

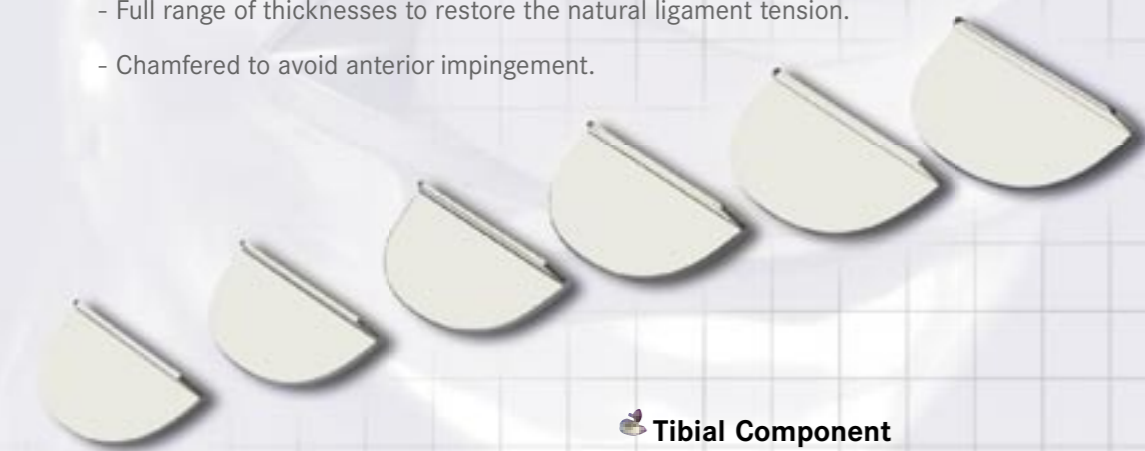


Femoral Component

- 4 sizes to match all patient anatomies.
- Curved inner geometry for minimal bone removal.
- Cast Cobalt Chrome for strength, durability and minimal wear.

Meniscal Bearing

- Bearings match the femoral component for full congruency and area contact
- ArCom™ polyethylene for increased wear resistance^{8,9}.
- Full range of thicknesses to restore the natural ligament tension.
- Chamfered to avoid anterior impingement.



Tibial Component

- Flat polished Cast Cobalt Chrome surface for minimal wear articulating with the flat underside of the meniscal bearing.
- Anatomical shape for excellent bone coverage without overhang¹⁰.



Product Listing

Femoral Components			
154600 Small	154601 Medium	154602 Large	154603 Extra Large
Meniscal Bearing Components			
Small	Medium	Large	Extra Large
154618 Size 3	154626 Size 3	154634 Size 3	154642 Size 3
154619 Size 4	154627 Size 4	154635 Size 4	154643 Size 4
154620 Size 5	154628 Size 5	154636 Size 5	154644 Size 5
154621 Size 6	154629 Size 6	154637 Size 6	154645 Size 6
154622 Size 7	154630 Size 7	154638 Size 7	154646 Size 7
154623 Size 8	154631 Size 8	154639 Size 8	154647 Size 8
154624 Size 9	154632 Size 9	154640 Size 9	154648 Size 9
Tibial Components			
154605 38 x 26 LM.		154611 47 x 30 LM.	
154606 38 x 26 RM.		154612 47 x 30 RM.	
154607 41 x 26 LM.		154613 50 x 32 LM.	
154608 41 x 26 RM.		154614 50 x 32 RM.	
154609 44 x 28 LM.		154615 53 x 34 LM.	
154610 44x 28 RM.		154616 53 x 34 RM.	
Instrumentation Sets			
32-420696 Small Femoral		32-420698 Large Femoral	
32-420697 Medium Femoral		32-420699 Extra Large Femoral	
32-420700 Tibial Trials and Common Instruments			

References

1. Goodfellow JW, O'Connor JJ, and Shrive NG. *British Patent Application No. 49794/74:1974.*
2. Goodfellow JW, O'Connor JJ. The Mechanics of the Knee and Prosthesis Design. *J Bone Joint Surg [Br]* 1978;No.3; 60-B:358-369.
3. Murray DW, O'Connor JJ, Goodfellow JW. The Oxford medial unicompartmental arthroplasty, a ten year survival study. *J Bone Joint Surg [Br]* 1998;No.6;80-B:983-989.
4. Liow RY, Murray DW. Which Primary Knee Replacement? A review of currently available TKR. in the United Kingdom. *Annals of the Royal College of Surgeons of England.* 1997;No.79:335-340.
5. Svard U. Results from a Swedish Centre Advanced Oxford Unicompartmental Course. *N.O.C., Oxford,* 1998.
6. Weale AE, Murray DW, Crawford RW, Psychoyios V, Bonomo A, Howell G, O'Connor JJ, Goodfellow JW. Does Arthritis Progress in the Retained Compartments after 'Oxford' Medial Unicompartmental Arthroplasty? *J Bone Joint Surg [Br]* 1999; 81-B:783-789.
7. Psychoyios V, Crawford RW, O'Connor JJ, Murray DW. Wear of congruent meniscal bearings in unicompartmental knee arthroplasty - A retrieval study of 16 specimen. *J Bone Joint Surg [Br]* 1998;No.6;80-B:976-982.
8. Bankston AB, Keating EM, Ranawat C. Comparison of polyethylene wear in machined versus moulded polyethylene. *Clin Orthop* 1995;No.317:37-43.
9. Clarke IC, Gustafon A, Good V. Hip simulator wear testing ArCom® vs Extruded Bar Polyethylene Presented 7th Ann. Con. *On Techniques & Science for successful Joint Arthroplasty.* Oct. 1995.
10. Incavo et al. Tibial Plateau Coverage in Total Knee Arthroplasty. *Clin Orthop* 1994;81-85.
11. White SH, Goodfellow JW, O'Connor JJ. Anteromedial Osteoarthritis of the Knee. *J Bone Joint Surg [Br]* 1991;73-B:582-586.
12. Keys GW. Reduced invasive approach for Oxford II medial unicompartmental knee replacement - a preliminary study. *The Knee* 1999;Vol. 6;No.3:193-196.
13. Murray DW. Information on file. Nuffield Orthopaedic Centre, Oxford, 1999.

MINIMALLY INVASIVE



THE Oxford Phase 3 Unicompartmental Knee



Evidence Based Orthopaedics

ArCom™ PROCESSED POLYETHYLENE



BIOMET Europe www.biomet.co.uk

BIOMET Europe

In 1974 John Goodfellow and John O'Connor patented the principle of meniscal bearing knee replacement for knee arthroplasty and developed, the Oxford Meniscal Knee¹. Designed to minimise creep and wear of polyethylene by employing a gliding meniscal bearing which remains fully congruent throughout the range of motion restoring the joint kinematics². Long term clinical results of the Oxford Knee in medial unicompartmental osteoarthritis show 98% success at 10 years, equalling the results of the most successful Total Knee Replacements^{3,4}.

Clinically proven

- Survivorship of 95% or more at 10 years from several centres. Results that equal those of the most successful Total Knee Replacements⁵.
- Prevents disease spreading to the unaffected lateral and patellofemoral compartments⁶.

Minimal polyethylene wear

- Retrieved bearings show an average penetration rate of only 0.03mm per year⁷.
- Fully congruent articulating surfaces with full area contact (570mm²) through full range of motion.
- Manufactured from ArCom™ polyethylene for increased wear resistance - 47% compared with traditional U.H.M.W.P.E.^{8,9}

Restored kinematics

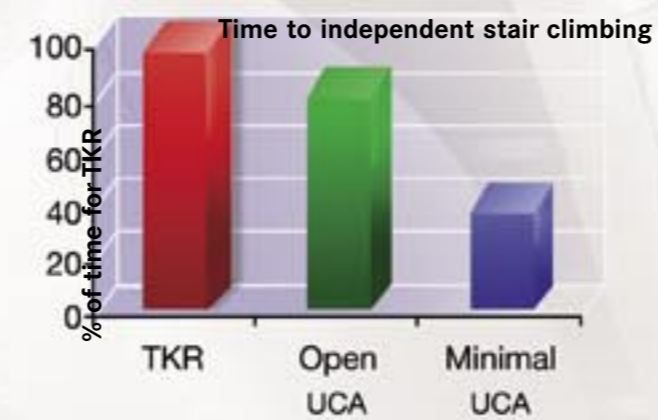
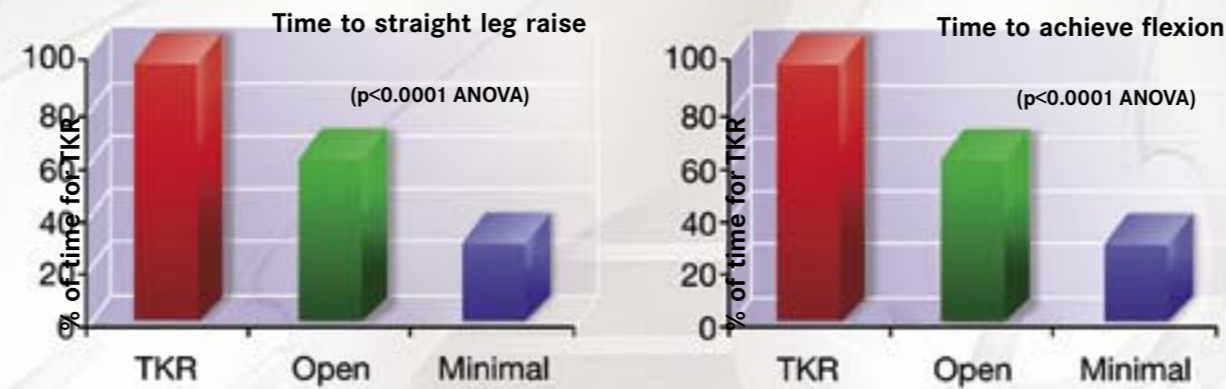
- Preserving the ACL. retains natural movement.
- Balanced in flexion and extension for stability.



The Oxford Meniscal Knee Phase 3 is indicated for anteromedial osteoarthritis¹¹. Development of the minimally invasive technique means that it is no longer necessary to surgically expose healthy parts of the knee. Specially developed instrumentation means that bone cuts are made to accurately balance flexion and extension gaps through a 6 cm incision. The minimal incision avoids disruption of the quadriceps mechanism - hence a quicker recovery¹².

Hospital stay reduced to 3 or 4 days post operative

- Day case surgery possible for some patients.



(For comparative purposes TKR time set at 100%¹³.)

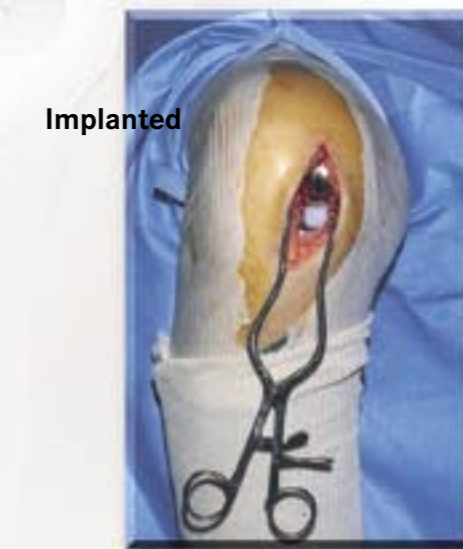
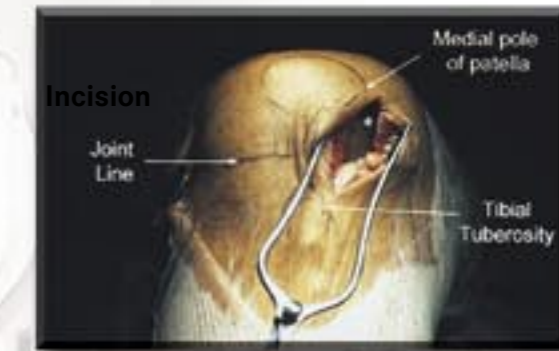
Reduced morbidity

- Non - disruption of the quadriceps mechanism cuts functional recovery time by up to 70%¹³.



Specific instrumentation

- For an accurate and reproducible implantation of the Oxford Phase 3 through a 6cm incision.



Implanted

Reduced blood loss

- assists early patient recovery.