Surgical Technique

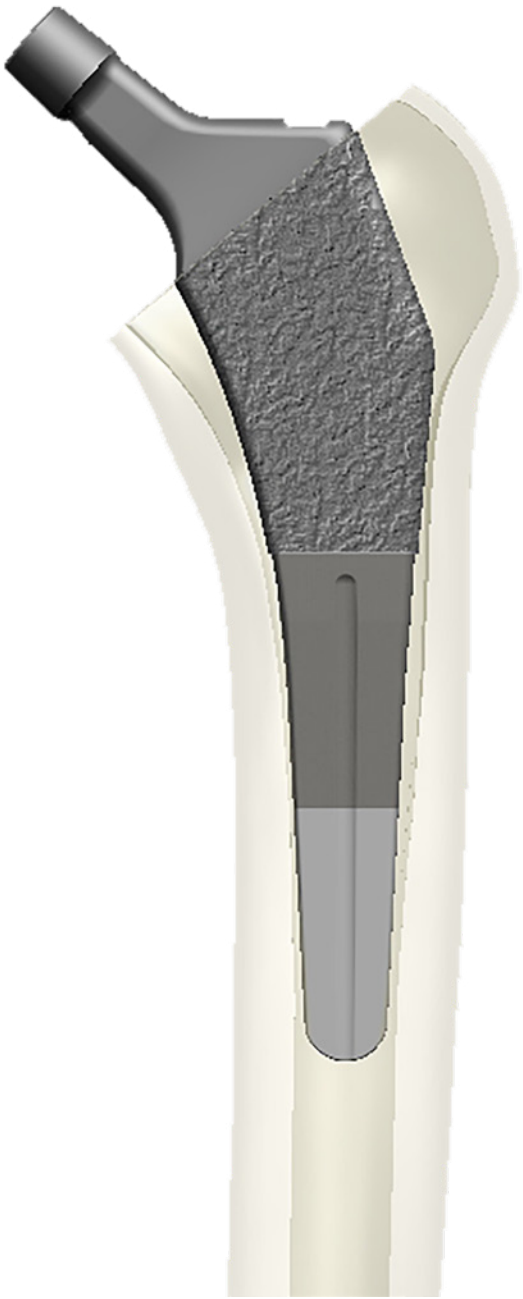
smith&nephew

ANTHOLOGY®

Primary Hip System

iMOD

Primary Hip Stem Instruments



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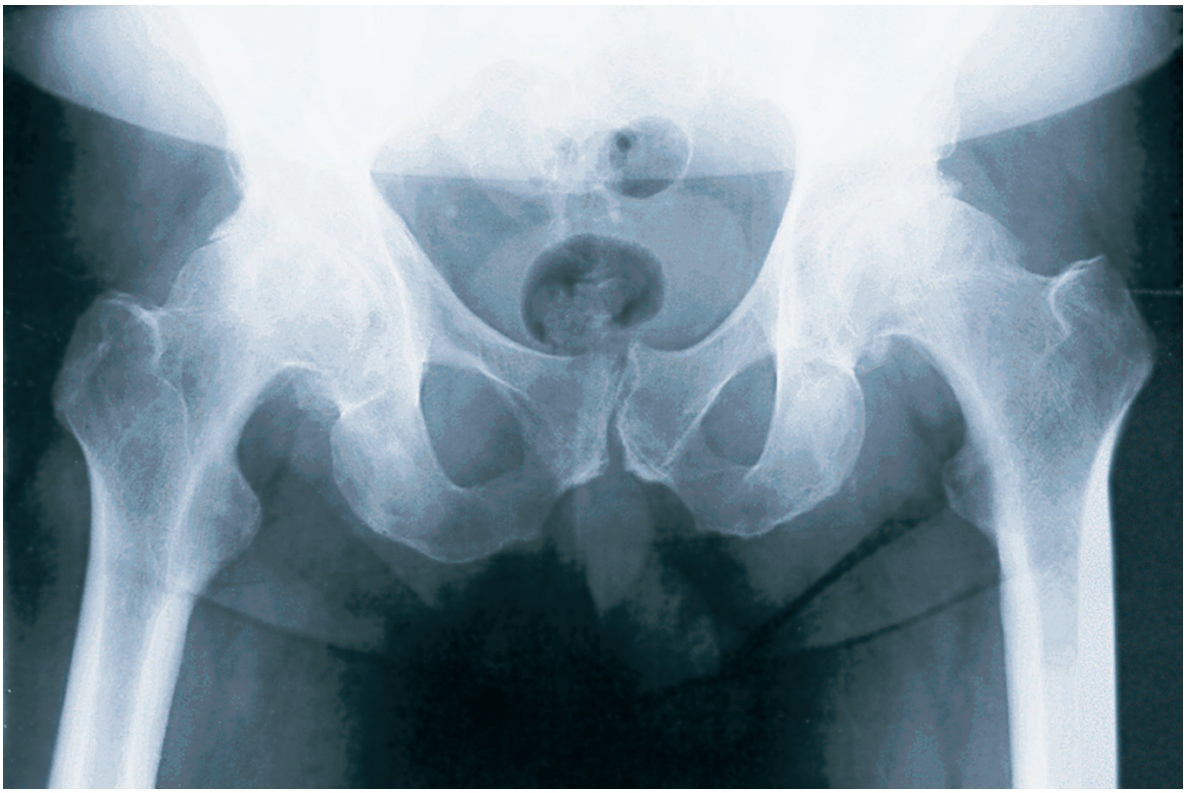
Nota Bene
The following technique is for informational and educational purposes only. It is not intended to serve as medical advice. It is the responsibility of treating physicians to determine and utilize the appropriate products and techniques, according to their own clinical judgment, for each of their patients. For more information on the product, including its Indications for Use, contraindications, cleaning, sterilization and product safety information, please refer to the product's label and the Instructions for Use (IFU) for the product.

Preoperative planning

The goal of preoperative planning is to determine the correct stem size, level of the femoral neck cut, and proper head and stem offset combination. Preoperative templating requires at least an anteroposterior (AP) radiograph of the pelvis and a lateral radiograph of the affected hip. If the opposite hip is unaffected by disease, it can often provide accurate sizing information for the femoral stem.

To determine if a patient has a leg length discrepancy, the AP radiograph should be used. Draw a line tangential to both of the ischia or both of the obturator foramens. This line should extend out until it contacts the medial cortex of bone on both femurs. If the patient's legs are of equal length, the line that has been drawn will contact both femurs at the same level. If the patient's legs are of unequal length, the lines will contact the femurs at different levels along the femur. Select a reference point along the femur, such as the bottom of the lesser trochanter. The distance between the line that has been drawn and the reference point on both femurs is measured. The difference in these measurements indicates the patient's leg length discrepancy.



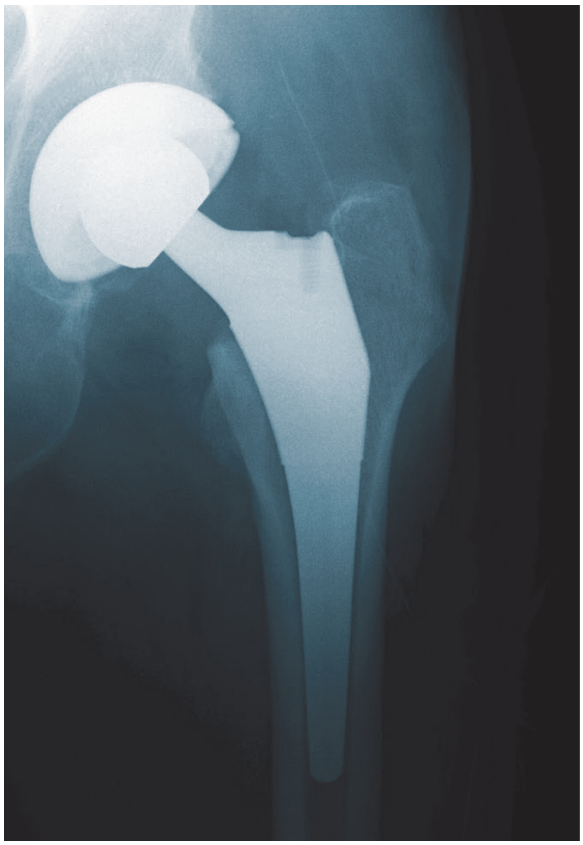
Anteroposterior radiograph demonstrating leg length inequality

WARNING: Hip Flexion Contracture — Don't be fooled by a hip flexion contracture which makes the leg appear short on X-ray.

Note: Using this method of templating for leg length discrepancy assumes the patient has a normal, symmetrical pelvis and has neutral limb positioning.

When determining which size ANTHOLOGY® stem to use, the AP and the lateral radiographs should be templated. (Make sure you are looking at a true AP X-ray. If needed, template off contralateral "normal" hip.) Using the anteroposterior radiograph, place the femoral templates over the proximal femur of both the affected and unaffected hips. The junction of the lateral femoral neck and greater trochanter serves as a good reference point for placement of the X-ray templates. Place a mark at this junction and in the center of the femoral head. Align the lateral shoulder of the prosthesis with the mark at the junction. Find the appropriate stem that fits and fills the proximal femur and whose neck length matches the center of the femoral head.

For the ANTHOLOGY stem system, it is important to template for proximal fixation, not distal fixation. Make sure distal stem is not larger than the medullary canal width.



Anteroposterior radiograph of a properly implanted porous-coated ANTHOLOGY stem

Specifications

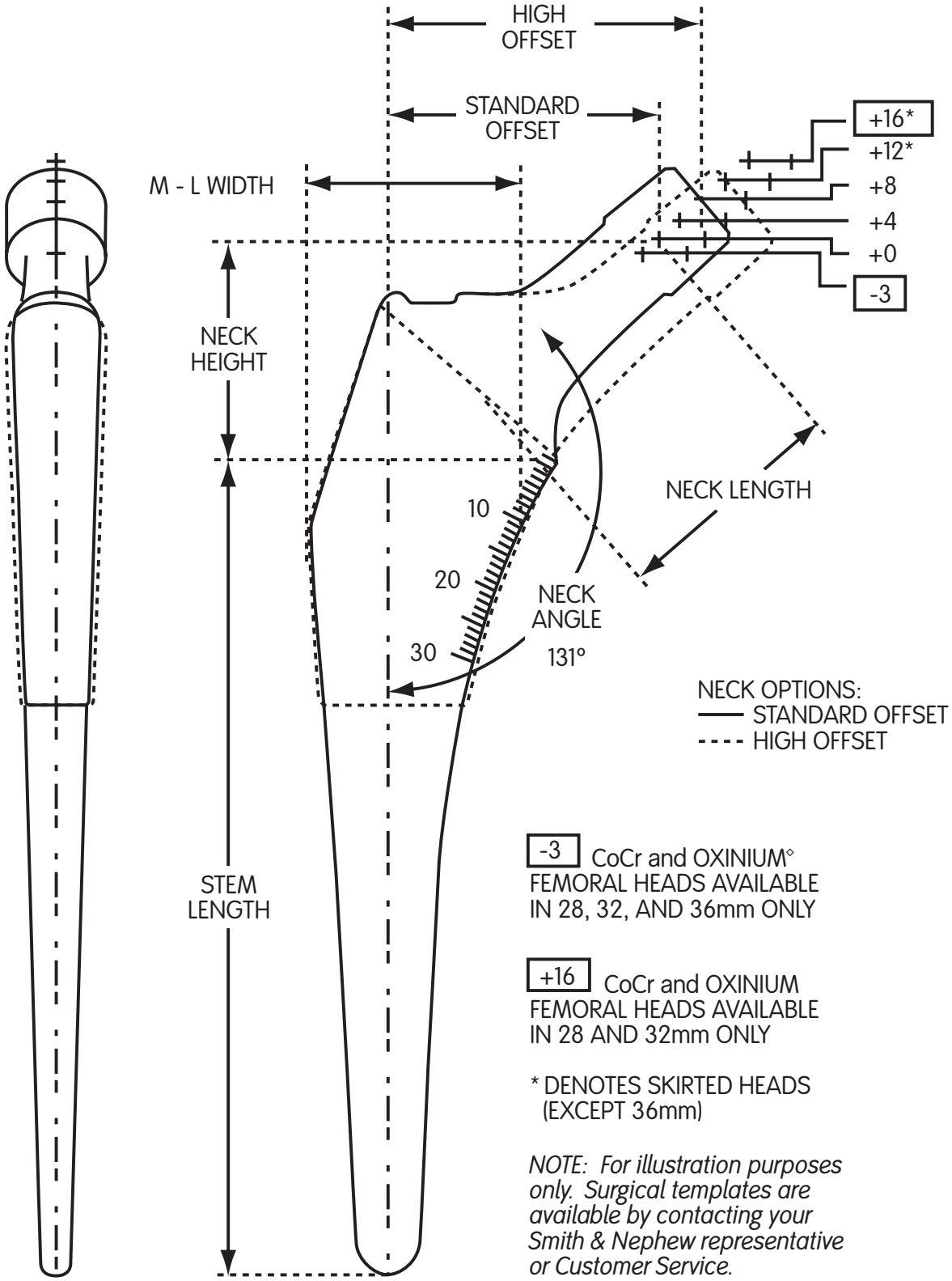
For use with Smith & Nephew 12/14 femoral heads only.

Specifications			
Size	Neck Angle	Stem Length	M-L Width
1	131°	100mm	22mm
2	131°	102mm	23mm
3	131°	104mm	25mm
4	131°	106mm	26mm
5	131°	108mm	27mm
6	131°	110mm	29mm
7	131°	112mm	30mm
8	131°	114mm	32mm
9	131°	116mm	33mm
10	131°	118mm	34mm
11	131°	120mm	36mm
12	131°	122mm	37mm

Neck Height mm						
When Femoral Head Component Selected is:						
Size	-3	+0	+4	+8	+12	+16
1	24	26	29	31	34	37
2	25	27	29	32	35	37
3	26	27	30	33	35	38
4	26	28	31	33	36	38
5	27	29	31	34	37	39
6	27	29	32	35	37	40
7	28	30	33	35	38	40
8	29	31	33	36	38	41
9	29	31	34	36	39	42
10	30	32	35	37	40	42
11	31	33	35	38	40	43
12	31	33	36	39	41	44

Neck Offset mm												
	Standard Offset						High Offset					
Size	-3	+0	+4	+8	+12	+16	-3	+0	+4	+8	+12	+16
1	29	32	35	38	41	44	35	38	41	44	47	50
2	30	33	36	39	42	45	36	39	42	45	48	51
3	31	33	37	40	43	46	37	39	43	46	49	52
4	32	34	38	41	44	47	38	40	44	47	50	53
5	33	35	39	42	45	48	39	41	45	48	51	54
6	34	36	40	43	46	49	40	42	46	49	52	55
7	36	38	41	44	47	50	44	46	49	52	55	58
8	37	39	42	45	48	51	45	47	50	53	56	59
9	38	41	44	47	50	53	46	49	52	55	58	61
10	40	42	45	48	51	54	48	50	53	56	59	62
11	41	43	46	49	52	55	49	51	54	57	60	63
12	42	44	47	50	53	56	50	52	55	58	61	64

Neck Length mm												
	Standard Offset						High Offset					
Size	-3	+0	+4	+8	+12	+16	-3	+0	+4	+8	+12	+16
1	25	28	32	36	40	44	29	32	36	40	44	48
2	26	29	33	37	41	45	30	33	37	41	45	49
3	27	30	34	38	42	46	31	34	38	42	46	50
4	27	30	34	38	42	46	31	34	38	42	46	50
5	28	31	35	39	43	47	32	35	39	43	47	51
6	29	32	36	40	44	48	33	36	40	44	48	52
7	30	33	37	41	45	49	35	38	42	46	50	54
8	31	34	38	42	46	50	36	39	43	47	51	55
9	31	34	38	42	46	50	37	40	44	48	52	56
10	32	35	39	43	47	51	38	41	45	49	53	57
11	33	36	40	44	48	52	38	41	45	49	53	57
12	34	37	41	45	49	53	39	42	46	50	54	58



-3 CoCr and OXINIUM◇ FEMORAL HEADS AVAILABLE IN 28, 32, AND 36mm ONLY

+16 CoCr and OXINIUM FEMORAL HEADS AVAILABLE IN 28 AND 32mm ONLY

* DENOTES SKIRTED HEADS (EXCEPT 36mm)

NOTE: For illustration purposes only. Surgical templates are available by contacting your Smith & Nephew representative or Customer Service.

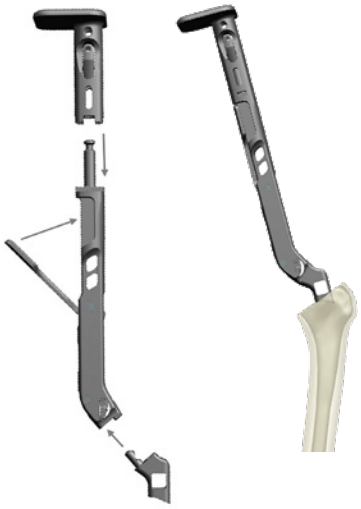
NOT ACTUAL SIZE

Femoral osteotomy

Note: Knock plate can be assembled in four different directions.

Femoral canal preparation

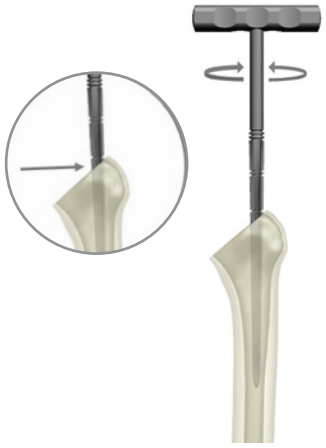
Assembly and Insertion of Box Osteotome



Assembly and Insertion of Lateralizing Rasp*

*For anterior approaches, a lateralizing rasp can be attached to preferred broach handle to assure proper lateral positioning for the femoral broach

Femoral canal preparation continued



Starter broach assembly/disassembly

Broach assembly/disassembly

Femoral broaching

Calcar preparation

Trial reduction

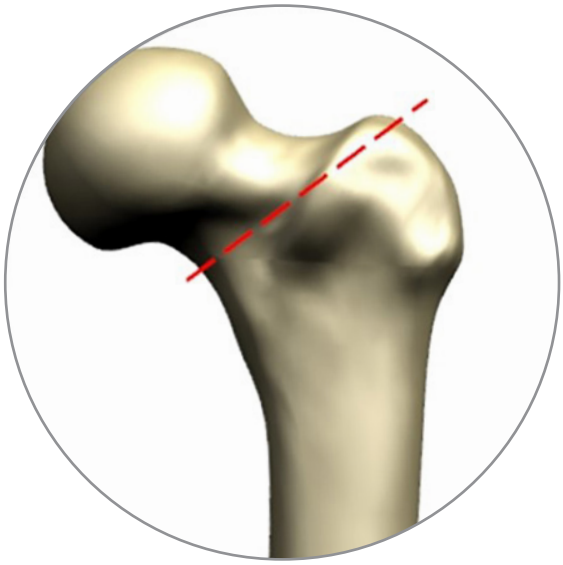
Stem insertion for rigid insertion

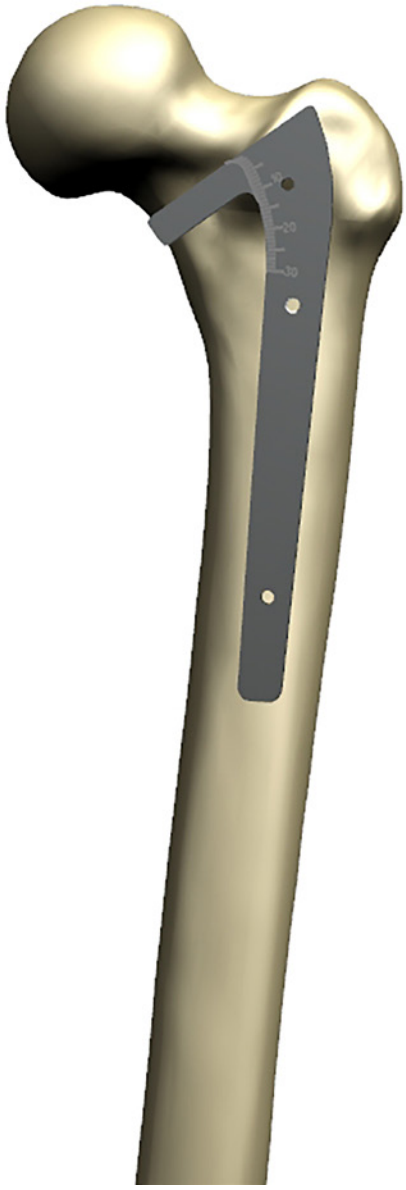
Stem insertion for non-rigid insertion

Final trial reduction

Femoral head assembly

Before surgery, review instrument sets to ensure all instruments are present and working properly.



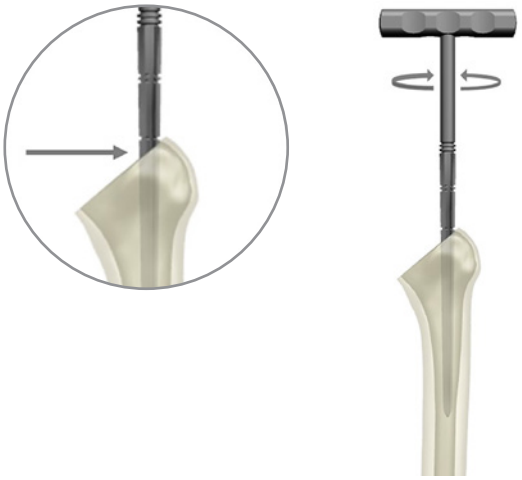


Femoral osteotomy
The point of the femoral neck resection should be marked with electrocautery corresponding to both the preoperative templating and the intraoperative measurement. Use the provided Femoral Neck Resection Guide to replicate the level of neck resection determined by your Pre-op Planning. Osteotomize the femoral neck.

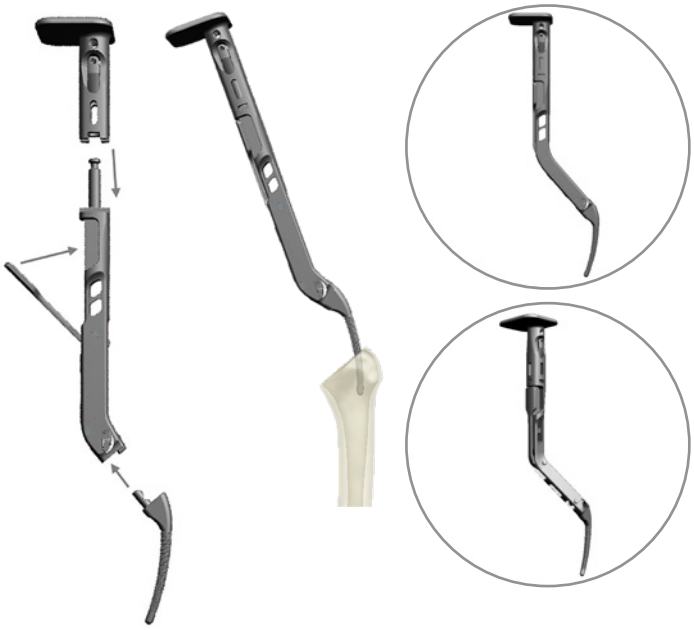
Prepare acetabulum
If acetabular reconstruction is required, prepare the acetabulum using the surgical technique for the intended acetabular component.

Femoral canal preparation
Use the box osteotome by attaching it to the preferred broach handle and strike plate. Utilize the canal finder or initial entry into femoral canal.

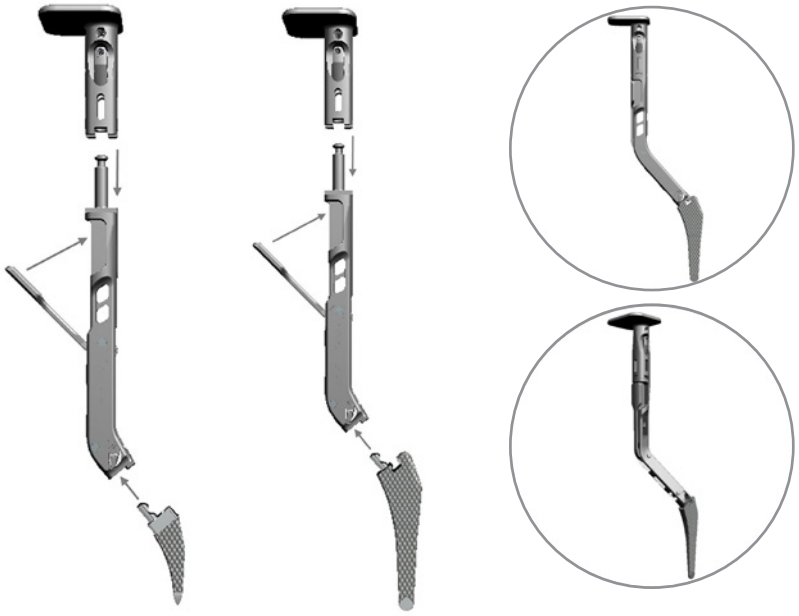
Note: It is important to stay lateral with the box osteotome and the canal finder. Care should be taken to ensure that the initial reaming tract into the femur is in neutral alignment with the femoral axis.



If desired a laterizing rasp can be attached to preferred broach handle to assure proper lateral positioning for the femoral broach.



Broach assembly/disassembly
Assemble the broach strike plate to the broach handle by placing the broach handle in to the strike plate. The strike plate offset can be positioned in the 12:00, 3:00, 6:00 or 9:00 position. Unlock the broach handle by pulling the locking handle away from the body of the broach handle. Insert the post of the broach into the broach handle and lock by moving the locking handle to the closed position. A modular anteversion handle can be assembled to the broach handle to provide version control. Disassemble the broach from the broach handle by lifting the lever to release the handle from the broach post.

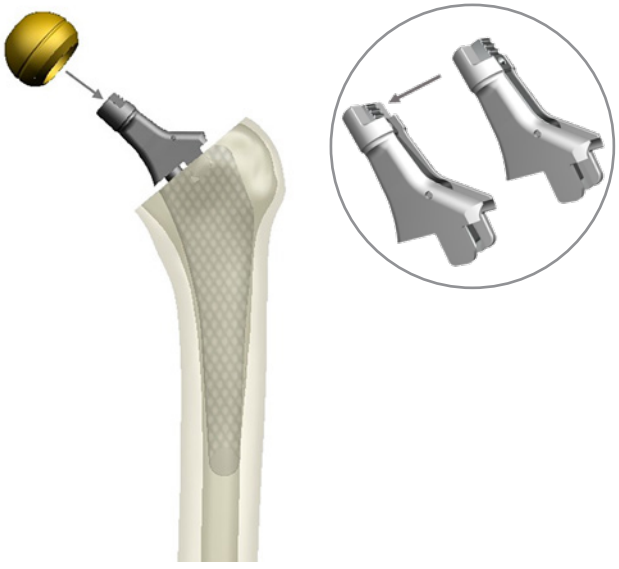


Femoral broaching
Start the broaching procedure along the axis of the femur with the starter broach. Sequential broaching should then be carried out to the templated stem size using valgus force on the stem handle. Taking care to preserve the greater trochanter, the starter broach or lateralizing rasp can be used to rasp laterally beneath the greater trochanter. Be sure to check the stability of the broach rotationally, medially and laterally. When broaching keep version constant. Stop broaching only when stability is achieved. It is important to maintain broach rotation due to the rectangular geometry of the implant.

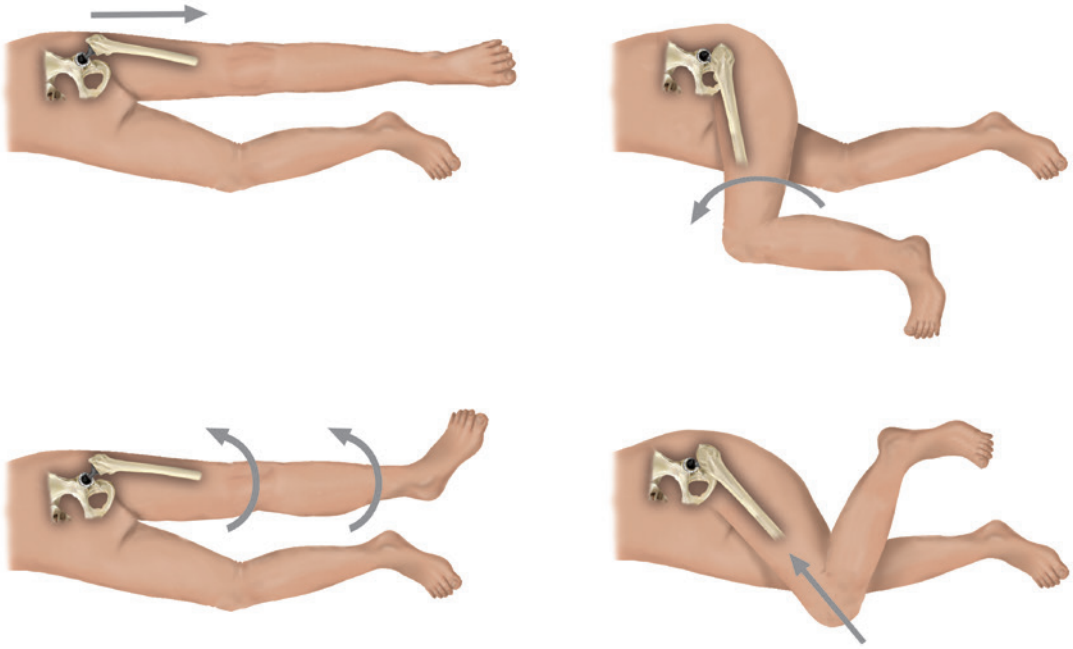
Note: Care should be taken not to force a broach that is too large into the femur. Consideration should be given to using a stem size smaller than the size templated if the final broach is difficult to seat. This helps avoid intraoperative fractures of the femur.

Calcar preparation
With the final broach fully seated, remove the broach handle. Place the calcar reamer over the post of the broach and machine the femoral neck, ensuring alignment to avoid femur fracture.

Trial reduction
Place the standard or high offset trial neck (as determined by templating) onto the broach post using the forceps. Select the trial femoral head of desired diameter and +0 neck length and place onto the trial neck. Reduce the hip and re-measure leg length. Compare to previous measurements recorded from preoperative templating or leg length before dislocation. Adjustments in neck length and/or offset can be made at this time. If trialing for a unipolar or bipolar, trial according to the appropriate technique for the selected device.



Trial reduction



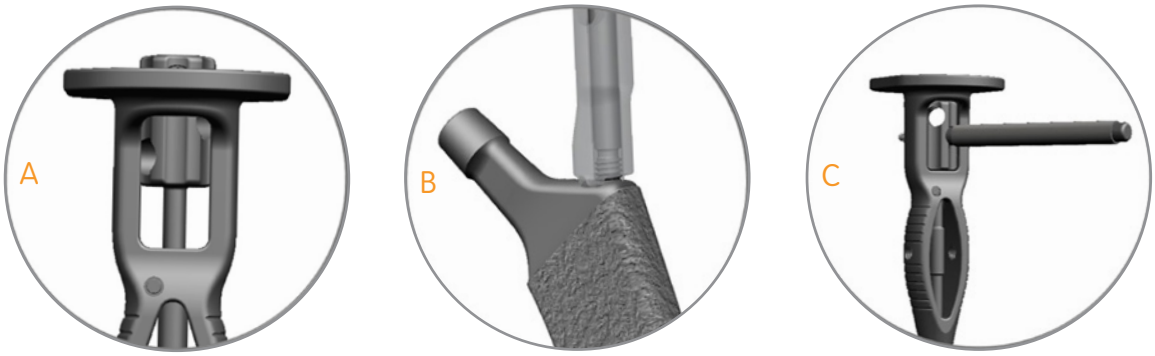
Reduce the hip and evaluate in the following ways:

Soft tissue tension
Some shuck is normal when applying a longitudinal distraction force to the hip. Shuck should not be excessive, and the hip should not dislocate in straight traction.

Anterior stability
Place the leg in full adduction and hyperextension, while exerting an external rotation force. If the hip cannot be fully extended, it may be too tight. If it dislocates easily, it is too loose and impingement must be addressed or component malposition exists.

Posterior stability
Place the leg in adduction and 90° flexion. Gradually rotate internally. The hip should be stable with 45° of internal rotation. If it dislocates with minimal internal rotation, it is too loose and impingement must be addressed or component malposition exists.

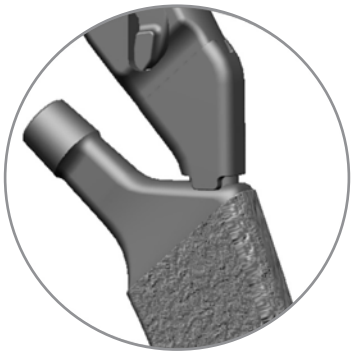
Sleep position
Place the leg in the “sleep position” with the operated leg semiflexed, adducted and internally rotated over the other leg. Apply axial force to try to dislocate. This position represents a dangerously unstable position that may be adopted by a patient sleeping on their non-operated side.

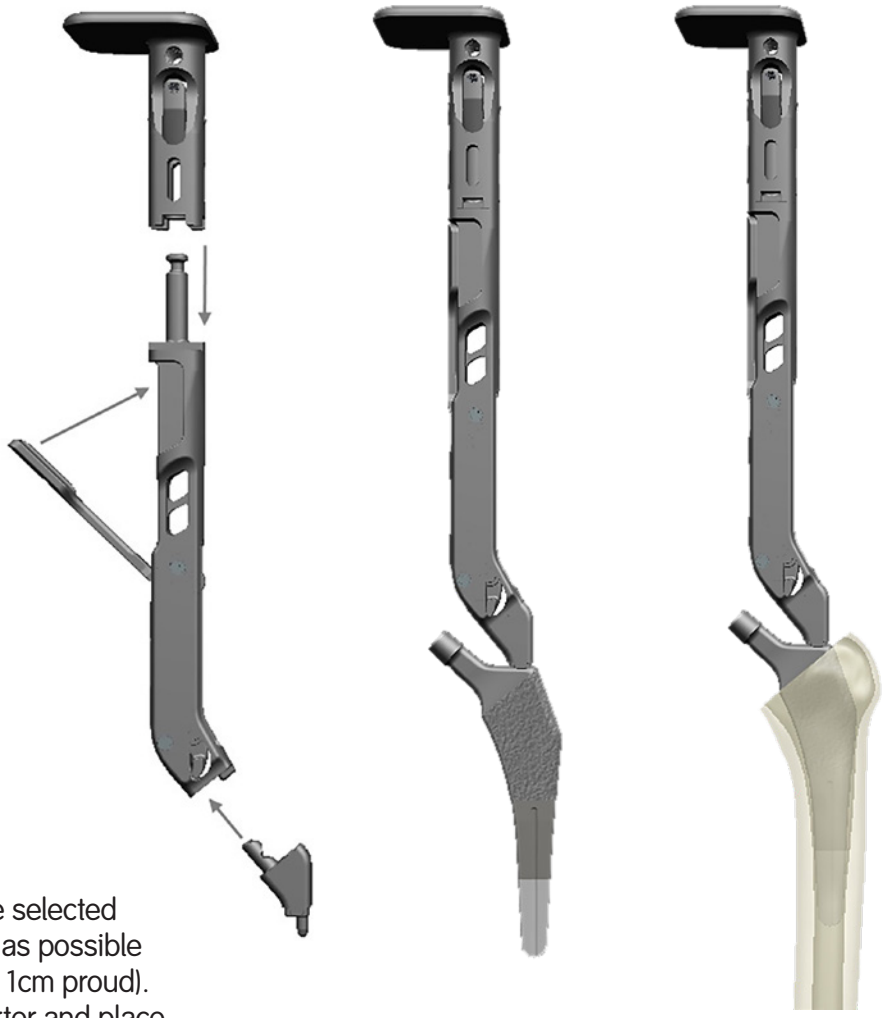


Stem insertion
For a rigid insertion stand the stem inserter upright so that the threaded tip is pointed up. Screw stem inserter rod into the implant as far as possible using the thumb screw under the strike plate. Flip the assembly over so that the stem tip is now pointing down. For additional security, the version rod can be used to complete the tightening process by inserting it into one of openings of the thumb screw and tightening. The version rod can be moved to corresponding opening on either side of the handle to help align version. Apply hand pressure and rotate the stem into the correct position. Use gentle mallet blows with valgus force on the inserter to seat the stem to the position of the neck resection. Check stem stability. If the implant has stopped moving with gentle mallet blows and is not completely seated, remove the stem and repeat the same size broaching steps.

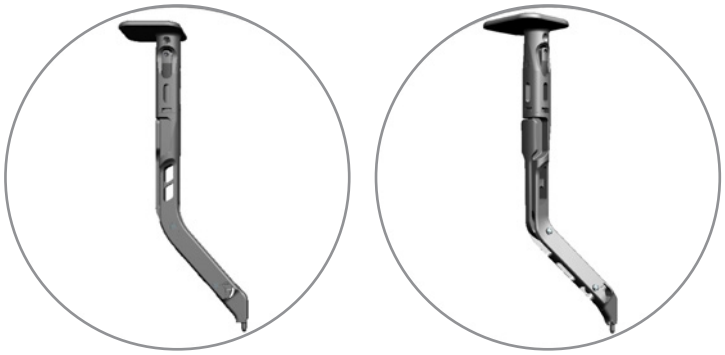
CAUTION: Do not use excessive force to seat the stem.

Note: Make sure the stem inserter is not impinging on the trochanter. This may cause inadequate stem seating or trochanteric fracture or varus positioning.





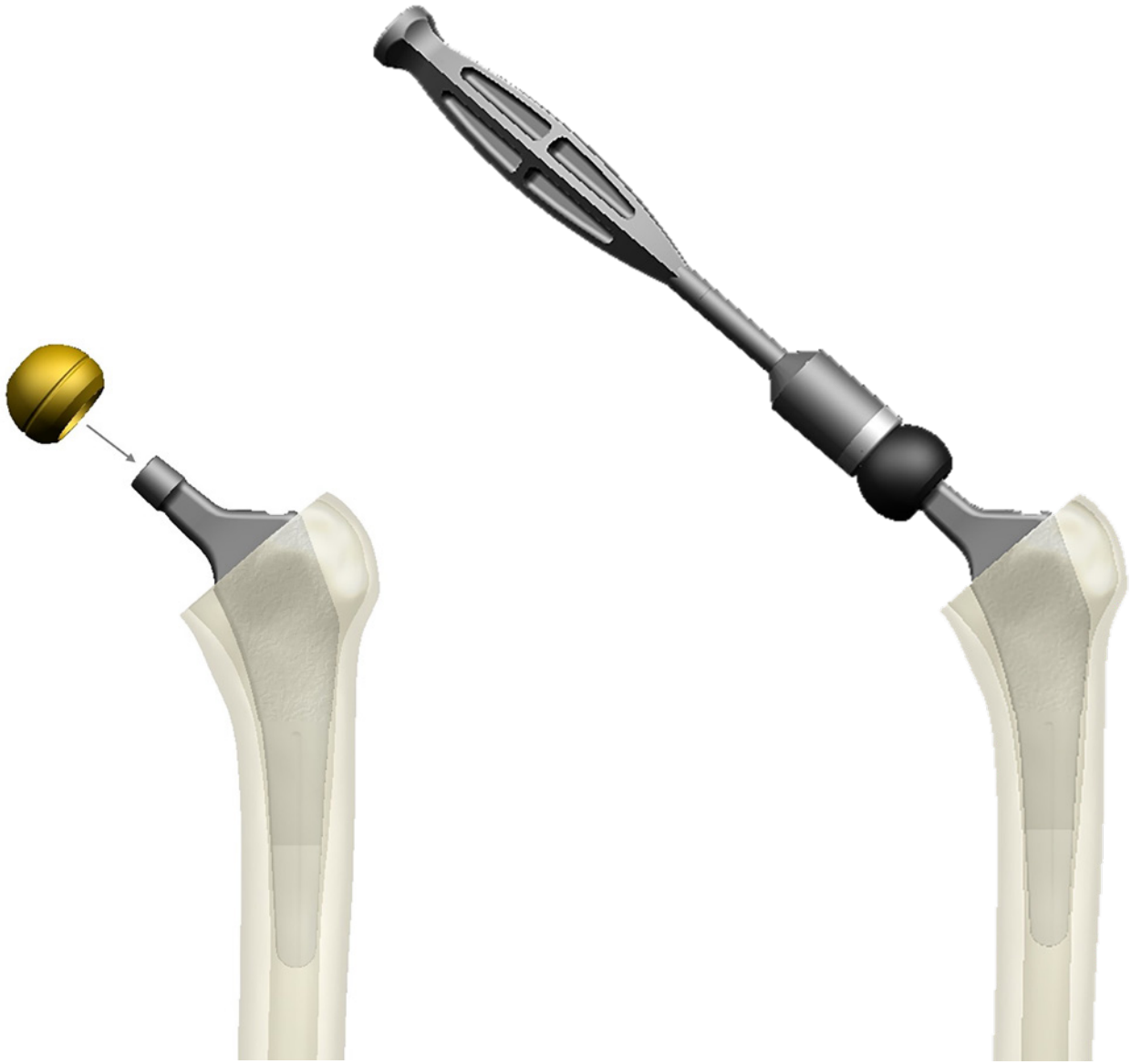
Stem insertion
For a non-rigid insertion insert the selected femoral stem into the canal as far as possible by hand (should sit approximately 1cm proud). Take the non-threaded stem inserter and place it into the preferred broach handle and strike plate. Apply hand pressure and rotate the stem into the correct position. Use gentle mallet blows to seat the stem to the position of the neck resection. Check stem stability. If the implant has stopped moving with gentle mallet blows and is not completely seated, remove the stem and repeat the same size broaching steps.



CAUTION: Do not use excessive force to seat the stem.

Note: Make sure the stem inserter is not impinging on the trochanter. This may cause inadequate stem seating or trochanteric fracture or varus positioning.

For Anterior approach, use offset handle.



Final trial reduction
A final trial reduction may be performed at this time using trial femoral heads.

Femoral head assembly
Clean and dry the neck taper with a clean, sterile cloth. Place the prosthetic femoral head on the neck taper and firmly impact with the femoral head impactor and a mallet several times.

Catalog information

ANTHOLOGY® Standard Offset Implant Set — Cat. No. 71356000

ANTHOLOGY Standard Offset Porous Stem

Size	Cat. No.	Size	Cat. No.	Size	Cat. No.
1	71356001	5	71356005	9	71356009
2	71356002	6	71356006	10	71356010
3	71356003	7	71356007	11	71356011
4	71356004	8	71356008	12	71356012

Sample 7137-6007

ANTHOLOGY High Offset Implant Set — Cat. No. 71356100

ANTHOLOGY High Offset Porous Stem

Size	Cat. No.	Size	Cat. No.	Size	Cat. No.
1	71356101	5	71356105	9	71356109
2	71356102	6	71356106	10	71356110
3	71356103	7	71356107	11	71356111
4	71356104	8	71356108	12	71356112

Sample 7137-6107

ANTHOLOGY Standard Offset Plus HA Implant Set — Cat. No. 71357000

ANTHOLOGY Standard Offset Porous Plus HA Stem

Size	Cat. No.	Size	Cat. No.	Size	Cat. No.
1	71357001	5	71357005	9	71357009
2	71357002	6	71357006	10	71357010
3	71357003	7	71357007	11	71357011
4	71357004	8	71357008	12	71357012

ANTHOLOGY High Offset Plus HA Implant Set — Cat. No. 71355700

ANTHOLOGY High Offset Porous Plus HA Stem

Size	Cat. No.	Size	Cat. No.	Size	Cat. No.
1	71357101	5	71357105	9	71357109
2	71357102	6	71357106	10	71357110
3	71357103	7	71357107	11	71357111
4	71357104	8	71357108	12	71357112

OXINIUM® Femoral Heads 12/14 Taper

Neck Length	22mm	26mm	28mm	32mm	36mm
-3	——	——	71342803	71343203	71343603
+0	71342200	71342600	71342800	71343200	71343600
+4	71342204	71342604	71342804	71343204	71343604
+8	71342208	71342608	71342808	71343208	71343608
+12	71342212	71342612	71342812	71343212	71343612
+16	——	——	71342816	71343216	——

OXINIUM Modular Femoral Heads

40mm	44mm
71342340	71342344

CoCr Femoral Heads 12/14 Taper – Cobalt Chromium

Neck Length	22mm	26mm	28mm	32mm	36mm
-3	——	——	71302803	71303203	71303603
+0	71302200	71302600	71302800	71303200	71303600
+4	71302204	71302604	71302804	71303204	71303604
+8	71302208	71302608	71302808	71303208	71303608
+12	71302212	71302612	71302812	71303212	71303612
+16	——	——	71302816	71303216	——

CoCr Modular Femoral Heads – Cobalt Chromium

40mm	44mm
71342640	71342644

Titanium Modular 12/14 Taper Sleeve

Neck Length	
-4	71344245
+0	71344247
+4	71344248
+8	71344249

Use with 40mm and 44mm OXINIUM® and CoCr Modular Femoral Heads

Biolox® delta Ceramic Femoral Heads 12/14 Taper

Neck Length	32mm	36mm	40mm
S/+0	76539160	76539165	71346004
M/+4	76539161	76539166	71346005
L/+8	76539162	76539167	71346006

Catalog information *continued*

Osteotomy Guide
Cat. No. 71364000

Modular Box Osteotome
Cat. No. 71365719

Starter Broach
Cat. No. 71365733

Modular Laterizing Rasp
Cat. No. 71365723

ANTHOLOGY® Calcar Reamer
Cat. No. 71365702

MI Trial Femoral Head

Neck Length	28mm	32mm	36mm
-3	71369708	71369714	71369720
+0	71369709	71369715	71369721
+4	71369710	71369716	71369722
+8	71369711	71369717	71369723
+12	71369712	71369718	71369724
+16	71369713	71369719	——

Femoral Head Trial (optional)

Neck length	40mm	44mm
-4	71366516	71360812
+0	71366517	71360813
+4	71366518	71360814
+8	71366519	71360815

ANTHOLOGY Trial Neck *i* Standard Offset

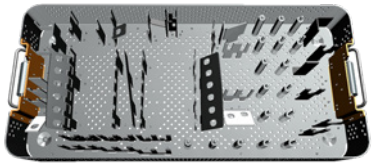
Size	Cat. No.
1-6	71365821
7-12	71365822
13-14	71365823

ANTHOLOGY Trial Neck *i* High Offset

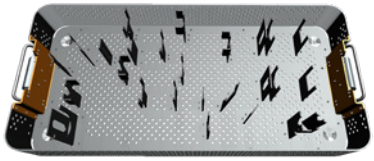
Size	Cat. No.
1-6	71365824
7-12	71365825
13-14	71365826

Femoral Head Impactor
Cat. No. 71364009

Anteversion Handle
Cat. No. 71364012



Core Instrument Trays
Cat. No. 71365842



Broach Handle Tray
Cat. No. 71365841

Dual Offset Broach Handle Tray
Cat. No. 71365732

Blunt Medullary Reamer
Cat. No. 119657

Broach Handle Strike Plate
Cat. No. 71365722

Straight Broach Handle
Cat. No. 71365727

Threaded Stem Inserter
Cat. No. 71365616

Catalog information *continued*

Soft Inserter
Cat. No. 71365617

Single Offset Broach Handle
Cat. No. 71365728

Dual Offset Broach Handle Set

Left Dual Offset Broach Handle
Cat. No. 71365731

Right Dual Offset Broach Handle
Cat. No. 71365729

ANTHOLOGY® Broach

Size	Cat. No.	Size	Cat. No.
1	71365301	8	71365308
2	71365302	9	71365309
3	71365303	10	71365310
4	71365304	11	71365311
5	71365305	12	71365312
6	71365306	13	71365313
7	71365307	14	71365314

Implant constructs

ANTHOLOGY◇ Femoral Stems

Femoral Heads

Cobalt Chrome
12/14 Femoral Head

Cobalt Chrome
Modular Femoral Head

OXINIUM◇
12/14 Femoral Head

OXINIUM
Modular Femoral Head

BIOLOX® Delta
12/14 Femoral Head

TANDEM◇ Unipolar
OXINIUM Femoral Head

TANDEM Unipolar
CoCr Femoral Head

Taper Sleeves

Titanium Modular
12/14 Taper Sleeves

TANDEM Titanium
12/14 Unipolar Sleeves

Notes

Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Smith & Nephew representative or distributor if you have questions about the availability of Smith & Nephew products in your area.

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