



Zimmer®
Unicompartmental
High Flex
Knee System



The simple approach to proven performance

Zimmer® Unicompartmental

Simply Innovative

Extended Posterior Condyle

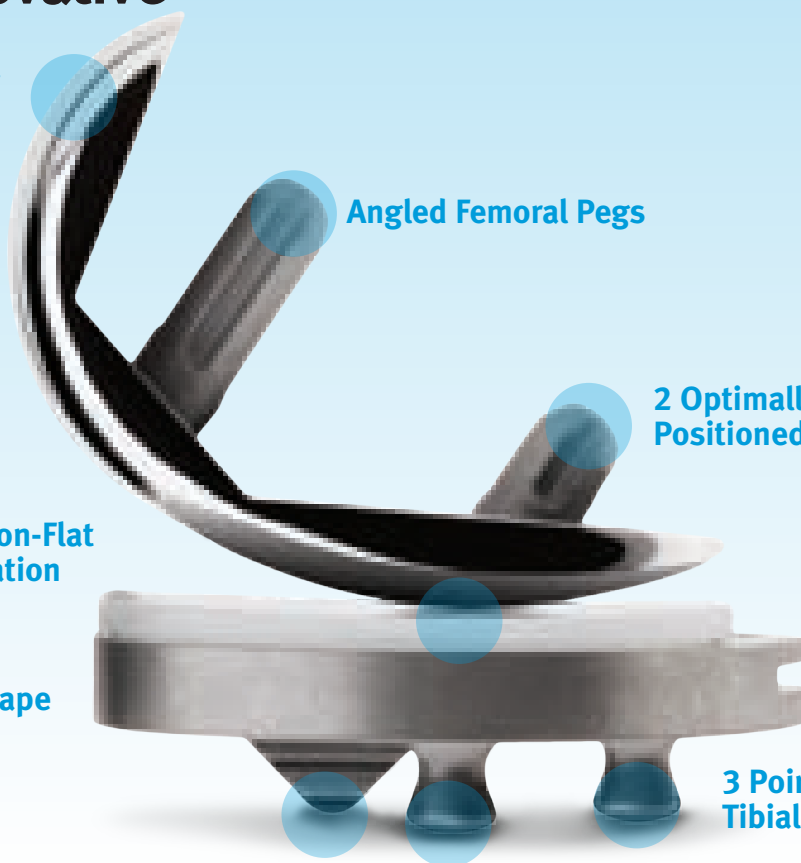
Angled Femoral Pegs

2 Optimally Positioned Pegs

Round-on-Flat Articulation

Anatomic Shape

3 Points of Tibial Fixation



Durable Fixation

No revisions for loosening at 13 and 15 years.*

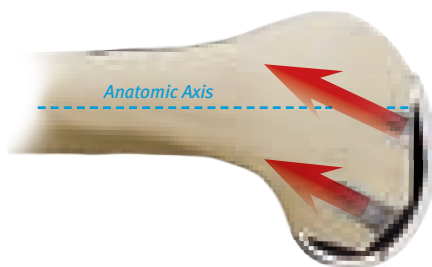
2 Optimally Positioned Femoral Pegs

- › Femoral Peg location changes by size for optimal fixation



Angled Femoral Pegs

- › Angled femoral pegs are designed to enhance femoral fixation by providing resistance to loosening forces during flexion up to 118°



3 Points of Tibial Fixation

- › 2 hour-glass pegs and the rotational fin guard against shear and rotational forces



*Based upon clinical papers on M/G® Uni^{2,3} Zimmer UKA has similar fixation design features as the M/G Uni.

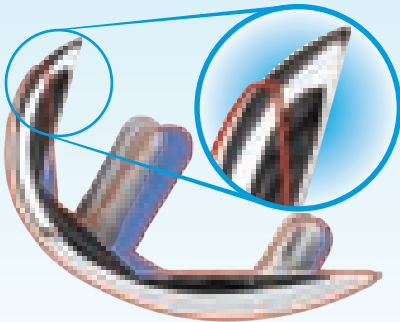
High Flex Knee

Natural Kinematics

The *Zimmer Uni Knee* is designed to replicate the kinematics of the natural knee with normal axial rotation and posterior femoral rollback.

Extended Posterior Condyle

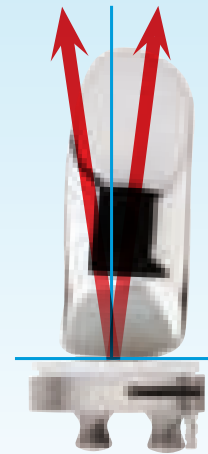
- › Safely Accommodates High Flexion up to 155°



Red outline indicates the M/G Uni

Round-on-Flat Articulation

- › Unconstrained design allows soft tissues to dictate motion of the knee
- › Round-on-Flat articulation allows +/- 8° varus/valgus tilt without edge loading



+/- 8° of varus/valgus tilt without edge loading

Patient Matching

Anatomically shaped tibial and femoral components are designed to provide maximum bone coverage.

Universal Compatibility

- › Improved patient matching
- › 42 possible sizing combinations

Comprehensive Sizing

- › 7 femoral sizes and 6 tibial sizes
- › Size specific articular surfaces offered in 1mm thickness increments



Simply Versatile

Lateral & Bi-compartmental Clinical Solutions

Freedom to perform medial, lateral, and bi-compartmental procedures.

Lateral

- › A study on the use in the lateral compartment showed no revisions at 12 years.⁴

Bi-compartmental

- › 35 different sizing combinations to accommodate varying patient anatomies
- › Independently oriented components allow precise alignment and rotation

Gender Solutions® NexGen® Patello-Femoral Joint (PFJ)



Zimmer Unicompartamental High Flex Knee

Reproducible Instrumentation Options

Reproducible instruments reduce the learning curve reported with other unicompartamental knee systems.

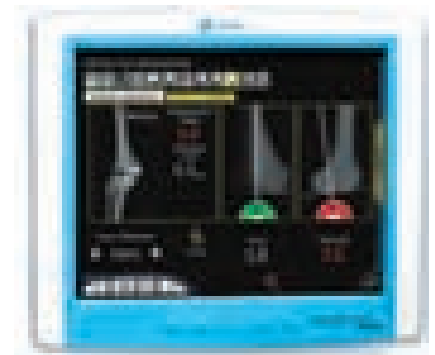


3 Instrument Options Same Great Implant

- › Reproducible spacer block, extramedullary, and intramedullary instrumentation options allow surgeons to customize their surgical procedure
- › The spacer block technique simplifies the balancing process by linking the tibial and femoral cuts

Enhance Precision with Navigation

- › The Zimmer Uni Knee is compatible with Zimmer navigation solutions designed to improve precision and efficiency



High Flex Knee

Simply Proven

Clinical Results

The *Zimmer Unicompartamental High Flex Knee System* is based on the established implant design of the *M/G Unicompartamental Knee System*.

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Yearly Cumulative Percent Revision of Primary Unicompartamental Knee Replacement⁶

Uni Femoral	Uni Tibial	1 Yr	3Yrs	5 Yrs	7 Yrs	9 Yrs
AMC	AMC	4.0 (2.7, 6.0)	10.9 (8.4, 14.1)	13.6 (10.5, 17.5)		
Allegretto Uni	Allegretto Uni	3.1 (2.4, 4.0)	5.6 (4.7, 6.8)	8.0 (6.8, 9.5)	10.8 (9.2, 12.6)	13.6 (11.2, 16.4)
BalanSys Uni	BalanSys Uni Fixed	3.2 (1.4, 7.0)	4.5 (2.3, 8.9)			
BalanSys Uni	BalanSys Uni Mobile	7.2 (4.4, 11.9)	13.7 (9.6, 19.5)			
Eius	Eius	4.5 (2.0, 9.8)	10.9 (6.6, 17.8)	18.5 (12.3, 27.3)		
Endo-Model Sled	Endo-Model Sled	1.4 (0.8, 2.4)	5.1 (3.8, 6.9)	8.7 (6.8, 11.1)		
Freedom PKR/ Active	Freedom PKR/Active	1.2 (0.7, 2.1)	6.4 (4.9, 8.3)			
GCK	GCK	1.4 (0.2, 9.2)				
GRU	GRU	1.5 (1.0, 2.2)	5.0 (4.0, 6.3)	6.9 (5.6, 8.5)		
Genesis	Genesis	2.7 (2.0, 3.6)	8.2 (7.0, 9.6)	10.8 (9.3, 12.5)	13.6 (11.6, 16.0)	
Genesis	Journey Deuce	2.1 (0.5, 8.1)				
HLS Uni Evolution	HLS Uni Evolution	4.8 (2.2, 10.4)				
M/G	M/G	1.6 (1.1, 2.3)	4.2 (3.4, 5.2)	6.4 (5.3, 7.6)	8.2 (6.9, 9.8)	9.9 (7.9, 12.4)
Natural Knee II	Natural Knee II	5.6 (2.8, 10.9)	12.0 (7.6, 18.5)	12.0 (7.6, 18.5)	16.1 (10.9, 23.5)	
Oxford 3	Oxford					
Oxford 3	Oxford 3	2.2 (2.0, 2.6)	6.1 (5.6, 6.6)	8.8 (8.2, 9.4)	11.5 (10.7, 12.3)	13.1 (11.9, 14.4)
PFC Sigma	PFC Sigma	2.2 (0.7, 6.6)	6.6 (3.5, 12.2)	8.1 (4.6, 14.1)	14.2 (9.3, 21.4)	
Preservation	Preservation-Fixed	2.5 (1.9, 3.3)	7.2 (6.2, 8.5)	9.3 (8.0, 10.7)	11.8 (10.1, 13.6)	
Preservation	Preservation-Mobile	5.3 (3.5, 7.9)	15.6 (12.4, 19.6)	19.3 (15.7, 23.6)	22.2 (18.2, 26.8)	
Repicci	Repicci	1.5 (1.1, 2.0)	4.2 (3.5, 5.1)	7.3 (6.2, 8.4)	10.4 (9.0, 12.0)	
Unix	Unix	1.9 (1.5, 2.6)	5.3 (4.4, 6.3)	7.1 (6.0, 8.4)	9.5 (8.0, 11.4)	
ZUK	ZUK	1.4 (0.9, 2.2)	4.4 (3.2, 6.0)			
Other (17)		3.6 (1.9, 6.6)	8.7 (5.5, 13.5)	12.9 (8.4, 19.5)	17.6 (11.9, 25.8)	

Note: There is insufficient follow up to report a one year CPR for the Oxford 3/Oxford combination

Zimmer Unicompartamental Knee

6 Years

100%¹

M/G Unicompartamental Knee Survivorship

10 Years

98%^{2,3}

13 Years

95%³

15 Years

95%²



M/G Uni Knee

Zimmer Uni Knee

Reference:

1. Panni et al. Unicompartmental Knee Replacement Provides Early Clinical and Functional Improvement Stabilizing Over Time. *Knee Surg Sports Traumatol Arthrosc.* July 2011.
2. Berger et al. The Progression of Patellofemoral Arthrosis after Medial Unicompartmental Replacement: *CORR* 2004
3. Berger et al. Results of Unicompartmental Knee Arthroplasty at a Minimum of Ten Years of Follow-up. *JBJS* 2005
4. Pennington et al. Lateral Unicompartmental Knee Arthroplasty. *The Journal of Arthroplasty.* 2006.
5. Australian Orthopaedic Association National Joint Replacement Registry 2010 Annual Report. Table KP29. Page 102.

This documentation is intended exclusively for physicians and is not intended for laypersons. Information on the products and procedures contained in this document is of a general nature and does not represent and does not constitute medical advice or recommendations. Because this information does not purport to constitute any diagnostic or therapeutic statement with regard to any individual medical case, each patient must be examined and advised individually, and this document does not replace the need for such examination and/or advice in whole or in part. Please refer to the package inserts for important product information, including, but not limited to, contraindications, warnings, precautions, and adverse effects.

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