stryker

Orthopaedics

# Triathlon® PKR

## Partial Knee Resurfacing Surgical Protocol

# Triathlon PKR
## Surgical Protocol

### Table of Contents



## Acknowledgments

Special thanks to all those surgeons involved in the design and development of the Triathlon PKR System.

## Introduction

Triathlon Partial Knee Resurfacing is a fixed bearing unicompartmental knee that blends the ease of a measured resection system with the control of a ligament tension restoring gap balancing system. The single radius design of the Triathlon PKR implant is designed to produce more stable, natural knee motion by coupling the ability to restore ligament tension and balance flexion and extension gaps.

- The femoral implant has a single radius from 10° of flexion through 110° of flexion and is equally 7mm thin posteriorly and distally. This design allows for gap balancing in only a few simple steps.
- The Triathlon PKR balances flexion and extension gaps by varying the distal resection. In the Triathlon PKR System the posterior resection remains a fixed 7mm, while the distal resection is varied to accommodate degenerative changes of the condyle.

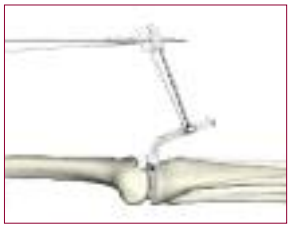
## Procedural Summary/Highlights

**1** Tibial Resection

**2** Assess Flexion Gap

**3** Assess Extension Gap

**4** Verify Alignment



**5** Distal Resection

**6** Posterior/Chamfer Resection

**7** Trialing

**8** Final Preparation

**9** Cementation

***Indications***
The Triathlon PKR components are for use in unicompartmental knee arthroplasty as a result of:
- Moderately disabling joint disease of the knee resulting from painful osteo- or post traumatic arthritis.
- Revision of previous unsuccessful surgical procedures, either involving, or not involving, previous use of a unicompartmental knee prosthesis.
- As an alternative to tibial osteotomy in patients with unicompartmental osteoarthritis.
- Where bone stock is of poor quality or inadequate for other reconstructive techniques as indicated by deficiencies of the femoral condyle/tibial plateau.

These components are intended for implantation with bone cement.

***Contraindications include:***
- Patient has an active or suspected latent infection in or about the knee joint.
- Patient has a known sensitivity to device materials.
- Patient's bone stock is compromised by disease and/or infection, or prior implantation which cannot provide adequate support and/or fixation cannot be provided to the prosthesis.
- Patients with inflammatory arthritis.
- Patients with major deformity affecting the mechanical axis of the knee or neuromuscular disorders compromising motor control and/or stability.
- Any mental neuromuscular disorder, which would create an unacceptable risk of prosthesis instability, prosthesis fixation failure or complications in post-operative care.
- Skeletal immaturity.
- Ligamentous instability such that the post-operative stability afforded by the unicompartmental knee prosthesis would be compromised such as multidirectional/ACL instability.
- Untreated damage to the contralateral compartment or the ipsilateral knee not being replaced by a prosthesis.
- Untreated deterioration or destruction of the patello-femoral joint.
- Severe deformity and/or recurrent subluxation of the knee joint.
- Obesity. An overweight or obese patient can produce loads on the prosthesis, which can lead to failure of fixation of the device or failure of the device itself.
- Severe tibial bone loss/deformity (over 15 degrees varus).

* See package insert for warnings, precautions, adverse effects and other essential product information.

# Surgical Procedure


*Figure 1*

### *Tibial Preparation*

Triathlon PKR System utilizes a **"tibia first"** approach to the unicompartmental arthroplasty. Accurate alignment of instrumentation to anatomical references during the tibial resection step of this procedure will aid in establishing tibial/femoral component alignment. Since all femoral resections are instrumented by referencing the tibial resection, care should be taken during the preparation of the tibial bone.

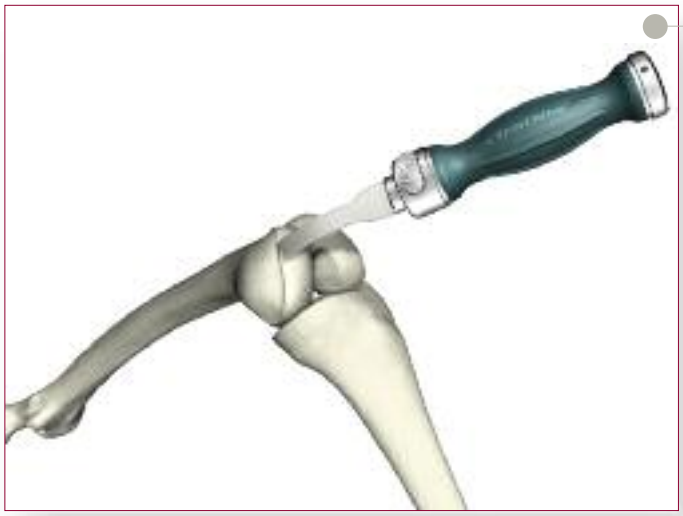


*Figure 2*

### *Excision of Osteophytes*

- Before beginning bone preparation of the affected compartment, there are several areas of the joint that should be inspected for osteophytes. All osteophytes must be removed before proceeding to the rest of the procedure. These areas include but are not limited to the:
- Margin of the femoral condyle.

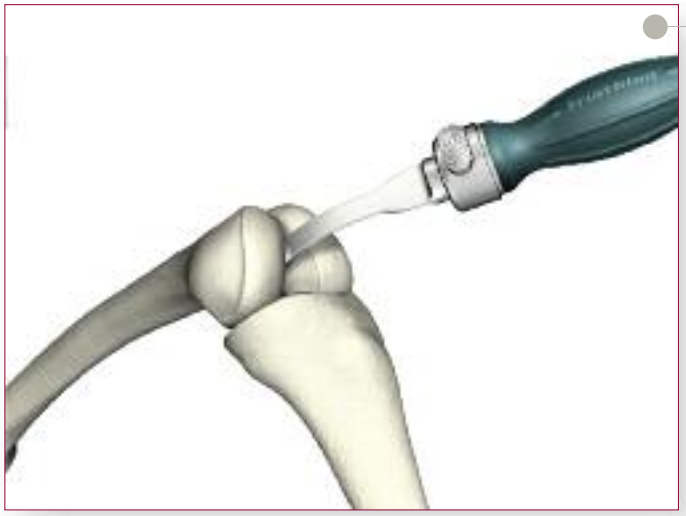


*Figure 3*

- Margins of the intercondylar notch.

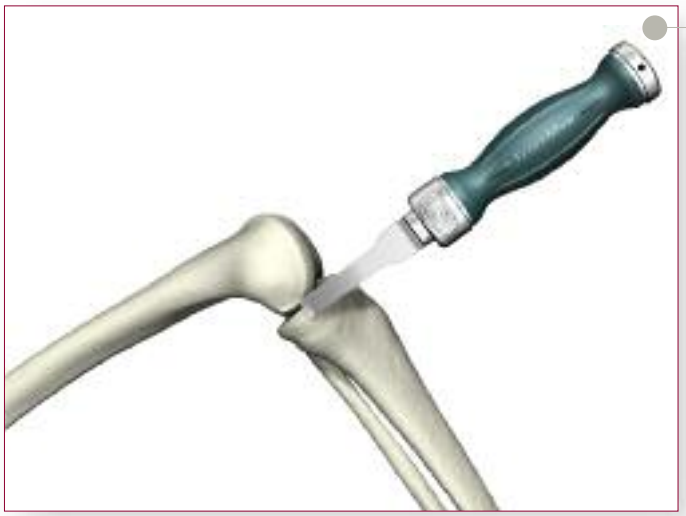


*Figure 4*

- Beneath the medial collateral ligament.
- Additional preparation of the affected compartment may also include the removal of the meniscus.

*Figure 5*

*Assembling the Ankle Clamp*

*Figure 6*

### *Attaching the Ankle Clamp*

- The fixation arm of the Proximal Rod is fully extended to reach the tibial eminence. Pin the head of the Proximal Rod into an exposed area of the anterior proximal tibia, generally located anterior to the ACL insertion point.

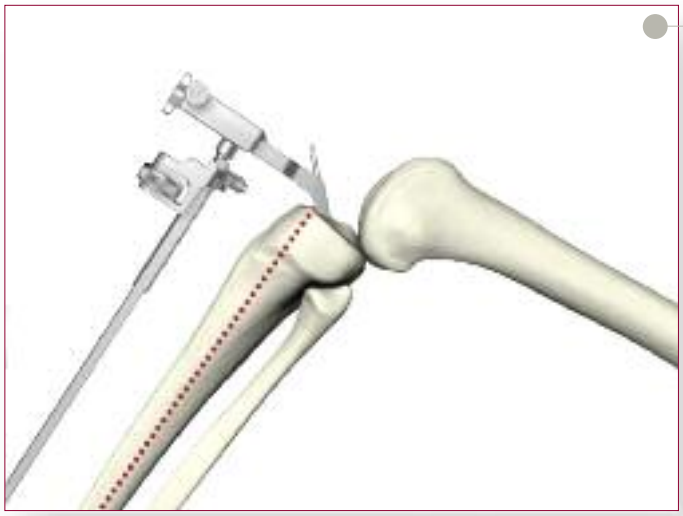


*Figure 7*

**Note:** Fully extending the fixation arm prior to attaching it to the Tibial eminence will help allow for clearance of the Tibial Resection Guide. Once the headless pin has been placed, the Tibial resection guide may be advanced toward the tibia.

- Move the leg to 70° of flexion (flexion past 70° may result in tightening of the quadriceps muscle and make soft tissue retraction difficult).
- Attach the Ankle Clamp assembly to the ankle and position the distal tube of the assembly along the long access of the tibia.
- Rotate the entire assembly to ensure that the base of the assembly is aligned with the center of the ankle. The center of the ankle is generally in line with the second metatarsal or medial 1/3rd of the tibial tubercle.

*Figure 8*

*Figure 9*

### *Flexion/Extension Alignment (Tibial Slope)*

- Flexion/Extension alignment is correct when the long axis of the Ankle Clamp/Proximal Rod Assembly parallels the mid-coronal plane of the tibia. This scenario will provide 0° of slope.

**Note:** The slope of the Tibial Resection Guide is 0° degrees. There is no slope built into the tibial components of the Triathlon PKR system.

- Additional slope can be introduced to the guide by pulling the distal end of the Ankle Clamp Assembly away from the ankle.

*Figure 10*

### *Varus/Valgus Adjustment*

- Varus/Valgus Alignment can be changed by loosening the adjustment knob on the Ankle Clamp Assembly and by sliding the assembly medially/laterally.

- Once proper alignment is achieved, re-tighten all adjustment knobs on the Ankle Clamp Assembly.

*Figure 11*

### *Tibial Resection Level*

- Attach the Tibial Stylus to the Tibial Resection Guide. With the "4" end referencing the lowest level of the tibial plateau. 4mm of bone will be resected below the tip of the stylus. Alternatively, if the "2" end of the Tibial Stylus is used, the amount of bone resected will be 2mm below the tip of the stylus.

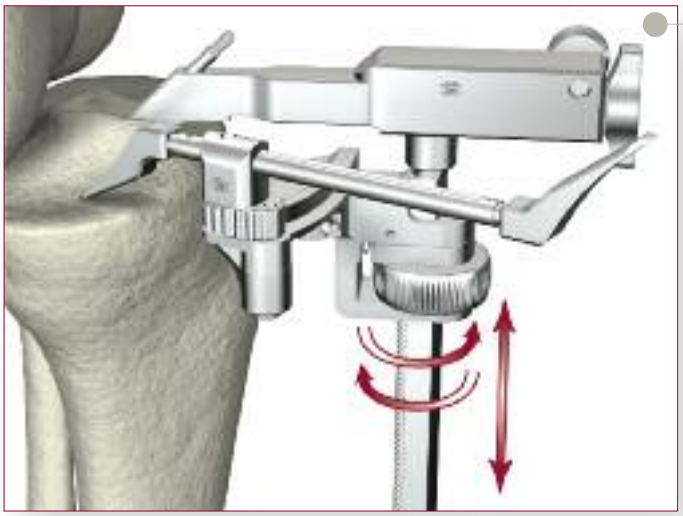


*Figure 12*

- The height of the Tibial Stylus and Tibial Resection Guide can be adjusted using the wheel on the Tibial Resection Guide.
- For coarse adjustment, press the wheel between thumb and forefinger and slide the assembly.
- For fine adjustment, turn the wheel counter-clockwise to decrease the tibial resection level or turn clockwise to increase the tibial resection level.
- If additional stability of the guide is required, a pin may be inserted through the fixation hole below the tibial resection guide.

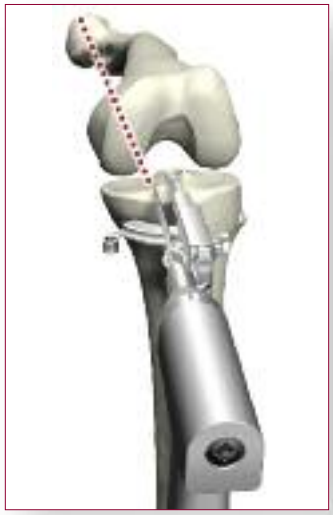


Figure 13

Figure 14

### *Sagittal Resection and Rotational Alignment*

- The Sagittal resection (vertical tibial resection), is made with a reciprocating saw flush against the tibial spine. In the medial compartment, the rotation of the resection is estimated by rotating the saw blade such that it points toward the center of the femoral head. The sagittal resection should be made just medial to the origin of the ACL avoiding damage to its fibers. The sagittal resection is complete when the saw comes to a stop on the upper surface of the Tibial Resection Guide.

**Note:** Before making the transverse resection, a retractor should be inserted to protect the medial collateral ligament.

### *Transverse Tibial Resection*

- This resection should be continued all of the way to the back of the joint to ensure a consistent flat and smooth tibial surface. When the plateau is loose it is levered up with a broad osteotome and removed. Soft tissue attachments posteriorly may need to be cut with a knife. The posterior horn of the medial meniscus can now be removed, if present. Care should be taken to avoid saw blade excursion to extend beyond the intersection of the sagittal resection and under the tibial eminence.

Figure 15

### *Before Removing the Tibial Resection Guide*

- Ankle Clamp Assembly, the flexion gap must be checked to ensure that enough tibial bone has been resected to accommodate an 8mm tibial component (the thinnest tibial component offered with this system).

- Remove retractors from the joint space (if they are left in, they have the effect of tightening the soft tissues which artificially diminishes the gap) and insert the 8mm spacer block. If it cannot be inserted, or feels too tight, then more bone needs to be excised from the tibia.

- To make a 2mm skim cut from the tibia, the stylus is re-assembled to the tibial resection guide. The wheel on the Tibial Resection Guide is then adjusted until the 2mm stylus tip touches the prepared surface of the tibial plateau. The tibial resection process is then repeated. An additional 2mm of tibial bone will be removed.

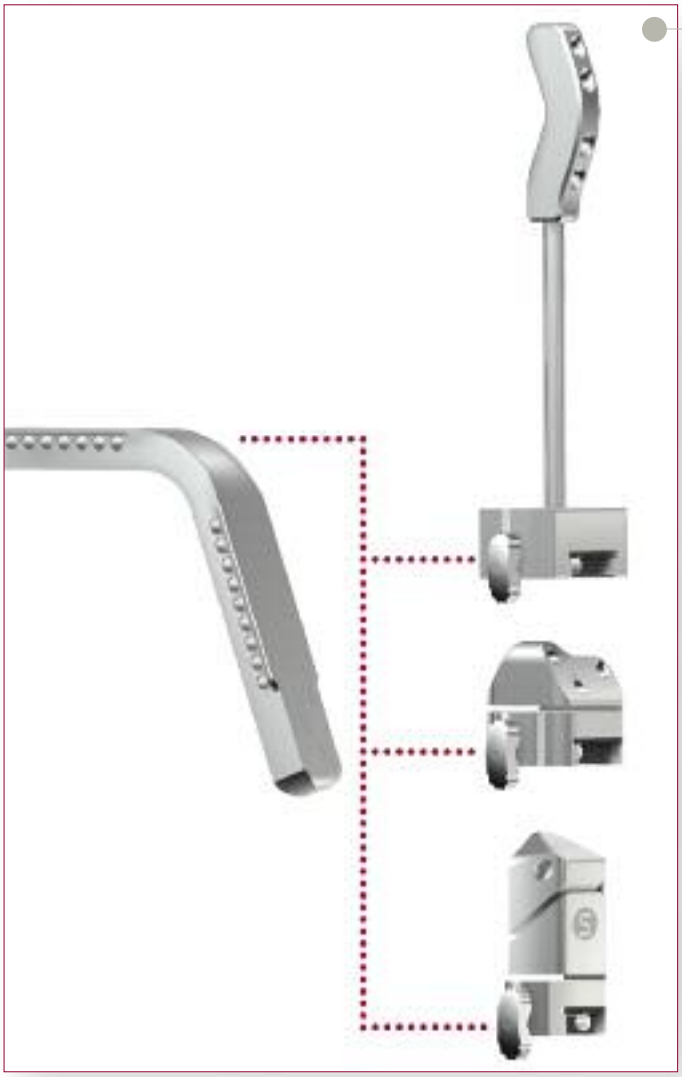


*Figure 16*

- Assembly of Alignment Guide.
- Assembly of Distal Resection Guide.
- Assembly of 2:1 Cutting Block.

**Locked**

*Figure 17*

**Unlocked**

*Figure 18*

*Figure 19*

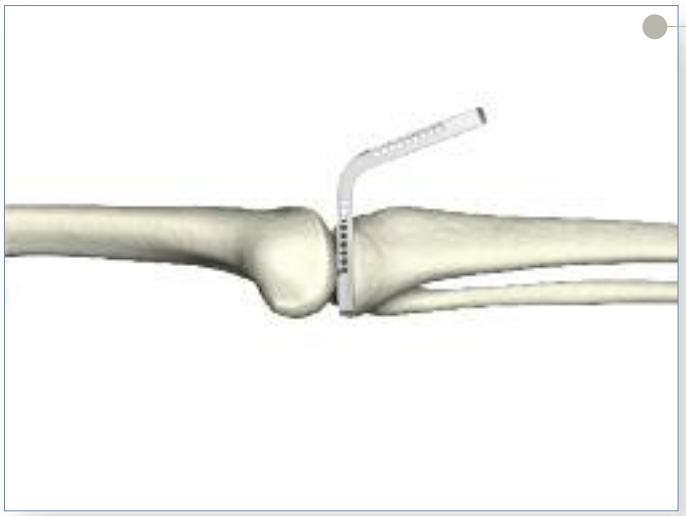


*Figure 20*

*Figure 21*

## Femoral Preparation

### *Distal Resection*

- The formula for determining which distal resection guide to use is as follows:

***Flexion Gap – Extension Gap = Distal Resection Guide***

- Determine the appropriate Distal Resection Guide

**Remove all retractors from the joint.**

1) Assess flexion gap using the Spacer Block Handles.
2) Assess extension gap using the Spacer Block Handles.
3) Flexion Gap (mm) – Extension Gap (mm) = Distal Resection Guide.

***Example A***

8mm – 10mm = -2 or "Minus 2" Distal Resection Guide

***Example B***

9mm – 10mm = -1 or "Minus 1" Distal Resection Guide

**Note:** See page 25 for Gap Balancing reference chart.

- Attach the appropriate Distal Resection Guide to the Spacer Block Handle equal to the assessed extension gap. The open side of the resection block should be facing the outside of the joint when the assembly is inserted into the joint.
- With the leg in extension, insert the Spacer Block Handle into the extension gap with Distal Resection Guide attached.
- Ensure that the Spacer Block Handle is inserted far enough into the joint so that it is completely under the distal femoral bone.

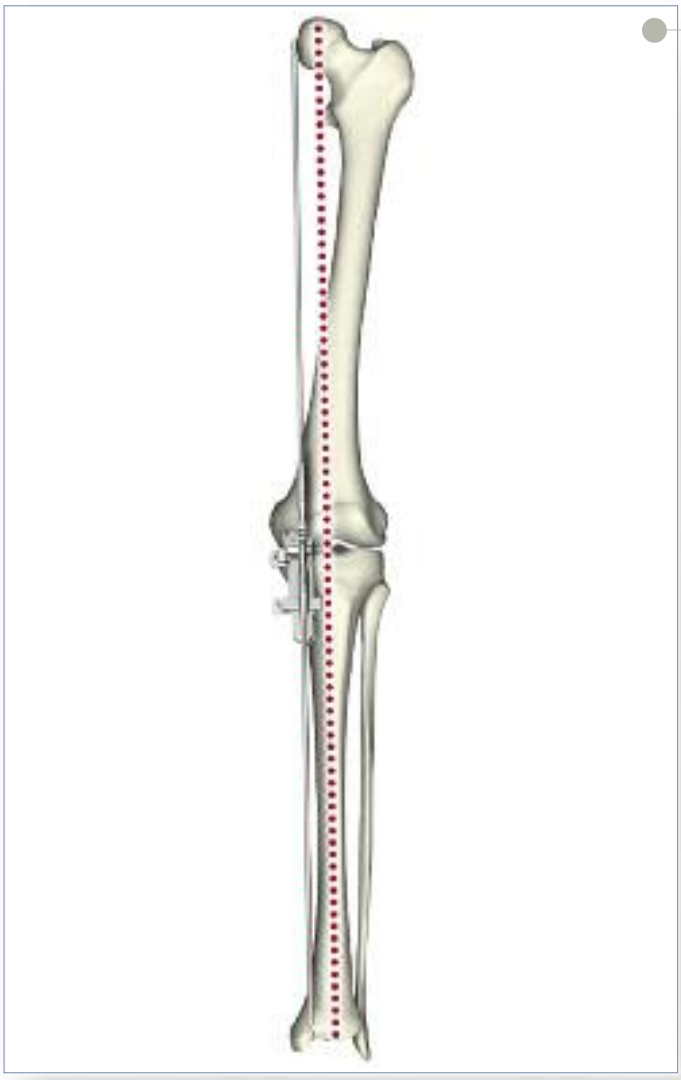


*Figure 22*

### *Alignment Check*

**Note:** From the lateral view, confirm a neutral distal resection. If slope has been introduced into the tibial resection, the spacer block will press against the femur in an extended position. To achieve neutral flexion of the distal resection, flex the tibia until the alignment rod is parallel to the long axis of the femur in the sagittal plane. A rolled towel or object placed under the knee may aid in this process. Pin the Distal Resection Guide into place once proper alignment is achieved (neutral distal resection).

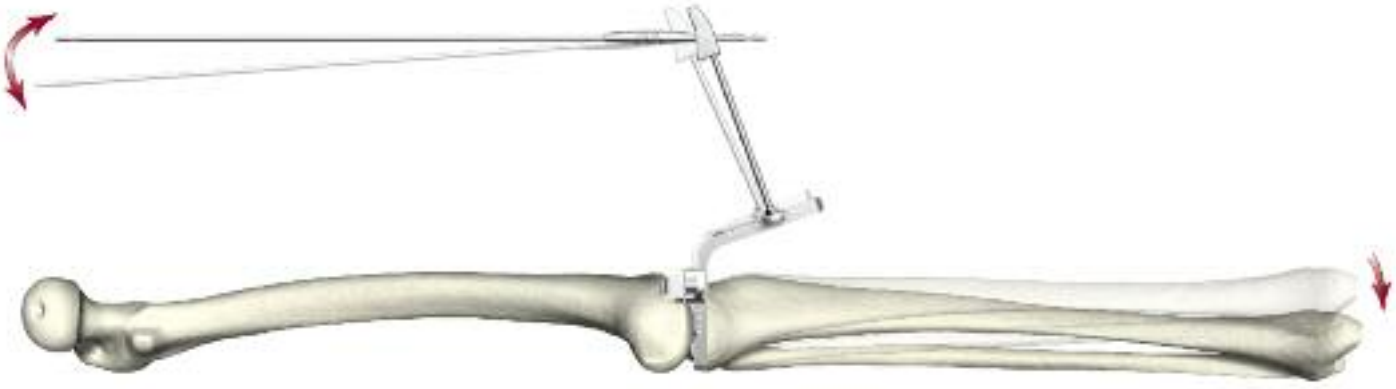


*Figure 23*

- Before performing the distal resection, retraction of the MCL is recommended to prevent saw excursion damage.
- Perform the distal femoral resection. Do not extend the saw blade posteriorly past the distal femur to avoid damaging the posterior popliteal region. If desired, the distal resection can be started in extension and finished in flexion. The Spacer Block must be removed from the joint before the knee is placed in flexion.

### *Posterior and Chamfer Resections*

- Attach the 2-in-1 Cutting Block to the Spacer Block Handle that fit into the determined (assessed) flexion gap.

**Note:** The system contains a left medial/right lateral and right medial/left lateral 2-in-1 Cutting Block. The cutting blocks are marked for usage on the appropriate condyle.

*Figure 24*

- Flex the Knee to 90° Degrees.
- Insert the Spacer Block Handle with the 2-in-1 Cutting Block attached into the flexion gap. The Spacer Block Handle must be fully inserted so that it extends beyond the most posterior aspect of the condyle. This will help insure the proper posterior resection level (7mm).
- Adjust the flexion and tibial rotation of the knee so that the Spacer Block Handle rests flat on the tibial resection and back side of the **2-in-1 Cutting Block rests flat on the resected distal femur.**
- Proper placement of the 2-in-1 Cutting Block is achieved when the Spacer Block Handle contacts both the posterior condyle and the tibial resection and the **2-in-1 Cutting Block rests flat on the resected distal femur.** The 2-in-1 Cutting Block should be positioned so the anterior most anterior hole in the guide is centered on the distal resection.
- Pin the 2-in-1 Cutting Block into place.
- Unlock and remove Spacer Block.

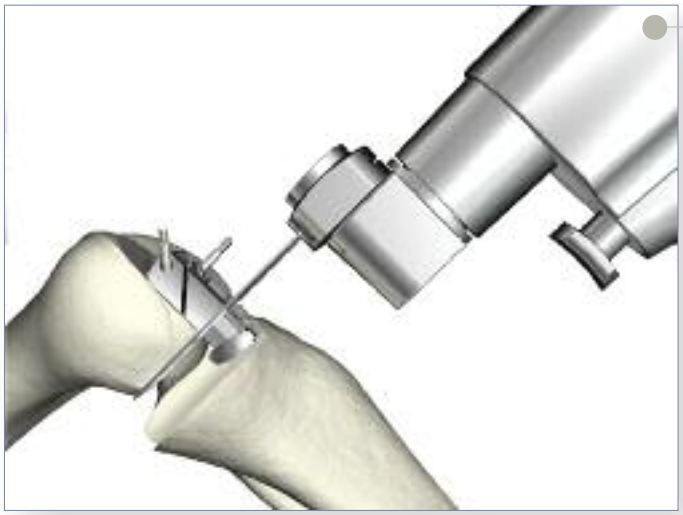


*Figure 25*

- Perform posterior resection.

*Figure 26*

- Perform chamfer resection.

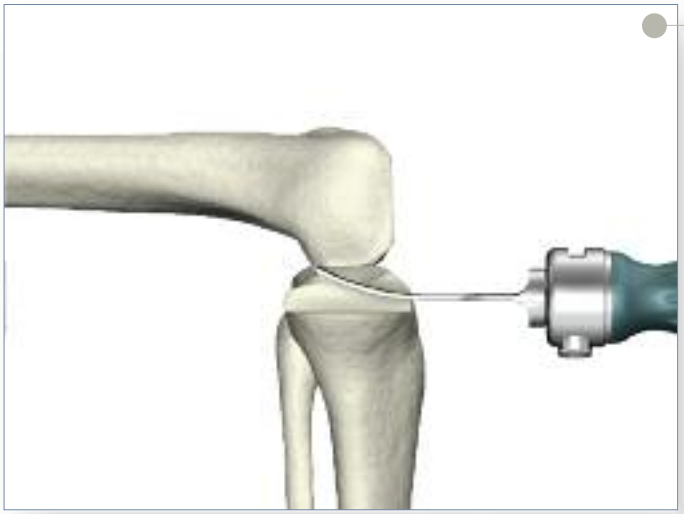


*Figure 27*

- Check for and remove posterior condylar osteophytes if necessary.


*Figure 28*

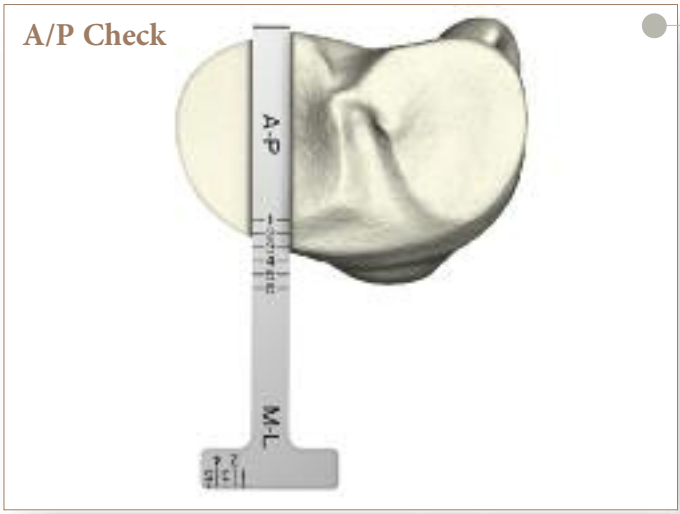



*Figure 29*

## Sizing and Trialing

### *Tibial Sizing*

- Using the Tibial Sizer, determine the best fit tibial component size. The Tibial Sizer should be placed flat on the transverse tibial resection and against the wall of the sagittal resection. The lip on the sizer should be hooked over the posterior edge of the tibia and pulled forward toward the surgeon. A secondary check of the tibial size can be made by checking the medial-lateral width of the tibial resection using the opposite end of the sizer at the widest cross-section of the tibial resection. If the A/P and M/L measurements do not both match the same size tibial component, the surgeon may consider increasing the tibial sagittal resection to improve tibial component fit.


*Figure 30*

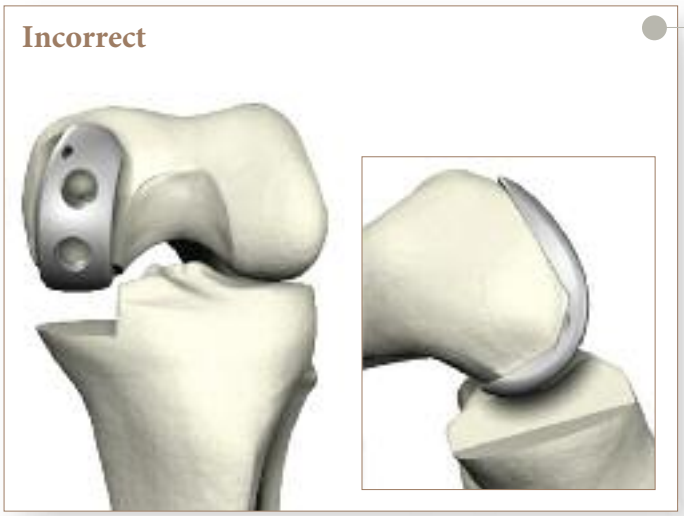



*Figure 31*

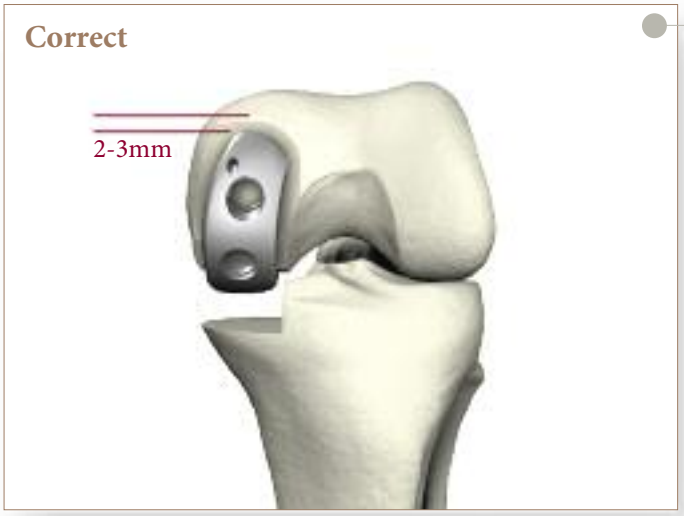



*Figure 32*

### *Femoral Trialing*

- Bring the knee into approximately 90 degrees of flexion.
- Select the Femoral Trial that most closely approximates the dimensions of the prepared femur. Insert the Femoral Trial into the incision and assemble onto the femoral condyle. Position the trial so that it rests on the distal and posterior surfaces.
- A properly sized femoral component should have 2mm-3mm of exposed bone above the anterior edge of the trial.

**Note:** The flexibility of this system allows for one up, one down, femoral and tibial size interchangeability.

*Figure 33*

- Repeat with additional trials until the proper size is selected. If the femur appears to be between two sizes, choose the smaller size. This will help to ensure proper patella tracking.
- Once the appropriate femoral component is chosen, insert the Tibial Trial beneath the femoral component.

### *Trial Reduction*

- Trial reduction allows the surgeon to check for accurate tibio-femoral tracking.
- A final check is made, with valgus and varus stress, to ensure that desired degree of varus/valgus laxity has been achieved.



*Figure 34*

### *Femoral Peg Preparation*

- Once the appropriate size and location of the femoral component is determined, the Femoral Trial can be pinned anteriorly for additional stability while preparing for femoral pegs.

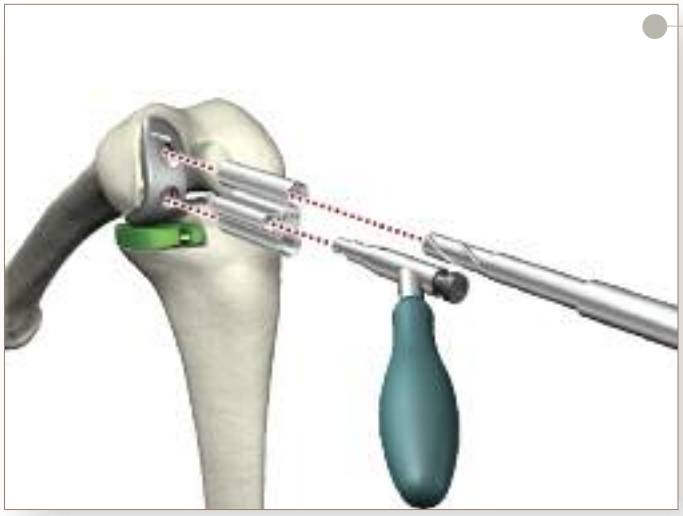


*Figure 35*

- The Femoral Trial Drill Guide is attached to the Modular Handle and assembled into the holes on the articulation surface of the Femoral Trial. Using the appropriately sized Peg Drill (Small Drill for sizes 1-2, Large Drill for sizes 3-6), both holes are drilled. The Peg Drill is advanced until the step on the drill makes contact with the front face of the Femoral Trial Drill Guide.

**Note:** To prevent possible impingement of the drill, fully engage the Peg Drill in the Femoral Trial Drill Guide before beginning to drill for the femoral peg holes.

*Figure 36*

- The Femoral Trial Drill Guide is removed from the trial and the Peg Trial is pushed into the posterior hole of the Femoral Trial. The knee is taken through a final range of motion to confirm component placement and size.
- The Femoral Trial Peg is removed with the Modular handle. Both the Femoral Trial and Tibial Trial are removed.

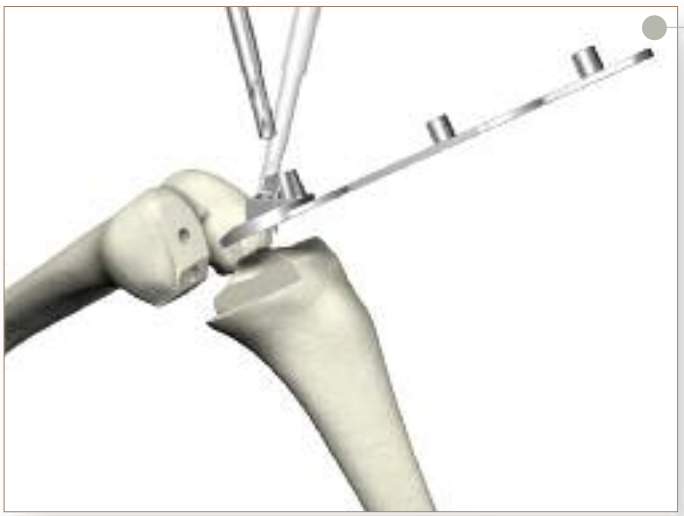


*Figure 37*

### *Tibial Peg Preparation*

- Tibial preparation is completed by inserting the appropriately sized Tibial Template into the joint. The Tibial Template should be flush with the wall of the sagittal resection and the anterior contour of the template even with the anterior cortical rim of the tibia.
- The template is held into place with spikes on the bottom of the template. A headless pin may be used for additional stabilization.
- Using the appropriately sized Peg Drill (Small Drill for sizes 1-2, Large Drill for sizes 3-6), both holes are drilled. The Peg Drill is advanced until the step on the drill makes contact with the face of the Tibial Template.

*Figure 38*

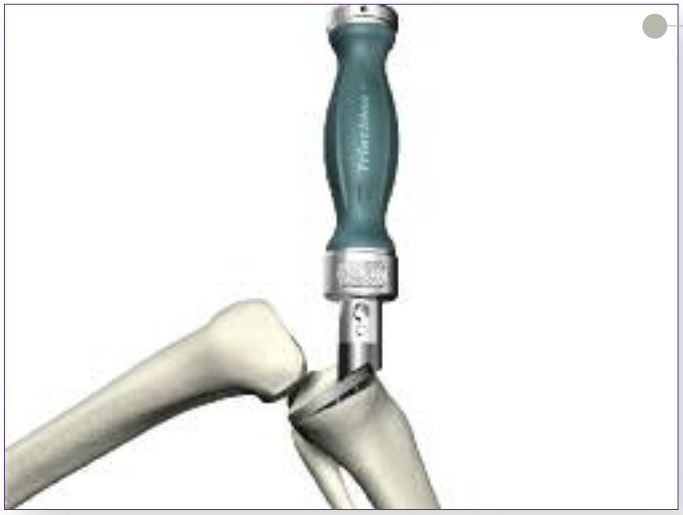


*Figure 39*

*Figure 40*

## Cementation

### *Tibial Cementation*

- Cement should be applied to both bone and implant surfaces to insure the best interdigitation.
- Press cement into the bone of the tibia, including the wall of the tibial eminence.
- Apply cement to the bottom and side wall of the component. Minimize the amount of cement used posteriorly on the implant.
- Impact tibial component into place. Remove excess cement from edge of tibia. Care should be taken to minimize excess cement in posterior aspect of the tibia.

**Note:** The interior area and rim of the tibial tray must be free of cement and debris to ensure a secure lock between the tibial insert and tibial tray.

### *Femoral Cementation*

- Cement should be applied to both bone and implant surfaces to ensure the best interdigitation.
- Press cement into the bone of the femur.
- Apply cement to the underside of the femoral component. Minimize the amount of cement used posteriorly on the implant.
- Impact Femoral component into place. Remove excess cement from edge of component. Care should be taken to minimize excess cement in posterior aspect of the femur.

*Figure 41*

### *Tibial Insert*

- Insert tibial insert onto the top of the tibial tray.
- Push the insert posteriorly into the tray until it engages on the posterior lip of the tibial tray.
- Using the tibial impactor, tap the front edge of the insert down until it seats in the tibial tray.

**Note:** The tibial insert has been designed so that there is a small space between the tibial insert and outer rim of the tibial tray. When the insert is properly seated, this space is of uniform thickness around the entire perimeter of outer rim of the tibial tray.

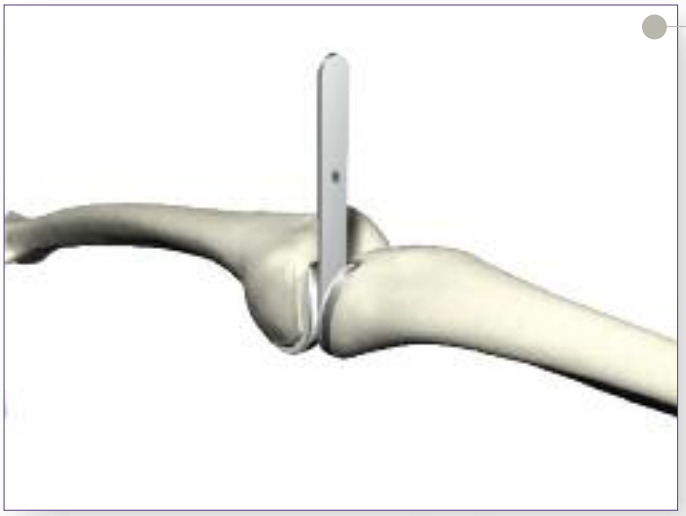


*Figure 42*

- The leg is brought out into extension for cement pressurization and again flexed for final cement removal.

**Note:** Avoid hyper-extension of the leg during the curing of the cement as this may cause posterior lift-off of the tibial component. A thin spacer device may be inserted into the joint before the leg is brought into extension to serve as additional cement pressurization during cement curing.

## Gap Balancing

***Flexion minus Extension = Distal Resection Guide***

| | | Extension Space (mm) | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| Flexion Space (mm) | 8 | Zero | Minus 1 | Minus 2 | Minus 3 | | | | |
| | 9 | Plus 1 | Zero | Minus 1 | Minus 2 | Minus 3 | | | |
| | 10 | Plus 2 | Plus 1 | Zero | Minus 1 | Minus 2 | Minus 3 | | |
| | 11 | | Plus 2 | Plus 1 | Zero | Minus 1 | Minus 2 | Minus 3 | |
| | 12 | | | Plus 2 | Plus 1 | Zero | Minus 1 | Minus 2 | Minus 3 |

| Catalog # | Description | Quantity in Kit |
|---|---|---|
| **Triathlon PKR Tibial & Femoral Prep Tray (Lower) Part Numbers** | | |
| **6541-4-602** | Universal Alignment Rods | 1 |
| **6633-7-605** | Headless Pin Puller | 1 |
| **6541-4-401** | Navigation Tracker Adapter | Optional |
| **6003-060-000** | Resection Plane Probe | Optional |
| **5650-2-600** | Tibial Sizer | 1 |
| **5650-2-601** | Tibial Template #1 LM/RL | 1 |
| **5650-2-602** | Tibial Template #2 LM/RL | 1 |
| **5650-2-603** | Tibial Template #3 LM/RL | 1 |
| **5650-2-604** | Tibial Template #4 LM/RL | 1 |
| **5650-2-605** | Tibial Template #5 LM/RL | 1 |
| **5650-2-606** | Tibial Template #6 LM/RL | 1 |
| **5650-2-611** | Tibial Template #1 RM/LL | 1 |
| **5650-2-612** | Tibial Template #2 RM/LL | 1 |
| **5650-2-613** | Tibial Template #3 RM/LL | 1 |
| **5650-2-614** | Tibial Template #4 RM/LL | 1 |
| **5650-2-615** | Tibial Template #5 RM/LL | 1 |
| **5650-2-616** | Tibial Template #6 RM/LL | 1 |
| **5650-8-101** | PKR Tibial & Femoral Prep Tray (Lower) | 1 |
| | | **Total Quantity 16** |

| Catalog # | Description | Quantity in Kit |
|---|---|---|
| **Triathlon PKR Tibial & Femoral Prep Tray (Upper) Part Numbers** | | |
| **7650-1038A** | 3.5" Fluted Headless Pins | 1 |
| **7650-1039A** | 2.5" Fluted Headless Pins | 1 |
| **7650-1035** | Pin Driver | 1 |
| **5650-0809** | Spacer Block Handle 8/9 | 1 |
| **5650-1011** | Spacer Block Handle 10/11 | 1 |
| **5650-1213** | Spacer Block Handle 12/13 | 1 |
| **5650-1415** | Spacer Block Handle 14/15 | 1 |
| **5650-4-806** | Spacer Block Alignment Handle | 1 |
| **5650-4-536A** | Peg Drill 3-6 | 1 |
| **5650-4-512A** | Peg Drill 1-2 | 1 |
| **8000-1040** | Ankle Clamp Assembly | 1 |
| **5650-2-617** | Proximal Rod | 1 |
| **5650-1-724** | Distal Resection Guide, Minus 3 | 1 |
| **5650-1-725** | Distal Resection Guide, Minus 2 | 1 |
| **5650-1-726** | Distal Resection Guide, Minus 1 | 1 |
| **5650-1-727** | Distal Resection Guide, Zero | 1 |
| **5650-1-728** | Distal Resection Guide, Plus 1 | 1 |
| **5650-1-729** | Distal Resection Guide, Plus 2 | 1 |
| **5650-1-700** | 2-in-1 Cutting Block, LM/RL | 1 |
| **5650-1-701** | 2-in-1 Cutting Block, RM/LL | 1 |
| **5650-2-424** | Tibial Stylus | 1 |
| **5650-2-700** | Tibial Resection Guide LM/RL Captured | 1 |
| **5650-2-701** | Tibial Resection Guide RM/LL Captured | 1 |
| **5650-2-702** | Tibial Resection Guide LM/RL Uncaptured | 1 |
| **5650-2-703** | Tibial Resection Guide RM/LL Uncaptured | 1 |
| **5650-8-001** | PKR Tibial & Femoral Prep Tray (Upper) | 1 |
| | | **Total Quantity 26** |

| Catalog # | Description | Quantity in Kit |
|---|---|---|
| **Triathlon PKR Tibial & Femoral Trials Tray (Upper) Part Numbers** | | |
| **6541-4-710** | Posterior Osteophyte Chisel | 1 |
| **6541-4-810** | Impaction Handle | 1 |
| **6541-4-808** | Modular Handle | 1 |
| **5650-4-805** | Tibial Trial Inserter/Extractor | 1 |
| **5650-4-811** | Femoral Impactor | 1 |
| **5650-4-812** | Tibial Impactor | 1 |
| **5650-1-712** | Femoral Trial Drill Guide LM/RL | 1 |
| **5650-1-713** | Femoral Trial Drill Guide RM/LL | 1 |
| **5630-T-108** | Tibial Trial #1 - 8mm | 1 |
| **5630-T-109** | Tibial Trial #1 - 9mm | 1 |
| **5630-T-110** | Tibial Trial #1 - 10mm | 1 |
| **5630-T-112** | Tibial Trial #1 - 12mm | 1 |
| **5630-T-208** | Tibial Trial #2 - 8mm | 1 |
| **5630-T-209** | Tibial Trial #2 - 9mm | 1 |
| **5630-T-210** | Tibial Trial #2 - 10mm | 1 |
| **5630-T-212** | Tibial Trial #2 - 12mm | 1 |
| **5630-T-308** | Tibial Trial #3 - 8mm | 1 |
| **5630-T-309** | Tibial Trial #3 - 9mm | 1 |
| **5630-T-310** | Tibial Trial #3 - 10mm | 1 |
| **5630-T-312** | Tibial Trial #3 - 12mm | 1 |
| **5630-T-408** | Tibial Trial #4 - 8mm | 1 |
| **5630-T-409** | Tibial Trial #4 - 9mm | 1 |
| **5630-T-410** | Tibial Trial #4 - 10mm | 1 |
| **5630-T-412** | Tibial Trial #4 - 12mm | 1 |
| **5630-T-508** | Tibial Trial #5 - 8mm | 1 |
| **5630-T-509** | Tibial Trial #5 - 9mm | 1 |
| **5630-T-510** | Tibial Trial #5 - 10mm | 1 |
| **5630-T-512** | Tibial Trial #5 - 12mm | 1 |
| **5630-T-608** | Tibial Trial #6 - 8mm | 1 |
| **5630-T-609** | Tibial Trial #6 - 9mm | 1 |
| **5630-T-610** | Tibial Trial #6 - 10mm | 1 |
| **5630-T-612** | Tibial Trial #6 - 12mm | 1 |

Catalog



Continued

| Catalog # | Description | Quantity in Kit |
|---|---|---|
| **Triathlon PKR Tibial & Femoral Trials Tray (Upper) Part Numbers** | | |
| **5610-T-101** | Drill Thru Femoral Trial #1 LM/RL | 1 |
| **5610-T-102** | Drill Thru Femoral Trial #1 RM/LL | 1 |
| **5610-T-201** | Drill Thru Femoral Trial #2 LM/RL | 1 |
| **5610-T-202** | Drill Thru Femoral Trial #2 RM/LL | 1 |
| **5610-T-301** | Drill Thru Femoral Trial #3 LM/RL | 1 |
| **5610-T-302** | Drill Thru Femoral Trial #3 RM/LL | 1 |
| **5610-T-401** | Drill Thru Femoral Trial #4 LM/RL | 1 |
| **5610-T-402** | Drill Thru Femoral Trial #4 RM/LL | 1 |
| **5610-T-501** | Drill Thru Femoral Trial #5 LM/RL | 1 |
| **5610-T-502** | Drill Thru Femoral Trial #5 RM/LL | 1 |
| **5610-T-601** | Drill Thru Femoral Trial #6 LM/RL | 1 |
| **5610-T-602** | Drill Thru Femoral Trial #6 RM/LL | 1 |
| **5650-4-800** | Joint Tension Feeler Gage | 1 |
| **5610-T-012** | Peg Trial 1-2 | 1 |
| **5610-T-036** | Peg Trial 3-6 | 1 |
| **6541-4-808** | Modular Handle | 1 |
| **6541-4-810** | Impaction Handle | 1 |
| **5650-8-002** | PKR Tibial & Femoral Trials Tray (Upper) | 1 |
| | **Total Quantity** | **50** |

| | | |
|---|---|---|
| **6541-9-000** | Triathlon Case (Only Two Needed) | 2 |

| Catalog # | Description |
|---|---|
| **Triathlon PKR Insert Part Numbers** | |
| **5630-G-108** | Triathlon PKR Insert X3 #1 LM/RL - 8mm |
| **5630-G-109** | Triathlon PKR Insert X3 #1 LM/RL - 9mm |
| **5630-G-110** | Triathlon PKR Insert X3 #1 LM/RL - 10mm |
| **5630-G-112** | Triathlon PKR Insert X3 #1 LM/RL - 12mm |
| **5630-G-128** | Triathlon PKR Insert X3 #1 RM/LL - 8mm |
| **5630-G-129** | Triathlon PKR Insert X3 #1 RM/LL - 9mm |
| **5630-G-120** | Triathlon PKR Insert X3 #1 RM/LL - 10mm |
| **5630-G-122** | Triathlon PKR Insert X3 #1 RM/LL - 12mm |
| **5630-G-208** | Triathlon PKR Insert X3 #2 LM/RL - 8mm |
| **5630-G-209** | Triathlon PKR Insert X3 #2 LM/RL - 9mm |
| **5630-G-210** | Triathlon PKR Insert X3 #2 LM/RL - 10mm |
| **5630-G-212** | Triathlon PKR Insert X3 #2 LM/RL - 12mm |
| **5630-G-228** | Triathlon PKR Insert X3 #2 RM/LL - 8mm |
| **5630-G-229** | Triathlon PKR Insert X3 #2 RM/LL - 9mm |
| **5630-G-220** | Triathlon PKR Insert X3 #2 RM/LL - 10mm |
| **5630-G-222** | Triathlon PKR Insert X3 #2 RM/LL - 12mm |
| **5630-G-308** | Triathlon PKR Insert X3 #3 LM/RL - 8mm |
| **5630-G-309** | Triathlon PKR Insert X3 #3 LM/RL - 9mm |
| **5630-G-310** | Triathlon PKR Insert X3 #3 LM/RL - 10mm |
| **5630-G-312** | Triathlon PKR Insert X3 #3 LM/RL - 12mm |
| **5630-G-328** | Triathlon PKR Insert X3 #3 RM/LL - 8mm |
| **5630-G-329** | Triathlon PKR Insert X3 #3 RM/LL - 9mm |
| **5630-G-320** | Triathlon PKR Insert X3 #3 RM/LL - 10mm |
| **5630-G-322** | Triathlon PKR Insert X3 #3 RM/LL - 12mm |





Continued

| Catalog # | Description |
|---|---|
| **Triathlon PKR Insert Part Numbers** | |
| **5630-G-408** | Triathlon PKR Insert X3 #4 LM/RL - 8mm |
| **5630-G-409** | Triathlon PKR Insert X3 #4 LM/RL - 9mm |
| **5630-G-410** | Triathlon PKR Insert X3 #4 LM/RL - 10mm |
| **5630-G-412** | Triathlon PKR Insert X3 #4 LM/RL - 12mm |
| **5630-G-428** | Triathlon PKR Insert X3 #4 RM/LL - 8mm |
| **5630-G-429** | Triathlon PKR Insert X3 #4 RM/LL - 9mm |
| **5630-G-420** | Triathlon PKR Insert X3 #4 RM/LL - 10mm |
| **5630-G-422** | Triathlon PKR Insert X3 #4 RM/LL - 12mm |
| **5630-G-508** | Triathlon PKR Insert X3 #5 LM/RL - 8mm |
| **5630-G-509** | Triathlon PKR Insert X3 #5 LM/RL - 9mm |
| **5630-G-510** | Triathlon PKR Insert X3 #5 LM/RL - 10mm |
| **5630-G-512** | Triathlon PKR Insert X3 #5 LM/RL - 12mm |
| **5630-G-528** | Triathlon PKR Insert X3 #5 RM/LL - 8mm |
| **5630-G-529** | Triathlon PKR Insert X3 #5 RM/LL - 9mm |
| **5630-G-520** | Triathlon PKR Insert X3 #5 RM/LL - 10mm |
| **5630-G-522** | Triathlon PKR Insert X3 #5 RM/LL - 12mm |
| **5630-G-608** | Triathlon PKR Insert X3 #6 LM/RL - 8mm |
| **5630-G-609** | Triathlon PKR Insert X3 #6 LM/RL - 9mm |
| **5630-G-610** | Triathlon PKR Insert X3 #6 LM/RL - 10mm |
| **5630-G-612** | Triathlon PKR Insert X3 #6 LM/RL - 12mm |
| **5630-G-628** | Triathlon PKR Insert X3 #6 RM/LL - 8mm |
| **5630-G-629** | Triathlon PKR Insert X3 #6 RM/LL - 9mm |
| **5630-G-620** | Triathlon PKR Insert X3 #6 RM/LL - 10mm |
| **5630-G-622** | Triathlon PKR Insert X3 #6 RM/LL - 12mm |

| Catalog # | Description |
|---|---|
| **Triathlon PKR Femur Part Numbers** | |
| **5610-F-101** | Triathlon PKR Femur #1 LM/RL |
| **5610-F-201** | Triathlon PKR Femur #2 LM/RL |
| **5610-F-301** | Triathlon PKR Femur #3 LM/RL |
| **5610-F-401** | Triathlon PKR Femur #4 LM/RL |
| **5610-F-501** | Triathlon PKR Femur #5 LM/RL |
| **5610-F-601** | Triathlon PKR Femur #6 LM/RL |
| **5610-F-102** | Triathlon PKR Femur #1 RM/LL |
| **5610-F-202** | Triathlon PKR Femur #2 RM/LL |
| **5610-F-302** | Triathlon PKR Femur #3 RM/LL |
| **5610-F-402** | Triathlon PKR Femur #4 RM/LL |
| **5610-F-502** | Triathlon PKR Femur #5 RM/LL |
| **5610-F-602** | Triathlon PKR Femur #6 RM/LL |
| **Triathlon PKR Baseplate Part Numbers** | |
| **5620-B-101** | Triathlon PKR Baseplate #1 LM/RL |
| **5620-B-201** | Triathlon PKR Baseplate #2 LM/RL |
| **5620-B-301** | Triathlon PKR Baseplate #3 LM/RL |
| **5620-B-401** | Triathlon PKR Baseplate #4 LM/RL |
| **5620-B-501** | Triathlon PKR Baseplate #5 LM/RL |
| **5620-B-601** | Triathlon PKR Baseplate #6 LM/RL |
| **5620-B-102** | Triathlon PKR Baseplate #1 RM/LL |
| **5620-B-202** | Triathlon PKR Baseplate #2 RM/LL |
| **5620-B-302** | Triathlon PKR Baseplate #3 RM/LL |
| **5620-B-402** | Triathlon PKR Baseplate #4 RM/LL |
| **5620-B-502** | Triathlon PKR Baseplate #5 RM/LL |
| **5620-B-602** | Triathlon PKR Baseplate #6 RM/LL |

## Notes

## Notes

## Notes

stryker®

**Joint Replacements**

**Trauma, Extremities & Deformities**

**Craniomaxillofacial**

**Spine**

**Biologics**

**Surgical Products**

**Neuro & ENT**

**Interventional Pain**

**Navigation**

**Endoscopy**

**Communications**

**Imaging**

**Patient Handling Equipment**

325 Corporate Drive
Mahwah, NJ 07430
**t: 201 831 5000**

www.stryker.com

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.



Literature Number: **LTPKR-SP Rev. 4**