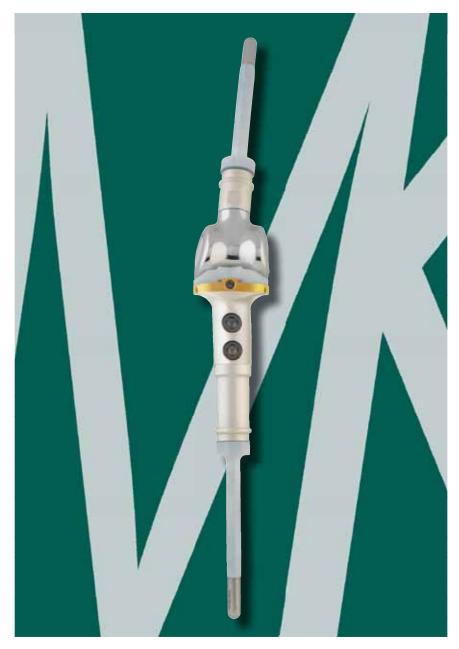
# **MUTARS®**





# Total Knee MK Surgical technique



# Total Knee MK Surgical technique

MUTARS® was developed in co-operation with Prof. Dr. W. Winkelmann\* (former director) and Prof. Dr. G. Gosheger (director), Clinic and Polyclinic for General Orthopedics and Tumororthopedics at the University Hospital of Münster, Germany.

MUTARS® has been in successful clinical use since 1992.

\*now Consultant for Orthopaedic Oncology, Schönklinik Eilbek

# **Table of contents**

Preoperative Planning	5
System Overview	
Compatibility Matrix	
Assembling Options	
Surgical Technique	
Implantats	
Instruments	

**Nota Bene:** The described surgical technique is the suggested treatment for uncomplicated procedures. In the final analysis the preferred treatment is that which addresses the needs of the individual patient.

**Copyright note:** MUTARS®, GenuX®, ACS®, implavit® and implatan® are registered trademarks of implantcast GmbH. The use and copy of the content of this brochure are only allowed with prior permit given by the implantcast GmbH.

CAUTION: Federal law (USA) restricts this device to sale on or by the order of a physician.



# MUTARS® Total Knee MK - the modular tumor system



# characteristics

- full constrained knee system
- Mobile-Bearing and Fixed Bearing PE-inserts
- up to 20° rotation (Mobile-Bearing)
- cemented and cementless
- 2 femoral length
- 1 tibial sizes





# **Preoperative Planning**

Preoperative planning and precise surgical techniques are mandatory for optimal results. The instructions and the procedure given in the surgical technique to the system must be adhered to. Familiarity with the recommended surgical technique and its careful application is essential to achieve the best possible outcome.

Prior to surgery a surgical planning with regard to the dimensions of the prosthetic model and the positioning of the implant components in the bone has to be carried out by the surgeon. For this purpose, x-ray templates are available from implantcast GmbH.

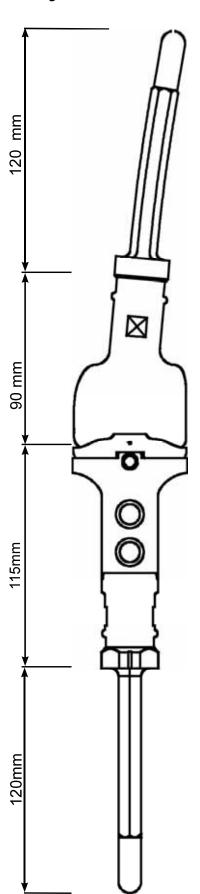


Figure A: MUTARS® Total Knee MK Implant in A/P-View

Figure B: MUTARS® Total Knee MK Implant in M/L-View



# **System Overview**



#### MUTARS® femoral stem

Ø 11-17mm cemented length: 120, 160, 200, 240mm Ø 10-20mm cementless

length:120 mm

#### **MUTARS® Distal Femur M-O-M**

length: 90, 100 mm

#### MUTARS® GenuX® MK PE-Insert

size 2 MB and FB

#### MUTARS® MK Proximal Tibia

#### MUTARS® tibial stem

length: 120mm

Ø 11-15mm cemented



# **Compatibility Matrix**



**Distal Femur** 90 mm 110 mm











# Assembling Options (Length in mm)

	Components				
femoral reconstruction length	distal femur	connecting part	extension piece	screw	
100 mm	90	-	-	25	
120 mm	110	-	-	45	
140 mm	90	-	40	65	
160 mm	110	-	40	85	
180 mm	110	-	60	105	
200 mm	110	-	80	125	
220 mm	110	100	-	45+25	
240 mm	110	-	80+40	165	
260 mm	110	100	40	45+65	
280 mm	110	100	60	45+85	
300 mm	110	100	80	45+105	
320 mm	110	100	60+40	45+125	

	Components			
tibial reconstruction length	prox. tibia MK	connecting part for prox. tibia	extension piece	screw
115 mm	х	105	-	25
135 mm	Х	125	-	45
155 mm	х	105	40	65
175 mm	Х	105	60	85
195 mm	Х	105	80	105
215 mm	Х	125	80	125
235 mm	Х	125	40 + 60	145

Note: Please notice that the amount of implants and instruments send with an individual shipment may differ from the information in the catalogue information of this brochure. Please make sure, during the preoperatively planning, that all necessary implants and instruments are available for the surgery.



#### Distal femoral resection

Resect the tumour and measure the length of the explant.

The minimum bone resection should be 120mm (or 100 mm if the special Distal Femur 90 mm is used, available on demand). Remove the menisci.

# **Femoral preparation**

#### **Cemented fixation**

Ream the femoral medullary cavity preferably up to a depth of 130 mm with a flexible reamer 2 mm larger than the preoperatively chosen femoral stem.



Ream the femoral medullary cavity preferably up to a depth of 130 mm with a flexible reamer that is 1,5 mm smaller than the preoperatively chosen femoral stem.

# Chamfering of the medullary cavity

Prepare the femoral medullary cavity with the medullary cavity reamer cross-hole inside of the medullary cavity chamfer.

#### **Note**

If no flexible reamer in the clinic to be present, they are available on request!







# Rasping of the femoral cavity Cemented Implantation

Assemble the femur rasp of the appropriate size (see tables below), the sleeve and the slide hammer. Lock the rasp on the slide hammer by using the engineers' wrench.

Mark the anterior aspect of the femoral bone to meet the correct antecurvation of the femur

#### **Note**

If you want to prepare for a cemented stem with the femoral rasp, please use the rasp which is 2 mm larger than the preoperatively chosen cemented femoral stem.

That will provide a cement mantle of 1 mm thickness.

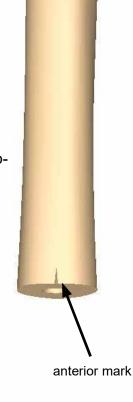
Stem size	Rasp size
11 mm	13 mm
13 mm	15 mm
15 mm	17 mm
17 mm	19 mm

# **Cementless Implantation**

Use of cementless stems

Use the femur rasp, of the same size as the preoperatively chosen femoral stem.

Stem size	Rasp size
12 mm	12 mm
13 mm	13 mm
14 mm	14 mm
15 mm	15 mm
16 mm	16 mm
17 mm	17 mm
18 mm	18 mm
19 mm	19 mm
20 mm	20 mm







It is recommended to clean the rasp of bone chips during the rasping.

Leave the femoral rasp in the bone for the trialing.



### **Tibial resection**

Resect the tumour and measure the length of the explant. The minimum bone resection should be 115mm. Remove the menisci.

# **Tibial bone preparation**

Use the medullary cavity reamer cross-hole to prepare the tibial bone.

## **Cemented fixation**

Ream the tibial medullary cavity preferably up to a depth of 130 mm with a rigid reamer 2 mm larger than the size of the tibial stem.

# **Cementless fixation**

Ream the femoral medullary cavity preferably up to a depth of 130 mm with a flexible reamer that is 1,5 mm smaller than the preoperatively chosen femoral stem.



# **Note**

The use of a tibial rasp for a cemented stem is optional. Generally you can proceed with the trial reduction.



# **Cemented preparation**

If you want to prepare for a cemented stem with the tibial rasp, please use the rasp which is 2 mm larger than the preoperatively chosen cemented tibial stem.

That will provide a cement mantle of 1 mm thickness. Use the 16mm rasp to prepare for the 15 mm stem.

Stem size	Rasp size
11mm	13mm
13mm	15mm
15mm	16mm

# **Cementless preparation**

Choose the tibial rasp of the preoperatively planned size.

Assemble the tibial rasp of the appropriated size (see table below), the sleeve and the slide hammer. Lock the rasp on the slide hammer by using the engineers' wrench.

Stem size	Rasp Size
12mm	12mm
13mm	13mm
14mm	14mm
15mm	15mm
16mm	16mm





Although the tibial stem is not curved it is recommended to mark the anterior aspect of the tibial bone to assure that the rotation of the final stem is corresponding to the rotation of the rasp.

Rasp the medullary cavity with the chosen tibial rasp. A carefully use of the slap hammer is recommended.

To prevent fractures of the cortical bone it is helpful to fix a bone forceps around the tibial bone while rasping.

### **Note**

It is recommended to clean the rasp of bone chips during the rasping.

Leave the tibial rasp in the bone for the trialing.







# **Trial reduction**

Mount the trial Distal Femur and the possibly needed extension pieces (possible enlargement from 20 to 260 mm; see table page 8) to the top of the rasp.

# **Note**

Please insert the cemented stem (without cement) or the trial stem for trialing purposes.

At that stage the use of a screw is optional, because the teeth mechanism gives the assembly a reasonable stability.



Insert the trial-Insert size 2 (MB or FB) in the trial Proximal Tibia MK.





Attach the trial connecting part for the Proximal Tibia (length: 105 mm or 125 mm) to the tibial rasp.

#### **Note**

Connect the trial Proximal Tibia MK and the connecting part. At that stage a bar screw is not needed, because the teeth mechanism provides reasonable stability.

Perform a trial reduction and check the joint stability and the rotational alignment.

Adjust the rotation if necessary. If the joint line could not be restored correctly, it might be necessary to change the length of the tibial reconstruction by a change of the connecting part, or adding of an extension piece in conjunction with an enlarged tibial bone resection.

If the correct position of the joint, the optimal reconstruction length as well as the stability and the rotational alignment is achieved, please remove all implant components.

Remove the tibial rasp, but consider the rotational alignment marks. Leave the Proximal Tibia and the PE-Insert combined.





Use the instrument for the locking mechanism to insert the GenuX<sup>®</sup> MK trial coupling into the femoral trial component.

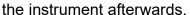
The trial coupling and the instrument for the locking mechanism are assembled as shown 1. Turn the coupling in a way that it falls into the sleeve of the instrument 2.

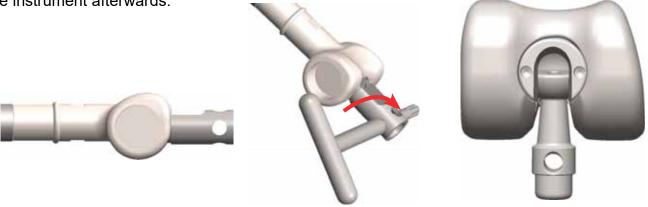




Afterwards insert the coupling into the femoral box with the knee in flexion. For fixation turn the coupling via the instrument by 90° clockwise.

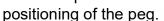
The coupling is positioned correct, when the peg falls out of the sleeve of the instrument. Remove



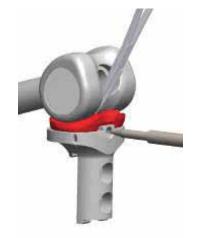


Place the peg of the coupling in the opening of the tibial trial component in a way that the hole is directed towards anterior. Use the setting instrument for the locking mechanism or the assembling forceps as aid in positioning.

Insert the positioner from ventral into the hole of the tibial trial component to ensure the correct









Lock the coupling from ventral with the trial screw for coupling and the hex screwdriver 3.5mm.



Assamble the trial Proximal Tibia MK to the trial connecting part for proximal tibia by using the socket wrench and check the joint stability in flexion and extension.

Afterwards remove all trial components.



# Implantation of the tibial / femoral stem

Impact the MUTARS® stem.

For a cemented implantation, insert the bone cement and use the cemented stem which is 2 mm smaller than the previously used reamer or rasp.

Remove all instruments, especially during the cement hardening to prevent bending moments.

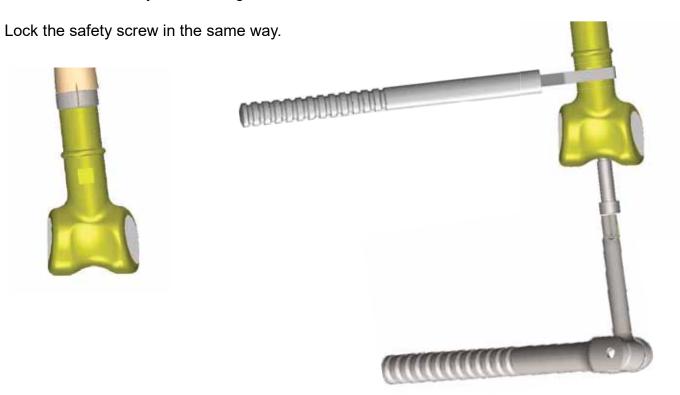




# Implantation of the femoral component

Combine the Distal Femur and possibly needed extension pieces with the femoral stem. Make sure that the correct rotation of the distal femur is achieved. Insert the bar screw of the correct length (see table on page 8).

Lock the bar screw with the MUTARS® swing wrench. Secure the assembly with the engineers' wrench.





Use the instrument for the locking mechanism to insert the GenuX® MK coupling into the femoral compoent. The coupling and the instrument are assembled as shown 1. Turn the coupling and the instrument in a way that the coupling falls into the sleeve of the instrument 2.

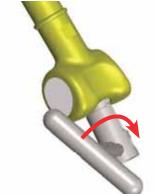




Afterwards insert the coupling into the femoral box with the knee in flexion. For fixation of the coupling turn the coupling by 180° clockwise by use of the positioner as lever. The coupling is positioned correct, when the peg of the coupling falls out of the sleeve of the instrument. Remove the instrument for the locking mechanism afterwards.





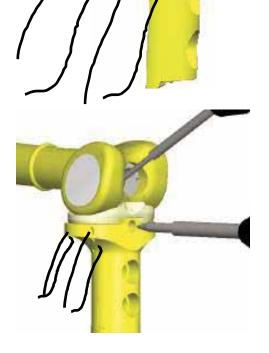


Select the tibial insert of the desired type (Mobile-Bearing or Fixed-Bearing PE-insert) and place it to the tibial component. The size of the PE-insert corresponds to the size of the tibial component.

Place the peg of the coupling in the opening of the Proximale Tibia in a way that the hole is directed towards anterior. Use the setting instrument for the locking mechanism or the assembling forceps as aid in positioning.

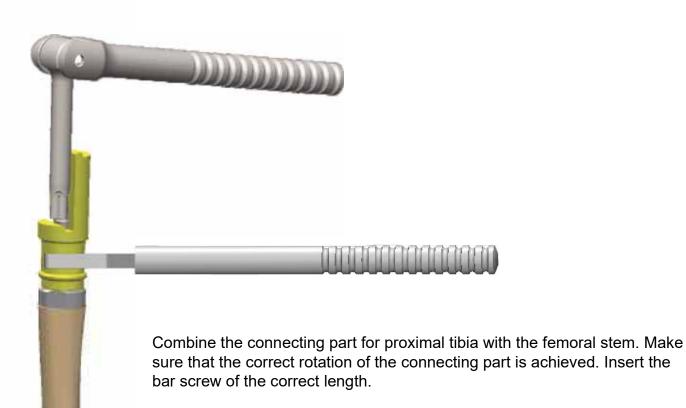
Insert the positioner from ventral into the hole of the Proximal Tibia to ensure the correct positioning of the peg.











Lock the bar screw with the MUTARS® swing wrench. Secure the assembly with the engineers' wrench.

Lock the safety screw in the same way.





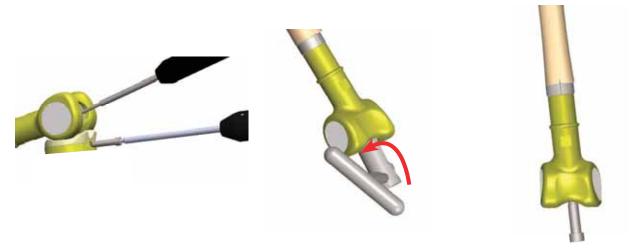
Slide over the attachment tube. The trevira tube should be turned up inward on the end. If necessary cut the tube to the correct length



## **Explantation of the components**

In case of an explantation please unlock the tibial counter screw and the locking screw from ventral first by use of the hex screwdriver 3.5mm.

Use the instrument for the locking mechanism to remove the coupling from the Distal Femur MOM component.



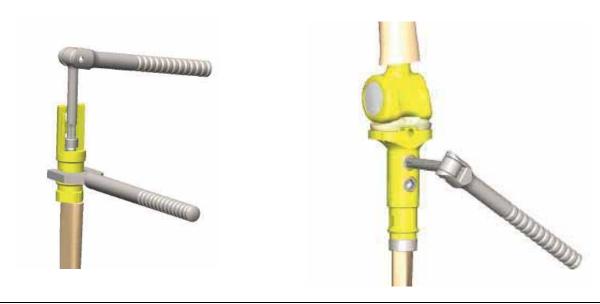
Subsequently the safety screw and the M10 bar screw are removed. The Distal Femur MOM can be easily removed from the stem now.

For the removal of the tibial components, please attach the tibial extractor to the slap hammer and insert it from above into the locking hole of the tibial component. Then lock the extractor with the locking tab of ventral. Subsequently the tibial component can be removed by the use of slap hammer.

Remove the two anterior screws from the proximal tibia by using the soket wrench and remove the proximal tibia.

Further loose the M10 screw by using the socket wrench and while counter with the engineers wrench.

The connecting part for proximal tibia can be easily removed from the stem now.





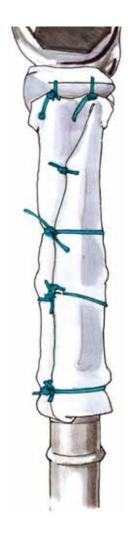
### Fixation on the attachment tube

Please fix the tube to the upper part of the Proximal Tibia by using the previously inserted 4 sutures.

Fold the tube to achieve a very close covering of the components. Insert additional sutures around the attachment pads of the implant components.

To reconstruct the extensor mechanism it is mandatory to perform a gastrocnemius muscle transfer. Release the muscle at its distal insertion. Suture the muscle to the anterior portion of the attachment tube.

Reinsert the extensor structures to the gastrocnemius muscle and the tube to restore a reasonable function of the joint.













# **Implants**

\*S: For anti-infective treatment, silver coated implants are available.

\*N: For anti-allergic treatment, TiN coated implants are available.

\*SN: Implants with Silver and TiN coating!



#### MUTARS® GenuX® MK MB PE Insert

mat.: UHMW-PE acc. to ISO 5834-2

size

**2** 5721-0102

#### MUTARS® GenuX® MK FB PE Insert

mat.: UHMW-PE acc. to ISO 5834-2

size

**2** 5721-0202



#### MUTARS® MK proximal tibia \*S \*SN

mat.:  $implatan^{\circ}$ ;  $TiAl_{b}V_{a}$  acc. to ISO 5832-3

5750-0005



#### MUTARS® connecting part for modular proximal Tibia \*S

mat.: implatan®;  $TiAl_6V_4$  acc. to ISO 5832-3

5750-0105 105 mm 5750-0125 125 mm



#### MUTARS® extension piece \*S

 $mat.: implatan^{\circ}; TiAl_{6}V_{4} \ acc. \ to \ ISO \ 5832-3$ 

5772-2504 40 mm 5772-2506 60 mm 5772-2508 80 mm 5772-2510 100 mm





### MUTARS® connecting part \*S

 $mat.: implatan^{\circ}; TiAl_{\circ}V_{4} \ acc. \ to \ DIN \ ISO \ 5832-3 \ 5730-0100 \ 100 mm$ 



#### MUTARS® GenuX® MK coupling \*N

mat.: implavit®, CoCrMo acc. to ISO 5832-12

5720-1210



#### MUTARS® tibial stem cemented \*N

mat.: implavit®; CoCrMo acc. to ISO 5832-4

5750-0511 11 mm 5750-0513 13 mm 5750-0515 15 mm



#### MUTARS® tibial stem cementless

 $\mathit{mat.: implatan}^{\mathrm{@}}; \mathit{TiAl_6V_4} \mathit{acc. to ISO} \mathit{5832-3} \mathit{ with HA-coating acc. to}$ 

ISO 13779-2

5750-1512 12 mm 5750-1513 13 mm 5750-1514 14 mm 5750-1515 15 mm 5750-1516 16 mm





# MUTARS® tibial stem cemented with TiN-coating and HA-collar

mat.: implavit®; CoCrMo acc. to ISO 5832-4 with TiN and HA coating acc. to ISO 13779-2

5759-1211 11 mm 5759-1213 13 mm 5759-1215 15 mm

#### MUTARS® Distal Femur M-O-M, incl. safety screw \*S \*N \*SN

mat.: implavit\*;CoCrMo acc. to ISO 5832-4

 5720-0045
 110 mm
 left

 5720-0040
 110 mm
 right

 5720-0047
 90 mm
 left

 5720-0042
 90 mm
 right

#### **MUTARS®** screw

mat.: implatan®; TiAl<sub>6</sub>V<sub>4</sub> acc. to ISO 5832-3

M10x 25 mm 5792-1002 5792-1004 M10x 45 mm 5792-1006 M10x 65 mm 5792-1008 M10x 85 mm 5792-1010 M10x105 mm 5792-1012 M10x125 mm 5792-1014 M10x145 mm M10x165 mm 5792-1016 5792-1018 M10x185 mm 5792-1020 M10x205 mm 5792-1022 M10x225 mm



#### MUTARS® femoral stem cemented \*N

mat.: implavit®;CoCrMo acc. to ISO 5832-4

5760-0011 11 mm 5760-0013 13 mm 5760-0015 15 mm 5760-0017 17 mm





#### MUTARS® femoral stem cementless

mat.: implatan®,  $TiAl_6V_4$  acc. to ISO 5832-3 with HA-coating acc. to ISO 13779-2 5760-0111 11x120mm 5760-0012 12x120mm 5760-0113 13x120mm 5760-0014 14x120mm 5760-0115 15x120mm 5760-0016 16x120mm 5760-0117 17x120mm 5760-0018 18x120mm 5760-0019 19x120mm 5760-0020 20x120mm



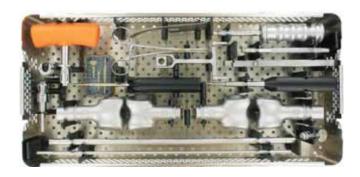
#### MUTARS® attachment tube

mat.: Polyethylenterephtalat (PET) 5900-0300 Ø: 35 mm

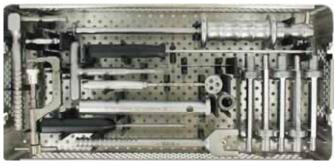
5900-0300 Ø: 35 mm 5900-0310 Ø: 55 mm



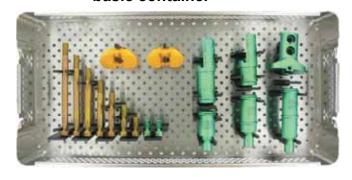
# **Instruments**



7999-5821 MUTARS® distal femur MK basic container



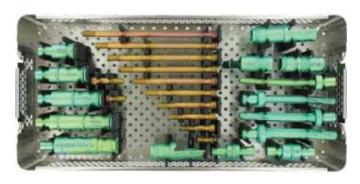
7999-5834 MUTARS® proximal tibia MK basic container



7999-5836 MUTARS® proximal tibia MK trial container



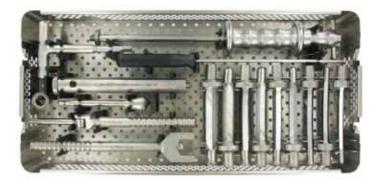
7999-5835 MUTARS® proximal tibia MK drill container



7999-7701 MUTARS® trial container



7999-5745 MUTARS® patella container



7999-5712 MUTARS® basic container





# MUTARS® proximal tibia MK basic container 7999-5834





Œ

#### **MUTARS®** proximal tibia MK trial container 7999-5836

MUTARS® MK trial proximal tibia 7750-0005



MUTARS® trial screw for trial connecting

part 100mm (2 pieces)



MUTARS® trial extension piece for mod. prox. tibia

7750-0105 105mm 7750-0125 125mm



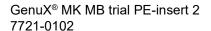
MUTARS® trial extension piece

40mm 7772-2504 7772-2506 60mm 7772-2508 80mm



MUTARS® trial bar screw

7792-1002	M10x25mm
7792-1004	M10x45mm
7792-1006	M10x65mm
7792-1008	M10x85mm
7792-1010	M10x105mm
7792-1012	M10x125mm
7792-1014	M10x145mm





GenuX® MK FB trial PE-insert 2 7721-0202



#### MUTARS® proximal tibia MK drill container 7999-5835

MUTARS® rigid reamer 7700-2110 7700-2210 7700-2211 7700-2211 7700-2112 7700-2212 7700-2213 7700-2214 7700-2214 7700-2115 7700-2116 7700-2117	10,0 mm 10,5 mm 11,0 mm 11,5 mm 12,0 mm 12,5 mm 13,0 mm 13,5 mm 14,0 mm 14,5 mm 15,0 mm 16,0 mm	
MUTARS® medullary ca 7760-0501	vity reamer	

#### MUTARS® patella container 7999-5745

MUTARS® patella drill guide 7350-0000







#### **MUTARS®** trial container 7999-7701

MUTARS® trial prox. femur 7710-0205 50mm 7710-0207 70mm



MUTARS® trial reducer

7730-0220 20mm 7730-0230 30mm



MUTARS® trial connecting part 100 mm

7730-0100



MUTARS® trial extension piece for mod. prox. tibia

105mm 7750-0105 125mm 7750-0125



MUTARS® trial	extension piece
7772-2504	40mm
7772-2506	60mm
7772-2508	80mm
7772-2510	100mm



7792-1008

7792-1010

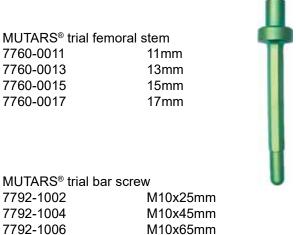
7792-1012

7792-1014

7792-1016

7792-1018

7792-1020



M10x85mm

M10x105mm

M10x125mm

M10x145mm

M10x165mm

M10x185mm

M10x205mm

#### MUTARS® basic container 7999-5712

MUTARS® universal impactor 7210-0000



MUTARS® impact and extract sleeve 7230-0000



MUTARS® socket wrench 7420-0000

MUTARS® swing wrench 7411-0000



MUTARS® engineers' wrench SW 24

7490-0000



7220-0001



MUTARS®	rasp for femoral	stem
7760-0112	12	mm
7760-0113	13	mm
7760-0114	. 14	mm
7760-0115	15	mm
7760-0116	16	mm
7760-0117	17	mm
7760-0118	18	mm
7760-0119	19	mm
7760-0120	20	mm

handle for intramedullary plug 7512-4001

MUTARS® medullary cavity reamer cross-hole 4220-0000



implantcast GmbH Lüneburger Schanze 26 21614 Buxtehude

phone.: +49 4161 744-0 fax: +49 4161 744-200 e-mail: info@implantcast.de internet: www.implantcast.de Your local distributor:

