Options for surgical approach with instrumentation supporting a lateral and a dorsal approach

Sizing and templating instruments for prior assessment of native joint size

Precise preparation instruments for immediate fixation stability and promotion of bone ingrowth to cementless interface

Ligament balancing technique using spacers or trials for optimum implant placement and freedom to move

Repeatable technique with measured and guided resections

Designed to provide protection for the soft tissue structures

Advanced instrumentation

6. Flannery O et al. 2015; BSSH, Bahamas

PIPR™
Proximal Interphalangeal Replacement

Natural Function
The PIPR™ is unique in its protection of the bony support for the ligaments and allowance for the combined rotation and angulation in the coronal plane during flexion, where alternative devices have over simplified the PIP joint to a simple hinge.

**More natural function**

- Single radius design for optimum ROM with balanced soft tissues
- Joint space maintained for restoration of natural function
- Anatomical bicondylar bearing
- Permits physiological rotation with flexion, accommodating the orientations of all PIP joints of the hand

**Designed for longevity**

- Proven materials and articulating couple with a long heritage of clinical success in joint replacement devices
- Large area contact maintained for low wear
- Fully conforming throughout ROM for maintenance of stability
- Press-fit anatomical stem for immediate stability of proximal and distal components
- Cementless hydroxyapatite (HA) coated bony interfaces for long-term fixation

**Anatomical fit and sizing**

- Based on morphological study of normal PIPs and in-depth study of the anatomy, soft tissues, and biomechanics of the PIP joint
- Normal functional radii and trapezoidal profile for natural reproduction of the PIP joint
- Size range for all the population and all PIP joints of the hand and cross-sizing possible for best fit canal to bearing

**Confidence in results**

The PIPR™ has been in clinical use since 2006 with over 1,650 implants worldwide. Throughout an extended series followed up at the Wrightington, good outcomes have been maintained.

In series including 100 implants implanted using a dorsal technique and followed up for a mean 47 months (24-77 months), and 44 implants implanted using a lateral technique and followed up to 22 months (3-29 months), the PIPR™ was shown to achieve:

- Good pain relief,
- Improvement in grip strength and function,
- For many, it provides increased ROM, and
- Demonstrated low revision rates, with survivorship of 85% at maximum 6 years 5 months postoperatively.