REMEDY® HIP SPACER TECHNIQUE

STEP 1

In accordance with the existing total joint manufacturer's technique, prepare the infected joint space by first removing the prosthesis and any PMMA cement, if present, and any hardware (which may be a reservoir of infection).

STEP 2

Using the REMEDY® Spacer Trials, select the appropriate size femoral stem, femoral head, and acetabular cup (if applicable). If using the acetabular cup, check the dimensions of the native acetabulum using the TRIAL end of the Cup Trial/ Handle.

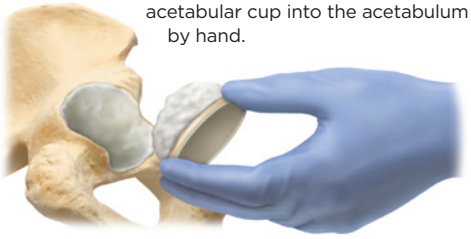
TRIALS

Note: Only the 46mm femoral head will fit the 46mm ID/54mm OD acetabular cup.

If implanting without an acetabular cup, proceed to Step 6.

STEP 3

Using UNITE® AB Bone Cement, or any FDA-cleared gentamicin-based PMMA, apply cement to the native acetabulum and the backside of the REMEDY® Acetabular Cup. Place the acetabular cup into the acetabulum by hand.



STEP 4

Using the IMPLANT end of the Cup Trial/Handle, position the cup spacer into the desired orientation within the native acetabulum.

Note: When placing the components with cement, do not impact with a mallet. It is recommended to use the trial/handle with hand pressure only.

STEP 5

With the acetabular cup in place, a final trial reduction may be performed using the trial stem and head components to confirm or correct implant positioning, noting the chosen off-set with the head seated past the missing thread on the stem neck.

STEP 6

With the appropriate head size selected, open the packages and remove the monomer vial.

Break the vial open and pour all the monomer into the screw opening of the head.

Insert and seal the hole with the plastic cover cap supplied. Shake the head for 60 seconds to ensure all of the threads within the head are wet with monomer.

COVER CAP

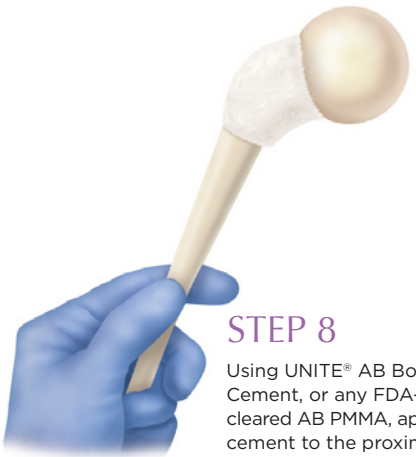
STEP 7

Remove the cover cap, pour the remaining monomer out and place head onto the femoral stem. Begin to turn the femoral head until the appropriate off-set is achieved.

WARNING: The head must be seated past the safety line marked in blue or purple on the stem thread.

On the trials, the blue or purple line is designated with a missing thread on the stem neck.

Important Note:
Once the head location is selected be sure not to continue to adjust the head location as this could affect the fixation between the head and the stem.



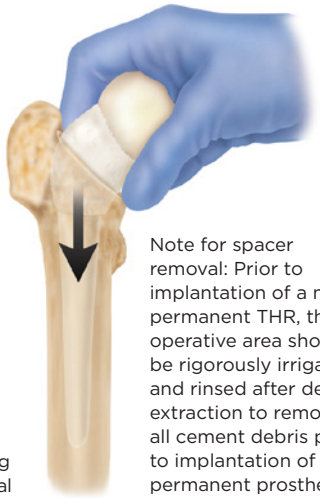
STEP 8

Using UNITE® AB Bone Cement, or any FDA-cleared AB PMMA, apply cement to the proximal aspect of the stem. The use of the cement is compulsory to avoid rotation and to limit the risk of dislocation.

Note: For additional fixation to the stem the remaining offset space and threads of the stem, up to the femoral head, can be filled with gentamicin-loaded bone cement. Cement may also be applied once seated within the femoral canal.

STEP 9

Insert the stem (with head properly affixed) into the canal. Perform a final reduction to assess joint stability and implant alignment.



Note for spacer removal: Prior to implantation of a new permanent THR, the operative area should be rigorously irrigated and rinsed after device extraction to remove all cement debris prior to implantation of the permanent prosthesis or other surgical procedures (e.g., resection arthroplasty, etc.).