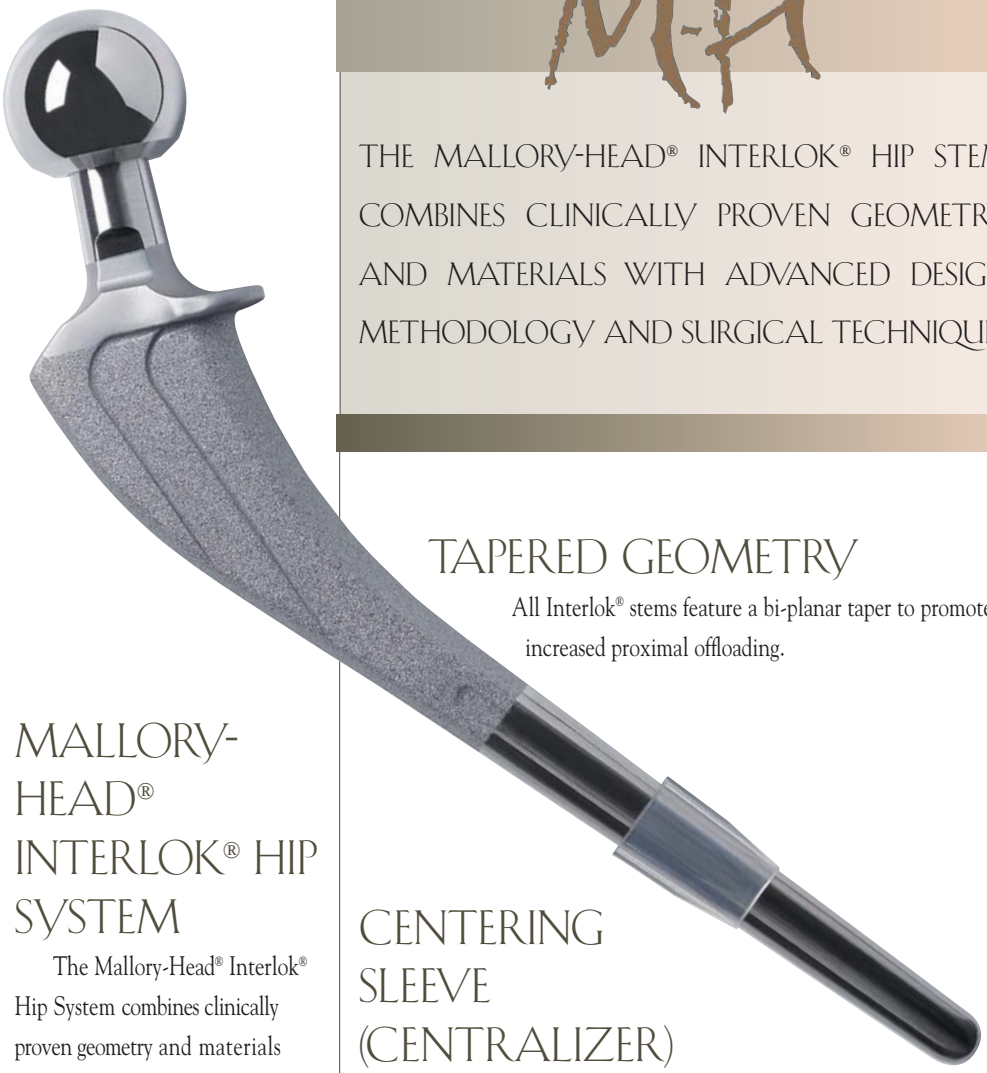
INTERLOK® COCR PRIMARY STEM

THE GOAL OF THE MALLORY-HEAD® INTERLOK® HIP SYSTEM IS TO PROVIDE LONG-TERM STABILITY, AND MAINTENANCE OF THE STEM-CEMENT-BONE CONSTRUCT, THROUGH ENHANCED DESIGN CRITERIA.

BIOMET ORTHOPEDICS, INC.

THE MALLORY-HEAD® INTERLOK® HIP STEM COMBINES CLINICALLY PROVEN GEOMETRY AND MATERIALS WITH ADVANCED DESIGN METHODOLOGY AND SURGICAL TECHNIQUE.



MALLORY-HEAD® INTERLOK® HIP SYSTEM

The Mallory-Head® Interlok® Hip System combines clinically proven geometry and materials with advanced design methodology. This combination helps to enhance the probability for long-term stability and a positive clinical outcome.

TAPERED GEOMETRY

All Interlok® stems feature a bi-planar taper to promote increased proximal offloading.

CENTERING SLEEVE (CENTRALIZER)

A size specific PMMA centering sleeve positioned on the distal one-third of the stem creates an even 1.5mm cement mantle around the prosthesis within the medullary canal, and provides axial alignment for the prosthesis into the cement-filled femoral canal (Figure 1).

Figure 1

ROTATIONAL STABILITY

To resist rotational forces, the design of the Interlok stem has been engineered with the distal portion of the prosthesis assuming an I-beam configuration. This I-beam configuration incorporates a recessed channel, that when coupled with the broad proximal cross-section stem design, resists rotational forces.

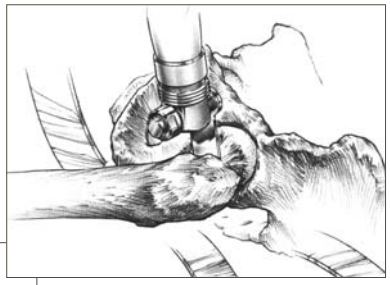
ENHANCED GEOMETRY

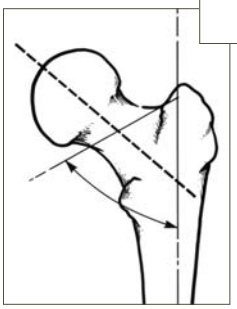
The Mallory-Head® Interlok® Hip System offers an enhanced proximal design to promote increased proximal loading. This is achieved through a lateral-to-medial taper augmented with anterior and posterior "ribs" angled at 20 degrees to help force cement into compression medially (Figure 2). The entire proximal geometry features an Interlok® textured surface for increased cement/stem fixation.

Figure 2

STEP ONE
RESECTION OF THE FEMORAL NECK

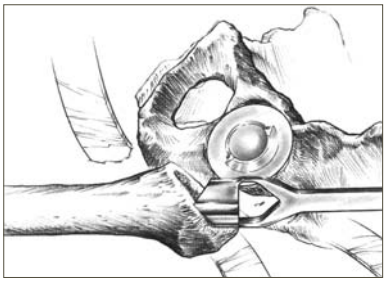
- The femoral neck cut can be made by either using the femoral broach as a template, or by using the femoral resection guide.
- The resection level is made 45–50 degrees off the anatomical axis.





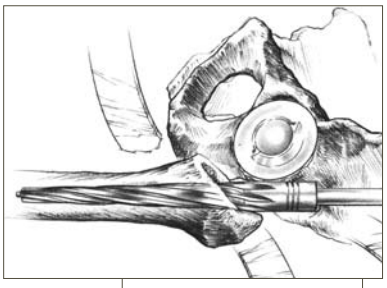
STEP TWO
ACCESSING THE FEMORAL CANAL

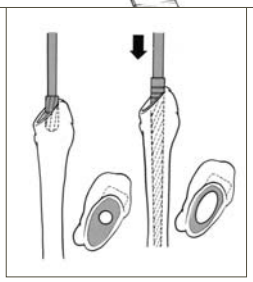
- Utilize instruments from the Mallory-Head® Interlok® Instrumentation set.
- The hollow chisel is utilized to access the lateral section of the proximal femoral shaft.
- Failure to create an adequate channel in this dense bone can cause the reamer tip to wander toward the cortex.



STEP THREE
REAMING THE FEMORAL CANAL

- The objective for using the straight starter reamer* is to open the femoral canal distally, and determine the correct component size. The Mallory-Head® cemented spiral-tapered reamer is then used to allow for the proper cement mantle.
- The straight starter reamer is moved against both the medial portion of the greater trochanter and posteriorly against the resected neck of the femur.
- A Mallory-Head® Interlok® tapered reamer is then utilized to determine stem sizing and to achieve contact with the distal cortex.

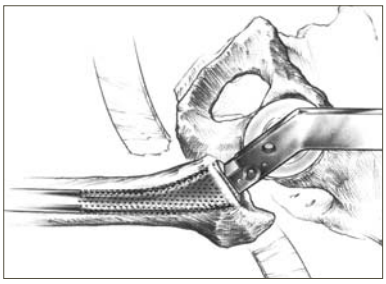




*Interlok® reamers are marked the same size as the corresponding Interlok® implants, but are actually oversized by 3mm to allow for an even cement mantle of 1.5mm circumferentially about the prosthesis.

STEP FOUR
CONTOURING THE STEM ENVELOPE

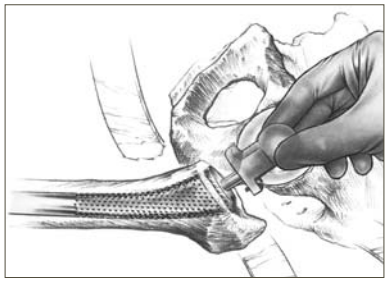
- Select the appropriate Mallory-Head® Interlok® broach** that matches the final reamer size and insert the broach in the corridor created by the reamer.
- The broach will be slightly larger than the implant to be utilized, in order to create an established area for the cement mantle.



**Interlok® broaches are marked the same size as the corresponding Interlok® implants, but are actually oversized by 3mm to allow for an even cement mantle of 1.5mm circumferentially about the prosthesis.

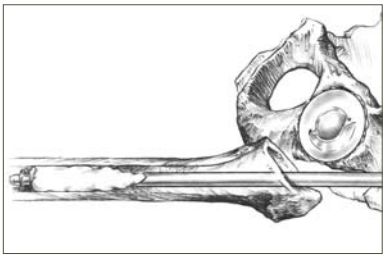
STEP FIVE
TRIAL REDUCTION

- With the Mallory-Head® Interlok® broach secured, place the appropriate head/neck trial onto the pin extending from the broach.
- The hip is reduced and the range of motion – flexion, abduction and internal rotation – is thoroughly checked (the trial head should be symmetrical within the acetabulum).



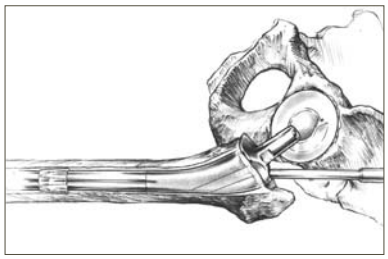
STEP SIX
CEMENT INSERTION

- To enhance cement pressurization, insert a cement plug that corresponds to the femoral implant and canal to a depth not to exceed 2–3cm below the tip of the femoral stem.
- Inject cement in retrograde fashion from the plug upward. Fill the entire medullary canal, completely saturating the outer cancellous cortical surfaces.



STEP SEVEN
STEM INSERTION

- When the cement has been fully pressurized within the femoral canal, the femoral implant is progressively introduced.
- The centering sleeve provides for an even cement mantle by establishing the position of the stem centrally in the canal. Choose the centering sleeve that corresponds to the final stem selection. Example: Ream to 11mm, broach to 11mm, choose size 11 centralizer for 11mm stem.



- Upon attaining the desired position, the femoral component should be held motionless until the cement has polymerized, then the excess cement is removed.

This brochure demonstrates the surgical technique of Thomas Mallory, M.D., and William Head, M.D. Biomet, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any implant procedure is responsible for determining and utilizing the appropriate techniques for implanting the prosthesis in each individual patient. Biomet is not responsible for selection of the appropriate surgical technique to be utilized for an individual patient.

ORDERING INFORMATION

MALLORY-HEAD® INTERLOK® COCR PRIMARY IMPLANTS

Part Number	Description
105606	5/7 x 135mm
105607	7 x 140mm
105609	9 x 150mm
105611	11 x 160mm
105613	13 x 170mm
105615	15 x 180mm

Part Number	Description
104597	Mallory-Head® Interlok® X-ray Template Set

PMMA CENTERING SLEEVES*

Part Number	Description
162907	7mm
162909	9mm
162911	11mm
162913	13mm
162915	15mm

*Select the centering sleeve that corresponds to the implant being used.

MALLORY-HEAD® INTERLOK® INSTRUMENTATION

Bullet Tip Canal Reamer

474832	8mm
474836	9mm
474840	10mm
474844	11mm
474848	12mm
474852	13mm
474856	14mm
474860	15mm
474864	16mm
474868	17mm
474872	18mm
474876	19mm
474880	20mm
474884	21mm

Tapered Reamer

104490	5mm
104491	7mm
104493	9mm
104495	11mm
104497	13mm
104499	15mm

Rasp (Solid)

104400	5mm/7mm
104481	7mm
104483	9mm
104485	11mm
104487	13mm
104489	15mm

Rasp (Provisional)

104429	5mm/7mm
104471	7mm
104473	9mm
104475	11mm
104477	13mm
104479	15mm

28mm Provisional Modular Head/Neck

CP450546	-6mm
CP452670	-3mm
CP450547	Std.
CP452671	+3mm
CP450548	+6mm
CP452672	+9mm
CP452673	+12mm

32mm Provisional Modular Head/Neck

CP450538	-6mm
31-478058	-3mm
CP450539	Std.
31-478059	+3mm
CP450540	+6mm
31-478052	+9mm
31-478053	+12mm

Rasp Handle

31-478042

T-handle for Tapered Reamers

31-473620

Moore Hollow Chisel

437920

Modified Moore Hollow Chisel

31-473679

Threaded Inserter Adapter

424313

Slide Hammer w/Threaded Tip

31-473621

Modular Stem Extractor

31-473589

Inserter/Extractor for Trial Stems

31-473601

Universal Thread Extractor

31-478350

Mallory-Head® COCR Stem Inserter

424618

Universal Femoral Inserter w/Modular Fork

31-473590

Universal Femoral Head Driver

31-476946

Calcar Planer Body w/Blade

31-473701

Calcar Planer Replacement Blade w/Screws

31-473708 Large

Calcar Planer Replacement Blade/Screws

31-473702 Standard

Calcar Trimmer Protective Case

31-473703

Universal Modular Head Removal Instrument

424456

SURGICAL NOTES

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