

# MetaFix<sup>™</sup>

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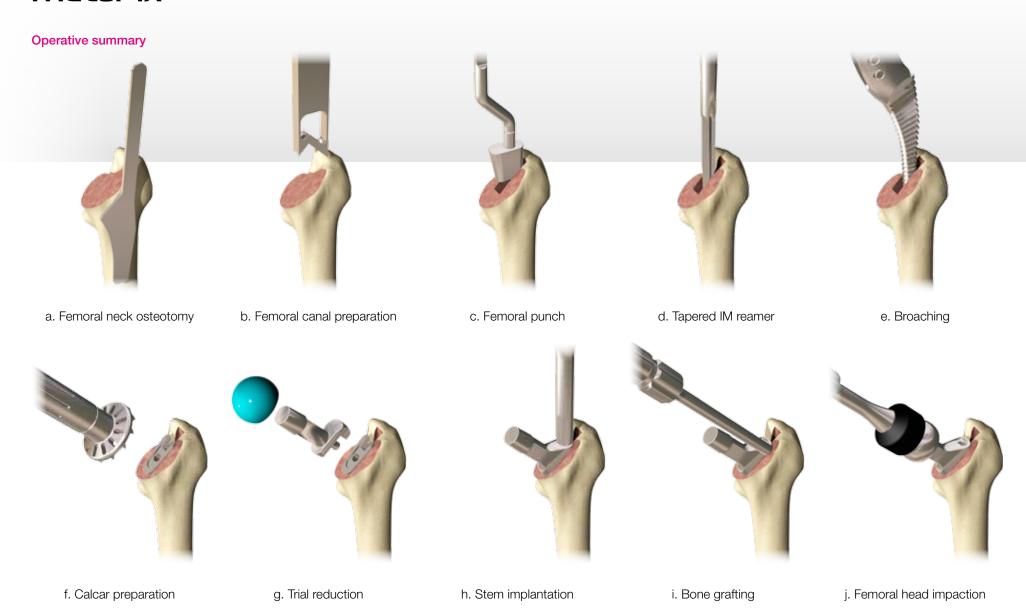
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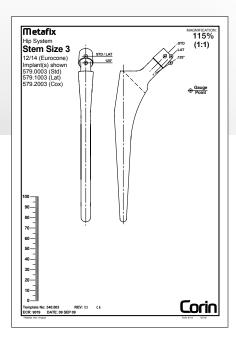
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The universal choice for cementless total hip replacement







#### Acetabular preparation

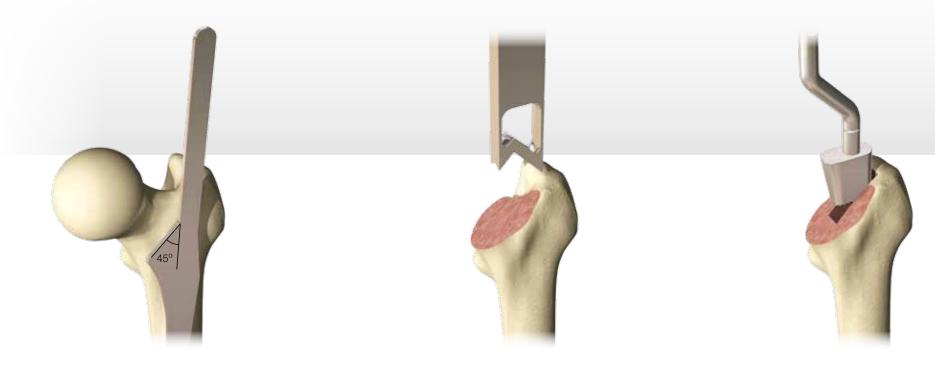
The acetabulum is prepared as instructed for the chosen acetabular cup system. The MetaFix tem can be used in combination with the large diameter Optimom head and Cormet tem cup, or the Trinity tem acetabular cup system – please refer to the respective surgical technique.

#### Pre-operative templating

MetaFix X-ray templates are available in magnifications of 100%, 110%, 115% and 120% in both digital and acetate format – 115% is provided as standard. The X-ray templates assist in determining the correct size and offset required pre-operatively. Both the stem size and offset are confirmed during the preparation of the femur.

An antero-posterior (A-P) X-ray of the pelvis is used in combination with the MetaFix X-ray template to determine the size (in the medio-lateral [M-L] plane) and offset required. The level of the neck resection required to restore the correct biomechanics of the hip can also be assessed. A direct lateral X-ray is used in combination with the MetaFix X-ray template to determine the size of the stem required in the A-P plane.

MetaFix may be implanted via the anterior-lateral or posterior-lateral approach.



### Step 1. Femoral neck osteotomy

The neck resection guide provides a template for the osteotomy and is placed along the neutral axis of the femur. Using diathermy, mark a line at 45° against the angle of the neck resection guide. The osteotomy is then performed using this line to maintain the correct angle.

## Step 2. Femoral canal preparation

Use the box osteotome to remove the medial aspect of the greater trochanter and insert at the anterior edge of the piriformis fossa, posterior to the midline of the neck. Use the box osteotome in a neutral or anteverted position appropriate to the patient's anatomy.

Step 3. Femoral punch

To further open the femoral neck without removing more bone, impact the cancellous bone using the femoral punch.



### Step 4. Tapered IM reamer

Use the T-handled tapered reamer to open the natural axis of the femoral canal for broach preparation. The instrument is triple tapered to support the range of stem sizes.

#### Step 5. Broaching

Attach the handle to the smallest broach and insert into the femur to compact the bone. Make sure that axial alignment is maintained at all times, using progressively larger broaches until the desired size is achieved. To preserve the cancellous bone, a stable position must be achieved without cortical bone contact. The proximal face of the final broach must sit flush with the resection line of the femur. Use the tommy bar to check the anteversion alignment of the broach.

The MetaFix broaches and corresponding handles are now available in two different connection styles – male or female.

Note: the acetabulum should be prepared prior to broaching if using the male broach.

The size of each broach is equivalent to the corresponding implant without the hydroxyapatite (HA) coating. If a broach fails to seat fully, the previous broach can be used to re-establish the correct envelope to accept the smaller stem.



### Step 6. Calcar preparation

Locate the calcar reamer onto the spigot for male broaches or into the recess for female broaches to remove excess bone from the resected neck. The calcar reamer will remove bone above 0.5mm from the face of the broach.

Initiate power to the calcar reamer prior to engagement with the bone to prevent damage to the femur.

### Step 7. Trial reduction

Fit the appropriate head and neck trial to the broach in situ and perform a trial reduction to assess stability and leg length.

If required, leg length is reduced by lowering the neck resection level and advancing the broach into the femur.



#### Step 8. Stem implantation

The final broach indicates the definitive implant size to use. The stem is either inserted and impacted using the stem introducer or inserted by hand and impacted using the stem impactor. The introducer allows for rotational stability via the recess in the stem. The impactor must align with the recess.

Impact the stem into the femoral canal so that the border of the HA coating is flush with the resection line.

#### Step 9. Bone grafting

Once the stem is seated, cancellous bone from the resected femoral head can be impacted around the proximal shoulder using the femoral tamp. This seals the femoral canal and enhances the stability of the stem.

Using the trial head perform a trial reduction to check for joint stability and leg length.

#### Step 10. Femoral head impaction

Once the acetabular cup is implanted, ensure the trunnion is free from debris before impacting the head onto the stem using the head impactor.

The hip can then be reduced and closure performed to the surgeon's preferred technique.

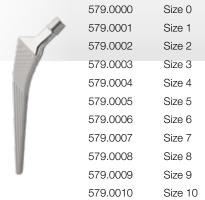
#### Step 11. Stem removal

If the stem needs to be removed, screw the introducer onto the stem and hammer the baseplate to extract.

Alternatively screw the optional slap hammer onto the stem and extract.

#### Ordering information

#### Standard stem 135°



#### Lateralised stem 135°



#### Coxa Vara stem 125°



#### CoCr modular heads (12/14)



E321.028	Small	-3.5mm	28mm
E321.032	Small	-4.0mm	32mm
E321.128	Medium	0.0mm	28mm
E321.132	Medium	0.0mm	32mm
E321.228	Long	+3.5mm	28mm
E321.232	Long	+4.0mm	32mm
E321.332	Extra long	+7.0mm	32mm

#### BIOLOX *delta*™ ceramic modular heads (12/14)



Extra long	+7.0mm	32mm
Extra long	+8.0mm	36mm
Extra long	+8.0mm	40mm
	Extra long	Extra long +7.0mm Extra long +8.0mm Extra long +8.0mm

### X-ray templates

340.101	100%
340.111	110%
340.121	115%
340.131	120%

#### Instrumentation

E922.136 E922.236

E922.336

E922.040

E922.140

E922.240

E922.340

340.309

340.380

Mod head trial, ø36mm, standard (12/14)

Mod head trial, ø36mm, extra long (12/14)

Mod head trial, ø40mm, standard (12/14)

Mod head trial, ø40mm, extra long (12/14)

Mod head trial, ø36mm, long (12/14)

Mod head trial, ø40mm, short (12/14)

Mod head trial, ø40mm, long (12/14)

3.0mm allen key

Slap hammer

Universal instruments		Dedicated MALE (spigot) broach instruments		Dedicated FEMALE (recess) broach instruments	
340.300	Neck resection template	340.430	Size 0 femoral broach	340.330	Size 0 femoral broach
340.320	Box osteotome	340.431	Size 1 femoral broach	340.331	Size 1 femoral broach
340.366	Femoral punch	340.432	Size 2 femoral broach	340.332	Size 2 femoral broach
340.311	Tapered IM reamer	340.433	Size 3 femoral broach	340.333	Size 3 femoral broach
340.360	Stem introducer	340.434	Size 4 femoral broach	340.334	Size 4 femoral broach
340.362	Straight stem punch	340.435	Size 5 femoral broach	340.335	Size 5 femoral broach
340.365	Femoral tamp	340.436	Size 6 femoral broach	340.336	Size 6 femoral broach
340.400	Femoral head impactor	340.437	Size 7 femoral broach	340.337	Size 7 femoral broach
340.308	2.5mm allen key	340.438	Size 8 femoral broach	340.338	Size 8 femoral broach
340.328	Tommy bar	340.439	Size 9 femoral broach	340.339	Size 9 femoral broach
E922.028	Mod head trial, ø28mm, short (12/14)	340.440	Size 10 femoral broach	340.340	Size 10 femoral broach
E922.128	Mod head trial, ø28mm, standard (12/14)	A/H/Z340.416	Ø40 calcar cutter (A/O / Hudson / Zimmer)	A/H/Z340.316	Ø40 calcar cutter (A/O / Hudson / Zimmer)
E922.228	Mod head trial, ø28mm, long (12/14)	340.470	135° Standard neck trial	340.370	135° Standard neck trial
E922.032	Mod head trial, ø32mm, short (12/14)	340.471	135° Lateralised neck trial	340.371	135° Lateralised neck trial
E922.132	Mod head trial, ø32mm, standard (12/14)	340.472	125° Coxa Vara neck trial	340.372	125° Coxa Vara neck trial
E922.232	Mod head trial, ø32mm, long (12/14)	340.450	Straight broach handle	340.350	Straight broach handle
E922.332	Mod head trial, ø32mm, extra long (12/14)				
E922.036	Mod head trial, ø36mm, short (12/14)				



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Printed on 9lives 80 which contains 80% total recycled fibre and is produced at a mill which holds the ISO 14001 for Environmental Management Systems. The pulp is bleached using Elemental Chlorine Free processes.



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