nebo

Necementovaný dřík	**Alloclassic Zweymuller**
Požadavek:	
Distálně kotvený dřík	ano
návaznost revizního systému	ano
možnost lateralizace -min. 2 varianty CCD úhlu (125 °- 131°)	ano 121 - 131
velikostní škála celkem min. 14 variant	ano
déle než 10 leté klinické zkušenosti	ano
možnost implantace s pomocí pneu. kladiva	ano
výborné výsledky doložené jedním ze zahr.registrů	Australian National Register 20153 Alloclassic – Allofit Follow-up: 10 years po 10 letech 95,3% (4,7% revi.rating)

TEP kyčelního kloubu - speciál

2. Necementovaná náhrada kyčelního kloubu s expansní jamkou a proximálně kotveným dříkem

Necementovaná jamka	**Spotorno**
Požadavek:	
Expansní hemisférická jamka	ano
min.9 velikostí	ano
insert PE 28 a 32 mm	ano
varianta vložky X-link PE a kov na kov	ano
pro primární i revizní využití	ano
déle než 10 leté klinické zkušenosti	ano
Možnost MRI vyšetření	ano
výborné výsledky doložené jedním ze zahr.registrů	97.2 % přežití po 10 letech (Švédský registr 2011, str.76)

Keramická hlavička	**Sulox**
Požadavek:	
průměr 28 a 32 mm vč.varianty pro revizní případy	ano
délka krčku min S,M,L	ano

Necementovaný dřík	**CLS Spotorno**
Požadavek:	
Proximálně kotvený dřík	ano
možnost lateralizace -min. 3 varianty CCD úhlu (125 °- 145°)	ano
velikostní škála celkem min.6 variant ke každému úhlu	ano
možnost miniinvazivní operativy	ano
déle než 10 leté klinické zkušenosti	ano viz.
výborné výsledky doložené jedním ze zahr.registrů	97,9% přežití po 10 letech Swedish National Register 2012 25

Cdst 2.1.

Alloclassic® Variall® Screw Cup

Surgical Technique

zimmer

Personal Fit. Renewed Life.™

Uncemented screw cups are a reliable solution for a multitude of indications. The *Alloclassic Variall* Screw Cup was developed based on many years of clinical results involving successful conical screw cups. It combines clinically proven design features with the requirements of a modern prosthesis system.

Indications

The uncemented *Alloclassic Variall* Screw Cup is indicated both for primary implantations as well as revision surgeries.

Primary Implantations

The most important indications for a primary implant are almost all kinds of primary and secondary coxarthrosis (e. g. dysplasia). The cup can also be used for other conditions, such as idiopathic necrosis of the femoral head, posttraumatic arthritis or to reconstruct a Girdlestone hip.

Sufficient quality bone stock must be available to securely anchor the cup. Insufficient bone quality representing a contraindication can be found, for example, in advanced osteoporosis or primary chronic polyarthritis.

Revision Surgeries

For revision surgeries, the same basic conditions for use of the *Alloclassic Variall* Screw Cup must be present as with primary implants.

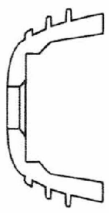
Bone quality is decisive for indication or contraindication. For example, there must be no large cavity or segmental bone defects caused by the loosened cup. The bone quality of the acetabulum must be good enough for the cup to fit firmly after insertion. The *Alloclassic Variall* Screw Cup can only be successfully implanted if safe primary stability is achieved right from the start.

Implants

Alloclassic® Variall® Screw Cup

Details
uncemented
1 Protasul®-Ti
2 Protasul®-10

sterile-packed
STERILE R



Size	REF
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52/KK	01.00044.009
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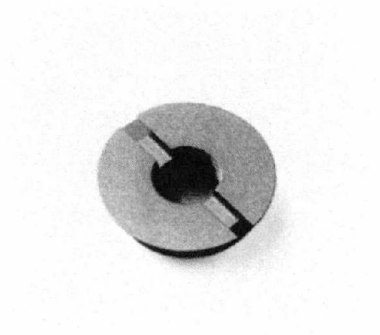
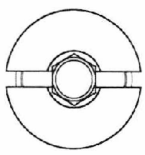
56/KK	01.00044.011
58/NN	01.00044.012
60/NN	01.00044.013
62/NN	01.00044.014



M16 polar screw

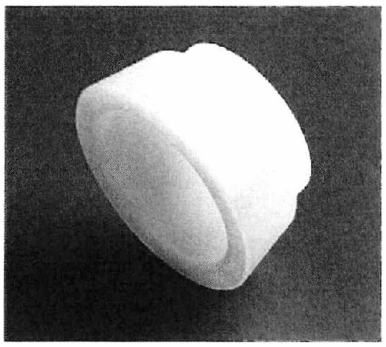
Details
Protasul®-Ti

sterile-packed
STERILE R

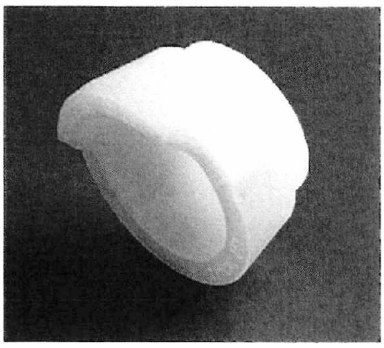


Quantity	REF
1	01.00044.002

Sulene® PE Gamma Insert

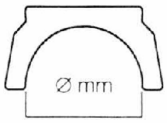


Sulene® PE Gamma Insert



Sulene® PE Gamma Insert, hooded

Details
uncemented
Sulene® PE



sterile-packed
STERILE R

Size	Ø mm	REF
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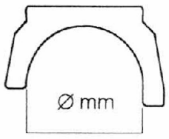
KK	28	426.1211
NN	28	426.1214

Details
uncemented
Sulene® PE



sterile-packed
STERILE R

Size	Ø mm	REF
II	28	426.2209
KK	28	426.2211
NN	28	426.2214

Sulene® may not be sterilized by autoclaving!

Cást 2.1.

Wagner Cone Prosthesis® Hip Stem

Surgical Technique

zimmer

Personal Fit. Renewed Life.™

History

- 1990: First implantation
- 1992: Market introduction
- 2006: Slight design modification (no design change on the zone of primary fixation):
  - Enlarged proximal shoulder with ribs till the tip of the shoulder for a bigger surface of osseo-integration
  - Slim neck and short cone for a better range of motion
- 2006: Additional offset version 125° to better restore the anatomy

Design Features

- Uncemented implant with free setting of antetorsion
- Designed for difficult bone conditions at the proximal end of the femur and for CDH cases
- Tapered shape with an angle of 5 degrees for press-fit fixation
- 8 longitudinal ribs for rotational stability
- Standard and offset version for a better restoration of the anatomy

1990–2006

From 2006 Wagner Cone Prosthesis 125° and 135°

Wagner Cone Prosthesis Hip Stem

The *Wagner Cone Prosthesis* Stem is designed for uncemented fixation in difficult bone conditions at the proxi mal end of the femur and for CDH cases.

The surface of the prosthesis is rough-blasted which, together with the characteristic shape, promotes bony apposition over a large area.[1]

The circular tapered stem is not subject to any rotation force during insertion, i. e. the angle of antetorsion can be determined by the surgeon. The stem has 8 longitudinal ribs. The relatively sharp ridges of the ribs cut into the bone, thus allowing for optimal rotational stability.[2] This also explains the fact that the typical thigh pain associated with some uncemented prosthetic systems is practically unknown with the Cone Prosthesis[3].

In addition to providing rotational stability, the sharp longitudinal ribs of the stem are also beneficial for bony apposition. Schenk's[1] investigations have shown very clearly that bone forms and attaches preferentially on the sharp-edged prominences of the implant and less in the hollows of the surface.

In order to achieve a broad-based support of the prosthesis in the region of the calcar, the medial rib is inserted distally to this area into the convex support surface. The ribs on the lateral part start from the tip of the shoulder in order to ensure the greatest possible area of contact in the trochanter. This provides rotational stability and improves osseointegration.

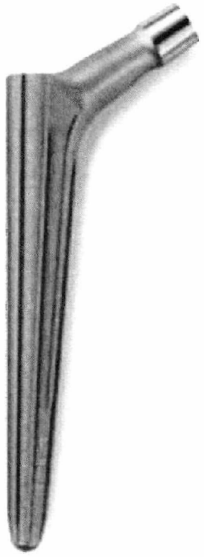
As the CCD angle and the offset are not constant values, the *Wagner Cone Prosthesis* Stem is now available in 2 different CCD angles, 125° and 135°. This provides a wider range of offset options, which allows an adequate restoration of biomechanical parameters, as the center of rotation, the CCD angle and the leg length.

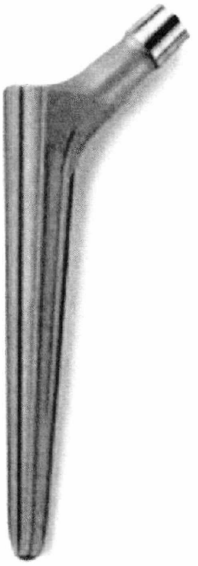
Both versions are available in 12 diameters from 13 to 24 mm to fit the individual width of the medullary canal.

The round stem facilitates unimpeded rotation during implantation to adjust the antetorsion angle.

[1] Schenk R.K., Wehrli U. Zur Reaktion des Knochens auf eine zementfreie SL-Femur-Revisionsprothese. Orthopade. 1989; 18: 454–462.
[2] Bühler D., Berlemann U, Lippuner K, Jaeger P, Nolte L. Three-dimensional primary stability of cementless femoral stems. Clinical Biomechanics. 1997; 12: 75–85.
[3] Wagner H., Wagner M. Cone Prosthesis for the hip joint. Arch Orthop Trauma Surg. 2000; 120: 88–95.

Implants

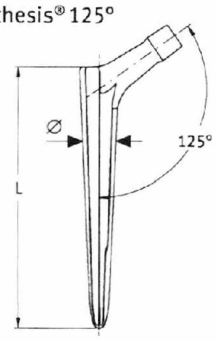




Wagner Cone Prosthesis® 125°
Hip Stem

Protasul®-64 Alloy
Taper 12/14
Uncemented

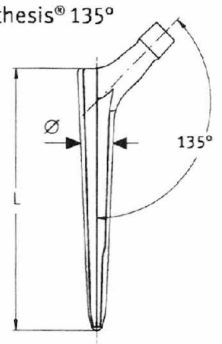
STERILE R



Wagner Cone Prosthesis® 135°
Hip Stem

Protasul®-64 Alloy
Taper 12/14
Uncemented

STERILE R



Ø mm	L mm	Offset mm	REF
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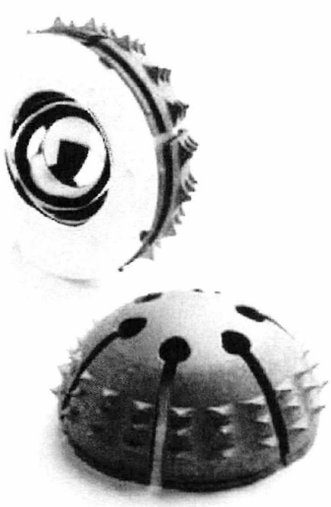
14	125.5	31.7	01.00561.214
15	125.7	32.5	01.00561.215
16	125.9	33.4	01.00561.216
17	126.2	34.2	01.00561.217
18	126.4	35	01.00561.218
19	126.6	35.9	01.00561.219
20	126.8	36.7	01.00561.220
21	127.0	37.5	01.00561.221
22	127.2	38.3	01.00561.222
23	127.4	39.2	01.00561.223
24	127.6	40	01.00561.224

Ø mm	L mm	Offset mm	REF
13	115.0	26.2	01.00561.313
14	125.5	29.7	01.00561.314
15	125.7	30.4	01.00561.315
16	125.9	31.1	01.00561.316
17	126.2	31.8	01.00561.317
18	126.4	32.5	01.00561.318
19	126.6	33.2	01.00561.319
20	126.8	33.9	01.00561.320
21	127.0	34.7	01.00561.321
22	127.2	35.4	01.00561.322
23	127.4	36.1	01.00561.323
24	127.6	36.8	01.00561.324

Cast 2.2.

CLS® Spotorno® Hip Cup

Surgical Technique



Nature as Model

zimmer
Confidence in your hands

Indications for the CLS Spotorno Cup
Bone Quality as the Deciding Factor

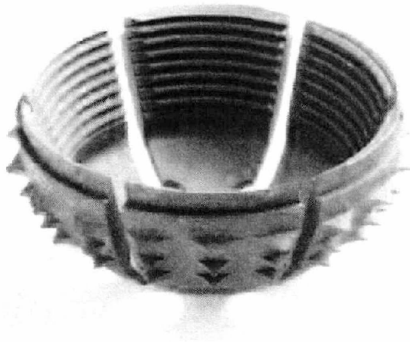
The indications for this acetabular cup are rather varied. The *CLS* Expansion cup is indicated in practically all forms of idiopathic coxarthrosis, ischaemic necrosis, rheumatoid arthritis and – with very good results – in protrusive forms. It is also suitable in replacement implantations following arthrodesis and after fractures of the acetabulum.

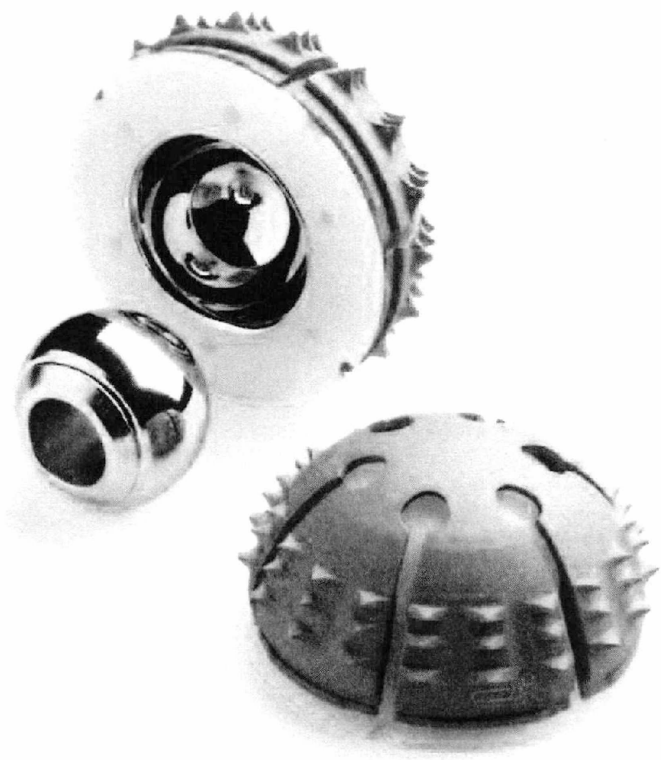
With an adequate surgical technique, the Expansion cup can also be used for revisions in cases with major defects of the floor of the acetabulum; for primary implantations in cases with moderate osteoporosis; and for slightly dysplastic hips.

Insufficient peripheral anchorage constitutes a contraindication for the *CLS* cup.

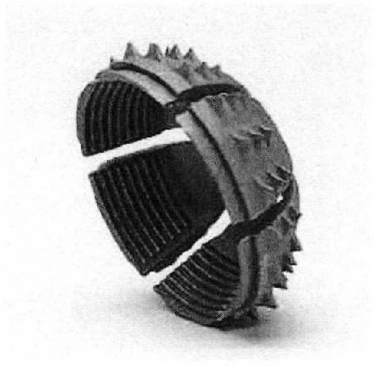
In order to achieve an adequate press-fit in the region of the equator, sufficient peripheral anchorage is essential. The absence of a rim segment of the acetabulum constitutes a contraindication. If the defect involves ¼ of the acetabular rim or more, then the contraindication is absolute, whereas a defect involving less than ⅙ of the circumference is well compensated and does not require any special precautions. The *CLS* cup can also be used in cases with a defect of the acetabular rim of more than ⅙ and less than ¼. In these cases, special attention has to be paid to the flanges. All six flanges must be supported by bone.

Due to the biomechanics of the pelvis, when changing from the sitting to the standing position, peak loading is exerted in the postero-superior quadrant. In the presence of inadequate bone structure, this zone has to be treated with special care. In the latter case, the lack of support at the rim of the acetabulum must not involve more than ⅙ of the circumference.



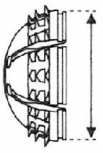


Ordering Information – Implants



CLS® Spotorno® Shell

Protasul®-100
uncemented
L. Spotorno



STERILE R

Size	REF
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58	94.58.19
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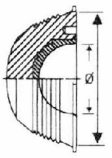
62	94.62.19

Metasul® CLS® Spotorno® Insert

Sulene® PE/
Protasul®-21 WF
uncemented
L. Spotorno



STERILE R

Size	Δ mm	REF
–		
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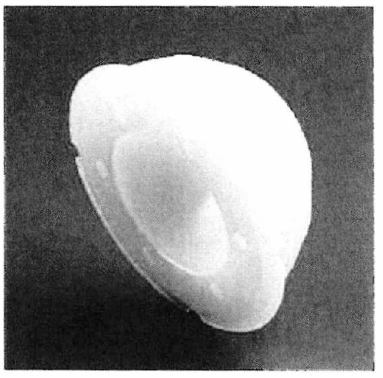
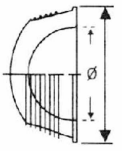
62	28	60.13.28-62



Durasul® CLS® Spotorno® Insert

Durasul® PE
uncemented
L. Spotorno



STERILE R

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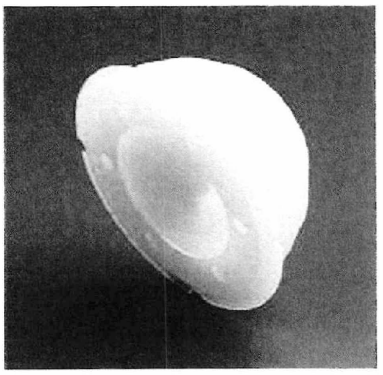
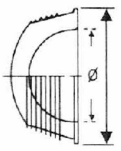
58	28	01.00307.358
60	28	01.00307.360
62	28	01.00307.362
50	32	01.00307.450
52	32	01.00307.452
54	32	01.00307.454
56	32	01.00307.456
58	32	01.00307.458
60	32	01.00307.460
62	32	01.00307.462

Metasul® may only be paired with Metasul® heads.
Sulene® may not be sterilized in autoclaves!
Durasul® may not be sterilized in autoclaves!



PE CLS® Spotorno® Cup Insert

Sulene® PE
uncemented
L. Spotorno



STERILE R

Size	Δ mm	REF	Size	Δ mm	REF
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54	22	68.13.22-54*	54	32	68.13.32-54
56	22	68.13.22-56*	56	32	68.13.32-56
58	22	68.13.22-58*	58	32	68.13.32-58
60	22	68.13.22-60*	60	32	68.13.32-60
62	22	68.13.22-62*	62	32	68.13.32-62
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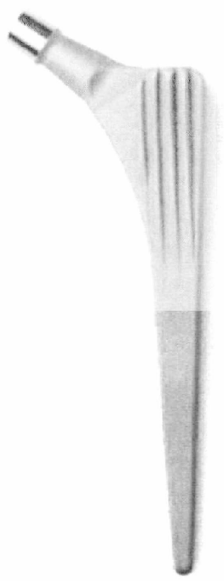
48	28	68.13.28-48			
50	28	68.13.28-50			
52	28	68.13.28-52			
54	28	68.13.28-54			
56	28	68.13.28-56			
58	28	68.13.28-58			
60	28	68.13.28-60			
62	28	68.13.28-62			

* On request

Cdst 2.2.

CLS® Spotorno® Hip Stem

Surgical Technique



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