Product overview



Think isometry Feel balance™

Unity Knee[™] Think isometry Feel balance[™]

Whilst patients with total hip replacements often categorise their joint as a 'forgotten' hip, even after 40 years of 'successful' total knee replacement designs, patient satisfaction remains at 70-80%^{1,2,3}. Various studies and registries have reported some of the biggest causes of total knee revisions to be attributable to instability (15-20%) and pain (20-30%)^{4,5,6,7}. Whilst longevity has been addressed in the majority of total knee designs, today further innovation is needed to improve patient outcomes and quality of life post surgery.

Learning from the experience of over 40 years of total knee development, Unity Knee[™] is the latest evolution in total knee arthroplasty – unifying key design technologies with advanced knee kinematics, soft tissue preservation concepts and modern surgical principles.





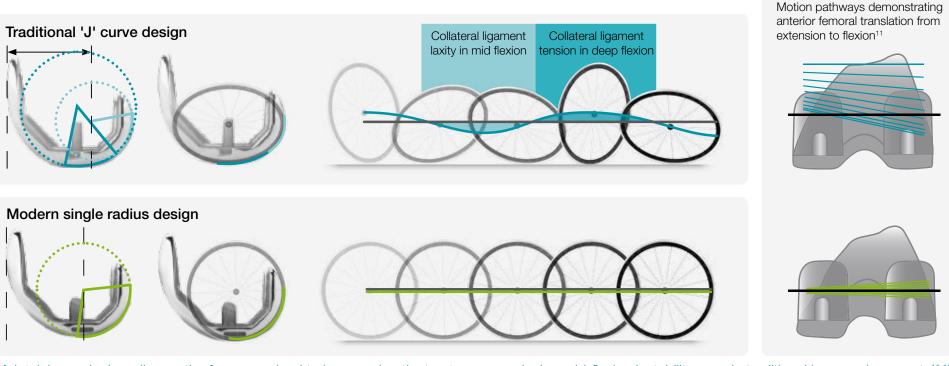




Evidence based innovation

Think isometry

Various knee anatomic studies have demonstrated that the native knee, when viewed through its rotational axis, subtends a single sagittal radius through the active flexion arc^{8,9,10}. Anatomic total knee designs mimic this and with a single centre of rotation in the active flexion arc, have the potential to facilitate collateral ligament isometry, minimising the paradoxical anterior glide seen in traditional 'J' curve knee systems¹¹.

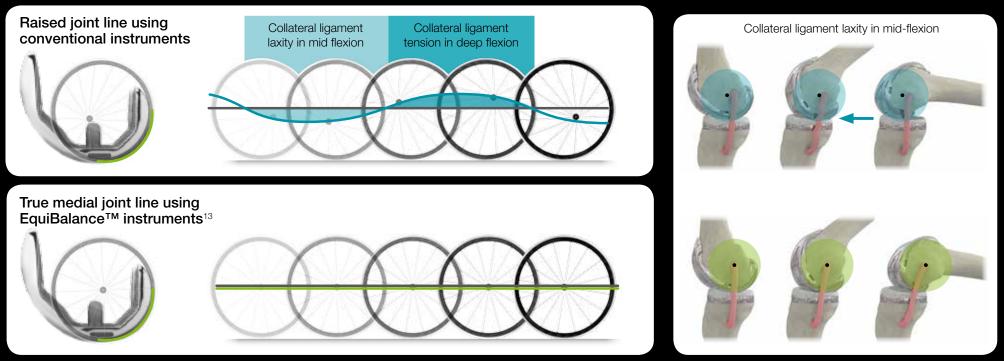


Maintaining a single radius on the femur can lead to improved patient outcomes, reducing mid-flexion instability seen in traditional knee replacements^{11,12}.

This is only half the story...

Joint line Preservation = Ligament Isometry[®]

Recent studies have demonstrated the importance of joint line preservation in both flexion and extension in providing collateral ligament isometry with a single radius femoral design¹³. However, if a single radius femur is not positioned with its centre corresponding to the rotational axis of the knee, it can still lead to mid-flexion ligament laxity and deep flexion tightness resulting in instability and loss of function^{13,14}.

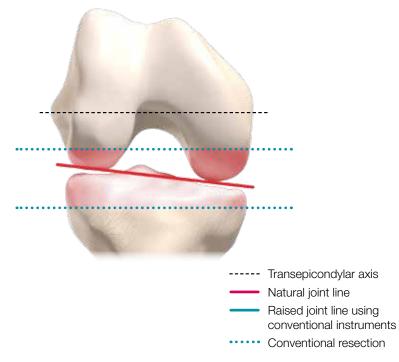


Joint line preservation allows the femur to be positioned with its centre accurately aligned with respect to the knee rotational axis¹³.



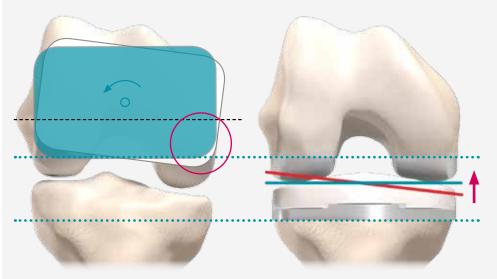
The challenge

Whilst total knee arthroplasty generally demonstrates good implant longevity, the natural joint line orientation is invariably altered during knee surgery due to unequal medial and lateral condylar resection and replacement with equal thickness medial and lateral implant condylar shapes. This may impact patient satisfaction by influencing ligament function¹⁵.



Traditional instruments rotate around a single central axis which results in elevation of the medial joint line

As joint line orientation is not maintained in total knee surgery, most knee arthroplasty instruments today compromise medial and lateral joint line through range of motion.



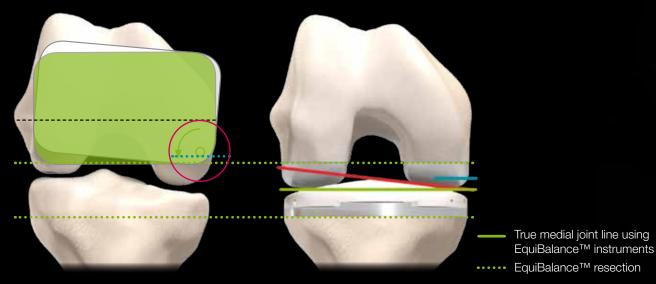
In flexion, conventional instruments provide a central pivoting rotational alignment mechanism which shifts the medial joint line anteriorly and lateral joint line posteriorly resulting in mid-flexion laxity of the MCL followed by tensioning in deep flexion^{13,15}.

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Balancing the MCL

Recent studies have demonstrated the importance of medial collateral ligament stability post TKR^{15,16}. The MCL is an isometric ligament susceptible to changes in strain and therefore function with changes in medial joint line position^{13,14,15,17}. With this in mind, Unity utilises advanced kinematic and design principles with the aim to optimise medial joint stability, providing an optimal synergy between implant and instrument designs.

Maintaining the natural joint line with EquiBalance[™] instruments



Incorporating EquiBalance[™] instrumentation, Unity utilises a medial referencing rotational guide, designed to facilitate medial joint-line preservation throughout range of motion, restoring medial collateral ligament isometry and actively stabilising the medial compartment of the knee.

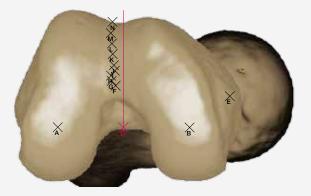
An elegant solution

A **balanced** patella

Anterior knee pain is a common post-operative complication following total knee replacements, arising from patella imbalance and maltracking post total knee surgery^{7,19}. Recent anatomic studies demonstrate the native patella articulates laterally against the trochlea throughout range of motion^{20,21,22}.

The evidence base

"The natural patella tracks laterally with its most posterior position being 4.2 \pm 1.3mm lateral to the anatomic axis, deviating 1 \pm 1.3mm medio-laterally from this position through range of motion."²⁰



"The translation of the sulcus from the midline in patients requiring TKA was 5 \pm 1 mm in a lateral direction ... This study demonstrates that the sulcus of the trochlear groove is not located in the midline as traditionally represented, but is lateral to the midline in both osteoarthritic and normal knees."²²



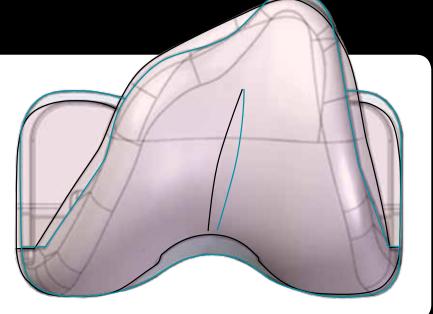


Imagine a patella that tracks naturally

Unlike traditional knee replacements, which track from a medial position in flexion to a lateral position in extension, Unity Knee[™] incorporates an anatomic patellofemoral geometry²³. Combined with optimised medial referencing rotation philosophy, this is designed to accommodate lateral patella tracking and balance throughout range of motion, to minimise increased strain on the extensor mechanism. This is particularly relevant in the mid-flexion range where traditional designs tend to medially constrain the patella, resulting in increased forces through the extensor mechanism²³.

Unity provides a lateralised patella articulation compared to traditional knee replacements, designed to accommodate natural patella tracking and balance, to minimise increased strain on the extensor mechanism²³.

Unity patella track
Traditional patella track



Balancing the soft tissue envelope

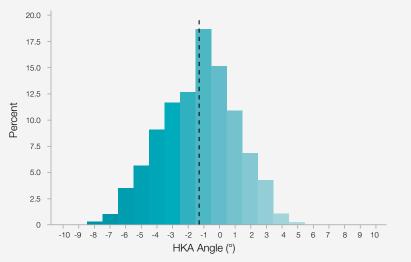
The function of the soft tissue envelope goes beyond structural and mechanical support playing an important proprioceptive role in maintaining knee joint stability and minimising sense of pain post knee arthroplasty²⁴.

To avoid sensory disturbances that occur due to ligament releases during total knee surgery, the Unity implant design, combined with EquiBalance[™] instrumentation, is designed to facilitate ligament balancing and MCL isometry throughout range of motion.

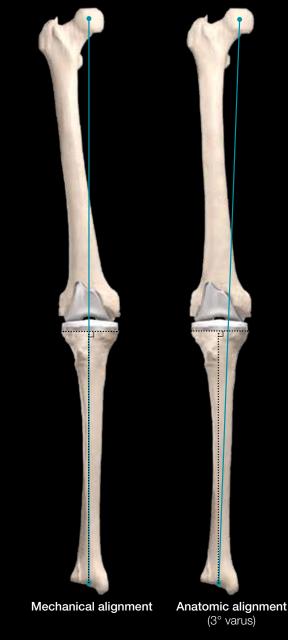


Alignment that feels right

In addition to neutral mechanical alignment, EquiBalance[™] offers one of the first comprehensive balancer systems to accomodate anatomic alignment principles, whilst maintaining neutral tibial resection, with the aim to avoid long-term issues noted with varus tibiae^{25,26}. Unity Knee[™] is designed to facilitate restoration of natural alignment in patients for whom neutral alignment feels wrong.

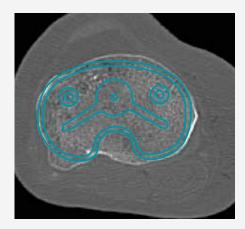


Recent publications on native knee alignment have demonstrated that over 32% of men and 17% of women have a natural alignment of 3° varus or more with their joint-line remaining parallel to the ground^{25,27}. Leaving these patients in mild varus significantly improved their functional and clinical outcomes compared with those patients restored to neutral alignment²⁸. Restoring these patients to neutral mechanical alignment may be unnatural leading to reduced patient satisfaction²⁵.



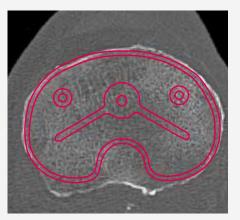
Unity accommodates both mechanical and anatomic alignment philosophies

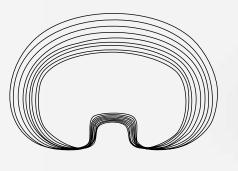
We didn't just stop there



Size-specific tibial profiles

Utilising advanced design technologies and anthropometric data analysis, Unity incorporates size specific tibial tray geometries with changing cortical profiles²⁹. This results in an enhanced cortical fit, designed to minimise implant overhang and soft tissue irritation post surgery^{29,30}.





Thin anatomic anterior flange

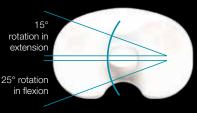
Unlike traditional 'J' curve designs with a thick anterior flange, Unity incorporates a thin, anatomic anterior flange profile designed to minimise the risk of over-stuffing the patellofemoral joint whilst preventing any overhang and soft tissue irritation³¹.

Optimised locking mechanism

A highly polished tibial tray with an advanced locking mechanism facilitates up to 25% reduction in micromotion compared with traditional knee designs³².

Rotational freedom

Modern studies reveal a huge variability in knee kinematics, largely² influenced by extent of



muscle recruitment and therefore activity and individual studied³³. Unity has been designed utilising rotational freedom principles to accommodate variable knee kinematics with the aim to minimise any conflict with soft tissues through range of motion^{34,35}.

Difficult primary instrumentation

The Unity Knee[™] offers the unique ability to stem and augment the primary PS femur and tibia in difficult primary situations. The Unity Knee[™] cemented stem extensions are available in 10mm and 14mm diameter and 60mm and 100mm length.

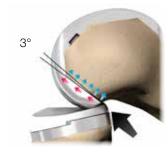
*Augments currently in development

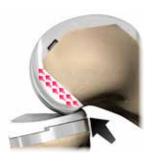
Safe high-flexion principles

In order to allow restoration of patients' natural range of motion, Unity Knee[™] incorporates a 3° anterior sloped posterior condylar resection, designed to allow high flexion without additional bone resection³⁶. In contrast, traditional high-flexion knee designs remove 2-4mm additional posterior condylar bone, demonstrating a higher risk of loosening compared to their standard versions³⁷.

Unity Knee™

Traditional high-flex knee





Applied force
Shear force
Compressive force

When science becomes reality

Think isometry

Learning from the experience of over 40 years of total knee prostheses designs, Unity Knee[™] is designed to provide an optimal synergy of modern implant design and EquiBalance[™] instrument technology, taking an innovative step forward in addressing today's key concerns in total knee arthroplasty.





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References:

- Bourne RB, Chesworth B, Davis A, Mahomed N, Charron K. Comparing patient outcomes after THA and TKA: is there a difference? *Clin Orthop Relat Res.* 2010 Feb;468(2):542-6.
- Bourne RB, Chesworth BM, Davis AM, Mahomed NN, Charron KD. Patient satisfaction after total knee arthroplasty: who is satisfied and who is not? *Clin Orthop Relat Res.* 2010 Jan;468(1):57-63.
- Von Keudell A, Sodha S, Collins J, Minas T, Fitz W, Gomoll A. Patient satisfaction after primary total and unicompartmental knee arthroplasty: An age-dependent analysis. *Knee.* 2013 Aug 15.
- 4. National Joint Registry for England, Wales and Northern Ireland. 10th Annual Report 2013
- Dalury DF, Pomeroy DL, Gorab RS, Adams MJ. Why are total knee arthroplasties being revised? J Arthroplasty. 2013 Sep;28(8 Suppl)
- Sharkey PF, Hozack WJ, Rothman RH, Shastri S, Jacoby SM. Insall Award paper. Why are total knee arthroplasties failing today? *Clin Orthop Relat Res.* 2002 Nov;(404):7-13.
- 7. Petersen W, Rembitzki IV, Brüggemann GP, Ellermann A, Best R, Koppenburg AG, Liebau C. Anterior knee pain after total knee arthroplasty: a narrative review. *Int Orthop.* 2013 Sep 22.
- Eckhoff DG, Bach JM, Spitzer VM, Reinig KD, Bagur MM, Baldini TH, Flannery NM. Three-dimensional mechanics, kinematics, and morphology of the knee viewed in virtual reality. *J Bone Joint Surg [Am]*. 2005;87 Suppl 2:71-80.
- 9. Howell SM, Kuznik K, Hull ML, Siston RA. Longitudinal shapes of the tibia and femur are unrelated and variable. *Clin Orthop Relat Res.* 2010 Apr;468(4):1142-8.
- Siebold R, Axe J, Irrgang JJ, Li K, Tashman S, Fu FH. A computerized analysis of femoral condyle radii in ACL intact and contralateral ACL reconstructed knees using 3D CT. *Knee Surg Sports Traumatol Arthrosc.* 2010 Jan;18(1):26-31.
- 11. Kessler O, Dürselen L, Banks S, Mannel H, Marin F. Sagittal curvature of total knee replacements predicts in vivo kinematics. *Clin Biomech* (Bristol, Avon). 2007 Jan;22(1):52-8.
- Mahoney OM, McClung CD, dela Rosa MA, Schmalzried TP. The effect of total knee arthroplasty design on extensor mechanism function. J Arthroplasty. 2002 Jun;17(4):416-21.
- Luyckx T, Victor J, Bellemans J. Effect of femoral component position and joint line changes on ligament isometry and kinematics in single radius TKA. Presented at European Knee Association Congress 2013, Florence, Italy.
- Feeley BT, Muller MS, Allen AA, Granchi CC, Pearle AD. Biomechanical comparison of medial collaterial ligament reconstructions using computer-assisted navigation. *Am J Sports Med.* 2009 Jun; 37(6): 1123-1130.
- Delport H, Labey L, De Corte R, Innocenti B, Vander Sloten J, Bellemans J. Collateral ligament strains during knee joint laxity evaluation before and after TKA. *Clin Biomech* (Bristol, Avon). 2013 Aug;28(7):777-82.
- Saeki K, Mihalko WM, Patel V, Conway J, Naito M, Thrum H, Vandenneuker H, Whiteside LA. Stability after medial collateral ligament release in total knee arthroplasty. *Clin Orthop Relat Res.* 2001 Nov;(392):184-9.

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- Victor J, Wong P, Witvrouw E, Sloten JV, Bellemans J .How isometric are the medial patellofemoral, superficial medial collateral, and lateral collateral ligaments of the knee? *Am J Sports Med.* 2009 Oct;37(10):2028-36.
- 18. MCL laxity measurements with varying joint-line positions. Internal test data. Corin Group 2013
- Steinbrück A, Schröder C, Woiczinski M, Fottner A, Müller PE, Jansson V. Patellofemoral contact patterns before and after total knee arthroplasty: an in vitro measurement. *Biomed Eng Online*. 2013 Jun 26;12:58
- Iranpour F, Merican AM, Dandachli W, Amis AA, Cobb JP. The geometry of the trochlear groove. Clin Orthop Relat Res. 2010 Mar;468(3):782-8
- Eckhoff DG, Burke BJ, Dwyer TF, Pring ME, Spitzer VM, VanGerwen DP. The Ranawat Award. Sulcus morphology of the distal femur. *Clin Orthop Relat Res.* 1996 Oct;(331):23-8.
- Eckhoff DG, Montgomery WK, Stamm ER, Kilcoyne RF. Location of the femoral sulcus in the osteoarthritic knee. J Arthroplasty. 1996 Feb;11(2):163-5.
- 23. Unity patellafemoral track orientation. Comparison Report. Internal test data. Corin Group 2013
- 24. Delport HP, Vander Sloten J, Bellemans J. New possible pathways in improving outcome and patient satisfaction after TKA. Acta Orthop Belg. 2013 Jun;79(3):250-4.
- Bellemans J, Colyn W, Vandenneucker H, Victor J. The Chitranjan Ranawat award: is neutral mechanical alignment normal for all patients? The concept of constitutional varus. *Clin Orthop Relat Res*. 2012 Jan;470(1):45-53.
- Ritter MA, Davis KE, Meding JB, Pierson JL, Berend ME, Malinzak RA. The effect of alignment and BMI on failure of total knee replacement. J Bone Joint Surg [Am]. 2011 Sep 7;93(17):1588-96
- 27. Victor JM, Bassens D, Bellemans J, Gürsu S, Dhollander AA, Verdonk PC. Constitutional Varus Does Not Affect Joint Line Orientation in the Coronal Plane. *Clin Orthop Relat Res.* 2013 Jun 4.
- Vanlommel L, Vanlommel J, Claes S, Bellemans J. Slight undercorrection following total knee arthroplasty results in superior clinical outcomes in varus knees. *Knee Surg Sports Traumatol Arthrosc.* 2013 Oct;21(10):2325-30.
- 29. Lowry, C, Traynor, A, Girotti, G, Bellemans, J, Victor, J, Collins, S.N. The profile of the cut tibia: Is resection depth, proportionately larger for smaller tibias, responsible for change in profile? Scientific Poster, CORS 2013 Venice
- Dai Y, Bischoff JE. Comprehensive assessment of tibial plateau morphology in total knee arthroplasty: Influence of shape and size on anthropometric variability. J Orthop Res. 2013 Oct;31(10):1643-52
- 31. CT validation of Unity implant coverage. Internal test data. Corin Group 2013
- 32. Unity tibial insert micro-motion test. Internal test data. Corin Group 2013
- Victor J, Labey L, Wong P, Innocenti B, Bellemans J. The influence of muscle load on tibiofemoral knee kinematics. J Orthop Res. 2010 Apr;28(4):419-28.
- Mikulak SA, Mahoney OM, dela Rosa MA, Schmalzried TP. Loosening and osteolysis with the press-fit condylar posterior-cruciate-substituting total knee replacement. J Bone Joint Surg Am. 2001 Mar;83-A(3):398-403.
- 35. Klein R, Serpe L, Kester MA, Edidin A, Fishkin Z, Mahoney OM, Schmalzried TP. Rotational constraint in posterior-stabilized total knee prostheses. *Clin Orthop Relat Res.* 2003 May;(410):82-9.
- 36. Unity Femoral loosening study report. Internal test data. Corin Group 2013
- Bollars P, Luyckx JP, Innocenti B, Labey L, Victor J, Bellemans J. Femoral component loosening in high-flexion total knee replacement: an in vitro comparison of high-flexion versus conventional designs. *J Bone Joint Surg [Br]*. 2011 Oct;93(10):1355-61.