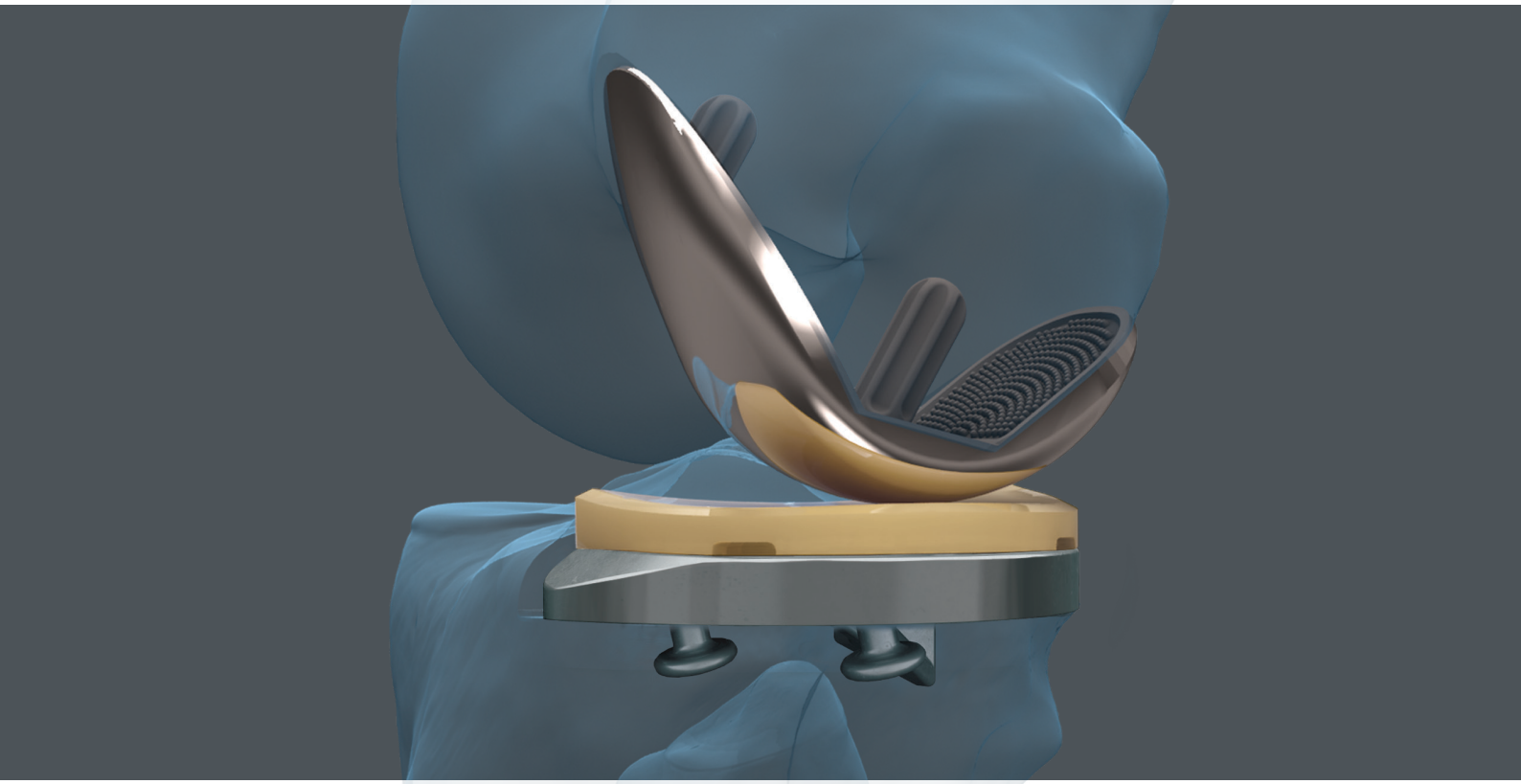
# iBalance® UKA System

Surgical Technique

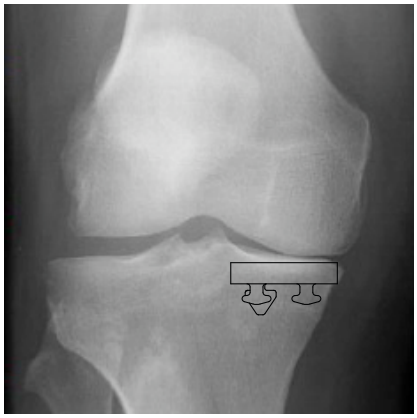


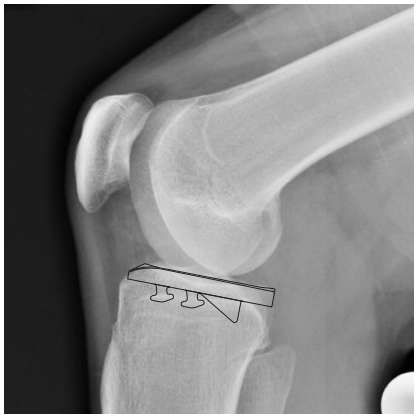
Arthrex®

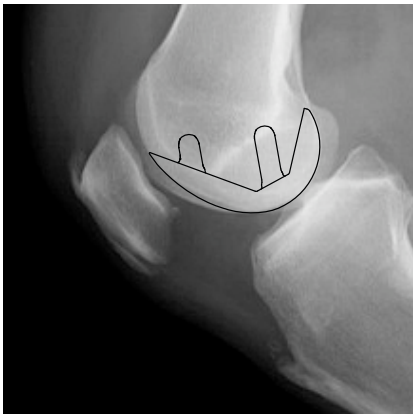
This technique guide was developed in conjunction with
Mark D. Campbell, MD, and Alan L. Valadie, MD.

## Preoperative Templating

Preoperative templating can be accomplished using conventional acetate templates (AR-501) or a variety of available third-party digital templating solutions.







**Tibia:** The tibia is templated on the AP and lateral radiographs. The tibial component should not undermine the tibial eminence and should not extend past the cortex but should also not be undersized to maintain adequate cortical support of the implant.

**Femur:** The femur is templated on the lateral radiograph. The template should be superimposed over the operative condyle (medial shown in this example) and the component should match the curvature of the condyle as closely as possible without overhanging posteriorly.

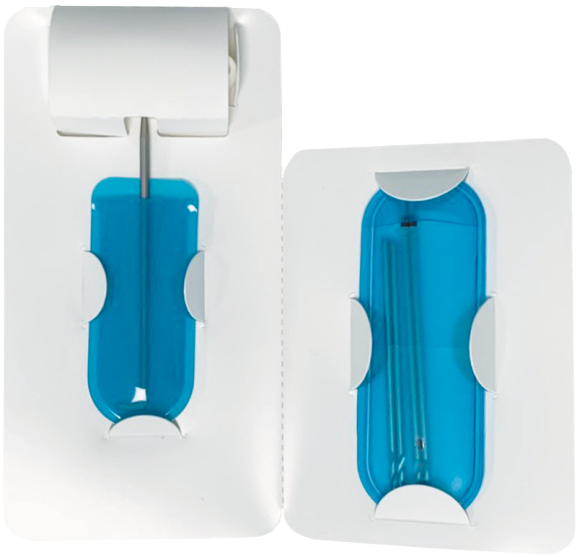
**Incision:** When resurfacing the medial compartment, make a longitudinal incision medial to the midline of the knee; the quadriceps can be handled with a subvastus, midvastus, or mini parapatellar arthrotomy.

When resurfacing the lateral compartment, offset the incision over the lateral compartment and dissect the capsule using a lateral parapatellar approach. Incise the capsule and extend the incision proximally along the distal edge of the vastus lateralis. It should be noted that the patellar tendon extends quite far across the lateral compartment. It is important to retract the tendon medially so that the vertical saw cut can be made sufficiently medial for optimum component placement and to avoid unintentional external rotation.

**Exposure:** Depending on which compartment is being resurfaced, release the soft tissues from the very proximal edge of the corresponding plateau to allow insertion of a small retractor. Often it is helpful to remove a small amount of the anterior fat pad. Any significant collateral release should be avoided.

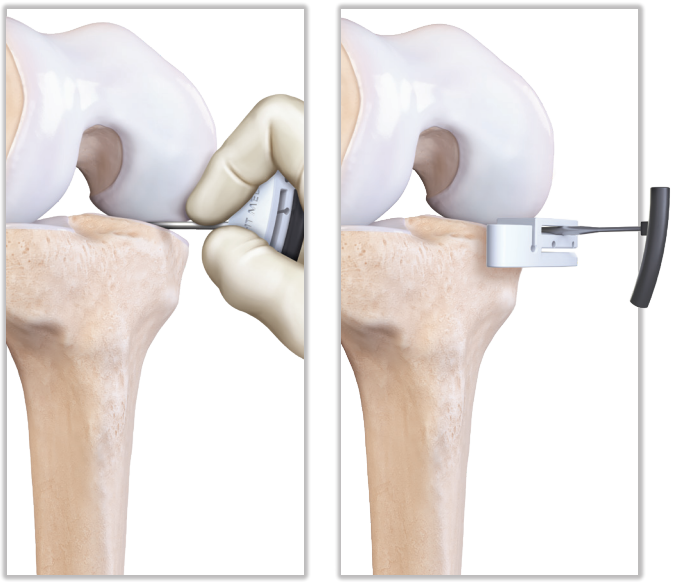
**Osteophyte Removal:** Prior to beginning the bony preparation of the tibia and femur, inspect the operative compartment and remove any peripheral osteophytes from the margins of the femoral condyle, intercondylar notch, posterior tibial plateau, and from beneath the medial or lateral collateral ligament.

## Tibial Resection: Disposable Cutting Guide

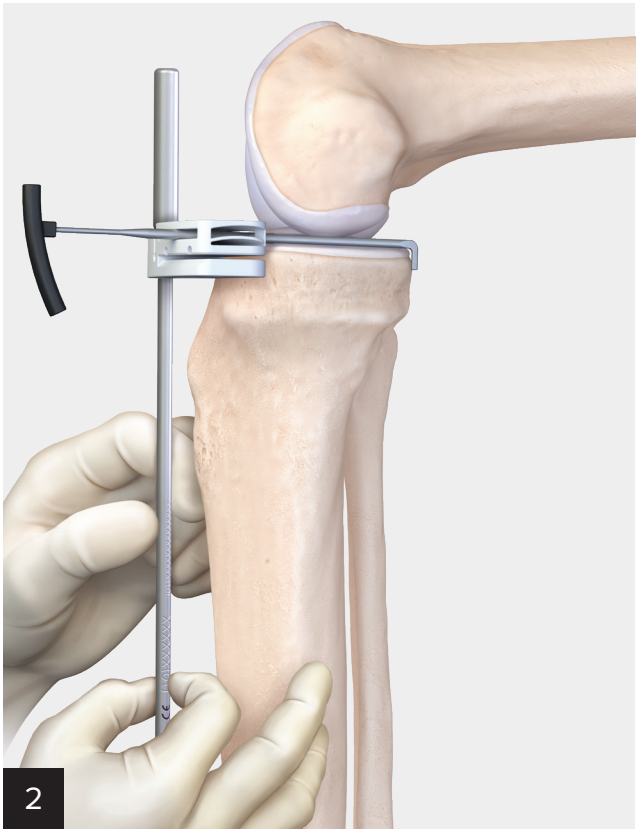


The iBalance® UKA disposable tibial cutting guide is an innovative yet simplistic device that assists with tibial resection by providing patient-specific tibial slope and resection level while allowing the surgeon control over rotation and varus/valgus alignment.


Holding the appropriate side of the cutting block in your hand as an extension of the handle, insert the hook into the joint space at the midline of the femoral condyle. Once past the posterior cortex, rotate the hook 90˚.



**Note: When appropriately inserted, the hook defines the native tibial slope as referenced by the anterior and posterior aspect of the tibia as well as appropriate tibial resection level by creating a 9 mm space from the posterior femur to the tibial resection.**



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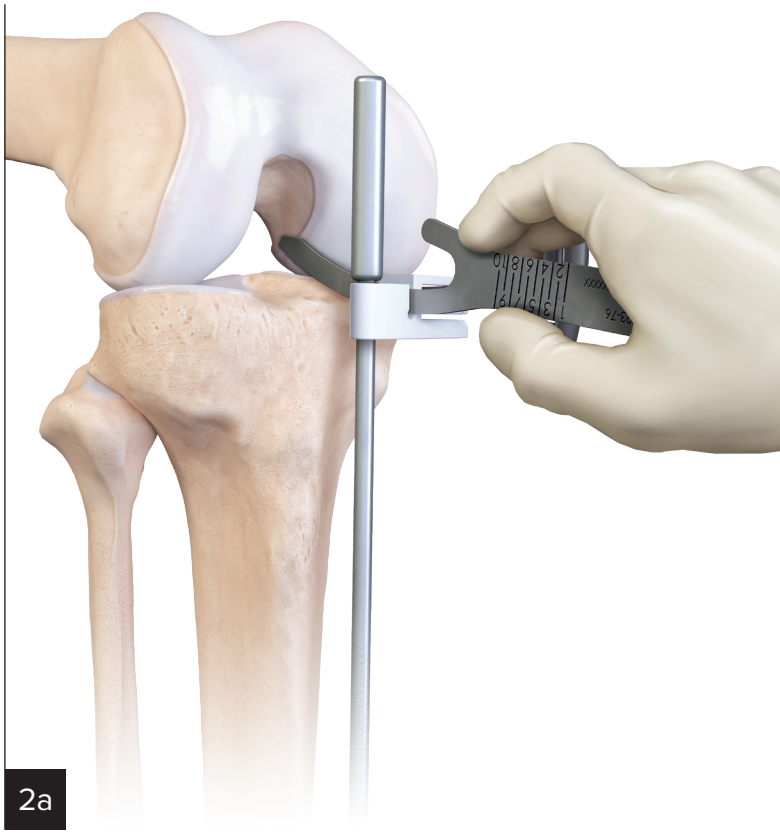
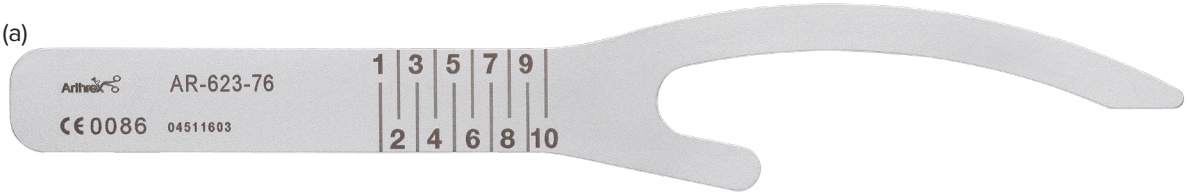


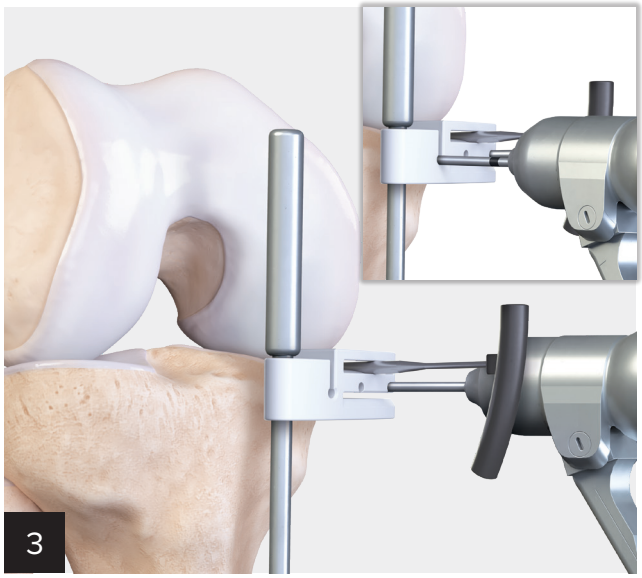
2a

Slide the cutting block toward the tibia while rotating the upward end toward the midline of the tibia. Insert a drop rod into the cutting block and slide and rotate the cutting block about the hook as necessary so the cutting block is appropriately aligned.
**Note: The drop rod is used for appropriate varus/valgus alignment. When helpful, an angel wing (a) may be used to ensure appropriate internal/external rotation as well as medial lateral positioning (2a).**

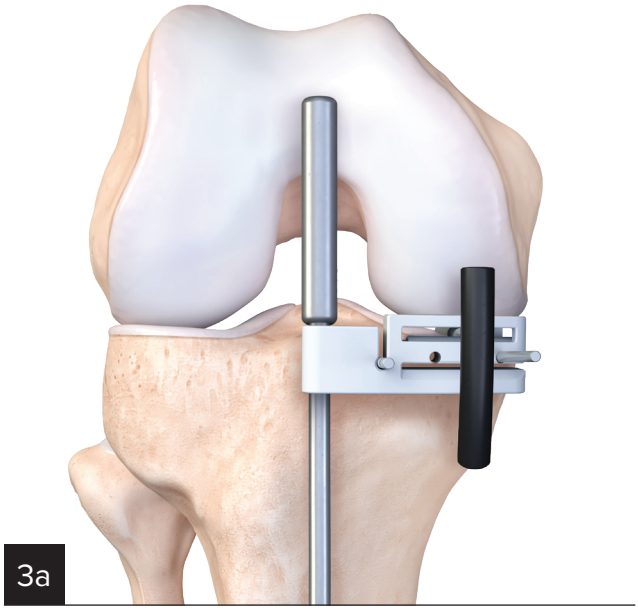
- The kit includes 4 mm and 2.4 mm pins: two are 75 mm and the two with the black band are 95 mm.

(a)

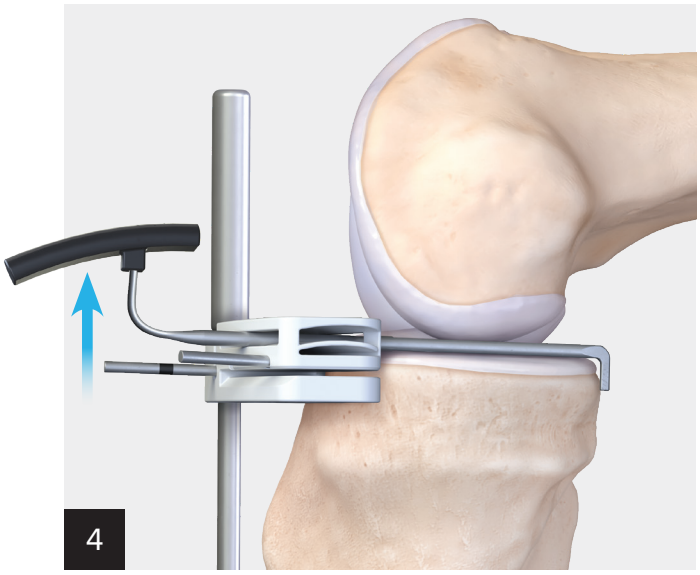




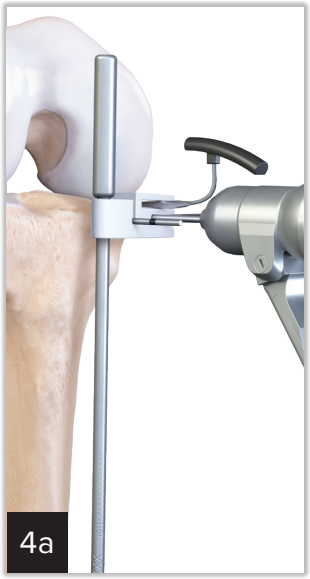

Insert the first two pins in the most accessible holes, typically the hinge hole and the most medial fixation point.

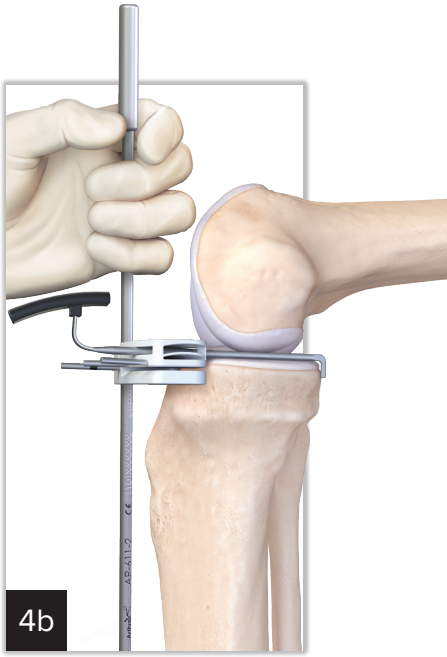



Verify that the alignment is satisfactory.

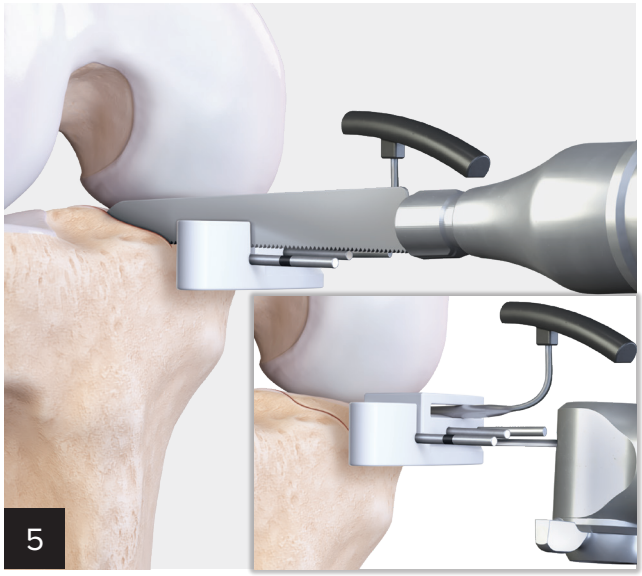



After verifying satisfactory alignment, bend the black handle upward and insert the third fixation pin.

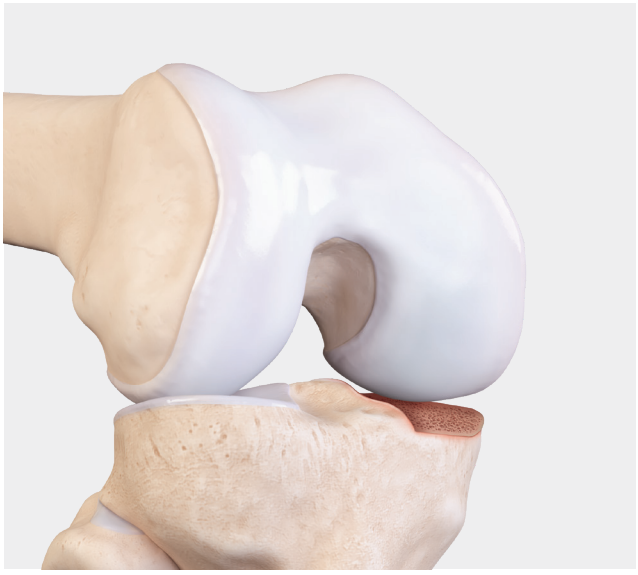



Remove the drop rod and angel wing if still in place and ensure appropriate retraction is in place to protect the MCL.




Perform both vertical and horizontal resection using a standard reciprocating saw then a 1.27 mm × 13 mm sagittal saw.
**Note: The fixation pins above the resection can be used as a secondary guide beyond the capture to help define the appropriate plane of the saw.**

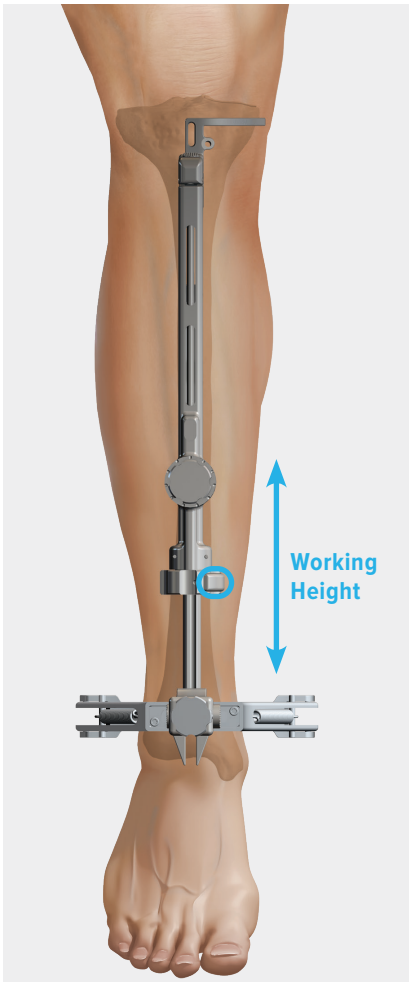


After vertical and horizontal cuts

## Complete Resection

Provided a complete resection is performed, the hook and above resection fixation may be used to facilitate tibial bone removal.

Soft-tissue attachments or residual bone bridges may still hamper removal, at which point the pins and hook can be removed prior to the resected tibial bone.

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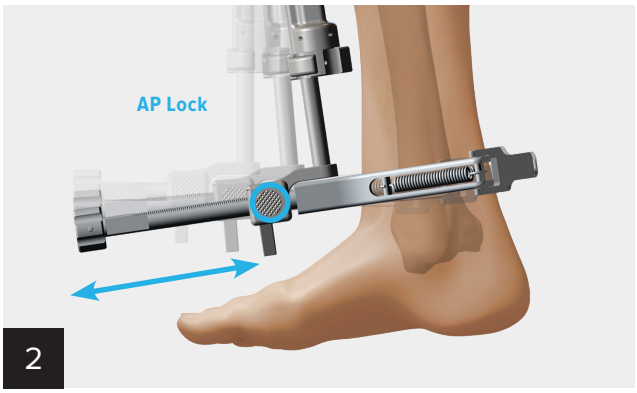
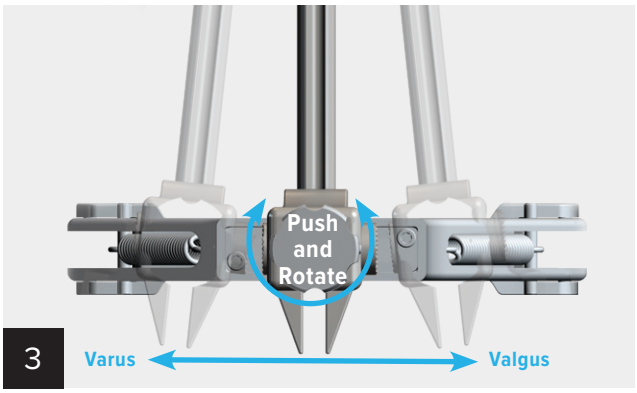
Assemble the tibial alignment guide and place it on the operative limb. Adjust the working height and position the tibial alignment guide so the proximal oval is midline to the tibial crest and the cutting surface is approximately at the border of the anterior articular cartilage. Drive a single pin into the lower portion of the cutting guide oval.

## Tibial Resection

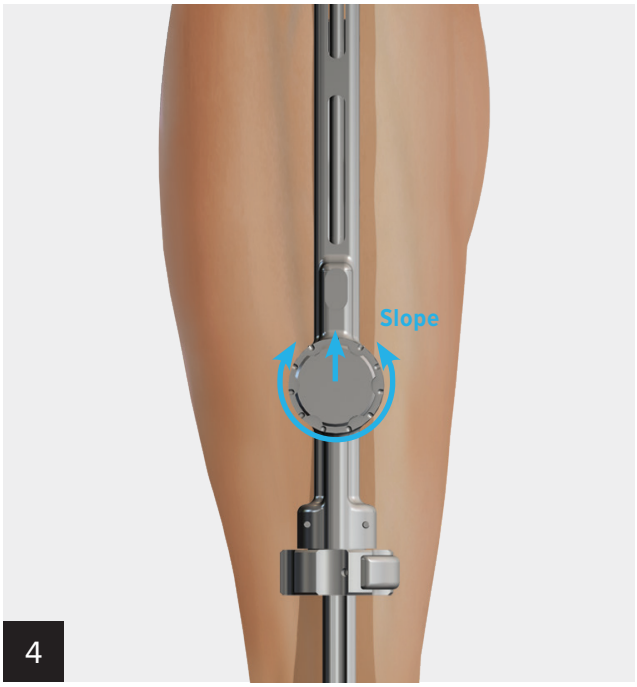
- Should be neutral to tibial mechanical axis
- Should match the anatomic tibial slope
- Should be of minimal amount to appropriately tension the collateral ligament in flexion with an 8 mm spacer block




The long axis of the alignment guide should first be set parallel to the tibial axis in the sagittal plane. Press the AP lock button to the right. Freely adjust the AP position. Press the AP lock button to the left to lock the adjustment.



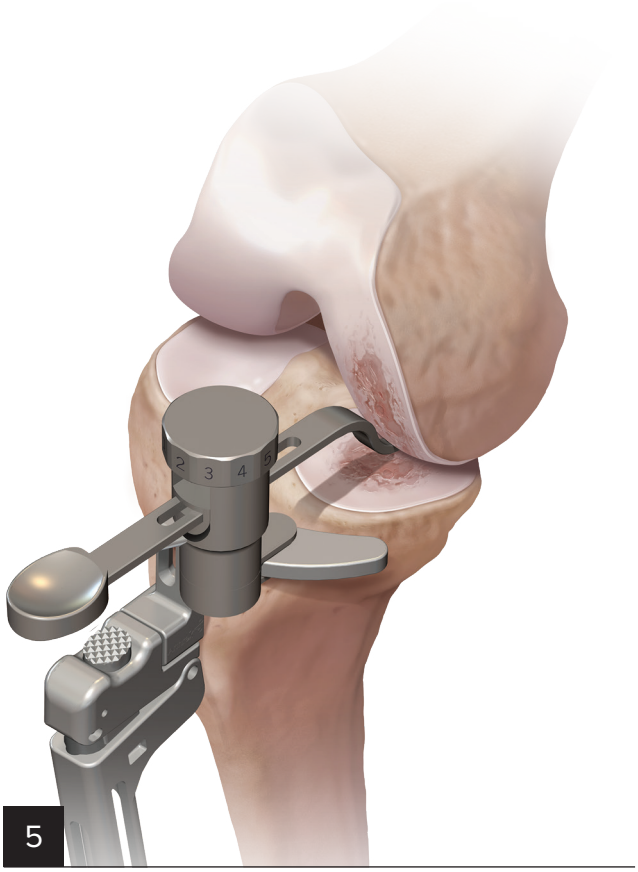

Varus/valgus alignment is accomplished by aligning the long axis of the tibial guide parallel to the long axis of the tibia in the coronal plane. Push in on the distal-most dial and rotate to the appropriate position. Once released, the adjustment will lock into position.





Slope may be adjusted independent of tibial length. Starting with the arrow up (neutral slope position), rotate the central dial clockwise to increase slope. **Note: Slope will increase 1˚ for each click of the knob. The generally accepted goal is to match native slope as closely as possible.**

## Tibial Resection Depth

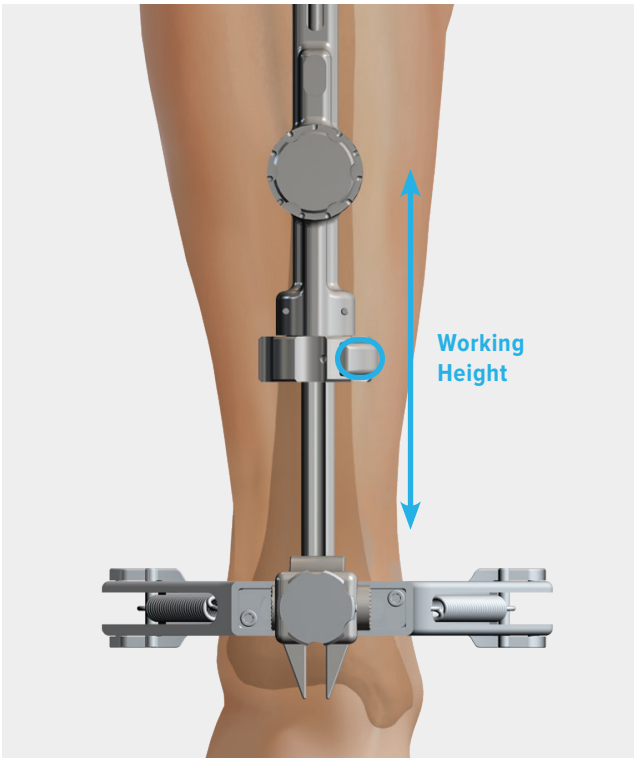



A single adjustable (0 mm to 10 mm) tibial stylus is available.
**Note: The amount of tibial resection is dependent on amount of MCL laxity; more laxity requires less bone resection and less laxity could result in a larger resection. Caution must be taken to ensure overresection of the tibia does not occur.**

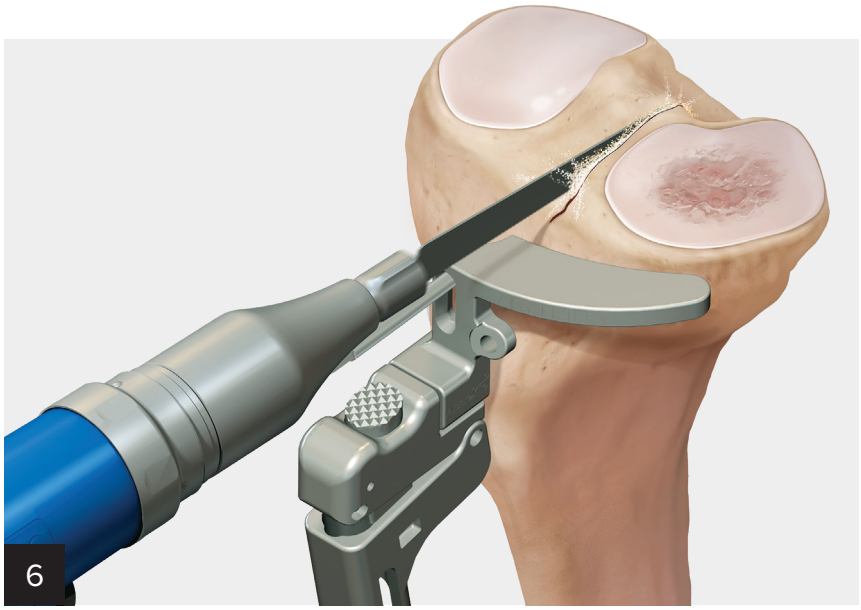
Estimate the amount of MCL laxity in flexion and set the adjustable stylus to the appropriate amount of resection such that an 8 mm spacer block will fit into the resultant flexion space. Slide the tibial stylus over the tibial resection guide as shown. Adjust the resection height so that the stylus tip touches on the tibial plateau at the lowest point of the chondral defect. This is accomplished with gross motion of the working height button or fine motion by rotating the dial.

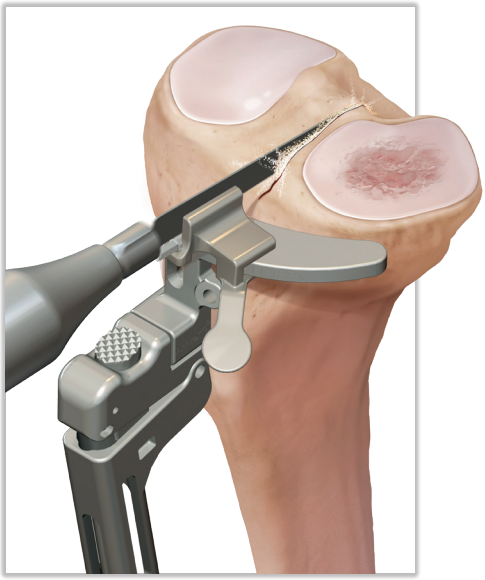
- Clockwise rotation will move the cutting guide down
- Counterclockwise rotation moves the cutting guide up
- One complete revolution creates 1 mm of travel

The stylus can then be removed from the cutting block. Should additional tibial bone need to be resected, the slope or the fine height adjustment may easily be adjusted.




## Vertical Tibial Cut

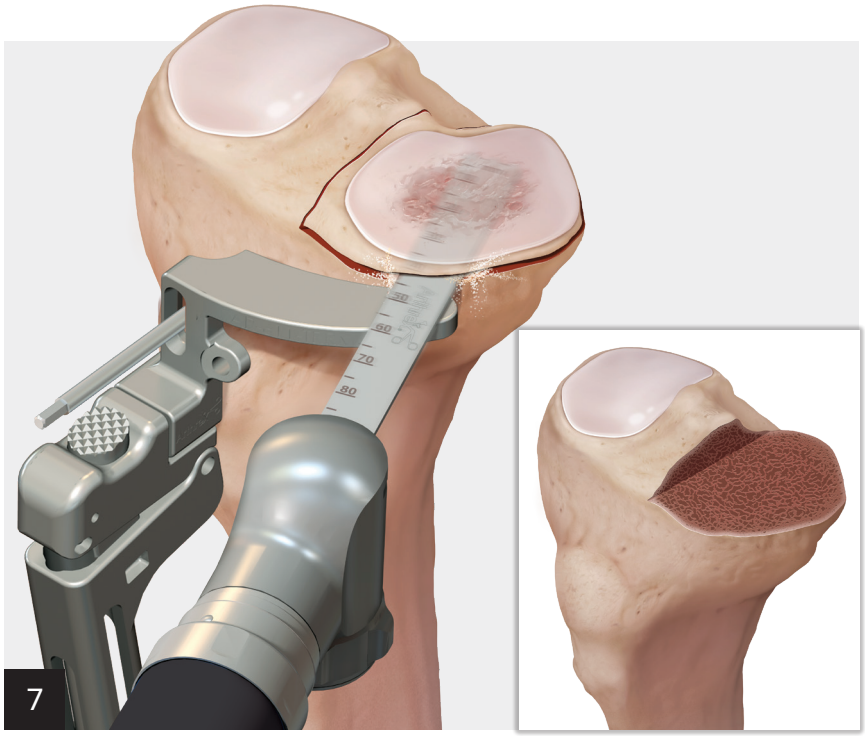


Use a reciprocating saw to make the vertical tibial cut, ensuring it is located at the edge of the tibial eminence and parallel to the level of the tibial cutting guide. It is important to maximize lateralization of the vertical wall while avoiding damage to the ACL attachment. This will allow for maximum tibial component coverage. The location and orientation of the vertical cut will directly influence the size and position of the tibial component. Proper attention to this detail is important.

An optional vertical cutting guide may be used to ensure proper vertical nature of the resection. **Note: This guide may also minimize posterior overresection and undercutting of the horizontal cut through the use of a guided fixation pin.**

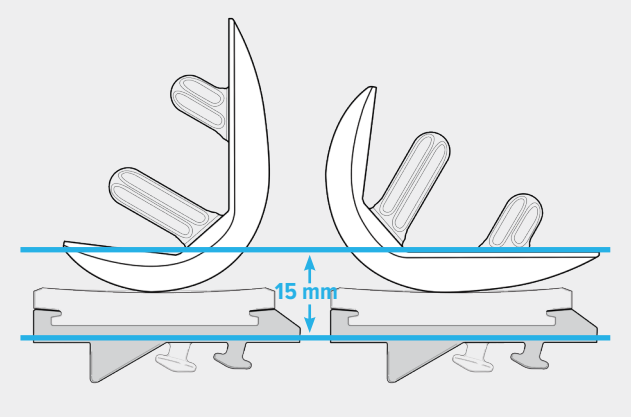
## Horizontal Tibial Cut




**Ensure proper retraction is used to protect the collateral ligament.** Use a 1.27 mm × 13 mm sagittal saw to perform the horizontal cut. Hold the saw blade flat against the surface of the tibial resection guide and take care not to allow the saw to undermine the tibial eminence.

**Do not flex the blade in order to not unduly increase or decrease tibial slope.** Remove the resected tibial plateau, which can be evaluated for accuracy in slope preservation and estimated tibial size.

## Principles of iBalance® UKA System




iBalance UKA implants have a femoral thickness of 7 mm distal, posterior, and at midflexion. Tibial thickness options range from 8 mm to 12 mm in 1 mm increments with a 14 mm option also available. This corresponds to an overall composite thickness of between 15 mm to 21 mm.

**The iBalance UKA system exemplifies the key priorities that define the success of unicondylar knee arthroplasty:**

- Single-radius femoral design ensures balanced collateral tension throughout range of motion
- Tibial cortical support is preserved through all aspects of instrument fixation
- Independent control of flexion and extension space provide uncompromising joint line control, ligament balancing, bone preservation, and kinematic restoration
- Patented fixation structures on both the femoral and tibial components provide robust anchoring of the implants

## Principles of Gap Balancing

iBalance UKA provides the clinical flexibility for the surgeon to control the balance between joint-line preservation and tibial-bone conservation.

- The composite flexion space is defined by the thickness of the spacer block required to appropriately tension the collateral ligament in flexion plus the amount of posterior resection.
- The composite extension space is defined by the thickness of the spacer block required to appropriately tension the collateral ligament in extension plus the amount of distal resection.

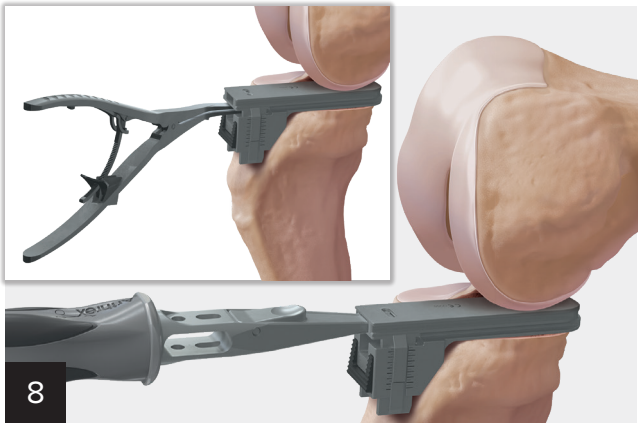
Following appropriate resection of the tibia and measuring the resultant gaps, the appropriate femoral resections can be determined. The posterior femoral resection will determine the final composite flexion space while the distal femoral resection will determine the final extension space.

The composite flexion space and composite extension space must be equal once bony resections have been completed. They must also be adequate to accept the minimum prosthesis thickness (15 mm) plus desired collateral ligament laxity.

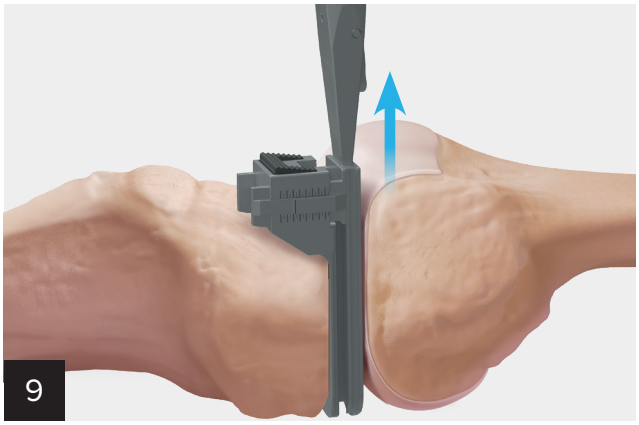
In most cases of isolated medial osteoarthritis, the posterior femoral condyle most closely represents a normal anatomic joint line. Therefore, planning a 7 mm posterior resection to determine the ideal composite flexion space serves to restore the anatomic joint line. A minimal tibial resection may be desirable but will often result in the need for a larger femoral resection and an elevation of the joint line.

## Measure Flexion and Extension Space

Prior to assessing the gaps using the spacer blocks, remove all retractors and femoral osteophytes from the joint to ensure proper tensioning of the joint space. Measure and record the flexion and extension gaps using the spacer blocks.




Measure the flexion space by inserting the appropriate size spacer block into the compartment with the leg in approximately 90° of flexion. Varying sizes of static spacer blocks or a single adjustable spacer block (shown) are available based on surgeon preference. If an adjustable spacer block is preferred, use a lamina spreader to open the block to appropriate tension. The volume of the space created can be read on either side of the adjustable spacer block.

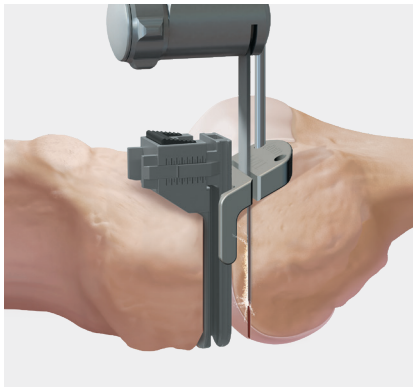


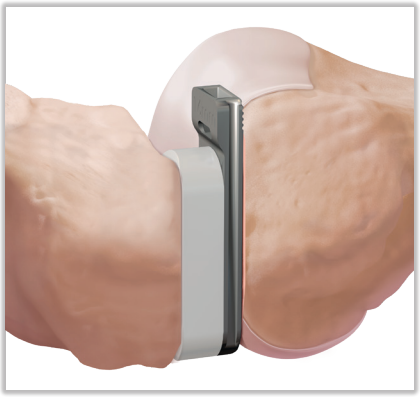

Measure the extension space by inserting the appropriate size spacer block into the compartment with the leg in full extension (or as closely as possible). **Note: Assess varus/valgus alignment using the offset alignment guide and drop rods applied to the spacer block handle.**

Care should be taken not to overstuff the compartment, resulting in overcorrected limb alignment. Remove the quick connect handle **(a)**, retaining the appropriate spacer block in extension.

(a)

## Distal Femoral Cut

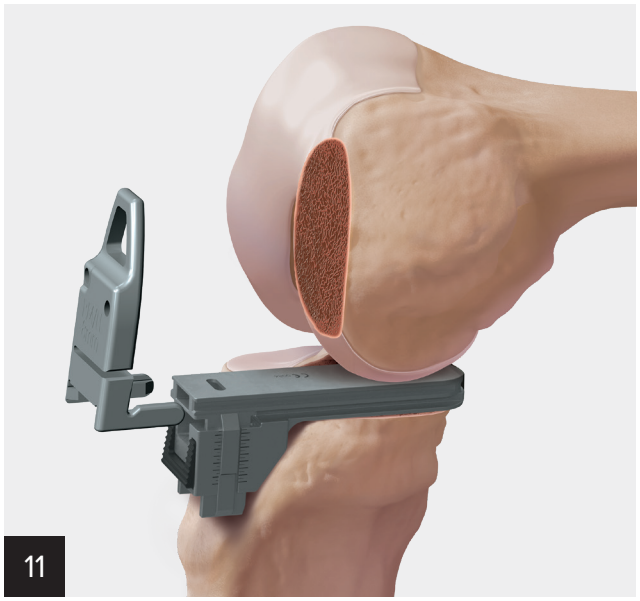


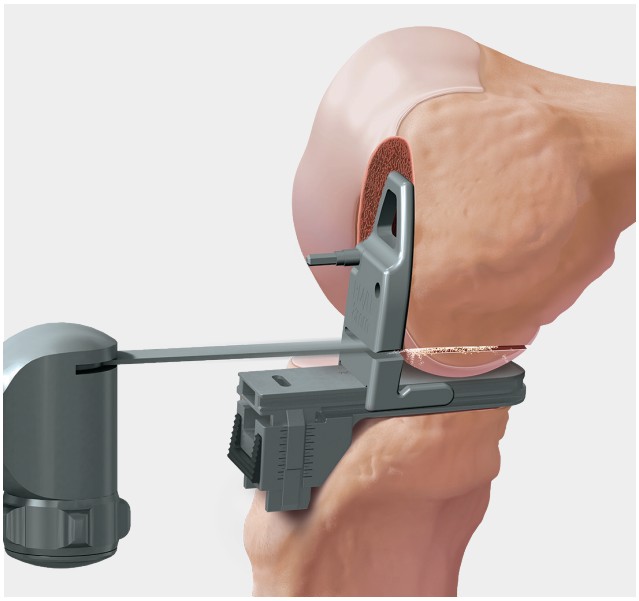
Choose the distal cutting block that will ensure a balanced composite space equal to that of the planned flexion space. Drop the cutting block onto the rails of the spacer block and pin into position.
**Note: It is important to avoid making the distal femoral cut in significant flexion or hyperextension.**

Ensure proper retraction is used to protect the collateral ligament. Perform the distal femoral cut using a 1.27 mm × 13 mm sagittal saw.

**Optional: Following distal femoral resection, the composite extension space may be checked to ensure proper alignment without overcorrection.**

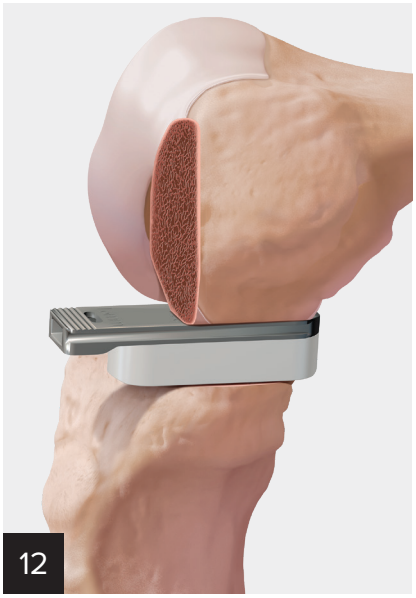
## Posterior Femoral Cut



Move the knee back to a flexion position and insert the appropriate spacer block identified earlier. Then choose the posterior cutting block that will ensure a composite flexion space equal to that of the extension space. Insert the cutting block onto the rails of the spacer block. Adjust flexion of the knee so that the posterior cutting block is flush with the distal femur and proximal tibia. Pin into position.
**Note: Ensure proper retraction is used to protect the collateral ligament. Perform the posterior femoral cut using a 1.27 mm × 13 mm sagittal saw.**

## Composite Block Gap Check



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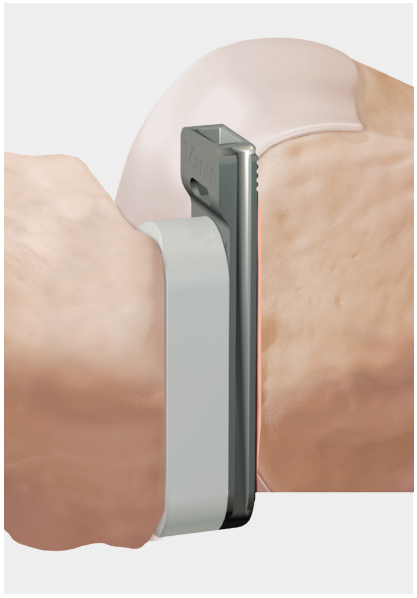
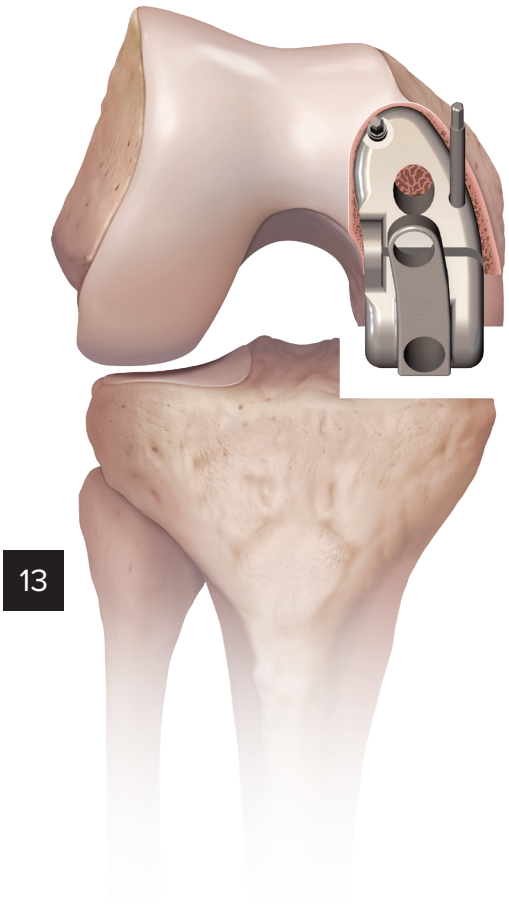


Once both the distal and posterior femoral cuts have been made, a composite block matching the overall planned composite space can be placed in both the flexion and extension spaces to ensure the gaps are indeed rectangular and the flexion and extension spaces are balanced. **If it is determined the gaps are not balanced, basic principles of gap balancing may be applied:**

- **Tight in flexion:** resect more posterior femur
- **Tight in extension:** resect more distal femur
- **Tight in flexion and extension:** resect more tibia

## Femoral Sizing, Chamfer Cut, and Peg-Hole Preparation



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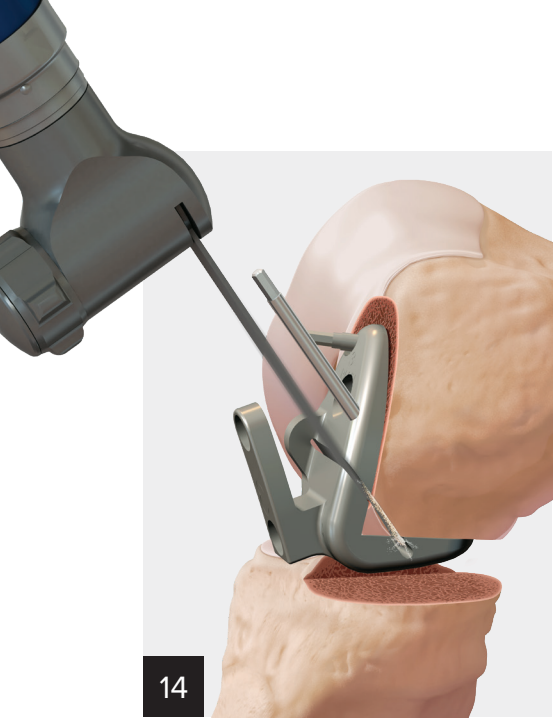
Femoral sizing and final preparation is performed using the chamfer and peg guide.

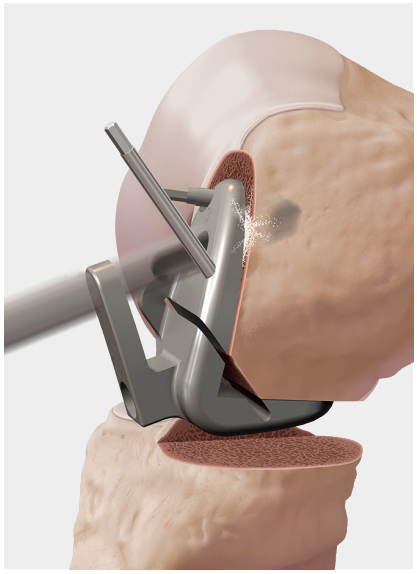
With the knee in flexion, place the guide on the distal and posterior resections, ensuring the guide is flush with each surface. The profile of each sized guide matches the profile of the corresponding femoral implant.

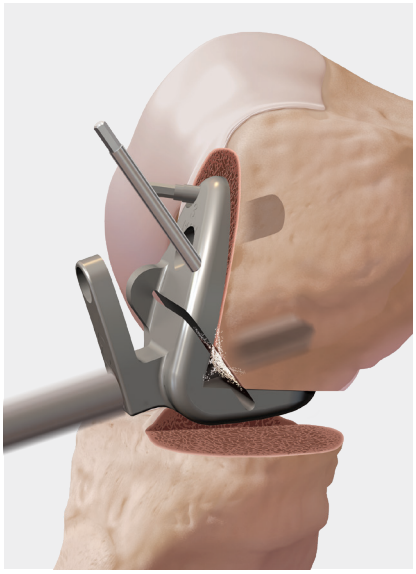
For a medial UKA, align the lateral aspect of the guide flush with the lateral aspect of the medial condyle. When properly sized, there should be a rim of 1 mm to 2 mm of exposed bone on the anterior and medial aspect of the distal resection. No overhang should be present.

Sizing for a lateral UKA is reversed. Align the medial aspect of the lateral condyle and size appropriately.

Once the guide is determined to be properly oriented, pin the guide in place.

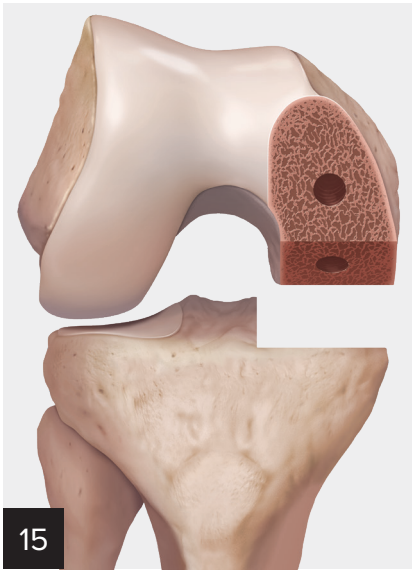


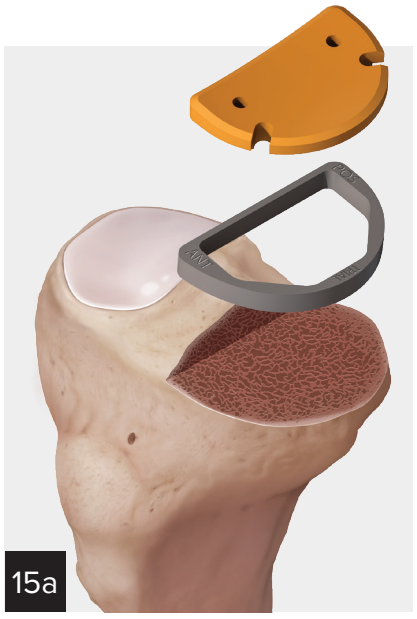


Ensure proper retraction is used to protect the collateral ligament. Perform the chamfer cut using a 1.27 mm × 13 mm sagittal saw. Create the anterior and posterior lug holes using the femoral step drill.

## Tibial Reduction

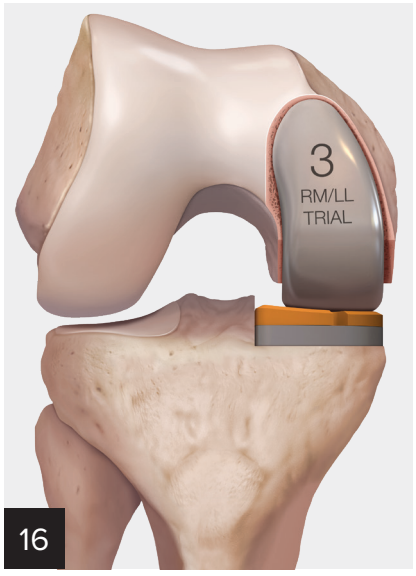



Once the tibial and femoral cuts have been made, use the D-ring tibial trials, tibial bearing trials, and femoral component trials to assess the fit and position of the implants and the proper tensioning of the compartment.



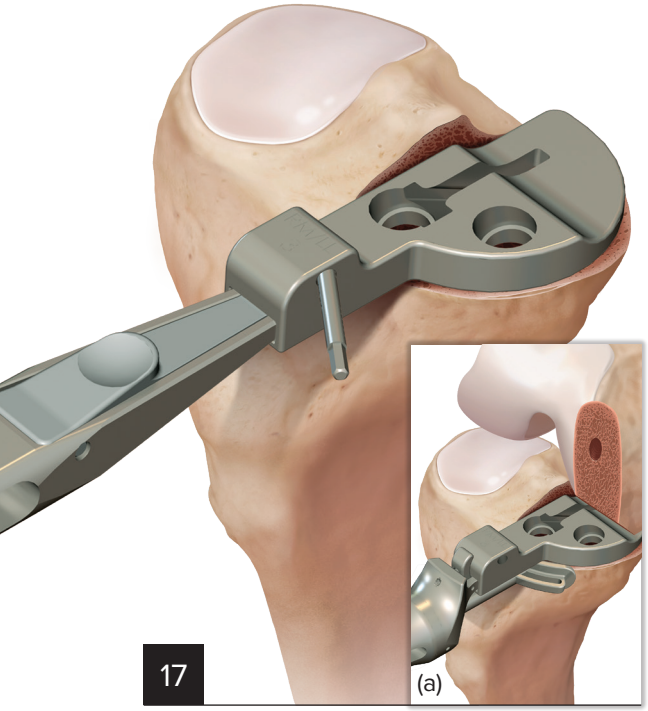

In extension, the joint should be stable but not excessively tight as this can cause the contralateral compartment to be overstressed.

The correct tibial bearing thickness should allow the joint space to open up 1 mm to 2 mm under varus/valgus stress.




In flexion, the joint space should also open up 1 mm to 2 mm under stress. Another indicator of excess tightness in flexion is if the tibial bearing trial lifts up anteriorly during flexion.
**Note: If it is determined the gaps are not equal or sufficient, refer to step 12.**

## Tibial Sizing and Preparation

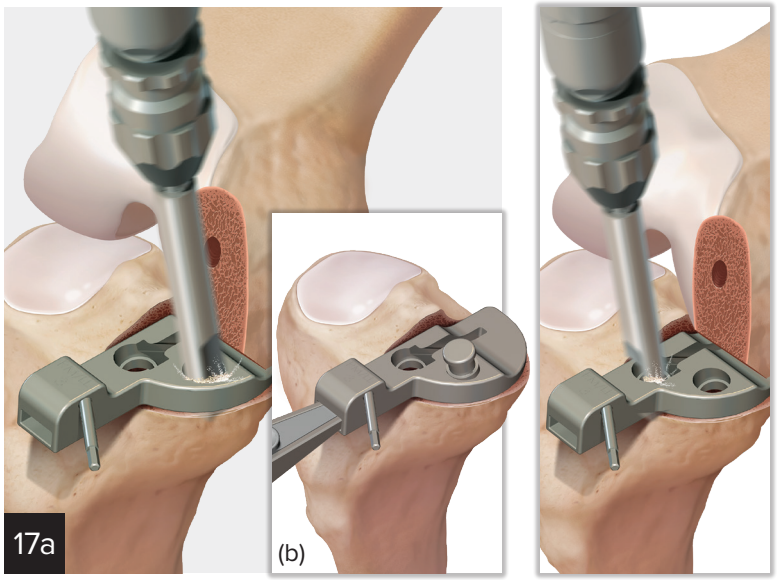



Tibial sizing and preparation is performed using the keel punch and peg guide.

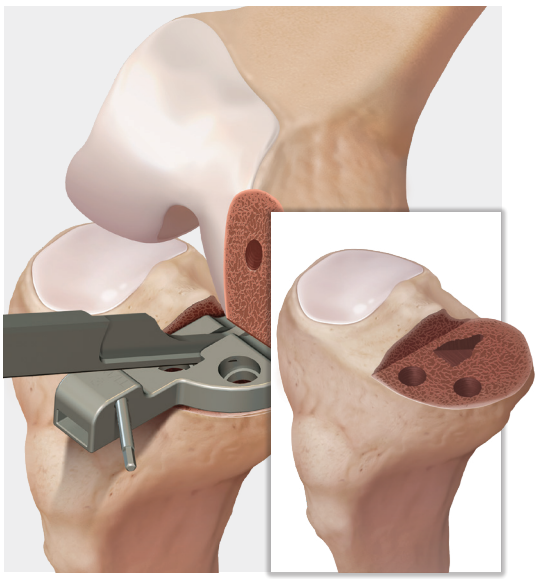
Choose the tibial sizing and finishing guide that matches the tibial trial used in the previous step. With the knee in flexion, place the guide on the proximal tibial resection. The profile of each sized guide matches the profile of the corresponding tibial implant. Size the tibia independent of the prepared femoral size and ensure the exposed tibial bone is well covered without overhang.

**Optional: The vertical wall may be slightly lateralized (in a medial UKA) in order to use a larger component size, if desired, by using the provided dilating box rasp. Using this rasp also eases insertion of the poly-bearing component.**

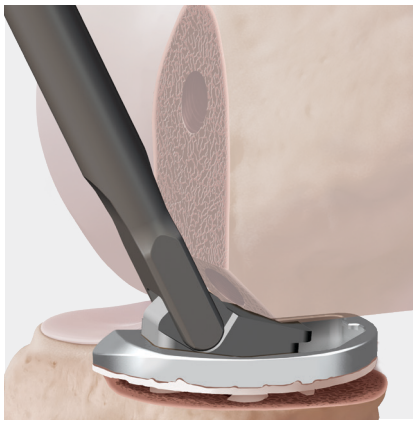
- There are multiple methods of primary and secondary fixation of the tibial preparation guide.
- Provisional fixation can be achieved through spikes on the bottom of the tibial preparation guide.
- Primary fixation can be achieved by inserting a cross pin to fixate the device.
- Secondary fixation can be achieved either by **(a)** removing the quick-connect handle and replacing it with the anterior stabilization buttress or **(b)** using a lug stabilizer after the outermost lug is initially drilled prior to other preparation steps.




Use the tibial peg step drill to create the 2 tibial peg holes. The drill bit can be removed in the medial hole to add support or a secondary fixation option **(a)** or **(b)** may be used.

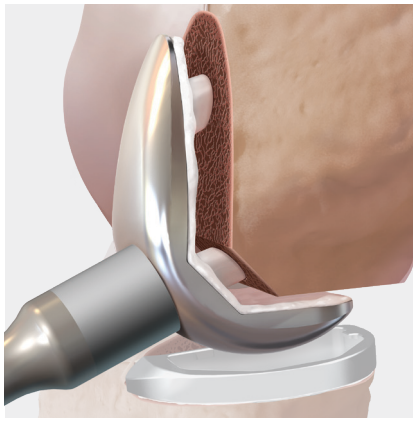


Insert the keel punch into the designated slot on the tibial guide. Mallet the keel punch down into the tibial plateau until it stops. The keel punch should be impacted until the tip is flush with the guide.

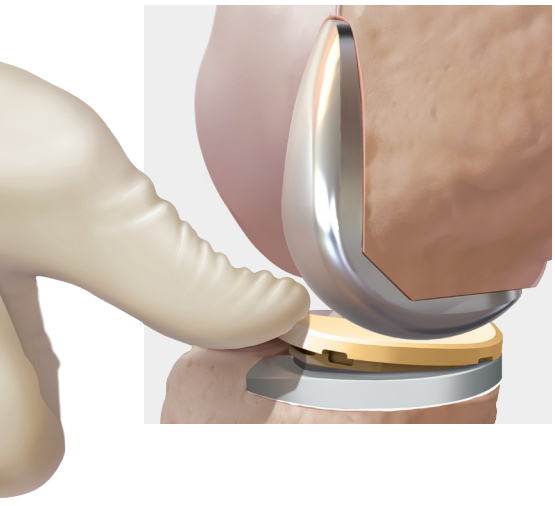


**Tibial Component**
The tibial component is implanted first. Apply cement to the backside of the component and the prepared tibial bone in the conventional technique. Manually place the tibial tray component onto the prepared tibia. Insert the keel of the tibial tray component into the prepared slot in the tibia, keeping the tibial tray parallel to the tibial resection and pushing the component from anterior to posterior and down into the prepared tibial surface at an angle of approximately 30°. Finish seating the tibial tray component using the tibial tray impactor. Remove excess cement from around the component using the cement removal tool.

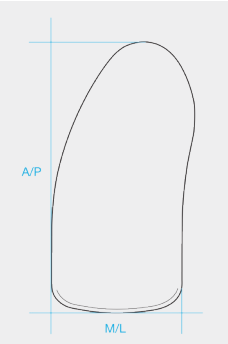
**Optional: Time permitting, insertion of a provisional tibial bearing prior to femoral component insertion can be beneficial to ensure ease of insertion of final polyethylene implant.**

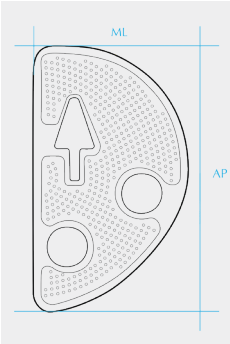


**Femoral Component**
The femoral component is implanted with the leg in deep flexion. Apply cement to the backside of the component and the prepared tibial bone in the conventional technique. Manually finish seating the femoral component using the femoral impactor. Remove excess cement from around the component using the cement removal tool.



**Tibial Component**
Determine the final thickness of the tibial bearing component by using a tibial bearing trial placed in the definitive tibial tray component. As described in the “Trial Reduction” section, the correct tibial bearing thickness should allow the joint space to open up 1 mm to 2 mm under varus/valgus stress (in both flexion and extension). A tibial insert trial is placed into the tibial component, the knee is reduced and brought into full extension, while the bone cement cures. Insert the tibial bearing implant after the cement has fully cured. Remove the tibial bearing trial using the tibial bearing trial puller instrument. Insert the final tibial bearing component into the tibial tray component anteriorly with the articulating surface facing the femoral component. Slide the tibial bearing component posteriorly until the posterior slot on the bearing engages the posterior lip on the tibial tray. Push the anterior edge of the tibial bearing down into the tibial tray component using thumb pressure until it snaps into place.
**Note: There is a 5° clearance built into the tibial bearing to allow for ease of insertion. It is normal for there to be a small gap at the anterior aspect in between the tibial bearing and the tibial tray once the bearing is fully seated.**




**Femoral Component Sizing**

| | M/L | A/P |
|---|---|---|
| **Size 1** | 19 mm | 42 mm |
| **Size 2** | 21 mm | 45 mm |
| **Size 3** | 22.75 mm | 47 mm |
| **Size 4** | 24.25 mm | 50 mm |
| **Size 5** | 25.5 mm | 52 mm |
| **Size 6** | 26.5 mm | 54 mm |

**Tibial Component Sizing**

| | M/L | A/P |
|---|---|---|
| **Size 1** | 24 mm | 42 mm |
| **Size 2** | 26 mm | 45 mm |
| **Size 3** | 28 mm | 48.5 mm |
| **Size 4** | 30 mm | 51.5 mm |
| **Size 5** | 32 mm | 54.5 mm |
| **Size 6** | 34 mm | 58 mm |

## Ordering Information

### Femoral Components

| Product Description | Item Number |
|---|---|
| Femoral Components, size 1-6, LM | AR-**501-UFLA – LF** |
| Femoral Components, size 1-6, RM | AR-**501-UFRA – RF** |

### Tibial Components

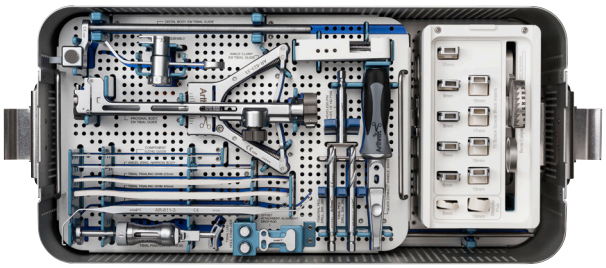
| Product Description | Item Number |
|---|---|
| Tibial Tray Components, size 1-6, LM | AR-**511-T1L – T6L** |
| Tibial Tray Components, size 1-6, RM | AR-**511-T1R – T6R** |

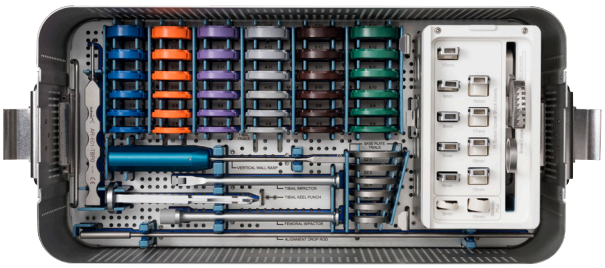
### Polyethylene Components, Vitamin E

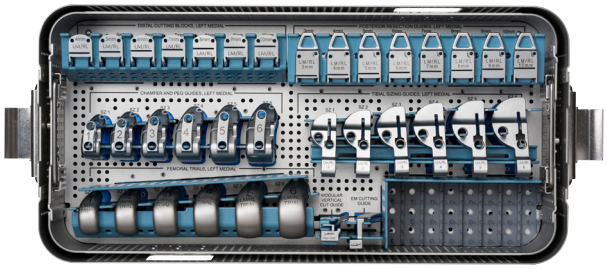
| Product Description | Item Number |
|---|---|
| Tibial Bearing, size 1, 8 mm, Vit-E | AR-**521-TBA8** |
| Tibial Bearing, size 1, 9 mm, Vit-E | AR-**521-TBA9** |
| Tibial Bearing, size 1, 10 mm, Vit-E | AR-**521-TBA0** |
| Tibial Bearing, size 1, 11 mm, Vit-E | AR-**521-TBA1** |
| Tibial Bearing, size 2, 8 mm, Vit-E | AR-**521-TBB8** |
| Tibial Bearing, size 2, 9 mm, Vit-E | AR-**521-TBB9** |
| Tibial Bearing, size 2, 10 mm, Vit-E | AR-**521-TBB0** |
| Tibial Bearing, size 2, 11 mm, Vit-E | AR-**521-TBB1** |
| Tibial Bearing, size 3, 8 mm, Vit-E | AR-**521-TBC8** |
| Tibial Bearing, size 3, 9 mm, Vit-E | AR-**521-TBC9** |
| Tibial Bearing, size 3, 10 mm, Vit-E | AR-**521-TBC0** |
| Tibial Bearing, size 3, 11 mm, Vit-E | AR-**521-TBC1** |
| Tibial Bearing, size 4, 8 mm, Vit-E | AR-**521-TBD8** |
| Tibial Bearing, size 4, 9 mm, Vit-E | AR-**521-TBD9** |
| Tibial Bearing, size 4, 10 mm, Vit-E | AR-**521-TBD0** |
| Tibial Bearing, size 4, 11 mm, Vit-E | AR-**521-TBD1** |
| Tibial Bearing, size 5, 8 mm, Vit-E | AR-**521-TBE8** |
| Tibial Bearing, size 5, 9 mm, Vit-E | AR-**521-TBE9** |
| Tibial Bearing, size 5, 10 mm, Vit-E | AR-**521-TBE0** |
| Tibial Bearing, size 5, 11 mm, Vit-E | AR-**521-TBE1** |
| Tibial Bearing, size 6, 8 mm, Vit-E | AR-**521-TBF8** |
| Tibial Bearing, size 6, 9 mm, Vit-E | AR-**521-TBF9** |
| Tibial Bearing, size 6, 10 mm, Vit-E | AR-**521-TBF0** |
| Tibial Bearing, size 6, 11 mm, Vit-E | AR-**521-TBF1** |

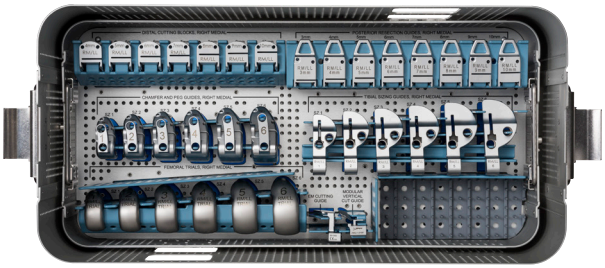
### Polyethylene Components

| | |
|---|---|
| Tibial Bearing, size 1, 12 mm | AR-**501-TBA2** |
| Tibial Bearing, size 1, 14 mm | AR-**501-TBA4** |
| Tibial Bearing, size 2, 12 mm | AR-**501-TBB2** |
| Tibial Bearing, size 2, 14 mm | AR-**501-TBB4** |
| Tibial Bearing, size 3, 12 mm | AR-**501-TBC2** |
| Tibial Bearing, size 3, 14 mm | AR-**501-TBC4** |
| Tibial Bearing, size 4, 12 mm | AR-**501-TBD2** |
| Tibial Bearing, size 4, 14 mm | AR-**501-TBD4** |
| Tibial Bearing, size 5, 12 mm | AR-**501-TBE2** |
| Tibial Bearing, size 5, 14 mm | AR-**501-TBE4** |
| Tibial Bearing, size 6, 12 mm | AR-**501-TBF2** |
| Tibial Bearing, size 6, 14 mm | AR-**501-TBF4** |









## UKA Instrumentation Set (AR-**611-S**)

| **Product Description** | Item Number |
|---|---|
| iBalance® UKA General Prep Case | AR-**611-C1** |
| EM Tibial Guide, proximal body | AR-**623-30** |
| EM Tibial Guide, short distal body | AR-**623-31** |
| EM Tibial Guide Ankle Clamp | AR-**623-33** |
| Alignment Drop Rod Offset Attachment | AR-**611-1** |
| Alignment Drop Rod w/ Sleeve | AR-**611-2** |
| Cement Removal Tool | AR-**611-3** |
| iBalance UKA Tibial Impactor | AR-**611-4** |
| iBalance UKA Femoral Impactor | AR-**611-6** |
| Quick Connect Handle, short | AR-**611-8** |
| iBalance UKA Tibial Keel Punch | AR-**611-9** |
| iBalance UKA Tibial Peg Drill, ø 0.290 mm | AR-**611-10** |
| iBalance UKA Femoral Peg Drill, ø 0.260 mm | AR-**611-11** |
| iBalance UKA Tibial Lug Hole Stabilizer | AR-**611-12** |
| iBalance UKA Component Sizing Guide | AR-**611-14** |
| Headed Threaded Pin, short | AR-**611-15** |
| Pin Caddy | AR-**611-16** |
| UKA Tibial Stylus, adjustable | AR-**611-17** |
| iBalance TKA Trocar Pin, smooth | AR-**613-50** |
| iBalance UKA Bone Caliper | AR-**602-48** |
| Meniscal Allograft Dilating Rasp, slot | AR-**2963BR** |
| iBalance UKA Headless Pin Driver | AR-**613-91** |
| Alignment Drop Rod | AR-**601-AR00** |
| Angel Wing, narrow body | AR-**623-76** |
| iBalance UKA Spacer Block Caddy, adjustable | AR-**611-C5** |
| Adjustable Spacer Block | AR-**611-20** |
| Lamina Spreader | AR-**1340T** |
| iBalance UKA Spacer Blocks, 15 mm-18 mm | AR-**611-SB15 – SB18** |
| IBalance UKA Tibial Bearing Trial, size 1, 10 mm | AR-**601-TBA0** |

| | |
|---|---|
| iBalance UKA Tibial Bearing Trial, size 1, 11 mm | AR-**601-TBA1** |
| iBalance UKA Tibial Bearing Trial, size 1, 12 mm | AR-**601-TBA2** |
| iBalance UKA Tibial Bearing Trial, size 1, 14 mm | AR-**601-TBA4** |
| iBalance UKA Tibial Bearing Trial, size 1, 8 mm | AR-**601-TBA8** |
| iBalance UKA Tibial Bearing Trial, size 1, 9 mm | AR-**601-TBA9** |
| iBalance UKA Tibial Bearing Trial, size 2, 10 mm | AR-**601-TBB0** |
| iBalance UKA Tibial Bearing Trial, size 2, 11 mm | AR-**601-TBB1** |
| iBalance UKA Tibial Bearing Trial, size 2, 12 mm | AR-**601-TBB2** |
| iBalance UKA Tibial Bearing Trial, size 2, 14 mm | AR-**601-TBB4** |
| iBalance UKA Tibial Bearing Trial, size 2, 8 mm | AR-**601-TBB8** |
| iBalance UKA Tibial Bearing Trial, size 2, 9 mm | AR-**601-TBB9** |
| iBalance UKA Tibial Bearing Trial, size 3, 10 mm | AR-**601-TBC0** |
| iBalance UKA Tibial Bearing Trial, size 3, 11 mm | AR-**601-TBC1** |
| iBalance UKA Tibial Bearing Trial, size 3, 12 mm | AR-**601-TBC2** |
| iBalance UKA Tibial Bearing Trial, size 3, 14 mm | AR-**601-TBC4** |
| iBalance UKA Tibial Bearing Trial, size 3, 8 mm | AR-**601-TBC8** |
| iBalance UKA Tibial Bearing Trial, size 3, 9 mm | AR-**601-TBC9** |
| iBalance UKA Tibial Bearing Trial, size 4, 10 mm | AR-**601-TBD0** |
| iBalance UKA Tibial Bearing Trial, size 4, 11 mm | AR-**601-TBD1** |
| iBalance UKA Tibial Bearing Trial, size 4, 12 mm | AR-**601-TBD2** |
| iBalance UKA Tibial Bearing Trial, size 4, 14 mm | AR-**601-TBD4** |
| iBalance UKA Tibial Bearing Trial, size 4, 8 mm | AR-**601-TBD8** |
| iBalance UKA Tibial Bearing Trial, size 4, 9 mm | AR-**601-TBD9** |
| iBalance UKA Tibial Bearing Trial, size 5, 10 mm | AR-**601-TBE0** |
| iBalance UKA Tibial Bearing Trial, size 5, 11 mm | AR-**601-TBE1** |
| iBalance UKA Tibial Bearing Trial, size 5, 12 mm | AR-**601-TBE2** |
| iBalance UKA Tibial Bearing Trial, size 5, 14 mm | AR-**601-TBE4** |
| iBalance UKA Tibial Bearing Trial, size 5, 8 mm | AR-**601-TBE8** |
| iBalance UKA Tibial Bearing Trial, size 5, 9 mm | AR-**601-TBE9** |
| iBalance UKA Tibial Bearing Trial, size 6, 10 mm | AR-**601-TBF0** |

| | |
|---|---|
| iBalance® UKA Tibial Bearing Trial, size 6, 11 mm | AR-**601-TBF1** |
| iBalance UKA Tibial Bearing Trial, size 6, 12 mm | AR-**601-TBF2** |
| iBalance UKA Tibial Bearing Trial, size 6, 14 mm | AR-**601-TBF4** |
| iBalance UKA Tibial Bearing Trial, size 6, 8 mm | AR-**601-TBF8** |
| iBalance UKA Tibial Bearing Trial, size 6, 9 mm | AR-**601-TBF9** |
| iBalance UKA Tibial Bearing Puller | AR-**601-TBP0** |
| iBalance UKA Base Plate Trials, sizes 1-6 | AR-**601-TBP1 – TBP6** |
| iBalance UKA Side-Specific Shell | AR-**611-C2** |
| iBalance UKA Instrument Case, RM/LL | AR-**611-C2R** |
| iBalance UKA Femoral Finish Guide, size 1, RM/LL | AR-**611-CR1** |
| iBalance UKA Femoral Finish Guide, size 2, RM/LL | AR-**611-CR2** |
| iBalance UKA Femoral Finish Guide, size 3, RM/LL | AR-**611-CR3** |
| iBalance UKA Femoral Finish Guide, size 4, RM/LL | AR-**611-CR4** |
| iBalance UKA Femoral Finish Guide, size 5, RM/LL | AR-**611-CR5** |
| iBalance UKA Femoral Finish Guide, size 6, RM/LL | AR-**611-CR6** |
| iBalance UKA Distal Cut Blocks, 4 mm-10 mm, RM/LL | AR-**611-DR04 – DR10** |
| iBalance UKA Femoral Trial, size 1, RM/LL | AR-**601-FTRA** |
| iBalance UKA Femoral Trial, size 2, RM/LL | AR-**601-FTRB** |
| iBalance UKA Femoral Trial, size 3, RM/LL | AR-**601-FTRC** |
| iBalance UKA Femoral Trial, size 4, RM/LL | AR-**601-FTRD** |
| iBalance UKA Femoral Trial, size 5, RM/LL | AR-**601-FTRE** |
| iBalance UKA Femoral Trial, size 6, RM/LL | AR-**601-FTRF** |
| iBalance UKA Posterior Cut Blocks, 3 mm-10 mm, RM/LL | AR-**611-PR03 – PR10** |
| iBalance UKA Finish Guide, size 1, RM/LL | AR-**611-TR1** |
| iBalance UKA Tibial Finish Guide, size 2, RM/LL | AR-**611-TR2** |
| iBalance UKA Tibial Finish Guide, size 3, RM/LL | AR-**611-TR3** |
| iBalance UKA Tibial Finish Guide, size 4, RM/LL | AR-**611-TR4** |
| iBalance UKA Tibial Finish Guide, size 5, RM/LL | AR-**611-TR5** |

| | |
|---|---|
| iBalance UKA Tibial Finish Guide, size 6, RM/LL | AR-**611-TR6** |
| iBalance UKA Tibial Cut Guide, right | AR-**611-TRRM** |
| iBalance UKA Vertical Cut Guide, right | AR-**611-TRLV** |
| iBalance UKA LM/RL Instrument Case | AR-**611-C2L** |
| iBalance UKA Femoral Finish Guide, size 1, LM/RL | AR-**611-CL1** |
| iBalance UKA Femoral Finish Guide, size 2, LM/RL | AR-**611-CL2** |
| iBalance UKA Femoral Finish Guide, size 3, LM/RL | AR-**611-CL3** |
| iBalance UKA Femoral Finish Guide, size 4, LM/RL | AR-**611-CL4** |
| iBalance UKA Femoral Finish Guide, size 5, LM/RL | AR-**611-CL5** |
| iBalance UKA Femoral Finish Guide, size 6, LM/RL | AR-**611-CL6** |
| iBalance UKA Distal Cut Blocks, 4 mm-10 mm, LM/RL | AR-**611-DL04 – DL10** |
| iBalance UKA Femoral Trial, size 1, LM/RL | AR-**601-FTLA** |
| iBalance UKA Femoral Trial, size 2, LM/RL | AR-**601-FTLB** |
| iBalance UKA Femoral Trial, size 3, LM/RL | AR-**601-FTLC** |
| iBalance UKA Femoral Trial, size 4, LM/RL | AR-**601-FTLD** |
| iBalance UKA Femoral Trial, size 5, LM/RL | AR-**601-FTLE** |
| iBalance UKA Femoral Trial, size 6, LM/RL | AR-**601-FTLF** |
| iBalance UKA Posterior Cut Blocks, 3 mm-10 mm, LM/RL | AR-**611-PL03 – PL10** |
| iBalance UKA Tibial Finish Guide, size 1, LM/RL | AR-**611-TL1** |
| iBalance UKA Tibial Finish Guide, size 2, LM/RL | AR-**611-TL2** |
| iBalance UKA Tibial Finish Guide, size 3, LM/RL | AR-**611-TL3** |
| iBalance UKA Tibial Finish Guide, size 4, LM/RL | AR-**611-TL4** |
| iBalance UKA Tibial Finish Guide, size 5, LM/RL | AR-**611-TL5** |
| iBalance UKA Tibial Finish Guide, size 6, LM/RL | AR-**611-TL6** |
| iBalance UKA Tibial Cut Guide, left | AR-**611-TRLM** |
| iBalance UKA Vertical Cut Guide, left | AR-**611-TRLV** |

## Optional Spacer Block Organization (AR-**611-SC1** and AR-**611-SC2**)

| Product Description | Item Number | AR-611-SC1 | AR-611-SC2 |
|---|---|---|---|
| iBalance® UKA Space Block Caddy, 11-space | AR-**611-C3** | ✓ | |
| iBalance UKA Space Block Caddy, 12-space | AR-**611-C4** | | ✓ |
| iBalance UKA Spacer Block, 6 mm | AR-**611-SB06** | ✓ | |
| iBalance UKA Spacer Block, 7 mm | AR-**611-SB07** | ✓ | |
| iBalance UKA Spacer Block, 8 mm | AR-**611-SB08** | ✓ | ✓ |
| iBalance UKA Spacer Block, 9 mm | AR-**611-SB09** | ✓ | ✓ |
| iBalance UKA Spacer Block, 10 mm | AR-**611-SB10** | ✓ | ✓ |
| iBalance UKA Spacer Block, 11 mm | AR-**611-SB11** | | ✓ |
| iBalance UKA Spacer Block, 12 mm | AR-**611-SB12** | | ✓ |
| iBalance UKA Spacer Block, 14 mm | AR-**611-SB14** | | ✓ |
| iBalance UKA Spacer Block, 15 mm | AR-**611-SB15** | ✓ | ✓ |
| iBalance UKA Spacer Block, 16 mm | AR-**611-SB16** | ✓ | ✓ |
| iBalance UKA Spacer Block, 17 mm | AR-**611-SB17** | ✓ | ✓ |
| iBalance UKA Spacer Block, 18 mm | AR-**611-SB18** | ✓ | ✓ |
| iBalance UKA Spacer Block, 19 mm | AR-**611-SB19** | | ✓ |
| iBalance UKA Spacer Block, 21 mm | AR-**611-SB21** | | ✓ |

## Optional Instruments

| Product Description | Item Number |
|---|---|
| **Disposable Tibial Cutting Guide Left** | AR-**621-TL2** |
| **Disposable Tibial Cutting Guide Right** | AR-**621-TR2** |
| iBalance UKA Tibial Fixation Buttress | AR-**611-5** |
| iBalance UKA Tibial Trialing Shim, 2/3 mm | AR-**611-7** |
| iBalance UKA Tibia Trialing Shim, 4/5 mm | AR-**611-13** |
| iBalance UKA Femoral Peg Drill, ø 0.312 mm | AR-**601-FPDO** |
| iBalance UKA Tibial Peg Drill, ø 0.312 mm | AR-**601-TPDO** |
| iBalance UKA Tibial Trial Handle | AR-**611-18** |
| EM Tibial Guide, long distal body | AR-**623-32** |
| Delta Scale Attachment | AR-**611-21** |

Products may not be available in all markets because product availability is subject to the regulatory approvals and medical practices in individual markets. Please contact your Arthrex representative if you have questions about the availability of products in your area.