Dual Mobility Acetabular Cup

Mercury®

Surgical Technique





> Preoperative planning

Standard step in which it must be ensured that the metal cup can be correctly implanted in the acetabulum. It must be ensured as far as possible that the metal cup does not overlap except on the upper part.

In any event, the cup must not be oversized with respect to the acetabulum to avoid removing too much bone and to avoid externalisation of the anterior and posterior edges of the cup.



Templates for preoperative planning available on a scale of 1 - 1, 15 - 0, 65

> Preparing the acetabulum

The acetabulum is milled using the KANC 2008 or KANC 2008 A (Stainless Tray) instruments set.

Reamers diameters vary from ø40 to ø64, 2 by 2 mm.

The acetabulum entrance must be well cleared, notably the anterior and posterior walls.

The transverse acetabular ligament can be resected or left unresected.

Milling is performed with mills of increasing diameters, 2 by 2 mm. Ideally, milling should stop before the acetabular fossa, while enabling correct implant of the metal cup to the front and to the back.

The size of the first mill should preferably be the same diameter or a diameter slightly smaller than the femoral head.



Two possibilities

Implantation of a Press Fit acetabular implant:



The last mill used must be the same diameter as the acetabular cup selected (during preoperative planning).

According to the condition of the patient's bone, the surgeon may choose to mill smaller than the nominal diameter of the press fit acetabular cup to be placed.

Implantation of a cementable acetabular implant:

The last mill used must be of a greater diameter (2 mm) than the acetabular cup selected (during preoperative planning).



Milling must:

- Reach the acetabular fossa
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- Ensure perfect sphericity of the bone cavity
- Remove cartilage and debride the cortex up to the vascularised subchondral bone.

Milling must be performed in the direction of the anatomical acetabulum (Anteversion 10 to 20°, tilting approx. 45°)



> Placement of the trial cup and the trial insert



The shape of the trial cup matches that of the implant. The pressfit is not oversized. The open end of the test cup makes it possible to control contact between the cup and the prepared acetabular fossa.

The trial cup is placed using the trial cup grip device (ANC07346).

The trial insert is non-retentive and makes it possible to perform ligament tension tests once the trial stem is in place.

> Placement of the permanent implant

The permanent implant is placed using the cup grip device.

A specific impaction device matches each acetabular diameter.

Once the size of the permanent implant has been selected, the matching impaction device must be assembled on the holding device as illustrated below.



When the impaction tip is set correctly, screw the clamping handle.

The direction of the acetabulum is identified by a marking on the impaction tip. A ring aiming could be used to check the right orientation of the cup before impaction.

The grip device must not be over tightened.

Where the clamping force is too high, a gap appears between the metal back and the impaction tip. In this case, loosen the grip device, pin the implant to the tip once again then tighten the push handle.

Once the metal back is mounted on the grip device, impaction can be performed.

Two possibilities

Impaction of a Press Fit acetabular implant:

Impact the acetabular implant using the grip device. Reliable impaction can be ensured using the final impactor – ANC071124 mounted on the test implant grip device – ANC07346



Impaction of a cementable acetabular implant:

Impact the acetabular implant using the grip device. WARNING : the grip device must not be moved during cement setting in order to guarantee optimum acetabular stability.

When the implant is in place, the surgeon can once again check ligament tension and adjust the height of the neck.



Permanent head impaction



This last test being complete, the selected head can then be impacted.

The permanent MERCURY insert is retentive. Impaction of the head in the insert must therefore

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be carried out using the impacting press ANC071123



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