

## WHAT ABOUT 'PERSONALISATION'

## In Orthopaedics ('invasivity' order):

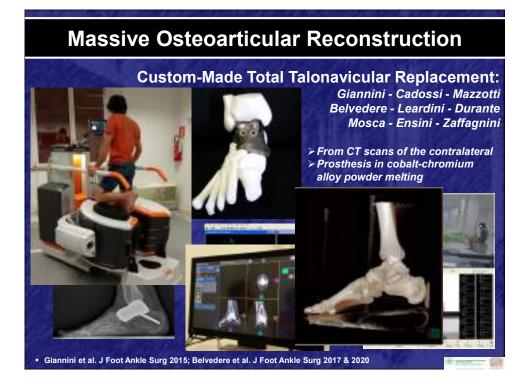
- Anatomical models: communication/education/planning
- External devices (braces, sockets, insoles, shoes ...)
- Surgical instrumentation (cutting jig, custom-made, etc.
- Endoprostheses (hip, knee, ankle, shoulder, etc...)
- Implantable grafts (suitable sizing and bone adaptation)
- Engineered tissues, scaffolds, etc. (trabecular structures)

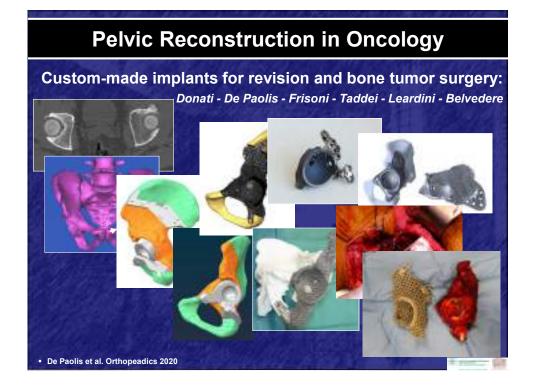
## IMPLANT PERSONALISATION! WHY

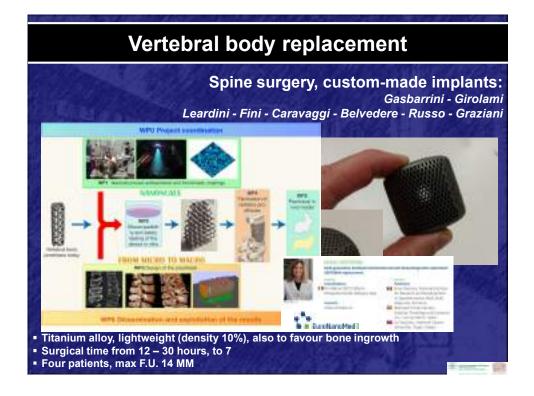
- Full 3D picture of each single patient condition
- Better accuracy and less bone removal
- No longer size related issues
- Minimal invasiveness
- Partial replacement / resurfacing
- Respect of natural patient physiology
- Surgical time shortening via customized fixation and
- Less invasive, for shorter recovery
- Longer survivorship, and less failures and revisions
- Communication / Education / Training / Planning! ...
- Cheaper (?): manufacturing, stock, efficacy, operation-time, contentious ...
- Less travelling, for patients, surgeons, implants ...

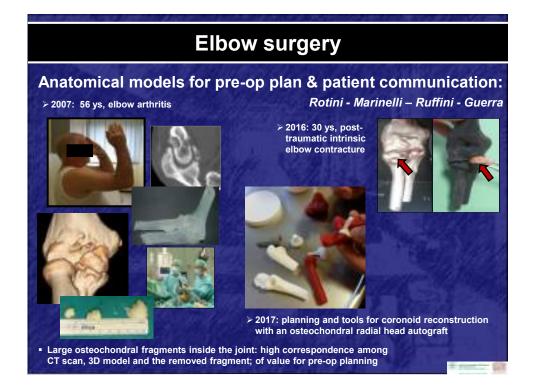
Orthopedic Gost An Time Saved	Printing Cast-Savings i nd Maxillofacial Surgery siysis of Operating Roor eith 3D Printed Anatomi dels and Surgical Guide
Martin and	15-02-02-02-
No de ma	G

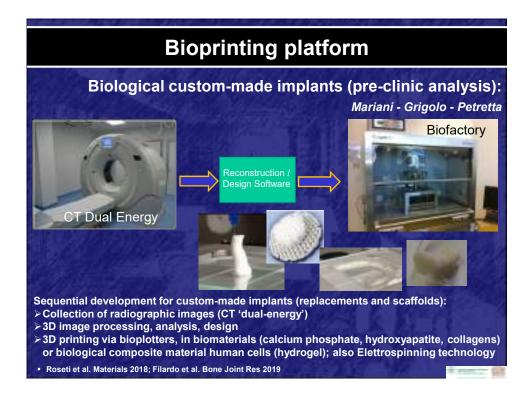


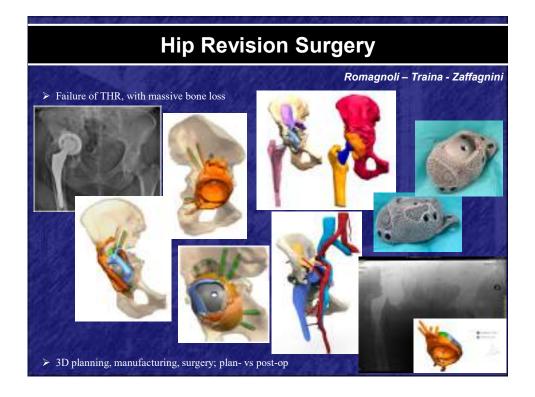


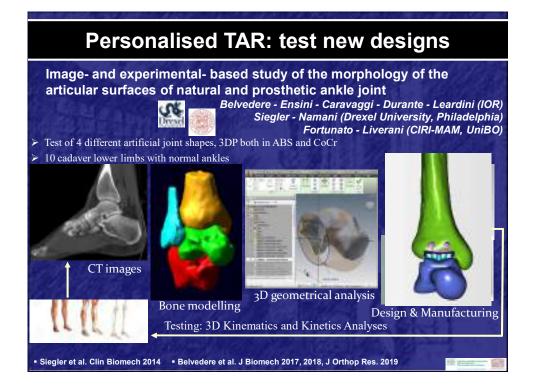


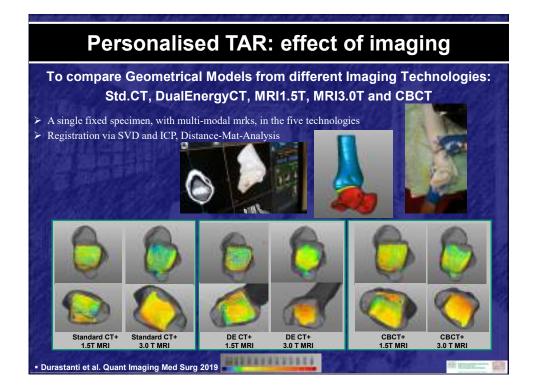






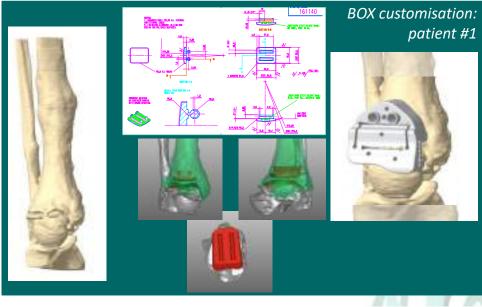












-

## TAR - 3. Anat/Func Approach





