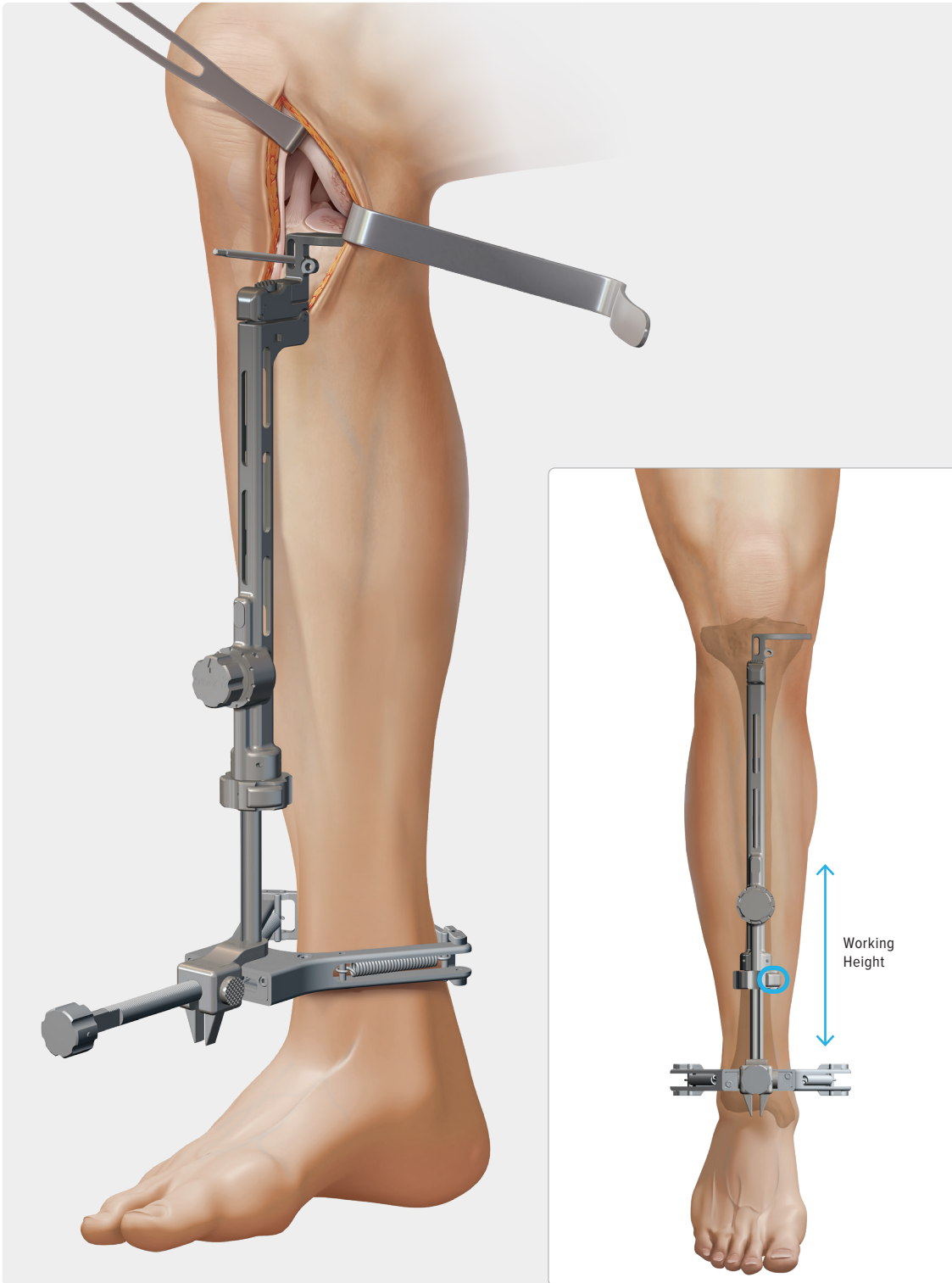
Provided a complete resection is performed, the hook and above resection fixation may be used to facilitate tibial bone removal.

Soft-tissue attachments or residual bone bridges may still hamper removal, at which point the pins and hook can be removed prior to the resected tibial bone.



Completed tibial resection shown above

## Tibial Resection: EM Guide

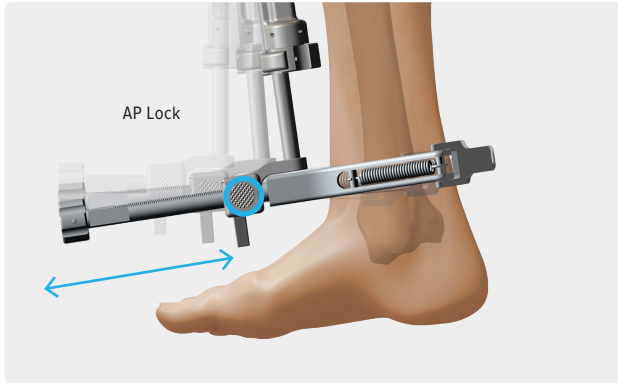


1

Assemble the tibial alignment guide and place it on the operative limb. Adjust the working height and position the tibial alignment guide so the proximal oval is midline to the tibial crest and the cutting surface is approximately at the border of the anterior articular cartilage. Drive a single pin into the lower portion of the cutting guide oval.

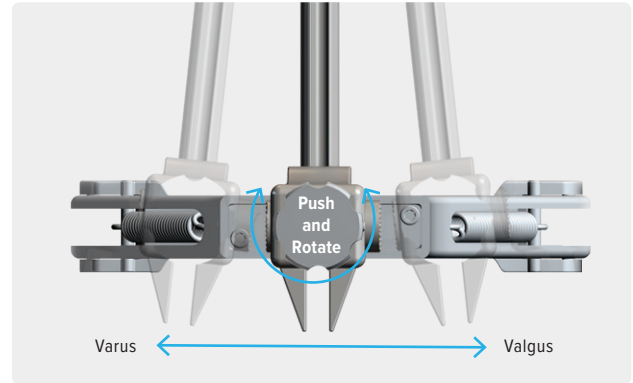
## Tibial Resection

- › Should be neutral to tibial mechanical axis
- › Should match the anatomic tibial slope
- › Should be of minimal amount to appropriately tension the collateral ligament in flexion with an 8 mm spacer block



2

The long axis of the alignment guide should first be set parallel to the tibial axis in the sagittal plane. Press the AP lock button to the right. Freely adjust the AP position. Press the AP lock button to the left to lock the adjustment.



3

Varus/valgus alignment is accomplished by aligning the long axis of the tibial guide parallel to the long axis of the tibia in the coronal plane. Push in on the distal-most dial and rotate to the appropriate position. Once released, the adjustment will lock into position.

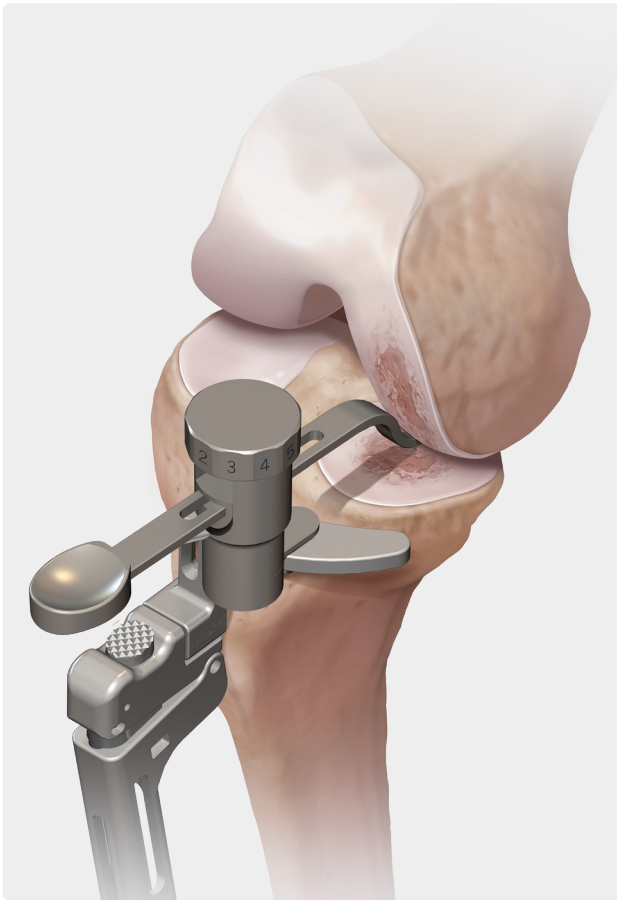


4

Slope may be adjusted independent of tibial length. Starting with the arrow up (neutral slope position), rotate the central dial clockwise to increase slope.

**Note:** Slope will increase 1° for each click of the knob. The generally accepted goal is to match native slope as closely as possible.

## Tibial Resection Depth



### 5

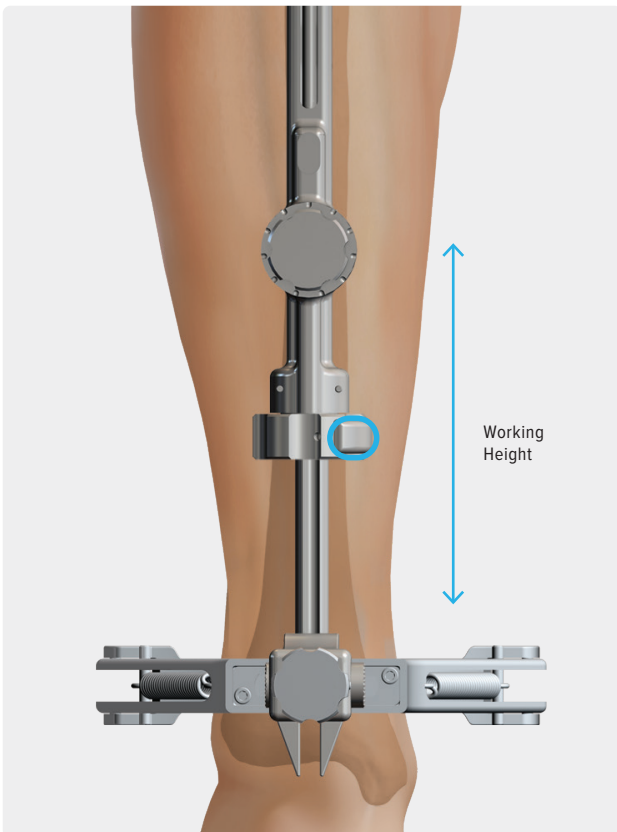
A single adjustable (0-10 mm) tibial stylus is available.

**Note:** The amount of tibial resection is dependent on the amount of MCL laxity; more laxity requires less bone resection and less laxity could result in a larger resection. Caution must be taken to ensure overresection of the tibia does not occur.

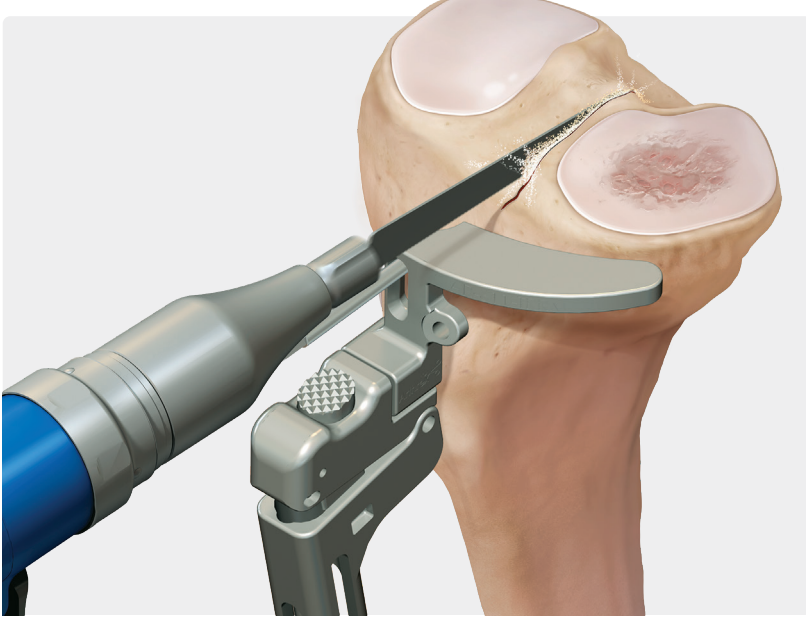
Estimate the amount of MCL laxity in flexion and set the adjustable stylus to the appropriate amount of resection such that an 8 mm spacer block will fit into the resultant flexion space. Slide the tibial stylus over the tibial resection guide as shown. Adjust the resection height so that the stylus tip touches on the tibial plateau at the lowest point of the chondral defect. This is accomplished with gross motion of the working height button or fine motion by rotating the dial.

- › Clockwise rotation will move the cutting guide down
- › Counterclockwise rotation moves the cutting guide up
- › One complete revolution creates 1 mm of travel

The stylus can then be removed from the cutting block. Should additional tibial bone need to be resected, the slope or the fine height adjustment may easily be adjusted.

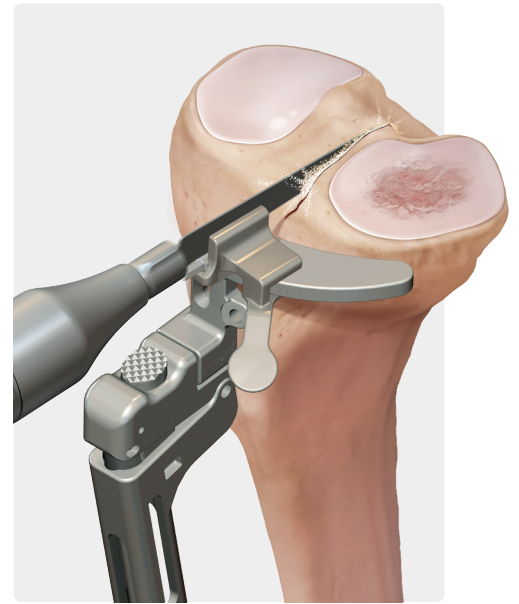


## Vertical Tibial Cut



6

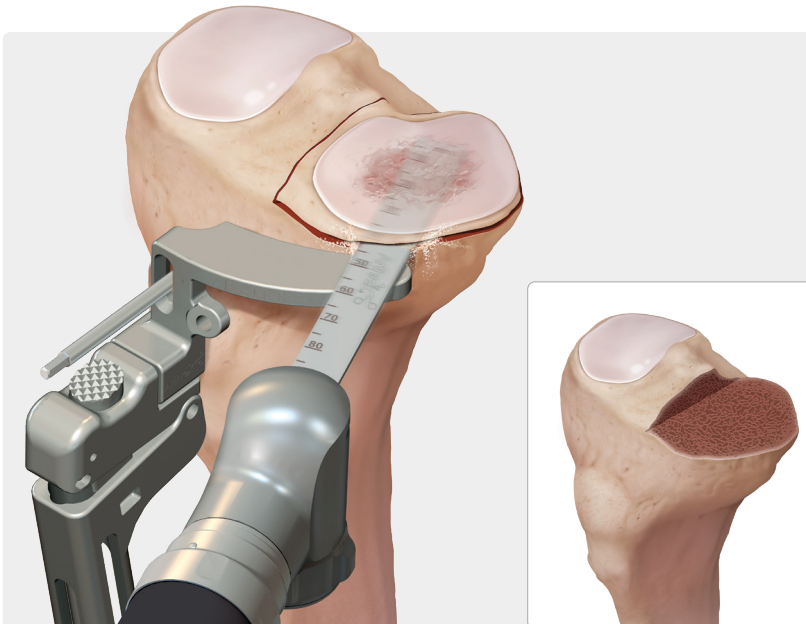
Use a reciprocating saw to make the vertical tibial cut, ensuring it is located at the edge of the tibial eminence and parallel to the level of the tibial cutting guide. It is important to maximize lateralization of the vertical wall while avoiding damage to the ACL attachment. This will allow for maximum tibial component coverage. The location and orientation of the vertical cut will directly influence the size and position of the tibial component. Proper attention to this detail is important.



An optional vertical cutting guide may be used to ensure proper vertical nature of the resection.

**Note:** This guide may also minimize posterior overresection and undercutting of the horizontal cut through the use of a guided fixation pin.

## Horizontal Tibial Cut

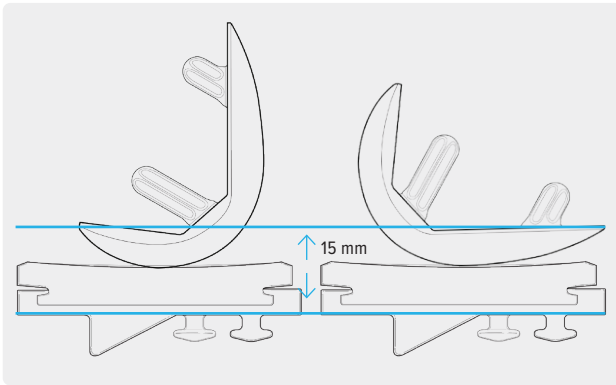


7

**Ensure proper retraction is used to protect the collateral ligament.** Use a 1.27 mm × 13 mm sagittal saw to perform the horizontal cut. Hold the saw blade flat against the surface of the tibial resection guide and take care not to allow the saw to undermine the tibial eminence.

**Do not flex the blade in order not to unduly increase or decrease tibial slope.** Remove the resected tibial plateau, which can be evaluated for accuracy in slope preservation and estimated tibial size.

## Principles of iBalance® UKA System



iBalance UKA implants have a femoral thickness of 7 mm distal, posterior, and at midflexion. Tibial thickness options range from 8-12 mm in 1 mm increments with a 14 mm option also available. This corresponds to an overall composite thickness of between 15-21 mm.

**The iBalance UKA system exemplifies the key priorities that define the success of unicondylar knee arthroplasty:**

- › Single-radius femoral design ensures balanced collateral tension throughout range of motion
- › Tibial cortical support is preserved through all aspects of instrument fixation
- › Independent control of flexion and extension space provide uncompromising joint line control, ligament balancing, bone preservation, and kinematic restoration
- › Patented fixation structures on both the femoral and tibial components provide robust anchoring of the implants

## Principles of Gap Balancing

iBalance UKA provides the clinical flexibility for the surgeon to control the balance between joint-line preservation and tibial-bone conservation.

- › The composite flexion space is defined by the thickness of the spacer block required to appropriately tension the collateral ligament in flexion plus the amount of posterior resection.
- › The composite extension space is defined by the thickness of the spacer block required to appropriately tension the collateral ligament in extension plus the amount of distal resection.

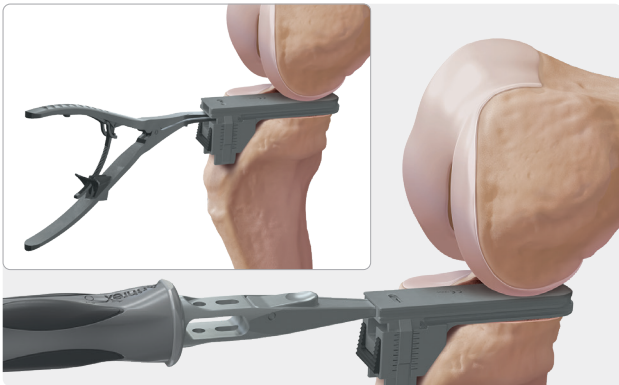
Following appropriate resection of the tibia and measuring the resultant gaps, the appropriate femoral resections can be determined. The posterior femoral resection will determine the final composite flexion space while the distal femoral resection will determine the final extension space.

The composite flexion space and composite extension space must be equal once bony resections have been completed. They must also be adequate to accept the minimum prosthesis thickness (15 mm) plus desired collateral ligament laxity.

In most cases of isolated medial osteoarthritis, the posterior femoral condyle most closely represents a normal anatomic joint line. Therefore, planning a 7 mm posterior resection to determine the ideal composite flexion space serves to restore the anatomic joint line. A minimal tibial resection may be desirable but will often result in the need for a larger femoral resection and an elevation of the joint line.

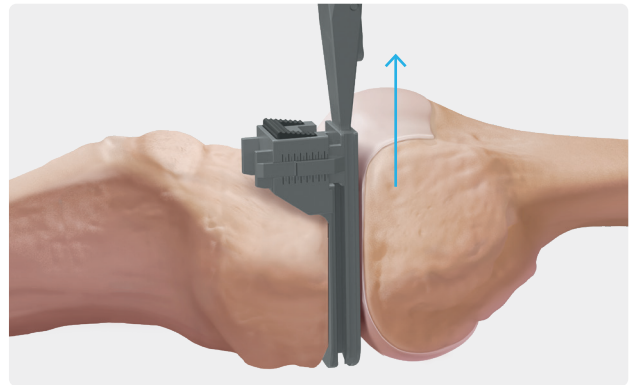
## Measure Flexion and Extension Space

Prior to assessing the gaps using the spacer blocks, remove all retractors and femoral osteophytes from the joint to ensure proper tensioning of the joint space. Measure and record the flexion and extension gaps using the spacer blocks.



8

Measure the flexion space by inserting the appropriate size spacer block into the compartment with the leg in approximately 90° of flexion. Varying sizes of static spacer blocks or a single adjustable spacer block (shown) are available based on surgeon preference. If an adjustable spacer block is preferred, use a lamina spreader to open the block to appropriate tension. The volume of the space created can be read on either side of the adjustable spacer block.



9

Measure the extension space by inserting the appropriate size spacer block into the compartment with the leg in full extension (or as closely as possible).

**Note:** Assess varus/valgus alignment using the offset alignment guide and drop rods applied to the spacer block handle.

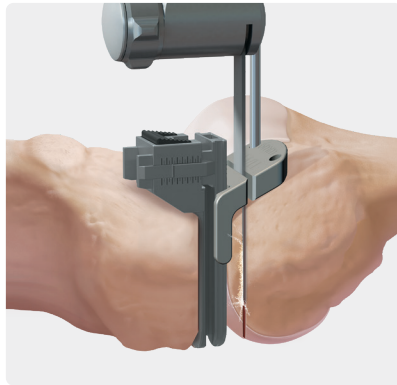
Care should be taken not to overstuff the compartment, resulting in overcorrected limb alignment. Remove the quick-connect handle **(a)**, retaining the appropriate spacer block in extension.



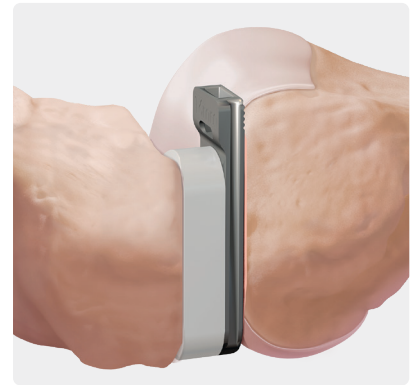
## Distal Femoral Cut



10a



10b



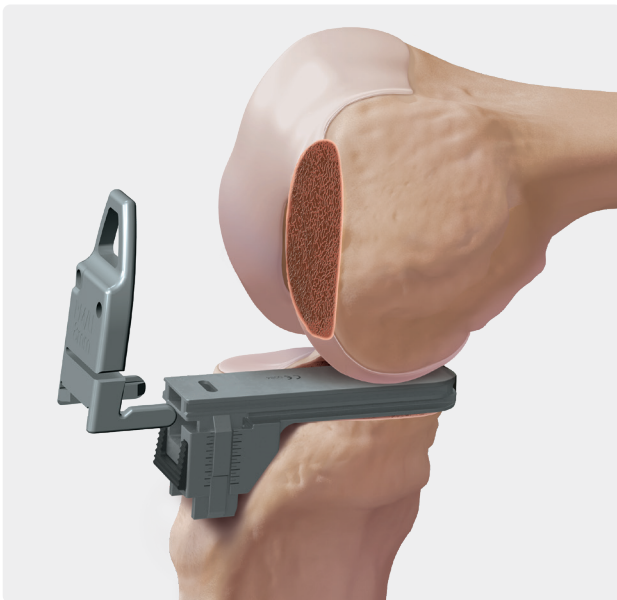
Choose the distal cutting block that will ensure a balanced composite space equal to that of the planned flexion space. Drop the cutting block onto the rails of the spacer block and pin into position.

**Note:** It is important to avoid making the distal femoral cut in significant flexion or hyperextension.

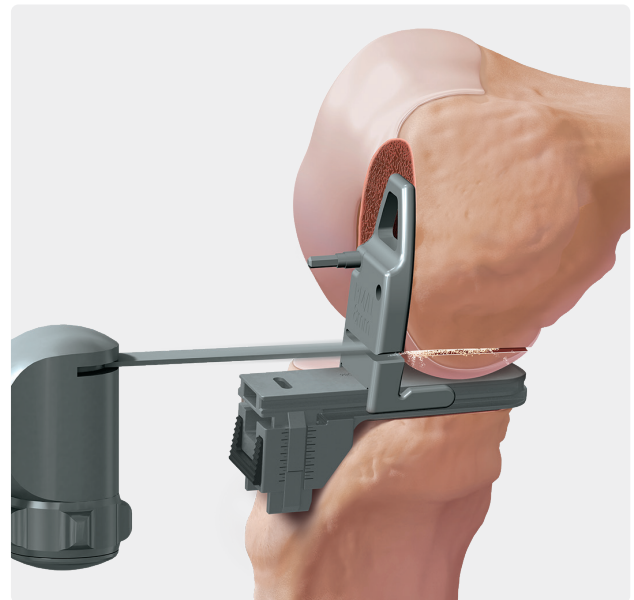
Ensure proper retraction is used to protect the collateral ligament. Perform the distal femoral cut using a 1.27 mm × 13 mm sagittal saw.

**Optional:** Following distal femoral resection, the composite extension space may be checked to ensure proper alignment without overcorrection.

## Posterior Femoral Cut



11a

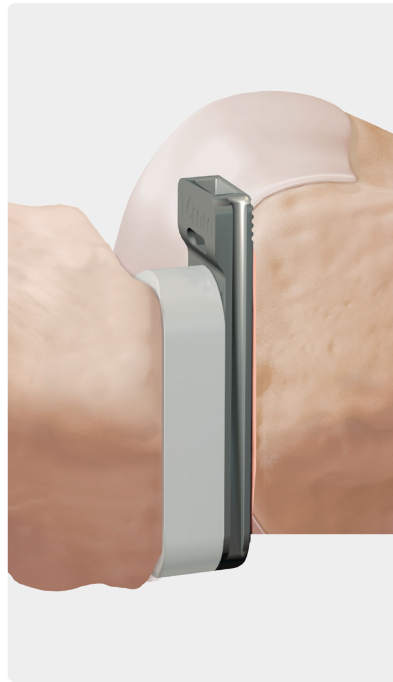
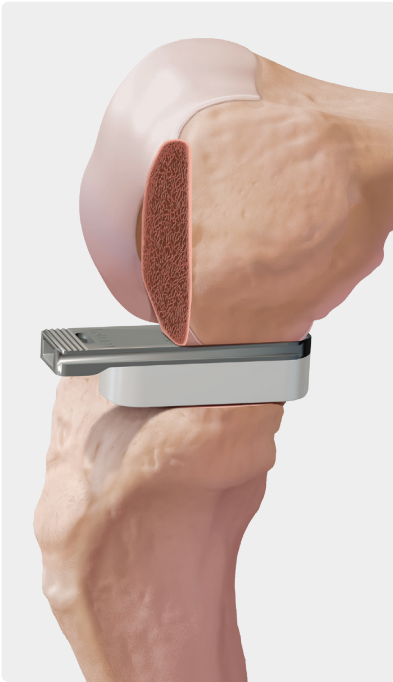


11b

Move the knee back to a flexion position and insert the appropriate spacer block identified earlier. Then choose the posterior cutting block that will ensure a composite flexion space equal to that of the extension space. Insert the cutting block onto the rails of the spacer block. Adjust flexion of the knee so that the posterior cutting block is flush with the distal femur and proximal tibia. Pin into position.

**Note:** Ensure proper retraction is used to protect the collateral ligament. Perform the posterior femoral cut using a 1.27 mm × 13 mm sagittal saw.

## Composite Block Gap Check

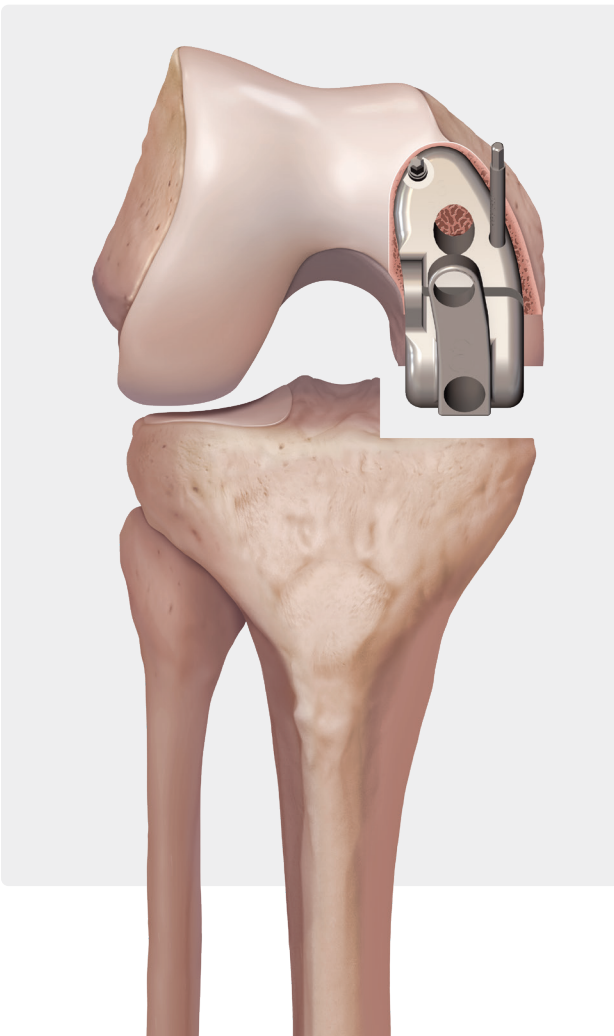


**12**

Once both the distal and posterior femoral cuts have been made, a composite block matching the overall planned composite space can be placed in both the flexion and extension spaces to ensure the gaps are indeed rectangular and the flexion and extension spaces are balanced. **If it is determined the gaps are not balanced, basic principles of gap balancing may be applied:**

- › **Tight in flexion:** resect more posterior femur
- › **Tight in extension:** resect more distal femur
- › **Tight in flexion and extension:** resect more tibia

## Femoral Sizing, Chamfer Cut, and Peg-Hole Preparation



**13**

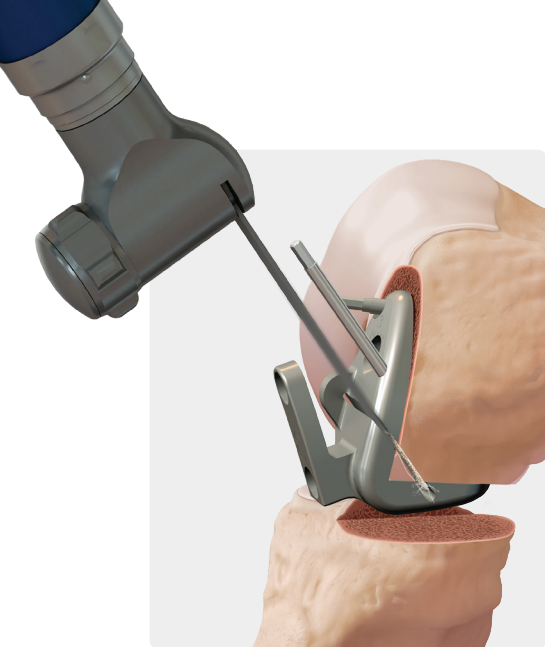
Femoral sizing and final preparation is performed using the chamfer and peg guide.

With the knee in flexion, place the guide on the distal and posterior resections, ensuring the guide is flush with each surface. The profile of each sized guide matches the profile of the corresponding femoral implant.

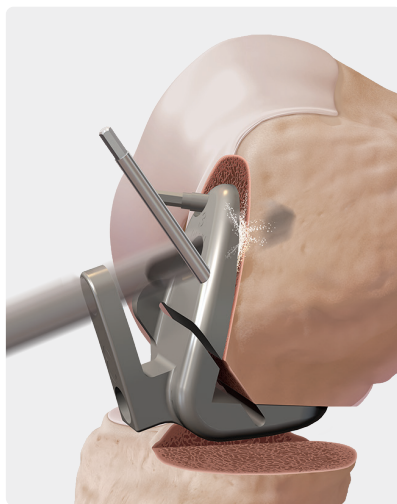
For a medial UKA, align the lateral aspect of the guide flush with the lateral aspect of the medial condyle. When properly sized, there should be a rim of 1-2 mm of exposed bone on the anterior and medial aspect of the distal resection. No overhang should be present.

Sizing for a lateral UKA is reversed. Align the medial aspect of the lateral condyle and size appropriately.

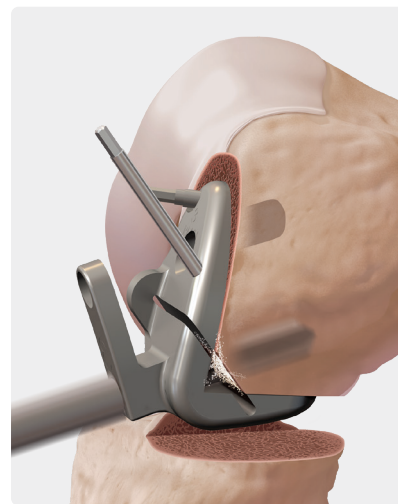
Once the guide is determined to be properly oriented, pin the guide in place.



14a



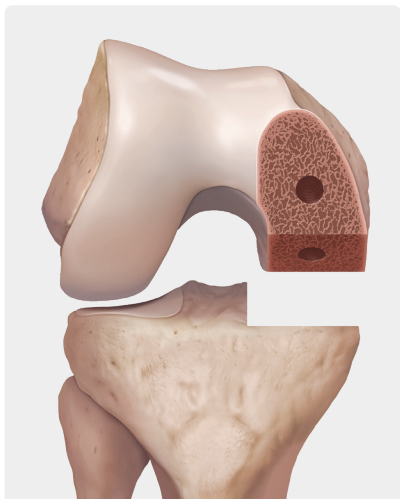
14b



14c

Ensure proper retraction is used to protect the collateral ligament. Perform the chamfer cut using a 1.27 mm × 13 mm sagittal saw. Create the anterior and posterior lug holes using the femoral step drill.

## Tibial Reduction



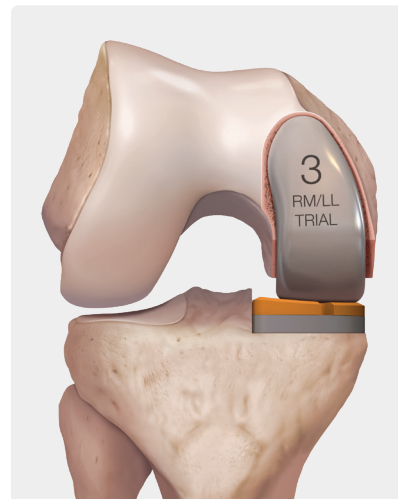
15a

Once the tibial and femoral cuts have been made, use the D-ring tibial trials, tibial bearing trials, and femoral component trials to assess the fit and position of the implants and the proper tensioning of the compartment.



15b

In extension, the joint should be stable but not excessively tight as this can cause the contralateral compartment to be overstressed. The correct tibial bearing thickness should allow the joint space to open up 1-2 mm under varus/valgus stress.

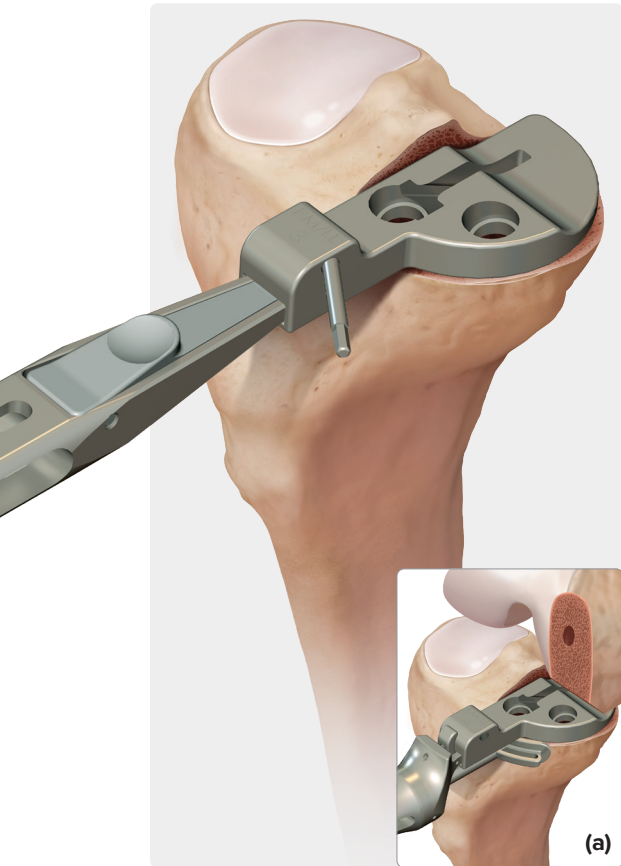


16

In flexion, the joint space should also open up 1-2 mm under stress. Another indicator of excess tightness in flexion is if the tibial bearing trial lifts up anteriorly during flexion.

**Note:** If it is determined the gaps are not equal or sufficient, refer to step 12.

## Tibial Sizing and Preparation



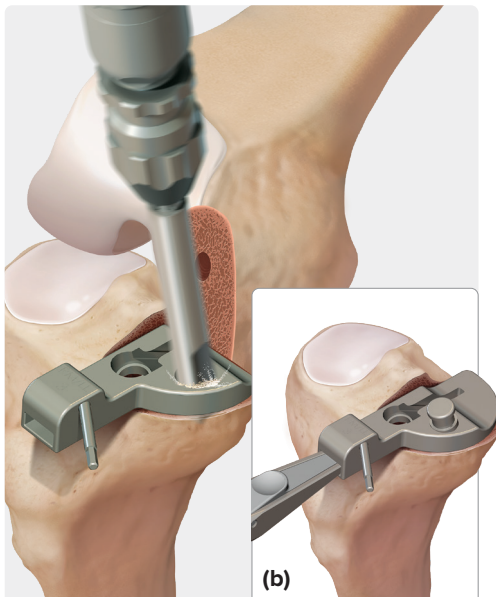
17

Tibial sizing and preparation is performed using the keel punch and peg guide.

Choose the tibial sizing and finishing guide that matches the tibial trial used in the previous step. With the knee in flexion, place the guide on the proximal tibial resection. The profile of each sized guide matches the profile of the corresponding tibial implant. Size the tibia independent of the prepared femoral size and ensure the exposed tibial bone is well covered without overhang.

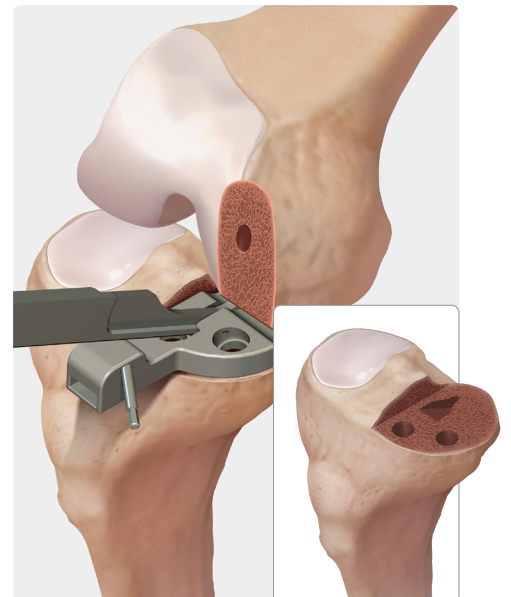
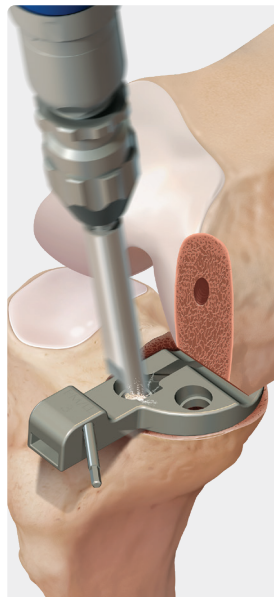
**Optional:** The vertical wall may be slightly lateralized (in a medial UKA) in order to use a larger component size, if desired, by using the provided dilating box rasp. Using this rasp also eases insertion of the poly-bearing component.

- > There are multiple methods of primary and secondary fixation of the tibial preparation guide.
- > Provisional fixation can be achieved through spikes on the bottom of the tibial preparation guide.
- > Primary fixation can be achieved by inserting a cross pin to fixate the device.
- > Secondary fixation can be achieved either by **(a)** removing the quick-connect handle and replacing it with the anterior stabilization buttress or **(b)** using a lug stabilizer after the outermost lug is initially drilled prior to other preparation steps.



18

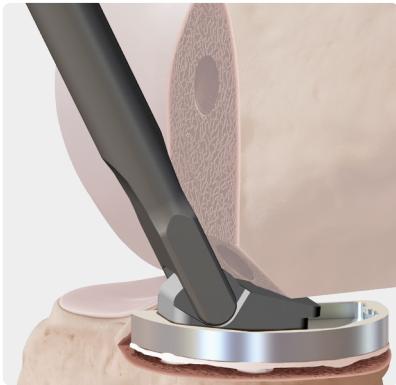
Use the tibial peg step drill to create the 2 tibial peg holes. The drill bit can be removed in the medial hole to add support or a secondary fixation option **(a)** or **(b)** may be used.



19

Insert the keel punch into the designated slot on the tibial guide. Mallet the keel punch down into the tibial plateau until it stops. The keel punch should be impacted until the tip is flush with the guide.

## Implantation



### Tibial Component

The tibial component is implanted first. Apply cement to the backside of the component and the prepared tibial bone in the conventional technique. Manually place the tibial tray component onto the prepared tibia. Insert the keel of the tibial tray component into the prepared slot in the tibia, keeping the tibial tray parallel to the tibial resection and pushing the component from anterior to posterior and down into the prepared tibial surface at an angle of approximately 30°. Finish seating the tibial tray component using the tibial tray impactor. Remove excess cement from around the component using the cement removal tool.

**Optional:** Time permitting, insertion of a provisional tibial bearing prior to femoral component insertion can be beneficial to ensure ease of insertion of the final polyethylene implant.



### Femoral Component

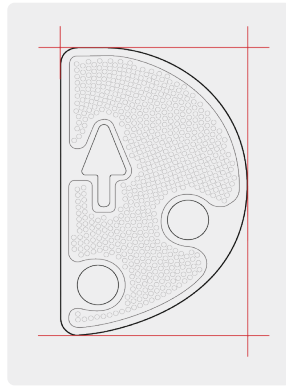
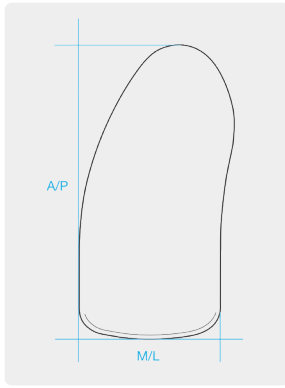
The femoral component is implanted with the leg in deep flexion. Apply cement to the backside of the component and the prepared tibial bone in the conventional technique. Manually finish seating the femoral component using the femoral impactor. Remove excess cement from around the component using the cement removal tool.



### Tibial Component

Determine the final thickness of the tibial bearing component by using a tibial bearing trial placed in the definitive tibial tray component. As described in the “Trial Reduction” section, the correct tibial bearing thickness should allow the joint space to open up 1-2 mm under varus/valgus stress (in both flexion and extension). Place a tibial insert trial into the tibial component, and then reduce the knee and bring it into full extension while the bone cement cures. Insert the tibial bearing implant after the cement has fully cured. Remove the tibial bearing trial using the tibial bearing trial puller instrument. Insert the final tibial bearing component into the tibial tray component anteriorly with the articulating surface facing the femoral component. Slide the tibial bearing component posteriorly until the posterior slot on the bearing engages the posterior lip on the tibial tray. Push the anterior edge of the tibial bearing down into the tibial tray component using thumb pressure until it snaps into place.

**Note:** There is a 5° clearance built into the tibial bearing to allow for ease of insertion. It is normal for there to be a small gap at the anterior aspect in between the tibial bearing and the tibial tray once the bearing is fully seated.



#### Femoral Components Sizing

	M/L	A/P
<b>Size 1</b>	19 mm	42 mm
<b>Size 2</b>	21 mm	45 mm
<b>Size 3</b>	22.75 mm	47 mm
<b>Size 4</b>	24.25 mm	50 mm
<b>Size 5</b>	25.5 mm	52 mm
<b>Size 6</b>	26.5 mm	54 mm

#### Tibial Component Sizing

	M/L	A/P
<b>Size 1</b>	24 mm	42 mm
<b>Size 2</b>	26 mm	45 mm
<b>Size 3</b>	28 mm	48.5 mm
<b>Size 4</b>	30 mm	51.5 mm
<b>Size 5</b>	32 mm	54.5 mm
<b>Size 6</b>	34 mm	58 mm

## Ordering Information

### Femoral Components

Femoral Components, size 1-6, LM	AR-501-UFLA – LF
Femoral Components, size 1-6, RM	AR-501-UFRA – RF

### Tibial Components

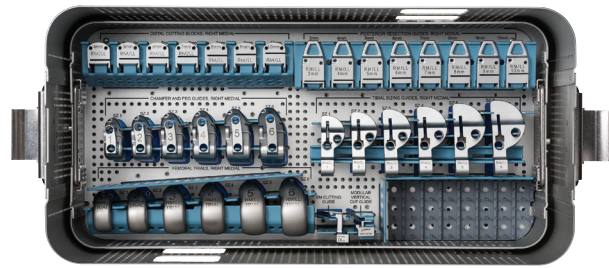
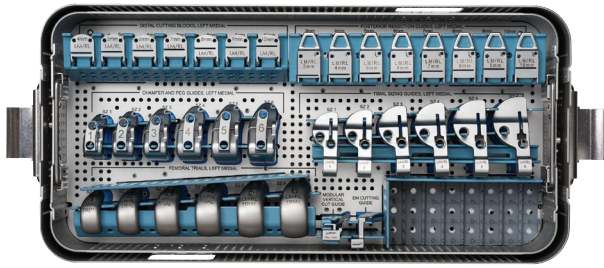
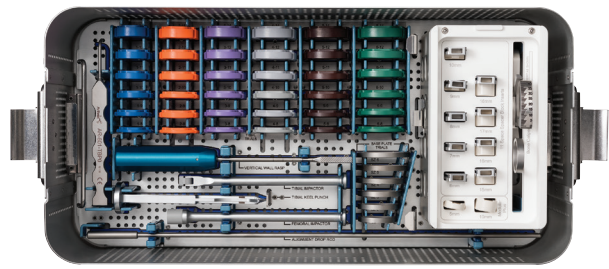
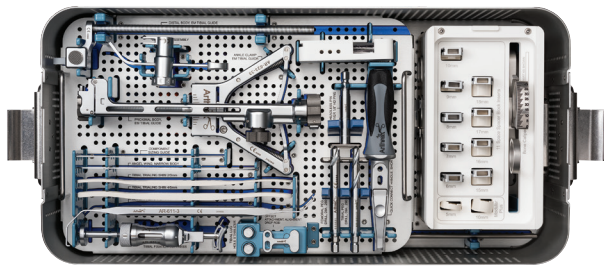
Tibial Tray Components, size 1-6, LM	AR-511-T1L – T6L
Tibial Tray Components, size 1-6, RM	AR-511-T1R – T6R

### Polyethylene Components, Vitamin E

Tibial Bearing, size 1, 8 mm, Vit-E	AR-521-TBA8
Tibial Bearing, size 1, 9 mm, Vit-E	AR-521-TBA9
Tibial Bearing, size 1, 10 mm, Vit-E	AR-521-TBA0
Tibial Bearing, size 1, 11 mm, Vit-E	AR-521-TBA1
Tibial Bearing, size 2, 8 mm, Vit-E	AR-521-TBB8
Tibial Bearing, size 2, 9 mm, Vit-E	AR-521-TBB9
Tibial Bearing, size 2, 10 mm, Vit-E	AR-521-TBB0
Tibial Bearing, size 2, 11 mm, Vit-E	AR-521-TBB1
Tibial Bearing, size 3, 8 mm, Vit-E	AR-521-TBC8
Tibial Bearing, size 3, 9 mm, Vit-E	AR-521-TBC9
Tibial Bearing, size 3, 10 mm, Vit-E	AR-521-TBC0
Tibial Bearing, size 3, 11 mm, Vit-E	AR-521-TBC1
Tibial Bearing, size 4, 8 mm, Vit-E	AR-521-TBD8
Tibial Bearing, size 4, 9 mm, Vit-E	AR-521-TBD9
Tibial Bearing, size 4, 10 mm, Vit-E	AR-521-TBD0
Tibial Bearing, size 4, 11 mm, Vit-E	AR-521-TBD1
Tibial Bearing, size 5, 8 mm, Vit-E	AR-521-TBE8
Tibial Bearing, size 5, 9 mm, Vit-E	AR-521-TBE9
Tibial Bearing, size 5, 10 mm, Vit-E	AR-521-TBE0
Tibial Bearing, size 5, 11 mm, Vit-E	AR-521-TBE1
Tibial Bearing, size 6, 8 mm, Vit-E	AR-521-TBF8
Tibial Bearing, size 6, 9 mm, Vit-E	AR-521-TBF9
Tibial Bearing, size 6, 10 mm, Vit-E	AR-521-TBF0
Tibial Bearing, size 6, 11 mm, Vit-E	AR-521-TBF1

### Polyethylene Components

Tibial Bearing, size 1, 12 mm	AR-501-TBA2
Tibial Bearing, size 1, 14 mm	AR-501-TBA4
Tibial Bearing, size 2, 12 mm	AR-501-TBB2
Tibial Bearing, size 2, 14 mm	AR-501-TBB4
Tibial Bearing, size 3, 12 mm	AR-501-TBC2
Tibial Bearing, size 3, 14 mm	AR-501-TBC4
Tibial Bearing, size 4, 12 mm	AR-501-TBD2
Tibial Bearing, size 4, 14 mm	AR-501-TBD4
Tibial Bearing, size 5, 12 mm	AR-501-TBE2
Tibial Bearing, size 5, 14 mm	AR-501-TBE4
Tibial Bearing, size 6, 12 mm	AR-501-TBF2
Tibial Bearing, size 6, 14 mm	AR-501-TBF4



#### UKA Instrumentation Set (AR-611-S)

iBalance® UKA General Prep Case	AR-611-C1
EM Tibial Guide, proximal body	AR-623-30
EM Tibial Guide, short distal body	AR-623-31
EM Tibial Guide Ankle Clamp	AR-623-33
Alignment Drop Rod Offset Attachment	AR-611-1
Alignment Drop Rod w/ Sleeve	AR-611-2
Cement Removal Tool	AR-611-3
iBalance UKA Tibial Impactor	AR-611-4
iBalance UKA Femoral Impactor	AR-611-6
Quick-Connect Handle, short	AR-611-8
iBalance UKA Tibial Keel Punch	AR-611-9
iBalance UKA Tibial Peg Drill, $\phi$ 0.290 mm	AR-611-10
iBalance UKA Femoral Peg Drill, $\phi$ 0.260 mm	AR-611-11
iBalance UKA Tibial Lug Hole Stabilizer	AR-611-12
iBalance UKA Component Sizing Guide	AR-611-14
Headed Threaded Pin, short	AR-611-15
Pin Caddy	AR-611-16
UKA Tibial Stylus, adjustable	AR-611-17
iBalance TKA Trocar Pin, smooth	AR-613-50
iBalance UKA Bone Caliper	AR-602-48
Meniscal Allograft Dilating Rasp, slot	AR-2963BR
iBalance UKA Headless Pin Driver	AR-613-91
Alignment Drop Rod	AR-601-AR00
Angel Wing, narrow body	AR-623-76
iBalance UKA Spacer Block Caddy, adjustable	AR-611-C5
Adjustable Spacer Block	AR-611-20
Lamina Spreader	AR-1340T
iBalance UKA Spacer Blocks, 15-18 mm	AR-611-SB15 – SB18
iBalance UKA Tibial Bearing Trial, size 1, 10 mm	AR-601-TBA0

iBalance UKA Tibial Bearing Trial, size 1, 11 mm	AR-601-TBA1
iBalance UKA Tibial Bearing Trial, size 1, 12 mm	AR-601-TBA2
iBalance UKA Tibial Bearing Trial, size 1, 14 mm	AR-601-TBA4
iBalance UKA Tibial Bearing Trial, size 1, 8 mm	AR-601-TBA8
iBalance UKA Tibial Bearing Trial, size 1, 9 mm	AR-601-TBA9
iBalance UKA Tibial Bearing Trial, size 2, 10 mm	AR-601-TBB0
iBalance UKA Tibial Bearing Trial, size 2, 11 mm	AR-601-TBB1
iBalance UKA Tibial Bearing Trial, size 2, 12 mm	AR-601-TBB2
iBalance UKA Tibial Bearing Trial, size 2, 14 mm	AR-601-TBB4
iBalance UKA Tibial Bearing Trial, size 2, 8 mm	AR-601-TBB8
iBalance UKA Tibial Bearing Trial, size 2, 9 mm	AR-601-TBB9
iBalance UKA Tibial Bearing Trial, size 3, 10 mm	AR-601-TBC0
iBalance UKA Tibial Bearing Trial, size 3, 11 mm	AR-601-TBC1
iBalance UKA Tibial Bearing Trial, size 3, 12 mm	AR-601-TBC2
iBalance UKA Tibial Bearing Trial, size 3, 14 mm	AR-601-TBC4
iBalance UKA Tibial Bearing Trial, size 3, 8 mm	AR-601-TBC8
iBalance UKA Tibial Bearing Trial, size 3, 9 mm	AR-601-TBC9
iBalance UKA Tibial Bearing Trial, size 4, 10 mm	AR-601-TBD0
iBalance UKA Tibial Bearing Trial, size 4, 11 mm	AR-601-TBD1
iBalance UKA Tibial Bearing Trial, size 4, 12 mm	AR-601-TBD2
iBalance UKA Tibial Bearing Trial, size 4, 14 mm	AR-601-TBD4
iBalance UKA Tibial Bearing Trial, size 4, 8 mm	AR-601-TBD8
iBalance UKA Tibial Bearing Trial, size 4, 9 mm	AR-601-TBD9
iBalance UKA Tibial Bearing Trial, size 5, 10 mm	AR-601-TBE0
iBalance UKA Tibial Bearing Trial, size 5, 11 mm	AR-601-TBE1
iBalance UKA Tibial Bearing Trial, size 5, 12 mm	AR-601-TBE2
iBalance UKA Tibial Bearing Trial, size 5, 14 mm	AR-601-TBE4
iBalance UKA Tibial Bearing Trial, size 5, 8 mm	AR-601-TBE8
iBalance UKA Tibial Bearing Trial, size 5, 9 mm	AR-601-TBE9

iBalance® UKA Tibial Bearing Trial, size 6, 10 mm	AR-601-TBF0
iBalance UKA Tibial Bearing Trial, size 6, 11 mm	AR-601-TBF1
iBalance UKA Tibial Bearing Trial, size 6, 12 mm	AR-601-TBF2
iBalance UKA Tibial Bearing Trial, size 6, 14 mm	AR-601-TBF4
iBalance UKA Tibial Bearing Trial, size 6, 8 mm	AR-601-TBF8
iBalance UKA Tibial Bearing Trial, size 6, 9 mm	AR-601-TBF9
iBalance UKA Tibial Bearing Puller	AR-601-TBP0
iBalance UKA Base Plate Trials, sizes 1-6	AR-601-TBP1 – TBP6
iBalance UKA Side-Specific Shell	AR-611-C2
iBalance UKA Instrument Case, RM/LL	AR-611-C2R
iBalance UKA Femoral Finish Guide, size 1, RM/LL	AR-611-CR1
iBalance UKA Femoral Finish Guide, size 2, RM/LL	AR-611-CR2
iBalance UKA Femoral Finish Guide, size 3, RM/LL	AR-611-CR3
iBalance UKA Femoral Finish Guide, size 4, RM/LL	AR-611-CR4
iBalance UKA Femoral Finish Guide, size 5, RM/LL	AR-611-CR5
iBalance UKA Femoral Finish Guide, size 6, RM/LL	AR-611-CR6
iBalance UKA Distal Cut Blocks, 4-10 mm, RM/LL	AR-611-DR04 – DR10
iBalance UKA Femoral Trial, size 1, RM/LL	AR-601-FTRA
iBalance UKA Femoral Trial, size 2, RM/LL	AR-601-FTRB
iBalance UKA Femoral Trial, size 3, RM/LL	AR-601-FTRC
iBalance UKA Femoral Trial, size 4, RM/LL	AR-601-FTRD
iBalance UKA Femoral Trial, size 5, RM/LL	AR-601-FTRE
iBalance UKA Femoral Trial, size 6, RM/LL	AR-601-FTRF
iBalance UKA Posterior Cut Blocks, 3-10 mm, RM/LL	AR-611-PR03 – PR10
iBalance UKA Finish Guide, size 1, RM/LL	AR-611-TR1
iBalance UKA Tibial Finish Guide, size 2, RM/LL	AR-611-TR2
iBalance UKA Tibial Finish Guide, size 3, RM/LL	AR-611-TR3
iBalance UKA Tibial Finish Guide, size 4, RM/LL	AR-611-TR4
iBalance UKA Tibial Finish Guide, size 5, RM/LL	AR-611-TR5

iBalance UKA Tibial Finish Guide, size 6, RM/LL	AR-611-TR6
iBalance UKA Tibial Cut Guide, right	AR-611-TRRM
iBalance UKA Vertical Cut Guide, right	AR-611-TRLV
iBalance UKA LM/RL Instrument Case	AR-611-C2L
iBalance UKA Femoral Finish Guide, size 1, LM/RL	AR-611-CL1
iBalance UKA Femoral Finish Guide, size 2, LM/RL	AR-611-CL2
iBalance UKA Femoral Finish Guide, size 3, LM/RL	AR-611-CL3
iBalance UKA Femoral Finish Guide, size 4, LM/RL	AR-611-CL4
iBalance UKA Femoral Finish Guide, size 5, LM/RL	AR-611-CL5
iBalance UKA Femoral Finish Guide, size 6, LM/RL	AR-611-CL6
iBalance UKA Distal Cut Blocks, 4-10 mm, LM/RL	AR-611-DL04 – DL10
iBalance UKA Femoral Trial, size 1, LM/RL	AR-601-FTLA
iBalance UKA Femoral Trial, size 2, LM/RL	AR-601-FTLB
iBalance UKA Femoral Trial, size 3, LM/RL	AR-601-FTLC
iBalance UKA Femoral Trial, size 4, LM/RL	AR-601-FTLD
iBalance UKA Femoral Trial, size 5, LM/RL	AR-601-FTLE
iBalance UKA Femoral Trial, size 6, LM/RL	AR-601-FTLF
iBalance UKA Posterior Cut Blocks, 3-10 mm, LM/RL	AR-611-PL03 – PL10
iBalance UKA Tibial Finish Guide, size 1, LM/RL	AR-611-TL1
iBalance UKA Tibial Finish Guide, size 2, LM/RL	AR-611-TL2
iBalance UKA Tibial Finish Guide, size 3, LM/RL	AR-611-TL3
iBalance UKA Tibial Finish Guide, size 4, LM/RL	AR-611-TL4
iBalance UKA Tibial Finish Guide, size 5, LM/RL	AR-611-TL5
iBalance UKA Tibial Finish Guide, size 6, LM/RL	AR-611-TL6
iBalance UKA Tibial Cut Guide, left	AR-611-TRLM
iBalance UKA Vertical Cut Guide, left	AR-611-TRLV

### Optional Spacer Block Organization (AR-611-SC1 and AR-611-SC2)

Product Description	Item Number	AR-611-SC1	AR-611-SC2
iBalance® UKA Space Block Caddy, 11-space	AR-611-C3	✓	
iBalance UKA Space Block Caddy, 12-space	AR-611-C4		✓
iBalance UKA Spacer Block, 6 mm	AR-611-SB06	✓	
iBalance UKA Spacer Block, 7 mm	AR-611-SB07	✓	
iBalance UKA Spacer Block, 8 mm	AR-611-SB08	✓	✓
iBalance UKA Spacer Block, 9 mm	AR-611-SB09	✓	✓
iBalance UKA Spacer Block, 10 mm	AR-611-SB10	✓	✓
iBalance UKA Spacer Block, 11 mm	AR-611-SB11		✓
iBalance UKA Spacer Block, 12 mm	AR-611-SB12		✓
iBalance UKA Spacer Block, 14 mm	AR-611-SB14		✓
iBalance UKA Spacer Block, 15 mm	AR-611-SB15	✓	✓
iBalance UKA Spacer Block, 16 mm	AR-611-SB16	✓	✓
iBalance UKA Spacer Block, 17 mm	AR-611-SB17	✓	✓
iBalance UKA Spacer Block, 18 mm	AR-611-SB18	✓	✓
iBalance UKA Spacer Block, 19 mm	AR-611-SB19		✓
iBalance UKA Spacer Block, 21 mm	AR-611-SB21		✓

### Optional Instruments

Disposable Tibial Cutting Guide Left	AR-621-TL2
Disposable Tibial Cutting Guide Right	AR-621-TR2
iBalance UKA Tibial Fixation Buttress	AR-611-5
iBalance UKA Tibial Trialing Shim, 2/3 mm	AR-611-7
iBalance UKA Tibia Trialing Shim, 4/5 mm	AR-611-13
iBalance UKA Femoral Peg Drill, ø 0.312 mm	AR-601-FPDO
iBalance UKA Tibial Peg Drill, ø 0.312 mm	AR-601-TPDO
iBalance UKA Tibial Trial Handle	AR-611-18
EM Tibial Guide, long distal body	AR-623-32
Delta Scale Attachment	AR-611-21

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



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.



Arthrex manufacturer, authorized representative, and importer information (Arthrex eIFUs)



US patent information