Surgical Tips and Tricks
ZUK®, JOURNEY® UNI, JOURNEY II UNI, and JZ UNI Implant Systems

Disclaimer:
ZUK and JZ UNI Implant Systems are only available in the US.

VISIONAIRE UNI Bone Models

Non-sterile VISIONAIRE UNI bone models may be used for surgeon evaluation of anatomic guide positioning preoperatively (Figure 1). Intraoperatively, VISIONAIRE UNI bone models may assist in confirming anatomic guide position, when sterilized. Bone models are optional upon case creation. Bone models are highly recommended. The crosshatching on the bone models represents the registration area for the cutting guides.

Exposure

Perform a standard unicompartamental knee incision. Remove at least the anterior half of the medial meniscus and expose the anterior portion of the medial plateau. Any remaining meniscus will be removed after the tibia bone resection. Remove any soft tissue that may prevent good exposure and optimal femoral or tibia guide placement.

Note: The VISIONAIRE UNI cutting guides are MRI based. The guides are designed to register on the osteophytes. Therefore, do not remove the osteophytes.

Tibia Preparation

1. Dry the tibia plateau prior to placing the VISIONAIRE UNI tibia guide onto the bone.
2. Externally rotating the tibia will expose more of the proximal surface and reduce any interference with the femur.
3. Verify the fit of the guide on the tibia. Apply pressure on top of the guide to hold it in position. Verify contact with bone through the windows (Figure 2) and around the contact surface of the guide.
4. Once the optimal position for the VISIONAIRE UNI tibia guide has been located, insert the fixation pins. The optimal pin placement order goes as follows:
   a. Place a headless pin through the sagittal hole (Figure 3a).
   b. Insert a 45mm rimmed pin through the center hole (Figure 3b).
   c. Insert a 45mm rimmed pin through the medial hole to complete the guide fixation (Figure 3c).

5. When inserting the headed pins reduce speed prior to fully seating the pins to avoid torqueing the guide. Verify the guide did not move during pin insertion.
   a. It is recommended that one person holds the guide in place to ensure the least amount of movement while a second person drills.
   b. Use caution when inserting the pin to avoid exiting the bone posteriorly.

6. Prior to making tibia resections, mark the saw depth resection measurements on sawblades found on surgical plan to avoid under or over resecting.

7. It is recommended that one person holds the tibia guide down with an instrument such as an osteotome to avoid skiving while a second person makes the resection through the captured cutting slots.
   a. Make proximal resection (Figure 4a) prior to sagittal resection (Figure 4b) to avoid guide movement.

   **Surgical Tip:**
   If required after guide removal, complete the proximal cut by hand to ensure complete removal of tibia plateau.

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**Femur Preparation**

1. Dry the femoral condyle prior to placing the VISIONAIRE UNI femur guide onto the bone.

2. Verify the fit of the guide on the femur. Verify contact with bone through the windows (Figure 5) and around the contact surface of the guide. The guide is intended to sit more anterior on the distal condyle.
3. Once the optimal position for the VISIONAIRE UNI femur guide has been located, insert the fixation pins and drill the rotation hole. The optimal pin placement and drill order goes as follows:
   a. Insert a headed pin through the medial proximal hole (Figure 6a).
   b. Drill the distal rotation pin (Figure 6c).
      i. Drilling the rotation pin hole prior to inserting the lateral fixation pin will avoid colliding with the lateral pin.
   c. Insert a headed pin through the lateral proximal hole to complete the guide fixation (Figure 6b).

4. When inserting the headed pins reduce speed prior to fully seating the pins to avoid torquing the guide. Verify the guide did not move during pin insertion.
   a. It is recommended that one person holds the guide in place to ensure the least amount of movement while a second person drills.

5. Prior to making tibia resections, mark the saw depth resection measurements on sawblades found on surgical plan.

6. It is recommended that one person holds the femur guide down with an instrument such as an osteotome to ensure the guide position doesn’t move while a second person makes the resection through the captured cutting slot.

**Surgical Tip:**
If required after guide removal, complete the distal cut to ensure complete distal bone removal.

7. After resection has been made, remove pins, the femur guide, and bony resection. Locate the previously drilled rotation hole and line it up to the appropriately sized femoral finishing guide. The orange highlighted hole matches up to the pre-drilled rotation hole (Figure 8).
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