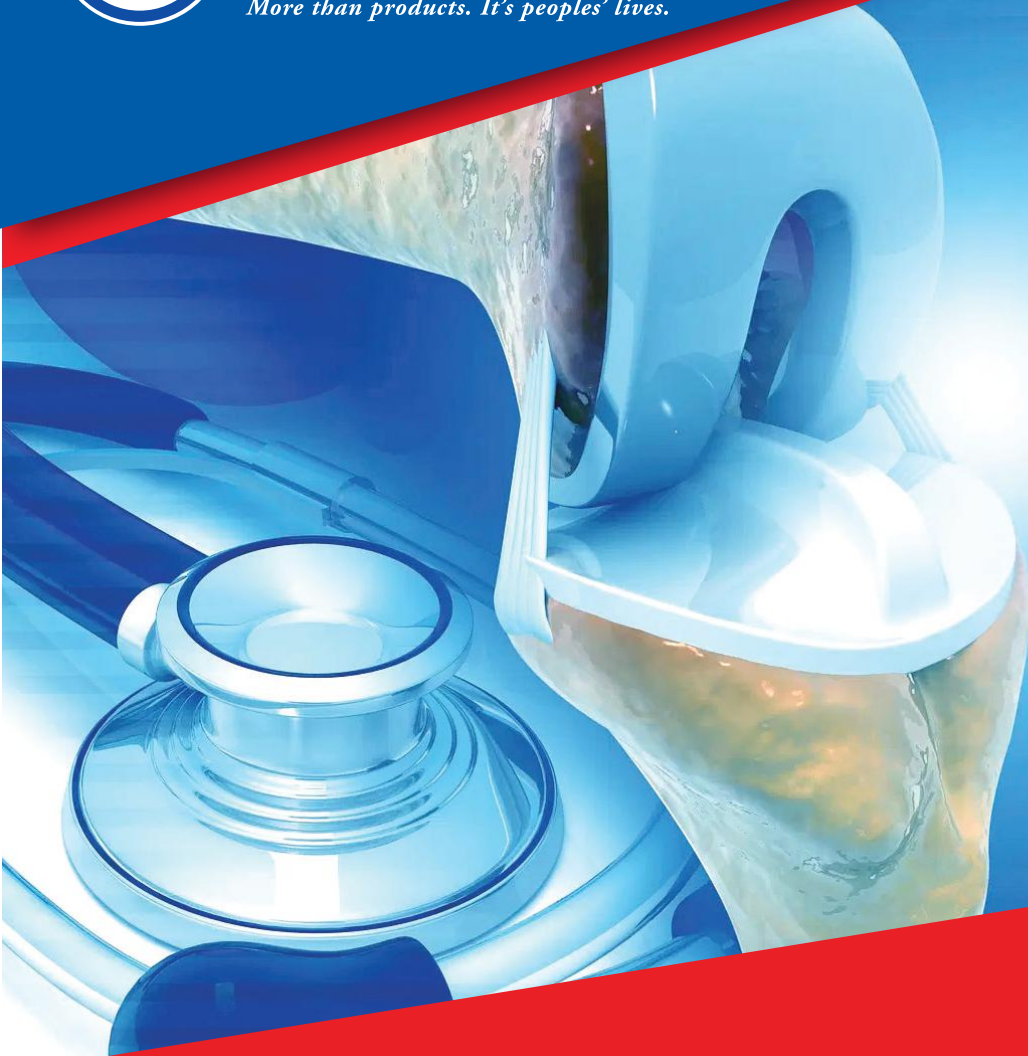




A.A. LAQUIS
MEDICAL

More than products. It's peoples' lives.



ORTHOPAEDIC

Orthoped



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- 05** ACL TightRope® RT Graft Fixation Implant
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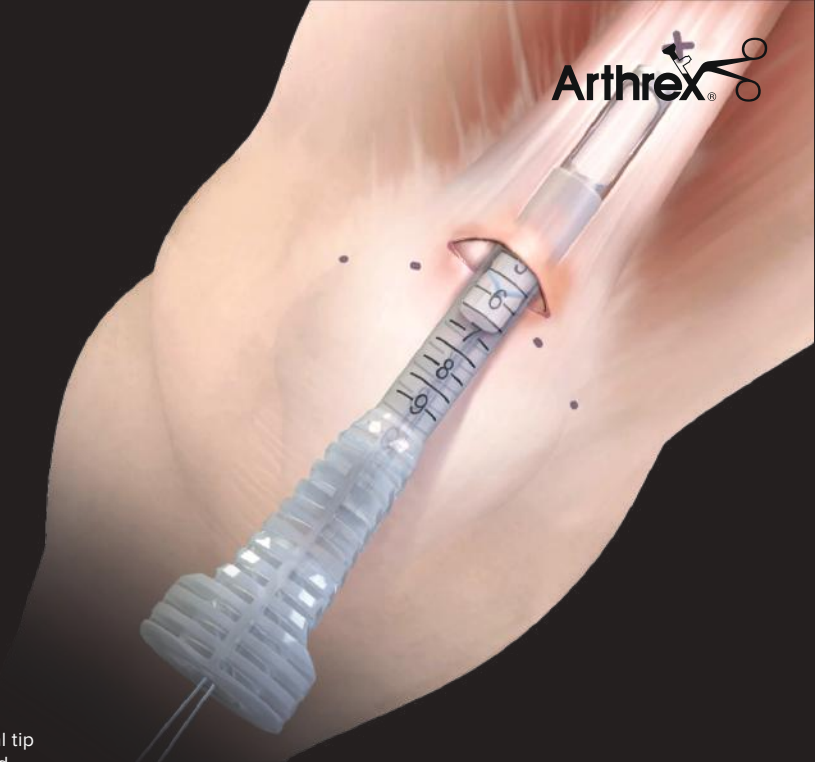
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QuadPro™ Tendon Harvester

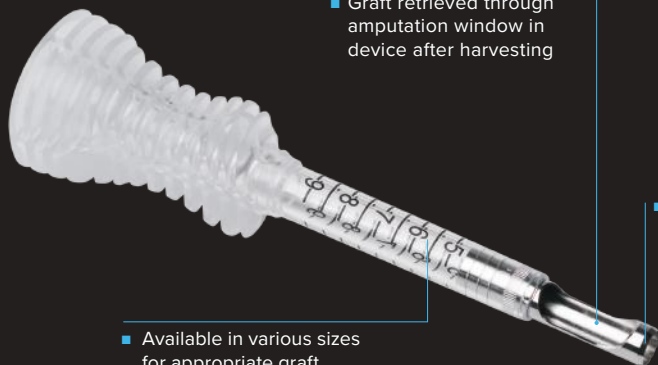
The QuadPro tendon harvester is a next-generation harvesting device designed to safely, easily, and quickly harvest a quadriceps autograft using a minimally invasive technique. The handle has been ergonomically designed to visualize approximate graft length during harvesting. The QuadPro tendon harvester is available in four sizes (8 mm to 11 mm) to accommodate each patient's unique needs as well as the surgeon's preference for graft size.



■ Graft retrieved through amputation window in device after harvesting

■ Sharp cylindrical tip harvests a round, true-to-size graft

■ Available in various sizes for appropriate graft diameter (8 mm, 9 mm, 10 mm, and 11 mm)



SpeedBridge™ Knotless Rotator Cuff Repair

Rotator cuff repair with the SpeedBridge double-row, transosseous-equivalent technique, using fully threaded SwiveLock® anchors combined with FiberTape® suture, creates a quick and secure knotless construct with only 2 suture-passing steps.

SpeedBridge repairs with SwiveLock anchors are adaptable and can conform to traditional rotator cuff repair techniques with the additional benefits of tensionable knotless suture fixation.

**SpeedBridge™ Technique:
Double-Row Technique**



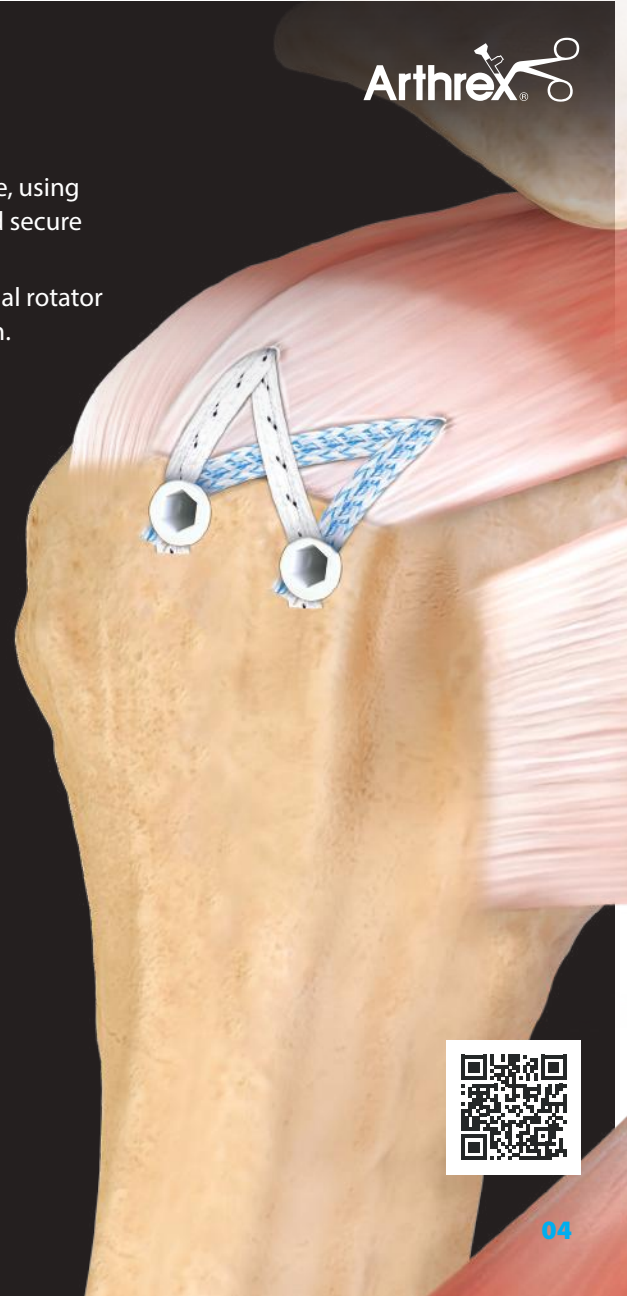
**SpeedBridge™ Technique:
Knotless Double-Pulley**



**SpeedBridge™ Technique:
Dog-Ear Fixation**

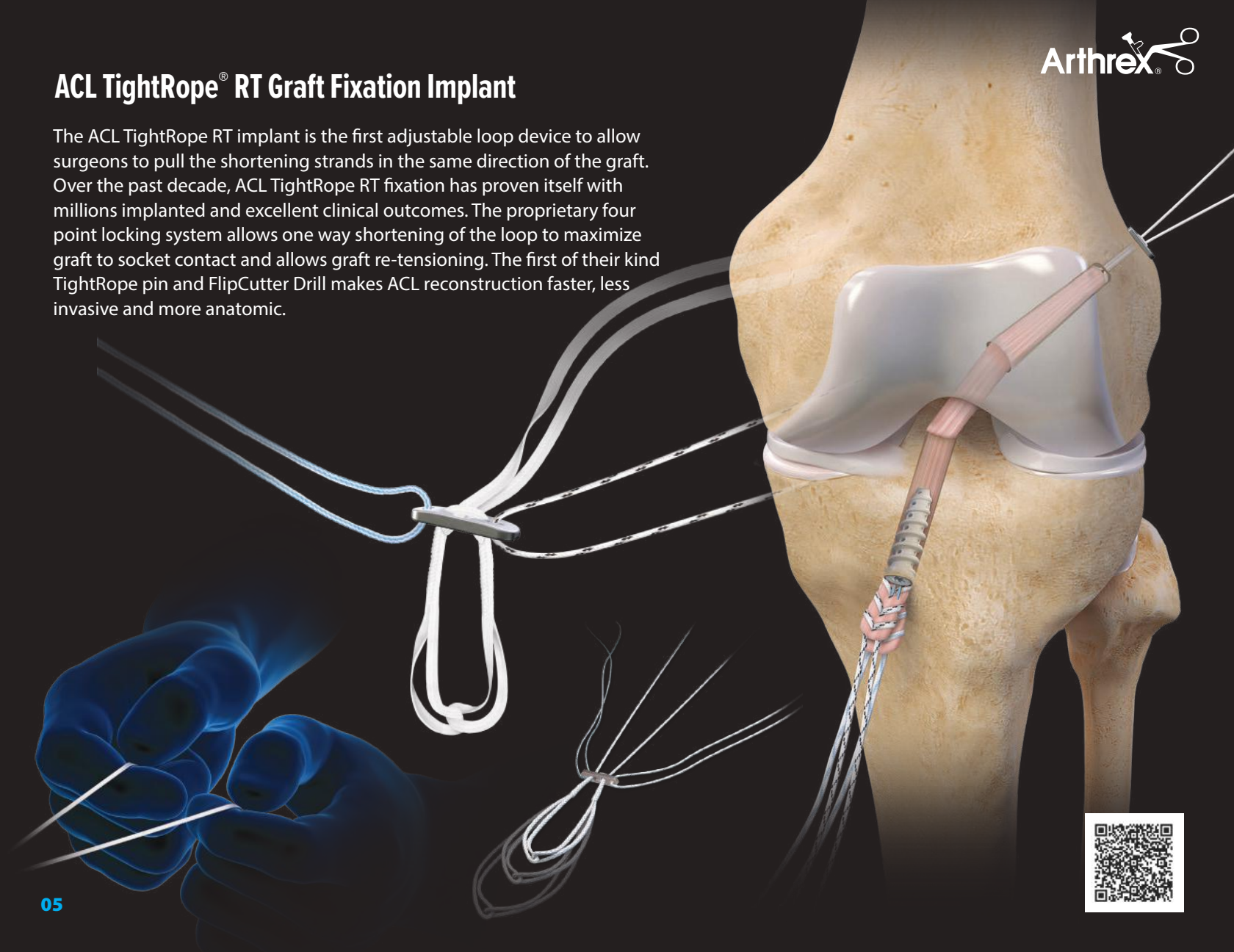


**SpeedBridge™ Technique:
Double-Pulley Rip-Stop**



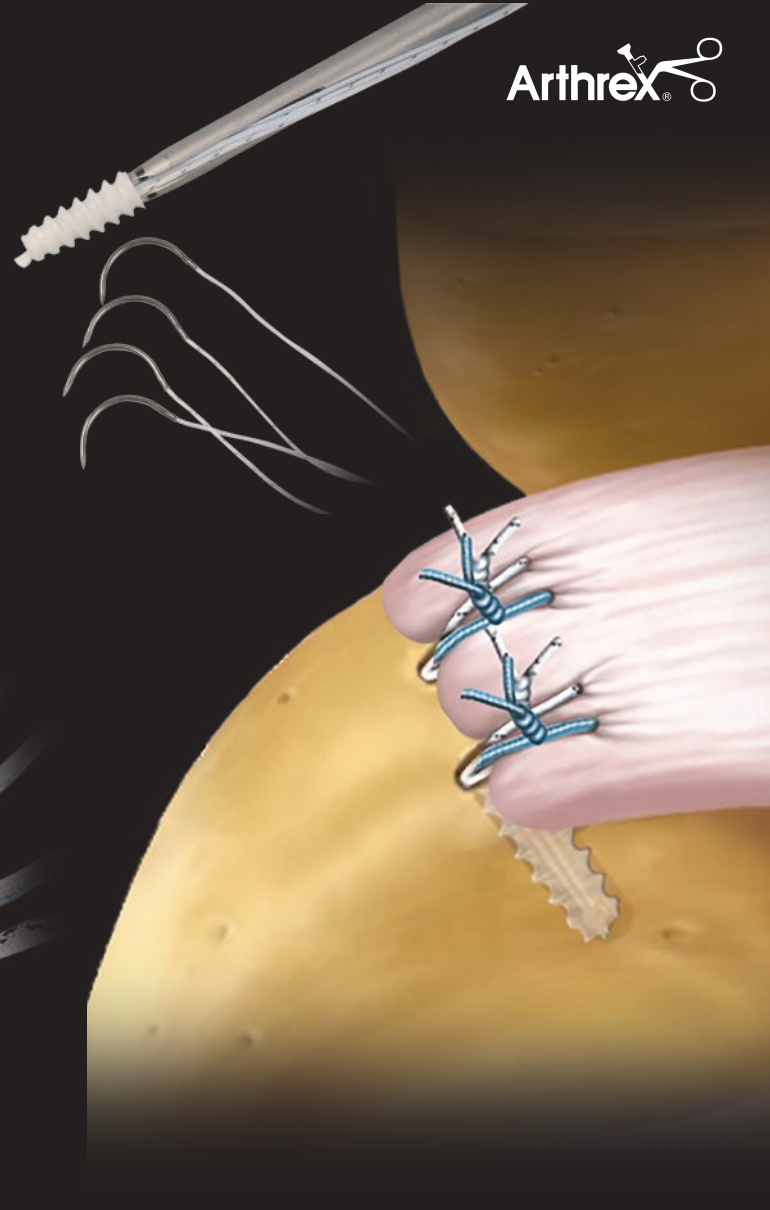
ACL TightRope® RT Graft Fixation Implant

The ACL TightRope RT implant is the first adjustable loop device to allow surgeons to pull the shortening strands in the same direction of the graft. Over the past decade, ACL TightRope RT fixation has proven itself with millions implanted and excellent clinical outcomes. The proprietary four point locking system allows one way shortening of the loop to maximize graft to socket contact and allows graft re-tensioning. The first of their kind TightRope pin and FlipCutter Drill makes ACL reconstruction faster, less invasive and more anatomic.



Corkscrew[®] FT Anchor

The family of fully threaded Corkscrew suture anchors was designed for maximum fixation strength and simple insertion. These implants are available in a variety of materials including titanium, PLLA, PEEK, and biocomposite. An internal drive mechanism is combined with a unique FiberWire[®] suture eyelet to allow for continuous threads along the entire length of the anchor. This design allows the anchor to be inserted flush with the cortical bone surface providing excellent fixation strength and stability while preventing the anchor pullback effect that can occur in conventional anchors with protruding eyelets. The internal drive configuration allows for high insertion torque and the suture eyelet self-aligns to eliminate the need for specific eyelet orientation at the tissue edge. The anchors are available double or triple-loaded with FiberWire suture or SutureTape to provide the best possible combination for superior repair strength.



Knotless 1.8 FiberTak Soft Anchor, GEN2

New and Improved Tensionable Knotless Implant System

- Increased anchor strength and more consistent fixation
- Enhanced suture color and handling characteristics
- Smoother, one step knotless shuttling technique
- Premium instrumentation for additional stability is compatible with a 1.8 mm drill hole

- Now Featuring a Centering Stability Sleeve

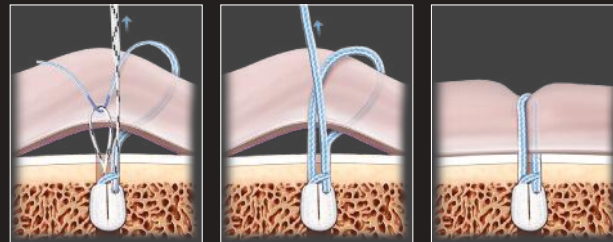
- The vivid, all-blue repair suture has a tapered tail



- Knotless 1.8 FiberTak® Soft Anchor, #2 Suture

JUST PASS IT, CINCH IT, CUT IT

Knotless 1.8 FiberTak Soft Anchor With Self-Locking Technology



FiberTak® RC Soft Anchor

Knotless Double-Row Rotator Cuff Repair

The 2.6 FiberTak RC soft anchor is designed for the medial row of a FiberTak SpeedBridge rotator cuff repair. Trusted SwiveLock® anchors are used for lateral-row fixation



- Self-punching inserter
- New 1.7 mm FiberTape Suture
- Joined FiberTape® suture tails for simplified suture-passing
- 3 color configurations for improved suture management
- Optional tensionable knotless mechanism or sliding SutureTape

FiberTak SpeedBridge with anterior and posterior cable reconstruction



GEMINI® SL® Total Knee Replacement

The LINK® GEMINI® Total Knee Replacement, including implants and system-specific instruments, is part of the LINK® SL® Knee Family concept. SL® stands for System-integrated Solution.

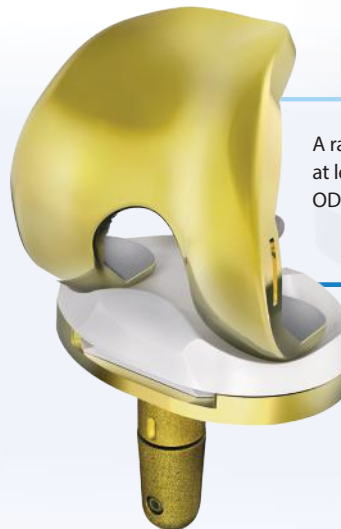
- One implant system for standard implantation and revision

Essential criteria for obtaining good results in knee arthroplasty are long-term fixation, anatomically correct implant components and a reproducible implantation technique. The LINK® GEMINI® SL® knee implant for cementable or cementless primary replacement of damaged knees combines tried-and-tested and innovative design principles. The design of the femoral and tibial components and a wide choice of sizes ensure primary stability. The tibial components are available with either a Mobile Bearing or a Fixed Bearing. The optimal surface texture and our TiCaP® double coating – Titanium (Ti) / Calcium Phosphate (CaP) provide secondary fixation for cementless implantation.

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.



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



A rating of **3A** 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 quality.

10A: A minimum cohort of 500 knees at the start of the study with a minimum of ten years followup 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.

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.

GEMINI® SL® Total Knee Replacement

Developed for reconstructing natural kinematics with high flexion and successful long-term function

Adapted patellar articulating groove

for physiologic patella movement with "self-tracking"

Anatomically designed tibial component

for stable positioning with cortical support

Blades, fixation pegs and stem on the tibial component

for protection against rotational and shear forces and also varus/valgus alternating loads

Elongated patella shield

prevents "snapping" of the patella at patella alta

Polycentric design

with large distal radius and smaller dorsal radius, for enhanced joint stability in extension, excellent mobility and deep flexion



SpheroGrip® fixation structure

improves the flow and homogeneous distribution of the bone cement



GEMINI® SL Configurations

The GEMINI SL Total Knee Replacement is a modular knee prosthesis system that accounts for greater versatility.

The GEMINI SL Knee System allows for native joint reconstruction with an extensive range of motion and good kinematics. Primary stability is guaranteed through accurate fit of the femoral and tibial components, and due to proper choice from an extensive selection of sizes.

3 configurations (Fixed Bearing CR, Fixed Bearing PS and Mobile Bearing) and optional tibial stem extensions **allowing 136 versatile options** expand the range of indications and enable comprehensive treatment options.



Cruciate Retaining Fixed Bearing (CR)	Posterior Stabilized Fixed Bearing (PS)	Mobile Bearing
		
Cruciate Retaining configuration for use with intact ligaments and capsule and adequate joint stability. Identical tibial metal tray for Fixed Bearing CR and PS.	Posterior Stabilized configuration for use with absence of posterior cruciate ligament. Reduces the risk of dislocation and decreases contact pressure in deep flexion (21). Featuring bone preserving design with size specific intercondylar femoral box dimensions.	Rotating highly congruent articular surface for use with or without posterior cruciate ligament.

Endo-Model-SL Knee System

Flexible
Anatomical
Expandable



The Endo-Model® SL® is part of the SL® Knee Family Concept. The kinematics and anchoring principles of the rotational and hinge knee are based on the Endo-Model® solution for the fixed-hinge knee replacement, which has been successfully proven for decades, with LINK as its leader. The technology behind the rotational and hinge-knee prosthesis Endo-Model® has consequently found a multitude of uses.

The Endo-Model® SL® constitutes a knee component of the MEGASYSTEM-C®. Identical resection cuts give the surgeon the necessary intraoperative flexibility for a situation-dependent decision for choosing the GEMINI® SL® surface replacement or the Endo-Model SL.

Potential for bone and soft tissue preservation

- Coupling with only minor distraction and minimal soft tissue release.
- Optimal box dimensions conserve bone substance.

Anatomically Adapted

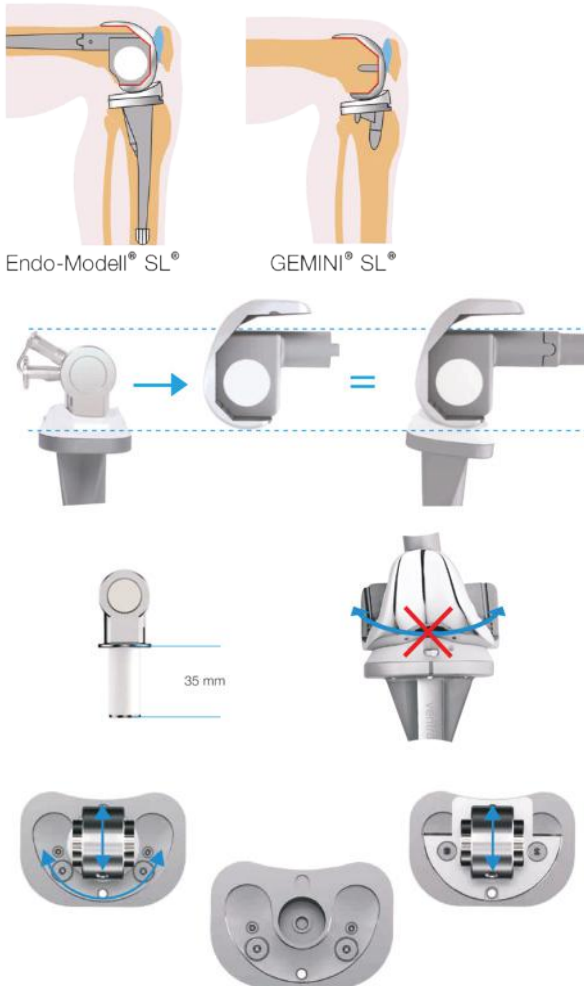
- 6° valgus from the joint line.
- Tibial plateau with 8° slope to dorsal.
- The deep patellar articulating groove creates physiological patellar movement and patellar self-guidance.

Wide Range of Stems

- Modular stems, cemented and cementless, for femur and tibia.
- Cemented monoblok stem for tibia.



Endo-Model-SL Knee System



Reproducible Surgical Technique

- Interfaces, tailored to the GEMINI SL Total Knee Replacement
- Modern, modular instrument set

Flexible

- Intraoperative changeover from rotational to hinge knee with implant components in situ
- Intraoperative flexibility because fully compatible with MEGASYSTEM-CTumor and Revision System

Designed for Reliability and Stability

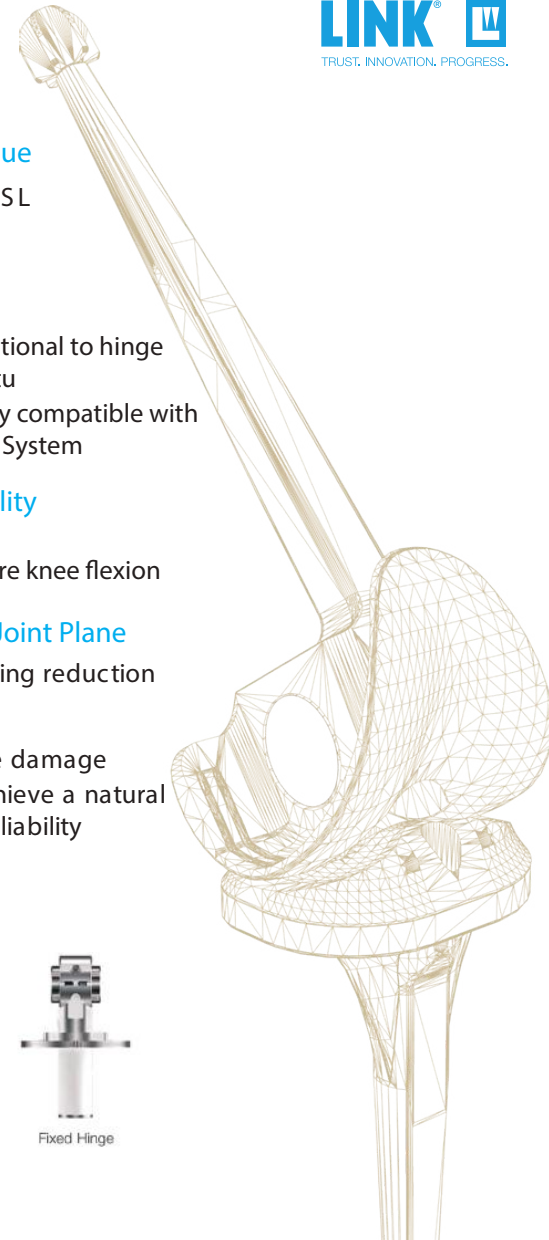
- Based on the Endo-Model
- Large “jump distance” for more secure knee flexion

Coupling and Decoupling in the Joint Plane

- Minimal soft tissue distraction during reduction

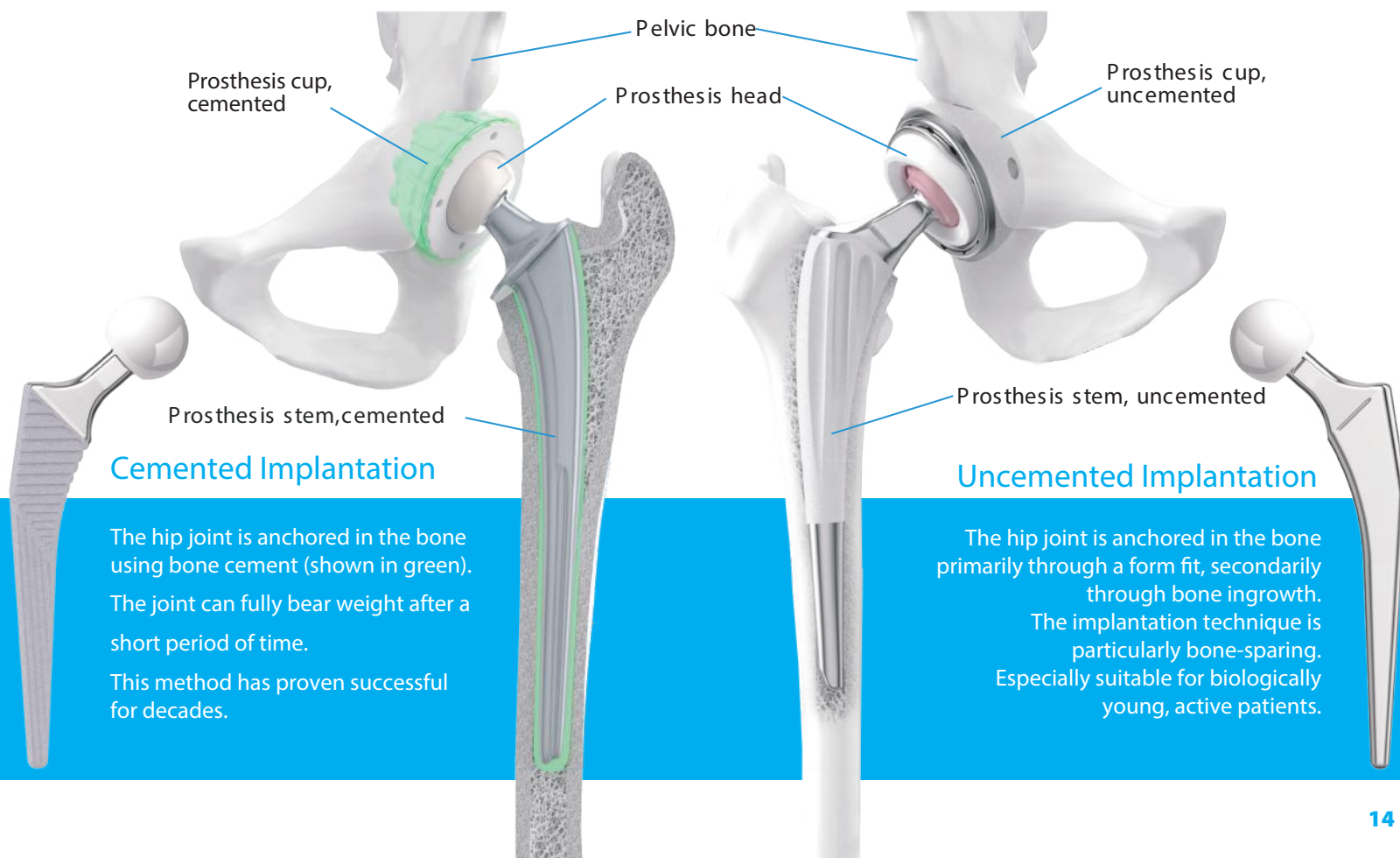
Rotational Stability in Extension

- Stability even if there is soft tissue damage
- The implant was developed to achieve a natural gait – combined with maximum reliability



LCU Hip System

The LCU Hip System offers a cemented and a cementless hip stem. The cementless version is available with a HX coating or a PoroLink (microporous) surface. All versions follow the concept of a straight stem with tapered lateral shoulder. The profile is straight with a rectangular cross-section.



Cemented Implantation

The hip joint is anchored in the bone using bone cement (shown in green). The joint can fully bear weight after a short period of time. This method has proven successful for decades.

Uncemented Implantation

The hip joint is anchored in the bone primarily through a form fit, secondarily through bone ingrowth. The implantation technique is particularly bone-sparing. Especially suitable for biologically young, active patients.

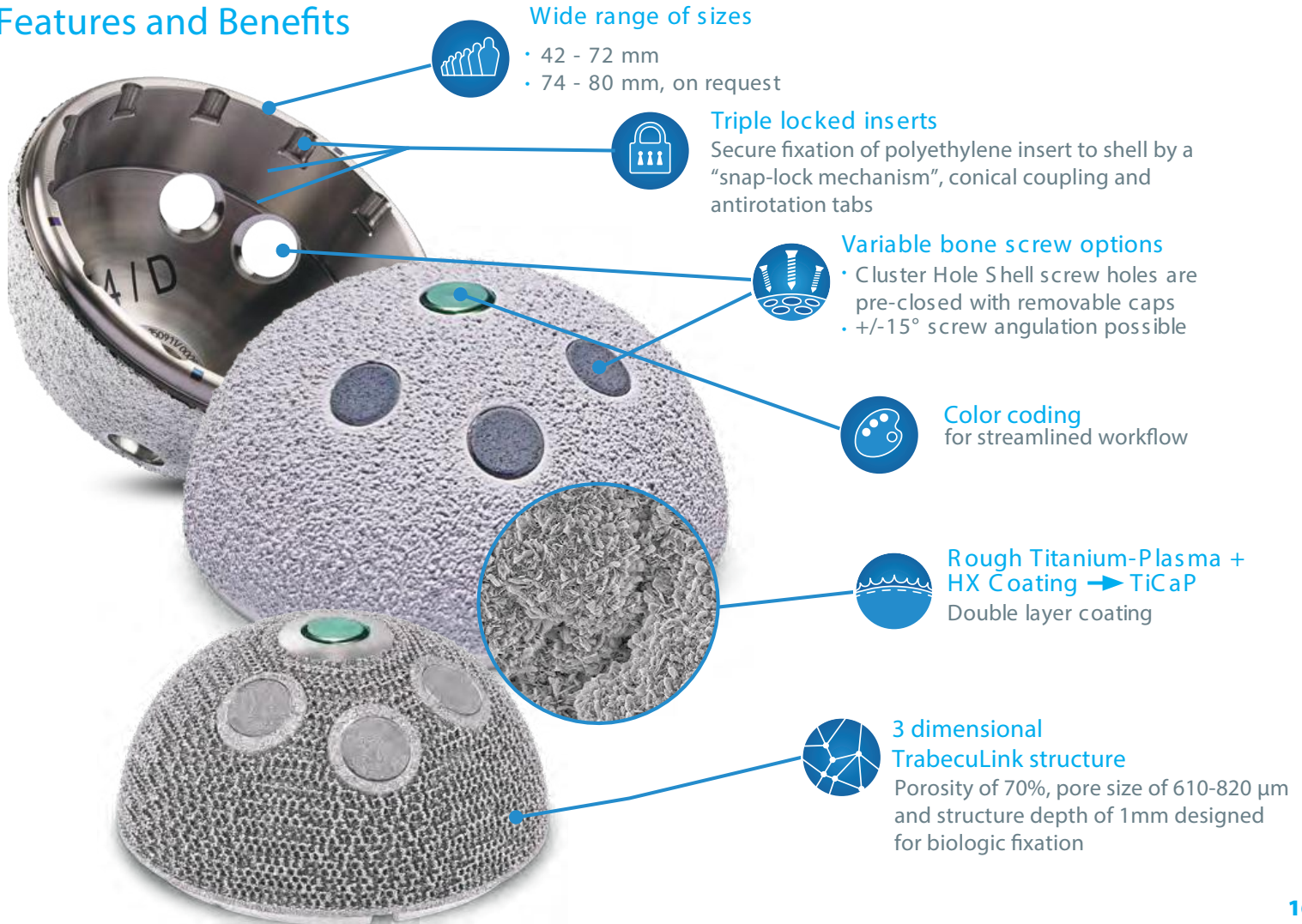
Acetabular Cup System

Many years of experience with successful implant systems and a range of fixation concepts, together with state-of-the-art material and coating technologies, have gone into the development of this new acetabular cup system. The result is the versatile cementless MobileLink Acetabular Cup System.

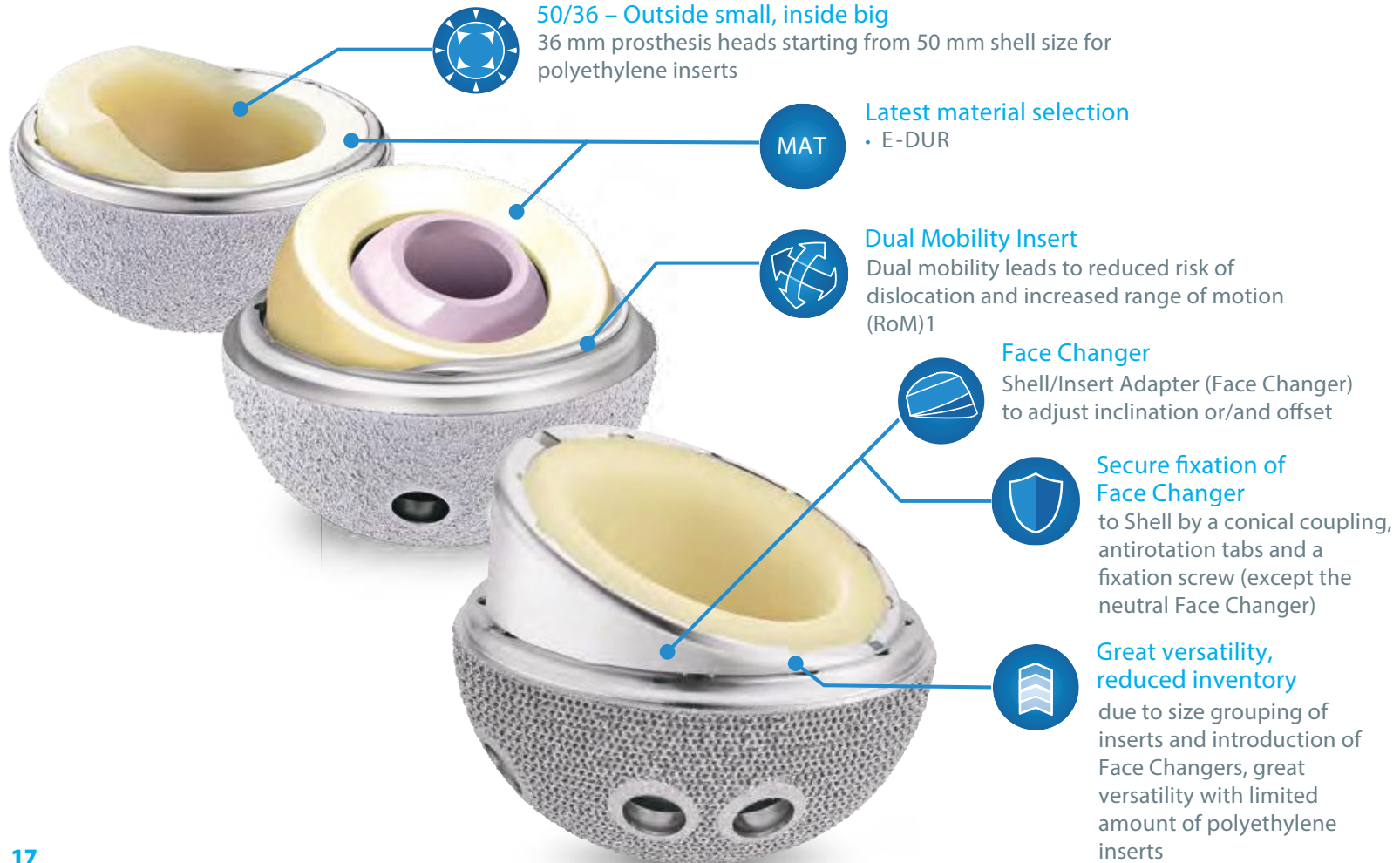
The MobileLink Acetabular Cup System comes in two different versions: A cluster-hole press-fit cup and a multi-hole press-fit cup. Both versions of the shells are available with a PlasmaLink coating or with a TiCaP double coating.



Features and Benefits



Features and Benefits





Dual Mobility Insert
EndoDur

The MobileLink Acetabular Cup System can be transformed into a modular dual mobility system, with the use of Dual Mobility Inserts made from EndoDur. The DM insert is to accommodate poly DM liners from the BiMobile Dual Mobility System. The Dual Mobility concept was developed by Prof. Gilles Bousquet in the 1970s with the aim of avoiding recurrent hip luxations. A modular Dual Mobility System is composed of a Dual Mobility Insert with a highly polished inner surface placed in a Shell in which a mobile polyethylene liner having a pressed in prosthesis head is moving.

Features and Advantages of Dual Mobility:

- Dual mobility leads to reduced risk of dislocation and increased range of motion (RoM)
- Polished inner surface for minimized wear and a prolonged implant life
- Self-centering Liner promotes even wear patterns and enhances dislocation resistance



Intraoperative flexibility

One instrument platform for primary and revision surgery



Streamlined surgical experience

through simple, ergonomic instruments and color coding



Expert Femur Nailing System

The Expert Femur Nail enables the surgeon to stabilise subtrochanteric femur fractures, ipsilateral neck/shaft fractures, femur shaft fractures, impending pathological fractures, malunions and nonunions.



LOCKING OPTIONS

Standard Locking

The Expert Femoral Nail with standard locking is indicated for fractures in femoral shaft (except subtrochanteric fractures).



Reconstruction Locking

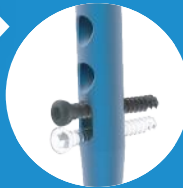
The Expert Femur Nail with reconstruction locking is indicated for subtrochanteric fractures in addition with femoral shaft and neck fractures.



COMPRESSION

Proximal Compression

- Active compression via compression screw
- Back stroke technique
- Dynamisation

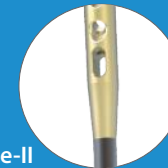


Distal Compression:
– Dynamisation



Color Coding (only for Titanium):
Expert Femur Nail, Left - Blue & Type-II
Expert Femur Nail, Right - Golden & Type-II

Available in:
Stainless Steel and Titanium



Right
Golden & Type-II

Left
Blue & Type-II

Expert Tibial Nailing System

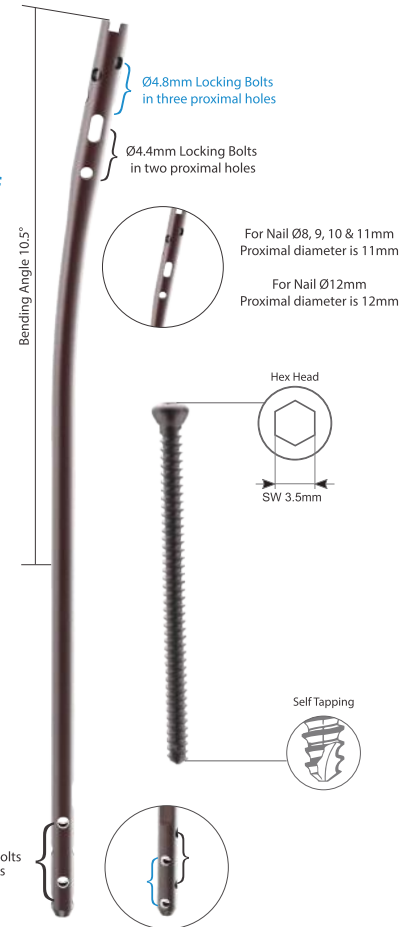
The Expert Tibial Nail enables the surgeon to further extend the spectrum of fractures eligible for intramedullary nailing.

This nail is indicated for fractures of metaphyseal and certain intra articular fractures of tibial head and pilon tibial.

Expert Tibia Nail enhances the stability of constructed bone-nail and reduces the risk for secondary misalignment.

Multidirectional interlocking screws ensure that alignment can be well maintained and stability preserved in short proximal or distal tibial segments.

The end cap achieves angular stability between the proximal oblique screw and nail.



- Anterior - Posterior Locking option
- Medial to Lateral Locking option

3.5mm Wise-Lock Small Fragment System

The 3.5mm Wise-Lock Small Fragment System consists of bone plates and screws having various configurations and shapes to meet the different types fracture of clavicle, scapula, humerus, femur, tibia, calcaneal bone, etc. The system is available in Titanium and stainless Steel material. The plates are comprehensively used with 2.7mm and 3.5mm bone screws (locking and non-locking).



2.7/3.5mm Wise-Lock
Dorsolateral Distal
Humerus Plates



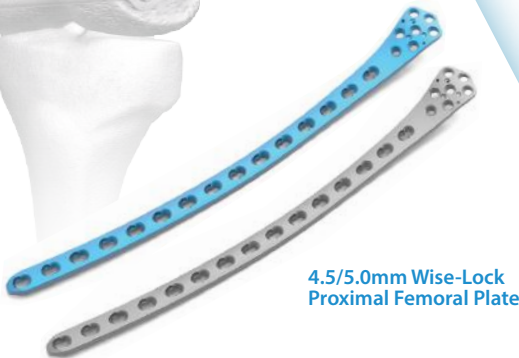
3.5mm Wise-Lock
Proximal Humerus Plate



3.5mm Wise-Lock
Hook Plate

5.0mm Wise-Lock Large Fragment System

The 5.0mm Wise-Lock Large Fragment System is part of a Stainless Steel and Titanium Plate and Screw System that merges locking screw technology with conventional plating techniques. The plate holes have been designed to accept some degree of deformation. The bone plates accept locking and non-locking screw. The instruments associated with the 5.0mm Wise-Lock Large fragment system makes the system efficient and easy to use.



4.5/5.0mm Wise-Lock
Proximal Femoral Plate



4.5/5.0mm Wise-Lock
Proximal Lateral Tibia Plate



4.5/5.0mm Wise-Lock
Proximal Lateral Tibia Plate



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***TRINIDAD & TOBAGO – HEAD OFFICE**

Corner Churchill Roosevelt H/way & Tissue Drive,
Trincity,

Trinidad & Tobago

Tel: 1 (868) 640 2482

T&T Toll Free 800 4225

Email: enquiries@aalaquis.com

www.aalaquis.com

BARBADOS

Lot #4J, Lower Estate,
St Michael,
Barbados

Tel: 1 (246) 271 0180

Email: barbados@aalaquis.com

JAMAICA

#48 Constant Spring Road,
Kingston 10,
Jamaica

Tel: 1 (876) 648 3074

Email: jamaica@aalaquis.com

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