MYHIP WORKFLOW

1. Medacta receives the CT images of the patient’s leg.
2. MyHip preoperative planning commences with the 3D reconstruction of the joint following the surgeon’s preferences.
3. Virtual positioning of the implant is proposed to the surgeon, who can modify this planning, if required.
4. Once the planning has been validated by the surgeon, the 3D printing in-house manufacturing process starts.

MYSOLUTION: LEADER IN PATIENT MATCHED TECHNOLOGY

REFERENCES


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Challenges in Total Hip Replacement (THR) include:

- Dislocation prevention
- Leg length discrepancy assessment
- Femoral offset restoration
- Cup positioning to avoid edge loading
- Impingement analysis
- Range of Motion assessment

The MyHip system has been designed to assist the surgeon with implant selection and positioning, addressing these challenges and streamlining the pathway to a carefully planned procedure, through:

- Complete 3D Preoperative Planning which can halve the number of alignment outliers when compared to 2D templating.
- 3D Printed Patient-Specific Guides which can help reproducing the 3D preoperative plan.

MyHip is a system providing Complete 3D Preoperative Planning and 3D Printed Patient-Specific Guides, developed following the success of Medacta Patient Matched Technology.

**COMPLETE 3D PREOPERATIVE PLANNING**

The MyHip 3D preoperative planning is based on the surgeon's specific preferences and patient anatomy, and submitted to the surgeon for approval through an interactive website available at https://myhip.medacta.com.

With each case, the surgeon can modify implant type, size and position, to further improve the preoperative planning precision. Following surgeon approval of the 3D preoperative plan, Medacta produces the MyHip 3D Printed Patient-Specific Guides using in-house laser sintering technology.

**3D PRINTED PATIENT-SPECIFIC GUIDES**

MyHip 3D Printed Patient-Specific Guides are designed to accurately reproduce the surgeon's preoperative plan.

MyHip 3D Printed Patient-Specific Guides are:

- Unaffected by intraoperative patient movement
- Positioned unambiguously on the bone
- Available for different approaches: femoral cutting guide for anterior/posterior approach and acetabular reaming/impaction guide for posterior approach