



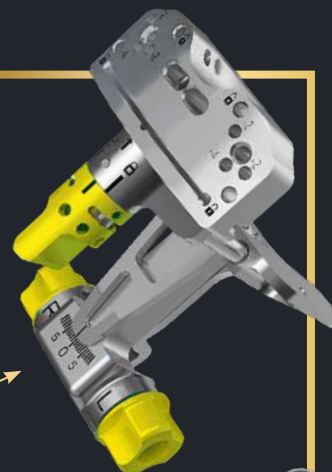
GEMINI SL Total Knee System
with SPAR-K Instruments



FEMORAL
ALIGNMENT
GUIDE

Fast lock / unlock
mechanism
with colour code

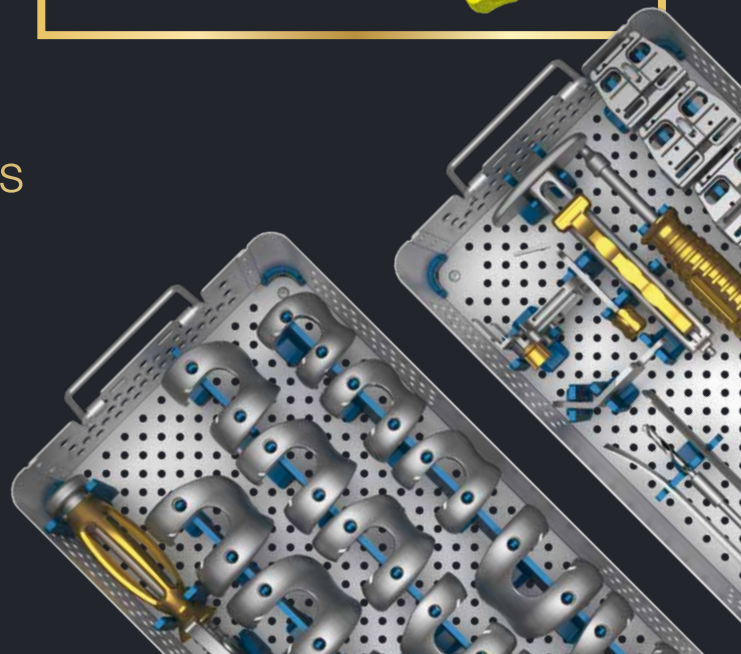
Self-explaining
fine tune adjustment



The GEMINI SPAR-K Instruments
meet the need of today's knee surgeons

The GEMINI SPAR-K Instruments

- are clear and easy to use
- are intuitive and efficient instruments.
- assure precise and reliable bone resections

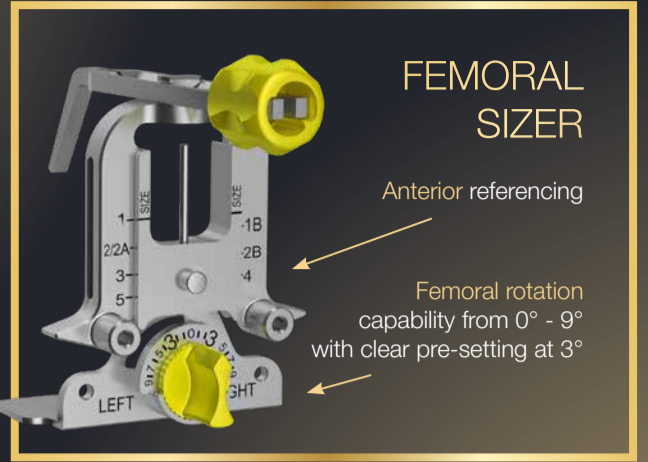


Efficient

Precise

Reliable

spar-
INSTRUMENTS



SPAR-K Instruments

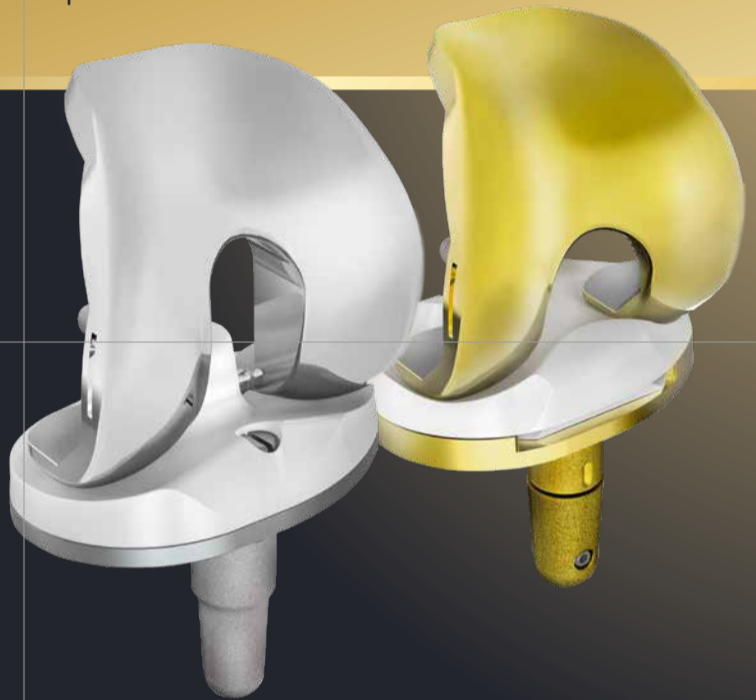
for GEMINI SL Total Knee System

The instruments assure precise and reliable bone resections.

The GEMINI SPAR-K Instruments are designed to help the surgeon to consistently achieve optimal outcomes. They enable the surgeons to precisely control the implant position and fit for each patient.

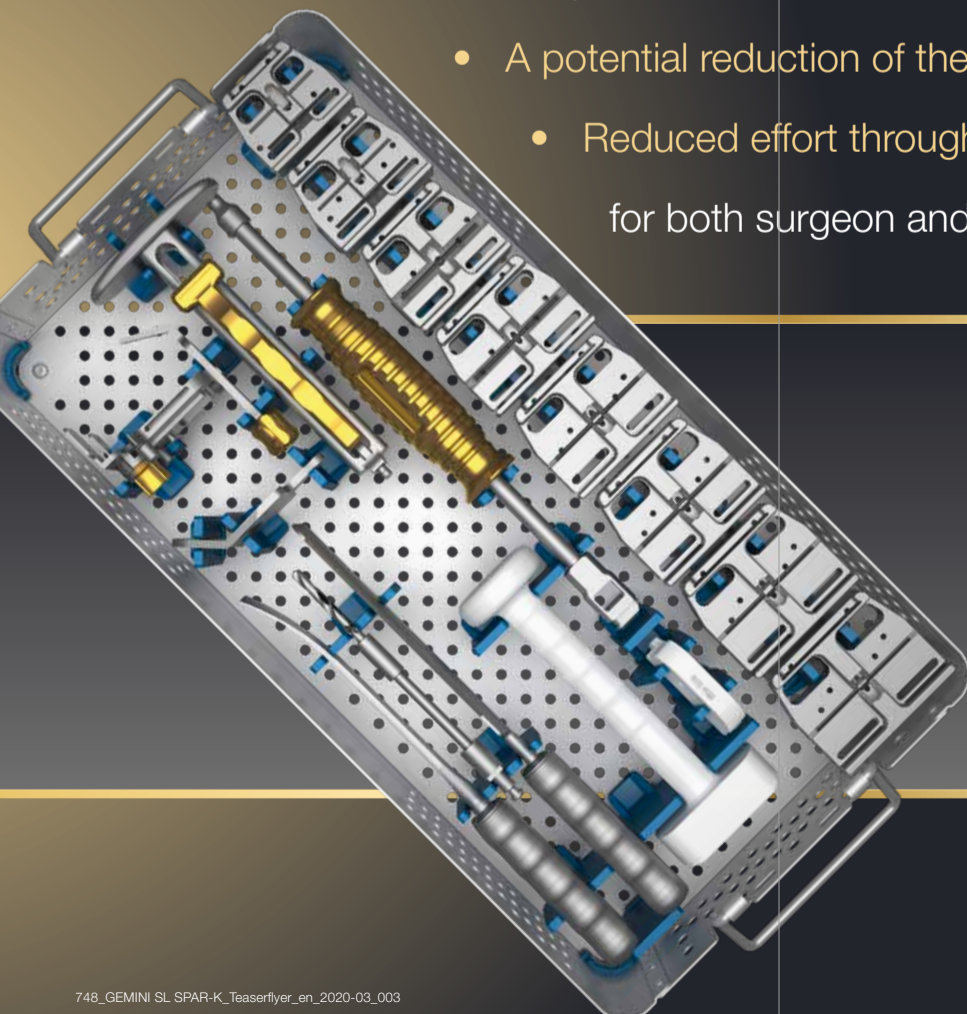
The GEMINI SPAR-K Instruments allow a variety of surgical options such as:

- Femur first
- Tibia first
- Gap balancing



The colour coded actuators, the quick set/release functions and the single layer trays, allow for:

- A potential reduction of the learning curve
- Reduced effort throughout the surgical process for both surgeon and scrub-tech personal



Please feel free to visit our SPAR-K Instruments Website



GEMINI SL

Total Knee System

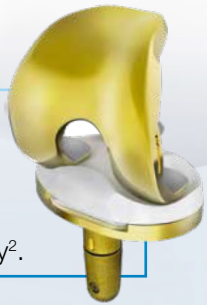
10A | 3A

ODEP rating



A rating of **10A** is given to implants that have demonstrated at least **93% survival at 10 years** based on data meeting ODEP's criteria for the strongest data quality¹.

A rating of **3A** is given to implants that have demonstrated at least **94,5% survival at 3 years** based on data meeting ODEP's criteria for the strongest data quality².



The Mobile Bearing configuration of the **GEMINI SL** received this high quality rating for a knee implant awarded by the United Kingdom's Orthopaedic Data Evaluation Panel.

Latest ODEP ratings can be found at <http://www.odep.org.uk>

ODEP rating received in Autumn 2019

¹ 10A: A minimum cohort of 500 knees at the start of the study with a minimum of ten years follow-up and an actual revision rate of less than 7%. All deaths, loss to follow-up, failures and indications for revisions are recorded. Minimum at risk at benchmark time: 51.

² 3A: A minimum cohort of 150 knees at the start of the study with a minimum of ten years follow up and an actual revision rate of less than 5.5%. All deaths, loss to follow-up, failures and indications for revisions are recorded. Minimum at risk at benchmark time: 66.