spheric RL

amplitude

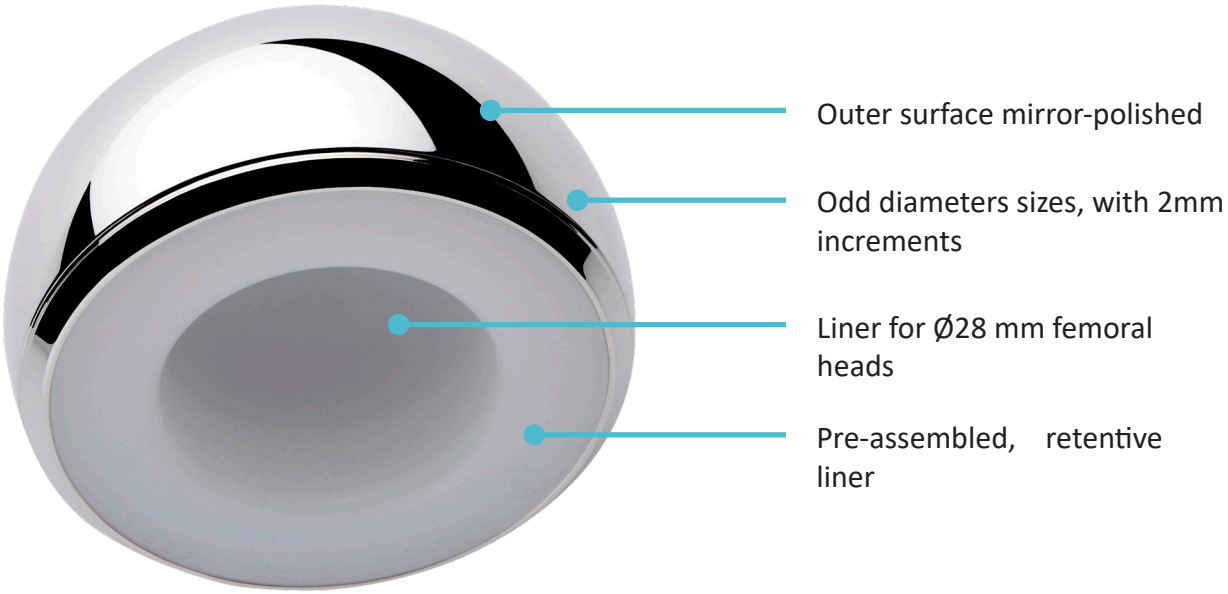
Surgical Technique

Summary

Concept and range

SPHERIC RL: Bipolar cup for partial hip replacement

9 sizes available with 2 mm increments: from 43/28 to 59/28.



Material: Stainless Steel 316L and Ultra-High Molecular Weight Polyethylene (UHMWPE)

	Ø43mm	Ø45mm	Ø47mm	Ø49mm	Ø51mm	Ø53mm	Ø55mm	Ø57mm	Ø59mm
For Ø28mm femoral heads									

1 Femoral Head Measurement

Evaluate the femoral head size using the femoral head sizing gauge.

Select the SPHERIC RL cup size that is the closest to the measured femoral head size.

NOTE

If the measured value is between two sizes, choose the smaller one.

2 Trials

Choose the trial cup of the same size as the femoral head measured in the previous step.

Place the trial cup on the 28 mm diameter femoral head (trial or definitive femoral head).

Reduce the cup in the acetabulum with the liner impactor tip.

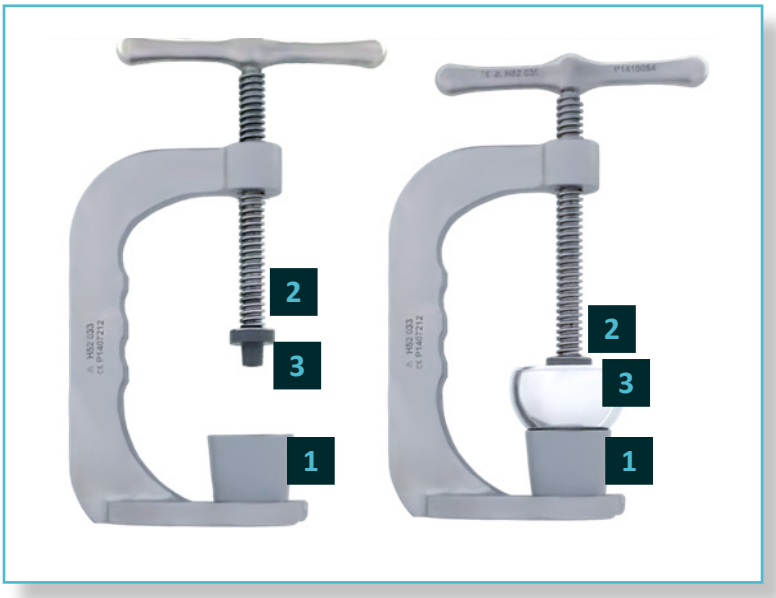
Test the joint's range of motion and stability.

Dislocate the femoral head and remove the trial cup.

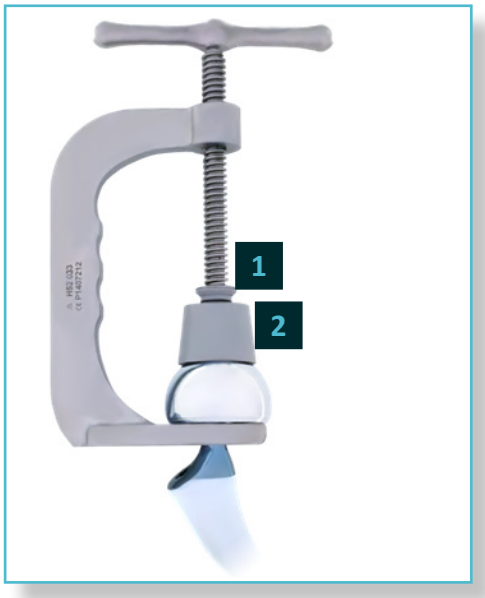
IMPORTANT

It is important to perform length tests and joint reductions in a perfectly relaxed muscular environment under the care of the anesthetist, and to confirm this length in relation to the contralateral side at the end of the procedure.

3 Femoral Head Impaction



Picture A



Picture B

Impaction on table technique (Picture A)

Tighten the screw on the liner press.

Slide the liner impactor tip 1 between the jaws of the liner press.

Place the support ring 2 and the 8/10 taper head centralizer 3 on the end of the screw.

Place the SPHERIC RL cup corresponding to the size chosen during the trials into the liner impactor tip, with the opening facing up, then insert the femoral head selected during the trials on the cup, opening facing the centralizer.

Tighten the press screw until the femoral head is impacted into the constrained liner.

Loosen the screw to remove the femoral head from the head centralizer taper 8/10. Make sure the head moves freely in the cup.

NOTE

The 8/10 taper head centralizer can also be used with 12/14 taper femoral heads.

If the support ring and/or liner impactor tip do not easily assemble on the press screw, turn the screw until these components touch the jaws. This will engage the retention mechanism.

Impaction on stem technique (Picture B)

Impact the femoral head chosen during the trials onto the femoral stem.

Tighten the screw on the liner press.

Place the support ring 1 and the liner impactor tip 2 on the end of the press screw.

Slide the femoral stem between the jaws of the press until the femoral head rests on the jaws.

Set and hold the SPHERIC RL cup corresponding to the size chosen during the trials on the femoral head.

Tighten the press screw until the cup is impacted on the head.

Loosen the screw and remove the press.

Make sure the cup moves freely over the femoral head

NOTE

If the support ring and/or liner impactor tip do not easily assemble on the press screw, turn the screw until these components touch the jaws. This will engage the retention mechanism.

4 Joint Reduction

Finalize the femoral preparation with the chosen stem (refer to the surgical technique dedicated to the device).

If the impaction was performed on table (see previous page), impact the femoral head on the chosen stem.

Set the femoral head on the stem's morse taper and directly impact the cup using the cup impactor tip mounted on the impactor shaft. The impaction must be performed in line with the stem's neck.

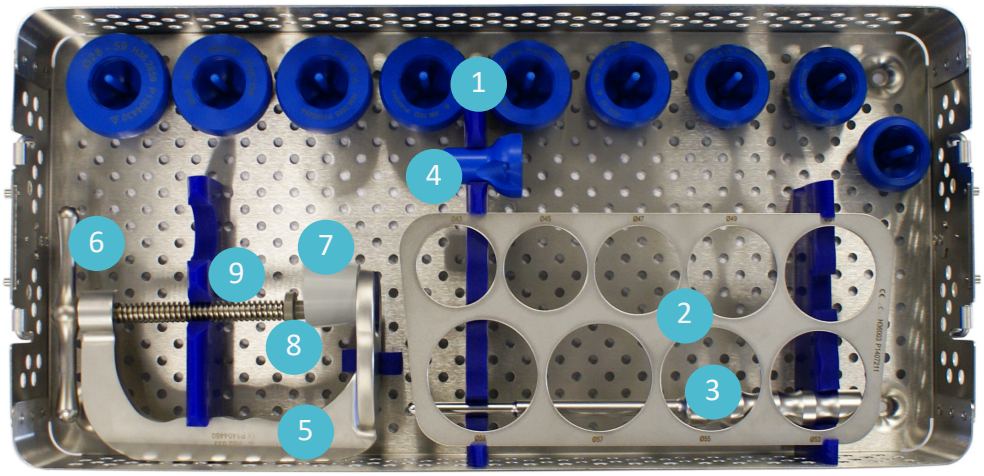
Reduce the joint using the impactor.

IMPORTANT

It is important to perform length tests and joint reductions in a perfectly relaxed muscular environment under the care of the anesthetist, and to confirm this length in relation to the contralateral side at the end of the procedure.

Instrumentation

Instrumentation for SPHERIC RL cup



Rep	Description	Reference	Qty
1	Trial mobile cup Ø28/**43** to **59**	H36 28**43** to H36 28**59**	1 of each
2	Femoral head sizing gauge	**H36 003**	1
3	Impactor shaft	H01 023	1
4	Cup impactor tip	H36 002	1
5	Press for liner	H52 033	1
6	Screw for press	H52 030	1
7	Liner impactor tip	H52 035	1
8	Head centralizer	H52 031	1
9	Support ring for centralizer	H52 028	1

Appendix A

Conduite à tenir en cas de réduction d'une luxation intra-articulaire post-opératoire*

In order to reduce the risk of intraprosthetic complications associated with a closed reduction of the cup /pelvis after diclocation, it is recommended to:

- Perform the closed reduction under general anesthesia, with a general muscular relaxation (curarization).

- Perform the reduction maneuver with as little forced movement as possible (especially with a large lever arm), which may lead to dislocation of the small joint if the mobile cup is blocked (e.g., by an osteophyte or in the soft tissue). If too much force has to be applied, it is recommended to proceed with an open reduction allowing, if necessary, to correct the cause of the dislocation (retroversion of the femoral implant, length of the femoral head...).

* *According to Field Safety Notice reference AS1531*

NOTES

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