

# iASSIST<sup>®</sup> Knee

Brochure



# IN THE PALM OF YOUR HAND

In the OR, you need precise, intraoperative feedback to ensure the best outcomes for patients. Guidance technologies enhance precision, giving intraoperative feedback just when you need it.

The iASSIST Knee Alignment Instrument provides a compact, electronic guidance system designed to help you align and validate bony resections in real-time within the surgical field without bulky capital equipment or expensive imaging. This means a more efficient and precise procedure even in difficult cases with retained hardware.

## How it Works

The palm-sized, electronic pods contain motion sensors, which are used in conjunction with instruments to reconstruct the patient's mechanical axis in the sagittal and coronal plane. You are then able to validate resection orientation in real time within the surgical field.

## Efficient and Cost Effective

iASSIST Knee is simple and intuitive by design. Because it works with conventional instruments, intraoperative setup is straightforward without unnecessary workflow disruptions. This leads to fewer hassles and a time neutral workflow.<sup>1,2</sup>



In a multi-center study, **iASSIST Knee** was shown to be **time neutral** when compared with **conventional instruments**.<sup>3,4</sup>

With increasing reimbursement rejection on expensive imaging modalities, such as MRI and CT, iASSIST Knee offers an imageless solution to reduce the cost and scheduling headaches of specialized images. Additionally, the pods are disposable and eliminate the need for expensive capital equipment.

**Time neutral** workflow.  
**No capital** equipment expense.  
**No imaging** required.  
**No sterilization** costs.



## ADDRESSES DIFFICULT CASES

iASSIST Knee consists of electronic pods that virtually define the patient's mechanical axis through an intraoperative range of motion test. Therefore, it isn't impacted by retained hardware, deformities, obesity or other conditions that can "hide" traditional anatomical landmarks.

With iASSIST Knee, identifying the patient's mechanical axis is straightforward even in challenging cases, including:



Retained Hardware



Abnormal Bowing



Extreme Valgus



Additionally, **iASSIST Knee** may be an option for patients with certain **cardiac conditions**.

Surgical invasion of the intramedullary canal has been identified as being the number one factor increasing risk of Acute Myocardial infarction (AMI).<sup>4</sup> Because iASSIST Knee doesn't violate the intramedullary canal like conventional instrumentation, it may meet the clinical need for accuracy without unnecessary cardiac risk to the patient.

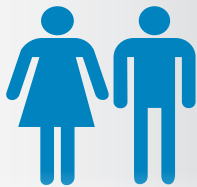
## PRECISE ALIGNMENT

Inaccurate implantation rates of up to **30 percent** have been reported using the conventional technique in TKA, independent of the surgeon's experience.<sup>6-9</sup> iASSIST Knee offers increased precision and accuracy compared to conventional instruments with fewer outliers.<sup>10,2</sup> The precision and accuracy is furthered by the intraoperative validation feature, which allows for direct feedback of the resections so you can ensure proper alignment intraoperatively and make any additional adjustments needed prior to wound closure.<sup>2</sup>

In one study, patients treated with iASSIST Knee experienced fewer outliers (>3° of tibial or femoral component malalignment) compared to the conventional group without an increase in OR time.<sup>10</sup>

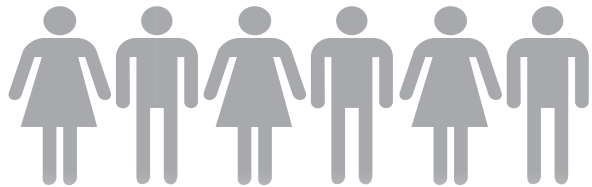
**4%**

Experienced outliers with **iASSIST**<sup>10</sup>



**29%**

Experienced outliers with **conventional instruments**<sup>10</sup>



VS

Massé *et al.* reported

**0.83° +/- 0.66°**

of accuracy and precision in achieving the femoral varus/valgus target.<sup>2</sup>

# PATIENT OUTCOMES



One in four patients aren't fully satisfied with their total knee replacement,<sup>11,12</sup> so it is crucial that technologies with fewer revisions and enhanced efficiency. iASSIST Knee delivers.

iASSIST<sup>®</sup> Knee does not require diaphyseal bone fixation, which can limit the risk for infection, stress-fractures and avoid disrupting the surgical workflow.<sup>14</sup>

**88%**

GOOD OR  
EXCELLENT PATIENT  
SATISFACTION<sup>13</sup>

IMPROVED FUNCTION  
AND PAIN REDUCTION  
CAN POTENTIALLY  
HELP PATIENTS  
RECOVER MORE  
QUICKLY AND RETURN  
TO ACTIVITIES  
SOONER.<sup>12</sup>



PATIENTS TREATED WITH GUIDANCE TECHNOLOGIES HAVE SHOWN BETTER FUNCTION MEASURED BY THE KSS AT 90 DAYS AND 12 MONTHS POSTOPERATIVELY. THEIR PAIN LEVEL WAS ALSO LOWER.<sup>15</sup>

3 years **2.4 iASSIST or ORTHOsoft**

**3.7 NON-NAVIGATED**

6 years **3.5 iASSIST or ORTHOsoft**

**5.6 NON-NAVIGATED**

9 years **4.1 iASSIST or ORTHOsoft**

**7.2 NON-NAVIGATED**

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