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Biomet® Knee Joint Replacement Prostheses

ATTENTION OPERATING SURGEON

DESCRIPTION

Biomet manufactures a variety of knee joint replacement prostheses intended for application with or without bone cement. Knee joint replacement components include femoral, tibial, and patellar components. Components are available in a variety of designs and size ranges intended for both primary and revision applications. Specialty components are available including; femoral stems, femoral augments, tibial stems, tibial augments, tibial cement plugs and tibial screws.

Materials

Femoral Components	CoCrMo Alloy/Titanium Alloy
Tibial Plates	CoCrMo Alloy/Titanium Alloy
Tibial Bearings	Ultra-High Molecular Weight Polyethylene (UHMWPE)
Patellar Components	UHMWPE/Titanium Alloy/316LVM Stainless Steel
Femoral Stems	Titanium Alloy
Augment Components	Titanium Alloy
Stem Components	Titanium Alloy
Tibial Cement Plugs	UHMWPE
Tibial Screws	Titanium Alloy
Modular Pegs	CoCrMo Alloy

INDICATIONS

1. Painful and disabled knee joint resulting from osteoarthritis, rheumatoid arthritis, traumatic arthritis where one or more compartments are involved.
2. Correction of varus, valgus, or posttraumatic deformity.
3. Correction or revision of unsuccessful osteotomy, arthrodesis, or failure of previous joint replacement procedure.

The Regenerex™ femoral augments are indicated for use with the Vanguard™ Total Knee System.

The Regenerex™ tibial augments are indicated for use with standard and offset Biomet® Tibial Trays.

Patient selection factors to be considered include: 1) need to obtain pain relief and improve function, 2) ability and willingness of the patient to follow instructions, including control of weight and activity level, 3) a good nutritional state of the patient, and 4) the patient must have reached full skeletal maturity.

Femoral components and tibial tray components with porous coatings are indicated for cemented and uncemented biological fixation application. Non-coated (Interlok™) devices and all-polyethylene patellar components are indicated for cemented application only.

CONTRAINDICATIONS

Absolute contraindications include: infection, sepsis, and osteomyelitis. Relative contraindications include: 1) an uncooperative patient or a patient with neurologic disorders who is incapable of following directions, 2) osteoporosis, 3) metabolic disorders which may impair bone formation, 4) osteomalacia, 5) distant foci of infections which may spread to the implant site, 6) rapid joint destruction, marked bone loss or bone resorption apparent on roentgenogram, 7) vascular insufficiency, muscular atrophy, neuromuscular disease, and/or 8) incomplete or deficient soft tissue surrounding the knee.

Biomet® Microplasty™ Tibial Trays are contraindicated for use with constrained bearings.

WARNINGS

Improper selection, placement, positioning, alignment and fixation of the implant components may result in unusual stress conditions which may lead to subsequent reduction in the service life of the prosthetic components. Malalignment of the components or inaccurate implantation can lead to

excessive wear and/or failure of the implant or procedure. Inadequate preclosure cleaning (removal of surgical debris) can lead to excessive wear. Use clean gloves when handling implants. Laboratory testing indicates that implants subjected to body fluids, surgical debris or fatty tissue have lower adhesion strength to cement than implants handled with clean gloves. Improper preoperative or intraoperative implant handling or damage (scratches, dents, etc.) can lead to crevice corrosion, fretting, fatigue fracture and/or excessive wear. Do not modify implants. The surgeon is to be thoroughly familiar with the implants and instruments prior to performing surgery.

1. The 23mm Single-Peg Patella components should be used only with an inset mill surgical technique. Product numbers for the 23mm Single-Peg Patella components include the following: CP112895, CP112896, and CP112897.
2. The shorter titanium locking screws, Catalogue Number 7700015B (Performance Locking Screw), is to be used with the cruciate-retaining and cruciate-supplementing articulating surfaces. The longer P/S Locking Screw, Catalogue Number 7900015B (Performance P/S Locking Screw), is to be used with the P/S cruciate and constrained substituting articulating surface.
3. The locking bar used to secure the tibial plate and tibial-bearing components together must lock securely into place with an audible click at the time of implantation. Disassociation of the locking bar from the modular tibial plate component has been reported. Inadequate seating of the locking bar can cause disassociation of the locking bar from the tibial plate component, requiring revision surgery.
4. The 8mm-polyethylene insert of the modular tibial is not compatible with the AGC™ posterior stabilized and revision AGC™ femoral components. Product numbers for the 8mm-polyethylene insert bearing components include the following: 155508, 155608, 155628, 155648, 155668, 155688, 155708, 155728, and 155748.
5. The all-polyethylene tibial component is designed to be used in treatment of low demand, less active sedentary patients. Patients that will remain active and/or overweight are not candidates for all-polyethylene tibial components.
6. Malalignment or soft tissue imbalance can place inordinate forces on the components, which may cause excessive wear to the patellar or tibial bearing articulating surfaces. Revision surgery may be required to prevent component failure.
7. Care is to be taken to assure complete support of all parts of the device embedded in bone cement to prevent stress concentrations, which may lead to failure of the procedure. Complete preclosure cleaning and removal of bone cement debris, metallic debris, and other surgical debris at the implant site is critical to minimize wear of the implant articular surfaces. Implant fracture due to cement failure has been reported.
8. It is the responsibility of the operating surgeon to determine whether there is adequate initial fixation and stability. Stem extension and bone cement are available if additional fixation or stability are needed.
9. The Regenerex™ Tibial Trays require a stem when used with PS components.

Biomet® joint replacement prostheses provide the surgeon with a means of reducing pain and restoring function for many patients. While these devices are generally successful in attaining these goals, they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue.

Accepted practices in postoperative care are important. Failure of the patient to follow postoperative care instructions involving rehabilitation can compromise the success of the procedure. The patient is to be advised of the limitations of the reconstruction, and the need for protection of the implants from full load bearing until adequate fixation and healing have occurred. Excessive activity, trauma and excessive weight have been implicated with premature failure of the implant by loosening, fracture, and/or wear. Loosening of the implants can result in increased production of wear particles, as well as accelerate damage to bone, making successful revision surgery more difficult. The patient is to be made aware and warned of general surgical risks, possible adverse effects as listed, and to follow the instructions of the treating physician including follow-up visits.

PRECAUTIONS

Specialized instruments are designed for Biomet® joint replacement systems to aid in the accurate implantation of the prosthetic components. The use of instruments or implant components from other systems can result in inaccurate fit, sizing, excessive wear and device failure. Intraoperative fracture or breaking of instruments has been reported. Surgical instruments

are subject to wear with normal usage. Instruments, which have experienced extensive use or excessive force, are susceptible to fracture. Surgical instruments should only be used for their intended purpose. Biomet recommends that all instruments be regularly inspected for wear and disfigurement.

Do not reuse implants. While an implant may appear undamaged, previous stress may have created imperfections that would reduce the service life of the implant. Do not treat patients with implants that have been, even momentarily, placed in a different patient.

POSSIBLE ADVERSE EFFECTS

1. Material sensitivity reactions. Implantation of foreign material in tissues can result in histological reactions involving various sizes of macrophages and fibroblasts. The clinical significance of this effect is uncertain, as similar changes may occur as a precursor to or during the healing process. Particulate wear debris and discoloration from metallic and polyethylene components of joint implants may be present in adjacent tissue or fluid. It has been reported that wear debris may initiate a cellular response resulting in osteolysis, or osteolysis may be a result of loosening of the implant.
2. Early or late postoperative infection and allergic reaction.
3. Intraoperative bone perforation or fracture may occur, particularly in the presence of poor bone stock caused by osteoporosis, bone defects from previous surgery, bone resorption, or while inserting the device.
4. Loosening or migration of the implants can occur due to loss of fixation, trauma, malalignment, bone resorption or excessive activity.
5. Periarticular calcification or ossification, with or without impediment of joint mobility.
6. Inadequate range of motion due to improper selection or positioning of components.
7. Undesirable shortening of limb.
8. Dislocation and subluxation due to inadequate fixation and improper positioning. Muscle and fibrous tissue laxity can also contribute to these conditions.
9. Fatigue fracture of component can occur as a result of loss of fixation, strenuous activity, malalignment, trauma, non-union, or excessive weight.
10. Fretting and crevice corrosion can occur at interfaces between components.
11. Wear and/or deformation of articulating surfaces.
12. Valgus-varus deformity.
13. Transient peroneal palsy secondary to surgical manipulation and increased joint movement has been reported following knee arthroplasty in patients with severe flexion and valgus deformity.
14. Patellar tendon rupture and ligamentous laxity.
15. Intraoperative or postoperative bone fracture and/or postoperative pain.

STERILITY

Prosthetic components are sterilized by exposure to a minimum dose of 25 kGy of gamma radiation. Do not resterilize. Do not use any component from an opened or damaged package. Do not use implants after expiration date.

Caution: Federal law (USA) restricts this device to sale, distribution, or use by or on the order of a physician.

Comments regarding the use of this device can be directed to Attn: Regulatory Affairs, Biomet, Inc., P.O. Box 587, Warsaw, IN 46581 USA, Fax: 574-372-3968.

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