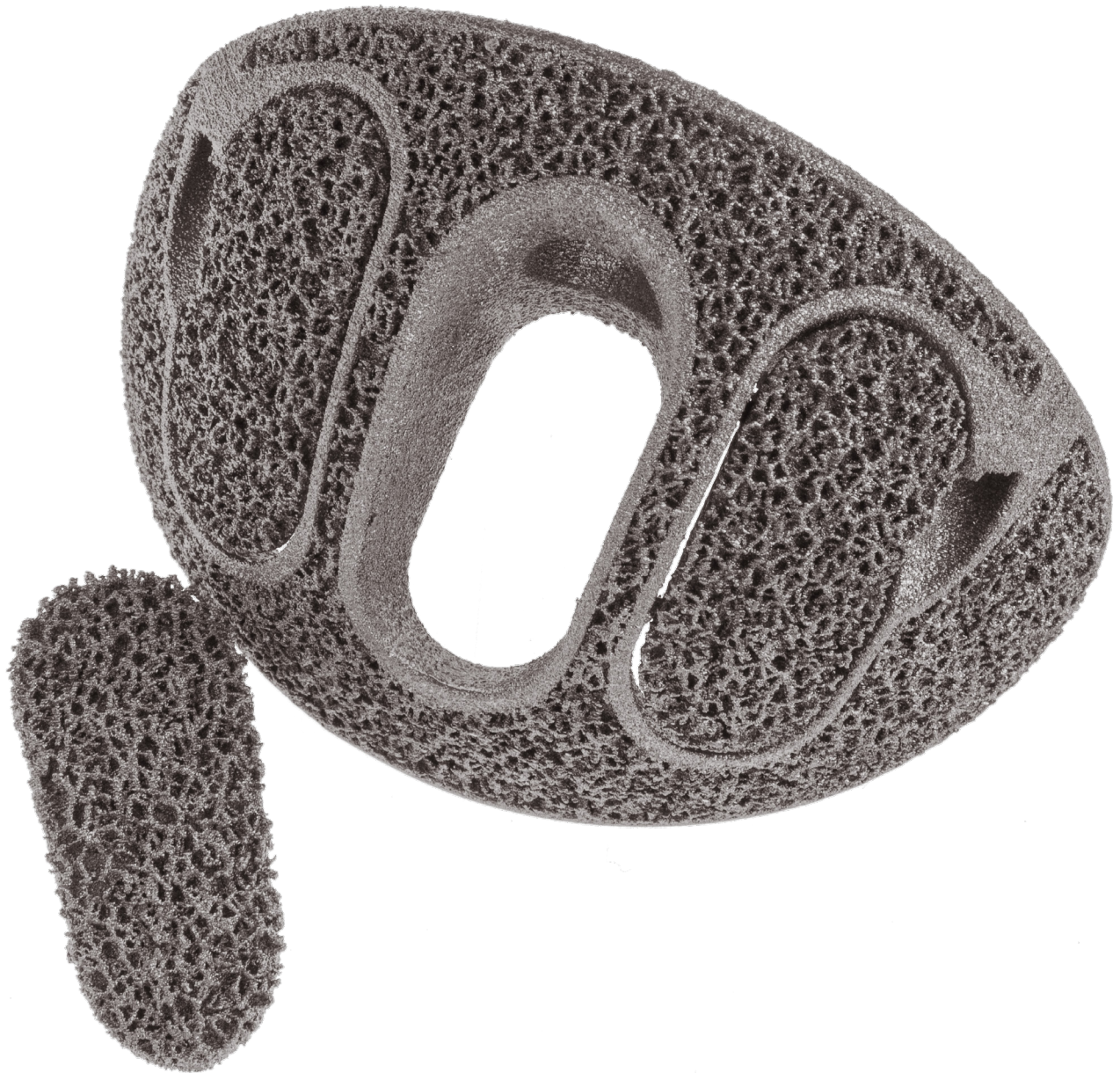


EPORE[®] ACETABULAR SPACER



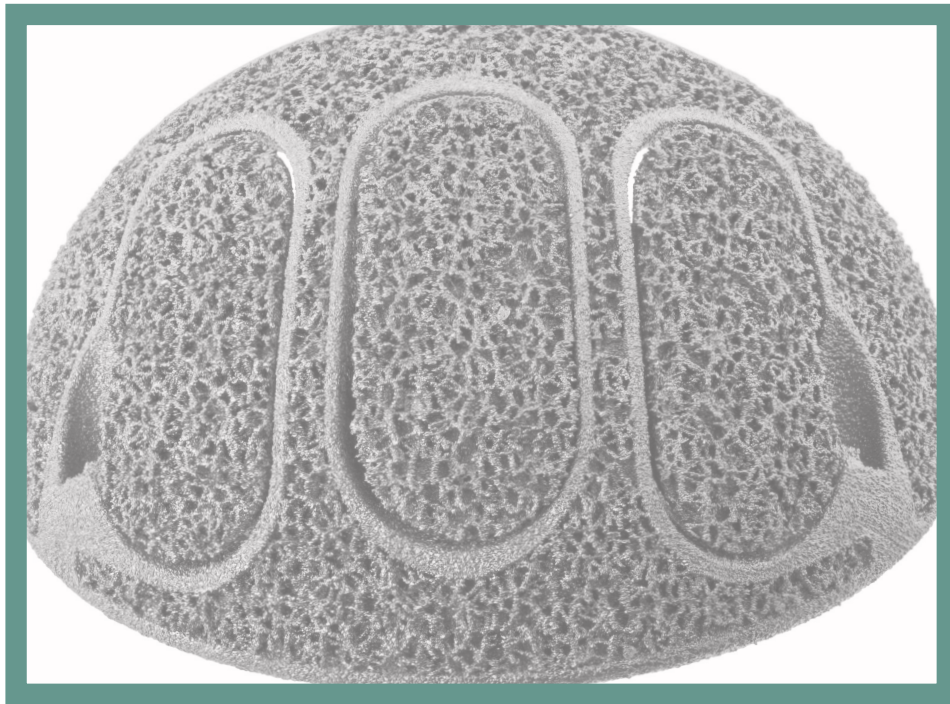


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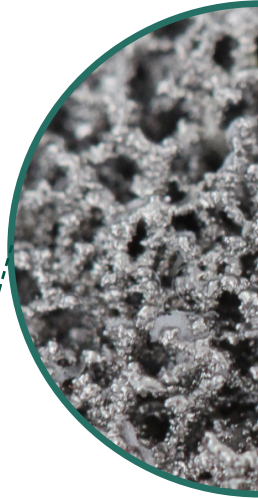
Nota Bene: The described surgical technique is the suggested treatment for the uncomplicated procedure. In the final analysis the preferred treatment is that which addresses the needs of the individual patient.

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DESIGN CHARACTERISTICS

EPORE[®] acetabular spacer 8mm

indication: acetabular



porous
EPORE[®] s



open channel for optimal screw
positioning spongiosa screw flat head
6.5mm

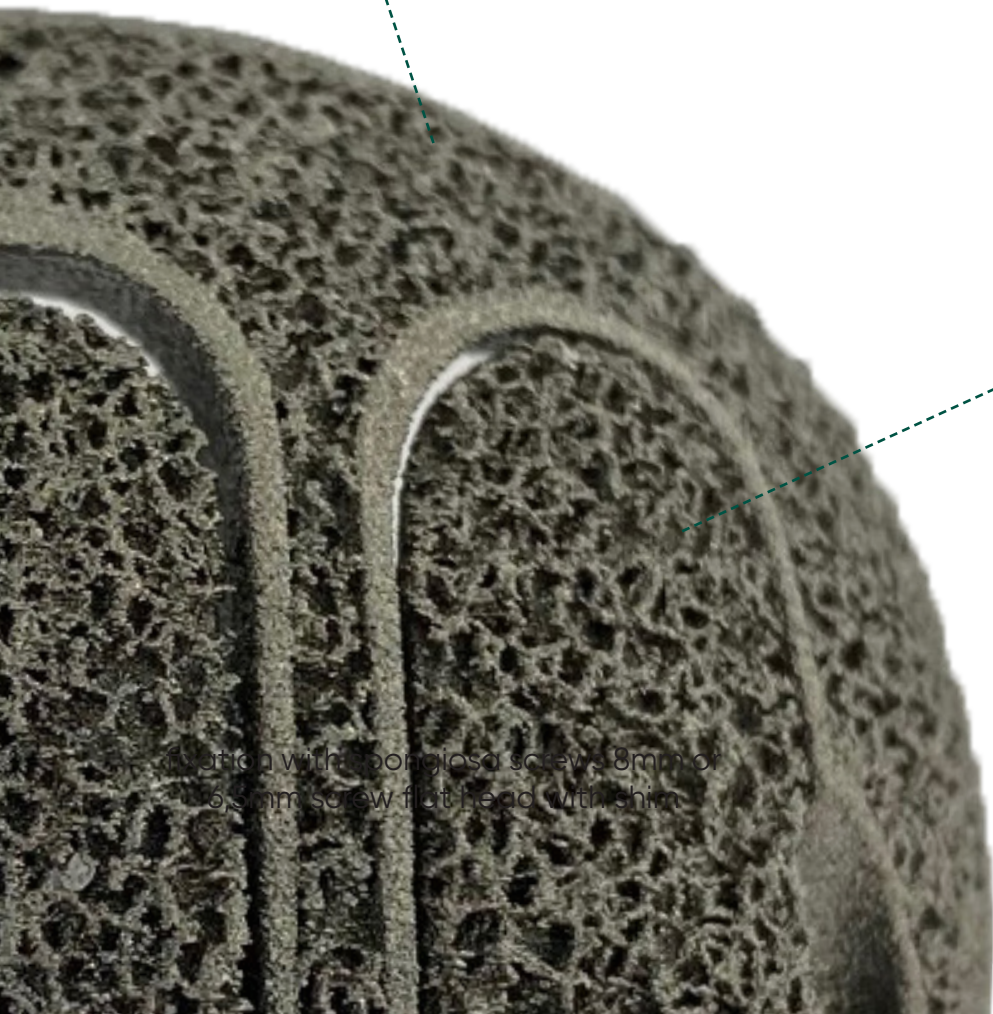
fixation with spongiosa screw
flat head 6.5mm

DESIGN CHARACTERISTICS

tabular defects



ous
structure



removable crunch plugs

tion with bongiosa screws 8mm or
6.5mm screw flat head with thin

PREOPERATIVE PLANNING

Preoperative planning and precise surgical techniques are mandatory for optimal results. The instructions and the procedure given in the surgical technique to the system must be adhered to. Familiarity with the recommended surgical technique and its careful application is essential to achieve the best possible outcome.

Before surgery a surgical planning with regard to the dimensions of the prosthetic model and the positioning of the implant components in the bone has to be carried out by the surgeon.

For this purpose, x-ray templates are available:

Digital templates: Digital templates are included in the data base of the common planning systems. For missing templates, please contact the provider of the planning software and request for these templates.

Radiographic templates: Alternatively radiographic templates are available in various scale factors, which can be obtained from your local representative.

Further prior to surgery the following should be ensured:

- all needed components are available during surgery. An adequate number of various implant components should be available for surgery.
- all instruments for the implantation are present and are matching the corresponding implants. The insertion instruments must be adapted to the implant. The implants may only be used with the instruments provided by implantcast GmbH. An exception are exclusively the standardized instruments used during surgery.
- The correct sized instruments are used during surgery to prevent damage to the implants.

Further information and hints regarding compatibilities can be found in the instructions of use for metal augments (0930008GB) and in this surgical technique starting page 30.

SURGICAL TECHNIQUE

PREPARATION ACETABULUM

Please expose the hip joint completely.

Resect the articular capsule and the acetabular labrum. Dissect the bony rim of the acetabulum, if possible, completely (Fig. 1).

Remove the osteophytes and the connective tissue of the acetabular fossa. In order to rebuild normal anatomical proportions, the acetabulum should be medialised to the extent to which you are able to reconstruct the preoperatively chosen centre of rotation. Make sure that there is sufficient anteversion.

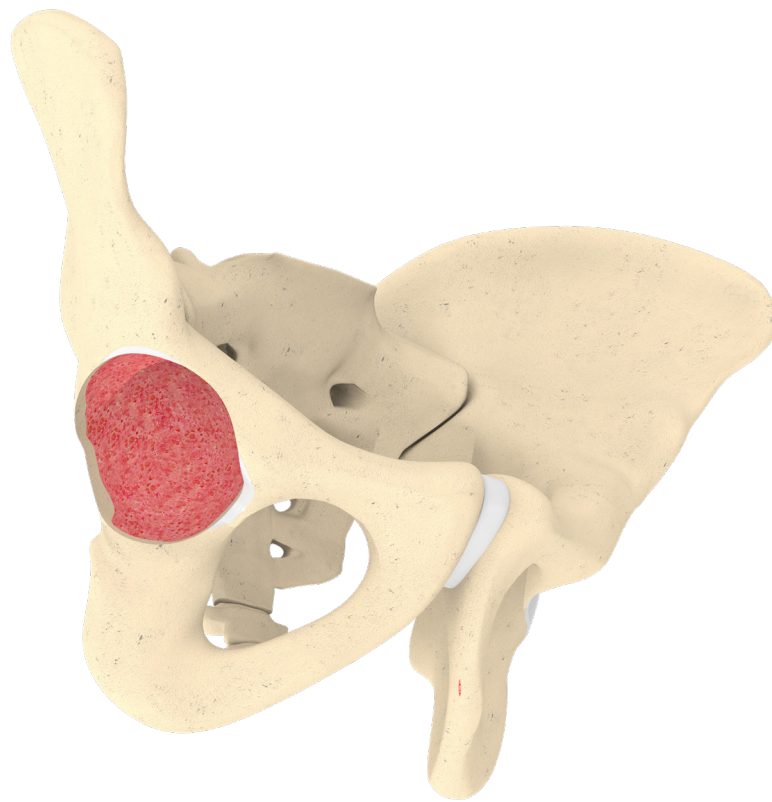


Figure 1

The existing defects have to be evaluated intraoperative very carefully. Please note the grade, position as well as the kind of the bone defect. The preparation of the acetabulum is performed via reamers with increasing diameters. After completion the defect has to be evaluated again. Please note that the defect size must be reamed according to the planned implant in terms of radius, size and depth.

SURGICAL TECHNIQUE

To prepare the acetabular bone, reamers of outer diameters in increments of 2mm are available. Align the reamer anatomically, in abduction of about 45° and anteversion of 20 - 30°. The acetabulum is prepared with the reamer until bleeding subchondral bone is reached.

The EPORE® acetabular spacer 8mm are available in sizes 46, 50, 54, 58, 62, 66 and 70mm in heights 10, 15 and 20. An additional height of 30mm starting from size 54mm is available on request. The acetabulum has to be reamed up to one of the diameters.

Please note that the posterior and anterior acetabular rim are the references for sizing and therefore should be preserved accordingly.

Sizing

Using the trial shells of the correct diameter (last reamer size), the size of the prepared implant bed is checked (Fig. 2).

The slots of the trial shells are used to investigate the bone contact between the shell and the prepared acetabulum (Fig. 2).

For the determination the size of the defect use the trial shell and the correspondent trial spacer (Fig. 3).

If necessary, the position of the components to each other should be controlled by x-ray.

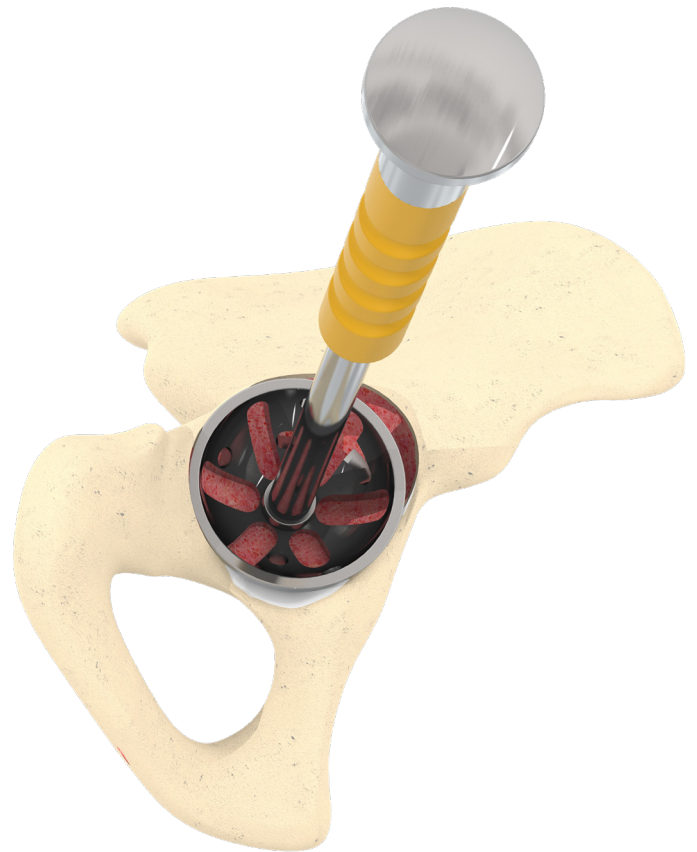


Figure 2

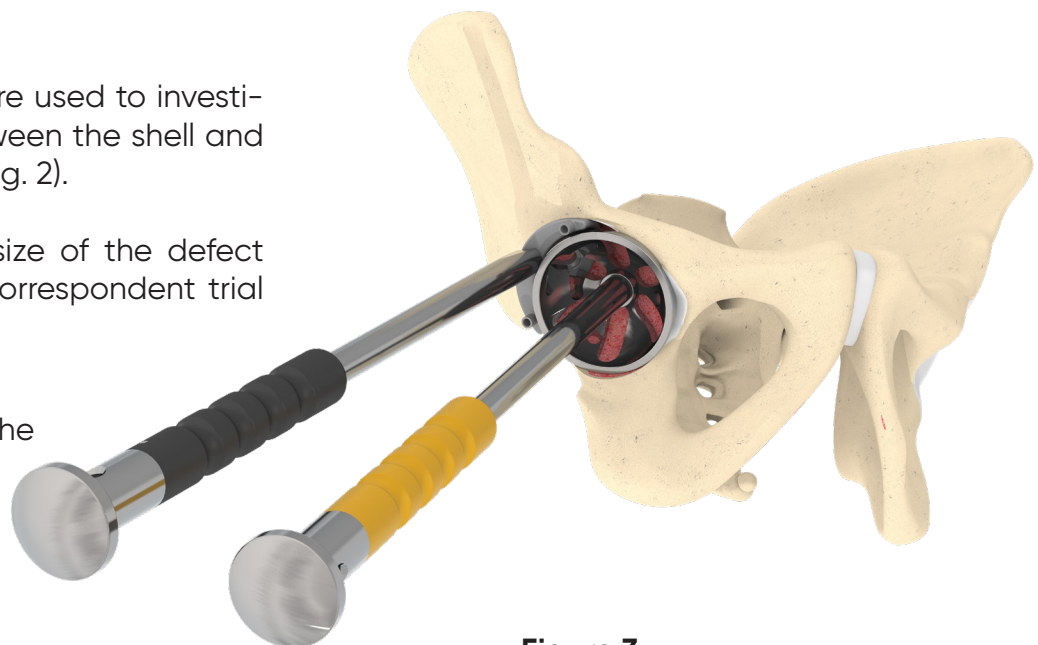


Figure 3

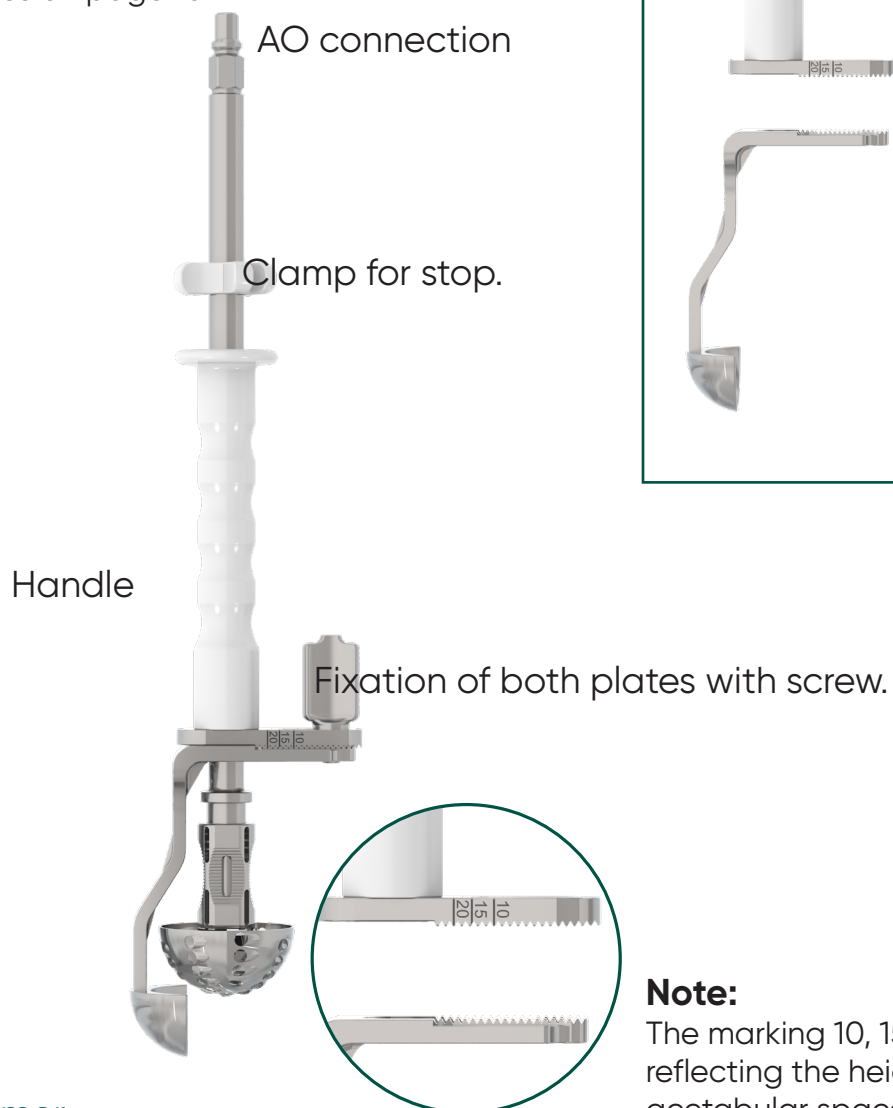
SURGICAL TECHNIQUE

Guided Preparation

The modular acetabular reamer guide is consisting of various individual parts that must be assembled accordingly as shown below.

Choose the modular acetabular reamer guide corresponding to the MUTARS® PRS size (52mm, 56mm, 60mm, 64mm, 68mm) which is planned. Size adjustment of the reaming distances by serration. The markings 10, 15, 20 are reflecting the heights of the acetabular spacer.

After the assembling of the suitable sizes start reaming. The reamer needs to have the size of the planned MUTARS® PRS. Follow the combination possibilities on page 10.



modular
acetabular reamer
guide



Note:

The marking 10, 15 and 20 is reflecting the heights of the acetabular spacers.

SURGICAL TECHNIQUE

COMBINATION MUTARS® PRS and EPORE® acetabular spacer 8mm

MUTARS® PRS reamer diameter	outer diameter MUTARS® PRS	EPORE® acetabular spacer 8mm		combination
52mm	53,6	54/10 54/15 54/20	52mm to sz. 54mm* 52/54 - 10mm 52/54 - 15mm 52/54 - 20mm	52mm to sz. 58mm 52/58 - 10mm 52/58 - 15mm 52/58 - 20mm
56mm	57,7	58/10 58/15 58/20	56mm to sz. 54mm 56/54 - 10mm 56/54 - 15mm 56/54 - 20mm	56mm to sz. 58mm 56/58 - 10mm 56/58 - 15mm 56/58 - 20mm
60mm	61,8	62/10 62/15 62/20	60mm to sz. 54mm 60/54 - 10mm 60/54 - 15mm 60/54 - 20mm	60mm to sz. 58mm 60/54 - 10mm 60/54 - 15mm 60/54 - 20mm
64mm	65,9	66/10 66/15 66/20	64mm to sz. 54mm 64/54 - 10mm 64/54 - 15mm 64/54 - 20mm	64mm to sz. 58mm 64/58 - 10mm 64/58 - 15mm 64/58 - 20mm
68mm	70	70/10 70/15 70/20	68mm to sz. 54mm 68/54 - 10mm 68/54 - 15mm 68/54 - 20mm	68mm to sz. 58mm 68/58 - 10mm 68/58 - 15mm 68/58 - 20mm

*explanation of the above presentation

52mm to sz. 54mm
(size MUTARS® PRS to size EPORE® acetabular spacer 8mm)
52/54 - 10mm (height spacer)
52/54 - 15mm (height spacer)
52/54 - 20mm (height spacer)

combination possibility - color legend

Combination is possible without restriction.

Combination is possible. In 0° position there may be contact between spacer and cup on the pole side.

SURGICAL TECHNIQUE

Combination possibility		
52mm to sz. 62mm 52/62 - 10mm 52/62 - 15mm 52/62 - 20mm		
56mm to sz. 62mm 56/62 - 10mm 56/62 - 15mm 56/62 - 20mm	56mm to sz. 66mm 56/66 - 10mm 56/66 - 15mm 56/66 - 20mm	
60mm to sz. 62mm 60/62 - 10mm 60/62 - 15mm 60/62 - 20mm	60mm to sz. 66mm 60/66 - 10mm 60/66 - 15mm 60/66 - 20mm	60mm to sz. 70mm 60/70 - 10mm 60/70 - 15mm 60/70 - 20mm
64mm to sz. 62mm 64/62 - 10mm 64/62 - 15mm 64/62 - 20mm	64mm to sz. 66mm 64/66 - 10mm 64/66 - 15mm 64/66 - 20mm	64mm to sz. 70mm 64/70 - 10mm 64/70 - 15mm 64/70 - 20mm
68mm to sz. 62mm 68/62 - 10mm 68/62 - 15mm 68/62 - 20mm	68mm to sz. 66mm 68/66 - 10mm 68/66 - 15mm 68/66 - 20mm	68mm to sz. 70mm 68/70 - 10mm 68/70 - 15mm 68/70 - 20mm

combination possibility - color legend

The spacers are too large in relation to the MUTARS® PRS.
The acetabular reamer can strike the metal modular acetabular reamer guide.

Combination is possible.

The acetabular spacer is borderline large in relation to the MUTARS® PRS. The contact surface of the modular acetabular reamer guide is too small for spacer 10mm.

SURGICAL TECHNIQUE

Guided preparation

The aim is to reduce the present defect with the aid of a guided preparation and to convert an uncontained defect into a contained defect. After compiling the appropriate sizes, the reaming process is started. The acetabular reamer must be the size of the planned MUTARS® PRS.

Place the crescent-shaped portion of the acetabular reamer guide on the opposite side of the oval defect and consequently the acetabular reamer in cranial orientation. Ream to the automatic stop.

Place the selected trial spacer with the setting instrument in the prepared acetabulum (Fig. 4) and fix it in place using the pins.

Note:

If the acetabular cup is placed in front of the EPORE® acetabular spacer, the access to the screw holes in direction of the spacer is restricted.

In parallel, use the size tester to check the press fit and compatibility of the EPORE® acetabular spacer (Fig. 5).

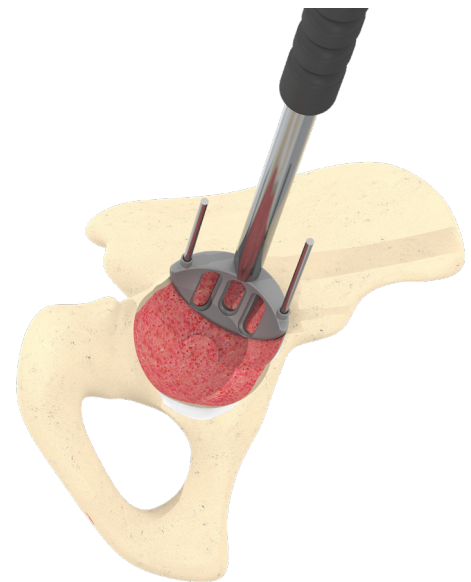
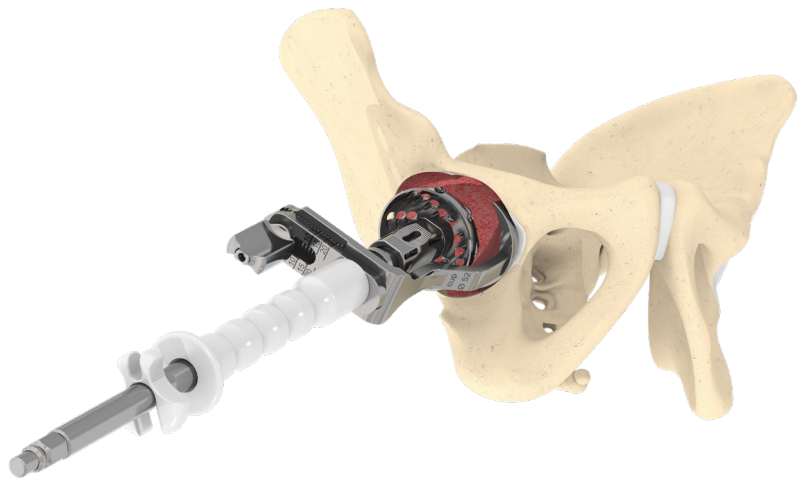


Figure 4

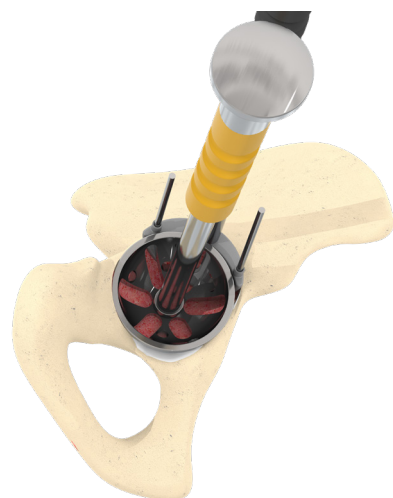


Figure 5

SURGICAL TECHNIQUE

Remove the trial shell carefully, but leave the trial spacer in place and fix the bone by the inserting of two pins (Fig. 4).

Note:

All acetabular spacers with a height of 10mm are only offering the possibility of screwing in the middle segment (Figure a).

Double check the Press-Fit and the seating by inserting the trial shell again (Fig. 5).

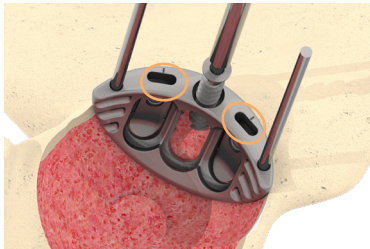


Figure a

Note:

All acetabular spacers with a height of 15, 20, 30mm are offering the possibility of screwing in all three segments (Figure b).



Figure b

Remove the trial spacer from the acetabulum but leave the two fixation pins in the acetabulum as a guide for the chosen implant (Fig. 6). Use the acetabular impactor.

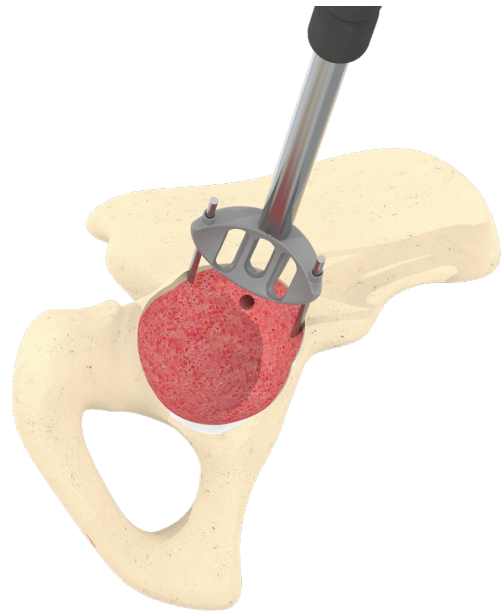
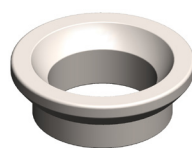
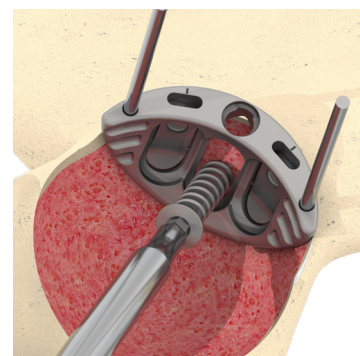


Figure 6



**shim for spongiosa screw flat
head 6.5mm**

SURGICAL TECHNIQUE

INSERTING OF THE IMPLANT

Mount the impactor to the spacer implant of the correct size. Insert the spacer over the remaining fixation pins and impact it carefully (Fig. 7).

For additional stability screws can be placed in each of the three segments of the spacer. Make sure to use only one screw per segment (vertical or transversal; Fig. 8).

Combine one of the drill bits to the flexible drill shaft and prepare the screw holes.

Make sure that only one screw (vertical or transverse; Fig. 8) is screwed into one of the three segments. It is not possible to use two screws in one segment as the screws would interfere with each other. It is possible to use the guiding pin tapered (short, medium, long - depending on the height of the acetabular spacer) as a placeholder (Fig. 8a).

For determining the screw length use the depth gauge.

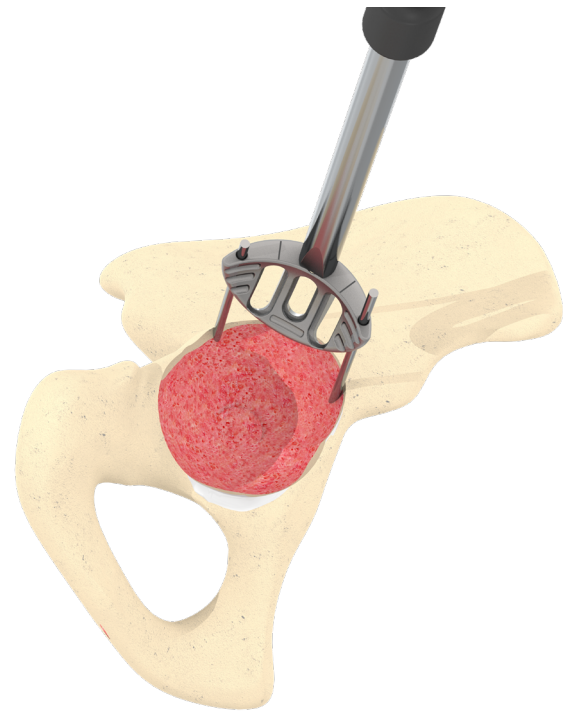


Figure 7

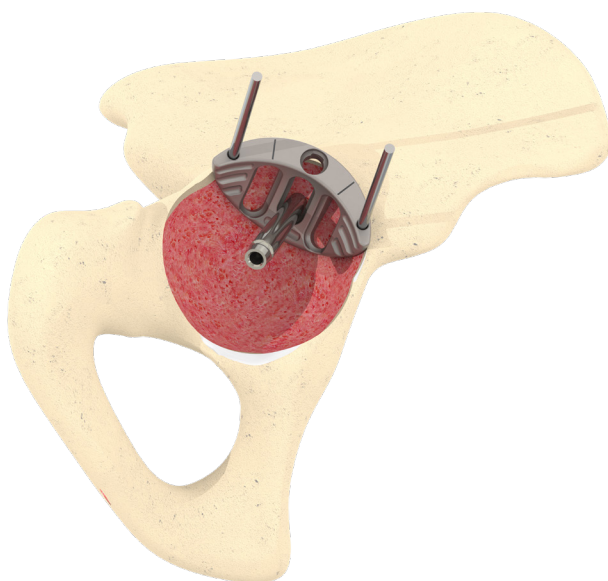


Figure 8a

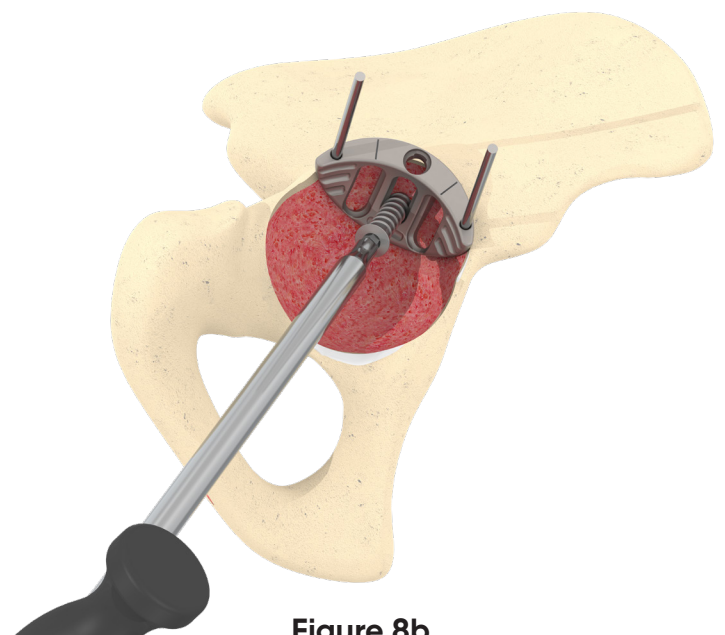


Figure 8b

SURGICAL TECHNIQUE

REMOVAL OF THE CRUNCH PLUGS

With the help of the modular levering instrument, the longitudinally oval crunch plugs can be removed from the implant if necessary (Fig. 9). The holes can be fixed with either an 8mm cancellous bone screw or a 6.5mm flat head cancellous bone screw by using a shim.



Figure 9

SURGICAL TECHNIQUE

Use of the implant (EcoFit® cup)

Before seating the Press-Fit cup please double check the position by using the trial shell.

The acetabulum spacer has to be firmly seated and fixed stable in the bone independent from the following cup implantation.

Insert the PMMA to fix the Press-Fit cup to the spacer. Use only a small amount of cement to make sure that no cement is creeping into the acetabulum which prevents the osseointegration of the EPORE® structure into the acetabulum.

Before polymerisation of the PMMA the cup has to be inserted in the correct orientation. Depending on the requirements, the drill hole of the cup can be aligned accordingly to the holes of the acetabulum spacer.

Additional screws might be used to support the fixation of the Press-Fit cup.

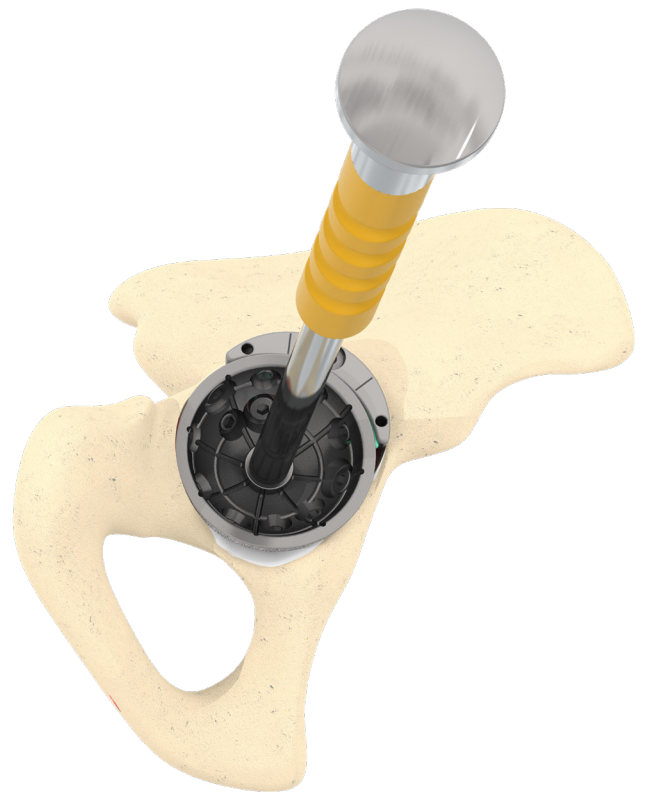
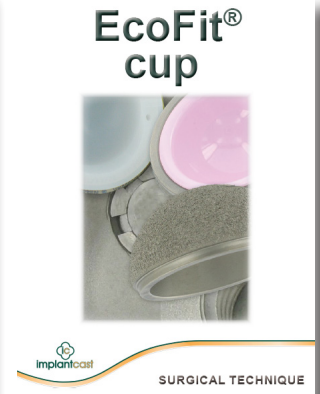
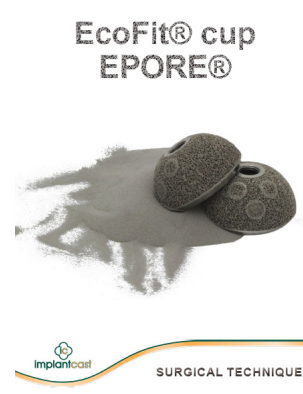


Figure 10

Note:

For detailed instructions on the use of other acetabular systems, please refer to the respective surgical technique.



SURGICAL TECHNIQUE

Use of the implant (MUTARS® PRS)

The MUTARS® PRS is the only implantcast reconstruction hip system that offers the option of combining the EPORE® acetabular spacers with an 8mm screw.

First, use the acetabular spacer trial implant and the MUTARS® PRS trial to check the alignment, position and whether a sufficient size combination has been selected for the defect.

Remove the trial components and place the selected size of the EPORE® Acetabular Spacer (in the case of drillings that are to be covered with screws, the crunch plugs must be removed outside ex situ) and fix this with two pins.

Put the K-wire in the appropriate direction in order to be able to position the 8mm screw perfectly. There is the option to use a target device that can only be used in the lateral position.

Note:

Please note here that breaking out the crunch plugs can cause sharp edges at the break ends.

Note:

Detailed information on the use of the pelvic targeting device can be found in the respective surgical technique.

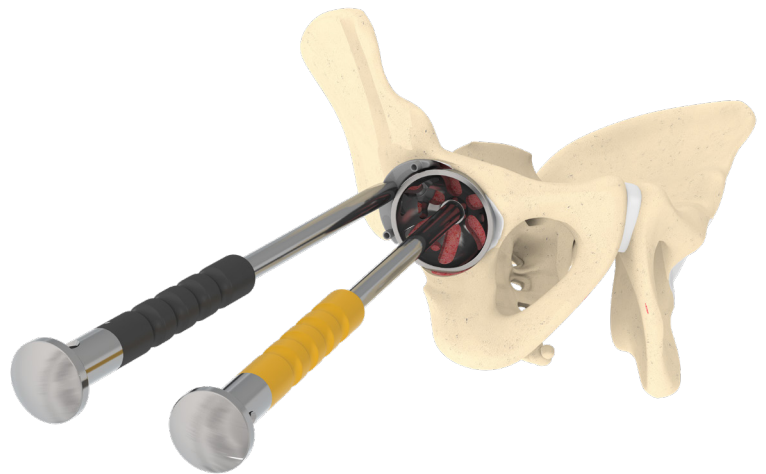


Figure 11

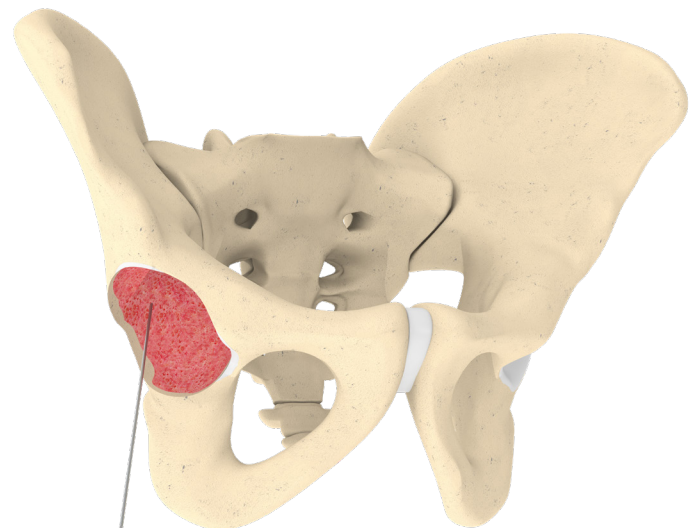


Figure 12

MUTARS®



Pelvis Targeting Device

implantcast

MUTARS® PRS



implantcast

SURGICAL TECHNIQUE

SURGICAL TECHNIQUE

Use of the implant (MUTARS® PRS)

Place the trial cup again over the K-wire to determine the correct screw position. It might be helpful to use the cup holder since it may collide with the K-wire / soft tissues. Remove the trial cup over the K-wire.

With the EPORE® acetabular spacer 8mm left in place, guide the 6mm cannulated drill over the K-wire and prepare the drill channel for the 8mm screw.

Note:

Initially, run the drill 6mm forward and then tend backward to impact rather than remove the cancellous bone and to avoid breaking the cortical bone.

Feel out the depth and determine the appropriate screw length. Leave the pins in the two outer holes of the acetabular spacer to prevent tilting.

Use if necessary additional allograft or ceramic bone substitute in the holes to prevent PMMA penetration besides the screw.

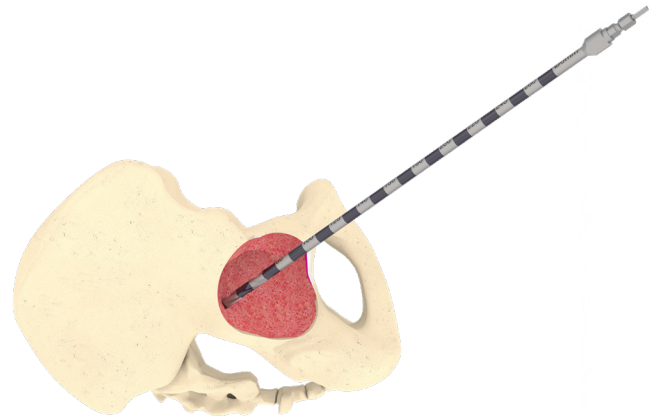


Figure 13

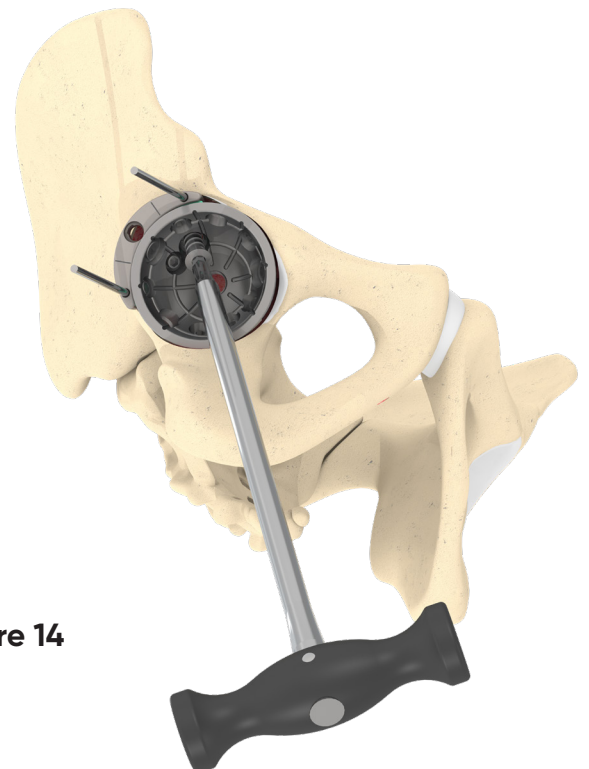


Figure 14

SURGICAL TECHNIQUE

When applying the cold PMMA to the concave contact surface of the spacer (Fig. 15), care must be taken that no cement is creeping into the acetabulum, which prevents the osseointegration of the EPORE® structure into the acetabulum.

Note:

Please note the time it takes for the bone cement to harden.

Before the bone cement is getting hard, the MUTARS® PRS implant must be inserted in the exact orientation. Insert the MUTARS® PRS implant of the previously determined size over the still set K-wire over the selected screw hole and align it accordingly. Remove the K-wire, place the 8mm screw and hand tighten. Depending on requirements, the holes in the cup can be aligned with the holes of the acetabular spacer.

Optionally, additional screws can be inserted to fix the MUTARS® PRS, provided that the positions of the holes allow this. It is recommended to remove the plugs ex situ.

Note:

The 8mm cancellous screw pulls up towards the acetabulum spacer. Subsequent hammering of the MUTARS® PRS is not recommended.



Figure 15

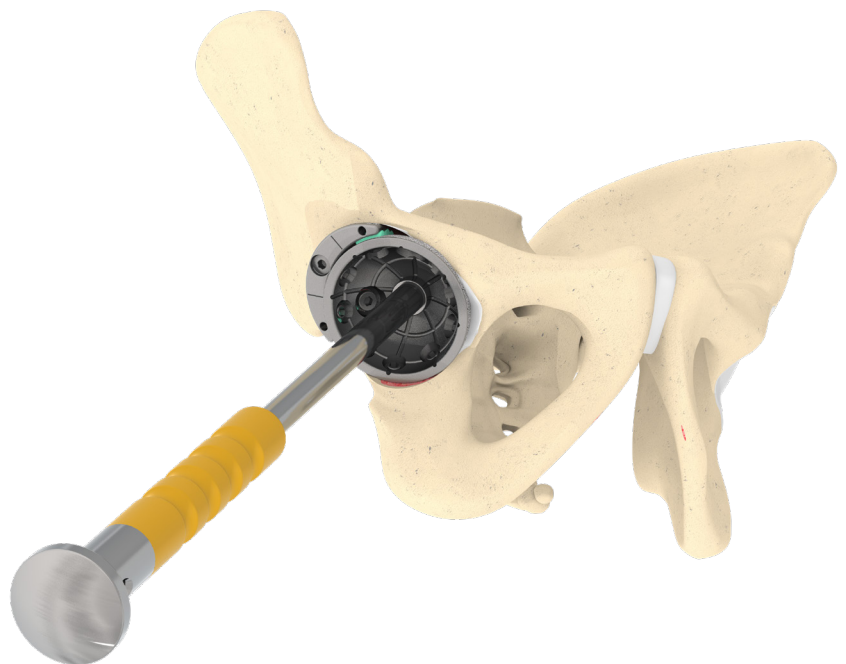


Figure 16

SURGICAL TECHNIQUE

Usage of the Implantat (MUTARS® RS Cup)

The acetabulum spacer has to be firmly seated and fixed stabile in the bone independent from the following cup implantation. (Fig. 17).

Before inserting the cup implant the alignment and the position must be checked again with the MUTARS® RS cup trial cup (Fig. 18).

Mark the position of the caudal flange through the slot of the trial cup and prepare the bone for the flange by using the small chisel first (Fig. 19).

Note:

Further surgical steps can be taken from the surgical technique MUTARS® RS cup.

By applying the bone cement on the concave cup contact area, it must be looked after that the cement is not wearing into the acetabulum, so that the ingrowth of EPORE® structure into the bone is not impeded.

Before cement hardening the cup has to be inserted in the correct direction. Depending on the requirements the drill hole of the cup can be aligned accordingly to the holes of the acetabulum spacer.

Additional screws might be used to support the fixation of the Press-Fit cup.

Note:

Cement which has been leaked through the unsealed holes must be completely removed before placing the inserts.

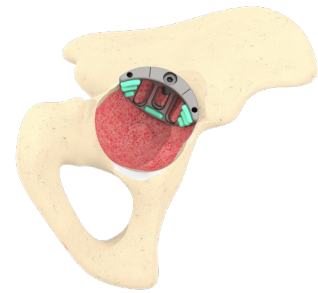


Figure 17

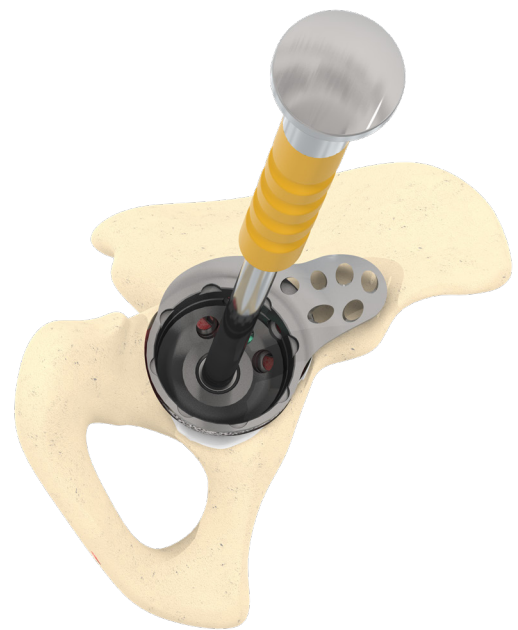


Figure 18

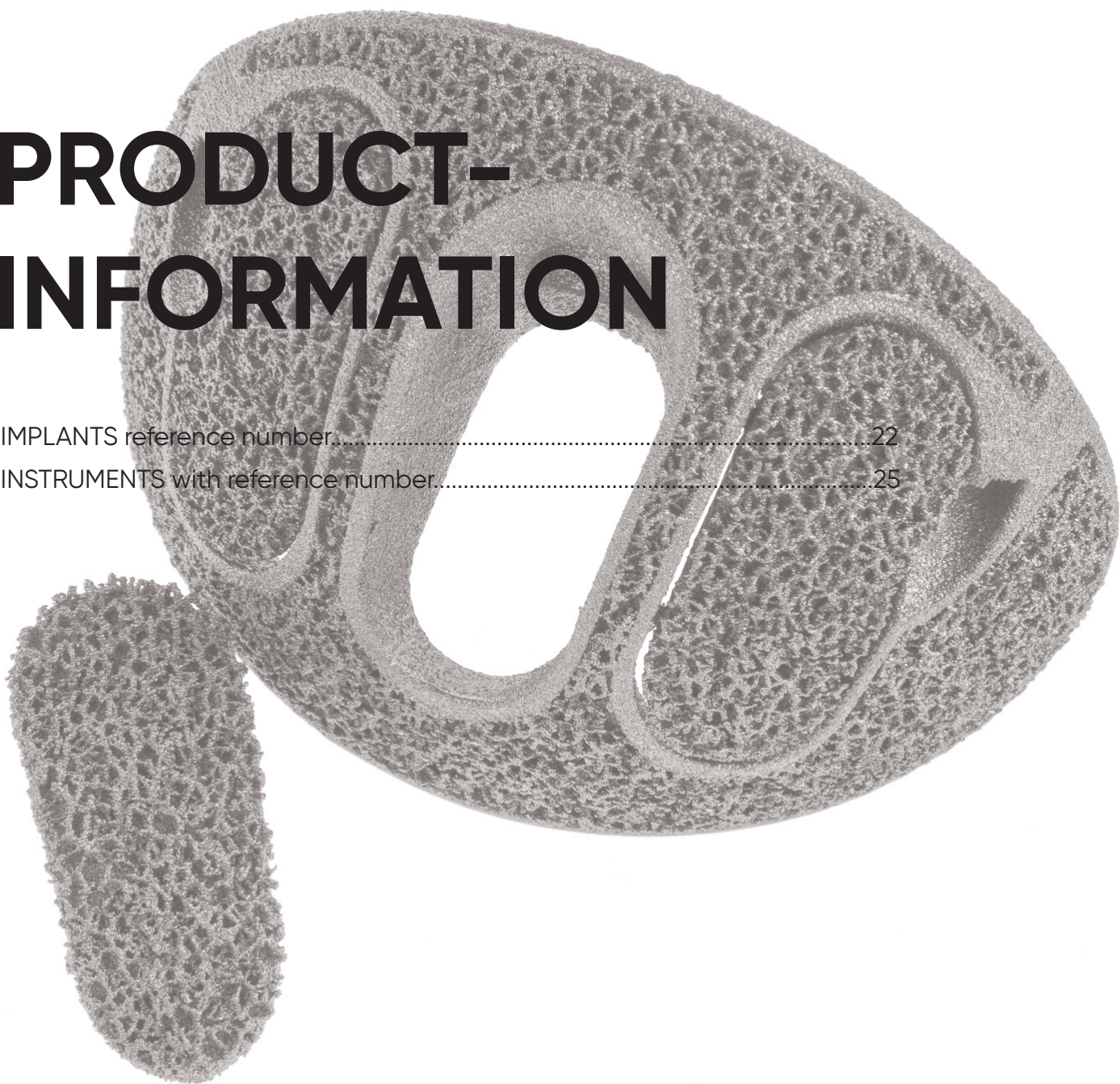


Figure 19

EPORE[®] acetabular spacer

PRODUCT- INFORMATION

IMPLANTS reference number.....	22
INSTRUMENTS with reference number.....	25



IMPLANTS

EPORE[®] acetabular spacer 8mm

mat.: TiAl₆V₄ with EPORE[®]

REF	size
0296-4610	46/10
0296-4615	46/15
0296-4620	46/20
0296-5010	50/10
0296-5015	50/15
0296-5020	50/20
0296-5410	54/10
0296-5415	54/15
0296-5420	54/20
0296-5430*	54/30
0296-5810	58/10
0296-5815	58/15
0296-5820	58/20
0296-5830*	58/30
0296-6210	62/10
0296-6215	62/15
0296-6220	62/20
0296-6230*	62/30
0296-6610	66/10
0296-6615	66/15
0296-6620	66/20
0296-6630*	66/30
0296-7010	70/10
0296-7015	70/15
0296-7020	70/20
0296-7030*	70/30



***Note:**

The EPORE[®] acetabular spacer 8mm in height 30mm does not belong to our standard and have to be ordered separately with a corresponding lead time.

IMPLANTS

spongiosa screw Ø 8mm

mat.: implatan[®], TiAl₆V₄ nach ISO 5832-3

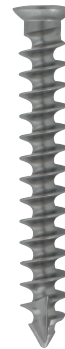
REF	length
0287-0070	8x70mm
0287-0080	8x80mm
0287-0090	8x90mm
0287-0100	8x100mm



spongiosa screw flat head Ø 6.5 mm

mat.: implatan[®], TiAl₆V₄ acc. to ISO 5832-3

REF	length
0280-1015	15mm
0280-1020	20mm
0280-1025	25mm
0280-1030	30mm
0280-1035	35mm
0280-1040	40mm
0280-1045	45mm
0280-1050	50mm
0280-1055	55mm
0280-1060	60mm
0280-1065	65mm
0280-1070	70mm
0280-1075	75mm
0280-1080	80mm

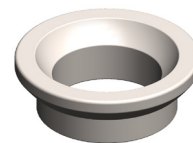


shim for EPORE[®]

acetabular spacer 8mm

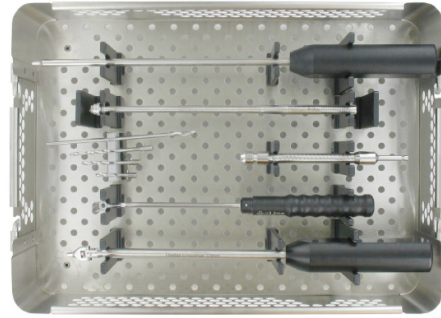
mat.: implatan[®], TiAl₆V₄ nach ISO 5832-3

REF
0296-0006

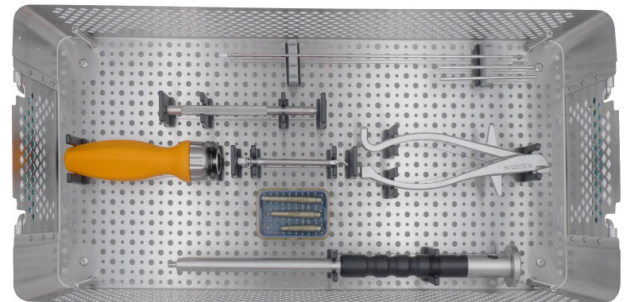


INSTRUMENTS

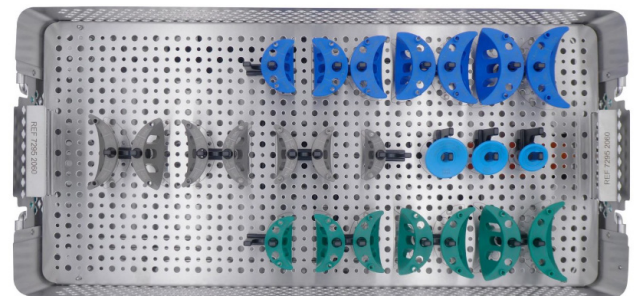
screw instrument container
79997001



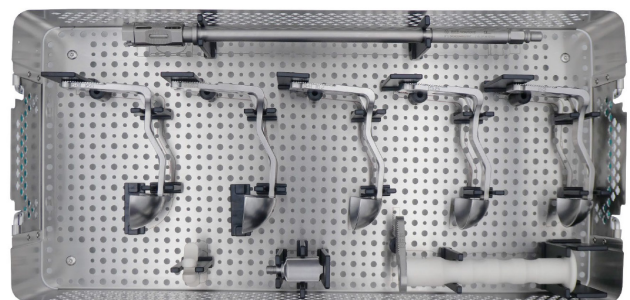
EPORE® acetabular spacer
8mm container (upper layer)
72952060



EPORE® acetabular spacer
8mm container (bottom layer)
72952060



modular acetabular reamer guide
container
02960004



INSTRUMENTS

CONTAINER 79997001

flexible screw driver 3,5mm

02701002



screw driver long

02801006



depth gauge

02821007

alternative: 02821009

depth gauge two-piece



angled drill guide 3,2mm

02821001



flexible drill shaft

02821000

alternative: 367-1457

Flexi-Bit shaft, length 110 mm

alternative: 02822120

flexible drill shaft ic



drill bit

02821003 3,2 x 35mm

02821005 3,2 x 56mm

02821070 3,2 x 70mm

alternative:

02823240 3,2mm x 40mm

02823260 3,2mm x 60mm

drill bit

alternative:

02320040 Ø 3,2/40mm

02320060 Ø 3,2/60mm

drill bit with depth marking



drill

42210019 126 x 3,2mm



INSTRUMENTS

CONTAINER 72952000

trial for EPORE® acetabular spacer 8mm

02974610	size 46/10
02974615	size 46/15
02974620	size 46/20
02975010	size 50/10
02975015	size 50/15
02975020	size 50/20
02975410	size 54/10
02975415	size 54/15
02975420	size 54/20
02975810	size 58/10
02975815	size 58/15
02975820	size 58/20
02976210	size 62/10
02976215	size 62/15
02976220	size 62/20
02976610	size 66/10
02976615	size 66/15
02976620	size 66/20
02977010	size 70/10
02977015	size 70/15
02977020	size 70/20



levering instrument for crunch plug EPORE® acetabular spacer 8mm 02970000



ratchet handle RIV-10-11-02DB



Note:

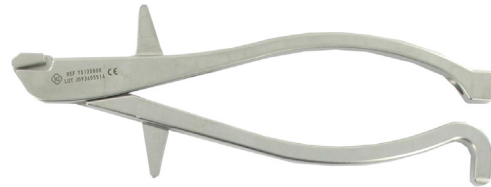
EPORE® acetabular trial spacer height 10mm: color grey
EPORE® acetabular trial spacer height 15mm: color green
EPORE® acetabular trial spacer height 20mm: color blue

INSTRUMENTS

EPORE® acetabular impactor
72951000



pin extractor
75120800



**fixations pin 3,2mm x 300mm
with 15mm threaded**
42240034



**fixation pin 3,2mm x 97mm
(2 pcs.)**
42230008



pin inserter 3,2 mm
42230006



guiding pin tapered
02920010 short
02920020 medium
02920030 large



trial for ic-restrictor acetabulum
02950126 26mm
02950132 32mm
02950138 38mm



Note:
The EPORE® acetabular spacer 8mm height 30mm are not belonging to the standard and have to be ordered extra with corresponding preliminary time.

INSTRUMENTS

CONTAINER 02960004

modular acetabular reamer guide

- 02920052 Ø 52mm
- 02920056 Ø 56mm
- 02920060 Ø 60mm
- 02920064 Ø 64mm
- 02920068 Ø 68mm



modular acetabular reamer guide fixation screw

02920005



modular acetabular reamer guide handle

02920004



modular acetabular reamer guide mechanical stop clip

02920003



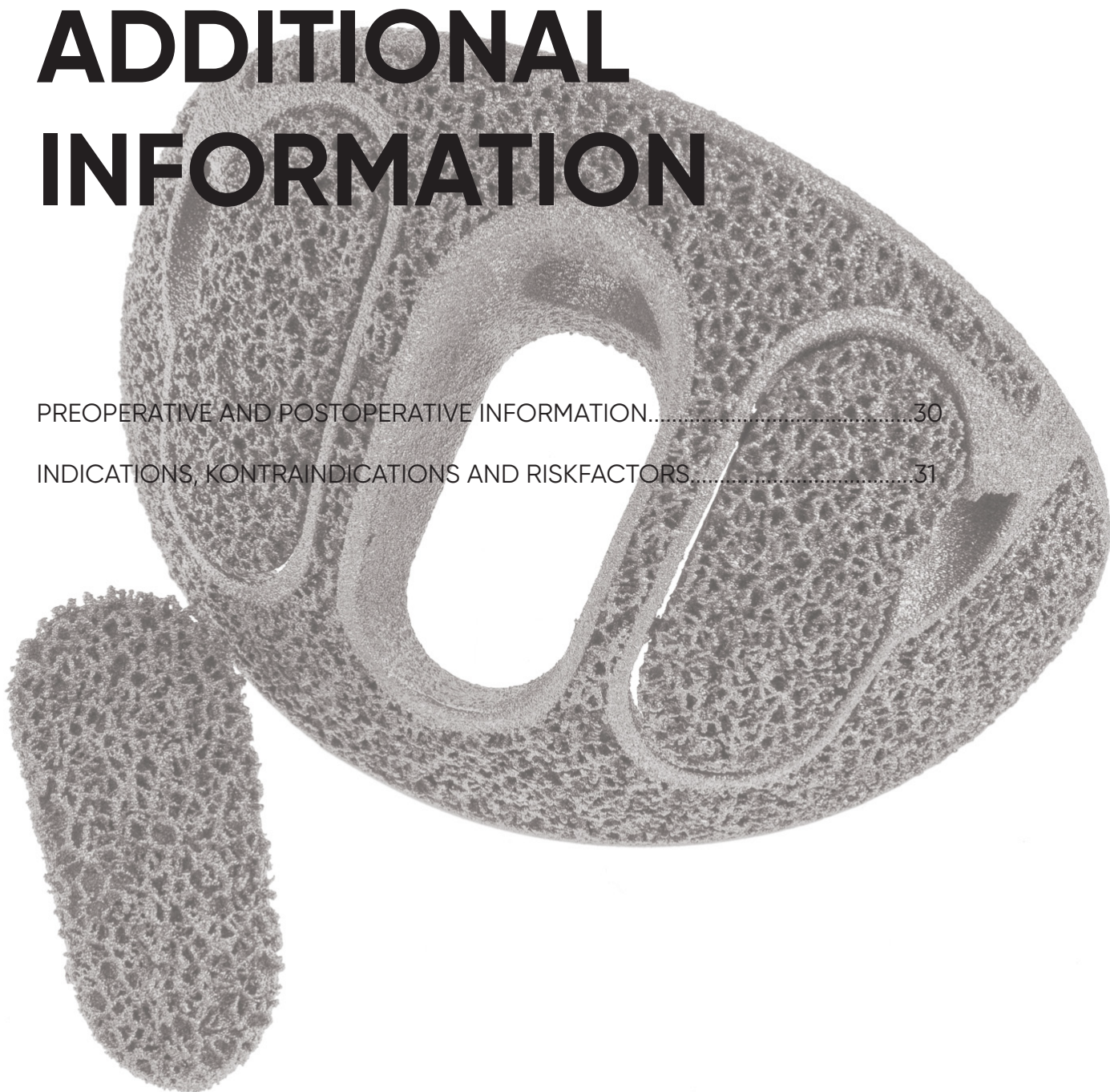
modular acetabular guide shaft

02920002



ADDITIONAL INFORMATION

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PREOPERATIVE AND POSTOPERATIVE INSTRUCTIONS

Intended Use:

The EPORE® acetabular spacer is intended for use in total hip arthroplasty to fill and replace bone defects in the acetabulum with the use of screws. It is intended for bone-side cementless and implant-side cemented fixation. The EPORE® acetabular spacer 8mm is intended for use in total hip arthroplasty to fill and replace bone defects in the acetabulum with the use of screws. It is intended for bone-side cementless and implant-side cemented fixation. When optionally using Spongiosa Screw Flat Head 6.5mm in one of the slotted holes, the appropriate shim for EPORE® acetabular spacer 8mm has to be used.

Intended Use spongiosa screw flat head Ø6.5mm/spongiosa screw Ø8mm

Bone Screws are intended for screwing into the bone for primary and/or permanent stable anchorage of an implant in case of inadequate primary stability.

Preoperative Instructions:

A preoperative planning is mandatory for optimal results. Before surgery a surgical planning with regard to the dimensions of the prosthetic model and the positioning of the implant components in the bone has to be carried out by the surgeon.

For this purpose, x-ray templates are available:

Digital templates: Digital templates are included in the data base of the common planning systems. For missing templates, please contact the provider of the planning software and request for these templates.

Radiographic templates: Alternatively, radiographic templates are available in various scale factors, which can be obtained from your local representative.

The surgeon must ensure that:

- all needed components are available during surgery. An adequate number of all necessary implant components will be available during surgery. It should be determined whether the implantation should be done cemented or cementless.
- all instruments necessary will be present for surgery and that they match the implants being used. Only instruments designed for use with the implant system by implantcast GmbH should be used. An exception are exclusively the standardized instruments used during surgery.
- The correct sized instruments are used during surgery to prevent damage to the implants.

Post-operative Instructions:

Post-operative patient care, patient instructions and warnings are of the utmost importance. The use of an external support of the operated extremity for a limited period is recommended. Active and passive movements of the operated extremity should be monitored.

The post-operative regime should be aimed at the prevention of overloading of the operated extremity and stimulation of the healing process.

Regular monitoring of the position and condition of the prosthetic components and the surrounding bone is recommended.

INDICATIONS/CONTRAINDICATIONS

Indications:

The decision for replacement of the joint should be based on careful evaluation. The indication for this type of surgery should only be made when all other conservative or surgical alternatives are less promising.

Danger of post-operative complications can be limited by careful evaluation of the individual anatomical and load conditions, the condition of the soft tissues and the condition of the bone bed for the implants.

The provision of metal augments is generally indicated only in patients whose skeleton is fully grown.

Before intervention, preoperative examinations should be performed. The examinations depend on the patient's medical history.

Under consideration of these conditions, for the hip joint replacement with the EPORE® Acetabular Spacer, EPORE® Acetabular Spacer 8mm in the acetabular area apply to the following indications:

- non-inflammatory degenerative joint disease including osteoarthritis and avascular necrosis,
- post-traumatic osteoarthritis,
- fractures,
- rheumatoid arthritis,

The following indication applies to the EPORE® acetabular spacer, EPORE® acetabular spacer 8mm:

- acetabular bone defects

The indications of the corresponding endoprosthesis system must also be considered.

Contraindications:

The longevity of an orthopaedic implant can be reduced by biological aspects, material characteristics and biomechanical factors. Therefore, a careful examination of the indications is recommended in overweight patients, in patients with very high joint loads due to high physical activity as well as in patients younger than 60 years.

The metal augments are contraindicated in cases of:

- Allergy to one of the implant materials. (The label on the secondary packaging of the respective component indicates the materials used. It is strongly recommended to perform an allergy test.)
- Ongoing infections.
- Physiological or anatomic conditions, which preclude or are not expected to maintain an adequate bony support of the implant or do not allow the implantation of a sufficiently large prosthesis
- Bone tumors (metastases) in the implant fixation area,
- untreated vascular diseases which limit blood supply to the affected limb,
- metabolic disorders that may impair bone formation.

In case of insufficient quantity and quality of bone stock, an alternative prosthetic treatment allowing for sufficient bony fixation should be considered.

The contraindications of the corresponding endoprosthesis system must also be considered.

RISKFACORS

Risk factors

The following risk factors may affect the success of the metal augments:

- excessive loading of the operated joint by strong physical work and/or inappropriate sports,
- severe deformities which lead to an impairment of bone fixation or the exact positioning or the function of the implant,
- therapies that may affect bone quality,
- muscle insufficiency,
- neuromuscular diseases of the affected limb,
- conditions that restrict the patient's ability or willingness to comply with medical instructions, especially during the healing process,
- Obesity,
- nicotine and/or drug abuse,
- alcoholism,
- previous surgeries on the affected limb,
- diabetes,
- psoriasis
- Intra-articular injection of corticosteroids

Note compatibility:

The EPORE[®] acetabular spacer 8mm are interchangeable in every size of the ic acetabular cup systems (EcoFit[®] acetabular cup system; EcoFit[®] EPORE[®] acetabular cup, EcoFit[®] 2M acetabular cup, PE acetabular cup Müller II), as well as with the MUTARS[®] PRS system. Furthermore, they can be used in combination with each other and are to be affixed with bone cement. Depending on different radii and sizes or the positioning, different cement layer thicknesses can arise. It should be noted that biomechanically unfavorable properties of PMMA might occur, if the bone cement thickness is over 4mm. Therefore, the thickness of the connecting layer should be aimed not to be more than 4mm. The choice of implant combinations depends on the indications and the existing defect.

The osseous fixation of the EPORE[®] acetabular spacer 8mm is cementless with the use of the spongiosa screws.

The following screws may be used for the three segments/long holes:

- Either spongiosa screw 8mm or
- Spongiosa screw flat head 6.5mm with corresponding shim for EPORE[®] acetabular spacer 8mm.

Care should be taken to place only one screw at a time into one of the segments of the EPORE[®] acetabular spacer 8mm. The use of two screws in one segment is not allowed.

The spongiosa screws flat head 6.5mm can be screwed into the side holes.



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