



»The Trabeculink[®] Tibial Cone Is Universal And Can Be Used With Different Products*«

Interview with
Mr Rhidian Morgan-Jones

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Mr Morgan-Jones, you had an advisory role in the development of the TrabecuLink® Tibial Cone? What was your involvement?

The TrabecuLink® Tibial Cone had already been designed by Professor Thorsten Gehrke and the LINK team. For me, it was about deciding how useful the cones would be in surgical practice. So I was looking at the sizing, how they would work with LINK implants, and also whether they would be universal in the sense that they could be used with other companies' products.

Why would that be important?

Having used other companies products for many years, the TrabecuLink® Tibial Cones all fit very well into the tibia. I think they are the only universal cones available.

What do you consider to be the benefits of the TrabecuLink® Tibial Cone compared to competitor products?

A lot of implant manufacturers are producing tibial cones now. But they produce them in a way which is very specific to only their implants. The Tibial Cones from LINK are more universal and can be used with products from different manufacturers.

The TrabecuLink® Tibial Cone is also the first cone which is spring loaded. Why is that significant?

Using this cone leads to compression-set bone. Good compression will mean that it's likely to get more bone ingrowth, be more stable and gives the surgeon a much better reconstruction. You can simply

squeeze the little spring at the front of the cone – that is unique and it makes so much sense. If you put it inside the bone, it is going to compress, and that spring allows you to get a perfect tension at the compression site.

Does the TrabecuLink® Tibial Cone bring advantages for the treatment of periprosthetic infections?

Yes, indirectly. Because you have to debride properly to remove infected tissue, then you have to reconstruct properly. The use of the TrabecuLink® Tibial Cone is a big step forward in this respect. The issue about debriding bone and infected tissue is that you have to be aggressive in order to get every infected bit. Then you've got to rebuild it; but if you have this rebuilding option with the cone, you can hopefully get better results with infection because you're not going to be afraid to take more and more bone away because you know you've got to do it. With the cone you can reconstruct well. Before this, you were only thinking about large amounts of cement for reconstruction. This won't be necessary any longer.

Mr Morgan-Jones, many thanks for this interview.

* The statements in the interview, especially in regard to combining LINK products with those from other manufacturers, represent the expert medical opinion of the interviewee, and do not constitute a recommendation by LINK (please refer also to the Instructions for Use).



INTERVIEW

Mr Rhidian Morgan-Jones is a Consultant Orthopedic Surgeon practicing at Spire Cardiff Hospital, Cardiff, UK. He specializes in knee surgery. In addition to his clinical practice, he lectures and publishes research papers regularly. In the development of the TrabecuLink® Tibial Cone he took on an advisory role.