

#### Variables in Unicondylar Arthroplasty

- All unicondylar implants work equally well if optimally placed
- The uncontrolled variable is surgical technique
- TGS-controls the surgical technique variable to optimize results

# What are we trying to achieve with tissue guided surgery?

- Optimize the synergy between bone preparation and soft tissue tension
- Minimize surgical trauma
- Control the surgeon variable

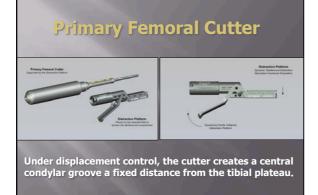
# **Traditional** tibial resectionOscillating saw

### **Preliminary Femoral Sizing**



Defines the radius of the condyle

Scribes the center line of the condyle



#### Primary Femoral Cutter



# **Preparing a "Guide Surface"**

- Orient Primary cutter with A/P apex of condyle
- Initiate guide surface preparation in deep flexion
- Visualize guide surface



#### Preparing a "Guide Surface"

The primary cutter is kinematically guided by the ACL & PCL as the knee is extended. The cutter prepares a guide surface in the condyle.

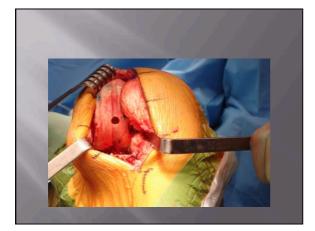


# Secondary Femoral Cutter

- References guide surface
- Starts in deep flexion
- Extend the knee to prepare implant support surface









# Advantages TGS - UKA

- Optimal component alignment through a full arc of motion
- Optimal soft tissue tension through a full arc of motion
- No planer femoral cuts, no need for lateral patellar displacement

