



HIP



SURGICAL TECHNIQUE

**CEMENTLESS FIRST INTENTION STRAIGHT
STEM STANDARD OR LATERALIZED**

Hip & go



SURGICAL TECHNIQUE

1. Planning

Objectives of the planning

- Restore the hip joint's centre
- Restore the length of the limb
- Determine the size of the implant

Planning summary

On the x-rays, trace the following:

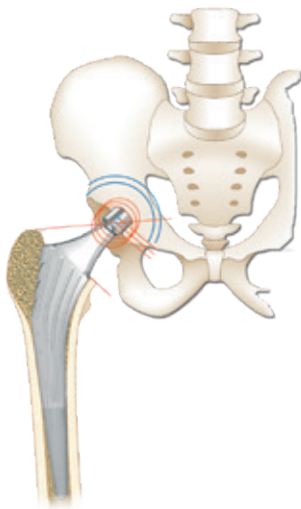
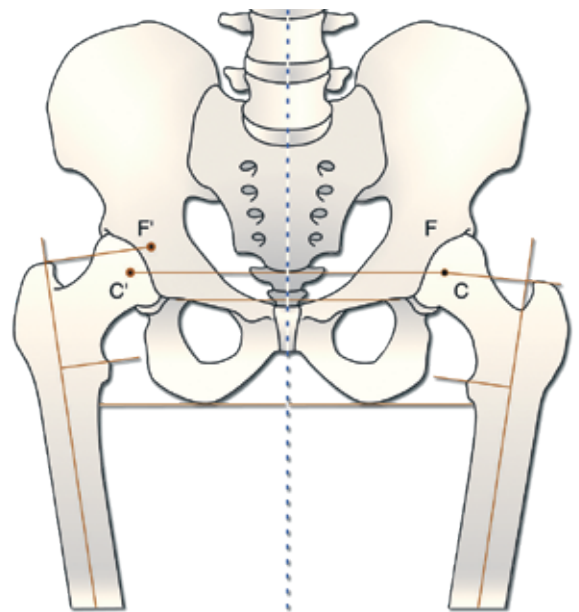
- femoral anatomical axes
- bi-ischiatic line
- body and lesser trochanter central lines

Determine the difference in length of the lower limbs.

Determine the centre of the cup on the healthy side (C) and transfer this to the side to be treated (C').

On the healthy side, the centre of the femoral head (F) coincides with C. Trace a line between the top of the great trochanter and F.

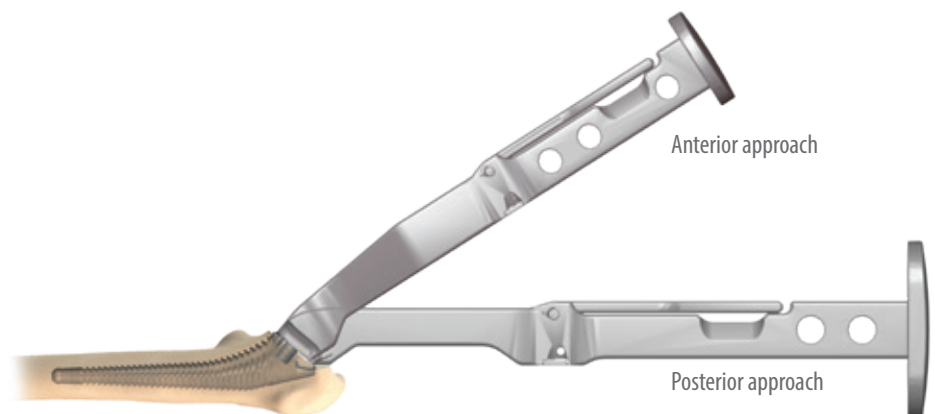
This line is perpendicular to the anatomical axis. Copy centre F' on the side to be treated. Using templates place one of the 3 centres of the prosthetic femoral head onto point F'. Thanks to this point, determine the most suitable size, draw and measure the cutting height of the neck with respect to the top edge of the lesser trochanter (10mm).



2. Approaches

The approach depends on the surgeon's preference. It needs to allow the top of the greater trochanter to be identified and to draw the planned cutting height of the neck or to identify the lesser trochanter with a finger and estimate the plan.

The Hip'n go cementless stem instrumentation is adapted to all approaches and provides rasp handles for these whether they are posterior, antero-external type Röttinger or direct anterior type Hueter approaches.

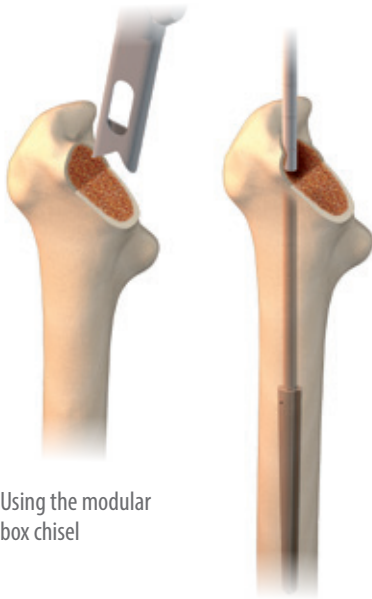


3. Neck cuts

Using an oscillating saw, make a cut to the femoral neck axis, with the required anteversion. The medullar cavity is accessed with the modular box chisel included in the instrumentation set. This fits onto the rasp handle and allows part of the femoral cancellous bone to be removed from the metaphyseal area.

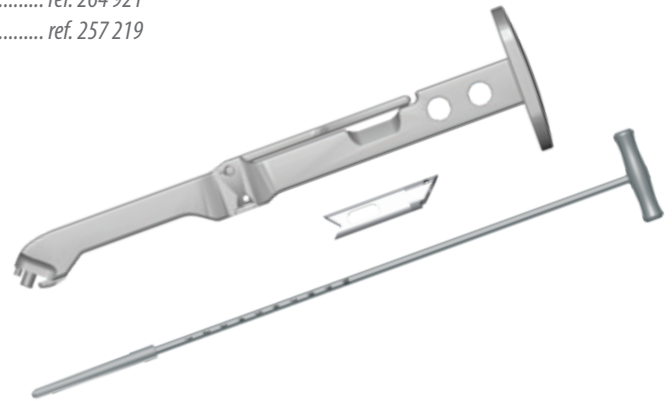
A diaphyseal probe is also provided to check that the medullar canal will allow the final implant to be inserted correctly, based on the planned size, length and distal diameter.

- Rasp handle with hook ref. 265 323
- Box chisel with hook ref. 264 921
- Diaphyseal probe ref. 257 219



Using the modular box chisel

Inserting the diaphyseal probe



4. Implanting the cup

Using femoral rasps with a female connection, the surgeon can choose either to prepare the femur or the cup first.

5. Preparing the femur

Once the diaphyseal axis has been identified, the rasps are inserted successively, in increasing sizes, by pushing the holder towards the greater trochanter to remain in the frontal axis of the diaphysis, correcting, if necessary, the sagittal alignment. Increasing rasp sizes must be inserted as far as the upper edge. The final rasp must be tested in rotation. The final rasp must not be able to move in deeper or in rotation. Its size corresponds to the size of the final implant.

- Rasp handle with hook ref. 265 323
- Rasps ref. 267 211 to 267 220



Femoral rasping

6. Stability and Length trials

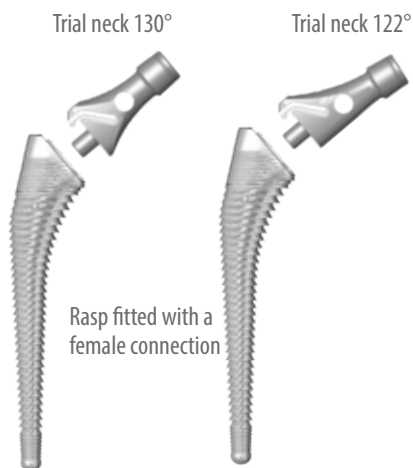
The holder is removed from the rasp and a trial neck is fitted to the rasp. 3 trial necks are supplied in the Hip'n go instrument set:

- 1 neck of 130°
- 2 necks of 122°, the first is for sizes 1 to 5, the second is for sizes from 6 to 10.

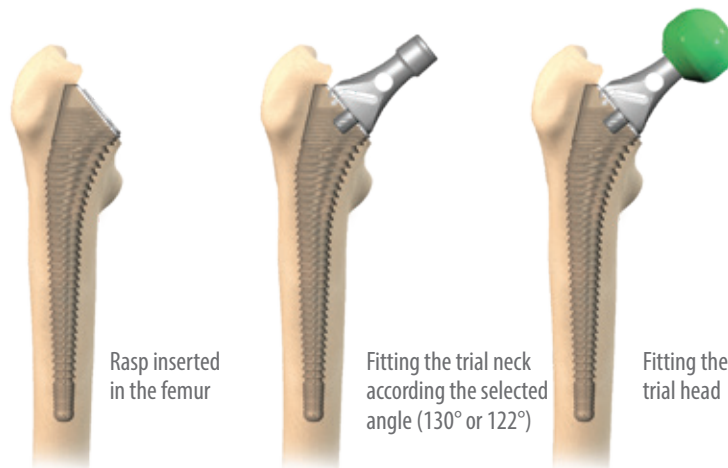
Trial heads in 22, 28, 32 and 36 mm are supplied in the instrument set with a colour code to identify the length of necks.

- Short neck (-3.5): yellow
- Medium neck (0): green
- Long neck (+3.5): red

Once assembled, the hip is reduced. Limb length, mobility and stability are checked.



<i>Hoof rasps</i>	<i>ref. 267 211 to 267 220</i>
<i>Trial necks 130°</i>	<i>ref. 267 230</i>
<i>Trial necks 122° T1 to 5</i>	<i>ref. 267 231</i>
<i>Trial necks 122° T6 to 10</i>	<i>ref. 267 232</i>
<i>Trial heads Ø22.2</i>	<i>ref. 231 368 to 231 369</i>
<i>Trial heads Ø28</i>	<i>ref. 231 357 to 231 360</i>
<i>Trial heads Ø32</i>	<i>ref. 231 352 to 231 354</i>
<i>Trial heads Ø36</i>	<i>ref. 254 461 to 254 463</i>



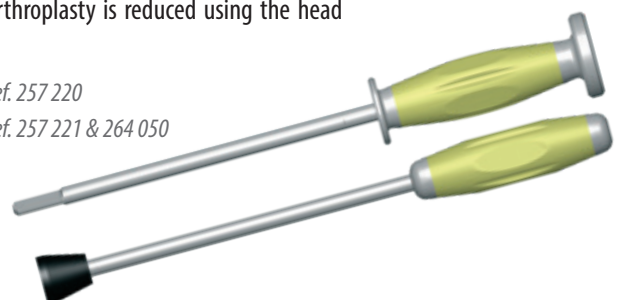
7. Fitting the femoral prosthesis

The rasp and the trial implants are extracted. Hold the femoral prosthesis in your hand by the protective cap on the Morse cone and introduce it into the diaphysis. The descent of the stem is guided by the half moon stem impactor and introduced into the oval impaction hole of the stem; gentle tapping places the implant in the position previously occupied by the rasp.

The rasps and final stems have the same set of trial heads and thus enable any adjustments.

The selected head is fitted and the arthroplasty is reduced using the head impactor.

<i>Half moon stem impactor</i>	<i>ref. 257 220</i>
<i>Head impactor</i>	<i>ref. 257 221 & 264 050</i>



8. Closing

The surgeon will close layer by layer in his usual manner.

>> EXTRACTION

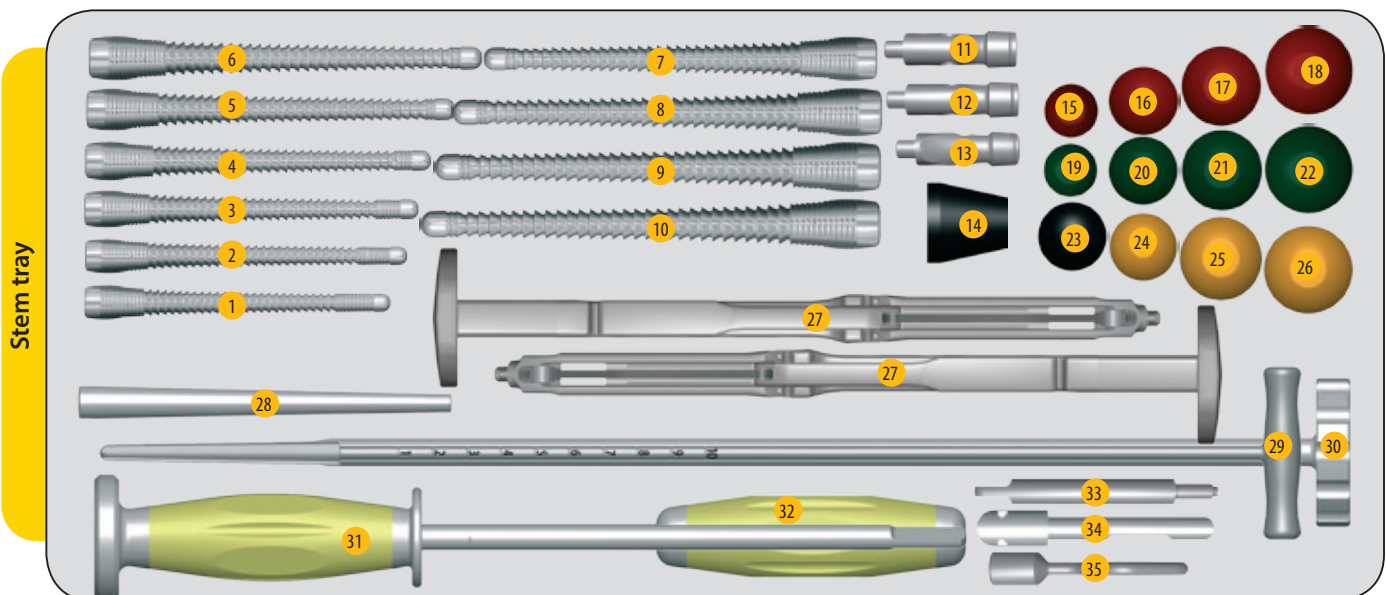
If extraction of the stem is required, the stem extractor is screwed to the stem prior to use.

A flyweight is available on request.

Stem extractor ref. 263 232



INSTRUMENT SET



- 1 HNG STD rasp V2 S1 (ref: 267 211)
- 2 HNG STD rasp V2 S2 (ref: 267 212)
- 3 HNG STD rasp V2 S3 (ref: 267 213)
- 4 HNG STD rasp V2 S4 (ref: 267 214)
- 5 HNG STD rasp V2 S5 (ref: 267 215)
- 6 HNG STD rasp V2 S6 (ref: 267 216)
- 7 HNG STD rasp V2 S7 (ref: 267 217)
- 8 HNG STD rasp V2 S8 (ref: 267 218)
- 9 HNG STD rasp V2 S9 (ref: 267 219)
- 10 HNG STD rasp V2 S10 (ref: 267 220)
- 11 HNG STD mono trial neck V2 122° S6-10 (ref: 267 232)
- 12 HNG STD mono trial neck V2 122° S1-5 (ref: 267 231)

- 13 HNG STD mono trial neck V2 130° (ref: 267 230)
- 14 HNG end tip for head impactor (ref: 264 050)
- 15 Trial head def. stem 12/14 D.22,22 +2 (ref: 231 369)
- 16 Trial head def. stem 12/14 D.28 +3,5 (ref: 231 359)
- 17 Trial head def. stem 12/14 D.32 +3,5 (ref: 231 354)
- 18 Trial head def. stem 12/14 D.36 +3,5 (ref: 254 463)
- 19 Trial head def. stem 12/14 D.22,22 0 (ref: 231 368)
- 20 Trial head def. stem 12/14 D.28 0 (ref: 231 358)
- 21 Trial head def. stem 12/14 D.32 0 (ref: 231 353)
- 22 Trial head def. stem 12/14 D.36 +0 (ref: 254 462)
- 23 Trial head def. stem 12/14 D.28 +7 (ref: 231 360)

- 24 Trial head def. stem 12/14 D.28 -3,5 (ref: 231 357)
- 25 Trial head def. stem 12/14 D.32 -3,5 (ref: 231 352)
- 26 Trial head def. stem 12/14 D.36 -3,5 (ref: 254 461)
- 27 HNG handle hook posterior approach (ref: 265 323)
- 28 Extracting shaft for handle 2001 (ref: 242 472)
- 29 Diaphyseal sizer (ref: 257 219)
- 30 Stem extractor (ref: 263 232)
- 31 HNG stem impactor (ref: 257 220)
- 32 HNG head impactor (ref: 257 221)
- 33 Ring for extraction (ref: 266 629)
- 34 HNG box chisel hook connection (ref: 264 921)
- 35 Hook for extraction (ref: 266 630)

REFERENCES

[Cementless first intention straight stem - Standard or lateralized]

STANDARD STEMS

256 597	Stem 130° CL HAP S1
256 598	Stem 130° CL HAP S2
256 599	Stem 130° CL HAP S3
256 600	Stem 130° CL HAP S4
256 601	Stem 130° CL HAP S5
256 602	Stem 130° CL HAP S6
256 603	Stem 130° CL HAP S7
256 604	Stem 130° CL HAP S8
256 605	Stem 130° CL HAP S9
256 606	Stem 130° CL HAP S10

VARIZED AND LASERIALIZED STEMS

256 607	Stem 122° CL HAP S1
256 608	Stem 122° CL HAP S2
256 609	Stem 122° CL HAP S3
256 610	Stem 122° CL HAP S4
256 611	Stem 122° CL HAP S5
256 612	Stem 122° CL HAP S6
256 613	Stem 122° CL HAP S7
256 614	Stem 122° CL HAP S8
256 615	Stem 122° CL HAP S9
256 616	Stem 122° CL HAP S10

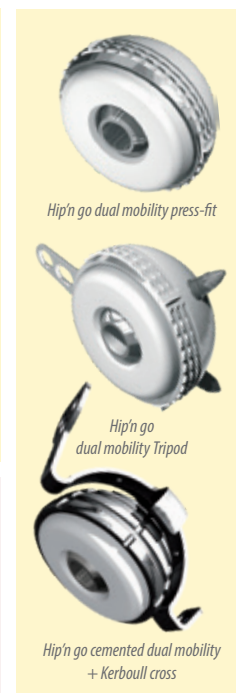
CERAMIC BIOLOX FORTE HEADS

234 131	Taper 12/14 Ø28 (-3,5)
234 132	Taper 12/14 Ø28 (0)
234 133	Taper 12/14 Ø28 (+3,5)
250 729	Taper 12/14 Ø32 (-3,5)
250 730	Taper 12/14 Ø32 (0)
250 731	Taper 12/14 Ø32 (+3,5)
254 525	Taper 12/14 Ø36 (-3,5)
254 526	Taper 12/14 Ø36 (0)
254 527	Taper 12/14 Ø36 (+3,5)

STAINLESS STEEL HEAD

231 402	Taper 12/14 Ø22,2 (0)
231 403	Taper 12/14 Ø22,2 (+2)
231 391	Taper 12/14 Ø28 (-3,5)
231 392	Taper 12/14 Ø28 (0)
231 393	Taper 12/14 Ø28 (+3,5)
231 394	Taper 12/14 Ø28 (+7)

OTHER IMPLANTS OF THE RANGE



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