MatOrtho®

ReCerf®

Hip Resurfacing Arthroplasty

Operative Technique

Dynamic Evolution

Forever Active

Contents

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Before Using ReCerf®

This is the prescribed Operative Technique manual for ReCerf® and should be read in full and followed to ensure a good outcome for the patient. Any deviation from this technique is not approved by MatOrtho® and is the responsibility of the clinician.

Every surgeon undertaking implantation of ReCerf® must have been approved for its use by MatOrtho® in writing, prior to operating and must abide by all reasonable requests from MatOrtho® for x-rays and clinical observations.

ReCerf® Hip Resurfacing comprises a cementless acetabular cup and a cemented ceramic femoral head, which must have a matching bearing size. ReCerf® acetabular cups and femoral head components must not be used in combination with any other components.

The ReCerf® Hip Resurfacing Arthroplasty instruments are intended for use with the ReCerf® implants only and should not be considered interchangeable with any other instrumentation.

Always refer to the package inserts, product label and Instructions for Use (part number 400-498) before using the ReCerf® implants.

Postoperative Care and Patient Counselling

The lifespan of any joint replacement is not infinite and excessive activity, failure to control body weight, abnormal loading of the joint and trauma affecting the joint implant replacement can lead to failure and subsequent revision of the prosthesis.

The patient should be warned of the surgical risks, possible adverse effects and operative complications that can occur with joint resurfacing for their specific age, gender and condition and as detailed in the Instructions for Use (part number 400-498).

During the first postoperative 6 to 12 months the bone will be integrating with the device. It is important that patients undertake a gradual and careful return to activity during this period: crutches are likely to be needed for the first few weeks to allow bone and soft tissue rehabilitation. A gradual undertaking of weight-bearing, walking and cycling activities can be built up over the next few months. More demanding activities should only be considered once the implant is secure and the soft-tissues fully rehabilitated.

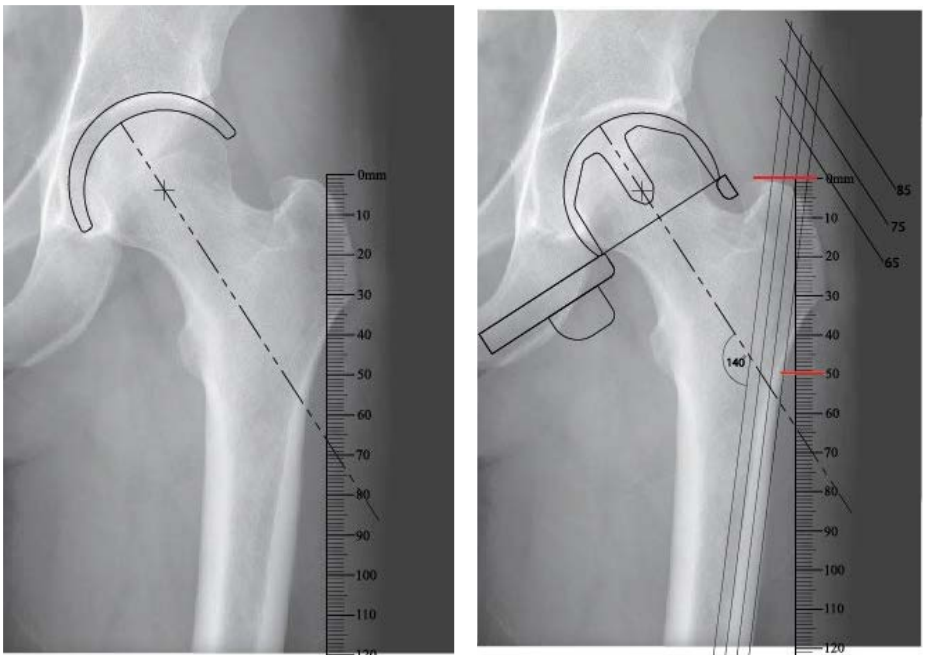
Step 1

X-ray Template for Component Size and Alignment

Using the templates provided, assess the X-ray to approximate the most suitable size of components to replicate the patients' original head size including cartilage.

Position the femoral head in neutral or slight valgus alignment. As a rough guide, the centre line of the stem should emerge up to 0.5 cm above or 1 cm below the bottom of the lesser trochanter as it appears on the X-ray.

If the lateral referencing instruments are to be used, measure the distance between the highest point of the greater trochanter and the intersection of the centre line with the lateral cortex of the femur, using the ruler included on each template.



Step 2

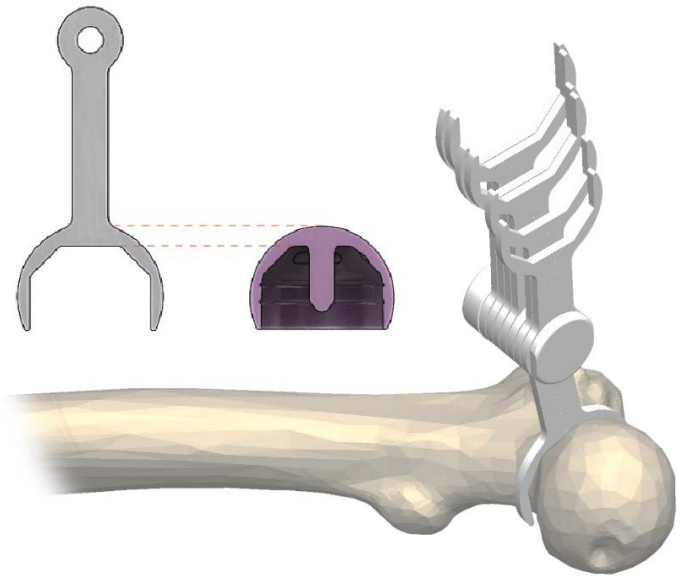
Surgical Approach

Typically, a posterior approach has been used. However, alternative approaches which provide adequate access and visualisation may be considered. This document illustrates the patient lying on their contralateral side.

Step 3

Clear Osteophytes

Clear osteophyte formation from around the head-neck junction with rongeurs as required to allow a good fit with the alignment instrument used and to recreate more normal anatomy.

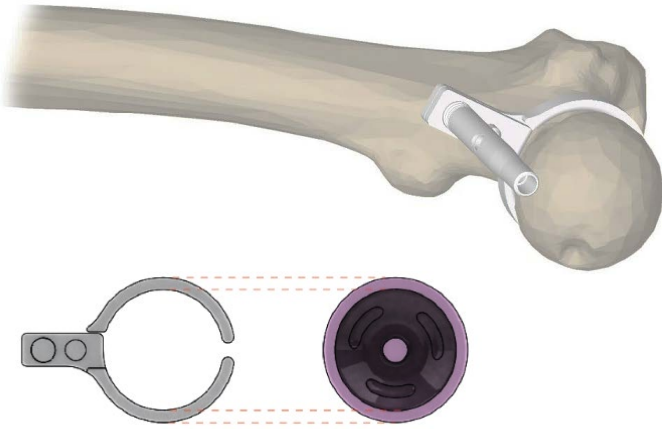


Step 4

Sizing Femoral Head: Using Head-Neck Templates

The outer and inner surfaces of the Head-Neck Template have been designed to represent the outer and inner surfaces of the implant. The outer diameter should be used to identify the original head diameter. This should guide the size of the femoral component to be implanted.

The selected Head-Neck Template should be placed around the neck at the widest medial to lateral dimension. When drawn upwards towards the head, the optimum head size template should provide clearance around the neck and will rest on the head-neck junction where the head cutter will emerge.



Alternative or additional Sizing Femoral Head: Using the Ring Jig

The outside of each ring is the same size as the implant head and the inner ring diameter replicates the inside of the implant head. The ring can therefore be used as a template against the head and in the acetabulum, most usefully A-P, to accurately replicate the patient's head size.

Select the estimated head size Ring component of the Ring Jig and place it over the femoral neck. The Ring should close fully with some free play on the neck, and when pulled upwards it will rest where the head cutter will emerge.

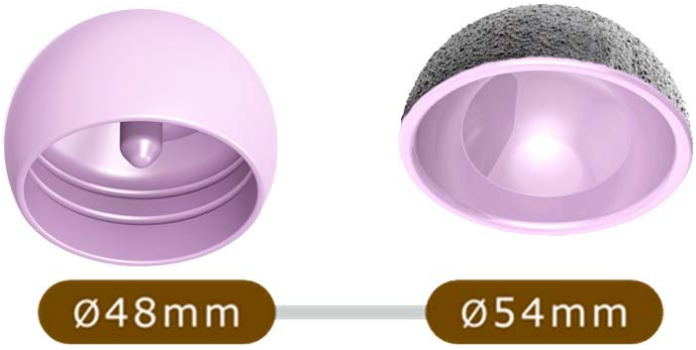
The longitudinal sleeve of the selected Ring component will be used to guide neck alignment. The Jig can be rotated around the femoral neck inferiorly or posteriorly for easier valgus orientation once assembled.

If the ring does not close fully or reach the head-neck junction, use a larger size. If it moves past the head-neck junction and rests near the equator of the head, try a smaller size. Ensure that the Ring is always held fully closed. **The Ring is not to be used to size on the femoral neck**.

If the Ring impinges upon osteophytes, remove them carefully.

Note: *The Ring size that best replicates the patient's original head size with cartilage will optimize the use of the jig for best hip function and leg length.*

Note: *Refer to the Implant Sizing Chart on page 40.*



Step 5

Expose the Acetabulum

Excise the labrum and remove osteophytes to visualise the entire acetabular rim. Clear soft tissue and cartilage to reveal the margins of the acetabulum fully and feel the true floor of the acetabulum.

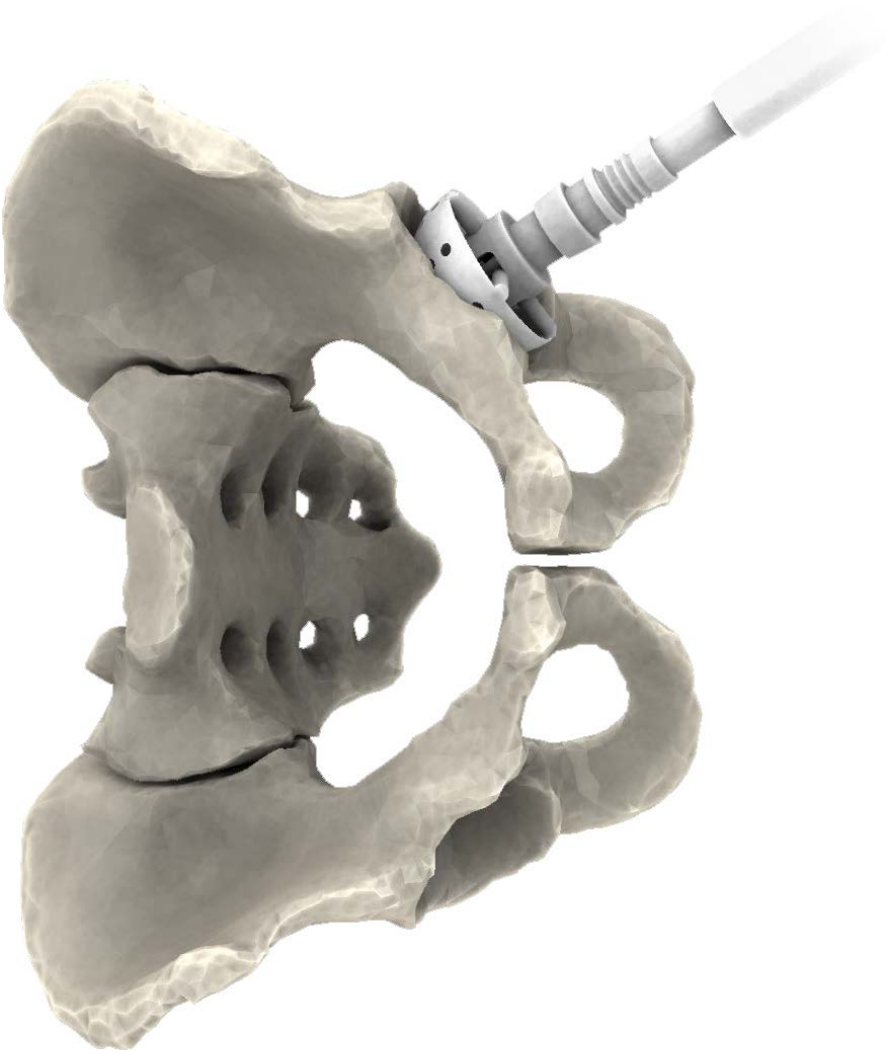
Step 6

Ream the Acetabulum

Check which cup size is compatible with the measured head size.

Use successively sized reamers to ream to 1mm less than the chosen acetabular size (e.g. 55mm for a 56mm cup). Assess fit using the appropriate Trial (Step 7).

Note: *While it is important to preserve and maintain acetabular bone stock, it is advisable to ream 1-2 mm deeper than the hemisphere, so the acetabular cup engages fully without excessive thinning of the walls. Insufficient depth is highlighted by a tendency for the Cup Trial to `jump out' when moved and should be rectified by further reaming.*



Step 7

Cup Trial

Correct assessment of reamed size can best be made with the Cup Trials, which are 1mm smaller in diameter than the Acetabular Cups. The trial should have a secure fit when fully seated in the acetabulum.

Wash the acetabulum sufficiently to ensure a clear view and that all soft tissue is clear, ensuring that any obstructive osteophytes around the acetabulum are removed.

Screw the handle fully into the selected Cup Trial. Position, and impact into the acetabulum.

Check that full bone contact is achieved around the trial edge and within the acetabulum by viewing through the cutouts.

Assess the fit by letting go of the Trial Handle to see if it holds in the acetabulum. Also try to move the trial (it should be firm but just possible to rotate whilst fully seated).

Size (-1mm)

Size

Step 8

Mount Cup Implant on the Cup Introducer

1 Assemble the size-specific Impaction Cap with the Implant. The size of the Impaction Cap refers to the outer diameter of the Acetabular Cup. The cap has gripping tabs to hold the outer rim of the cup.

2 The tabs are opened and closed using the Mechanical Impaction Cap Drive on the top face of the Impaction Cap. With the cap accurately aligned and fully seated flush to the front face of the implant, use the Mechanical Impaction Cap Drive to fully close the gripping tabs until an audible click is heard from the Cap Drive.

It is important to check that the impaction cap is in contact and parallel to the rim of the implant with the gripping tabs symmetrically over the edge of the cup.

3 Attach the Implant to the Cup Introducer as follows:

Open the Cup Introducer latch by pulling the locking arm away from the body of the Cup Introducer.

Slide the dovetail section of the Impaction Cap into the recess on the Cup Introducer. Close the latch by pulling the locking arm towards the body of the Cup Introducer.

Note: *The straight or offset cup introducer can be used dependent on surgeon preference, but it is critical to ensure that access facilitates planned cup abduction and version angles.*

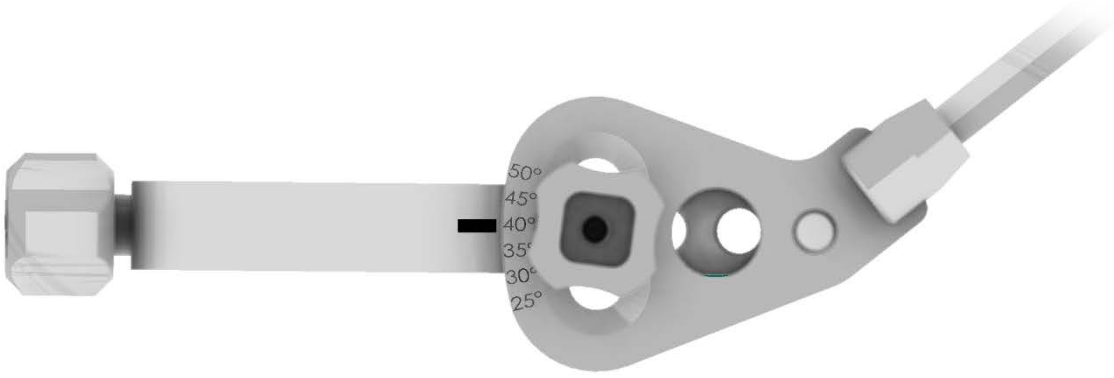
Step 9

Cup Alignment Aerial

Attach the Alignment Aerial to the Cup Introducer to help to guide the cup into position.

It is recommended that the definitive acetabular implant is guided into a defined position of 35°-40° abduction and maximum 20° anteversion in the acetabulum, with the Alignment Rod used as a reference for orientation.

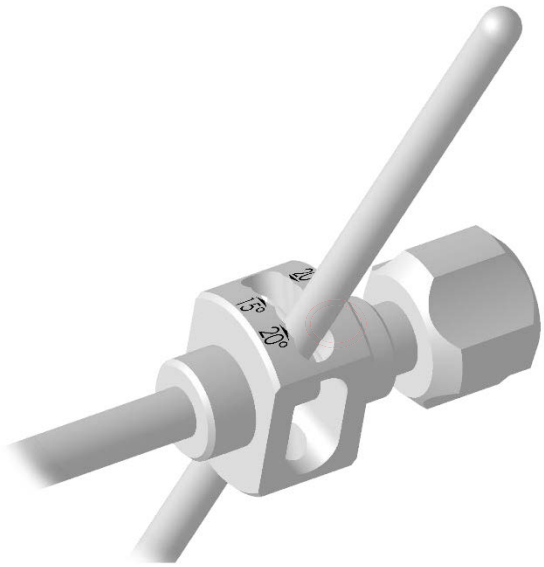
Note: *Risks associated with cup angles outside of this range are described in the ReCerf® Instructions for Use (part number 400-498).*



To set the required abduction angle, loosen the ratchet screw, adjust to the required angle and re-tighten with the Knob Tightener.

Note: *A 35°-40° abduction angle is recommended.*

Insert the Alignment Rod into the correct set of holes for either the left or right hip as indicated.



Set required anteversion angle and hand tighten the thumb screw HAND TIGHT only.

Note: *A maximum 20° anteversion angle is recommended.*

Step 10

Position and Impact Cup

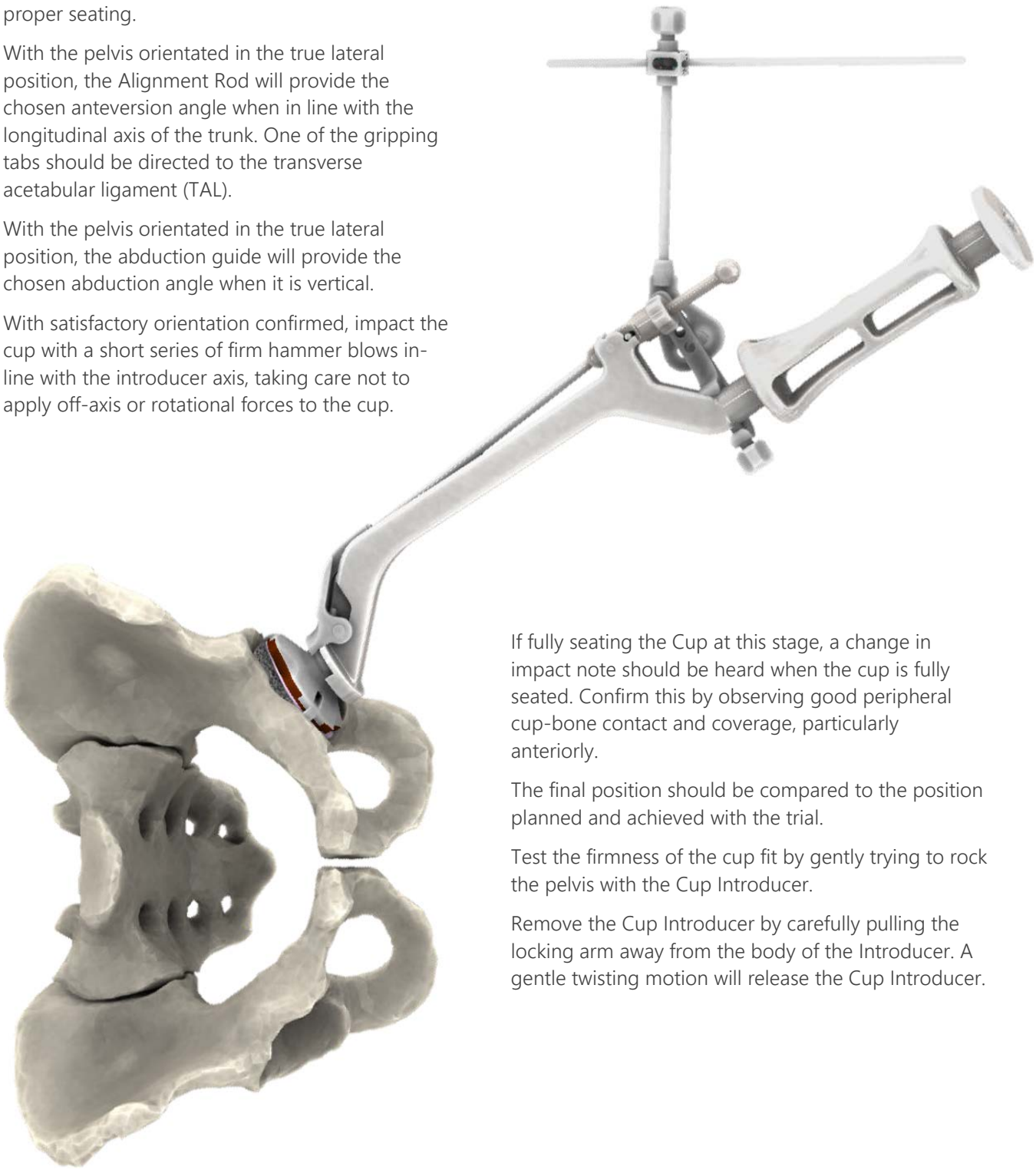
Note: *The cup can be implanted in one step using the Cup Introducer, with the tabs then retracted to remove the impaction cap. An alternative is a two-step technique. The Cup Introducer is used to initially position and orientate the cup. The Introducer is then removed, and the Rim Impactor used to fully seat the Cup. Whichever method is adopted, take care not to apply excessive off-axis or rotational forces to the Cup while the Impaction Cap is attached to the Cup. Non-linear forces have the potential to loosen the Impaction Cap and damage the cup. This part of the procedure can feel different to implanting a Metal-on-Metal Hip Resurfacing.*

Place the cup within the acetabulum taking care to ensure there are no obstructive tissues preventing proper seating.

With the pelvis orientated in the true lateral position, the Alignment Rod will provide the chosen anteversion angle when in line with the longitudinal axis of the trunk. One of the gripping tabs should be directed to the transverse acetabular ligament (TAL).

With the pelvis orientated in the true lateral position, the abduction guide will provide the chosen abduction angle when it is vertical.

With satisfactory orientation confirmed, impact the cup with a short series of firm hammer blows in-line with the introducer axis, taking care not to apply off-axis or rotational forces to the cup.



If fully seating the Cup at this stage, a change in impact note should be heard when the cup is fully seated. Confirm this by observing good peripheral cup-bone contact and coverage, particularly anteriorly.

The final position should be compared to the position planned and achieved with the trial.

Test the firmness of the cup fit by gently trying to rock the pelvis with the Cup Introducer.

Remove the Cup Introducer by carefully pulling the locking arm away from the body of the Introducer. A gentle twisting motion will release the Cup Introducer.

Step 11

Assess Cup Orientation

***Note:* Do not separate the Cap without first confirming a satisfactory cup orientation.**

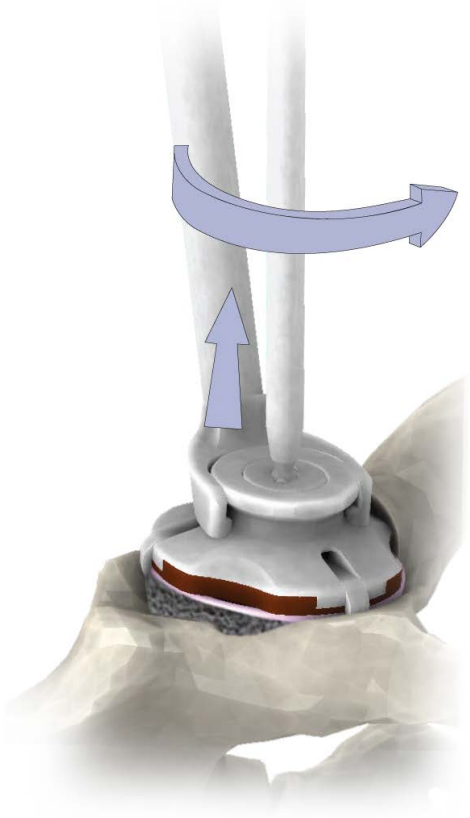
If necessary, the Cup Introducer can be reattached to remove and reposition the cup. Attaching the Slide Hammer will aid cup removal.

Step 12

Remove the Impaction Cap

Loosen the Impaction Cap using the Mechanical Impaction Cap Drive on the top face of the cap until the arms are fully retracted.

Remove the cap from the top of the implant using the Mechanical Impaction Cap Spanner.

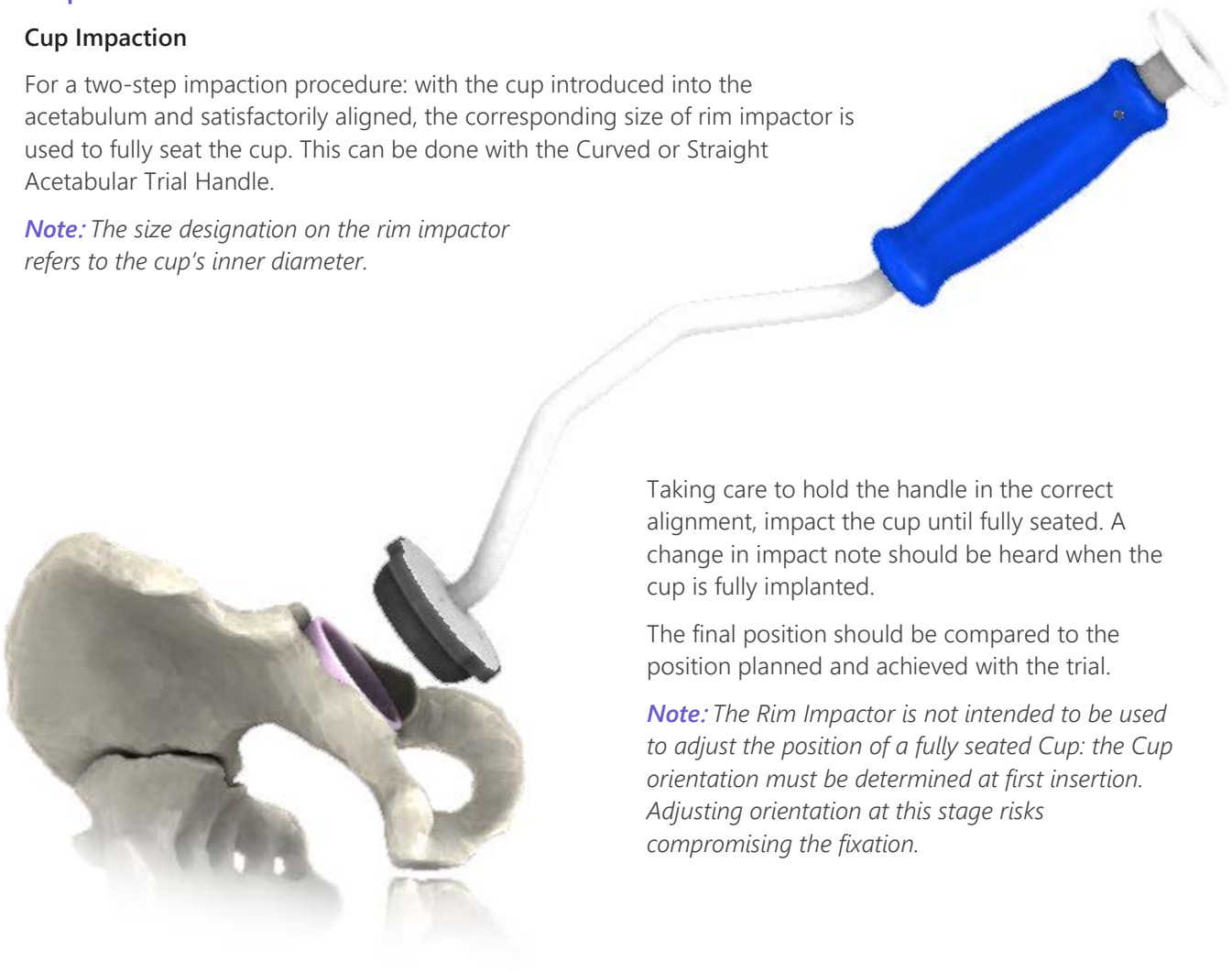


Step 13

Cup Impaction

For a two-step impaction procedure: with the cup introduced into the acetabulum and satisfactorily aligned, the corresponding size of rim impactor is used to fully seat the cup. This can be done with the Curved or Straight Acetabular Trial Handle.

Note: *The size designation on the rim impactor refers to the cup's inner diameter.*

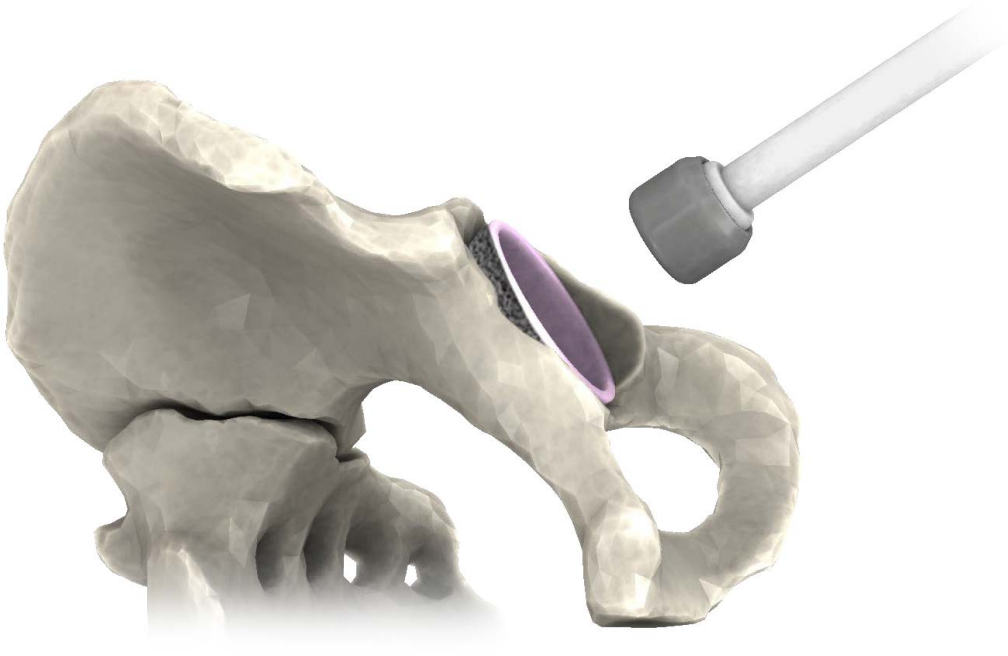


Taking care to hold the handle in the correct alignment, impact the cup until fully seated. A change in impact note should be heard when the cup is fully implanted.

The final position should be compared to the position planned and achieved with the trial.

Note: *The Rim Impactor is not intended to be used to adjust the position of a fully seated Cup: the Cup orientation must be determined at first insertion. Adjusting orientation at this stage risks compromising the fixation.*

If required, a bearing impactor can be used to complete the cup insertion and ensure the cup is fully seated.

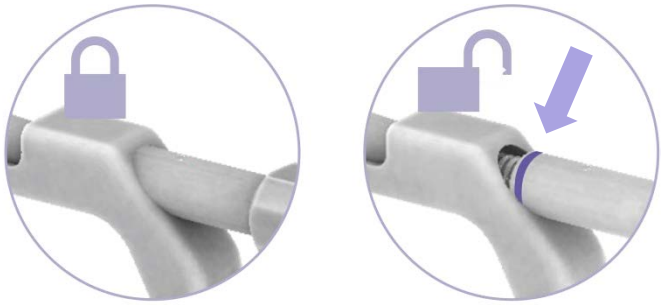


Step 14

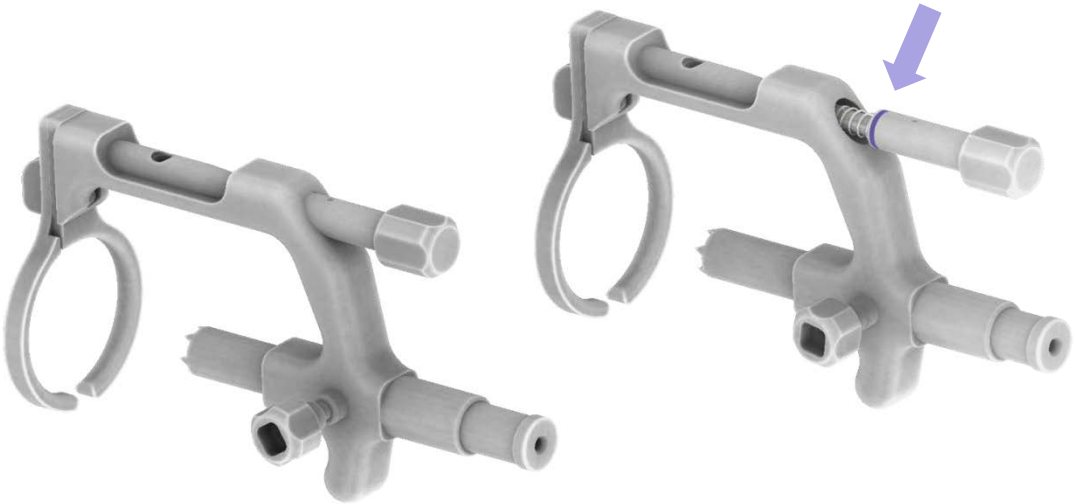
Assemble Ring Jig

Assemble the selected Ring Jig Ring onto the Jig as shown. When the screw thread is semi-engaged, the ring will open and close against a spring bias. When fully tight, the ring will be locked. Also ensure that the Spiked Guide Wire Tube is assembled and held by its securing screw.

***Note**: the ring used MUST be the correct size and replicate the patient's original head size to achieve optimum placement and leg length.*



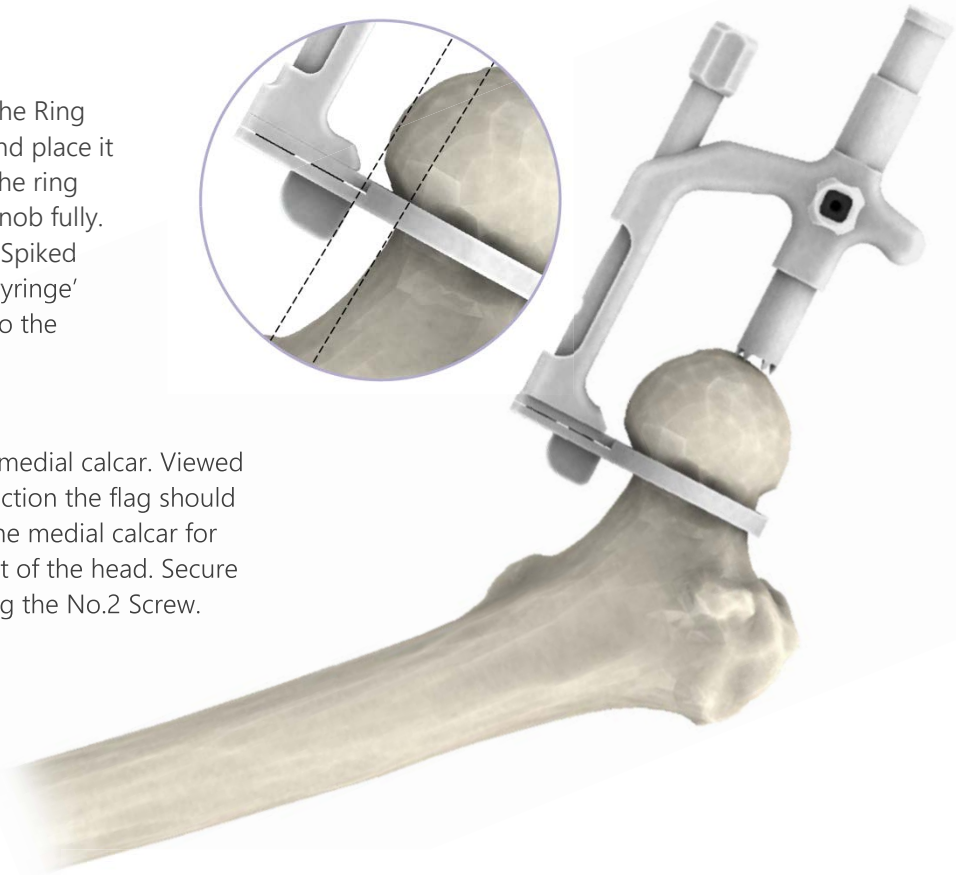
The unlocked position is achieved when the indicating line is fully visible and locked when the line is fully obscured.



Step 15

Varus/Valgus Alignment

With the Ring component of the Ring Jig unlocked, open the Ring and place it over the femoral neck. Close the ring and lock it by tightening the knob fully. Loosen the screw holding the Spiked Guide Wire Tube and with a `syringe' grip pull the ring upwards onto the head-neck junction.



Place the flag adjacent to the medial calcar. Viewed from posterior or anterior direction the flag should be approximately parallel to the medial calcar for correct varus-valgus alignment of the head. Secure the Ring Jig by hand tightening the No.2 Screw.

Optionally, attach the External Alignment Guide and pass a guide wire through to further indicate varus-valgus alignment.

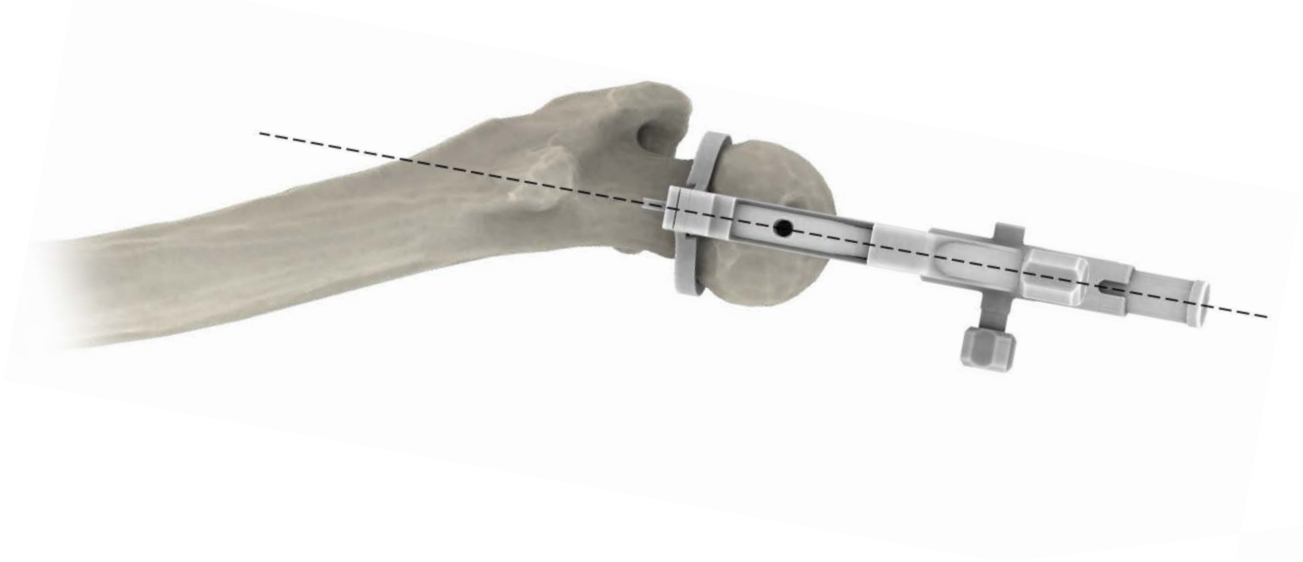
The longitudinal sleeve of the selected Ring Jig Ring will be used to guide neck alignment. The Jig can be rotated around the femoral neck inferiorly or posteriorly for easier valgus orientation once assembled.

Step 16

Anteversion Alignment

Assess the anteversion angle of the flag by viewing it from a mediolateral direction. The flag should be adjusted to point straight down the neck, following the natural anteversion angle. Press the spiked tube firmly against the femoral head and retighten the screw.

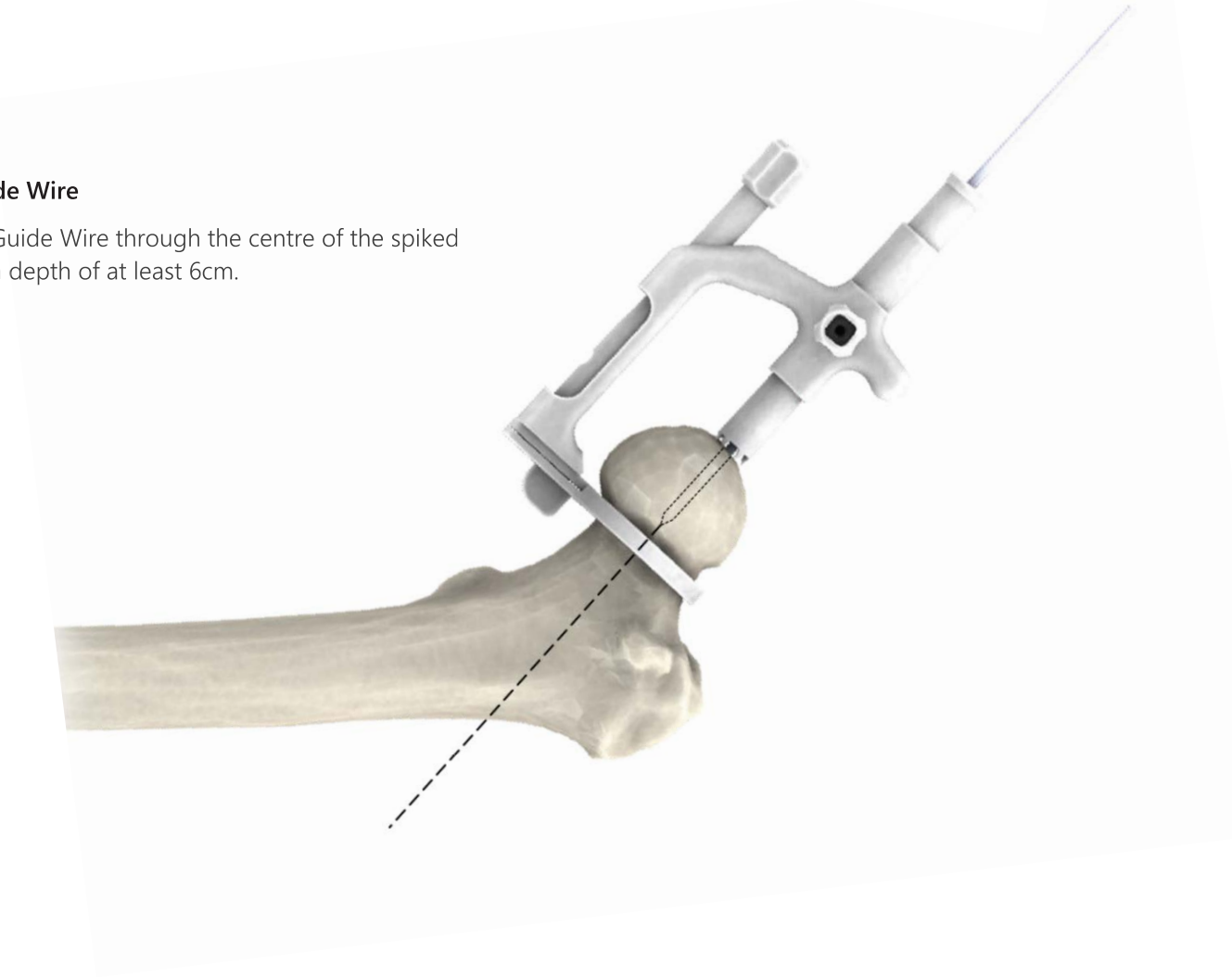
Recheck the varus/valgus angle in case it has changed.



Step 17

Drill Guide Wire

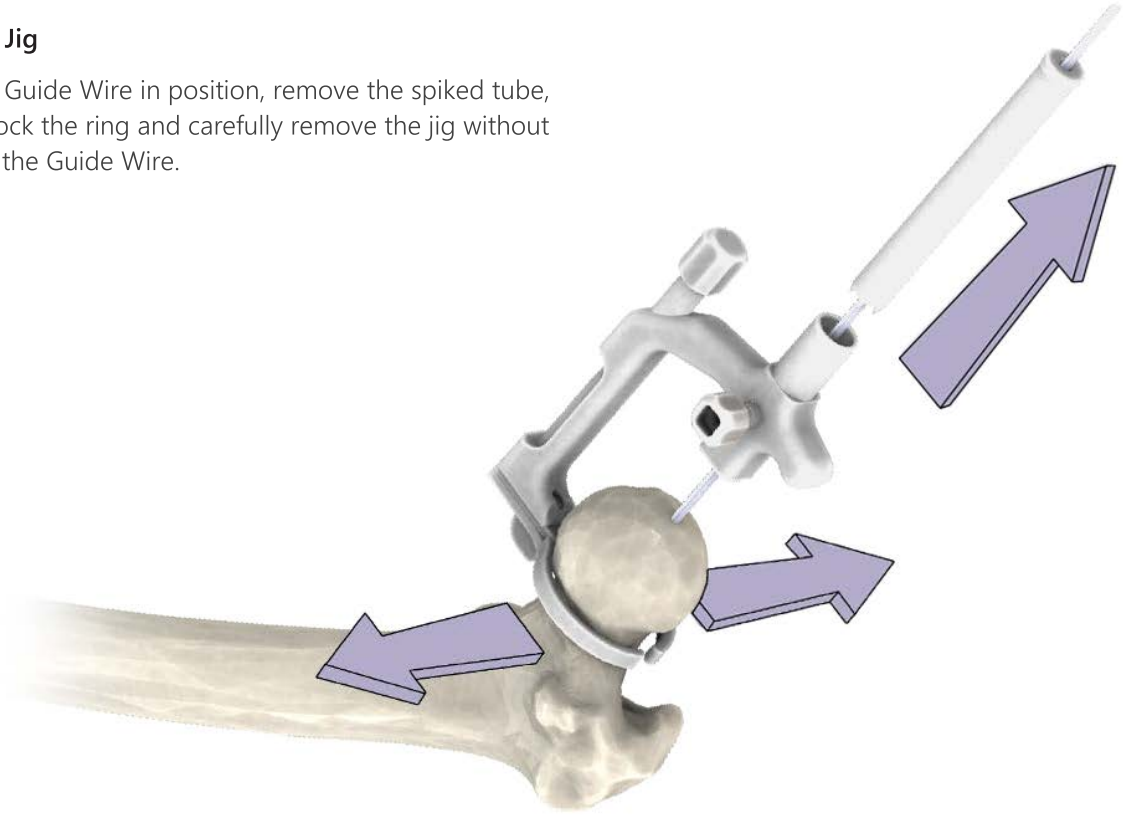
Drill the Guide Wire through the centre of the spiked tube, to a depth of at least 6cm.



Step 18

Remove Jig

With the Guide Wire in position, remove the spiked tube, then unlock the ring and carefully remove the jig without bending the Guide Wire.

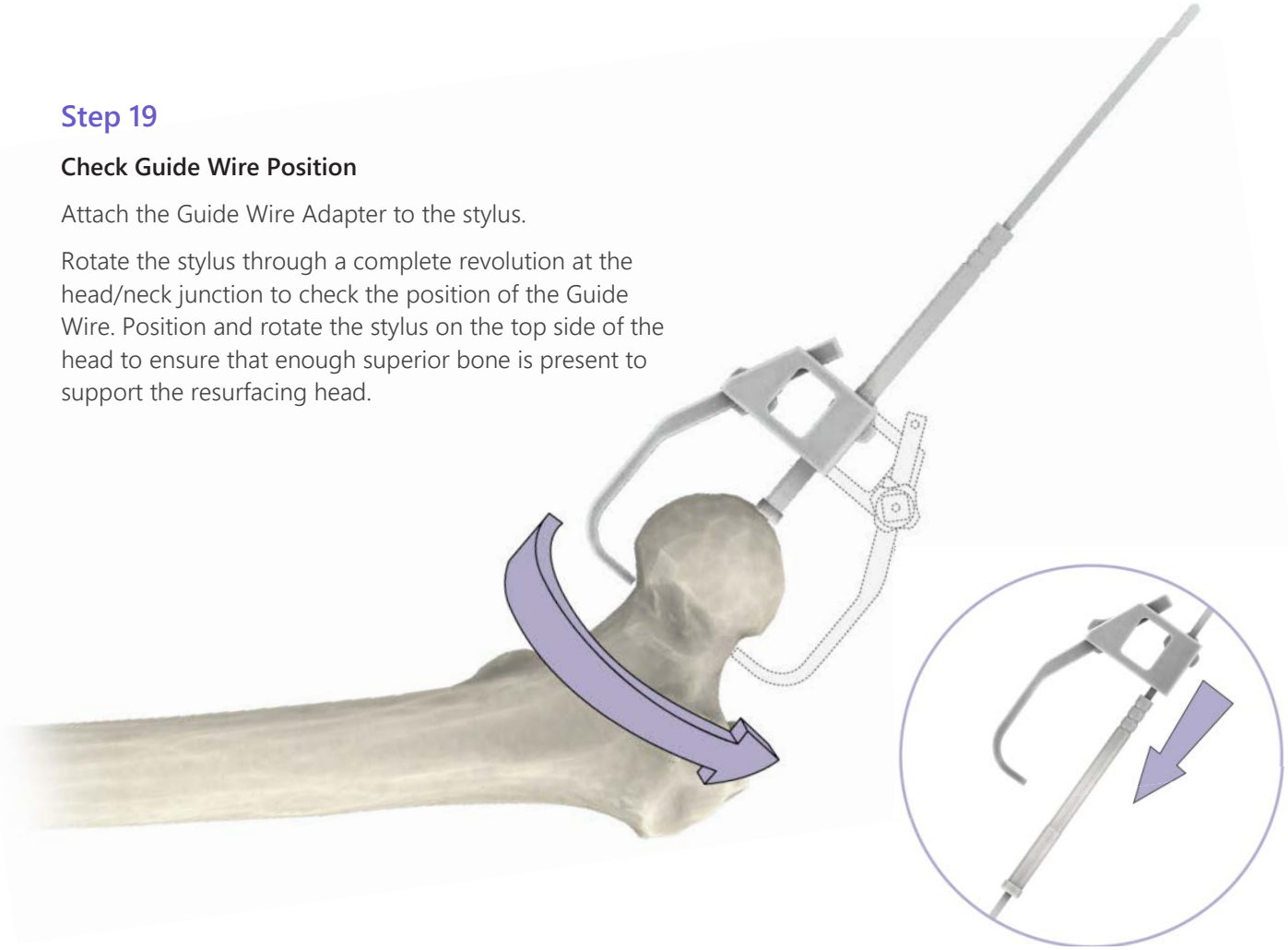


Step 19

Check Guide Wire Position

Attach the Guide Wire Adapter to the stylus.

Rotate the stylus through a complete revolution at the head/neck junction to check the position of the Guide Wire. Position and rotate the stylus on the top side of the head to ensure that enough superior bone is present to support the resurfacing head.

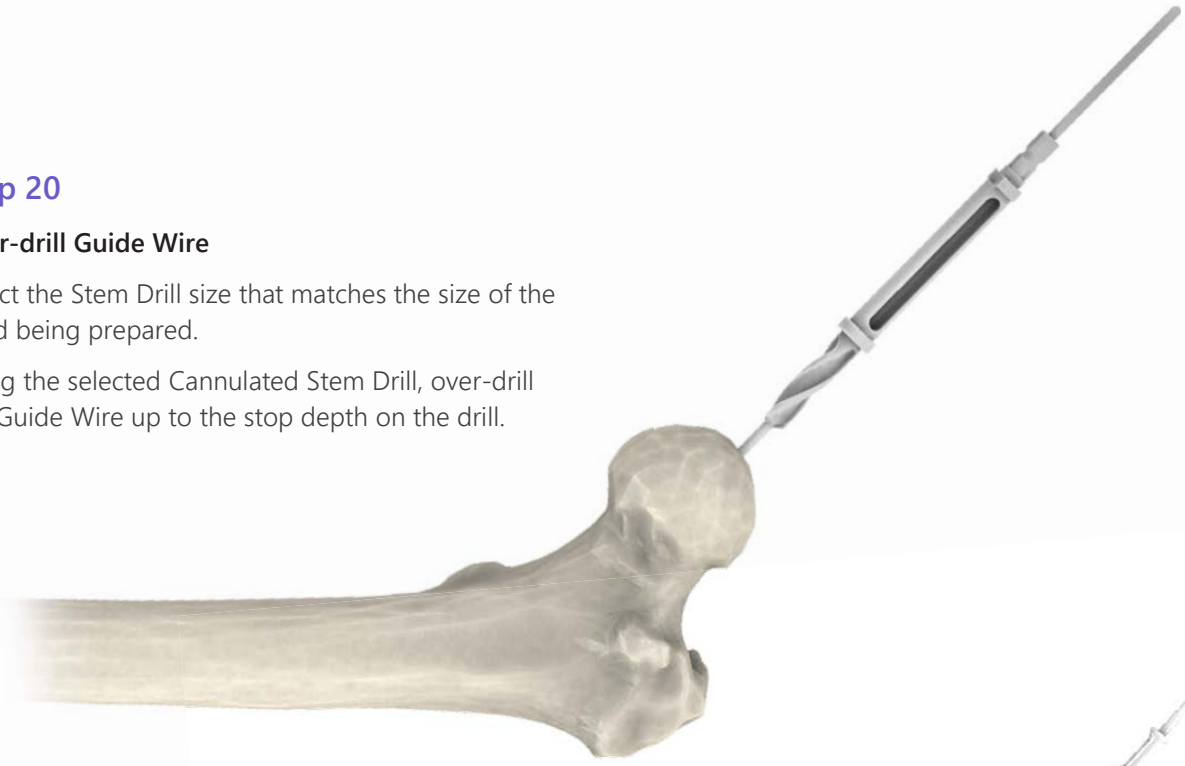


Step 20

Over-drill Guide Wire

Select the Stem Drill size that matches the size of the head being prepared.

Using the selected Cannulated Stem Drill, over-drill the Guide Wire up to the stop depth on the drill.



Step 21

Insert Guide Rod

Select the Guide Rod size that the size of the head being prepared for.

Insert the Guide Rod over the guide wire up to the depth stop.

Step 22

Cylinder Cut

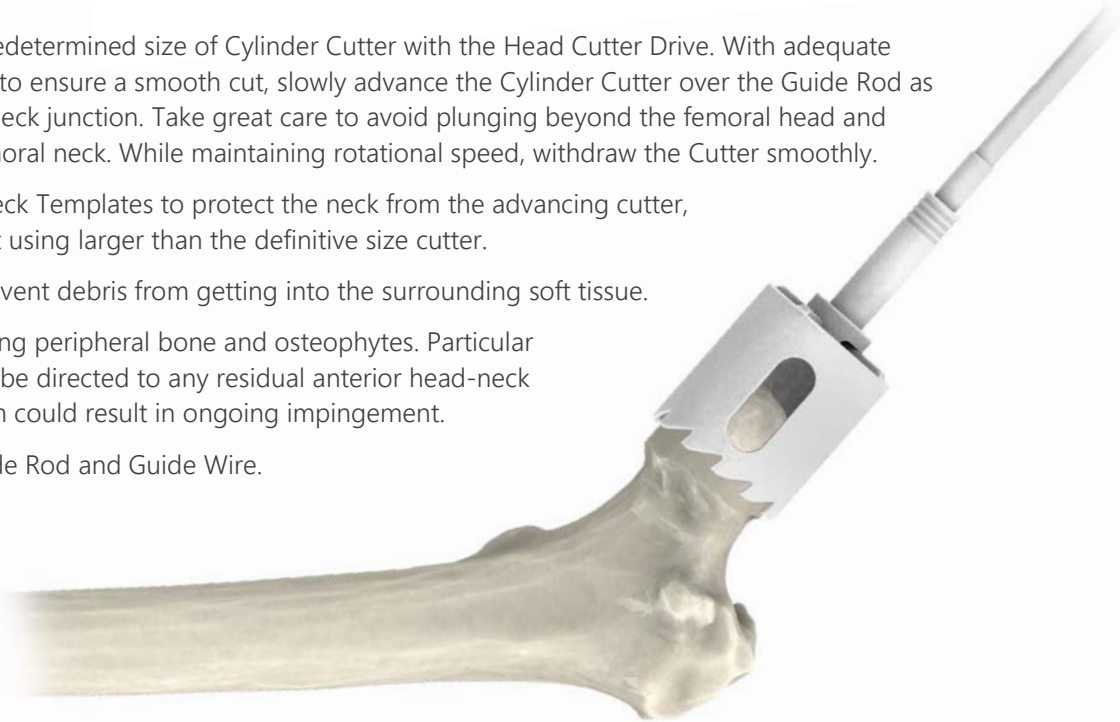
Assemble the predetermined size of Cylinder Cutter with the Head Cutter Drive. With adequate rotational speed to ensure a smooth cut, slowly advance the Cylinder Cutter over the Guide Rod as far as the head-neck junction. Take great care to avoid plunging beyond the femoral head and notching the femoral neck. While maintaining rotational speed, withdraw the Cutter smoothly.

Use the Head-Neck Templates to protect the neck from the advancing cutter, particularly if first using larger than the definitive size cutter.

Use swabs to prevent debris from getting into the surrounding soft tissue.

Trim any remaining peripheral bone and osteophytes. Particular attention should be directed to any residual anterior head-neck osteophyte which could result in ongoing impingement.

Remove the Guide Rod and Guide Wire.

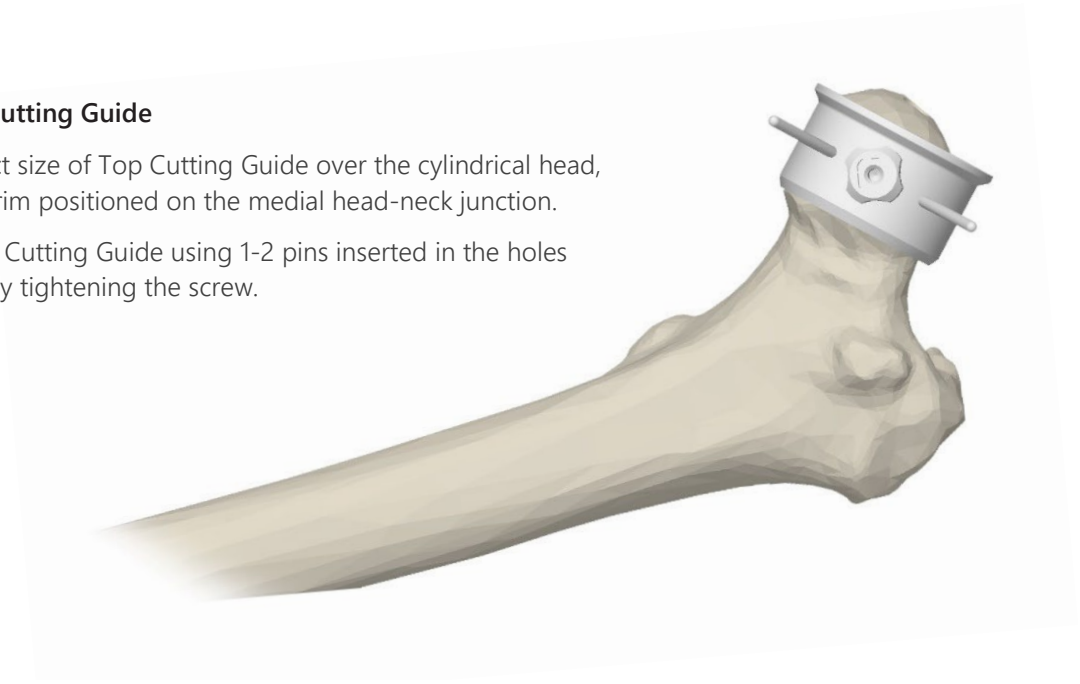


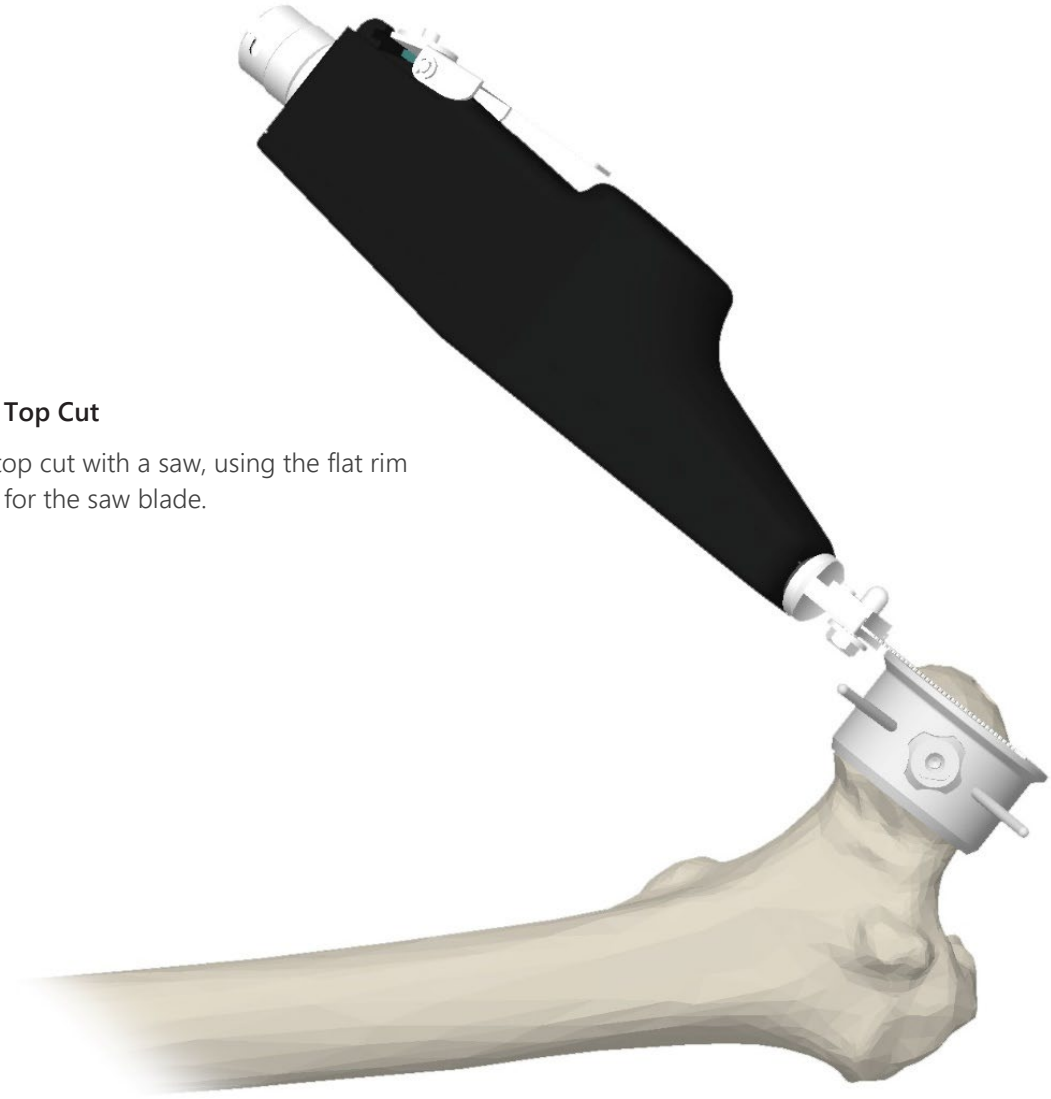
Step 23

Position Top Cutting Guide

Slide the correct size of Top Cutting Guide over the cylindrical head, with the lower rim positioned on the medial head-neck junction.

Secure the Top Cutting Guide using 1-2 pins inserted in the holes provided and by tightening the screw.





Step 24

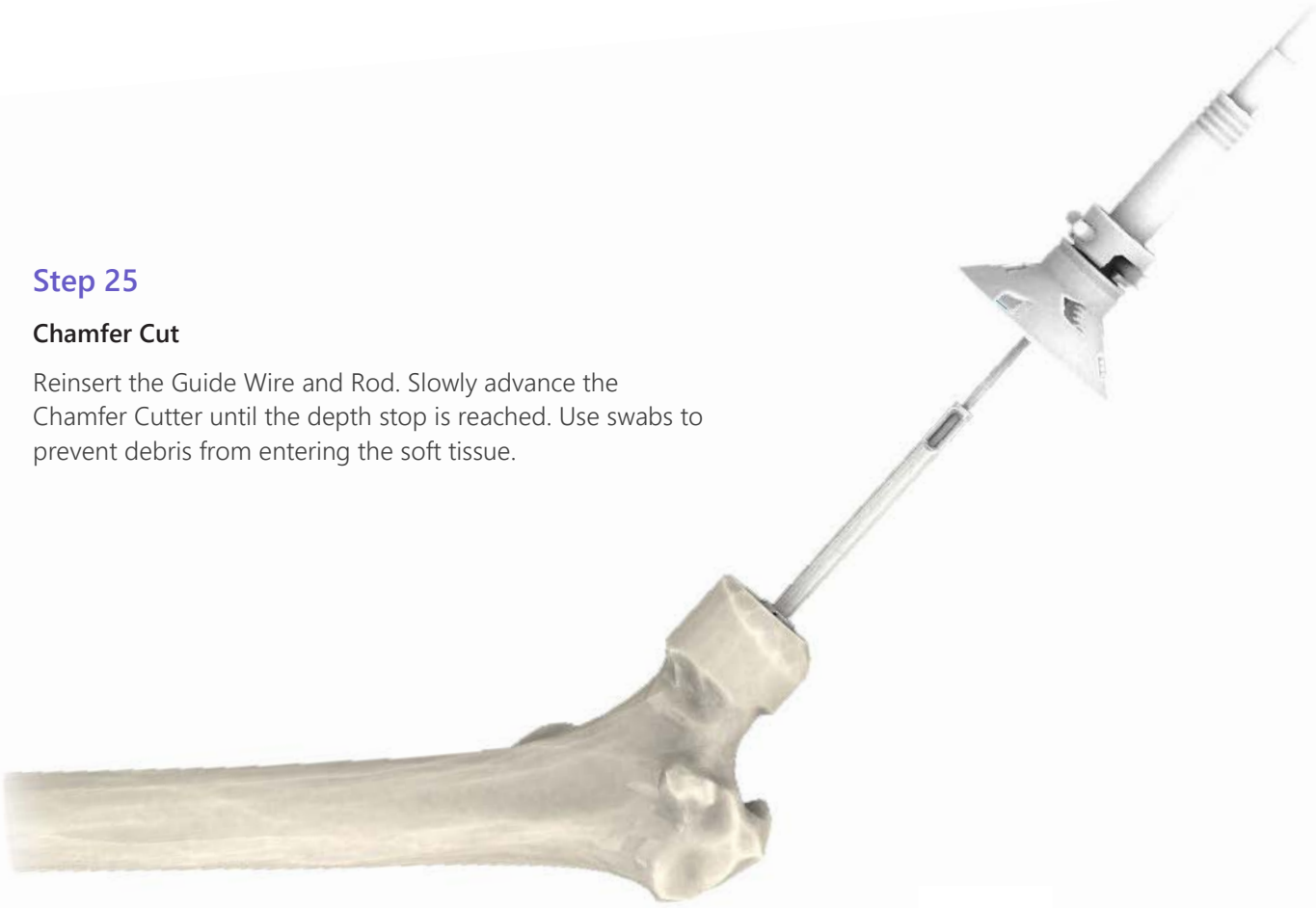
Complete Top Cut

Make the top cut with a saw, using the flat rim as a guide for the saw blade.

Step 25

Chamfer Cut

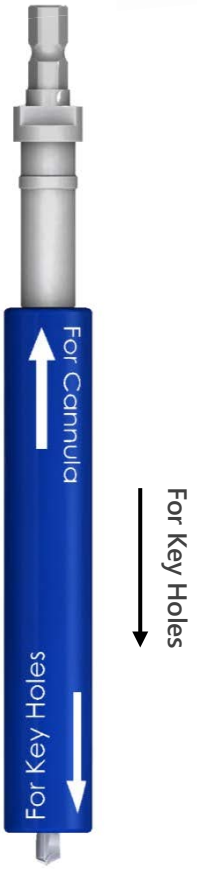
Reinsert the Guide Wire and Rod. Slowly advance the Chamfer Cutter until the depth stop is reached. Use swabs to prevent debris from entering the soft tissue.



Step 26

Assemble Ø4.5 Drill

Mount the plastic sleeve in the 'For Key Holes' drilling position.



Step 27

Prepare for Cement

Drill several equidistant key holes perpendicular to the chamfer using Ø4.5 drill.

Step 28

Femoral Head Trial

Place the correct size of Femoral Head Trial over the femoral head to check the preparation and optionally reduce the joint.

Step 29

Assemble Ø4.5 Drill

Mount the plastic sleeve over the Ø4.5 Drill in the 'For Cannula' drilling position.

Step 30

Insert Drainage Cannula

Drill a hole in the lesser trochanter for the Drainage Cannula using the Ø4.5 drill, assembled as illustrated above.

Insert the Drainage Cannula, ensuring that it does not extend into the stem hole. Connect to a suction pump and apply suction. Wash the prepared bone surfaces with saline lavage and dry thoroughly.

Step 31

Assemble Head Impactor

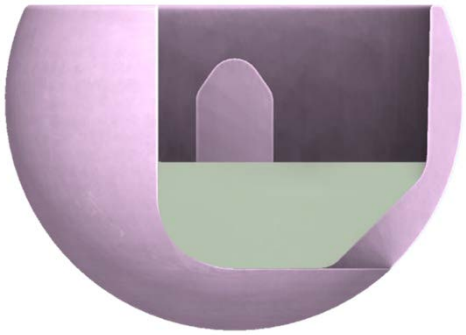
Assemble the Head Impactor handle and Impaction Head.

Step 32

Prepare Cement

Fill the femoral head with low viscosity antibiotic cement up to the top chamfer edge.

Note: *Low viscosity cement must always be used with this implant. By gently rotating the femoral head the cement can be distributed around the internal surface of the implant prior to impaction.*



Step 33

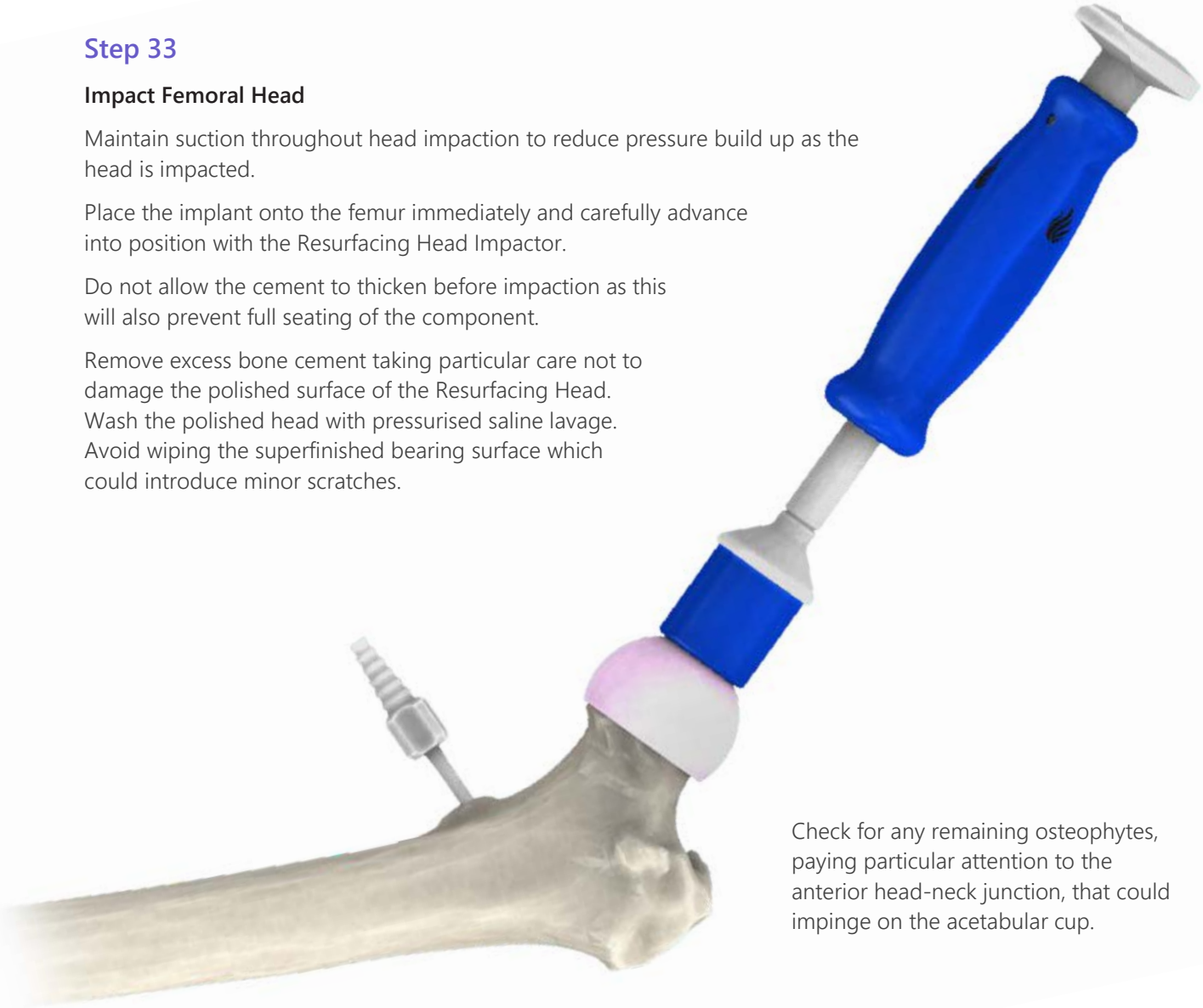
Impact Femoral Head

Maintain suction throughout head impaction to reduce pressure build up as the head is impacted.

Place the implant onto the femur immediately and carefully advance into position with the Resurfacing Head Impactor.

Do not allow the cement to thicken before impaction as this will also prevent full seating of the component.

Remove excess bone cement taking particular care not to damage the polished surface of the Resurfacing Head. Wash the polished head with pressurised saline lavage. Avoid wiping the superfinished bearing surface which could introduce minor scratches.

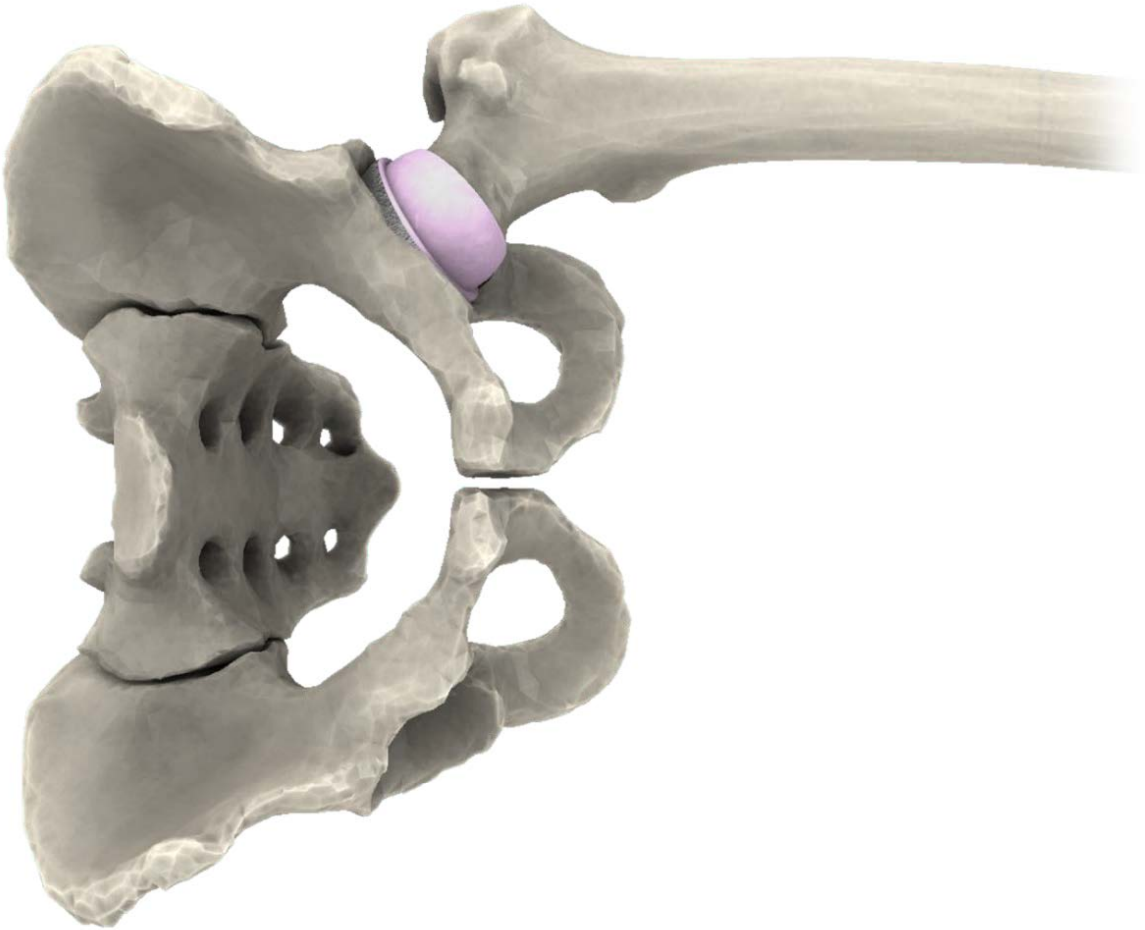


Check for any remaining osteophytes, paying particular attention to the anterior head-neck junction, that could impinge on the acetabular cup.

Step 34

Reduction

Flush the entire joint with saline, wash and inspect the polished surfaces. Reduce the hip, taking great care to reduce the components cleanly without scraping the head on the cup rim. A retractor can be used to hold the hip capsule away from the acetabulum. Perform a full check to ensure that there is no entrapment of soft tissues, and the range of movement and stability is satisfactory.



Step 35

Close Wound

Follow the preferred procedure to reattach muscular structures and suture the fat layers and skin, inserting a drain if required.

Step 36

Postoperative X-Ray

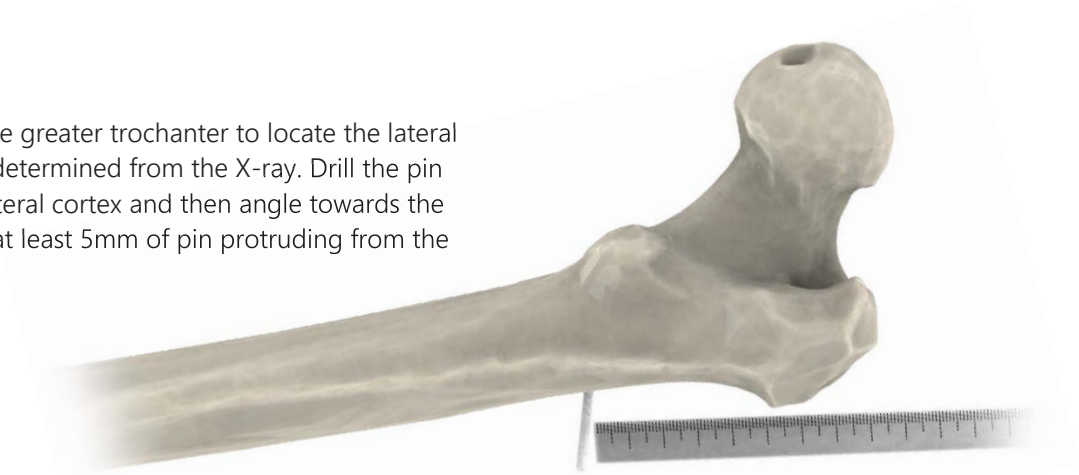
Obtain postoperative **weight-bearing** AP and lateral x-rays. Confirm that the Acetabular Cup and Resurfacing Head are well-positioned and fully seated. Confirm that there is no entrapment of soft tissues between bearing surfaces.

Appendix A Preparing the Femoral Head: Lateral Referencing Instruments

Step A1

Insert Lateral Pin

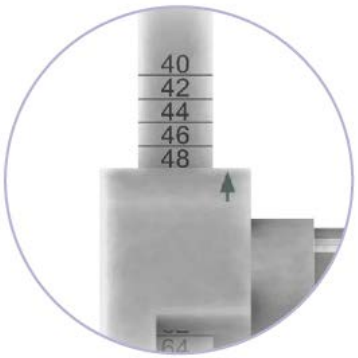
Measure down from the greater trochanter to locate the lateral pin in the position predetermined from the X-ray. Drill the pin directly into the mid lateral cortex and then angle towards the femoral head, leaving at least 5mm of pin protruding from the soft tissue.



Step A2

Set Head Size

Set the stylus to the selected head size and lock it with the screw. Fit the Stylus onto the Lateral Referencing Jig.



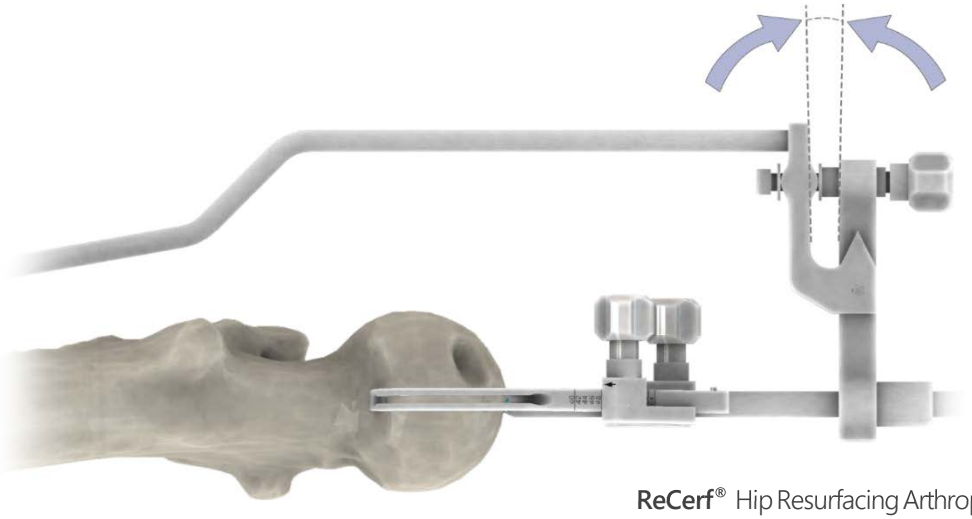
Step A3

Adjust to Correct Anteversion

Hook the long arm of the jig over the lateral pin and reposition the leg to elevate the femoral head out of the exposure.

Locate the spiked tube approximately on the head, position the stylus uppermost and the pin arm perpendicular to it (posterior or anterior). Adjust the hinge until the stylus and guide tube follows the anteversion angle of the neck. A Guide Wire may be used to extend the stylus axis.

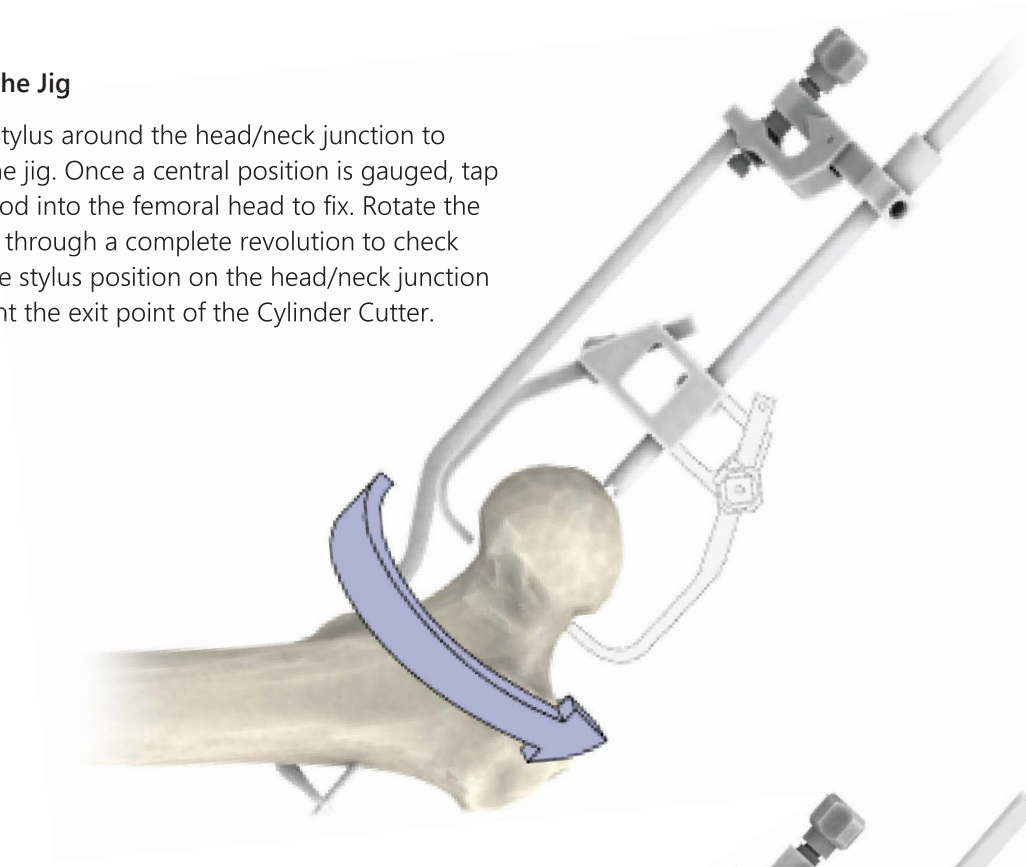
If required, the Jig can be reset to its neutral ZERO position without removing it.



Step A4

Centralise the Jig

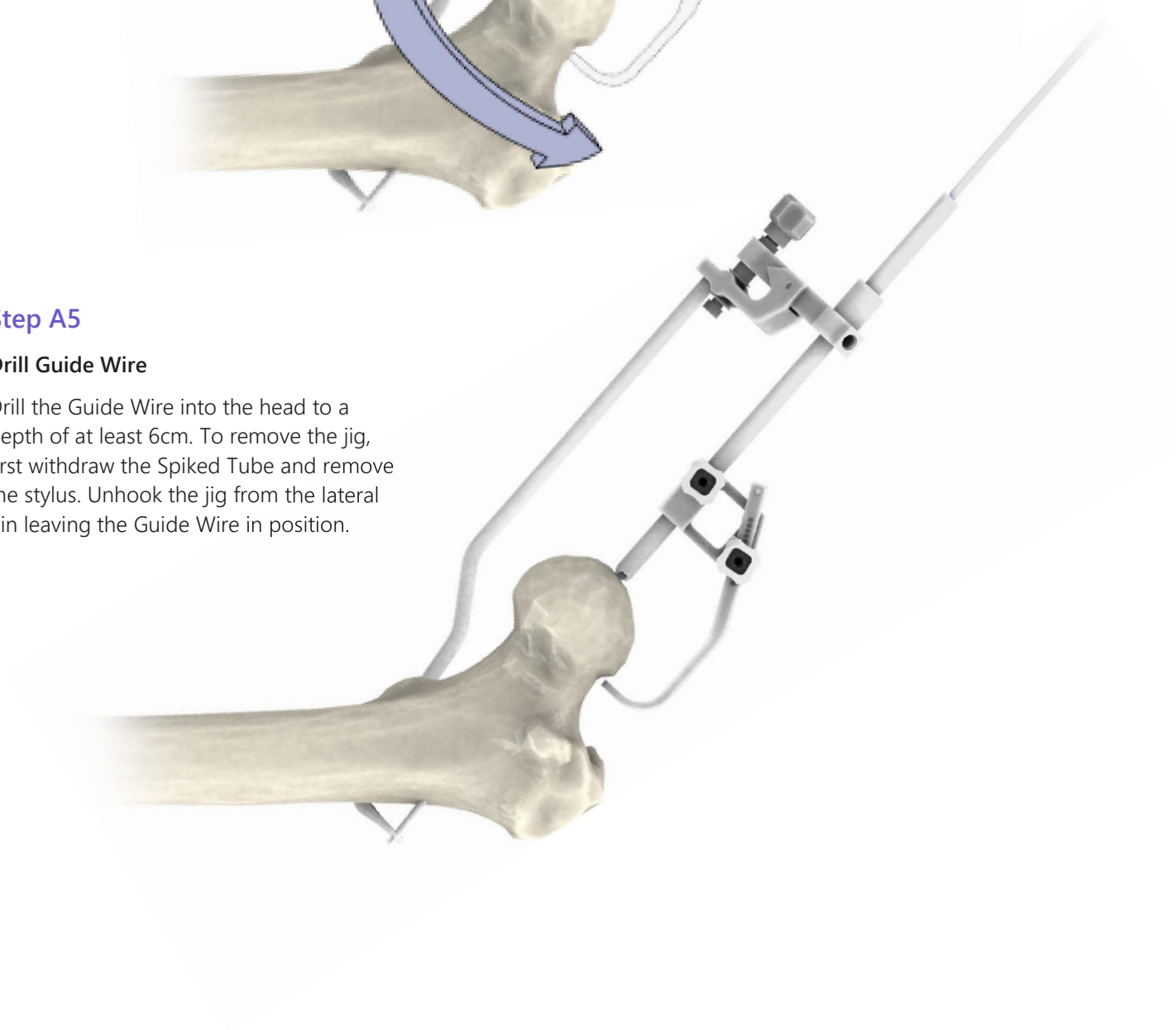
Rotate the stylus around the head/neck junction to centralise the jig. Once a central position is gauged, tap the spiked rod into the femoral head to fix. Rotate the stylus again through a complete revolution to check position. The stylus position on the head/neck junction will represent the exit point of the Cylinder Cutter.



Step A5

Drill Guide Wire

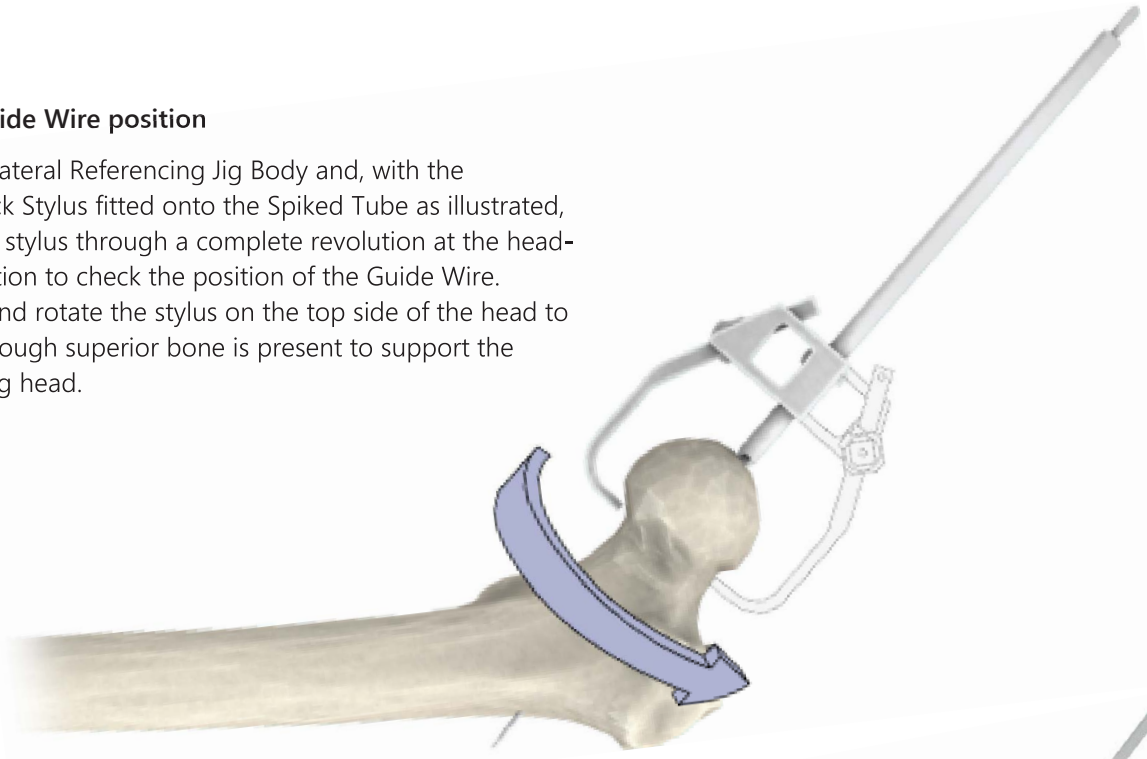
Drill the Guide Wire into the head to a depth of at least 6cm. To remove the jig, first withdraw the Spiked Tube and remove the stylus. Unhook the jig from the lateral pin leaving the Guide Wire in position.



Step A6

Check Guide Wire position

Remove Lateral Referencing Jig Body and, with the Head/Neck Stylus fitted onto the Spiked Tube as illustrated, rotate the stylus through a complete revolution at the head-neck junction to check the position of the Guide Wire. Position and rotate the stylus on the top side of the head to ensure enough superior bone is present to support the resurfacing head.



Step A7

Over-Drill Guide Wire

Using the Cannulated Drill, over-drill the Guide Wire up to the stop depth on the drill.

There are 3 Stem Drill sizes. Check that the Stem Drill size matches the size of the head.

Return to Step 21, page 18 to complete the femoral head preparation.

Appendix B In Case of Removal or Revision of a ReCerf® Implant

Should one or more ReCerf® Hip Resurfacing Arthroplasty components require removal, do so with care to retain as much bone stock as possible and so that surrounding soft tissues and ligamentous structures are not compromised.

Special instrumentation is not provided by MatOrtho® for the removal of a failed implant. If a failed implant component has become loose, minimal force is typically required to remove the component. For a well-fixed implant the surgeon should use standard surgical practice and instrumentation to free the implant-bone interface. Note that excessive force may lead to component fracture or removal of excessive bone stock. Remove any remaining particles using curettes, rongeurs or osteotomes. Ensure that no component or fragment remains in the joint space.

Do not attempt to alter, clean, resterilise or reuse any component. Even if the implant appears undamaged, the implant may have developed microscopic imperfections that could lead to implant failure. Thoroughly irrigate the joint space.

Contact MatOrtho® to return any retrieved implants for analysis according to the approved process.

Appendix C Instrument Assembly and Disassembly Instructions

Cup Introducer

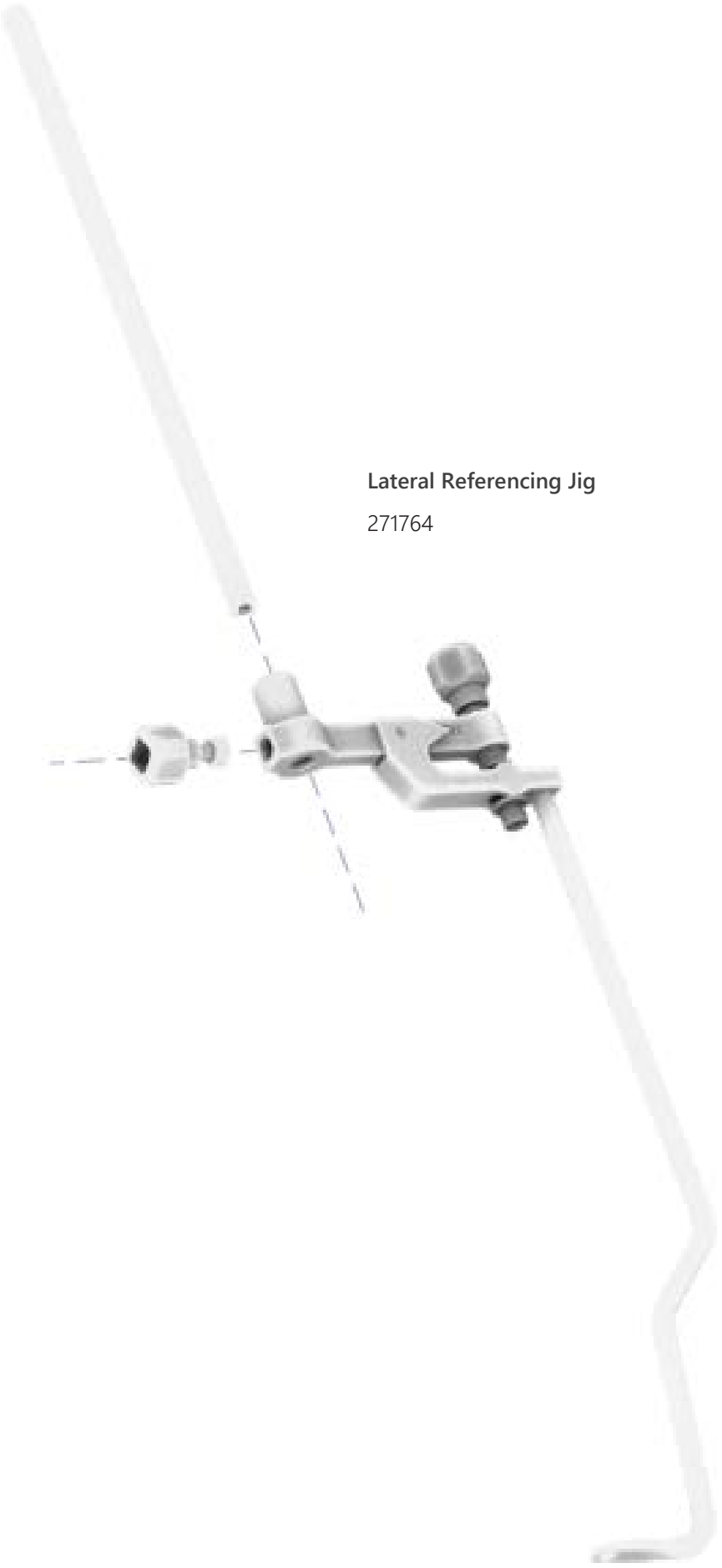
271014

Cup Latch – LOCKED

Cup Latch – UNLOCKED

Lateral Referencing Jig

271764



Ring Jig

271-774

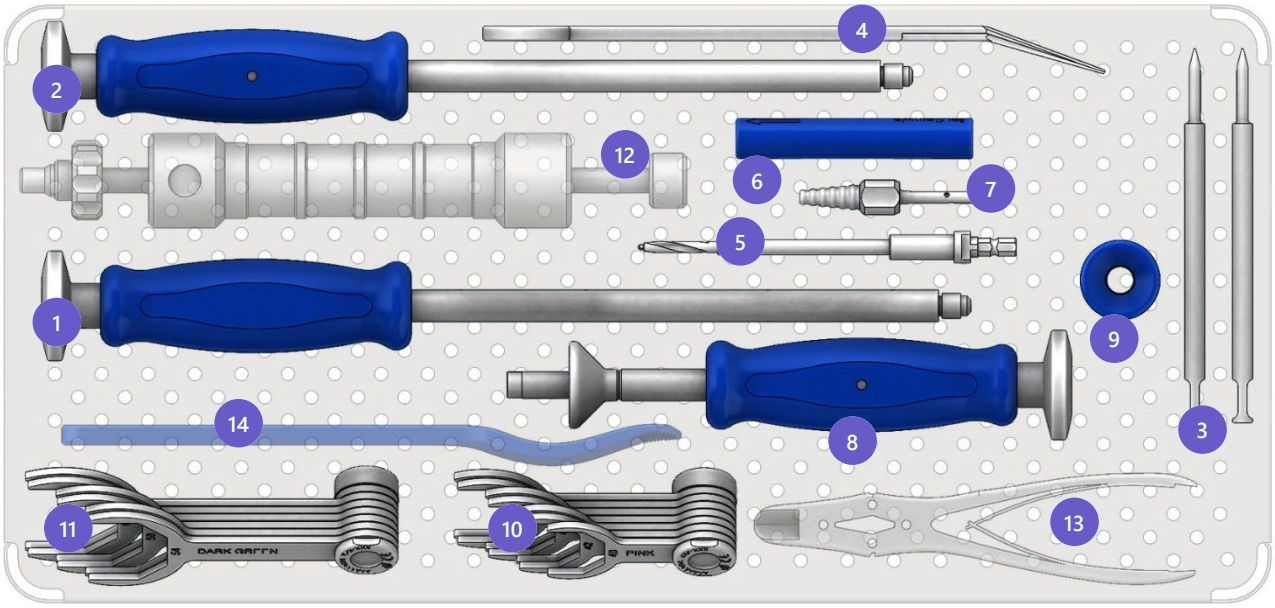
Ø4.5 Drill Exploded View

271216

Cup Alignment Aerial
Exploded View

Appendix D Instrument Sets

204-911 Resurfacing Core Instrument Set

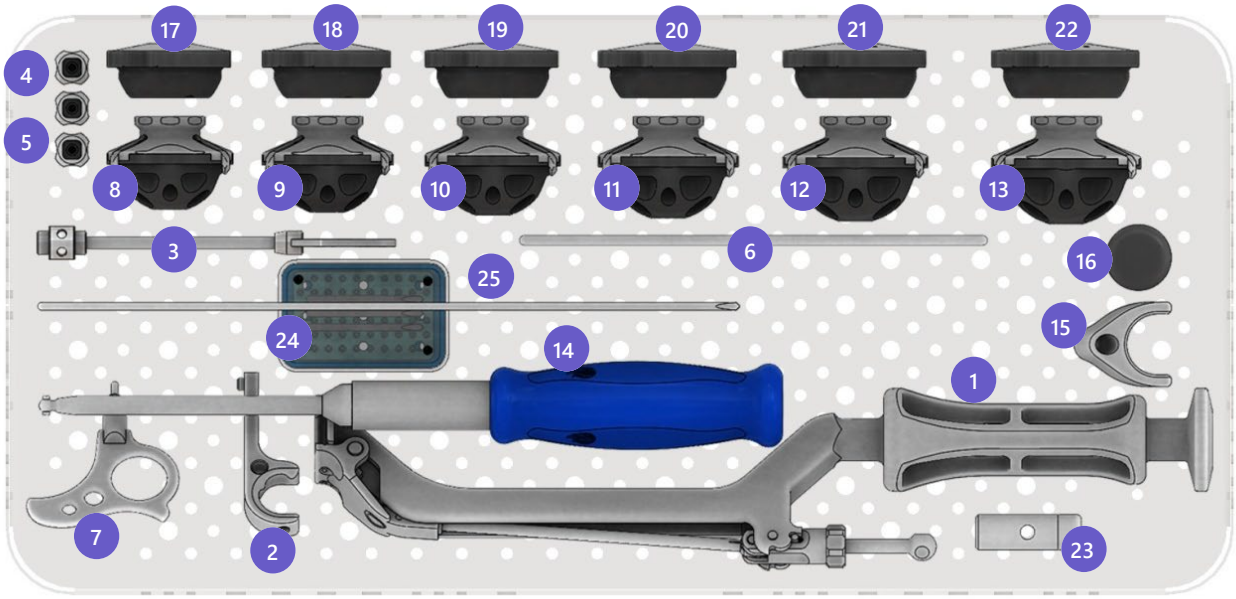


Item	Product Code	Item Description	Quantity
1	271-112	Acetabular Trial Handle (curved)	1
2	271-114	Acetabular Trial Handle (straight)	1
3	271-201	Retractor Nail	2
4	271-200	Scissors	1
5	271-216	Stepped Ø4.5 Drill	1
6	271-218	Safety Sleeve for Ø4.5 Drill	1
7	271-204	Drainage Cannula	1
8	271-420	Head Impactor Handle	1
9	271-421	Impaction Head	1
10	204-072	Head/Neck Template 40-52 mm	1
11	204-073	Head/Neck Template 54-64 mm	1

Optional Instruments:

Item	Product Code	Item Description	Quantity
12	231-133	Slide Hammer	1
13	251-003	Backup Cable Cutter	1
14	271-115	Hip Slider	1

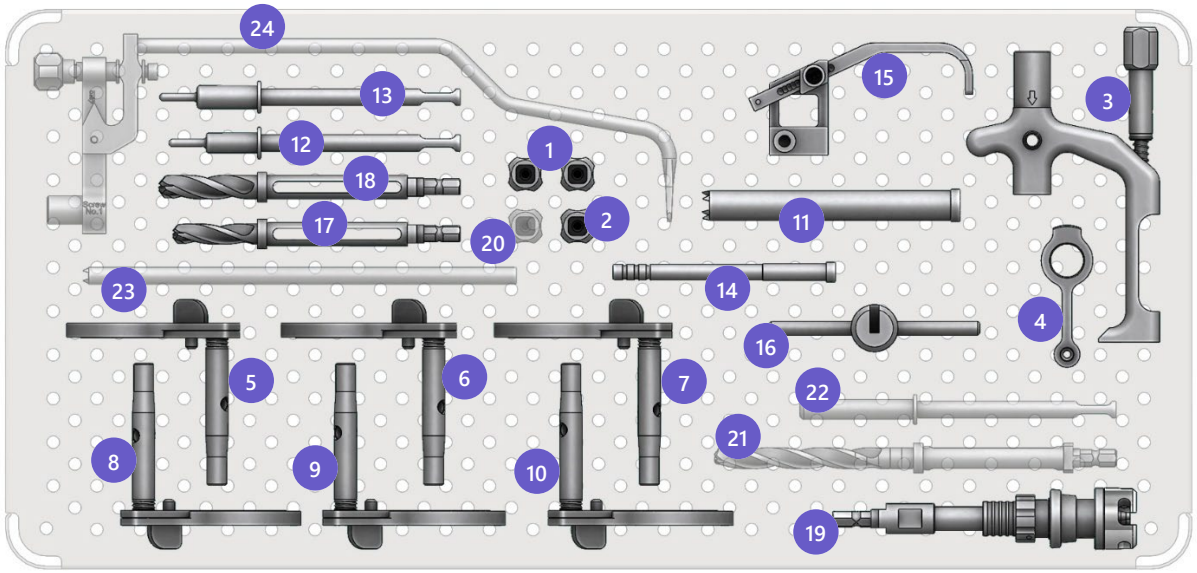
204-912 Resurfacing Cup Impaction Instrument Set



Item	Product Code	Item Description	Quantity
1	271-014	Cup Introducer (curved)	1
2	271-117	Alignment Aerial Location Clamp	1
3	271-118	Alignment Aerial Adjustable Arm	1
4	299-033	No. 8 Screw	2
5	299-034	Ratchet Locking Screw	1
6	271-119	Aerial Alignment Rod	1
7	270-019	Knob Tightener	1
8	204-026	Mechanical Impaction Cap - 54mm	1
9	204-027	Mechanical Impaction Cap - 56mm	1
10	204-028	Mechanical Impaction Cap - 58mm	1
11	204-029	Mechanical Impaction Cap - 60mm	1
12	204-030	Mechanical Impaction Cap - 62mm	1
13	204-031	Mechanical Impaction Cap - 64mm	1
14	204-035	Mechanical Impaction Cap Driver	1
15	204-037	Mechanical Impaction Cap Spanner	1
16	204-038	Universal Cup Bearing Impactor	1
17	204-043	Cup Rim Impactor - 48mm	1
18	204-044	Cup Rim Impactor - 50mm	1
19	204-045	Cup Rim Impactor - 52mm	1
20	204-046	Cup Rim Impactor - 54mm	1
21	204-047	Cup Rim Impactor - 56mm	1
22	204-048	Cup Rim Impactor - 58mm	1
23	270-006	Modular Cap Remover	1
24	270-460	Guide Wire – Ø3.2mm	5
25	270-203	Lateral Pins (Inside Small Micropak Case)	3

Optional Instrument: 271-025 Cup Introducer (straight)

204-913 Resurfacing Head Alignment Instrument Set

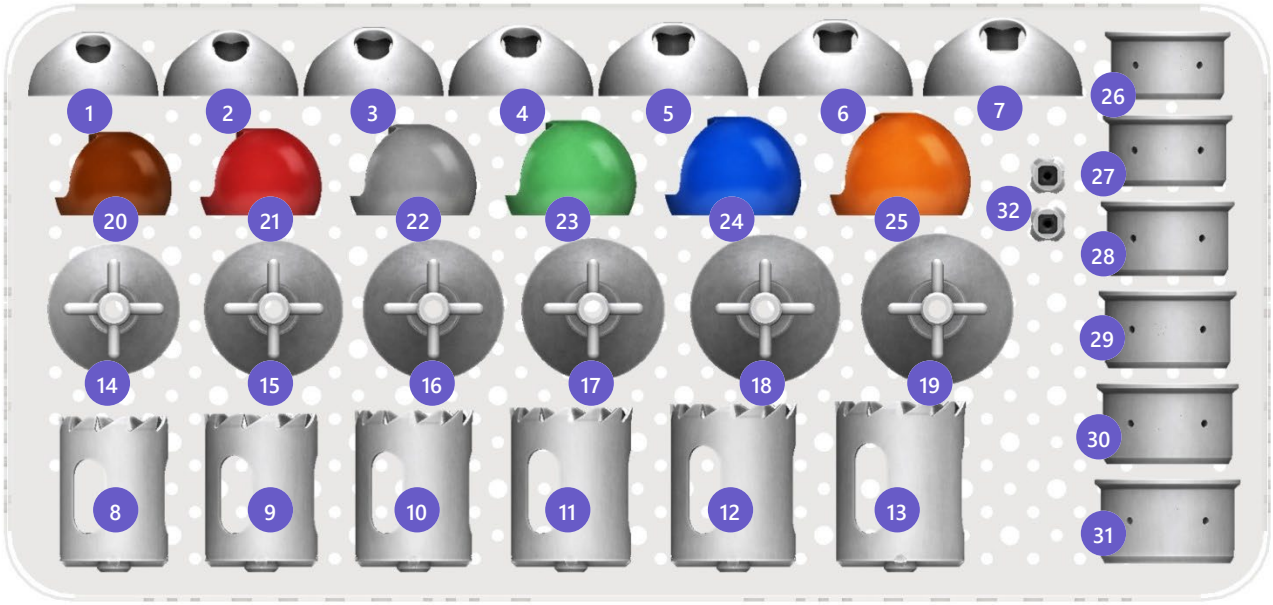


Item	Product Code	Item Description	Quantity
1	299-005	No. 1 Screw	2
2	299-025	No. 6 Screw	1
3	271-774	Medial Referencing Jig	1
4	271-778	External Alignment Guide – Main Body	1
5	270-879	Medial Referencing Jig Ring 48mm (10 mm Fin)	1
6	270-880	Medial Referencing Jig Ring 50mm (10 mm Fin)	1
7	270-881	Medial Referencing Jig Ring 52mm (10 mm Fin)	1
8	270-882	Medial Referencing Jig Ring 54mm (10 mm Fin)	1
9	270-883	Medial Referencing Jig Ring 56mm (10 mm Fin)	1
10	270-884	Medial Referencing Jig Ring 58mm (10 mm Fin)	1
11	270-731	Spiked Guide Wire Tube	1
12	204-013	Cannulated Stem Drill - Sizes 48-54 – ReCerf Only	1
13	204-014	Cannulated Stem Drill - Sizes 56-64 – ReCerf Only	1
14	271-776	Stylus Guide Wire Adapter	1
15	204-021	Head/Neck Stylus 40-64mm	1
16	270-468	Guide Rod Extractor	1
17	204-070	Cannulated Guide Rod - Sizes 48-54 – ReCerf Only	1
18	204-071	Cannulated Guide Rod - Sizes 56-64 – ReCerf Only	1
19	270-410	Head Cutter Drive	1

Optional Instruments:

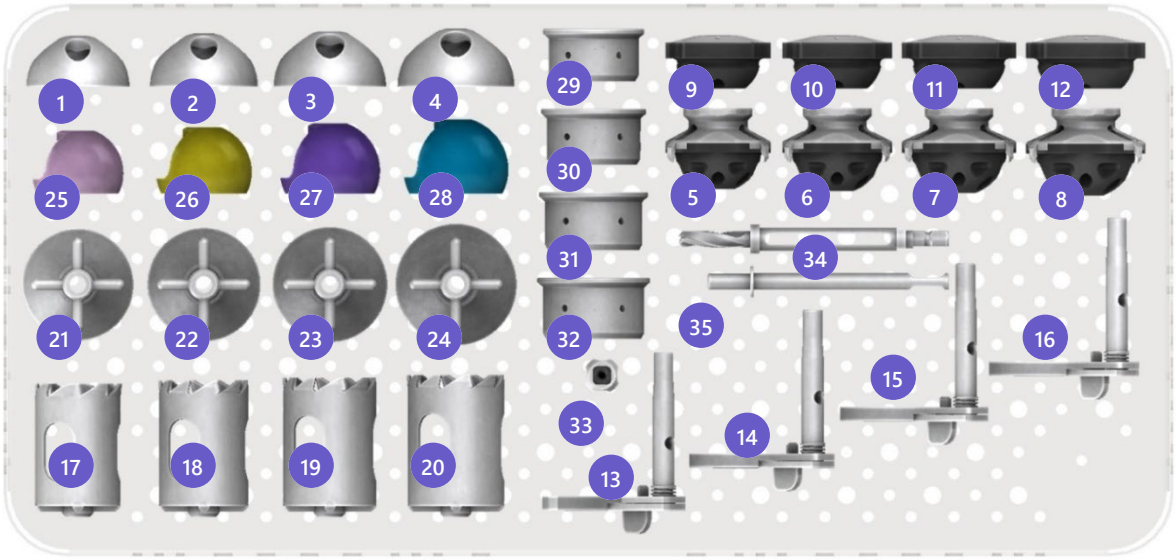
Item	Product Code	Item Description	Quantity
20	299-026	No. 2 Screw	1
21	271-462	Cannulated Stem Drill – Adept Only	1
22	270-466	Guide Post – Adept Only	1
23	271-773	Spiked Tube	1
24	271-764	Lateral Referencing Jig	1
Not shown	271-770	130° Fixed Goniometer	1
Not shown	271-771	135° Fixed Goniometer	1
Not shown	271-772	140° Fixed Goniometer	1
Not shown	271-775	External Alignment Guide	1

204-916 Resurfacing Core Size Instrument Set



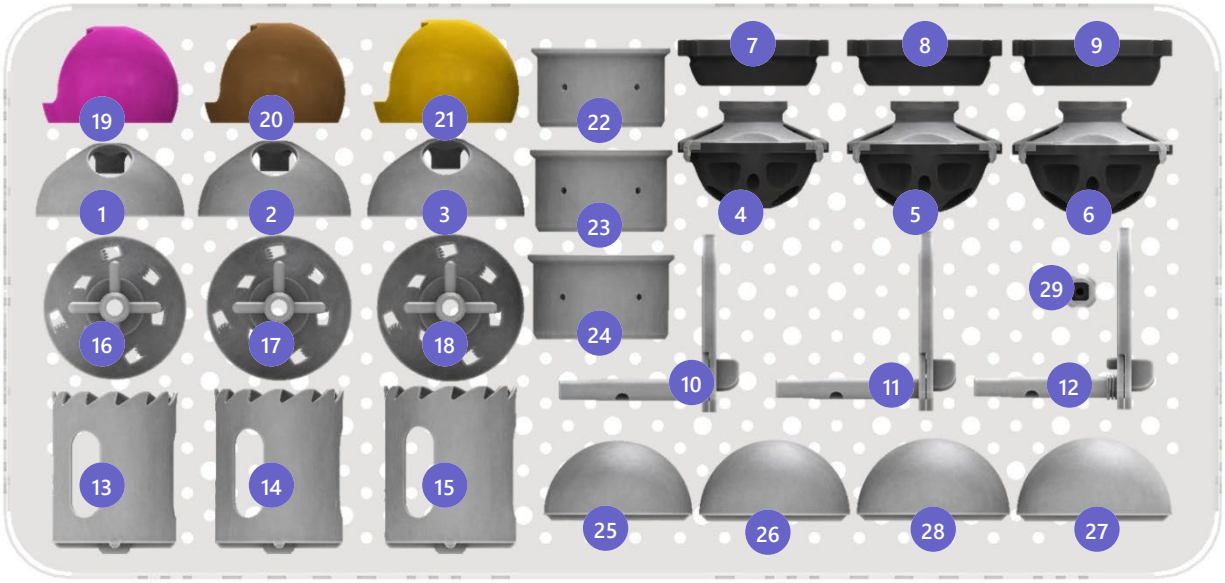
Item	Part No.	Description	Quantity
1	270-253	Cup Trial 54mm	1
2	270-255	Cup Trial 56mm	1
3	270-257	Cup Trial 58mm	1
4	270-259	Cup Trial 60mm	1
5	270-261	Cup Trial 62mm	1
6	270-263	Cup Trial 64mm	1
7	270-265	Cup Trial 66mm	1
8	270-448	Cylinder Cutter 48mm	1
9	270-450	Cylinder Cutter 50mm	1
10	270-452	Cylinder Cutter 52mm	1
11	270-454	Cylinder Cutter 54mm	1
12	270-456	Cylinder Cutter 56mm	1
13	270-458	Cylinder Cutter 58mm	1
14	270-548	Chamfer Cutter 48mm	1
15	270-550	Chamfer Cutter 50mm	1
16	270-552	Chamfer Cutter 52mm	1
17	270-554	Chamfer Cutter 54mm	1
18	270-556	Chamfer Cutter 56mm	1
19	270-558	Chamfer Cutter 58mm	1
20	270-305	Resurfacing Head Trial 48mm	1
21	270-306	Resurfacing Head Trial 50mm	1
22	270-307	Resurfacing Head Trial 52mm	1
23	270-308	Resurfacing Head Trial 54mm	1
24	270-309	Resurfacing Head Trial 56mm	1
25	270-310	Resurfacing Head Trial 58mm	1
26	270-248	Top Cutting Guide 48mm	1
27	270-250	Top Cutting Guide 50mm	1
28	270-252	Top Cutting Guide 52mm	1
29	270-254	Top Cutting Guide 54mm	1
30	270-256	Top Cutting Guide 56mm	1
31	270-258	Top Cutting Guide 58mm	1
32	299-008	No. 3 Screw	2

204-914 Resurfacing Small Sizes Instrument Set



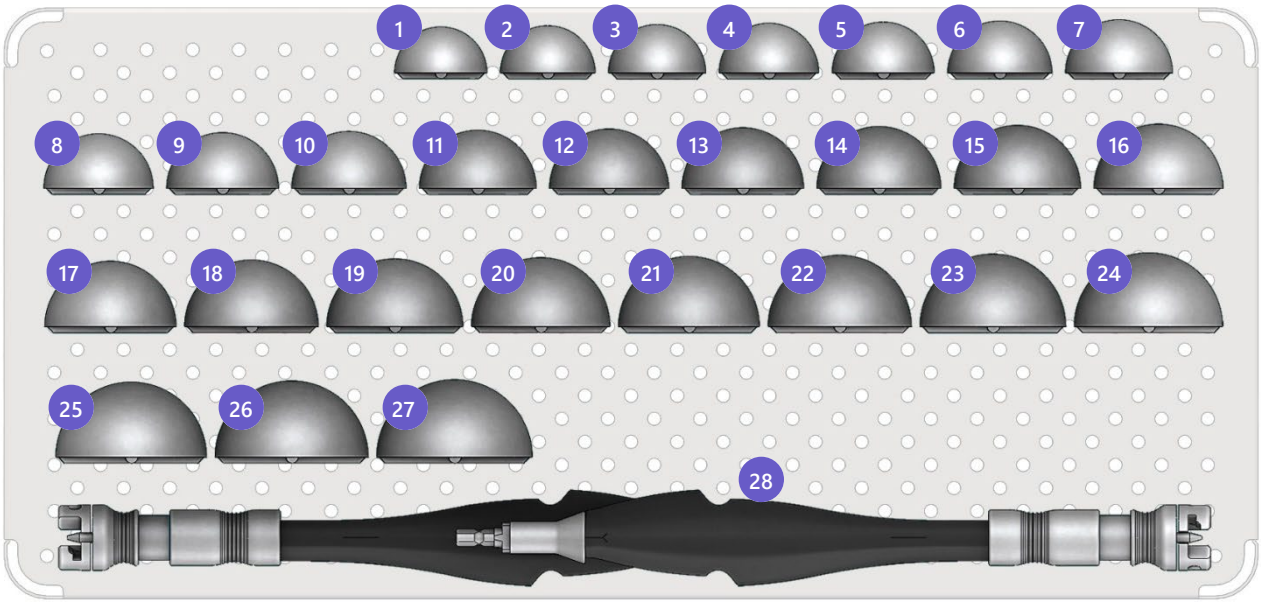
Item	Part No.	Description	Quantity
1	270-245	Cup Trial 46mm	1
2	270-247	Cup Trial 48mm	1
3	270-249	Cup Trial 50mm	1
4	270-251	Cup Trial 52mm	1
5	204-022	Mechanical Impaction Cap - 46mm	1
6	204-023	Mechanical Impaction Cap - 48mm	1
7	204-024	Mechanical Impaction Cap - 50mm	1
8	204-025	Mechanical Impaction Cap - 52mm	1
9	204-039	Cup Rim Impactor - 40mm	1
10	204-040	Cup Rim Impactor - 42mm	1
11	204-041	Cup Rim Impactor - 44mm	1
12	204-042	Cup Rim Impactor - 46mm	1
13	270-875	Ring Jig Ring 40mm (10 mm Fin)	1
14	270-876	Ring Jig Ring 42mm (10 mm Fin)	1
15	270-877	Ring Jig Ring 44mm (10 mm Fin)	1
16	270-878	Ring Jig Ring 46mm (10 mm Fin)	1
17	270-440	Cylinder Cutter 40mm	1
18	270-442	Cylinder Cutter 42mm	1
19	270-444	Cylinder Cutter 44mm	1
20	270-446	Cylinder Cutter 46mm	1
21	270-540	Chamfer Cutter 40mm	1
22	270-542	Chamfer Cutter 42mm	1
23	270-544	Chamfer Cutter 44mm	1
24	270-546	Chamfer Cutter 46mm	1
25	270-301	Resurfacing Head Trial 40mm	1
26	270-302	Resurfacing Head Trial 42mm	1
27	270-303	Resurfacing Head Trial 44mm	1
28	270-304	Resurfacing Head Trial 46mm	1
29	270-240	Top Cutting Guide 40mm	1
30	270-242	Top Cutting Guide 42mm	1
31	270-244	Top Cutting Guide 44mm	1
32	270-246	Top Cutting Guide 46mm	1
33	299-008	No. 3 Screw	1
34	204-012	Cannulated Stem Drill - Sizes 40-46 – ReCerf® Only	1
35	204-069	Cannulated Guide Rod - Sizes 40-46 – ReCerf® Only	1

204-915 Resurfacing Large Sizes Instrument Set



Item	Product Code	Item Description	Quantity
1	270-265	Cup Trial 66mm	1
2	270-267	Cup Trial 68mm	1
3	270-269	Cup Trial 70mm	1
4	204-032	Mechanical Impaction Cap - 66mm	1
5	204-033	Mechanical Impaction Cap - 68mm	1
6	204-034	Mechanical Impaction Cap - 70mm	1
7	204-049	Cup Rim Impactor - 60mm	1
8	204-050	Cup Rim Impactor - 62mm	1
9	204-051	Cup Rim Impactor - 64mm	1
10	270-885	Ring Jig Ring 60mm (10 mm Fin)	1
11	270-886	Ring Jig Ring 62mm (10 mm Fin)	1
12	270-887	Ring Jig Ring 64mm (10 mm Fin)	1
13	204-006	Cylinder Cutter 60mm	1
14	204-007	Cylinder Cutter 62mm	1
15	204-008	Cylinder Cutter 64mm	1
16	270-560	Chamfer Cutter 60mm	1
17	270-562	Chamfer Cutter 62mm	1
18	270-564	Chamfer Cutter 64mm	1
19	270-311	Resurfacing Head Trial 60mm	1
20	270-312	Resurfacing Head Trial 62mm	1
21	270-313	Resurfacing Head Trial 64mm	1
22	270-260	Top Cutting Guide 60mm	1
23	270-262	Top Cutting Guide 62mm	1
24	270-264	Top Cutting Guide 64mm	1
25	PI-T17824	Acetabular Reamer 67mm	1
26	PI-T17825	Acetabular Reamer 68mm	1
27	PI-T17826	Acetabular Reamer 69mm	1
28	PI-T17827	Acetabular Reamer 70mm	1
29	299-008	No. 3 Screw	1

204-919 Universal Acetabular Reamer Set



Item	Part No.	Description	Quantity
1	PI-T17797	Acetabular Reamer 40mm	1
2	PI-T17798	Acetabular Reamer 41mm	1
3	PI-T17799	Acetabular Reamer 42mm	1
4	PI-T17800	Acetabular Reamer 43mm	1
5	PI-T17801	Acetabular Reamer 44mm	1
6	PI-T17802	Acetabular Reamer 45mm	1
7	PI-T17803	Acetabular Reamer 46mm	1
8	PI-T17804	Acetabular Reamer 47mm	1
9	PI-T17805	Acetabular Reamer 48mm	1
10	PI-T17806	Acetabular Reamer 49mm	1
11	PI-T17807	Acetabular Reamer 50mm	1
12	PI-T17808	Acetabular Reamer 51mm	1
13	PI-T17809	Acetabular Reamer 52mm	1
14	PI-T17810	Acetabular Reamer 53mm	1
15	PI-T17811	Acetabular Reamer 54mm	1
16	PI-T17812	Acetabular Reamer 55mm	1
17	PI-T17813	Acetabular Reamer 56mm	1
18	PI-T17814	Acetabular Reamer 57mm	1
19	PI-T17815	Acetabular Reamer 58mm	1
20	PI-T17816	Acetabular Reamer 59mm	1
21	PI-T17817	Acetabular Reamer 60mm	1
22	PI-T17818	Acetabular Reamer 61mm	1
23	PI-T17819	Acetabular Reamer 62mm	1
24	PI-T17820	Acetabular Reamer 63mm	1
25	PI-T17821	Acetabular Reamer 64mm	1
26	PI-T17822	Acetabular Reamer 65mm	1
27	PI-T17823	Acetabular Reamer 66mm	1
28	PI-T17782	Straight Reamer Handle with Stryker/Zimmer Hall connection	2

Appendix E Sizing Chart

Resurfacing Head	Acetabular Cup
Ø40mm	Ø46mm
Ø42mm	Ø48mm
Ø44mm	Ø50mm
Ø46mm	Ø52mm
Ø48mm	Ø54mm
Ø50mm	Ø56mm
Ø52mm	Ø58mm
Ø54mm	Ø60mm
Ø56mm	Ø62mm
Ø58mm	Ø64mm
Ø60mm	Ø66mm
Ø62mm	Ø68mm
Ø64mm	Ø70mm

Notes

Notes pages

Notes pages

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