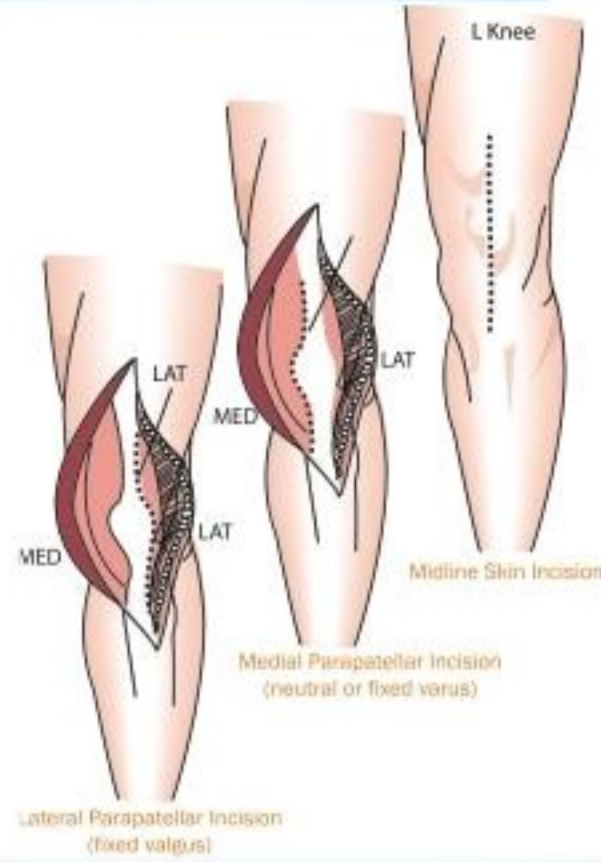


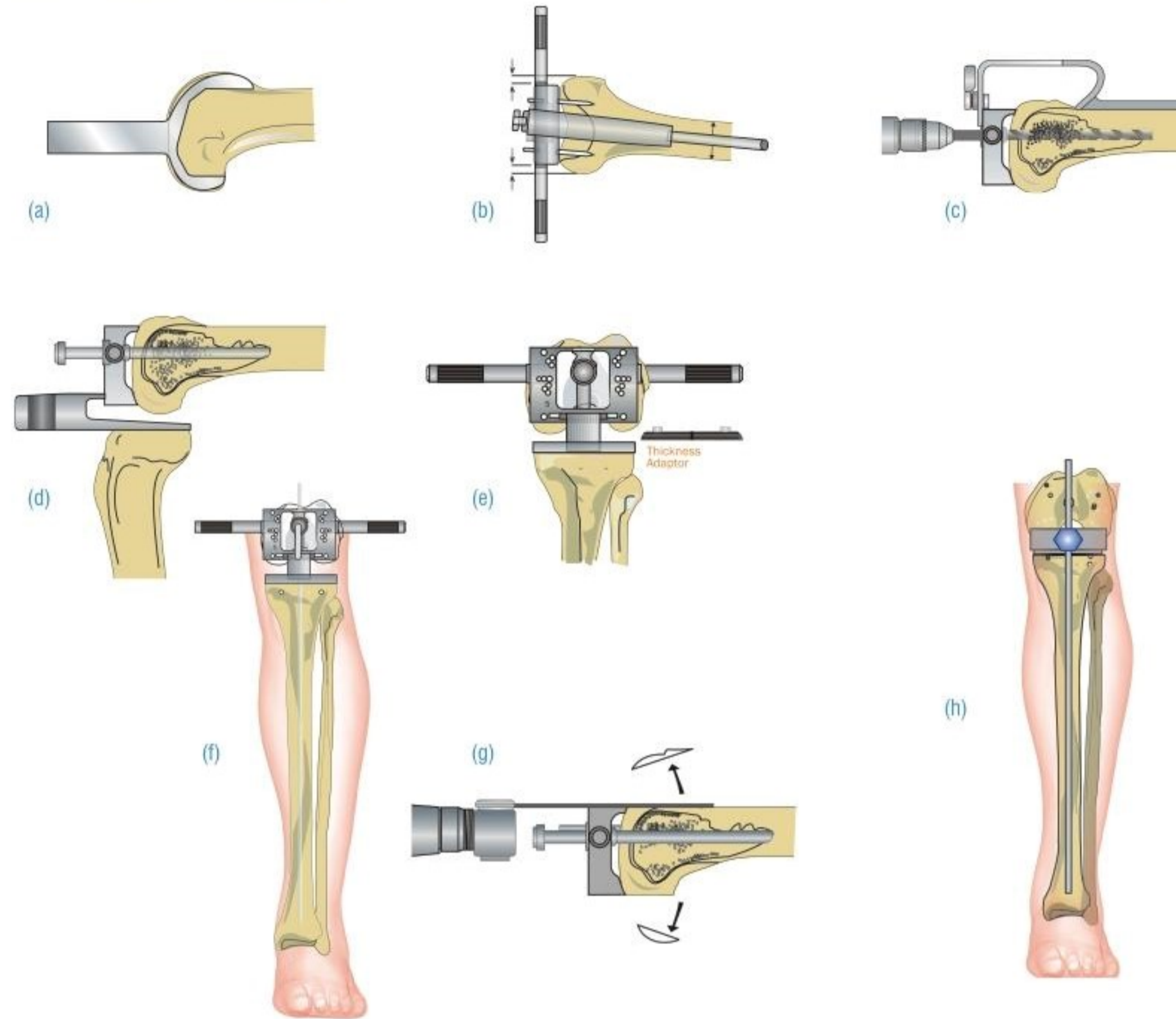
### 1 Exposure & Releases



### 2 Tibial Resection



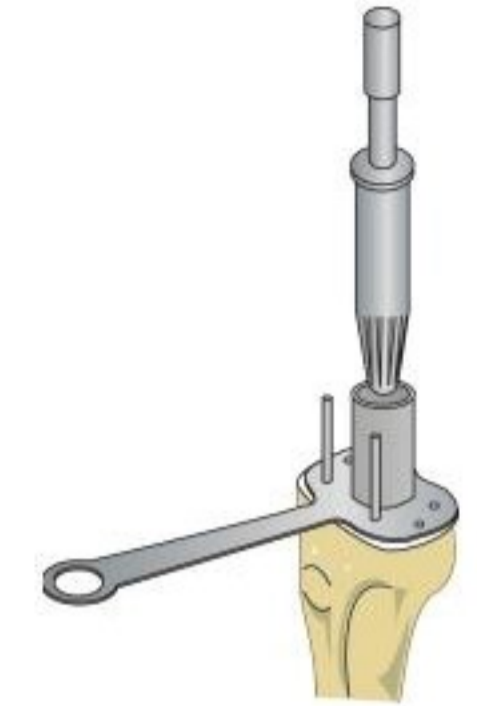
### 3 A-P Femoral Resection



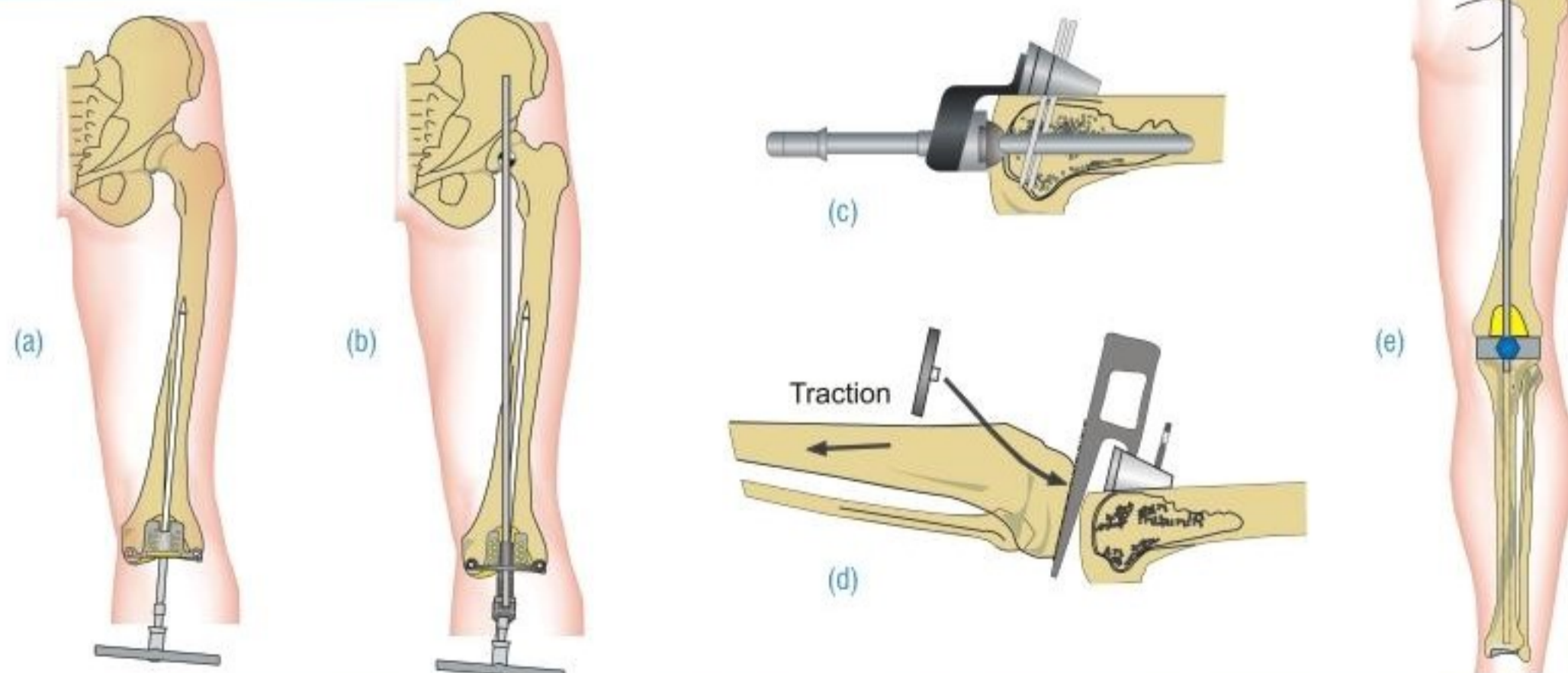
### 5 Femoral Finishing Resection



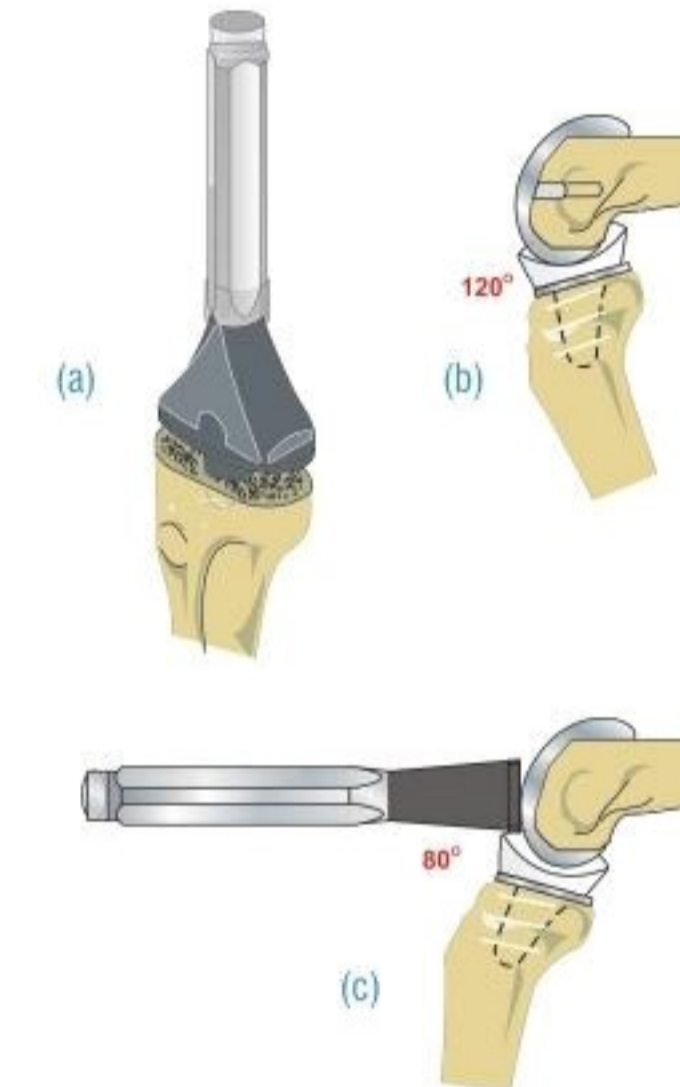
### 6 Final Tibial Preparation



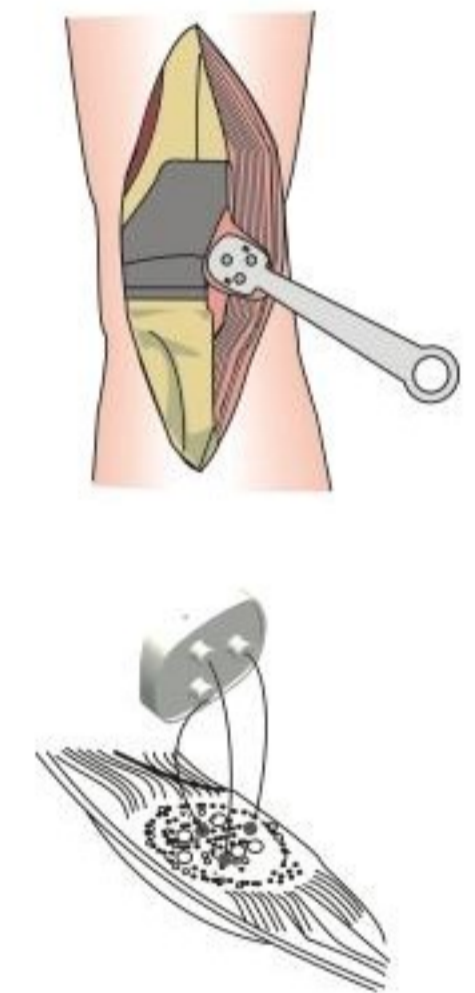
### 4 Distal Femoral Resection



### 7 Trial Reduction



### 8 Patellar Preparation



## SURGICAL PROCEDURE

The surgical procedure, as originally developed by Dr. F.F. Buechel a quarter century ago, is used with further refinement in procedure and instrumentation. It uses a "tibia-cut-first" approach to provide balanced flexion and extension ligament tension needed for optimal knee function.

Primary femoral bone cuts preserve a maximum of bone stock using the anterior femoral shaft, epicondyles and center of the femoral canal for surgical reference points. Slight external rotation of the femoral component allows for a perpendicular resection of the proximal tibia in the medial lateral plane, while providing equal medial and lateral compartment tension in flexion, as well as providing a more stable tracking position for the patella.

Posterior inclination of the proximal tibial cut, parallel to the anatomical inclination angle during this procedure, provides compressive loading of tibial components and avoids the shearing effects associated with perpendicular lateral plane resections.

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