



Taperloc Complete Hip System

One Surgeon. One Patient.

Over 1 million times per year, Biomet helps one surgeon provide personalized care to one patient.

The science and art of medical care is to provide the right solution for each individual patient. This requires clinical mastery, a human connection between the surgeon and the patient, and the right tools for each situation.

At Biomet, we strive to view our work through the eyes of one surgeon and one patient. We treat every solution we provide as if it's meant for a family member.

Our approach to innovation creates real solutions that assist each surgeon in the delivery of durable personalized care to each patient, whether that solution requires a minimally invasive surgical technique, advanced biomaterials or a patient-matched implant.

When one surgeon connects with one patient to provide personalized care, the promise of medicine is fulfilled.

Taperloc Complete Hip System

Over the past 26 years, the Taperloc Hip stem has become the industry standard in cementless hip arthroplasty.¹ Combining this unmatched clinical success with Biomet's commitment to product innovation, the Taperloc Complete Hip system has been introduced with design enhancements that restore leg length, stability, offset and range of motion (ROM) accurately and consistently.



Clinical Success of the Taperloc Hip System

100% Survivorship

at a minimum 5 year follow-up in 49 rheumatoid patients²

100% Survivorship

at a 2–11 year follow-up in 114 patients 80 years old or older³

99.6% Survivorship

at a 12 year follow-up of 4,750 patients⁴

99% Survivorship

at a 22–26 year follow-up in 138 patients¹

99% Survivorship

at a 12 year follow-up in 115 patients⁵

98% Survivorship

at 8–13 year follow-up in 91 patients 50 years old or younger⁶

95% Survivorship

at a 10–18 year follow-up in 89 obese patients⁷

94% Survivorship

at a 10–18 year follow-up in 99 non-obese patients⁷

Taperloc Complete Full Profile Hip Stem

Polished Anterior-Posterior Neck Flats

Increase ROM by geometrically reducing the potential for impingement of the neck with the cup⁸

Rotational Stability Insertion Hole

Provides rotational stability upon implantation

Clinically Proven PPS Application

Allows for initial scratch-fit stability and bone fixation^{2,3,9,10}

Optimal Neck Angle

133° neck angle increases ROM and improves stability through increased soft tissue tension¹⁴⁻¹⁶

Offset Option

Standard and high offset options reproduce various patient anatomies without lengthening the leg

Acetabular Options



Exceed ABT with BIOLOX[®] delta Ceramic Tapered Liner and 15° shell

- Improved wear resistance and mechanical strength compared to alumina ceramic.
- Increased diameters improve ROM
- 15° shell option allows more coverage
- Clinically proven PPS coating^{9,17}



Exceed ABT with E1

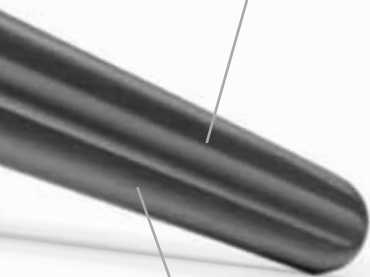
- Utilises clinically proven RingLoc mechanism
- E1 Antioxidant Infused Technology developed from clinically proven ArCom^{18,19}
- Ultra low wear versus standard polyethylene²⁰
- Range of liner types and sizes to better address clinical need:
 - Standard, Hi-Wall and 10 Degree
 - 22, 28, 32, 36 and 40 mm liners

BoneMaster Coating

Provides enhanced implant stability,¹¹ reduced fibrous in-growth^{11,12} and increased bone density^{12,13}

Flat Tapered Wedge Geometry

Enhances proximal offloading and bone preservation and provides for rotational stability



Titanium Alloy Ti-6AL-4V

Flexibility of titanium allows for stress transfer to preserve cortical density

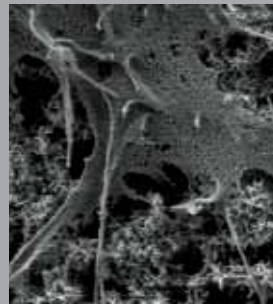
Dual Mobility Technology

- Large head for reduced risk of dislocation²¹
- Large ROM²²
- 90% – lower wear – than traditional ArCom²³
- Clinically proven cup design^{24,25}
- Available in Active Articulation and Avantage Dual Mobility System constructs

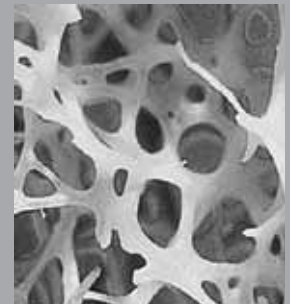


BoneMaster Nano-Crystalline HA Coating Technology

BoneMaster is an advanced biomimetic coating technology with the biological benefits of hydroxyapatite and an enhanced needle-like nano-structure based on apatite crystals found in bone.²⁶ This technology offers enhanced implant stability,¹¹ reduced fibrous in-growth^{11,12} and increased bone density.^{12,13}

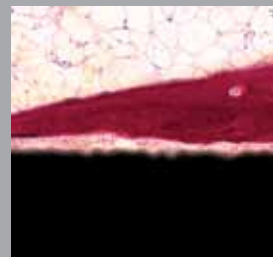


2µm
BoneMaster coating

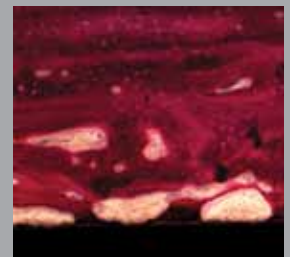


Bone

The unique needle-like topography of BoneMaster creates a favorable environment for osteoblast adhesion, producing faster bone integration. The 5µm thick BoneMaster coating preserves the macro-roughness and porosity of PPS (Porous Plasma Spray) Ti-alloy coating for enhanced primary and long-term fixation.²⁷⁻²⁹



Uncoated Surface



BoneMaster Coating

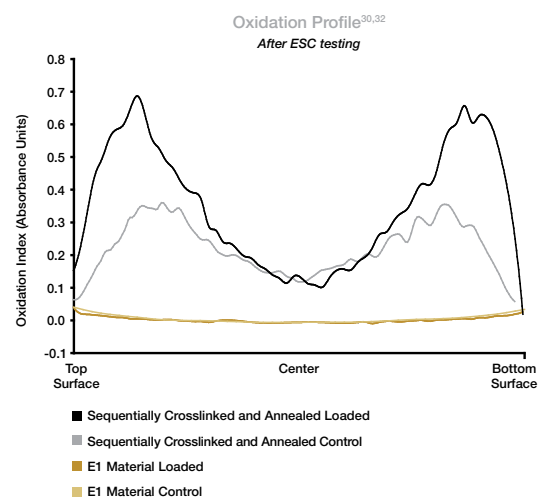
- Fibrous tissue
- Bone tissue
- Titanium

Taperloc Complete Reduced Distal Hip Stem



E1 Technology

Infused with vitamin E, a natural antioxidant, E1 Technology defines a new class of acetabular bearings. It overcomes the limitations of remelted and annealed polyethylenes, as well as blended antioxidant polyethylenes, by maximizing ultra-low wear, high mechanical strength and true oxidative stability.^{30,31}



BoneMaster Coating

Provides enhanced implant stability,¹¹ reduced fibrous in-growth^{11,12} and increased bone density^{12,13}

Flat Tapered Wedge Geometry

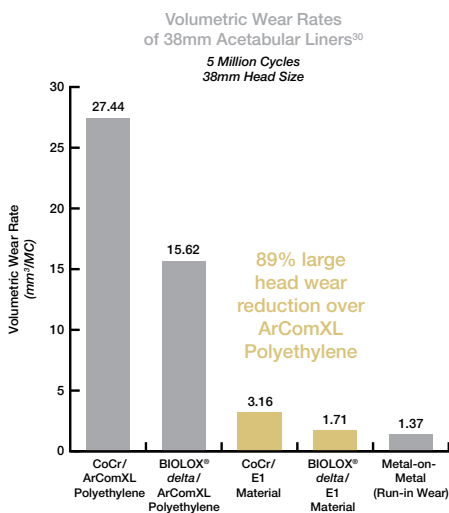
Enhances proximal offloading and bone preservation and provides for rotational stability

Titanium Alloy Ti-6AL-4V

Flexibility of titanium allows for stress transfer to preserve cortical density

Taperloc Complete Reduced Distal Geometry

The Taperloc Complete stem features a reduced distal geometry in which a gradual reduction of the stem substrate occurs distal to the porous coating level. The Taperloc Complete stem's reduced distal geometry enhances the proximal fill of the implant in the metaphysis. This particular design is the optimal choice to address a proximal/distal mismatch, which is common in a Dorr Type A femur, by properly accommodating the proximal metaphysis without the need to fit a narrow distal femoral geometry. This design enhancement is based on the traditional Taperloc Reduced Distal stem which has been clinically successfully for over 16 years.⁵



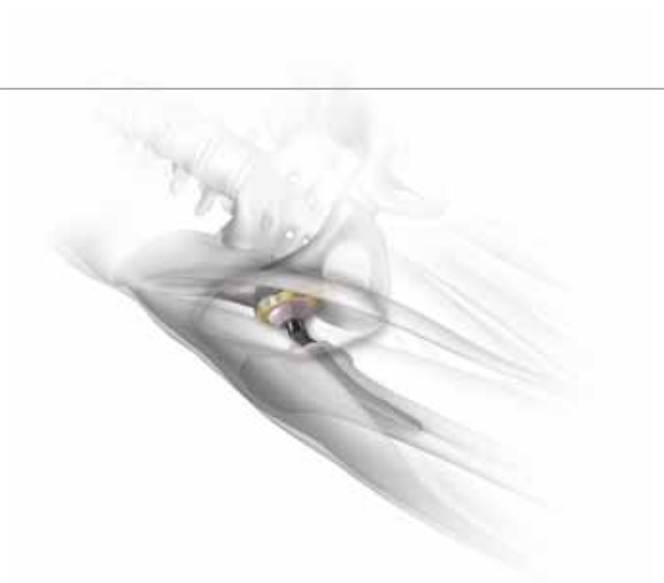
The Taperloc Complete stem design accurately addresses a proximal/distal mismatch as seen in the x-ray above.

Taperloc Complete Microplasty Hip Stem



Surgeon Education Opportunities

The Anterior Supine Intramuscular (ASI) approach has shown many patient benefits³³⁻³⁵ whether utilizing a specialized fracture or standard operating table. Biomet offers a number of resources for surgeons to explore the ASI approach in the manner that best suits surgeon and hospital needs.



BoneMaster Coating

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Titanium Alloy Ti-6AL-4V

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Flat Tapered Wedge Geometry

Enhances proximal offloading and bone preservation and provides for rotational stability

Reduced Length

Stem length reduced 35 mm to preserve soft tissues and bony structures and better accommodate minimally invasive approaches

Taperloc Complete Microplasty Stem

The Taperloc Complete Microplasty stem is built upon the strong clinical heritage of the Taperloc stem and incorporates the same design enhancements as the Taperloc Complete full length stem. This stem option has been shortened 35 mm from the standard length stem to better address minimally invasive techniques, provide an alternative to femoral resurfacing and offer a unique solution in cases where a bone conserving prosthesis is desirable.



ASI Hip Instructional Courses

- Courses offered with standard OR and ASI specific tables
- Led by experienced ASI faculty
- Didactic and hands-on cadaveric training

Surgeon Visitation Program

- One-on-one experience with ASI surgeon
- Observe live surgery
- Discuss implant design and rationale

For more information on these opportunities, please visit biometosa.com.

Taperloc Complete XR 123° Hip Stem

Polished Anterior-Posterior Neck Flats

Increase ROM by geometrically reducing the potential for impingement of the neck with the cup⁸

Rotational Stability Insertion Hole

Provides rotational stability upon implantation

Clinically Proven PPS Application

Allows for initial scratch-fit stability and bone fixation^{2,3,9,10}



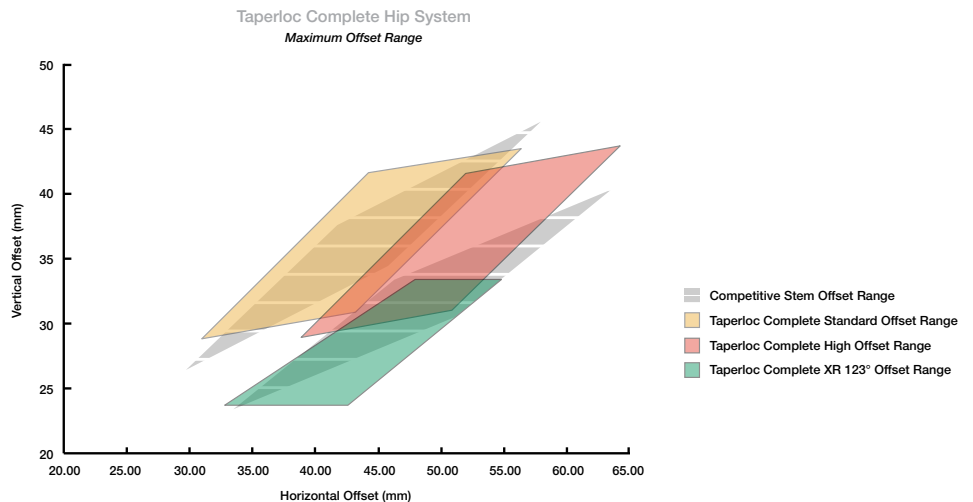
123° Neck Angle

Addresses varus anatomies or coxa vara femoral types by providing additional horizontal offset and low vertical offset for increased soft tissue tension

Reduced Distal Transition

Enhances implant fit in femoral canals with proximal/distal mismatch

With the introduction of the Taperloc Complete XR 123° stem option, the Taperloc Complete system can accommodate a larger range of offsets to better restore patient biomechanics. The adjacent chart shows the additional offsets achieved with the Taperloc Complete compared to a competitive system.



BoneMaster Coating

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Titanium Alloy Ti-6AL-4V

Flexibility of titanium allows for stress transfer to preserve cortical density

Flat Tapered Wedge Geometry

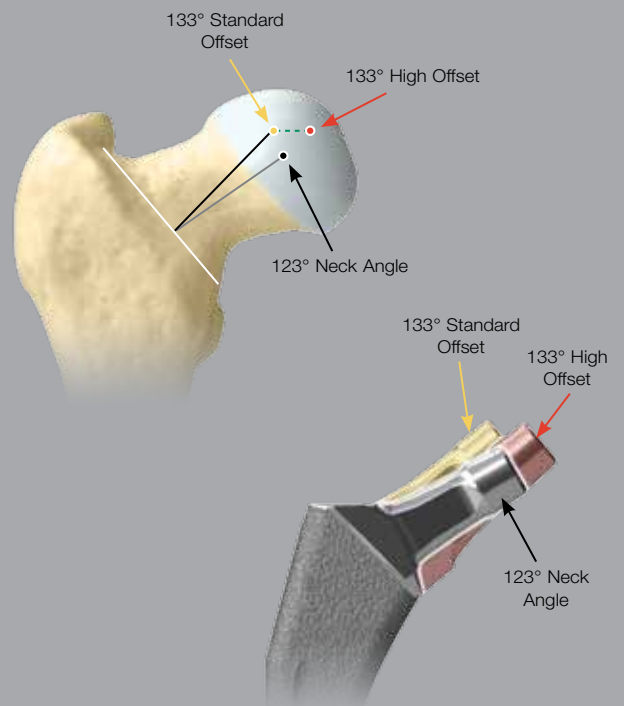
Enhances proximal offloading and bone preservation and provides for rotational stability

Profile Options

Available in Full Length
Reduced Distal and
Microplasty stem options

Taperloc Complete XR 123° Stem

The Taperloc Complete XR 123° stem option has the same stem geometry as the Taperloc Complete Full length and Microplasty stems, but provides a 123° degree neck angle and a shortened neck length by 2 mm. These unique design features help to address femurs with a more varus neck by allowing for additional offset to properly restore hip biomechanics and soft tissue tensioning.



References

1. McLaughlin, J.R. and Lee, K.R. Survivorship at 22 to 26 Years Reported with Uncemented Tapered Total Hip Stem. *Orthopedics Today*. 30(1): 1, 2010.
2. Rothman, R. *et al.* Cementless Femoral Fixation in the Rheumatoid Patient Undergoing Total Hip Arthroplasty: Minimum 5 Year Results. *Journal of Arthroplasty*. 16(4): 415–21, 2001.
3. Keisu, K.S. *et al.* Primary Cementless Total Hip Arthroplasty in Octogenarians: Two to Eleven Year Follow-up. *Journal of Bone and Joint Surgery*. 83: 359, 2001.
4. Hozack, W. Ten Year Experience with a Wedge Fit Stem. Crucial Decisions in Total Joint Replacement and Sports Medicine. Presentation. Bermuda, 1999.
5. McLaughlin, J.R. and Lee, K.R. Cementless Total hip Replacement Using Second-generation Components. *Journal of Bone and Joint Surgery (British)*. 92(12): 1636–41, 2010.
6. McLaughlin, J.R. and Lee, K.R. The Outcome of Total Hip Arthroplasty in Young Patients. 8- to 13-Year Results Using an Uncemented Stem. *Clinical Orthopaedics and Related Research*. 373: 153–63, 2000.
7. McLaughlin, J.R. and Lee, K.R. The Outcome of Total Hip Replacement in Obese and Non-obese Patients at 10- to 18-Years. *Journal of Bone and Joint Surgery (British)*. 1286–92, 2006.
8. Davey J.R., Femoral Offset. http://orthonon.on.ca/emerging_trends/notes/Femoral%20Offset.htm (accessed February 15, 2010).
9. McLaughlin, J. *et al.* Total Hip Arthroplasty with an Uncemented Tapered Femoral Component. *Journal of Bone and Joint Surgery*. 6(90):1290–6, 2008.
10. Rothman, R. *et al.* Immediate Weight Bearing after Uncemented Total Hip Arthroplasty. *Clinical Orthopaedics and Related Research*. 349: 156–62, 1998.
11. Schmidmaier G, Wildemann B, Schwabe P, Stange R, Hoffmann J, Südkamp NP, Haas NP, Raschke M (2002) A new electrochemically graded hydroxyapatite coating for osteosynthetic implants promotes implant osteointegration in a rat model. *J Biomed Mater Res* 63: 168–172,
12. Schliephake H, Scharnweber D, Roessler S, Dard M, Sewing A, Aref A (2006) Biomimetic calcium phosphate composite coating of dental implants, *Int J Oral Maxillofac Implants* , 21 (5):738-46
13. Schliephake H, Scharnweber D, Dard M, Rößler S, Sewing A and Hüttmann C (2003) Biological performance of biomimetic calcium phosphate coating of titanium implants in the mandible a pilot study in dogs, *J Biomed Mat Res* 64A: 225-234
14. Bourne R.B. and Rorabeck C.H. Soft Tissue Balancing: The Hip. *Journal of Arthroplasty*. 17(4):17–22, 2002
15. Charnley J. Low Friction Principle. Charnley J. Low Friction Arthroplasty of the Hip. New York: Springer-Verlag. 3–15, 1979.
16. McGrory B.J. *et al.* Effect of Femoral Offset on Range of Motion and Abductor Muscle Strength after Total Hip Arthroplasty. *Journal of Bone and Joint Surgery (British)*. 17(4): 865–9, 1995.
17. Multi-Center Study. Data on file at Biomet.
18. Meding, J. 4.4mm of Tibial Polyethylene: A Ten-Year Follow-Up Study. *Clinical Orthopaedics and Related Research*. 388: 112–7.
19. Nabar, S. *et al.* Comparison of Second Generation Highly Crosslinked Polyethylenes Under Adverse Aging Conditions. Poster No. 1684. 54th Annual Meeting of the Orthopaedic Research Society. 2008.
20. Biomet Biomaterials Laboratory. The Revolutionary Second Generation Vitamin E Stabilized Highly Crosslinked UHMWPE. Jan 2007.
21. Beaulé, P.E. *et al.* Jumbo Femoral Head for the Treatment of Recurrent Dislocation Following Total Hip Replacement. *Journal of Bone and Joint Surgery*. 84A(2): 256–63, 2002.
22. Data on file at Biomet. Information of files 10.04.12 Avantage ROM not necessarily indicative of clinical performance.
23. Data on File at Biomet. Bench test results not necessarily indicative of clinical performance.
24. Leclercq, S. *et al.* Charnley-Kerboull-Bonsquet Hybrid THR After 10 Years. Total Hip Arthroplasty. Conference. 3rd International Symposium. 2000.
25. Tarasevicius, S., Busevicius, M., Robertsson, O., Wingstrand, H. *et al.* Dual Mobility Cup Reduces Dislocation Rate After Arthroplasty for Femoral Neck Fracture. *BMC Musculoskeletal Disorders Journal*. 11:175, 2010
26. Robler S, Sewing A, Stolz M, Born R, Scharnweber S, Dard M, Warch H (2003) Electrochemically assisted deposition of thin calcium phosphate coating at near-physiological pH and temperature. *JBiomet Mater Res* 64A:655-663
27. Mont MA, Hungarford DS (1997) Proximally Coated Ingrowth Prosthesis. A Review. *Clin Orthop* 344: 139-149
28. Emerson RH , Sanders SB, Head WC, Higgins L (1999) Effect of circumferential plasma-spray porous coating on the rate of femoral osteolysis after total hip arthroplasty. *JBJS* 81: 1291-1298
29. Bourne RB, Rorabeck CH, Burkart BC, Kirk P (1994) Ingrowth surfaces: Plasma spray coating to titanium alloy hip replacements. *Clin Orthop Relat Res* 298: 37-46
30. Data on file at Biomet. Bench test results not necessarily indicative of clinical performance.
31. Kurtz, S. *et al.* *The UHMWPE Handbook: Ultra High Molecular Weight Polyethylene in Total Joint Replacement*. Elsevier Academic Press. San Diego, CA. 2004.
32. Nabar, S. *et al.* Comparison of Second Generation Highly Crosslinked Polyethylenes Under Adverse Aging Conditions. ORS 2008. Poster No. 1684.
33. Kennon R. *et al.* Anterior Approach for Total Hip Arthroplasty: Beyond the Minimally Invasive Technique. *Journal of Bone and Joint Surgery*. 86(2): 91–7, 2004.
34. Nakata, K. *et al.* A Clinical Comparative Study of the Direct Anterior With Mini-Posterior Approach. *Journal of Arthroplasty*. 24(5): 698–704, 2009.
35. Bal, B.S. *et al.* Early Complications of Primary Total Hip Replacement Performed with a Two-Incision Minimally Invasive Technique. *Journal of Bone and Joint Surgery*. 87(11): 2432–8, 2005.

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