

WHAT'S NEW AT DKOU2017? SMARTTRAK INTERVIEWS THE EXHIBITORS

DKOU2017, The German Congress of Orthopedic and Trauma Surgery, in Berlin Oct. 24-27, 2017
by Sharon O'Reilly, CEO and Founder SmartTRAK

Christian Calame of Naviswiss

Handheld, miniaturized navigation technology for computer-assisted orthopedic surgery

Video URL <https://vimeo.com/241927159>

Sharon O: Hi I'm at the DKOU, and this is Christian Calame, from Naviswiss.

Christian C: Yes

Sharon O: Christian, you've got a very interesting navigation technology. We'd love to see it. Can you take us through?

Christian C: Sure, the core of the technology is a camera. Which we shrank. So it's like any other navigation system. It's got exterior camera. It's got a screen but it's all in surgeons hands. So we made this one smaller, but we also made the tag smaller. So what used to be a Christmas tree, with these reflecting spheres on it. Is now a stamp size little tag which fits on the instruments. Which also fits on the anatomy. Basically this would be sterile draped, and will enter the surgical area when needed and it will leave it when not needed. Which is most of the time in the surgical procedure.

Sharon O: So tell us how it works?

Christian C: Well it works, what we have here is a total hip replacement navigated. So what we do is we measure a few landmarks first so there is no pre-operative phase, but intraoperative there are some landmarks which are measured. Then we take the instruments and we navigate the instruments. Can you hold that please? So we will be the surgeon.

I'll put my instruments on my tool and I'll basically look at the screen and guide it. Now if we go through a little bit more of the procedure, we can see that.

We measure center of rotation. Okay and that's all we need for the landmarks. Surgery proceeds. We are bisecting the femoral head. Taking it out and now

comes the really interesting screen where the cup is being implanted. This will be a typical cup.

After the reaming, we go in with it and now I need to come to the other side. In this screen the surgeon would align the implant, the cup to 45 degrees inclination and to about 12 degrees anteversion would impact it and then save it so the position is documented. This is for the documentation.

Then, you will prepare the whole stem. Put on a trial, then go back and measure the leg length. You would put the leg back in a preliminary way and he would see immediately if it's ready. For instance like that it would not be ready. It would be too much lateral, too much leg length. But eventually, you will reach the leg length and offset the way he has planned it preoperatively. He will document it as well, because leg length again is number one source of litigation for orthopedic surgeons.

Patients feel awkward. They are very sensitive to leg length. And this is the way to control it.

Sharon O: Excellent. So this is not, this is basically the components of the system.

Christian C: This is the components of the system. There is no large tower. The only thing you didn't see is the thing is draped sterile because it obviously enters the surgical field.

Sharon O: Christian tell us where you are in terms of gaining approvals.

Christian C: Okay. We are currently working on the European approval. We expect to have it in November. After that we are going down the line for a knee navigation, also with European approval. And parallel to that we will apply for FDA approval.

Sharon O: Excellent.

Christian C: So, I expect by mid 2018 or second half of 2018 to hopefully have an FDA approval as well.

Sharon O: Excellent. Well, it looks like we'll be seeing you at the AAOS.

Christian C: We will definitely be there.

Sharon O: Thank you Christian.

Christian C: Thank you.

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