



TrabecuLink  
Femoral and Tibial Cones

Explanation of Pictograms					
	Manufacturer		Article number		Material number

# TrabecuLink Femoral and Tibial Cones

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The purpose of **TrabecuLink Femoral and Tibial Cones** is to provide support in cases of minor to moderate bone loss, with the objective of stabilization in the distal femur or proximal tibia.

The selected cone is designed to:

- strengthen the metaphyseal/diaphyseal medullary canal of the distal femur/proximal tibia
- adequately fill the tibial/femoral bone cavity
- ensure that the assembled components are securely seated, i.e. Tibial Cone to tibial component/Femoral Cone to femoral component with fixed or modular stem, and supporting an osseoconduction at the external surface of the cone simultaneously.<sup>1,2</sup>



<sup>1</sup> Cecile M. Bidan, Krishna P. Kommareddy, Monika Rumpler, Philip Kollmannsberger, Yves J.M. Brechet, Peter Fratzl, John W.C. Dunlop. et al.; **How Linear Tension Converts to Curvature: Geometric Control of Bone Tissue Growth**; *PLoS ONE* 7(5): e36336. <https://doi.org/10.1371/journal.pone.0036336> (2012)

<sup>2</sup> Pascal Joly, Georg N. Duda, Martin Schöne, Petra B. Welzel, Uwe Freudenberg, Carsten Werner, Ansgar Petersen, et al.; **Geometry-Driven Cell Organization Determines Tissue Growth in Scaffold Pores: Consequences for Fibronectin Organization**; *PLoS ONE* 8(9): e73545. <https://doi.org/10.1371/journal.pone.0073545> (2013)

### TrabecuLink Femoral Cones

**4 sizes and 3 versions**

- XS, S, M, L
- 3-zones (left and right),  
2-zones (neutral),  
proximal (neutral)



**TrabecuLink 3-zones Femoral Cone**  
in combination with Endo-Model knee  
prosthesis

### TrabecuLink Tibial Cones

**4 sizes and 4 versions**

- XS, S, M, L
- full, right-half,  
left-half, half



**Endo-Model**

**Endo-Model SL**

**TrabecuLink Tibial Cones**  
in combination with Endo-Model and  
Endo-Model SL knee prosthesis

## Surgical Technique – TrabecuLink Femoral Cones



### Assessment of the defect situation

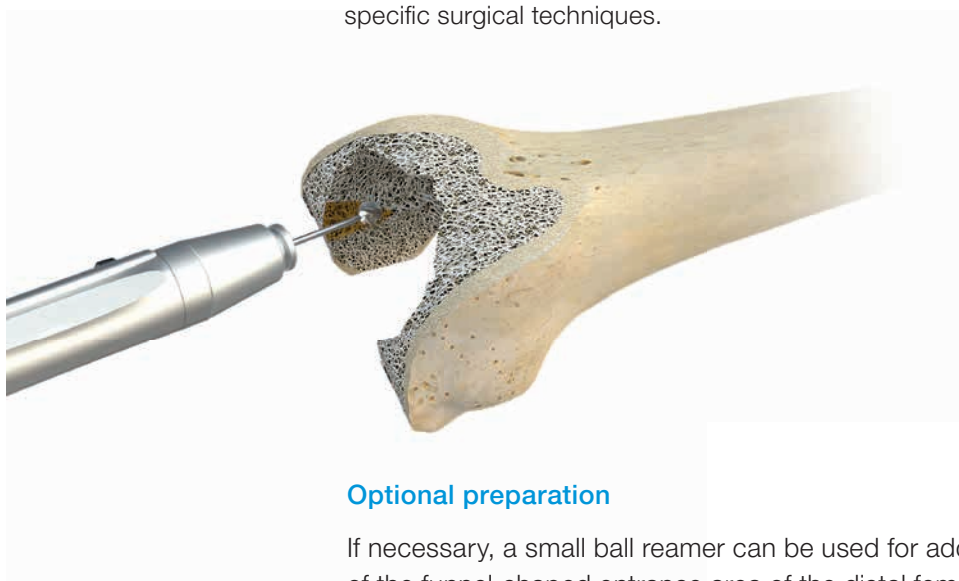
In the case of a major epiphyseal bone defect, preparation of the medullary canal can begin immediately.

For the revision of an already implanted femoral component, any residual bone cement must be removed from the medullary canal. Then the defect situation can be assessed more precisely using a reversed femoral compressor as a reference for estimating the required size of cone.

The surgeon can then prepare the medullary canal step by step (ideally in 1 mm increments) using tapered reamers or ball reamers. The last reamer selected defines the diameter of the guide rod.

### Please note:

Surgical procedures for Endo-Model knee implants are described in the implant-specific surgical techniques.



### Optional preparation

If necessary, a small ball reamer can be used for additional fine preparation of the funnel-shaped entrance area of the distal femur in advance, or retrospectively, to allow the femoral compressor to then be inserted.



**Checking the medullary canal**

The impactor (15-6143/00) is connected to the femoral guide rod (15-6151/10 to /18). In order to check that the correct diameter of guide rod has been selected, the instrument is inserted into the medullary canal. It must be possible to introduce the instrument to the planned depth without encountering any resistance. The button on the rear of the impactor must be kept depressed during insertion.

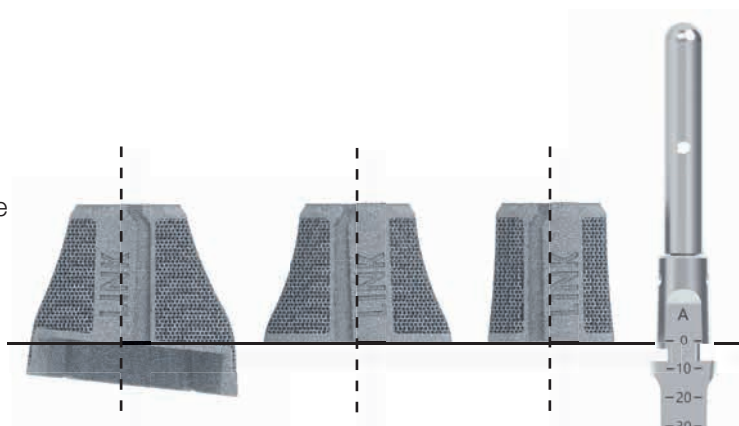
**Overview of guide rod diameters**

The required diameter of the guide rod depends on the size of the Endo-Model reamer (cylindrical and tapered)

Guide Rod	Corresponding diameter:									
	10	12	14	16	18					
Ball Reamer										
Cylindrical Reamer	12	14	16	18	20					
Tapered Reamer	15	16	17	18	19	20	21	22	23	24

**Please note:**

The zero position on the scale marked on the impactor indicates the level of the Femoral Cone/intracondylar box of Endo-Model femoral components.



Surgical Technique – TrabecuLink Femoral Cones



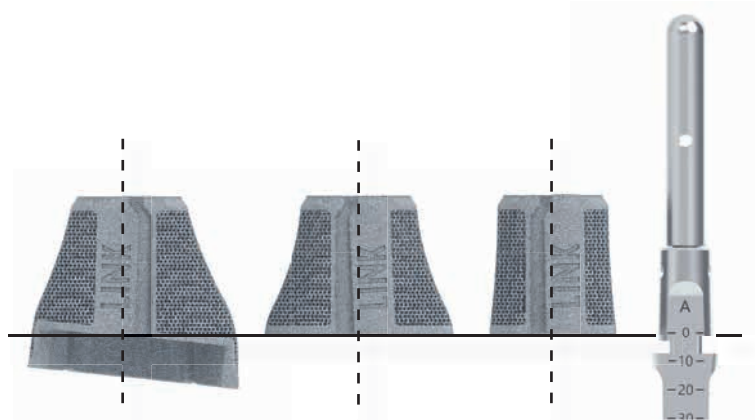
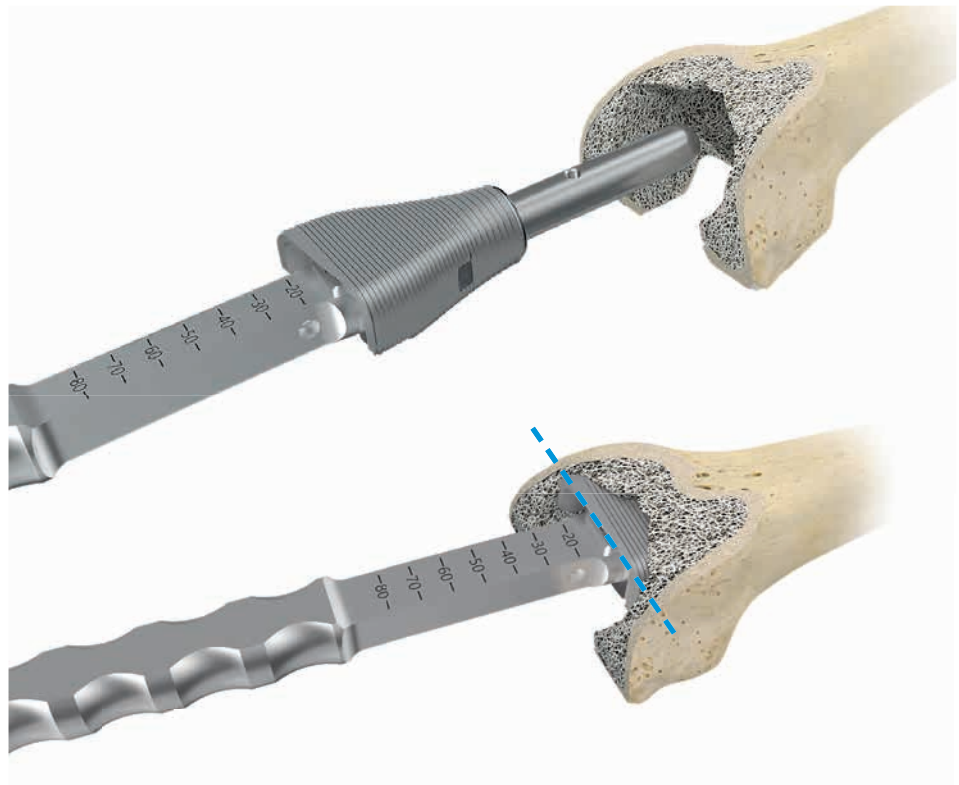
Assembling the impactor

1. After connecting the impactor to the guide rod, an adapter (15-6147/01 to 15-6149/12), selected according to the size and version of the Femoral Cone, is then attached.
2. The button on the rear of the impactor must be depressed and held down.
3. The cannulated femoral compressor (15-6141/01 to 15-6146/11) is slid over the guide rod and positioned on the adapter.
4. When the button on the rear of the impactor is released, the securing teeth engage in the femoral compressor.

Overview of compressors and adapters

	3-zones Femoral Cones: right and left	2-zones Femoral Cones	Proximal Femoral Cones
Compressors 3-zones right and left			
Adapters 3-zones right and left	 Left  Right	 XS/S  M/L	 H30  H45
Compressors 2-zones			
Compressors proximal			
Adapters 2-zones			
Adapters proximal			





### Bone preparation

Now the femoral compressor is introduced into the bone by tapping the striking surface of the impactor with moderate force. The “A” marking must be facing toward anterior during insertion. It may be necessary to remove the compressor and do further preparation with the ball reamer until it is possible to insert the compressor into the desired position.

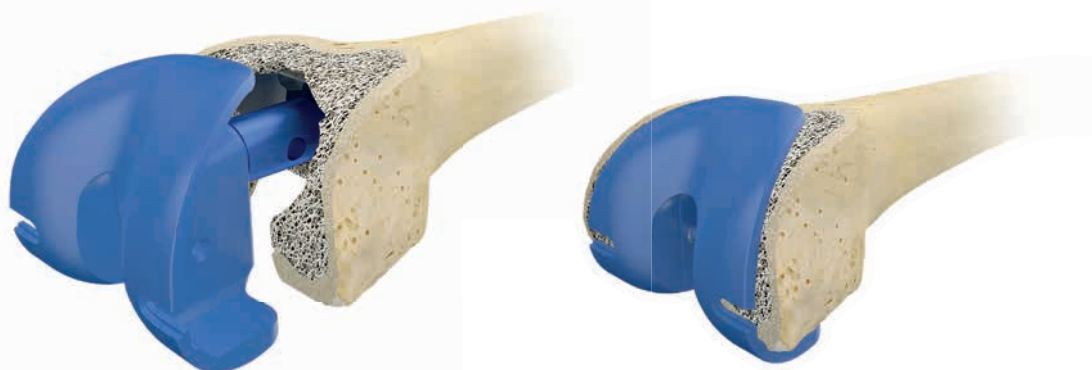
Then the button is depressed and the impactor is removed, while the femoral compressor remains in situ in the bone as a trial implant.

## Surgical Technique – TrabecuLink Femoral Cones

**Please note:**

The position of the femoral compressor for 3-zones Cones should be approx. 1-2 mm ventral to the planned position of the intramedullary box of the knee prosthesis. With the 2-zones and proximal Femoral Cones, the objective is a metaphyseal/diaphyseal position. The femoral compressors are designed with a deliberate undersize in order to achieve a good press-fit when the final Femoral Cone is implanted. For this reason, the same size of femoral compressor and final Femoral Cone must be used.

(Example: Femoral compressor **size S** for Femoral Cone **size S**)

**Trial reduction**

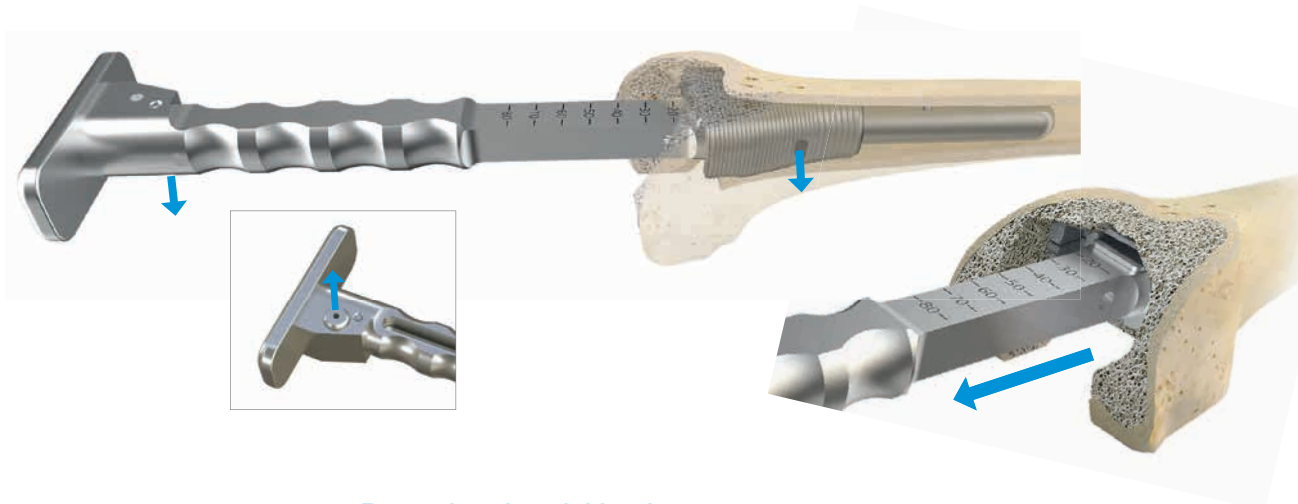
In order to check that the fit is correct, it is necessary to carry out a trial reduction. In addition to the femoral compressor, which has been placed in the bone, the following trial components from the Endo-Model knee family are required:

- trial femoral component
- trial stem
- segments, if necessary
- trial tibial component

If it is not possible to insert the prosthesis combination correctly, further preparation must be carried out as described above.

**Please note:**

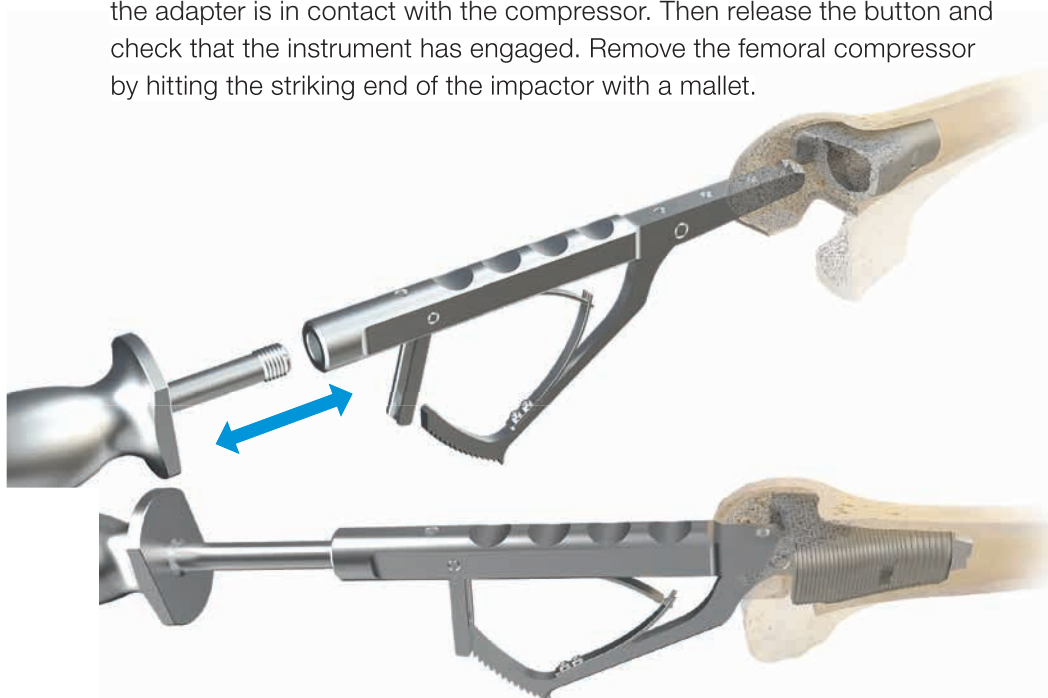
The respective article numbers of the instruments used for the Endo-Model knee implants are given in the description of the implant-specific surgical techniques.



**Removing the trial implant**

Following successful trial reduction, the femoral trial component and the femoral compressor have to be removed.

The impactor (15-6143/00) can be reconnected in order to remove the femoral compressor. To reconnect the impactor, first depress the button and hold it down while inserting the impactor with fitted adapter into the compressor until the adapter is in contact with the compressor. Then release the button and check that the instrument has engaged. Remove the femoral compressor by hitting the striking end of the impactor with a mallet.



**Removing the Femoral Cone**

To remove the Femoral Cone in the event of a revision\* – or to reposition the femoral compressor in situ, if necessary – the threaded rod with attached slap hammer is coupled to the extraction forceps by means of the M12 thread. Then the forceps are introduced into the femoral compressor and fixed on the upper rim of the cone by operating the forceps. Now the compressor can be removed by controlled use of the slap hammer.

\* If it is necessary to explant the Femoral Cone, the extraction forceps can be used after releasing the bony connection and removing the bone cement.

## Surgical Technique – TrabecuLink Femoral Cones

**Implantation of the Femoral Cone**

For 3-zones Femoral Cones, the PE transport protection must be removed. The Femoral Cone can now be locked on the impactor and inserted into the femoral canal. The “A” marking must be facing toward anterior during insertion. It is important to use the adapter, which must be the correct size, on the impactor. When the Femoral Cone is implanted, its final seating should be approx. 1-2 mm ventral to the planned position of the intramedullary box. Optionally, the guide rod can be left on the impactor for the purpose of implanting the Femoral Cone.

**Filling outer spaces**

Once the Femoral Cone has been placed, any spaces at the implant/bone interface can be filled with autologous material in order to achieve additional stability and prevent undesirable flow of cement between implant and bone.

**Please note:**

Another option is to fill any outer spaces with bone graft material and compress after placing the trial cone.

**Repeat trial**

After implantation of the Femoral Cone, it is advisable to double-check that it is correctly seated before placing the bone cement. This can be done with either the fully assembled femoral component (in the case of modular implant systems) or the femoral trial component. The purpose of the repeat trial, especially when using the 3-zone Femoral Cones is to provide an intraoperative check for the appropriate box level between Femoral Cone and femoral knee component.



#### Placement of the femoral component

The final step is to apply bone cement into the femoral canal and the already implanted Femoral Cone. Before placing the femoral component, it is advisable to apply some bone cement to the back of the femoral implant in order to ensure a homogeneous cement mantle.

Any excess bone cement must then be removed. The femoral component is held in position until the bone cement has fully hardened.

#### Please note:

If cementless modular stems (diameter max. 18 mm) are used, bone cement must be placed in the interior of the Femoral Cone and also applied to the back of the intracondylar femoral component to ensure that the implant combination is securely seated.



#### Final seating

Implanted Femoral Cone with Endo-Model knee prosthesis.

## Surgical Technique – TrabecuLink Tibial Cones

### Assessment of the defect situation

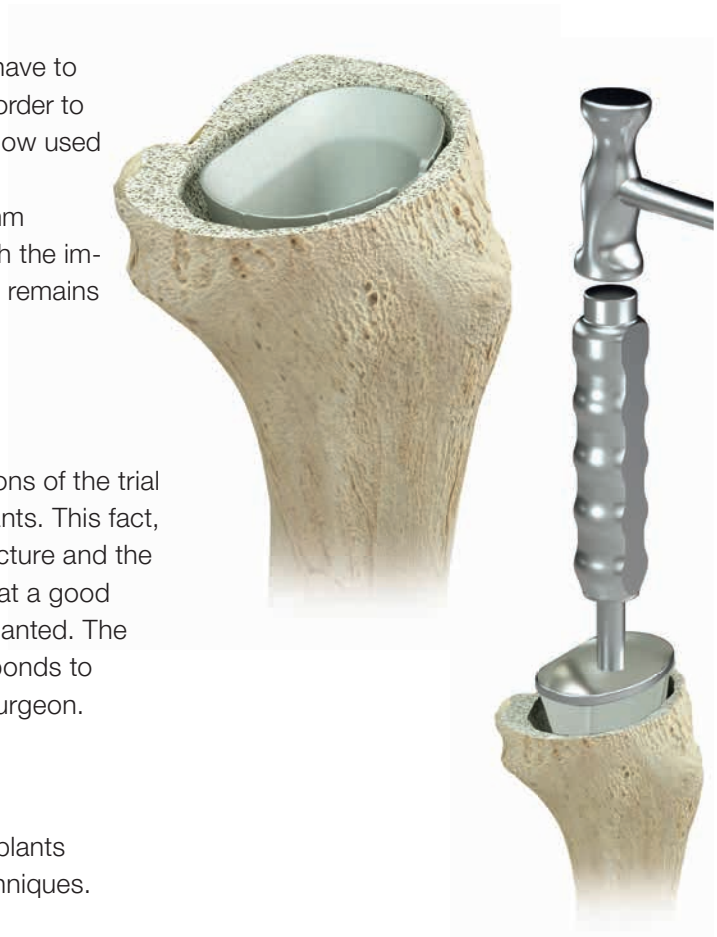
First, an already implanted tibial component must be removed, after which the medullary canal is freed of any residual bone cement.

The defect situation must then be closely analyzed. For this purpose, a reversed trial cone can be used to determine the version and size of Tibial Cone that needs to be inserted. If required, a marking can be applied to the trial cone.



### Trial implant

The bone in the region of the proximal tibia may have to be adapted according to the implant geometry in order to accommodate the Tibial Cone. The trial cone is now used to prepare the bone in stages until satisfactory positioning of the trial cone is achieved approx. 1 mm below the resection level (optional application with the impactor). On completion of this step, the trial cone remains in situ.



### Please note:

The surgeon must bear in mind that the dimensions of the trial cones are slightly smaller than those of the implants. This fact, in combination with the porous TrabecuLink structure and the elasticity with constructional “spring”, ensures that a good press-fit is achieved when the Tibial Cone is implanted. The selected size of the trial component thus corresponds to the size of the final Tibial Cone selected by the surgeon.

### Note:

Surgical procedures for the Endo-Model knee implants are described in the implant-specific surgical techniques.

## Checking the combination of trial implants

Prior to final placement of the Tibial Cone, it is recommended that a trial positioning be carried out, comprising the following components:

- trial tibial component
- trial stem
- possibly trial spacer
- trial cone
- trial femoral component

If the positioning of the trial implant does not seem appropriate, or if the tibial component cannot be inserted at the tibial resection level, further preparation is required. Repeat the trial combination in order to check for satisfactory positioning.



## Final placement of the cementless Tibial Cone

The next step is to remove all the trial components and clean the bone to remove any residues. For the stepped Tibial Cones, the PE transport protection must be removed. The Tibial Cone can now be driven in with the impactor. The implant should finish somewhat distally (approx. 1 mm) below the resection level.

### Note:

Depending on the anatomical situation, smaller Tibial Cones can be used (see table on page 15).



## Filling outer spaces

Once the Tibial Cone has been placed, any spaces at the implant/bone interface can be filled with autologous material in order to achieve additional stability and prevent undesirable flow of cement between implant and bone.

### Please note:

Another option is to fill and compress any outer spaces with bone graft material after placing the trial cone.



## Surgical Technique – TrabecuLink Tibial Cones

### Application of bone cement

Bone cement is now applied into the cone and the tibial medullary canal. In addition, some bone cement can be placed under the tibial component in order to achieve uniform distribution during insertion of the tibial component.



### Placement of the prosthesis

To complete the procedure, the tibial component is implanted and excess cement is removed. The inserter is used to hold the rotational position of the tibial component and to apply distal pressure to the implant until the bone cement has hardened.



### Removal of a Tibial Cone

For intraoperative repositioning or in the event that a revision of a Tibial Cone (application only after cement removal and loosening of the bony fixation) is required, the extraction forceps can be applied. After intramedullary insertion the forceps grab underneath the cone rim. Repositioning can be applied in **AP** depending on the intraoperative situation and implanted version of the Tibial Cone.

For removal of a Tibial Cone a slap hammer can be connected at the M12 thread of the forceps.



AP position of the forceps



In addition, the Tibial Cones have 4 built-in extraction pockets at the upper edge which provide an additional approach and allow fixation of optional clamps or forceps.



Built-in extraction pocket



### TrabecuLink Tibial Cones

For use with Endo-Model knee system – Tibial components in standard and modular version,  
**MAT** Tilastan – E (TiAl6V4)



REF	Size	Version	Depth mm	Height mm	Width mm
15-2991/01	XS	full (1)	33.0	18	48
15-2992/01	S	full (1)	34.5	22	53
15-2993/01	M	full (1)	36.0	26	59
15-2994/01	L	full (1)	37.5	30	66
15-2991/02	XS	right half (2)	33.0	18/12	48
15-2992/02	S	right half (2)	34.5	22/13	53
15-2993/02	M	right half (2)	36.0	26/14	59
15-2994/02	L	right half (2)	37.5	30/15	66
15-2991/03	XS	left half (3)	33.0	12/18	48
15-2992/03	S	left half (3)	34.5	13/22	53
15-2993/03	M	left half (3)	36.0	14/26	59
15-2994/03	L	left half (3)	37.5	15/30	66
15-2991/04	XS	half (4)	33.0	12	48
15-2992/04	S	half (4)	34.5	13	53
15-2993/04	M	half (4)	36.0	14	59
15-2994/04	L	half (4)	37.5	15	66

#### Combination Chart

		Sizes of Knee Prostheses			
		XS	S	M	L
Sizes of Tibial Cones	XS				
	S				
	M				
	L				

\* The geometry of the Endo-Model SL tibial components only allows a combination with Tibial Cones in the same size.

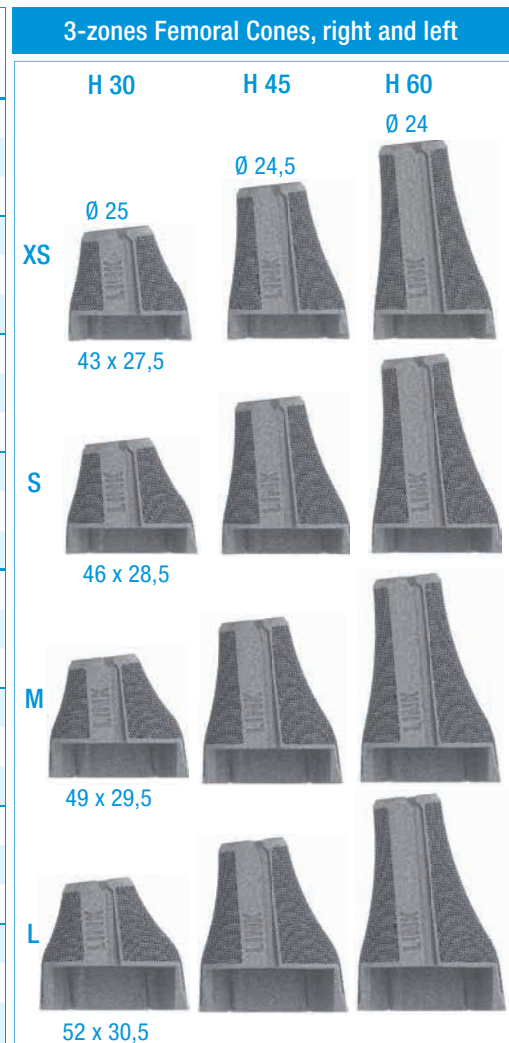
- Combination for the entire Endo-Model knee family (Endo-Model, Endo-Model–M, Endo-Model SL\*)
- Combination only with Endo-Model and Endo-Model–M
- Only after prior use of all trial components and 5 mm deeper positioning (Endo-Model, Endo-Model–M)
- This combination is not permitted

### TrabecuLink Femoral Cones

For use with Endo-Model knee system – Femoral components in standard and modular version,  
**MAT** Tilastan – E (TiAl6V4)

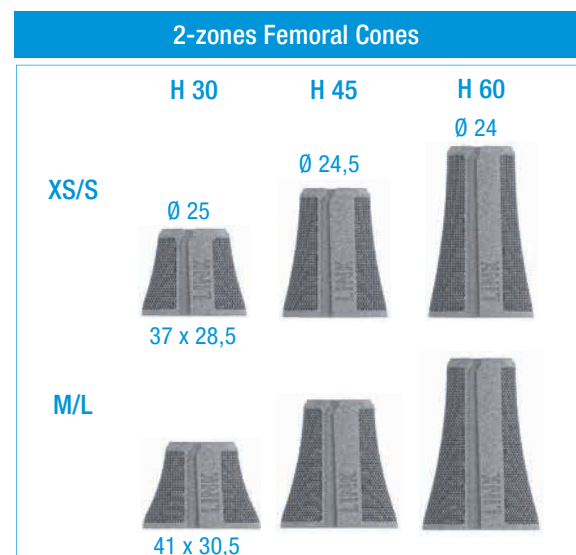
#### Version: 3-zones Femoral Cones

REF	Size	Side	Depth mm	Height mm	Width mm
15-3991/01	XS	left	27.5	30	43
15-3991/02	XS	left	27.5	45	43
15-3991/03	XS	left	27.5	60	43
15-3992/01	S	left	28.5	30	46
15-3992/02	S	left	28.5	45	46
15-3992/03	S	left	28.5	60	46
15-3993/01	M	left	29.5	30	49
15-3993/02	M	left	29.5	45	49
15-3993/03	M	left	29.5	60	49
15-3994/01	L	left	30.5	30	52
15-3994/02	L	left	30.5	45	52
15-3994/03	L	left	30.5	60	52
15-3995/01	XS	right	27.5	30	43
15-3995/02	XS	right	27.5	45	43
15-3995/03	XS	right	27.5	60	43
15-3996/01	S	right	28.5	30	46
15-3996/02	S	right	28.5	45	46
15-3996/03	S	right	28.5	60	46
15-3997/01	M	right	29.5	30	49
15-3997/02	M	right	29.5	45	49
15-3997/03	M	right	29.5	60	49
15-3998/01	L	right	30.5	30	52
15-3998/02	L	right	30.5	45	52
15-3998/03	L	right	30.5	60	52



#### Version: 2-zones Femoral Cones

REF	Size	Depth mm	Height mm	Width mm
15-3992/04	XS/S	28.5	30	37
15-3992/05	XS/S	28.5	45	37
15-3992/06	XS/S	28.5	60	37
15-3994/04	M/L	30.5	30	41
15-3994/05	M/L	30.5	45	41
15-3994/06	M/L	30.5	60	41




Version: Proximal Femoral Cones

REF	Depth mm	Height mm	Width mm
15-3992/07	26	30	27
15-3994/07	27	45	32

Proximal Femoral Cones

H 30


∅ 24



27 x 26

H 45

∅ 24



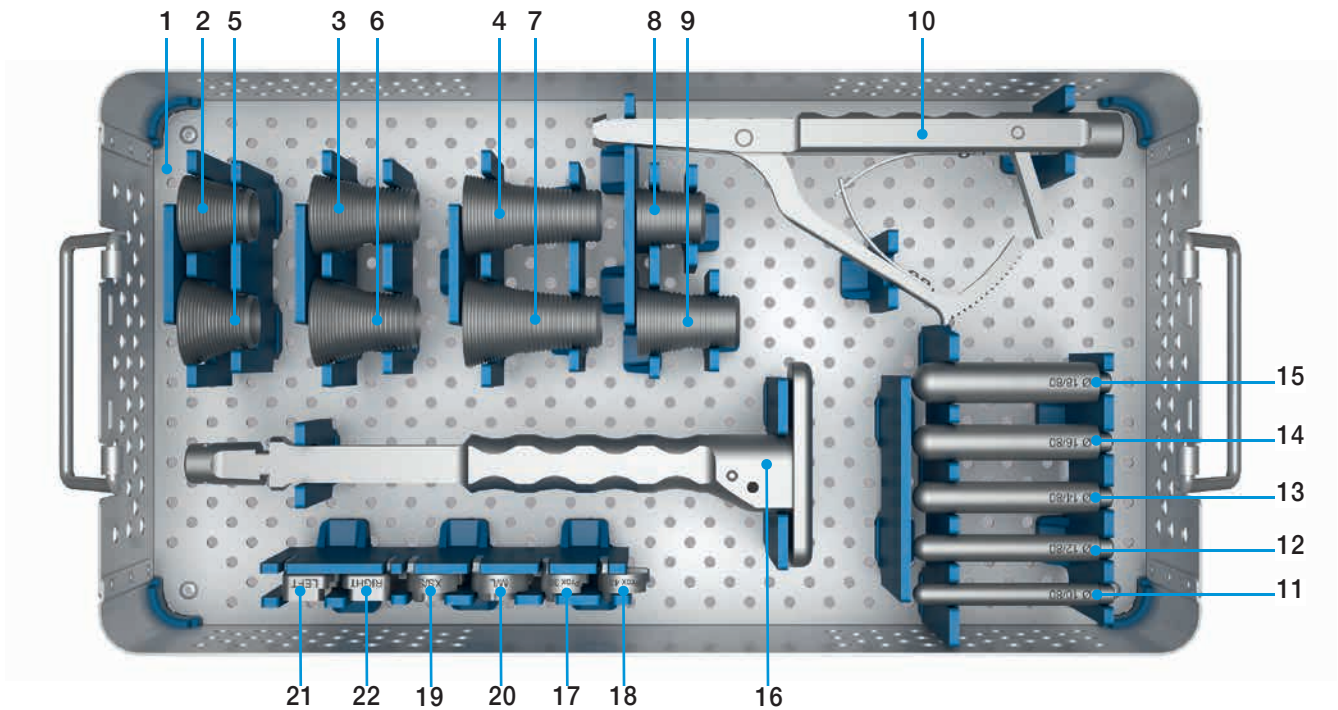
32 x 27

Combination Chart

		Endo-Model SL			Endo-Model Standard, Endo-Model –M /–W			
		S	M	L	XS	S	M	L
Femoral Cones 3-zones right + left	XS							
	S							
	M							
	L							
Femoral Cones 2-zones + proximal		No restriction on combination options						

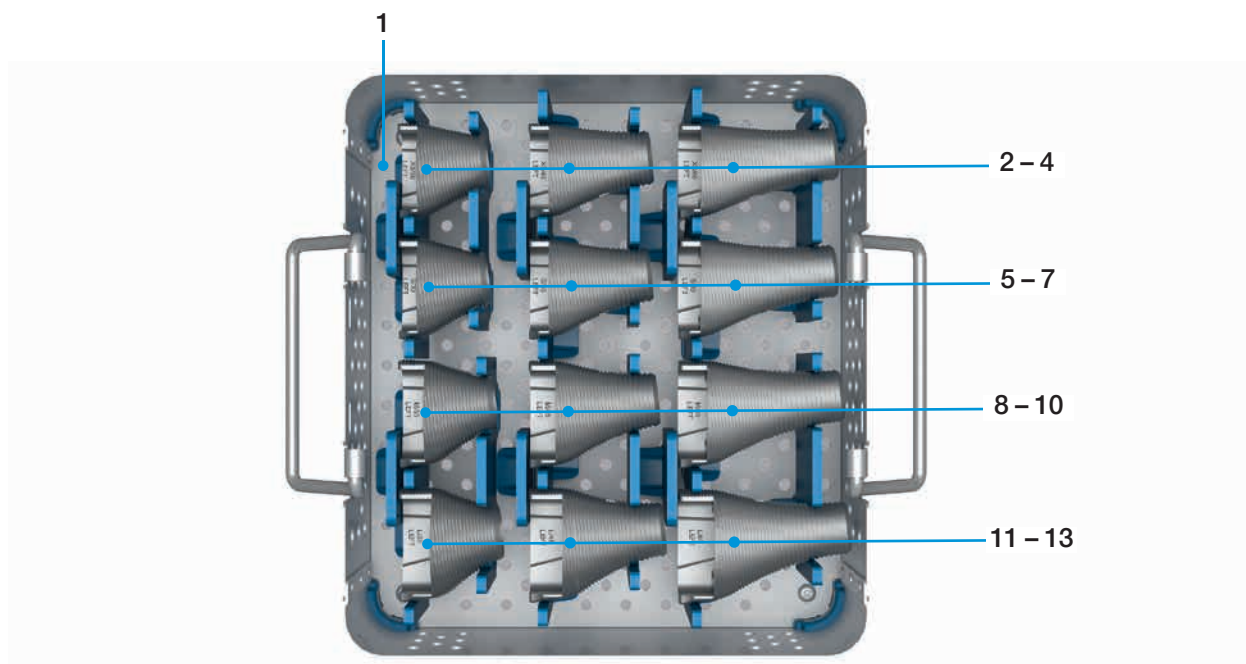
- Only after prior use of all femoral segments
- Combination for the entire Endo-Model knee family: Endo-Model, Endo-Model –M/ –W, Endo-Model SL
- Only after prior check with prosthesis box
- This combination is not permitted

TrabecuLink Femoral Cones, 2-zones



	15-6130/00	<b>Instrument Set, complete</b>				
1	15-6130/10	<b>Instrument Tray, only, 485 x 253 x 76 mm</b>				
		<b>Compressors, femoral, 2-zones</b>				
		Size	Diameter (Ø)	Depth (T)	Height (H)	Width (B)
2	15-6144/01	XS/S	25.0 mm	28.5 mm	30 mm	37 mm
3	15-6144/02	XS/S	24.5 mm	28.5 mm	45 mm	37 mm
4	15-6144/03	XS/S	24.0 mm	28.5 mm	60 mm	37 mm
5	15-6145/01	M/L	25.0 mm	30.5 mm	30 mm	41 mm
6	15-6145/02	M/L	24.5 mm	30.5 mm	45 mm	41 mm
7	15-6145/03	M/L	24.0 mm	30.5 mm	60 mm	41 mm
		<b>Compressors, femoral, proximal</b>				
			Diameter (Ø)	Depth (T)	Height (H)	Width (B)
8	15-6146/01		24.0 mm	26.0 mm	30 mm	27 mm
9	15-6146/11		24.0 mm	27.0 mm	45 mm	32 mm
10	15-6150/00	<b>Extraction Forceps, femoral</b>				
		<b>Guide Rods, femoral</b>				
		Length (L)	Diameter (Ø)			
11	15-6151/10	80 mm	10 mm			
12	15-6151/12	80 mm	12 mm			
13	15-6151/14	80 mm	14 mm			
14	15-6151/16	80 mm	16 mm			
15	15-6151/18	80 mm	18 mm			
16	15-6143/00	<b>Impactor, femoral</b>				
17	15-6149/11	<b>Adapter, femoral, height: 30 mm, proximal</b>				
18	15-6149/12	<b>Adapter, femoral, height: 45 mm, proximal</b>				
19	15-6149/01	<b>Adapter, femoral, XS/S, 2-zones</b>				
20	15-6149/02	<b>Adapter, femoral, M/L 2-zones</b>				
21	15-6147/01	<b>Adapter, femoral, left, 3-zones</b>				
22	15-6148/01	<b>Adapter, femoral, right, 3-zones</b>				

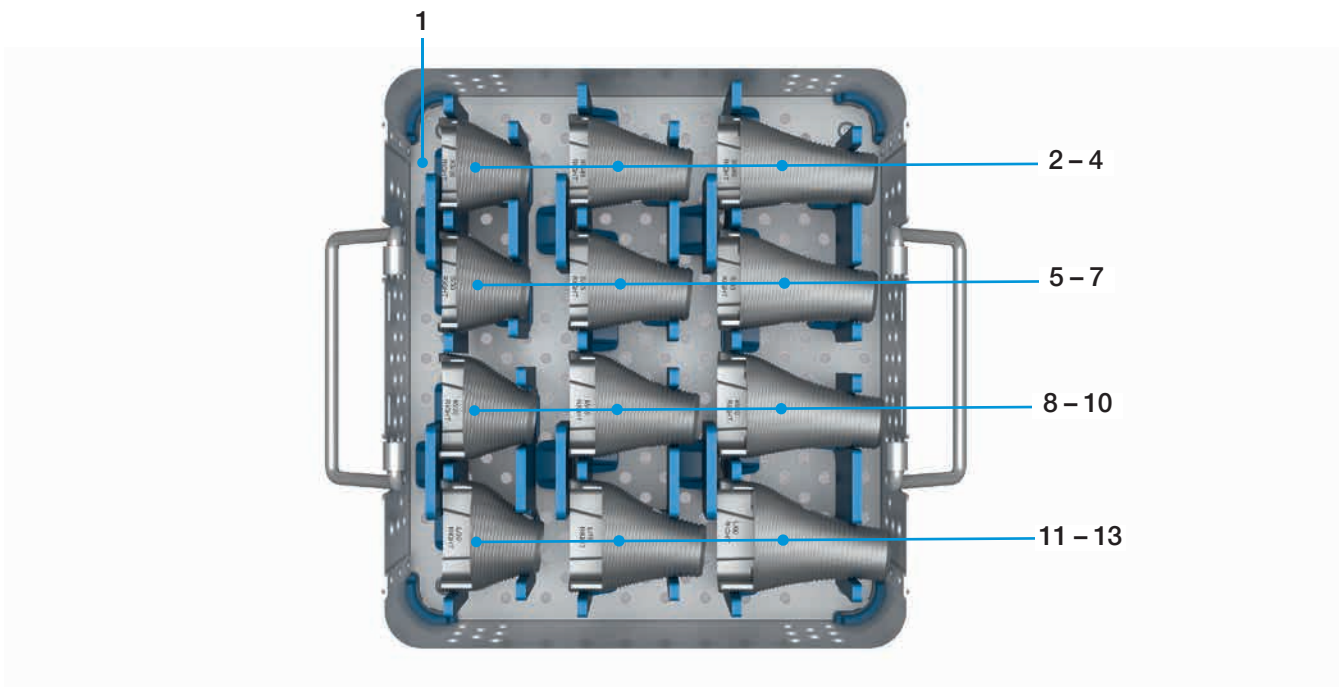
TrabecuLink Femoral Cones, 3-zones – left



	15-6131/00* <b>Instrument Set, complete</b>						
1	15-6131/10 <b>Instrument Tray, only, 228 x 253 x 76 mm</b>						
	<b>Compressors, femoral, 3-zones, left</b>						
		Size	Version	Diameter (Ø)	Depth (T)	Height (H)	Width (B)
2	15-6141/01	XS	left	25.0 mm	27.5 mm	30 mm	43 mm
3	15-6141/02	XS	left	24.5 mm	27.5 mm	45 mm	43 mm
4	15-6141/03	XS	left	24.0 mm	27.5 mm	60 mm	43 mm
5	15-6141/04	S	left	25.0 mm	28.5 mm	30 mm	46 mm
6	15-6141/05	S	left	24.5 mm	28.5 mm	45 mm	46 mm
7	15-6141/06	S	left	24.0 mm	28.5 mm	60 mm	46 mm
8	15-6141/07	M	left	25.0 mm	29.5 mm	30 mm	49 mm
9	15-6141/08	M	left	24.5 mm	29.5 mm	45 mm	49 mm
10	15-6141/09	M	left	24.0 mm	29.5 mm	60 mm	49 mm
11	15-6141/10	L	left	25.0 mm	30.5 mm	30 mm	52 mm
12	15-6141/11	L	left	24.5 mm	30.5 mm	45 mm	52 mm
13	15-6141/12	L	left	24.0 mm	30.5 mm	60 mm	52 mm

\* Corresponding Adapters, Guide Rods, the Impactors and the Extraction Forceps (optional) from Instrument Set 15-6130/00 are additionally required.

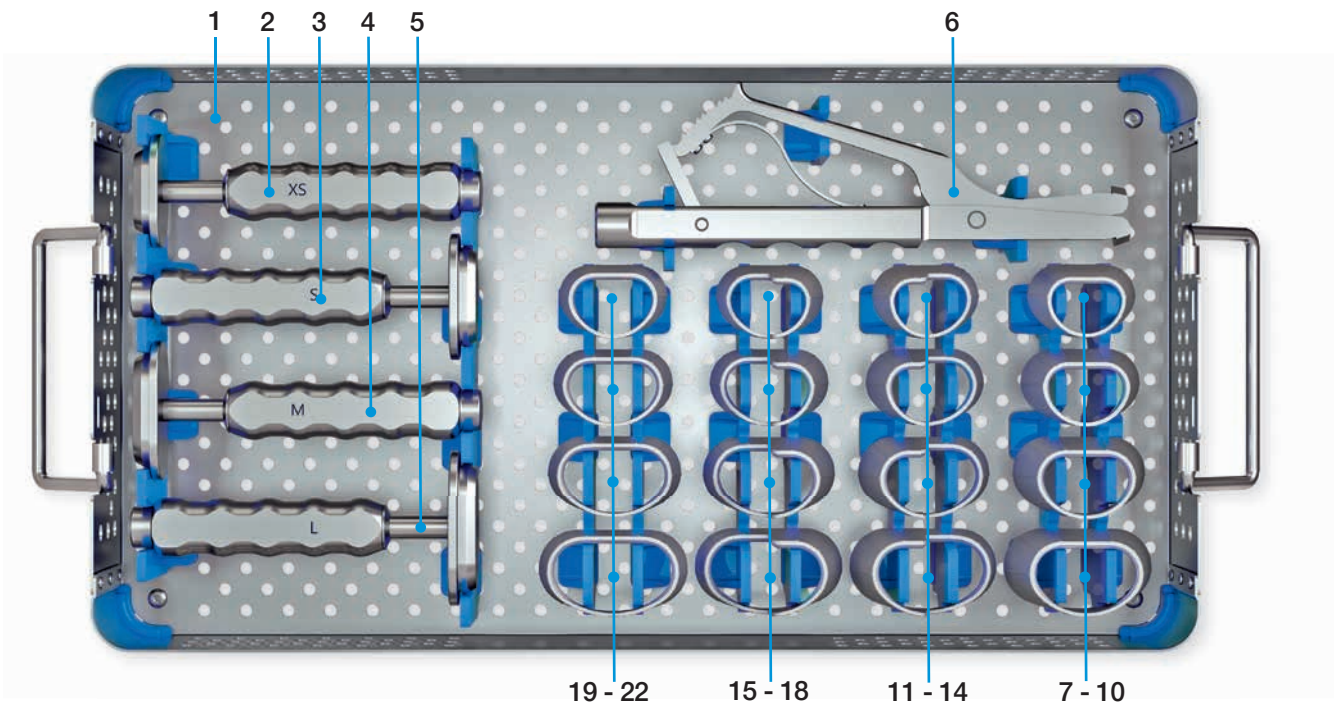
TrabecuLink Femoral Cones, 3-zones – right



	15-6132/00*	<b>Instrument Set, complete</b>					
1	15-6132/10	<b>Instrument Tray, only, 228 x 253 x 76 mm</b>					
		<b>Compressors, femoral, 3-zones, right</b>					
		Size	Version	Diameter (Ø)	Depth (T)	Height (H)	Width (B)
2	15-6142/01	XS	right	25.0 mm	27.5 mm	30 mm	43 mm
3	15-6142/02	XS	right	24.5 mm	27.5 mm	45 mm	43 mm
4	15-6142/03	XS	right	24.0 mm	27.5 mm	60 mm	43 mm
5	15-6142/04	S	right	25.0 mm	28.5 mm	30 mm	46 mm
6	15-6142/05	S	right	24.5 mm	28.5 mm	45 mm	46 mm
7	15-6142/06	S	right	24.0 mm	28.5 mm	60 mm	46 mm
8	15-6142/07	M	right	25.0 mm	29.5 mm	30 mm	49 mm
9	15-6142/08	M	right	24.5 mm	29.5 mm	45 mm	49 mm
10	15-6142/09	M	right	24.0 mm	29.5 mm	60 mm	49 mm
11	15-6142/10	L	right	25.0 mm	30.5 mm	30 mm	52 mm
12	15-6142/11	L	right	24.5 mm	30.5 mm	45 mm	52 mm
13	15-6142/12	L	right	24.0 mm	30.5 mm	60 mm	52 mm

\* Corresponding Adapters, Guide Rods, the Impactors and the Extraction Forceps (optional) from Instrument Set 15-6130/00 are additionally required.

TrabecuLink Tibial Cones



	15-6121/00	<b>Instrument Set, complete</b>				
1	15-6121/10	<b>Instrument Tray, only, 485 x 253 x 80 mm</b>				
2	15-6125/01	<b>Impactor, size XS</b>				
3	15-6125/02	<b>Impactor, size S</b>				
4	15-6125/03	<b>Impactor, size M</b>				
5	15-6125/04	<b>Impactor, size L</b>				
6	15-6128/00	<b>Extraction Forceps, for Tibial Cones</b>				
		<b>Trial Cones, tibial</b>				
		Size	Version	Depth	Height	Width
7	15-6121/01	XS	full	33.0 mm	18 mm	48 mm
8	15-6122/01	S	full	34.5 mm	22 mm	53 mm
9	15-6123/01	M	full	36.0 mm	26 mm	59 mm
10	15-6124/01	L	full	37.5 mm	30 mm	66 mm
11	15-6121/02	XS	right-half	33.0 mm	18/12 mm	48 mm
12	15-6122/02	S	right-half	34.5 mm	22/13 mm	53 mm
13	15-6123/02	M	right-half	36.0 mm	26/14 mm	59 mm
14	15-6124/02	L	right-half	37.5 mm	30/15 mm	66 mm
15	15-6121/03	XS	left-half	33.0 mm	12/18 mm	48 mm
16	15-6122/03	S	left-half	34.5 mm	13/22 mm	53 mm
17	15-6123/03	M	left-half	36.0 mm	14/26 mm	59 mm
18	15-6124/03	L	left-half	37.5 mm	15/30 mm	66 mm
19	15-6121/04	XS	half	33.0 mm	12 mm	48 mm
20	15-6122/04	S	half	34.5 mm	13 mm	53 mm
21	15-6123/04	M	half	36.0 mm	14 mm	59 mm
22	15-6124/04	L	half	37.5 mm	15 mm	66 mm

## Additional Instruments

**Guide Rod with Slap Hammer** (without illustration)  
 (optional for stem extraction: Guide Rod 317-661  
 in combination with Driver Extractor 15-8516/45  
 or 15-0036/81)

REF	Length
317-661	365 mm

## Accessories

**X-ray Templates,**  
 110% actual size, set of 7 sheets

REF	for
15-6160/00	TrabecuLink Femoral Cones
15-6129/00	TrabecuLink Tibial Cones

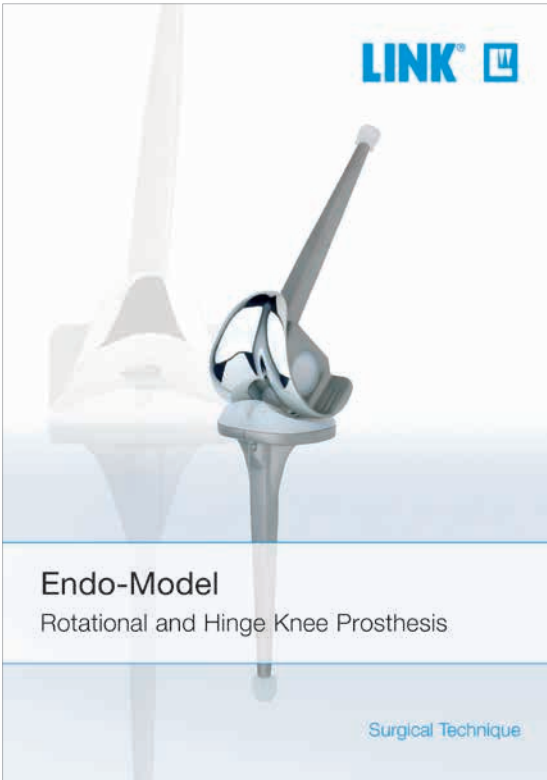


<b>Specified Indications and Contraindications: TrabecuLink Femoral and Tibial Cones</b>
<b>General Indications</b>
Severe joint diseases with limitation of mobility due to degenerative, rheumatoid or post-traumatic arthrosis or arthritis and joint fractures which disallow osteosynthetic reconstruction.
<b>Indications</b>
Surgeries which require implantation of a total knee endoprosthesis after severe degeneration or bone loss, traumata or other pathologies.
<b>Contraindications</b>
Acute or chronic infections, local and systemic insofar as they compromise the successful implantation of a total knee endoprosthesis.
Allergies to (implant) materials.
Distinctive muscular, nerve, vascular or other diseases which put the affected limb at risk.
Insufficient / inadequate bone mass or -quality which prevents a stable anchor of the implant.


**The device is intended for uncemented use.**



**Endo-Model – M**  
Modular Knee Joint System



**Endo-Model**  
Rotational and Hinge Knee Prosthesis System

 For more information please register for our LINK Media Library ([linkorthopaedics.com](http://linkorthopaedics.com))

Please note the following regarding the use of our implants:

**1. Choosing the right implant is very important.**

The size and shape of the human bone determines the size and shape of the implant and also limits the load capacity. Implants are not designed to withstand unlimited physical stress. Demands should not exceed normal functional loads.

**2. Correct handling of the implant is very important.**

Under no circumstances should the shape of a finished implant be altered, as this shortens its life span. Our implants must not be combined with implants from other manufacturers. The instruments indicated in the Surgical Technique must be used to ensure safe implantation of the components.

**3. Implants must not be reused.**

Implants are supplied sterile and are intended for single use only. Used implants must not be used again.

**4. After-treatment is also very important.**

The patient must be informed of the limitations of the implant. The load capacity of an implant cannot compare with that of healthy bone!

**5. Unless otherwise indicated, implants are supplied in sterile packaging.**

Note the following conditions for storage of packaged implants:

- Avoid extreme or sudden changes in temperature.
- Sterile implants in their original, intact protective packaging may be stored in permanent buildings up until the "Use by" date indicated on the packaging.
- They must not be exposed to frost, dampness or direct sunlight, or mechanical damage.
- Implants may be stored in their original packaging for up to 5 years after the date of manufacture. The "Use by" date is indicated on the product label.
- Do not use an implant if the packaging is damaged.

**6. Traceability is important.**

Please use the documentation stickers provided to ensure traceability.

**7. Further information** on the material composition is available on request from the manufacturer.

**Follow the instructions for use!**

## Waldemar Link GmbH & Co. KG, Hamburg

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The Surgical Technique described has been written to the best of our knowledge and belief, but it does not relieve the surgeon of his/her responsibility to duly consider the particularities of each individual case.

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