HIP PROSTHESIS: IMPACT™ DM

CAUTION

Federal law (USA) restricts this device to sale, by or on the order of a physician.

Important notes: the device(s) can be prescribed and implanted only by a doctor legally authorized to perform this type of surgery.

GENERAL

Before any surgery, the surgeon must be familiar with the device product literature and operative technique and must carefully read these instructions for use. Patient selection is an important implant placement or positioning. Overweight patients, or unusable functional requirements may generate exceptional stress and reduce the implant lifetime. The surgery must be handled, and the instructions for use must be strictly followed.

PRODUCT DESCRIPTION

A hip prosthesis consists of a femoral stem made of metal, a modular femoral head made of metal or ceramic component, and acetabular components. The acetabular components consist of a metal cup, and a liner that is made of ultrahigh molecular weight polyethylene (UHMWPE) or Highcross highly cross-linked ultrahigh molecular weight polyethylene (WLOMPE).

All the auxiliary components of the prosthesis are supplied in single-use individual packages.

INDICATED USE / INDICATIONS

The hip prosthesis is designed for comprehensive use in total hip arthroplasty in primary or revision surgery. The patient should be skeletally mature. The patient's condition should be considered on a case-by-case basis:

- Severely painful and/or displaced joint: as a result of osteoarthritis, post-traumatic arthritis, rheumatoid arthritis or peripheral arthritis, congenital hip dysplasia, ankylosing spondylitis.
- Avascular necrosis of the femoral head.
- Acute traumatic fracture of the femoral head or neck.
- Failure of previous hip surgery: joint reconstruction, Internal fixation, arthrodesis, hemilaminoplasty, surface replacement arthroplasty, or total hip replacement where sufficient bone stock is present.
- Dislocation risk

CONTRAINDICATIONS

Total hip replacement is contraindicated in the following cases:

- Acute, systemic or chronic infection.
- Muscular, neurological or vascular deficiency of the affected limb.
- Bone destruction, or bone, or bone characteristics which may compromise the stability of the implant.
- Pathologies that may compromise the functionality of the implant in any way.

Mental or neurovascular disorders may create an unacceptable risk to the patient and can be a source of postoperative complications. It is the surgeon's responsibility to ensure that the patient has no known allergy to the materials used.

WARNING AND PRECAUTIONS

The success of the operation depends on compliance with the operative technique supplied, and the proper use of the instrumentation supplied and specially designed for that range of implants. The trial instrumentation must be used to confirm the size of the joint, the size of the taper cone. The surgeon should check the stem-head fit before assembly. The Impact DM has not been evaluated for safety and compatibility in the MR environment. The Vpact DM has not been tested for heating or excitation in the MR environment.

MEDACTA INTERNATIONAL IMPLANTS

Under no circumstances should a Medacta International modular implant be combined with a component from another manufacturer, unless otherwise specified by Medacta International.

Only authorized Medacta sales representatives should be used. Determination of whether these devices have been authorized for use in a proposed combination must be made and the specific representivist must contact the Medacta sales representative or visit the Medacta website: www.medacta.com.

The components of a hip prosthesis should never be reimplanted. While an implant may appear undamaged, microscopic imperfections may occur and cause implant failure. Always use a trial prosthesis for trial purposes only. Trial prostheses should not be assembled with components intended for permanent placement. Never adapt or alter trial prostheses.

When changing a prosthesis head on a femoral stem in place, it is essential to use a metal head. UHMWPE implants should be stored for at least three hours at 20°C (± 3°C) before the operation.

RISK FACTORS

The following conditions, individually or together, may cause excessive loading of the affected limb, exposing the patient to greater risk of a hip arthroplasty failure:

- Obesity or overweight of the patient, depending on the type of implant.
- Hard manual work.
- Intensive sporting activity.
- High level of activity.
- Probability of falling.
- Alcoholism or drug addiction.
- Other handicaps which could compromise the outcome of the operation.

The following conditions, individually or together, will make fixation of the hip prosthesis challenging:

- Advanced osteoporosis or insufficient bone stock.
- Metabolic disorders or systemic medications leading to gradual loss of bone support for the prosthesis (e.g. diabetes mellitus, treatment by steroids, immunosuppressive agents, etc.).
- History of dislocated total hip or local infection.
- Significant deformations preventing correct fixation or placement of the prosthesis.
- Tumors of the supporting bone structures.
- Allergic reactions to the prosthesis materials (e.g. cement, metal, polyethylene).
- Tissue reaction to implant corrosion or wear debris.
- Functional insufficiency of the other joint.

INSTRUCTION FOR USE

PREOPERATIVE PHASE

The surgeon should discuss with the patient their physical and mental limitations, as well as all the details of the procedure and prosthesis. The discussion should conform to the limitations of the procedure and the constraints imposed by the selected implant. The factors which could limit the performance and stability of the implant, e.g. level of activity, weight, age of the patient, should be set out to improve the patient's chances to avoid complications. The necessity to follow the postoperative instructions given by the surgeon should be fully understood by the patient.

A stock of sterile implants of suitable sizes should be available and checked by the operator before surgery.

HANDLING

To avoid scratching or damaging the implants, these should be handled with the utmost care by qualified personnel and in an environment where conditions of hygiene are controlled. The implants should be kept in their undamaged packages until needed for use.

Do not use implants from opened packages, that are damaged, or that are beyond their expiration date.

SURGICAL TECHNIQUE

The surgeon should be fully familiar with the surgical technique. Supplementary information about the surgical techniques and video and product are available on request. Careful preoperative planning, documented by X-rays, is essential. X-ray templates are available for most implants.

POSTOPERATIVE CARE AND FOLLOWUP

The surgeon should ensure that the patient control their level of activity and avoid excessive loads on the replaced joint, and make them aware of the precautions to be taken with regards to exercise, treatments and limitations on activities, as well as avoiding exposure to magnetic fields. Posterior follow-up and X-rays are recommended to make comparisons with the immediate postoperative condition and identify implant displacement, loosening, etc. Excessive physical activity, and operation into trauma may cause early failure of the arthroplasty through implant displacement, fracture and/or wear. If the case occurs, it is necessary to place the patient under supervision, evaluate the possible progression of the deterioration, and weigh the benefit of early revision.

ADVERSE EFFECTS AND COMPLICATIONS

GENERAL

- Prosthesis dislocation, often related to the above-mentioned risk factors.
- Early or late loosening of the prosthetic component; often related to the above-mentioned risk factors.
- Failure of the femoral stem, often related to the above-mentioned factors.
- Wear of the polyethylene component or fracture of the head, often related to the above-mentioned risk factors.
- Early or late infection.
- Neoplasia. Intramedullary lesion of a nerve, due to surgical trauma.
- Tissue reactions, osteolysis and/or implant loosening caused by metal corrosion, allergy, wear debris, or bone cement particles.

INTRAOPERATIVE

- Cup perforation.
- Femur dislocation, perforation, crack or fracture that may require internal fixation.
- Trochanter fracture.
- Vascular damage (iliac, obturator and femoral arteries).
- Temporary or permanent nerve damage (iliac, obturator or sciatic nerve).
- Subluxation or dislocation of the hip joint due to wrong size selection or wrong prosthetic configuration, malposition of the component and/or lack of the muscles and connective tissue.
- Lengthening or shortening of the operative side.

IMMEDIATE POSTOPERATIVE

- Cardiovascular disorders, including venous thrombosis, embolism, and myocardial infarction.
- Haemorrhage and/or delayed healing.
- Pneumonia and/or atelectasis.
- Subluxation or dislocation.

LATE POSTOPERATIVE

- Avulsion of the trochanter resulting from excessive muscle tension or overloading.
- Aggravation of the problems with the knees and ankle of the pathological or contralateral limb caused by difference in leg length, femur displacement and/or muscular deficiency.
- Fracture of the femur or acetabular cup resulting from trauma or overloading, especially because of poor bone stock resulting from severe osteoporosis, bone defects resulting from previous surgery, periprosthetic warning or bone resorption.
- Bone reaction which may damage the fixation or result in implant loosening.
- Periarticular calcification or ossification which may reduce mobility and the circular range of motion.
- Traumatic arthritis of the trochanteric bursa, due to the position of the limb during the operation.
- Subluxation or dislocation.

The incidence and severity of the complications related to hip replacement are usually higher with revision surgery than with primary surgery. Common problems during revision surgery may include the difficulty of finding where to make the incision, the resection of sequestrum and old bone cement, the placement and fixation of the components and/or the search for adequate bone support. During revision surgery, there is an increased risk of larger operative times, blood loss and higher incidence of infection, embolism and haematoma.

PACKAGING

All the implant components of a total or partial Hip prostheses are supplied in single-use individual packages.

For components delivered sterile, the sterilization method is indicated on the label. The expiration date and package integrity must be checked to ensure that the contents has not been compromised. If the package is damaged do not use the component. Do not reprocess.

INSTRUMENTS

Instruments are supplied sterile and must be cleaned and sterilized prior to use. Recommended cleaning disinfection and sterilization instructions are provided on www.medacta.com.

STORAGE

The packages must be stored in a cool, dry place, away from light.

SYMBOLS

Do not reuse

Do not use if package is damaged

Do not resterilize

Use by

Caution, read the accompanying documents

Consult instructions for use

Let number

Reference number

Sterilized with ethylene oxide

Sterilized by irradiation

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