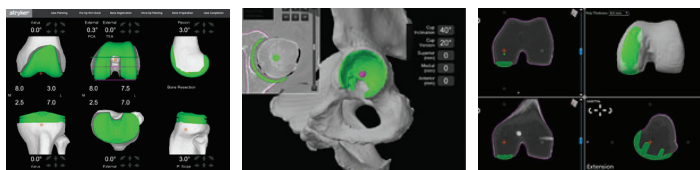


This is just the beginning.

Overview

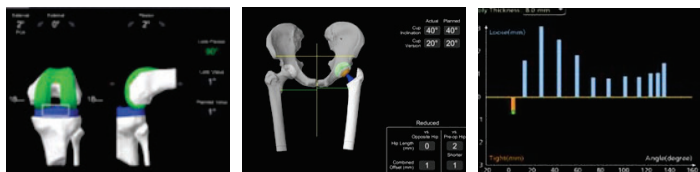
Mako Robotic-Arm Assisted Surgery enables surgeons to have a more predictable surgical experience and can offer you a leadership advantage in our evolving healthcare environment. The Mako System offers three unique steps: enhanced planning, dynamic joint balancing, and haptic guidance. In the Partial Knee and Total Hip applications, this system has been shown to facilitate more accurate positioning to plan^{8,10} and has shown enhanced patient reported outcomes.^{11,12,13}

Enhanced Planning



Patient-specific pre-operative plan enables more accurate implant positioning to plan.^{3,4,5,6,7,8,9,10,11,14,15}

Dynamic joint balancing



Surgeon-controlled intra-operative adjustments can be made to optimize implant placement.^{4,6,7,15}

Haptic guidance



Mako Total Knee

Mako Total Hip

Mako Partial Knee

Two distinct, prospective, consecutive series, single-surgeon studies comparing patients undergoing conventional jig-based total knee replacement versus Mako Total Knee surgery (40 patients¹ and 30 patients² in each cohort), concluded that Mako Total Knee with Triathlon was associated with:



Making healthcare better together, with Mako Total Knee.

In a separate study it was found that the average 90-day Medicare EOC costs were \$2,391 less for Mako Total Knee patients compared to manual total knee arthroplasty patients (\$18,568 vs. \$20,960; p<.0001). Index facility costs was \$640 less for Mako Total Knee patients compared to manual (\$12,384 vs. \$13,024; p=.0001). Mako Total Knee was associated with a length of stay reduction of 0.7 days (p<0.0001). Mako Total Knee patients were discharged to skilled nursing facility less frequently (12.52% vs. 21.70%; p<0.0001) and home with health aid (56.65% vs. 46.67%; p<0.0001) or self-care (27.55% vs. 23.62%; p=0.0566) more frequently. Mako Total Knee patients had a 90-day readmission reduction of 33% (p=.0423).¹⁸

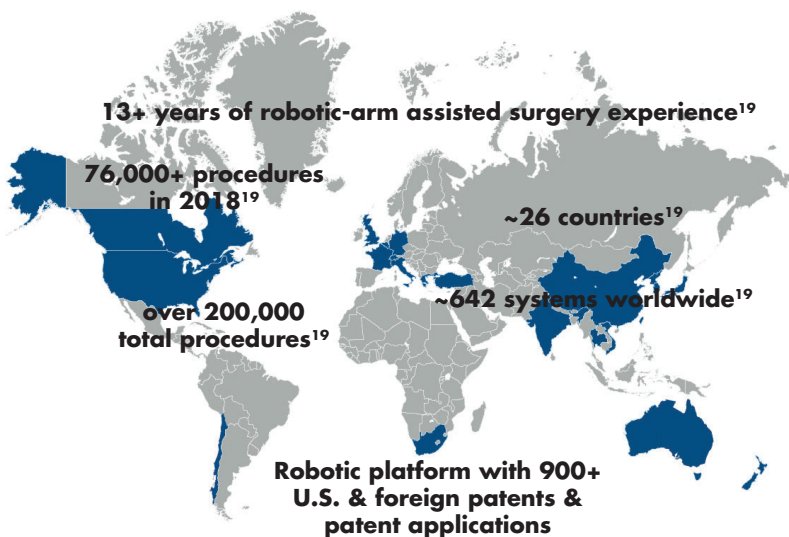
Discharge status	% mTKA	% rTKA	% difference	Statistically significant
Discharged/transferred to HHC home care	46.67%	56.65%	21.39%	p<0.0001
Discharged to home self-care	23.62%	27.55%	16.64%	p=0.0566
Discharged/transferred to SNF	21.70%	12.52%	-41.27%	p=0.0001

Mako Total Knee patients had overall lower average 90-day episode of care cost compared to manual total knee arthroplasty. Cost savings were driven by:¹⁸

- Reduced index facility costs
- Discharge destinations
- Lower LOS
- Decreased readmissions

Average costs	rTKA	mTKA	p-value
Index facility costs	\$12,384	\$13,024	0.0001
Total 90-day EOC	\$18,568	\$20,960	<0.0001

Mako market expansion¹⁷



Demographics are driving joint replacement demand

Anticipated 673% increase in total knee procedures and 174% increase in primary total hip procedures by 2030.²⁰

Aging population

Between 2015 and 2035 the population over 65 is projected to increase by 62%, driving demand for total joint replacement.²¹

Rising obesity rates

U.S. population is projected to continue to get heavier. By 2030, over 50% of the population is projected to be obese.²²

Options for younger patients

Rising demand for PKA is expected among younger patients who seek restored function and a quicker return to work. PKA typically requires less rehabilitation, results in fewer post-operative complications, and may offer patients improved knee function and quality of life.²³

The Mako Program



Evidence-based Mako Technology



Clinically successful implants²⁴⁻²⁷



Mako Product Specialist



Patient | hospital reported outcomes platform



Collaborative marketing and education

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