OSTEOREMEDIES®
ADVANCED MEDICAL TECHNOLOGIES

SURGEON INFORMATION

REMEDY® HIP SPACER

Temporary REMEDY® Hip Spacer with Gentamicin

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Overview

The REMEDY® Hip Spacer is part of the treatment foreseen in a two-stage procedure performed in the event of permanent prosthesis infection. The REMEDY® Hip Spacer implant is intended for temporary use only (180 days or less). 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 the REMEDY® Hip Spacer and replace it with a permanent hip joint implant.

The REMEDY® Hip Spacer consists of two individual implants (head and stem) which, when joined, allow to better fit the anatomy of the patient.

Each REMEDY® Modular Head can be combined with each REMEDY® Modular Stem. REMEDY® Modular Stems are provided in short and long lengths.

Modularity is offered by selecting optional neck lengths (offset) and using a threaded connection featured on both implants. REMEDY® Modular Heads include a monomer (MMA) phial that serves as an adhesive (which binds the head and stem) and "cover cap". The liquid is sterilized by filtration.

REMEDY® Hip Spacers:
- single-use medical devices/ethylene oxide sterile
- formed with bone cement (PMMA) and gentamicin
- release gentamicin

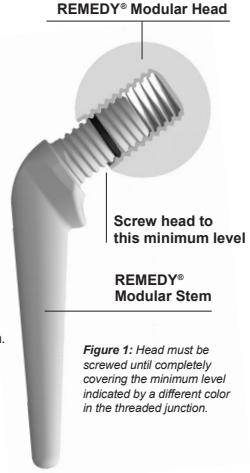


Figure 1: *Head must be screwed until completely covering the minimum level indicated by a different color in the threaded junction.*

REMEDY® Modular Head

The REMEDY® Modular Head must be used together with the appropriate REMEDY® Modular Stem. When both head and stem are joined, the form emulates an anatomically correct a hip prosthesis. The REMEDY® Hip Spacer is temporary, implantable and composed of gentamicin bone cement.

REMEDY® Modular Stem

The REMEDY® Modular Stem is made of formed bone cement (PMMA) with gentamicin applied to a stainless steel reinforcing structure, with a straight profile and an oval cross-section. The combination of a stem with a head generates a device resembling a hip prosthesis. The REMEDY® Hip Spacer is temporary, implantable and composed of gentamicin bone cement.

REMEDY® Hip Spacer Indications

The OsteoRemedies® Hip Spacer System consists of a modular head and stem, and optional acetabular cups. The REMEDY® components of the OsteoRemedies® Hip Spacer System include gentamicin and the REMEDY SPECTRUM® GV components include gentamicin and vancomycin. The OsteoRemedies® Hip Spacer System 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 or gentamicin/vancomycin are the most appropriate antibiotic based on the susceptibility pattern of the infecting micro-organisms.

Following removal of the existing acetabular and femoral components and radical debridement, the head and stem components are inserted into the femoral medullary canal and can mate directly with the native acetabulum or an acetabular component which is placed in the acetabular cavity. The device is intended for use in conjunction with systemic antimicrobial antibiotic therapy (standard treatment approach to an infection).

The OsteoRemedies® Hip Spacer System 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, fusion etc.).

REMEDY® Hip Spacer Contraindications

- 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.
- Sufficient bone not available to allow insertion and fixation of the hip spacer.
- 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.
- Lack of ideal bone disallows support of the prosthesis in the acetabular region or proximal femur.
- Infection of the THR cannot be confirmed.
- Infecting bacterium/pathogens resistant to gentamicin.
- Infecting bacterium/pathogens are not susceptible to gentamicin.
- A remote infection (systemic/secondary) is suspected or verified.
- 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 (canes, walkers, crutches, etc.).
- Age, weight or activity level, may cause the surgeon to expect possible, early failure of the hip spacer.

Possible Adverse Events

The list provided below addresses frequent and serious adverse effects which may be associated with the use of the REMEDY® Hip Spacer. Note that some effects are not directly associated with the device itself, however the surgeon should be aware of these possible issues, and ready to treat them accordingly.

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

Surgery Risks (THR): difference in limb length, wound healing issues, femur or acetabulum damage, blood vessel damage, nerve damage, bone bed damage, excessive blood loss, arthrofibrosis, phlebitis, thrombophlebitis, hematoma.

REMEDY® Hip Spacer Risks: recurring infection, gentamicin toxicity (ototoxicity/nephrotoxicity), implant breakage, head disassembling, implant loosening, PMMA sensitivity, debris release, difficult device removal, implant dislocation, foreign body reaction.

NOTES: The surgeon should be aware of the possible negative effects of bone cement, as the device must be affixed with it. Infections that recur, though rare, have been known to reappear even with IV antibiotic use. Gentamicin application may trigger negative reactions of this antibiotic following systemic use, as shown in the next paragraphs.

Gentamicin (and Aminoglycosides) Risks:
All aminoglycosides have the potential to produce reversible and irreversible vestibular, cochlear and renal toxicity when administered systemically.

Ototoxicity:
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.

Nephrotoxicity:
Approximately 8-28% of patient receiving an aminoglycosides for more than several days will develop mild renal impairment, that is almost always reversible: Toxicity correlates with the total amount of drug administered. Other drugs, such as amphotericin B, vancomycin, cisplatin, cyclosporine, cephalotin, furosemide may potentiate aminoglycoside-induced nephrotoxicity. Monitoring drug concentrations in plasma is useful, particularly during prolonged and/or high dose therapy.

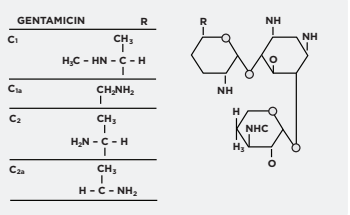
Neuromuscular blockade:
Episodes have occurred in association with anesthesia or administration of other neuromuscular blocking agents. Patients with myasthenia gravis are particularly susceptible to this phenomenon.

Other untoward effects:
Aminoglycosides have little allergenic 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® Hip Spacer during pregnancy and breast-feeding. It is recommended that hip revision surgery be avoided during the first three months of pregnancy. The REMEDY® Hip Spacer 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.

Use in Children
No data or tests support that the REMEDY® Hip Spacer is safe to use in children. The REMEDY® Hip Spacer should only be used in mature adults.

Chemistry/Structure - Gentamicin Sulphate
Gentamicin is an aminoglycoside antibiotic derived from the actinomycetes *Micromonospora purpurea*. Gentamicin is a complex of the gentamicins C1, C1a, C2 and C2a as shown. The molecular weight is 449.55. The compound is supplied as sulphate.



GENTAMICIN SULPHATE RELEASED FROM PMMA

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.

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

Goodman & 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® Hip Spacer. However trough concentrations exceeding 2 µg/ml for longer than 10 days have been associated with toxicity (systemic administration). The REMEDY® Hip Spacer should be used with caution, during the first day of implantation, when used in conjunction with 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® Hip Spacer is required for successful implantation of the device. Only surgeons who have studied the REMEDY® Hip Spacer surgical technique and are aware of the limitations of its application are allowed to perform the procedure. The surgeon is not allowed to adjust or modify the device in any way (do not add additional antibiotics as the effects structurally and pharmacologically 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® Hip Spacer 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. Always use the largest component size possible to ensure ideal performance. 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 the greater trochanter and 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 prior to implantation of the REMEDY® Hip Spacer following a fine needle aspiration from the joint site. 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® Hip Spacer is single-use intended for an individual patient. Do not resterilize and/or reuse. Resterilization of the components can cause 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, that could cause a malfunction with serious health risks for the patient.

Implants should not be reused once removed, though they may appear not damaged as this could cause contamination and aggravation of patient infection. The removal of the device may damage the implant itself, and cement residues may remain adhered as well to the device. By not following these recommendations there will be an increased likelihood of wear, loosening, poor function, fracture or premature failure. Excess material is deemed as surgical waste and must be removed/destroyed at the conclusion of the surgical procedure.

The REMEDY® Hip Spacer should not be implanted if the existing implant cannot be completely removed.

The REMEDY® Hip Spacer is comprised of two components (head and a stem). It is important not to use the individual components alone within the anatomy.

The REMEDY® Hip Spacer must not be rinsed or cleaned with liquids prior to implanting.

The REMEDY® Hip Spacer should not be used in areas that contain osteosynthesis implants that may interfere with the device and its mechanical function.

The REMEDY® Modular Head must be torqued/screwed at least to the blue colored line indicated on the stem neck (see Figure 1).

MMA liquid is provided within packaging to affix the head to the stem. Excessive vapor inhalation of the liquid component may cause drowsiness: prolonged exposure to vapors may irritate the respiratory system and eyes. Avoid monomer contact with the mucous membranes and skin (wear a second pair of surgical gloves to reduce reactions created by hypersensitivity). Susceptible patients have been observed to experience contact dermatitis. The liquid component should not come into contact with accessories made of rubber or elastomers. The liquid component is flammable and volatile and for this reason the operating theatre must be correctly ventilated. The liquid component and/or its vapors must never be directly exposed to naked flames or heated materials.

The REMEDY® Hip Spacer 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 (fusion, 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. Correct sizing of the REMEDY® Hip Spacer depends on the selection and judgment of 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® Hip Spacer surgery, and (C) study and become informed regarding the use of instrumentation for sizing and implantation of the devices. Remedy Hip Trial devices are also available to ensure the implant has been correctly sized for the patient's anatomy.

Warning: The REMEDY® Hip Spacer must be proximally cemented with gentamicin loaded cement. The use of bone cement is compulsory to avoid rotation and to limit the risk of dislocation or spacer loosening.

Head Size Selection
To avoid possible dislocation, the largest head size should be chosen. Correct measurement can be determined by measuring the removed acetabular cup along with the use of REMEDY® Hip Trial. The acetabular dome may be reamed in relation to the quality of the residual bone thus allowing the use of a larger diameter head. This is ideal as it aids in the removal of any existing infected tissue while deepening the spacer head which may prevent possible painful dislocation in the future.

Stem Selection
The choice of the stem size depends on the dimensions of the femoral canal and on the stability achieved. The size measurement can be determined with the use of REMEDY® Hip Trials. When a distal anchorage is needed, a long stem is recommended: this occurs in case of absence of proximal support, in presence of a vast metaphy-seal damage, or after a transfemoral approach for device removal.

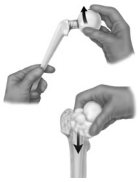
Offset Selection
Screwing/torquing the head onto the threaded connection of the stem provides the proper offset size to be selected. The goal is to achieve ideal soft tissue tensioning by following the patient's anatomy to reduce the risk of painful dislocation. *Note: the maximum offset possible is the one achieved once the colored thread is completely covered by the head.*

Application Instructions
All routes of access to the hip may be utilized for the insertion of the REMEDY® Hip Spacer. The operative site must be irrigated with Ringer or physiological solution while thorough debridement must be executed after removal of the prosthesis and before inserting the REMEDY® Hip Spacer. Excess cement or debris from the previous device must be removed to ensure a clear operative area.

Trial Use
REMEDY® Hip Trials are provided to help determine the appropriate size needed. The size to be implanted is the one that is nearest to the size of the removed implant. When the appropriate sizes of the stem and head device are determined and selected, screw the head component in a clockwise motion onto the threaded junction of the stem component. Place the stem completely within the diaphysis canal of the femur. The correct position is the following:

- The lower protrusion of the stem collar shall rest on the proximal diaphysis cortex.
- The stem shall not be obstructed by additional devices within the diaphysis canal. Check the correct offset by screwing in or out the head to discover the best fit. When the correct offset has been selected remove the trial, and count the number of threads not included in the head. Note that the thickness generated by the cement is not reflected in these trials

REMEDY® Hip Spacer Use
- Open the package of the selected REMEDY® Modular Head size and remove the monomer vial.
- Carefully break the vial open and pour all the monomer into the opening of the head.
- Seal the head with the cover cap and shake the head for 60-seconds, ensuring the threads are fully covered with liquid.
- Remove the cover cap and dispose of the remaining liquid.
- In a clockwise motion, screw the head onto the threaded portion of the stem until the reference thread chosen with the trial components is reached. Make sure the colored line on the stem is completely covered. Monomer provides fixation between the two components.



- Using gentamicin loaded acrylic bone cement, apply the cement to the proximal aspect of the stem and place the stem within the femoral canal in the correct position as previously verified with the trial components. The lower protrusion of the stem collar should rest on the proximal diaphysis cortex and the stem should not be obstructed by additional devices within the diaphysis canal.
- Reduce the head into the acetabulum

Note
- The remaining offset space and threads of the stem, up to the femoral head, can be filled with gentamicin loaded bone cement.
- Bone cement can also be applied once the stem is seated within the femoral canal.

For the following three hours the patient must not move the leg to ensure correct fixation of the REMEDY® Modular Head.

To prevent dislocation, the same measures utilized for a permanent total hip replacement should be adopted. Additional considerations include:
- instructions, techniques or guides for the spacer device.
- options for ideal head diameter and correct stem length.
- placement with appropriate joint tension of the soft tissues around the hip joint (offset adjustment).
- acquiring ideal head support in the event of severe acetabular bone loss.
- in cases at risk consider the use of an abduction brace (possibly articulated) to assist in flexion to lower the risk of dislocation.
- proximal cementation (with gentamicin-loaded acrylic cement) of the stem (neck region).

Note: The REMEDY® Hip Spacer has not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration, or image artifact in the MR environment. The safety of REMEDY® Hip Spacer in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

Postoperative treatment
Postoperative treatment is comparable with a primary 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. Avoid weight bearing or forced mobilization which could cause the implant to damage the biological structure. If needed, an abduction brace (possibly articulated) to assist flexion may be suggested in cases at risk of dislocation.

Explantation
The REMEDY® Hip Spacer 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 thoroughly be cleaned of all bone cement debris prior to implantation of a definitive implant or performing an alternative surgical procedure (e.g. resection arthroplasty, fusion, 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® Hip Spacer must be removed after temporary implantation (not to exceed 180 days).
- Excessive loading/weight on the REMEDY® Hip Spacer must be averted (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® Hip Spacer was designed for temporary implantation under protected load bearing conditions.

How supplied

The REMEDY® Hip Spacer 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 please do not use.

Caution

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

Information

For further product information, please contact Customer Service.

Symbols:

Catalog Number

Batch Number

Consult Instruction For Use

Do Not Reuse

Do Not Use If Package Is Damaged Or Opened

Sterilized Using Ethylene Oxide

Do Not Resterilize

Caution

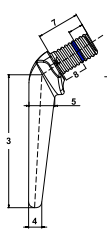
Use By

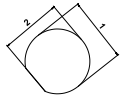
Additional symbols for REMEDY® Modular Head only:

Sterile

Sterilized Using Aseptic Processing Techniques

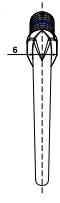
Flammable Liquid

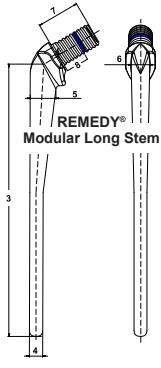




REMEDY® Modular Head

REMEDY® Modular Stem





REMEDY® Modular Long Stem

Component Description	1(mm)	2(mm)	3(mm)	4(mm)	5(mm)	6(mm)	7(mm)	8(mm)	Gentamicin Base (g)
REMEDY® Modular Head 46mm	46	42.3							0.9
REMEDY® Modular Head 54mm	54	50.9							1.6
REMEDY® Modular Head 60 mm	60	57.3							2.3
REMEDY® Modular Stem - Small			111	10	16.5	11.3	35.6	17	0.5
REMEDY® Modular Stem - Medium			112	11	21.7	15.5	35.6	17	0.6
REMEDY® Modular Stem - Large			117	11.5	24	16.5	35.6	17	0.7
REMEDY® Modular Long Stem - Small			227	10	16.5	11.3	35.6	17	0.6
REMEDY® Modular Long Stem - Medium			227	11	21.7	15.5	35.6	17	0.8
REMEDY® Modular Long Stem - Large			231	11.5	24	16.5	35.6	17	0.9

For Internal Use

OSTEOREMEDIES®
ADVANCED MEDICAL TECHNOLOGIES

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