A Patient-Specific, Bone Preserving Solution for Early Intervention
The ConforMIS iForma is an interpositional implant designed for the treatment of moderate osteoarthritis isolated to the **medial or lateral** compartments.

Based on a clinically proven concept\(^1\), the iForma is seated between the femur and tibia and resembles the shape of healthy menisci. A polished superior surface provides a smooth articulating platform for the femur, while the personalized shape restores joint geometry and redistributes stress loads.

By utilizing MRI data to customize the implant for each patient, the iForma represents a significant advance in interpositional devices. This personalized fit enables the implant to achieve ‘functional fixation’ without the need for invasive tissue removal, screws, pegs or cement.

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**Key Benefits of the iForma**

**Simple Surgical Procedure**
- Typically performed as a 40-60 minute outpatient procedure
- Only one specialized instrument required for insertion
- Fits precisely into patient joint without the need for intra-operative sizing and implant selection

**Minimally Invasive, Minimally Traumatic**
- 4-6 cm incision for implant insertion
- Requires no bone resection
- Requires no shaping or remodeling of cartilage
- Preserves the joint for future treatment options

**Unique Alternative Treatment Option**
- Available for medial and lateral compartments
- Viable for patients too young or too early for knee replacement surgery
- Less post-operative pain and early return to activity

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\(^{1}\) Springer BD, et al. McKeever hemiarthroplasty of the knee in patients less than sixty years old. JBJS. 2006.
Exceptional Design for Exceptional Performance

The iForma is customized using our proprietary iFit™ ’image-to-implant’ technology. iFit technology maps the surface topography of the tibial plateau, the size and shape of key anatomic features, and the degree of cartilage loss across the femoral and tibial surfaces. This information is used to design and manufacture an implant that is uniquely sized and shaped to conform to the physiology of an individual joint.

- Polished superior surface contoured to accommodate unique curvature of patient’s femoral condyle
- Implant outline matched to measurement of tibial surface to optimize sizing for each patient
- Undersurface mirrors tibial topography to create highly conforming surfaces that “lock” into place
- Implant thickness determined by patient specific MRI measurement of cartilage loss, facilitating restoration of joint space and axis correction
- Tab designed to form-fit grasper tip to facilitate easy, confident insertion
- Cobalt-Chromium Molybdenum, a proven orthopedic material, used to ensure implant longevity
- Only one specialized instrument – the grasper – required for insertion

**Simple Surgical Technique**

**INDICATION**

The ConforMIS knee interpositional device is intended for use in the osteoarthritic knee, where substantial amounts of articular cartilage have degenerated as a result of the disease. The implant is indicated for the un-cemented treatment of the medial or lateral surfaces of the tibia in patients with the following presenting conditions:

- Moderate degeneration of the medial or lateral compartment of the knee (grade II-IV chondromalacia)
- Minimal degeneration (grade I-II chondromalacia, no loss of joint space) in the patellofemoral compartments.

The ConforMIS knee interpositional device is intended to be implanted in the knee as a non-fixated, intra-articular support with minimal to no movement of the device after implantation.

**CONTRAINDICATIONS**

**ABSOLUTE**

- Active infection
- Severe instability due to advanced loss of osteochondral structure or the absence of collateral or cruciate ligament integrity
- Flexion contracture > 15°

**RELATIVE**

- Tricompartmental disease > Grade III
- Femoropatellar arthritis > Grade III

**Surgical Planning and Technique Highlights**

- ConforMIS protocol MRI scan required 4-6 weeks before surgery
- Complete arthroscopic meniscectomy must include removal of posterior horn
- Implant inserted using grasper through mini-arthrotomy, after removal of interfering osteophytes
- Fluoroscopy and visual confirmation to assure stable placement, with minimal to no translation