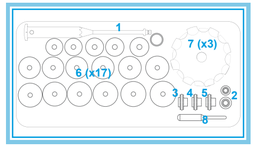
INSTRUMENTATION NOMENCLATURE

MEDACTA® ENDO HEAD INSTRUMENT SET

01.25.10.008 MEDACTA® ENDO HEAD TEMPLATES 115%



REF.	Description		Quantity	N°
01.26.10.0001 or 01.26.10.0004	Short multifunction handle or Long multifunction handle		1	1
01.08.10.0001	Impactor adapter for multifunction handle		1	2
01.25.10.002	Trial Adapter Small		1	3
01.25.10.003	Trial Adapter Medium		1	4
01.25.10.004	Trial Adapter Large		1	5
01.25.10.040 01.25.10.041 01.25.10.042 01.25.10.043 01.25.10.044 01.25.10.045 01.25.10.046 01.25.10.047 01.25.10.048 01.25.10.049 01.25.10.050 01.25.10.051 01.25.10.052 01.25.10.053 01.25.10.054 01.25.10.055 01.25.10.056	Trial Endo Head Ø 40 mm Trial Endo Head Ø 41 mm Trial Endo Head Ø 42 mm Trial Endo Head Ø 43 mm Trial Endo Head Ø 44 mm Trial Endo Head Ø 45 mm Trial Endo Head Ø 46 mm Trial Endo Head Ø 47 mm Trial Endo Head Ø 48 mm Trial Endo Head Ø 49 mm Trial Endo Head Ø 50 mm Trial Endo Head Ø 51 mm Trial Endo Head Ø 52 mm Trial Endo Head Ø 53 mm Trial Endo Head Ø 54 mm Trial Endo Head Ø 55 mm Trial Endo Head Ø 56 mm		17	6
01.08.10.0030 01.08.10.0035 01.08.10.0036	Femoral Head Sizer Range 39/46 Femoral Head Sizer Range 47/54 Femoral Head Sizer Range 55/60		3	7
01.25.10.005	Trial Extractor		1	8
01.08.10.0300	Empty Instrumentation Tray			
02.02.10.0413	External Tray for sterilization			

MEDACTA® ENDO HEAD

IMPLANTS NOMENCLATURE

MEDACTA® ENDO HEAD

DIAMETER (mm)	SIZE	REFERENCE
40	S	01.25.240S
40	M	01.25.240M
40	L	01.25.240L
41	S	01.25.241S
41	M	01.25.241M
41	L	01.25.241L
42	S	01.25.242S
42	M	01.25.242M
42	L	01.25.242L
43	S	01.25.243S
43	M	01.25.243M
43	L	01.25.243L
44	S	01.25.244S
44	M	01.25.244M
44	L	01.25.244L
45	S	01.25.245S
45	M	01.25.245M
45	L	01.25.245L
46	S	01.25.246S
46	M	01.25.246M
46	L	01.25.246L
47	S	01.25.247S
47	M	01.25.247M
47	L	01.25.247L
48	S	01.25.248S
48	M	01.25.248M
48	L	01.25.248L
49	S	01.25.249S
49	M	01.25.249M
49	L	01.25.249L
50	S	01.25.250S
50	M	01.25.250M
50	L	01.25.250L
51	S	01.25.251S
51	M	01.25.251M
51	L	01.25.251L
52	S	01.25.252S
52	M	01.25.252M
52	L	01.25.252L
53	S	01.25.253S
53	M	01.25.253M
53	L	01.25.253L
54	S	01.25.254S
54	M	01.25.254M
54	L	01.25.254L
55	S	01.25.255S
55	M	01.25.255M
55	L	01.25.255L
56	S	01.25.256S
56	M	01.25.256M
56	L	01.25.256L

Part numbers subject to change.

Manual instruments supplied non-sterile. Instruments must be cleaned and sterilized prior to use. Refer to www.medacta.com for instructions on cleaning, decontamination and sterilization of reusable manual instruments.

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Surgical Technique
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MEDACTA® ENDO HEAD

ENDO HEAD FOR HEMIARTHROPLASTY

SURGICAL TECHNIQUE

Medacta International

INTRODUCTION

Femoral neck fracture and femoral head necrosis are surgical cases in which hemiarthroplasty is recommended as it seems inappropriate to replace an healthy acetabulum, that might result in subsequent bone loss and additional revision problems.
Furthermore, compared to the total hip replacement, hemiarthroplasty procedures involve shorter surgical times, lower medical and prosthesis costs.

The Medacta® Endo Head is a product suitable to perform hemiarthroplasty on any hip joint whose acetabular conditions are satisfactory.
This document describes the concept and the surgical technique for the Medacta® Endo Head implant. Carefully read the instruction for use and for any question concerning product compatibility contact your Medacta®representative.

CONCEPT

The Medacta® Endo Head is a unipolar prosthesis that consists in a monobloc prosthetic femoral head made of CoCr alloy, designed to articulate directly in the patient's acetabulum.

It is designed to be assembled with all the Medacta® stems.

Three sizes (S, M and L) are available for a 12/14 Morse taper with an outer diameter varying from 40 to 56 mm with a 1 mm increment between sizes.

CAUTION: Federal law (USA) restricts this device to sale distribution and use by or on the order of physician.

SURGICAL TECHNIQUE

1 INDICATIONS

The Medacta® Endo Head is designed for use in partial hip arthroplasty in primary or revision surgery. The patient should be skeletally mature and the acetabular conditions should be satisfactory.
The patient's condition should be due to one or more of:

- Avascular necrosis of the femoral head;
- Acute traumatic fracture of the femoral head or neck;
- Failure of previous traumatology surgery, where sufficient bone stock is present.

2 CONTRAINDICATIONS

Partial hip replacement is contraindicated in the following cases:

- Acute, systemic or chronic infection;
- Muscular, neurological or vascular deficiency of the affected limb making the operation unjustifiable;
- Bone destruction, or loss of bone characteristics that may compromise the stability of the implant;
- Pathologies that may compromise the functionality of the implant in any way;
- Known allergies to implant materials.

Mental or neuromuscular 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.

3 PRE-OPERATIVE PLANNING

The goal is to determine the optimum head size. Careful preoperative planning is essential. A set of X-ray templates to the scale of 1.15:1(with an x-ray of the same magnification) will help the operator to pre-select the implant details in order to restore a hip joint corresponding to the patient's anatomy.

WARNING
The final implant will be selected intra-operatively, because of possible discrepancies between actual conditions and templating.

4 SURGICAL APPROACHES

The choice of the surgical approach is up to the surgeon.

5 FEMORAL HEAD SIZE

The Endo Head diameter depends on the smaller resected femoral head diameter and can be evaluated with the aid of the femoral head sizer.

WARNING
The head diameter must be checked in different positions as it is not spherical.

6 TRIAL REDUCTION

Assemble the trial adapter with the trial Endo Head of the diameter chosen during the pre-operative planning or with the sizer, and place the assembly on the taper of the femoral stem in place.
Each size (S,M,L) of the trial adapter is marked with a different colour.
Proceed with the trial reduction.
The mobility, joint stability, range of motion and leg length is tested to confirm the final implant diameter.

The disassembly of the trial adapter and the trial head is achived with the aid of the trial extractor. Push on the trial adapter with the trial extractor.

7 FINAL SETTING

Select the definitive implant and position it on the stem.

Screw the impactor adapter on the multifunction handle and use the assembly in order to perform the final impaction of the head on the stem.

Proceed with the final reduction.