**REFERENCES**


Matta JM, Shahrdar C, Ferguson T. Single-incision anterior approach for total hip arthroplasty on an orthopaedic table.

Huang Dora C. Der anteriore Zugang für die minimal-invasive HTPE. *Leading Opinions, Orthopädie 1, 2006.*


Jayankura M, Potaznik A, Roty M, Siguier T, Siguier. Orthopaedic Research Laboratory Radboud University Nijmegen Medical Centre, Experimental assessment of the stability of the Cone stem relative to coverage for increased stability and antiluxation.


Leclercq S, Orthopédique et Traumatologique, CHR Côte de Nacre, Caen, France.


**PRODUCT RANGE**

**VERSAFITCUP CC FAMILY**
- Optimal wear rate for wear caused by primary stability.
- Specialised macrostructures enhancing the contact surface area.
- Wide range of lines for preservative and reconstructive flexibility.
- No min head starting at 32 mm line.
- 25 upper size provides additional coverage for increased stability and antiluxation.

**VERSAFITCUP DM**
- Low wear rate.
- Low elaboration rate.
- High range of motion.
- Long clinical history.

**QUADRASYSTEM**
- Open closed design.
- Wide range.
- Reliable, compact and precise instrumentation.
- AMIS® friendly.

**AMiddle System**
- Stem specifically designed for AMIS®.
- Easy stem introduction through AMIS®.
- Reduced bone removal.
- Proven stability.

**AMIS® EDUCATION PROGRAM: A TESTED AND PROVEN METHOD**

Minimally Invasive Surgery is difficult to adapt to, and a steep learning curve is often introduced during the first cases. This learning curve has discouraged many surgeons and has left them to abandon MIS/LIS for other techniques. Medacta’s mission is to reduce such difficulties by providing international support to surgeons who wish to adapt to AMIS®. For this purpose, Medacta® has created the AMIS® Education Program, developed from the experience of hundreds of surgeons worldwide who have already performed thousands of AMIS® cases.

1. **1ST STEP: AMIS® REFERENCE CENTER VISIT**
   - In several countries, you will have the opportunity to visit a Reference Center and to assist during an AMIS® surgery.

2. **2ND STEP: AMIS® LEARNING CENTER**
   - You will have the opportunity to operate on cadaver specimens with the assistance of teaching surgeons, to experience the advantages of the AMIS®, to analyze difficult cases, and have a thorough overview of the indications and contraindications of anterior approach.

3. **3RD STEP: SUPPORT FOR THE FIRST AMIS® SURGERIES**
   - You will receive the assistance of a Proctoring Surgeon for your first surgeries in your hospital.

Participating in this tiered program should help you to avoid early complications and to minimize your learning curve, but also give you some important ‘tricks’ to help you during your first cases.

Just contact Medacta® and we will arrange the AMIS® Education Program for you!

info@medacta.com - www.medacta.com
Phone +41 91 696 60 60 - Fax +41 91 696 60 66

**AMIS® EDUCATION PROGRAM**

- How to start with AMIS®
- AMIS® professional education
- AMIS® educational videos

**AMIS® REFERENCE CENTER**

- AMIS® Reference Center
- AMIS® Reference Material
- AMIS® Reference Center Visits

**AMIS® LEARNING CENTER**

- AMIS® Learning Centers
- AMIS® Learning Centers Visits
- AMIS® Learning Centers Materials

**AMIS® SUPPORT**

- AMIS® Support Centers
- AMIS® Support Centers Visits
- AMIS® Support Centers Materials

**AMIS® EDUCATION PROGRAM**

- Step-by-step AMIS® education
- AMIS® educational videos
- AMIS® educational courses

**AMIS® EDUCATION RESOURCES**

- AMIS® Educational Resources
- AMIS® Educational Materials
- AMIS® Educational Publications

**PRODUCT RANGE**

**VERSAFITCUP CC FAMILY**
- Optimal wear rate for wear caused by primary stability.
- Specialised macrostructures enhancing the contact surface area.
- Wide range of lines for preservative and reconstructive flexibility.
- No min head starting at 32 mm line.
- 25 upper size provides additional coverage for increased stability and antiluxation.

**VERSAFITCUP DM**
- Low wear rate.
- Low elaboration rate.
- High range of motion.
- Long clinical history.

**QUADRASYSTEM**
- Open closed design.
- Wide range.
- Reliable, compact and precise instrumentation.
- AMIS® friendly.

**AMiddle System**
- Stem specifically designed for AMIS®.
- Easy stem introduction through AMIS®.
- Reduced bone removal.
- Proven stability.

**AMIS® EDUCATION PROGRAM: A TESTED AND PROVEN METHOD**

Minimally Invasive Surgery is difficult to adapt to, and a steep learning curve is often introduced during the first cases. This learning curve has discouraged many surgeons and has left them to abandon MIS/LIS for other techniques. Medacta’s mission is to reduce such difficulties by providing international support to surgeons who wish to adapt to AMIS®. For this purpose, Medacta® has created the AMIS® Education Program, developed from the experience of hundreds of surgeons worldwide who have already performed thousands of AMIS® cases.

1. **1ST STEP: AMIS® REFERENCE CENTER VISIT**
   - In several countries, you will have the opportunity to visit a Reference Center and to assist during an AMIS® surgery.

2. **2ND STEP: AMIS® LEARNING CENTER**
   - You will have the opportunity to operate on cadaver specimens with the assistance of teaching surgeons, to experience the advantages of the AMIS®, to analyze difficult cases, and have a thorough overview of the indications and contraindications of anterior approach.

3. **3RD STEP: SUPPORT FOR THE FIRST AMIS® SURGERIES**
   - You will receive the assistance of a Proctoring Surgeon for your first surgeries in your hospital.

Participating in this tiered program should help you to avoid early complications and to minimize your learning curve, but also give you some important ‘tricks’ to help you during your first cases.

Just contact Medacta® and we will arrange the AMIS® Education Program for you!

info@medacta.com - www.medacta.com
Phone +41 91 696 60 60 - Fax +41 91 696 60 66

**REFERENCES**


Matta JM, Shahrdar C, Ferguson T. Single-incision anterior approach for total hip arthroplasty on an orthopaedic table.

Huang Dora C. Der anteriore Zugang für die minimal-invasive HTPE. *Leading Opinions, Orthopädie 1, 2006.*


Jayankura M, Potaznik A, Roty M, Siguier T, Siguier. Orthopaedic Research Laboratory Radboud University Nijmegen Medical Centre, Experimental assessment of the stability of the Cone stem relative to coverage for increased stability and antiluxation.


Leclercq S, Orthopédique et Traumatologique, CHR Côte de Nacre, Caen, France.

Implant manufacturers and orthopaedic surgeons have been working in partnership on Total Hip Replacement for many years, the former improving and mastering the materials used, and the latter refining the implantation techniques.

Medacta® International is committed to becoming a preferred partner for new technologies such as in total hip arthroplasty through the minimally invasive anterior approach the AMIS® approach = Anterior Minimally Invasive Surgery.

A true Minimally Invasive Surgery (MIS) is characterized by a reduced skin incision and the preservation of muscles and tendons.

The anterior approach follows the principles of MIS. Other approaches advertised as minimally invasive (posterior, lateral, or double incision approach) are associated with muscle and/or tendon injury and thus are only reduced skin incision techniques.

The anterior approach, strengthened by several years of clinical experience, is the only technique which follows a path both intermuscular and internervous and therefore reduces considerably the risk of damage to periarticular structures such as muscles, tendons, vessels and nerves. For this reason the AMIS® approach is the ideal approach for antrumatic surgery which is fundamental for a fast recovery.

The preservation of all muscles potentially assists with:
- No muscles cut and internervous path followed
- Significantly shortened rehabilitation
- Many years of clinical experience
- Possible long-term benefits

NO MUSCLES CUT AND INTERNEUROUS PATH FOLLOWED

NO MUSCLES CUT

The preservation of all muscles potentially assists with:
- Shorter stay in the hospital
- Shorter rehabilitation
- Reduced risk of dislocation
- Immediate post-operative muscle tone preservation
- Decreased post-operative pain
- Less blood loss
- Faster return to daily activities
- Reduction of scar tissues

REASONS TO CHOOSE THE AMIS® APPROACH

- Immediate post-operative muscle tone preservation.
- Reduced risk of dislocation.
- Shorter rehabilitation.
- Shorter stays in the hospital.
- Faster return to daily activities.
- Less blood loss.
- Decreased post-operative pain.

THE ANTERIOR APPROACH: A LOGICAL APPROACH FOR MIS SURGERY

The anterior approach for primary Total Hip Replacement shows, at one year after surgery, better functional results and a smaller extent of injury in the muscle and tendon units compared to other approaches [9,10].

After Total Hip Replacement, trochanteric soft tissue abnormalities may be associated with residual trochanteric pain and limping in symptomatic patients. Defects of the abductor tendons and fatty atrophy of the gluteus medius and the posterior part of the gluteus minimus muscle are rare in asymptomatic patients [7,8].

After Total Hip Replacement, trochanteric soft tissue abnormalities may be associated with residual trochanteric pain and limping in symptomatic patients. Defects of the abductor tendons and fatty atrophy of the gluteus medius and the posterior part of the gluteus minimus muscle are rare in asymptomatic patients [7,8].

Therefore the AMIS® approach shows that, at one year after surgery, there is less symptomatic muscle degeneration compared to other approaches.

In addition, the preservation of muscle and soft tissue should prove advantageous in revision surgery [3,6].

NOT ONLY SHORT TERM BETTER RESULTS

Thanks to the AMIS® technique risks are decreased when compared to a standard technique both in the short and in the medium term. In fact, it has been demonstrated that:

- After Total Hip Replacement, trochanteric soft tissue abnormalities may be associated with residual trochanteric pain and limping in symptomatic patients.
- Defects of the abductor tendons and fatty atrophy of the gluteus medius and the posterior part of the gluteus minimus muscle are rare in asymptomatic patients [7,8].
- The use of the anterior approach for primary Total Hip Replacement shows, at one year after surgery, better functional results and a smaller extent of injury in the muscle and tendon units compared to other approaches [9,10].

This means the AMIS® approach shows that, at one year after surgery, there is less symptomatic muscle degeneration compared to other approaches.

Therefore the AMIS® technique may provide better results in the short and medium term and an improved long term quality of life for the patient.

In addition, the preservation of muscle and soft tissue should prove advantageous in revision surgery [3,6].

DEDICATED INSTRUMENTATION

Specific instrumentation and a leg positioner should be used to facilitate the AMIS® procedure.

Medacta®, in collaboration with orthopaedic surgeons, developed a set of instruments and the AMIS® Mobile Leg Positioner with the objectives of:

- Reducing risks
- Reducing the learning curve
- Simplifying the implementation of the technique

AMIS® MOBILE LEG POSITIONER

A Medacta® patented design complying with ISO standards, the AMIS® Mobile Leg Positioner is not a complete table but an extension which easily adapts to any operating table.

Why consider the AMIS® Mobile Leg Positioner?
- No capital expense - The AMIS® Mobile Leg Positioner is provided at no cost to the hospital.
- Easy extraction of the femoral head, and optimum exposure of the femur.
- Reduces risk and possibility of falling without removing the shoe.
- Multiple movements (traction, flexion, hyper-extension, motion, abduction).
- Easy handling by one person.
- Reduced surgical team.

The AMIS® Mobile Leg Positioner - A unique and cost-effective option to facilitate the anterior approach.

AMIS® INSTRUMENTS

AMIS® Charnley: a modified Charnley retractor with hooks designed to enhance exposure of the femoral neck, especially the epiphysis.

AMIS® Hofmann: the “femur lifter” with an atraumatic tip ideally exposes and raises the femur.

AMIS® Starter: the curved starter rasp is used to open the femoral medullary canal, facilitating rasp positioning for femoral preparation.

AMIS® Cup Impactor: an offset impaction handle is used for implanting the cup in an atraumatic manner.

AMIS® Broach Handle: a straight broach handle allows a firm hold during femoral preparation, decreasing the risk of malpositioning of the stem.

Choma Retractor: the offset retractor handle provides high-quality retraction in a reduced traction operative site.