

REMEDY® ACETABULAR CUP

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Overview

The REMEDY® Acetabular Cup 46mm ID/54mm OD (Figure 1) is part of the treatment in a two-stage procedure performed in the event of permanent prosthesis infection.

The REMEDY® Acetabular Cup 46mm ID/54mm OD implant is intended for temporary use only (180 days or less) and only in combination with RHHDSM - Remedy® Modular Head Small 46mm. It allows basic joint mobility and releases antibiotic into the joint area to protect the implant from bacterial colonization. A second surgery will be required at a later date to remove REMEDY® Acetabular Cup 46mm ID/54mm OD and replace it with a permanent hip joint implant.

REMEDY® Acetabular Cup 46mm ID/54mm OD:
 • single-use medical device/ethylene oxide sterilized
 • formed with bone cement (PMMA) and gentamicin
 • releases gentamicin

Indications

The REMEDY® Acetabular Cup 46mm ID/54mm OD, consists of an acetabular cup that is indicated for temporary use (maximum 180 days) as an adjunct to total hip replacement (THR) in skeletally mature patients undergoing a two-stage procedure due to a septic process, and where gentamicin is the most appropriate antibiotic based on the susceptibility pattern of the infecting micro-organism(s).

The REMEDY® Acetabular Cup 46mm ID/54mm OD is positioned into the acetabular cavity following removal of the existing acetabular and femoral components and radical debridement. The device must be combined with REMEDY® Hip Spacer using REMEDY® Modular Head 46 mm. The device is intended for use in conjunction with systemic antimicrobial antibiotic therapy (standard treatment approach to an infection).

The REMEDY® Acetabular Cup 46mm ID/54mm OD is not intended for use for more than 180 days, at which time it must be explanted and a permanent device implanted or another appropriate treatment performed (e.g. resection arthroplasty, etc.).

Contraindications

- Contraindicated for use with:
- Deficiencies in the patient's vascular, nervous or muscular systems.
 - Osteoporosis or poor bone quality may cause the implant to fracture existing bone or migrate.
 - Patient's two-stage arthroplasty procedure is contraindicated based on decreased immune response or systemic clinical conditions.
 - The infected THR devices cannot be removed.
 - Patient exhibits hypersensitivity (allergy) to PMMA bone cement, aminoglycosides or gentamicin.



Figure 1: REMEDY® Acetabular Cup 46mm ID/54mm OD

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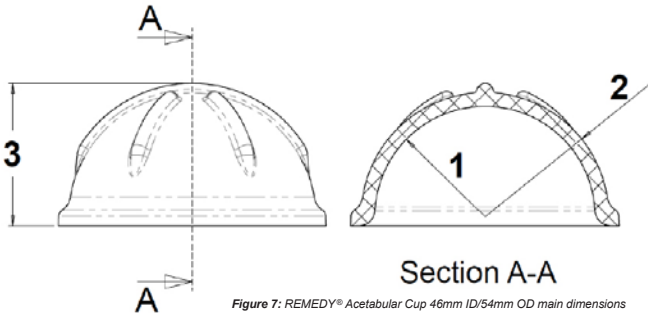


Figure 7: REMEDY® Acetabular Cup 46mm ID/54mm OD main dimensions

Component Description	Ref Code	1(mm)	2(mm)	3(mm)	Gentamicin Base (g)
REMEDY® Acetabular Cup 46mm ID/54mm OD	RHACSM	Ø48	Ø54	31	0.3

Figure 8: REMEDY® Acetabular Cup 46mm ID/54mm OD main dimensions and gentamicin base

Symbols:

REF Catalog Number	LOT Batch Number	i Consult Instruction For Use	X Do Not Reuse	X Do Not Use If Package Is Damaged	clock Use By Date	triangle Caution	no flame Do Not Resterilize	sterile Sterilized By Ethylene Oxide
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For Internal Use



Both vestibular and auditory dysfunction can follow administration of any of the aminoglycosides. It is more likely to occur in patients with persistently elevated concentrations of drug in plasma. Ototoxicity is largely irreversible. Repeated courses of aminoglycosides can lead to deafness. Older patients may be more susceptible to ototoxicity. Drugs such as ethacrynic acid and furosemide may potentiate the ototoxic effects. Hearing loss is more likely to develop in patients with pre-existing auditory impairment following exposures to these agents. It is recommended that patients receiving high doses and/or prolonged courses of aminoglycosides be monitored carefully for ototoxicity, since initial symptoms may be reversible. However, deafness may occur several weeks after therapy is discontinued.

Ototoxicity:

All aminoglycosides have the potential to produce reversible and irreversible vestibular, cochlear and renal toxicity when administered systemically.

Gentamicin (and Aminoglycosides) Risks:

REMEDY® Acetabular Cup 46mm ID/54mm OD Risks: recurrent infection, gentamicin toxicity (ototoxicity/nephrotoxicity), implant breakage, head disassembly, implant loosening, PMMA sensitivity, debris release, difficult device removal, implant dislocation, and foreign body reaction.

Surgical Risks (THR): difference in limb length, wound healing issues, femur or acetabulum damage, thrombophlebitis, and hematoma

Surgical Risks (General): pulmonary embolism, myocardial infarction, arrhythmias, venous thrombosis, and transitory hypotension.

Possible Adverse Events

- Lack of distal bone distal support of the prosthesis in the acetabular region or proximal femur (e.g. when Burch Schmeider reinforcement cage is needed)
- Infection of the THR cannot be confirmed
- Infection of bacterial pathogens resistant to gentamicin
- A remote infection (systemic or secondary) is suspected or verified.
- Patient has Myasthenia gravis
- The patient does not have a THR and the infection is secondary to trauma, septic arthritis or other surgical procedures.
- Patient has neuromuscular disorders disallowing proper control of the hip.
- Patient is unable or rejecting the use of protected weight bearing devices throughout the implantation period (e.g. weight or activity level, may cause the surgeon to expect possible, early failure of the hip spacer.
- Age, weight or activity level, may cause the surgeon to expect possible, early failure of the hip spacer.
- Caries, warts, etc.)

Other Inward Effects:

Aminoglycosides have little allergic potential, both anaphylaxis and rash are unusual. Rare hypersensitivity reactions, including skin rashes, eosinophilia, fever, blood dyscrasia, angioedema, exfoliative dermatitis, and anaphylactic shock - have been reported. Allergic reaction may appear independent to dosage.

Pregnancy and Breast-feeding

There are no existing data that illustrates the usage safety of the REMEDY® Acetabular Cup 46mm ID/54mm OD during pregnancy and breast-feeding. It is recommended that hip revision surgery be avoided during the first three months of pregnancy. The REMEDY® Acetabular Cup 46mm ID/54mm OD can be used in the remaining gestation time only when it is determined that it is impossible to save the joint or preserve the patient's life by other means of intervention.

Neuromuscular Blockade:

Episodes have occurred in association with anesthesia or administration of other neuromuscular blocking agents. Patients with myasthenia gravis are particularly susceptible to this phenomenon.

Nephrotoxicity:

Approximately 5-28% of patient receiving an aminoglycosides for more than several days will develop mild renal impairment, which is almost always reversible. Toxicity correlates with the total amount of drug administered. Other drugs, such as amphotericin B, vancomycin, cisplatin, cyclosporine, cephalin, furosemide may potentiate aminoglycoside-induced nephrotoxicity. Monitoring drug concentrations in plasma is useful, particularly during prolonged and/or high dose therapy.

Mechanism of Action

Bacteria tend to adhere to surfaces where they can multiply and create a defensive barrier called a biofilm (complex structure mainly made by extracellular polysaccharides and proteins). Bacteria embedded in a biofilm are more resistant to most antibiotic therapy because the glycoprotein structure is difficult for antimicrobial agents to penetrate. PMMA, due to its surface characteristics, is one of the materials with the highest risk of bacterial colonization. It has been demonstrated in vitro that the presence of antibiotics in PMMA reduces bacterial adhesion.

Gentamicin activity is primarily directed against aerobic, gram-negative bacilli. The action against most gram-positive bacteria is limited. Gentamicin is active against susceptible strains of enterococci and streptococci at concentrations which can be achieved clinically only when combined with a penicillin. Gentamicin is active *in-vitro* against more than 90% of strains of *S. aureus* and 75% of *S. epidermidis*. Gentamicin has been shown to be active against most strains of the following organisms both in vitro and in clinical infections:

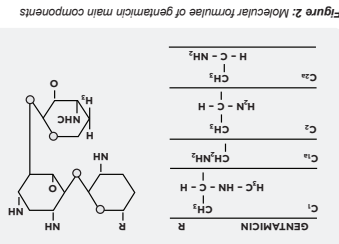


Figure 2: Molecular formulae of gentamicin main components

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Common Susceptible Pathogens

Gram positive bacteria

Staphylococcus aureus; *Streptococcus pyogenes*; *Streptococcus pneumoniae*; *Streptococcus (Enterococcus) faecalis*; *Listeria monocytogenes*

Gram Negative Bacteria

Citrobacter; *Enterobacter*; *Escherichia coli* *Klebsiella spp.*; *Proteus mirabilis*; *Proteus vulgaris*; *Morganella morganii*; *Providencia spp.*; *Salmonella spp.*; *Serratia*; *Shigella spp.*; *Pseudomonas aeruginosa*

Bibliography

Godman & Gilman's *The Pharmacological Basis of Therapeutics* 2005, XI Ed., Chapter 45 (Henry F. Chambers) pp. 1155-1170; McGraw Hill, New York.

Antibiotic Warnings

The release of gentamicin from in vitro studies has been shown to be below the recommended adult dose of 3-5 mg/kg/day (or 1.0 - 1.7 mg/Kg/8 hours) according to the US Pharmacopoeia (gentamicin sulphate monograph). Toxic levels are not expected when gentamicin is released locally from the REMEDY® Acetabular Cup 46mm ID/54mm OD. However, trough concentrations exceeding 2 µg/ml for longer than 10 days have been associated with toxicity (systemic administration). Therefore, patients should be monitored closely during the first day of implantation of the REMEDY® Acetabular Cup 46mm ID/54mm OD when used in conjunction with other ototoxic or nephrotoxic drugs. The device should be used with caution in patients predisposed to or who have preexisting medical conditions that would put them at risk for gentamicin toxicity (dehydration, renal dysfunction, advanced age, etc.). All patients should be monitored for toxic blood levels of gentamicin, nephrotoxicity and ototoxicity while the device is in situ: this is especially critical for elderly patients and those receiving other ototoxic and/or nephrotoxic drugs.

Precautions

Review of the OsteoRemedies® LLC surgical technique for hip arthroplasty revision surgery and familiarity with the proper use of the REMEDY® Acetabular Cup 46mm ID/54mm OD is required for successful implantation of the device. Only surgeons who have studied the REMEDY® Hip Spacer surgical technique, including the additional steps for the use of the acetabular component, and are aware of the limitations of its application, should perform the procedure. The surgeon should not adjust or modify the device in any way (do not add antibiotics to the device as the structural and pharmacological effects cannot be known).

The user must protect the device from harm as any damage to the implant may reduce fatigue strength and may result in failure under load thus possibly affecting the patient. If particulate debris becomes detached (loose fragments of bone or bone cement) the wear rate of component contact surface is greatly accelerated as debris acts as an abrasive and damaging anomaly. The REMEDY® Acetabular Cup 46mm ID/54mm OD may be compromised in an overweight or obese patient and/or one who does not limit the amount of activity and weight placed on the hip. It is essential that the patient use mobility-assisted devices (e.g. crutches, walker, cane) during the implantation period.

Care should be taken in placing the spacer to preserve other remaining bony tissue during the implantation procedure. Implantation methods which are deemed aggressive are not needed for proper placement of the spacer. Any damage to the device may affect the fatigue strength and lead to failure under load, therefore do not subject the device to excessive forces (mallet strikes). Antibiotic susceptibility testing should be performed using a fine needle aspiration from the joint site prior to implantation of the REMEDY® Acetabular Cup 46mm ID/54mm OD. Patients should be informed of the limitations of the implant and the requirement for additional surgery to implant a permanent hip prosthesis. Patients should be instructed to adjust their activities and be informed that postoperative care is essential.

The REMEDY® Acetabular Cup 46mm ID/54mm OD is single-use, intended for an individual patient. Do not resterilize and/or reuse. Resterilization can cause a risk of infection to the patient and may change the morphology of the device, the effectiveness of the antibiotic component and mechanical properties of the implant, which could cause a malfunction with serious health risks for the patient. The implant must not be reused once removed, though it may appear undamaged, as this could cause contamination and aggravation of patient's infection. By not following these recommendations there will be an increased likelihood of wear, loosening, poor function, fracture or premature failure. The removed device is a surgical waste and must be discarded once explanted at the end of its lifetime.

The REMEDY® Acetabular Cup 46mm ID/54mm OD must not be implanted if the existing implant cannot be completely removed.

The REMEDY® Acetabular Cup 46mm ID/54mm OD must not be rinsed or cleaned with liquids prior to implanting.

The REMEDY® Acetabular Cup 46mm ID/54mm OD should not be used in areas that contain osteosynthesis implants that may interfere with the device and its mechanical function.

The REMEDY® Acetabular Cup 46mm ID/54mm OD must not remain implanted for more than 180 days. 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 (resection arthroplasty, etc.). Survival of the revision implant may be jeopardized if cement and/or bone debris are not thoroughly removed. The device has specific indications for use. Thus its use under conditions other than the intended ones is unlikely to provide any benefit to the patient, and increases the risk of developing drug-resistant bacteria.

Implantation/Utilization

Aseptic surgical techniques are critically important based on clinical study data. The use of the REMEDY® Acetabular Cup 46mm ID/54mm OD is checked by the surgeon in relation to the patient's anatomy and need. In order for the surgeon to effectively implant the device, the surgeon shall: (A) study available literature, (B) properly and thoroughly train on the techniques required for the REMEDY® Acetabular Cup 46mm ID/54mm OD surgery, and (C) study and become informed regarding the use of instrumentation for sizing and implantation of the devices. REMEDY® Acetabular Cup 46mm ID/54mm OD must be used in combination with RHHDMSM - Remedy® Modular Head Small 46mm.

NOTE: REMEDY® Acetabular Cup 46mm ID/54mm OD must be combined with a new implant only. REMEDY® Acetabular Cup 46mm ID/54mm OD Trial/Handle is also available to ensure that the implant is correctly sized for the patient's anatomy.

Warning: REMEDY® Acetabular Cup 46mm ID/54mm OD must be cemented with gentamicin loaded bone cement.

NOTE: It is recommended to use High Viscosity bone cement for implant fixation. This will facilitate explantation at the second stage surgery.

Application Instructions

All routes of access to the hip may be utilized for the insertion of the REMEDY® Acetabular Cup 46mm ID/54mm OD. The operative site must be irrigated with Ringer's or physiological solution. Also, thorough debridement must be executed after removal of the prosthesis and before inserting the REMEDY® Acetabular Cup 46mm ID/54mm OD. Excess cement or debris from the previous device must be removed to ensure a clear operative area.

RHACTSM – REMEDY® Acetabular Cup 46mm ID/54mm OD Trial/Handle Use

Trialing

REMEDY® Acetabular Cup 46mm ID/54mm OD Trial/Handle is provided to check the dimensions of the native acetabulum using the TRIAL end (Figure 3 and 4), and to establish the level of reaming needed. Check the correct cup positioning. Note: that the thickness generated by the cement is not reflected in this trial.

Implant Positioning

When the correct position has been determined, cement should be applied to the backside of the REMEDY® Acetabular Cup 46mm ID/54mm OD (Figure 5). The device should be implanted using hand pressure only with the IMPLANT end of the REMEDY® Acetabular Cup 46mm ID/54mm OD Trial/Handle as shown in Figure 3 and 6. Note: do not use excessive pressure as device positioning.

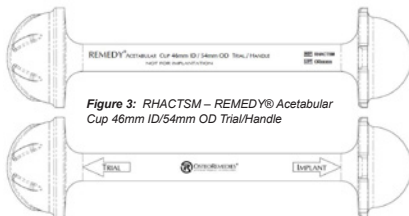


Figure 3: RHACTSM – REMEDY® Acetabular Cup 46mm ID/54mm OD Trial/Handle

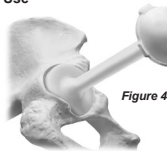


Figure 4

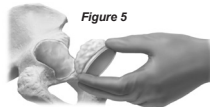


Figure 5

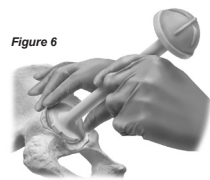


Figure 6

REMEDY® Acetabular Cup 46mm ID/54mm OD Use

Open the package of the REMEDY® Acetabular Cup 46mm ID/54mm OD. Using gentamicin loaded acrylic bone cement, apply the cement to native acetabulum and the backside of REMEDY® Acetabular Cup 46mm ID/54mm OD (Figure 5). Place the acetabular cup in the acetabulum by hand. Using the REMEDY® Acetabular Cup 46mm ID/54mm OD Trial/Handle, position the cup into the desired orientation within the native acetabulum (Figure 6). For the following three hours the patient must not move their leg to ensure correct fixation of the whole REMEDY® implant(s). To prevent dislocation, the same measures utilized for a permanent total hip replacement should be adopted, plus other specifics such as:

- Instructions, techniques or guides for the spacer device.
- Placement with appropriate joint tension of the soft tissues around the hip joint (offset adjustment.)
- Acquiring ideal cup support in the event of severe acetabular bone loss.
- In cases at risk consider the use of an abduction brace (possibly articulated) to assist flexion to avoid the risk of dislocation.

Postoperative Treatment

Postoperative treatment is comparable with a total hip implant; however, weight-bearing can be only partial (use of canes, crutches, etc.). It is recommended that partial weight-bearing be assessed on an individual basis in relation to the anatomic conditions of the femur and acetabulum, bone trophism and the clinical conditions of the patient during rehabilitation stages. Excessive weight bearing or forced mobilization which could cause the implant to damage the biological structure must be avoided. If needed, an abduction brace (possibly articulated) to assist flexion may be suggested in cases at risk of dislocation.

Explantation

The REMEDY® Acetabular Cup 46mm ID/54mm OD must be removed within 180 days of implantation and is not intended for use as a permanent prosthesis. Revision instruments (mallets, osteotomes, etc.) can be used in the surgical procedure. The wound site should be thoroughly cleaned of all bone cement debris prior to implantation of a definitive implant or performing an alternative surgical procedure (e.g. resection arthroplasty etc.). Cement or bone debris may shorten the survival of the revision implant if not removed.

Disposal

Disposal of the device should be in accordance with local waste regulations.

Patient Precautions (surgeon-to-patient instructions):

- Pain, discomfort or trauma with the affected limb must be communicated to the surgeon.
- Canes, crutches, walkers, etc., (protected weight-bearing mobility devices) must be used at all times while the device is implanted.
- The REMEDY® Acetabular Cup 46mm ID/54mm OD must be removed after temporary implantation (not to exceed 180 days).
- Excessive loading/weight on the REMEDY® Acetabular Cup 46mm ID/54mm OD must be avoided (sports activity, obesity, falling, unprotected weight bearing, etc.).

The patient's anatomic conditions of the hip district, bone trophism and other relevant clinical conditions during the rehabilitation phase should be periodically reviewed as the REMEDY® Acetabular Cup 46mm ID/54mm OD was designed for temporary implantation under protected load bearing conditions.

How Supplied

The REMEDY® Acetabular Cup 46mm ID/54mm OD implants are packaged and distributed sterile. Do not resterilize. All packages should be inspected for integrity prior to use. If a package is opened, contaminated or damaged it should not be used.

Caution

Store in a cool and dry environment.

Do not use if the inner container is damaged or opened.

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

Information

For further product information, please contact Customer Service.

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