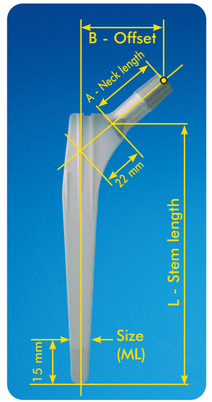
CERAFIT

RANGE AND DIMENSIONAL CHARACTERISTICS



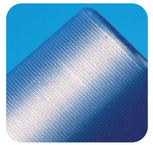
SIZE mm	Stem length L mm	Neck* length A mm	Offset* B mm	HAC
7	120	28	37	4307
8	124	29	38	4308
9	128	31	39	4309
10	132	32	40	4310
11	136	33	41	4311
12	140	35	42	4312
13	144	36	43	4313
14	148	37	44	4314
15	152	39	45	4315
16**	156	40	46	4316
17**	160	41	47	4317
18**	165	43	48	4318

* For a medium neck
** Special implants available on request

FIXATION OF THE FEMORAL HEADS

Fixation by a 12/14 cone with an angle of 5°42'.

The microthreaded surface of the cone acts as a mouldable superficial layer, which allows reduction of the stresses at the alumina-titanium interface.



FEMORAL HEADS 12/14

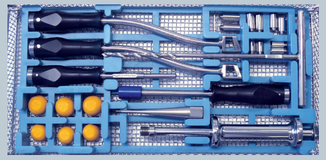
Al_2O_3 ISO 6474			
Ø mm	Description		Reference
32	Short neck	-4	2003
32	Medium neck	0	2004
32	Long neck	+4	2005
28	Short neck	-3,5	2000
28	Medium neck	0	2001
28	Long neck	+3,5	2002
STAINLESS STEEL ISO 5832-9			
32	Short neck	-4	2220
32	Medium neck	0	2221
32	Long neck	+4	2222
32	Extra long neck	+8	2263

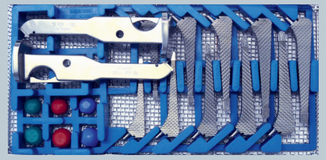
STAINLESS STEEL ISO 5832-9			
Ø mm	Description		Reference
28	Short neck	-3,5	2223
28	Medium neck	0	2224
28	Long neck	+3,5	2225
28	Extra long neck	+8	2261
28	Extra long neck	+12	2262
22,2	Short neck	-3,5	2217
22,2	Medium neck	0	2218
22,2	Long neck	+3,5	2219

CERAVER
EXPERIENCE - INNOVATION

CERAFIT

THE MULTICONES CERAFIT STEM INSTRUMENTATION





Designation	Reference
GUIDE ROD	2 045
FEMORAL DRIVER (SPHERICAL END)	4 422
HEAD PUSHER	693
FEMORAL IMPLANT EXTRACTOR (SCREW)	4 421
SLIDE HAMMER	1 698
HOLLOW PUNCH NO. 1 (7 TO 11)	4 189
HOLLOW PUNCH NO. 2 (12 TO 18)	4 190
TRIAL NECKS T7/T8	11 245
TRIAL NECKS T9/T10	11 246
TRIAL NECKS T11/T12	11 247
TRIAL NECKS T13/T14	11 248
TRIAL NECKS T15/T16	11 249
TRIAL HEADS FOR Ø 28/-3,5 (For implant)	2 130
TRIAL HEADS FOR Ø 28/0 (For implant)	2 131
TRIAL HEADS FOR Ø 28/+3,5 (For implant)	2 132
TRIAL HEADS FOR Ø 32/-4 (For implant)	2 133
TRIAL HEADS FOR Ø 32/0 (For implant)	2 134
TRIAL HEADS FOR Ø 32/+4 (For implant)	2 135

Designation	Reference
RASP HANDLE	11 062
CERAFIT RASP 6	11 316
CERAFIT RASP 7	11 317
CERAFIT RASP 8	11 318
CERAFIT RASP 9	11 319
CERAFIT RASP 10	11 320
CERAFIT RASP 11	11 321
CERAFIT RASP 12	11 322
CERAFIT RASP 13	11 323
CERAFIT RASP 14	11 324
CERAFIT RASP 15	11 325
TRIAL HEADS FOR Ø 28/-3,5 (For rasps)	11 090
TRIAL HEADS FOR Ø 28/0 (For rasps)	11 091
TRIAL HEADS FOR Ø 28/+3,5 (For rasps)	11 092
TRIAL HEADS FOR Ø 32/-4 (For rasps)	11 095
TRIAL HEADS FOR Ø 32/0 (For rasps)	11 096
TRIAL HEADS FOR Ø 32/+4 (For rasps)	11 097

Document intended for the exclusive use of healthcare professionals. HAC CERAFIT Stem® - hip prosthesis – is a class III CE marked medical device made by CERAVER – LES LABORATOIRES OSTEAL MEDICAL Company and for which Conformity assessment was carried out by Notified Body G-MED n°0459. HAC CERAFIT Stem prosthesis is intended to replace completely a hip joint that cannot be treated through other therapies. Before any surgical procedure, read carefully instructions for use and surgical technique. For proper use and installation of these devices, qualified professionals must use instruments of the associated kit

THE MULTICONES CERAFIT STEM

GMED ISO 13485

SURGICAL TECHNIQUE

CERAVER - LES LABORATOIRES OSTEAL MEDICAL
69, RUE DE LA BELLE ÉTOILE
95957 ROISSY CDG CEDEX - FRANCE
TEL. : (+33) 1 48 63 88 63 - FAX : (+33) 1 49 89 05 05
WWW.CERAVER.COM - CONTACT@CERAVER.COM

CE 0459

TO_H01-01_GB_0421

CERAVER OSTEAL AMERICA INC.
2277 GUENETTE
SAINT LAURENT QUEBEC H4R 2E9
CANADA
TEL: + 19 1 514 856 2435
FAX: + 19 1 514 856 2444
coai@qc.aira.com

CERAVER IBERICA
BELTRAN BAGUENA, 5-10-10
46009 VALENCIA
ESPAÑA
TEL: +34 96 348 10 17
FAX: +34 96 348 10 02
info@ceraver.es

CERAVER ITALIA
VIA PRATI, 29
40012 CALDERARA DI RENO (BO)
ITALIA
TEL: +39 051 72 88 76
FAX: +39 051 72 78 03
info@ceraver.it

CERAVER SOUTH AFRICA (PTY) LTD
11 POLO CRESCENT
WOODMEAD OFFICE PARK,
WOODMEAD, 2191, SANDTON,
GAUTENG - SOUTH AFRICA
TEL: + 27 11 656 3719
FAX: + 27 865 474 635

CERAVER
EXPERIENCE - INNOVATION

SURGICAL TECHNIQUE

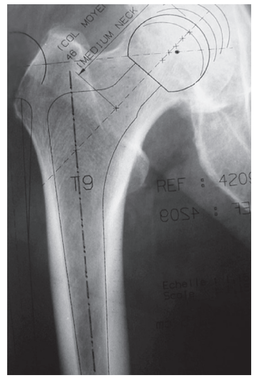
STEPS 1-2

1 PREOPERATIVE PLANNING AND PATIENT INSTALLATION

X-RAY EXAMINATIONS AND CHOICE OF IMPLANT

Preoperative planning is undertaken using prosthesis templates (scale 1.15) which are compared with x-rays taken with the same magnification.

This study will give a fairly clear indication concerning the choice of the implant that will be made intraoperatively. The templates allow to choose in advance, within 2 sizes, the cup and the femoral stem to be implanted. Templates also make possible to determine the neck resection level.



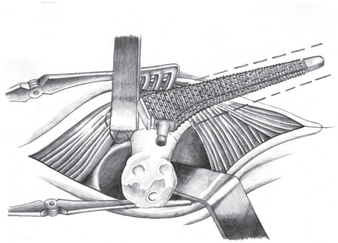
PATIENT INSTALLATION - APPROACH

This will depend on the standard of the individual surgeon: supine or lateral decubitus positions; lateral, posterior or anterior for the approach..

2 DISLOCATION OF THE FEMORAL HEAD RESECTION OF THE NECK

After the capsule has been excised, dislocation of the femoral head is carried out by flexion and rotation.

The femoral neck cutting level is determined from the preoperative study of the templates. External locating of the trial stem/rasp will enable a better positioning of the initial neck cut. Once the neck has been cut, the acetabulum will be clearly exposed.

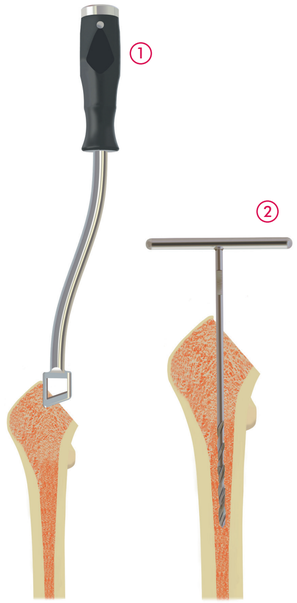


STEPS 3-4

3 INITIAL FEMORAL PREPARATION

Remove cancellous bone from the neck center using the hollow punch (the small one for sizes 7 to 11 and the big one for sizes 12 to 18). Keep the cancellous bone.

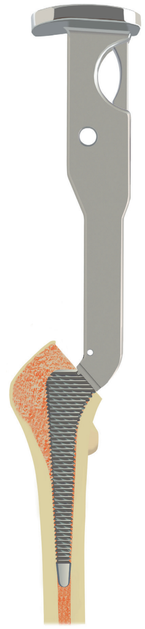
Determine the femoral axis by introducing the guide-rod with a T-handle in the medullary canal.



4 FEMORAL RASPING

Initiate broaching with a rasp two sizes smaller than the intended implant size.

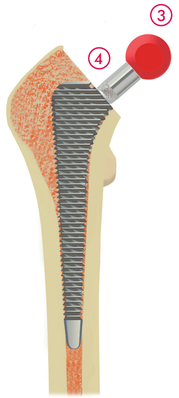
Note: the femoral impactor can be used as an anterversion rod when placed into the rasp handle hole.



5 TRIALS

When the planned rasp size is seating tightly, screw the trial head on the trial neck that corresponds to the rasp.

Put the trial neck/head set on the rasp. Reduction is undertaken to ensure correct tension of the gluteals and stability of the prosthesis.



STEPS 5-6

6 IMPLANT SEATING

The implanted CERAFIT stem size should be of the same size as the final rasp. The stem is driven into the canal using the stem driver into the hole. Cancellous bone from the femoral head and the neck can be used to cover the anterior and posterior sides of the femoral stem.

The implant must be perfectly stable after impaction.

In case of motion between prosthesis and femur, resume the broaching with a rasp one size wider. If the stem cannot be fully inserted in the canal, it should be removed using the stem extractor with the slide hammer, a one size smaller stem must be implanted.