EVERGLADE



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Introduction

The Signature Orthopaedics Everglade stem is a Ti6Al4V dual-tapered stem with a lateral shoulder and proximally plasma-spray coated to promote bone ongrowth. The Signature Orthopaedics Everglade Instrument system is an instrument set for implantation of the Signature Orthopaedics Everglade cementless hip stem. The Everglade instrument set features a modular broach handle that quick-connects to several instrument attachments to reduce the overall number of instruments and reduce the size and weight of the instrument tray.

Indications

Components of the Signature Orthopaedics hip replacement range are intended to replace a hip joint where bone stock is sufficient to support the implant. When a surgeon has selected prosthetic replacement as the preferred treatment, the devices are indicated for:

- Non-inflammatory degenerative joint disease including osteoarthritis or avascular necrosis
- Inflammatory joint disease including rheumatoid arthritis
- Correction of functional deformity including congenital hip dysplasia
- Traumatic injury involving the hip joint including traumatic arthritis or femoral head or neck fracture
- Failed previous hip surgery including internal fixation or joint fusion, reconstruction, hemiarthroplasty, surface replacement, or total replacement
- Dislocation risks (when used with SignaSure range)

Signature Orthopaedics' Origin, Everglade, Remedy, Origin-NS, Pegasus, Spartan, World and Everglade Hip femoral stems, SignaSure Cementless Cups, Logical and World Acetabular Cups are intended for cementless fixation only. Signature Orthopaedics' Evolve, Cemented TSI (both CoCr and HNSS variants), and Cemented Origin femoral stems and SignaSure Cemented Cups are intended for cemented fixation only. Signature Orthopaedics' SignaSure Logical/World Metal Insert is indicated for use with a cementless Signature Orthopaedics' Logical/World Acetabular Cup to provide dual mobility articulation.

Signature Orthopaedics' constrained liner components are indicated particularly for patients at high risk of hip dislocation due to a history of prior dislocation, bone loss, joint or soft tissue laxity, neuromuscular disease or intraoperative instability.

Signature Orthopaedics' Evolve UniPolar Head and BiPolar Head are intended for hemi-hip arthroplasty only, where the natural acetabulum does not require replacement. The Evolve UniPolar Head and BiPolar Head are indicated for bone fractures or pathologies involving only the femoral head/neck and/or proximal femur, such as:

- Acute femoral head or neck fracture
- · Fracture dislocation of the hip
- · Avascular necrosis of the femoral head
- · Non-union of femoral neck fractures
- Certain high subcapital and femoral neck fractures in the elderly
- · Degenrative arthritis involving only the femoral head

Contraindications

In general, prosthetic components require adequate bone support for correct fit and function. The use of prosthetic components is therefore contraindicated where any pathological condition may reduce the quantity and or strength of the bone which is supporting the prosthesis. Some contraindications are relative to the extent and severity of conditions and the benefits of prosthetic arthroplasty should be considered based on the patient's overall evaluation and the possibility of alternative treatment.

Examples of such conditions include; osteoporosis, osteomalacia, osteogenesis imperfecta, or hypophosphatemia. Other contraindications include:

- Conditions limiting blood supply to the bone or joint.
- · Systemic or local infection.
- · Previous high dose radiotherapy.
- Psychological or neurological conditions which would restrict the patient's ability or compliance in restricting physical activity.
- · Skeletal immaturity.
- Conditions or activity which may place excessive load on the components such as; obesity, muscle, tendon & ligament deficiencies, multiple joint disabilities, and Charcot joints.

The Signature Ceramic Femoral Head (containing Zirconia) is contraindicated for use with any other than an UHMWPE cup or a metal backed UHMWPE cup. This head must only be used with Logical™ Cup with a UHMWPE Logical™ Liner. The Signature Orthopaedics' constrained liners are contraindicated particularly for active patients. Signature Orthopaedics' constrained liners are also contraindicated for use with the Signature Orthopaedics Origin-NS stem and Cemented TSI stem due to decreased range of motion

Signature Orthopaedics' Cemented TSI and Cemented Origin Stems are contraindicated for use with CoCr femoral heads due to a potential risk of increased fretting corrosion.

Everglade Stem Features

Cementless Hip Stem

- Material and coating (Ti6Al4V with titanium plasma spray coating).
- Threaded proximal feature aids in positioning and removal.

1. Standard and High offset versions

2. 12/14 Taper

3. Low-profile lateral shoulder

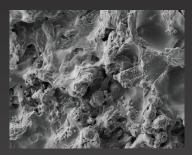
Enables insertion in reduced insertion techniques, including anterior approach.

4. Tapered geometry

Wedge-shaped stem initial fixation and proximal bone loading.

5. Titanium Plasma Spray Coating

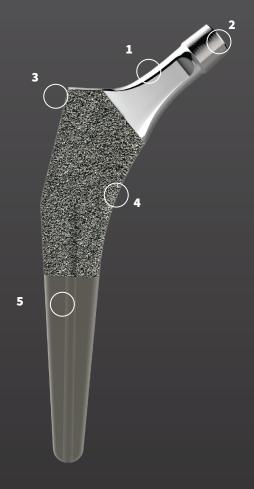
- Tensile Strength > 22MPa
- Shear Strength > 22MPa
- Coating Thickness 70-130 microns.



Everglade coating x100

6. Reduced distal option*

- An option for cases where there are concerns over the distal loading of the femur.
- Provides surgical options to cater for a range of patients.

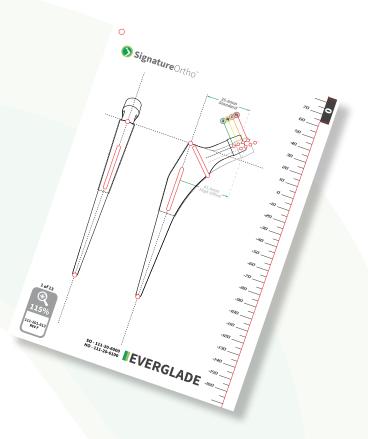


1

Preoperative Planning

Everglade X-Ray templates can be used over anterior/posterior and lateral radiographs to help determine the correct size to restore the patient's anatomy.

Templates are 115% magnification.

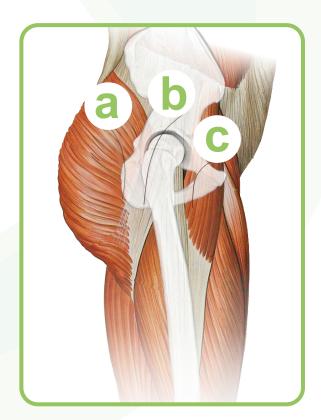


2

Preoperative Planning

The Everglade stem can be used with any surgical approach that the surgeon selects.

- a. Posterior approach
- b. Posterolateral/anterolateral approach
- c. Anterior approach



Note:

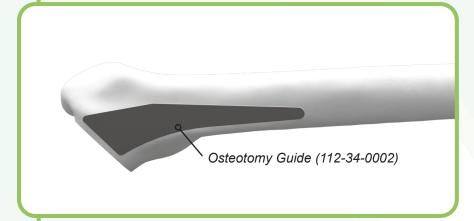
Prior to the following steps, complete all steps detailed in 111-12-0003 for the Logical acetabular cup implantation.





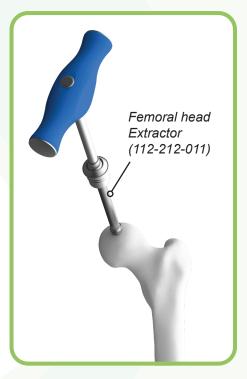
Femoral Neck Resection

The osteotomy guide should be used in conjunction with preoperative planning, to determine the level of the femoral neck resection. This can be performed in multiple steps, depending on surgeon preference.



Optional technique:

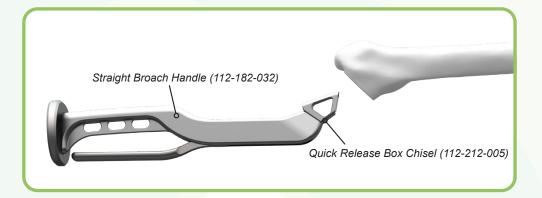
The femoral head extractor may be used with the T-handle or under power to aid in the removal of the resected head, especially during an anterior approach technique.





Femoral Preparation

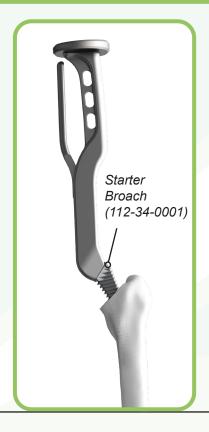
Enter the femoral canal as laterally as possible with the Box Osteotome to initiate access to the medullary canal. The Canal Reamer may be used as needed to open the natural axis of the femoral canal for broach preparation.



Optional technique:

While the Everglade system is intended to be a broach-only system, the Everglade instrument tray contains instruments for optional use to assist in proper axial alignment along the femoral canal and to induce lateral bias where needed:

- a. Starter broach induces lateral bias by rasping beneath the greater trochanter
- b.Canal reamer creates a guide hole for the distal end of the trochanteris reamer
- **c.**Trochanteric reamer removes trochanteric bone tissue laterally to assist neutral alignmen with the femoral axis during broaching



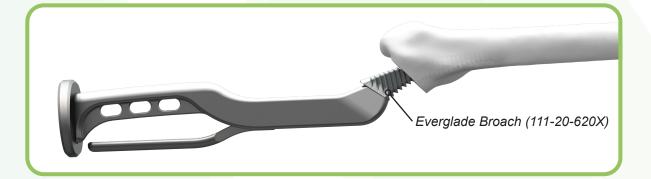






Broaching

The broach should run parallel to the posterior cortex following the natural anatomy of the femur. Begin with the smallest broach and increase the size of the broach sequentially until longitudinal and rotational stability is achieved: broaching should then be stopped. Careful preoperative planning is key to help selection of the final broach size. The version will be determined be the natural version of the femur.



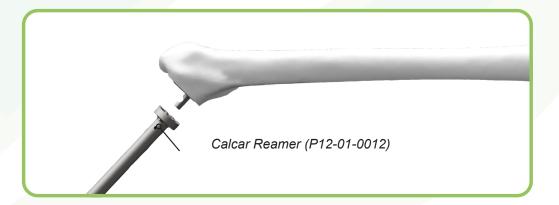
Note:

Refer to **Appendix:Broaching Techniques and Tips** for detail on the theory of compaction broaching, why this technique is used for Everglade stems, and how to form a bed of compacted bone.



Calcar Reaming

With the broach in situ, use the Calcar Reamer to achieve a flat resection surface. Slide the reamer over the broach quick connect fitting to maintain the resection angle. Carefully advance the reamer towards the broach face and into the resected edge of the femur until it bottoms out against the broach face.





Trial Reduction

With the final broach still in situ, attach the appropriate trial neck and trial head. Reduce the hip and assess what adjustments, if any, are required to provide stability through a full range of motion. Remove the trial head, trial neck and final broach. DO NOT irrigate or dry the femoral canal. This will help to preserve the compacted cancellous bone quality and may encourage biological fixation of the stem.





Instrument identification:

Trial heads are colour coded based on offset.

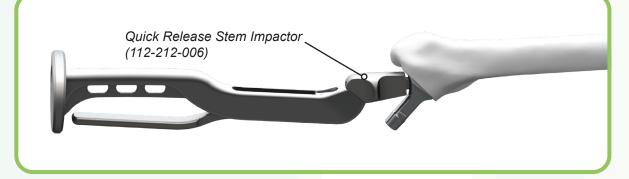
Refer to Everglade Implants Sizing Guide in this surgical technique for more details.



Femoral Component Insertion

When implanting the definitive stem (same size as final broach) in the femoral canal, ensure that it is directed in by hand. This will help avoid changing the version as a precautionary measure. There should be no more than 15-20mm between the resection line and the top of the porous coating on the stem. If the stem does not readily go down this far, the surgeon should broach again. Once the stem is placed, lightly tap the stem impactor to fully seat. DO NOT over-impact as this may lead to splitting of the femur.





Instrument operation:

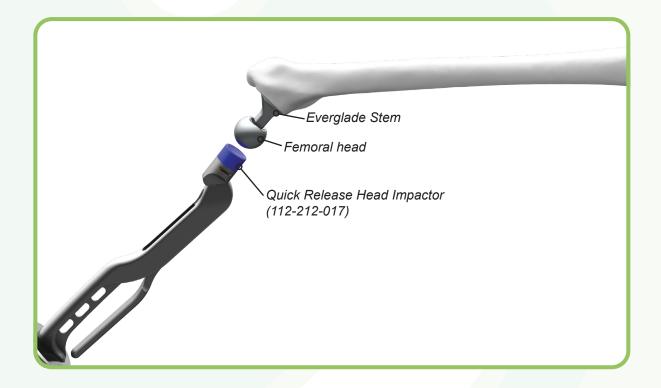
To connect the Everglade stem to the stem positioner, first slide the inner shaft of the positioner through the outer shaft, spinning the strikeplate so the inner shaft threads in and falls through. Turn the threaded tip of the inner shaft into the female threads on the Everglade stem until a snug hold is achieved to prevent damage to the threads.

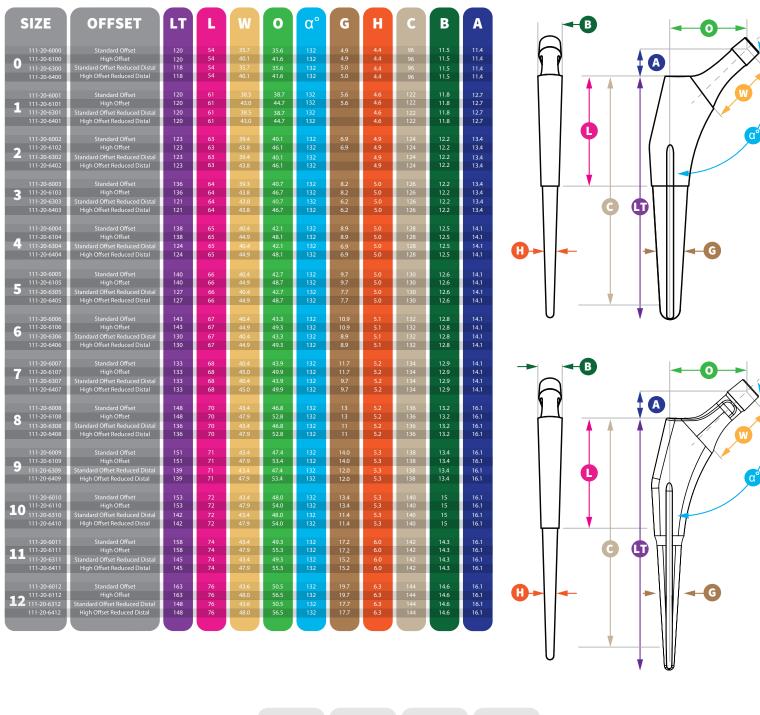




Femoral Head Impaction

A final trial reduction is carried out to confirm joint stability and range of motion. Clean and dry the stem taper to remove any particulate matter or debris. Place the femoral head onto the taper and lightly tap it using the head impactor. Ensure that bearing surfaces are clean and finally reduce the hip.



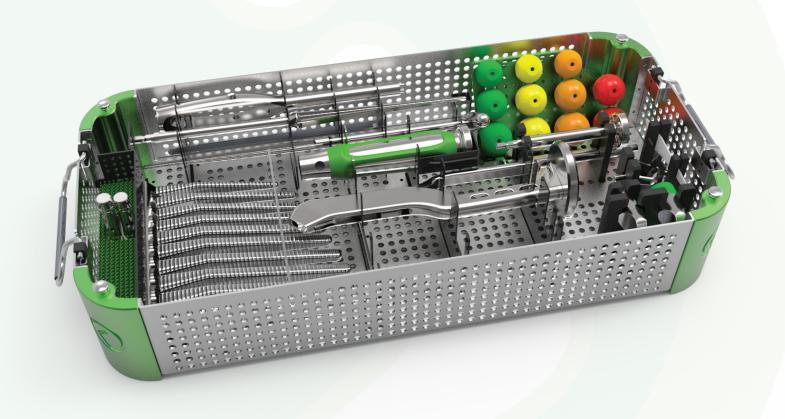


		Ø28		Ø32		Ø36		Ø40
Stainless Steel	-3.5	111-152-011 111-152-611 111-152-111	-4.0	111-152-021 111-152-621 111-152-121	-4.0	111-152-031 111-152-631 111-152-131	-4.0	111-152-041 111-152-641
CoCr Ceramic	+0.0	111-152-012 111-152-612	+0.0	111-152-022 111-152-622	+0.0	111-152-032 111-152-632	+0.0	111-152-042 111-152-642
Stainless Steel CoCr Ceramic	+3.5	111-152-112 111-152-013 111-152-613	+4.0	111-152-122 111-152-023 111-152-623	+4.0	111-152-132 111-152-033 111-152-633	+4.0	111-152-043 111-152-643
Stainless Steel CoCr Ceramic		111-152-113	+7.0	111-152-123 111-152-024 111-152-624	+8.0	111-152-133 111-152-034 111-152-634	+8.0	111-152-044 111-152-644
Stainless Steel				111-152-124		111-152-134		

*Reduced distal is USA only

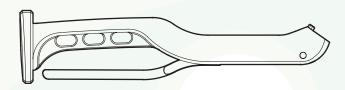


Everglade Instrument Tray



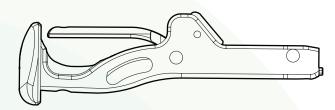
Straight Broach Handle

112-182-032



Short Broach Handle

112-25-0146



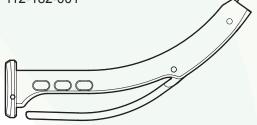
Calcar Reamer

P12-01-0012



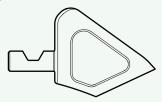
Curved Broach Handle





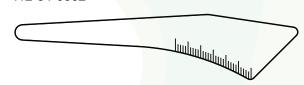
Quick Release Box Chisel

112-212-005



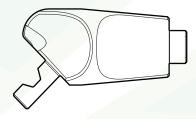
Osteotomy Guide

112-34-0002



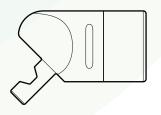
Quick Release Stem Impactor

112-212-006



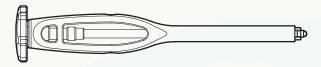
Quick Release Head Impactor

112-212-017



Stem Positioner

112-182-027 Outer 112-182-028 Inner



Modular Stem Impactor

112-25-0080 Curved 112-25-0092 Offset 112-25-0093 Bullet Tip



Trochanteric Canal Reamer

112-212-022



IM Drill

112-182-087



Starter Broach

112-34-0001

Stem Positioner UniBody

112-212-026



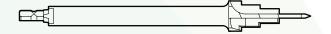
Canal Reamer

112-212-023



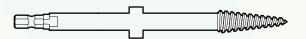
Stepped Entry Reamer

112-162-001



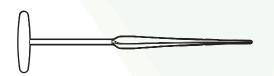
Femoral Head Extractor

112-182-117



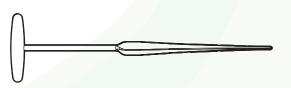
Small Tapered Pin Reamer

112-182-013



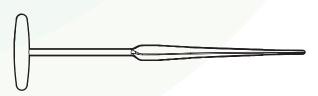
Large Tapered Pin Reamer

112-182-144

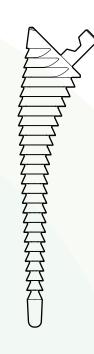


XL Tapered Pin Reamer

112-182-148

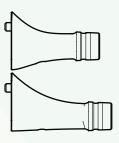


Everglade Broaches		Distal Reduced E	verglade Broaches*
111-20-6200 111-20-6201 111-20-6202 111-20-6203 111-20-6204 111-20-6205 111-20-6206 111-20-6207 111-20-6208 111-20-6209 111-20-6210 111-20-6211 111-20-6211	Size 0 Size 1 Size 2 Size 3 Size 4 Size 5 Size 6 Size 7 Size 8 Size 9 Size 10 Size 11 Size 12	111-20-6903 111-20-6904 111-20-6905 111-20-6906 111-20-6907 111-20-6908 111-20-6909 111-20-6910 111-20-6911 111-20-6912	Size 3 Size 4 Size 5 Size 6 Size 7 Size 8 Size 9 Size 10 Size 11 Size 12
	0.20 .2		



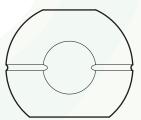
Everglade Trial Necks

Size 0 Standard Offset
Size 0 High Offset
Size 1 Standard Offset
Size 1 High Offset
Size 2-3 Standard Offset
Size 2-3 High Offset
Size 4-7 Standard Offset
Size 4-7 High Offset
Size 8-12 Standard Offset
Size 8-12 High Offset



Trial Femoral Heads

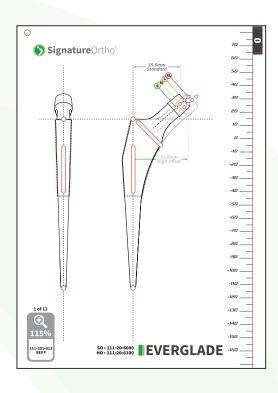
112-182-040	Ø28mm -3.5mm Green
112-182-041	Ø28mm 0.0mm Yellow
112-182-042	Ø28mm +3.5mm Orange
112-182-017	Ø32mm -4.0mm Green
112-182-018	Ø32mm 0.0mm Yellow
112-182-019	Ø32mm +4.0mm Orange
112-182-020	Ø32mm +8.0mm Red
112-182-021	Ø36mm -4.0mm Green
112-182-022	Ø36mm 0.0mm Yellow
112-182-023	Ø36mm +4.0mm Orange
112-182-024	Ø36mm +8.0mm Red
112-182-043	Ø40mm -4.0mm Green
112-182-044	Ø40mm 0.0mm Yellow
112-182-045	Ø40mm +4.0mm Orange
112-182-046	Ø40mm +8.0mm Red



Everglade Preoperative Templates

111-201-613

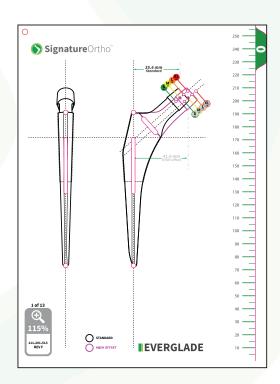
Size 0-12 Template



Everglade RDS Preoperative Templates

111-201-513

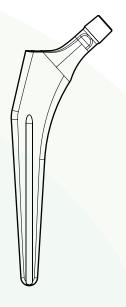
Size 0-12 Template



Everglade Implants

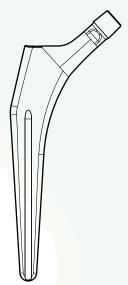
Everglade Standard Offset Stem

111-20-6000	Size 0
111-20-6001	Size 1
111-20-6002	Size 2
111-20-6003	Size 3
111-20-6004	Size 4
111-20-6005	Size 5
111-20-6006	Size 6
111-20-6007	Size 7
111-20-6008	Size 8
111-20-6009	Size 9
111-20-6010	Size 10
111-20-6011	Size 11
111-20-6012	Size 12



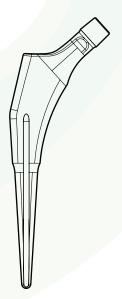
Everglade High Offset Stem

111-20-6100	Size 0
111-20-6101	Size 1
111-20-6102	Size 2
111-20-6103	Size 3
111-20-6104	Size 4
111-20-6105	Size 5
111-20-6106	Size 6
111-20-6107	Size 7
111-20-6108	Size 8
111-20-6109	Size 9
111-20-6110	Size 10
111-20-6111	Size 11
111-20-6112	Size 12



Everglade Stem, Standard Offset – Reduced Distal*

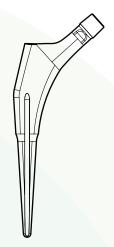
111-20-6303	Size 3
111-20-6304	Size 4
111-20-6305	Size 5
111-20-6306	Size 6
111-20-6307	Size 7
111-20-6308	Size 8
111-20-6309	Size 9
111-20-6310	Size 10
111-20-6311	Size 11
111-20-6312	Size 12



Everglade Implants

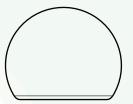
Everglade Stem, High Offset – Reduced Distal*

111-20-6403	Size 3
111-20-6404	Size 4
111-20-6405	Size 5
111-20-6406	Size 6
111-20-6407	Size 7
111-20-6408	Size 8
111-20-6409	Size 9
111-20-6410	Size 10
111-20-6411	Size 11
111-20-6412	Size 12



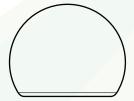
Signature Ceramic Femoral Head

111-152-611	Size 28mm S
111-152-612	Size 28mm M
111-152-613	Size 28mm L
111-152-621	Size 32mm S
111-152-622	Size 32mm M
111-152-623	Size 32mm L
111-152-624	Size 32mm XL
111-152-631	Size 36mm S
111-152-632	Size 36mm M
111-152-633	Size 36mm L
111-152-634	Size 36mm XL
111-152-641	Size 40mm S
111-152-642	Size 40mm M
111-152-643	Size 40mm L
111-152-644	Size 40mm XL
111-152-651	Size 44mm S
111-152-652	Size 44mm M
111-152-653	Size 44mm L
111-152-654	Size 44mm XL



Fusion Ceramic Femoral Head*

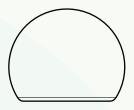
111-22-0511	Size 28mm
111-22-0512	Size 32mm
111-22-0513	Size 36mm



Everglade Implants

Signature SS Femoral Head

111-152-111	Size 28mm S
111-152-112	Size 28mm M
111-152-113	Size 28mm L
111-152-121	Size 32mm S
111-152-122	Size 32mm M
111-152-123	Size 32mm L
111-152-124	Size 32mm XL
111-152-131	Size 36mm S
111-152-132	Size 36mm M
111-152-133	Size 36mm L
111-152-134	Size 36mm XL



Signature CoCr Femoral Head

111-152-011 111-152-012 111-152-013 111-152-021 111-152-022 111-152-023 111-152-031 111-152-032 111-152-033 111-152-034 111-152-041 111-152-042 111-152-042	Size 28mm S Size 28mm M Size 28mm L Size 32mm S Size 32mm M Size 32mm L Size 32mm XL Size 36mm S Size 36mm M Size 36mm L Size 36mm XL Size 36mm XL Size 40mm S Size 40mm M
	Size 40mm L Size 40mm XL



Ti6Al4V Fusion Taper Sleeve*

111-37-0001	Fusion Taper Sleeve -4mm
111-37-0006	Fusion Taper Sleeve -2mm
111-37-0002	Fusion Taper Sleeve 0mm
111-37-0007	Fusion Taper Sleeve +2mm
111-37-0003	Fusion Taper Sleeve +4mm
111-37-0008	Fusion Taper Sleeve +6mm
111-37-0004	Fusion Taper Sleeve +8mm



Appendix: Broaching Techniques and Tips

It is advised to stop broaching when stability is achieved with a slightly countersunk broach than to attempt to force as oversized broach into the canal. The coating limit line on the implant stem will sit below the resection line but the stem should achieve stability. Consider a longer neck or higher head offset.

Managing Different Femoral Canal Geometries

The Dorr femur type system classifies femurs based on a ratio that relates to the geometry of the femoral canal:

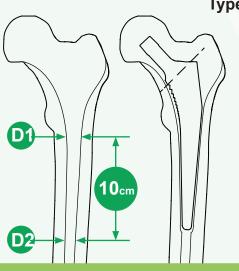
 $R = D_2/D_2$

see figures at the bottom left

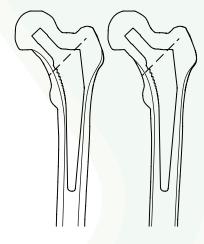
An R-value less than ~0.5 implies a very fluted canal that will more likely bind distally if the canal is not over-reamed. Preoperative templating is especially important for this reason. Refer to the Everglade Implant Sizing guide in this technique to help decide what size reamer to use. The three types are as follows.

Type A
Type B
Type C

R < 0.5 R = 0.5 to 0.9 R > 0.9



Type AReaming the femoral canal to the distal tip of the definitive stem ensures compaction of the metaphyseal cancellous bone and reduced binding against the cortical wall, which can lead to stress shielding and an ill-seated stem



Types B & C

The Everglade broaches preserve the natural anatomy of the femoral canal. Rotational and axial stability and a change in pitch indicate an appropriate amount of compaction broaching

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