

Bi-METRIC[®] TOTAL HIP SYSTEM



Bi-METRIC[®] HIP SYSTEM HEAD/NECK

The Bi-Metric[®] Hip System Head/Neck Series is utilized for applications where a proximal/medial bone deficiency is present. These components are designed for situations such as intertrochanteric fractures or failed hip fixation. Three resection levels combine stem diameters of 9, 11, 13 and 15mm and lengths of 150, 200 and 250mm that conform to match the patient's anatomy. Lateral flange holes (accepting 1.6 or 2.0mm cable) facilitate effective reattachment of bone and soft tissue to the component's proximal body.

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ORTHOPEDICS, INC.

Bi-METRIC[®] HIP SYSTEM HEAD/NECK SURGICAL TECHNIQUE

PREPARING THE PROXIMAL FEMUR

Determination of Resection Level

The proximal femoral cuts may be best determined by preoperative templating (Fig. 1). The head/neck prosthesis comes in 34, 45, and 55mm calcar resection levels. In general, the 34mm calcar is utilized in situations where there has been little, if any, bone destruction in the proximal femur and a platform can be maintained at approximately 1cm above the lesser trochanter. The 45mm design is utilized for bony defects down to the upper level of the lesser trochanter and the 55mm prosthesis for defects below the lesser trochanter (Fig. 2).

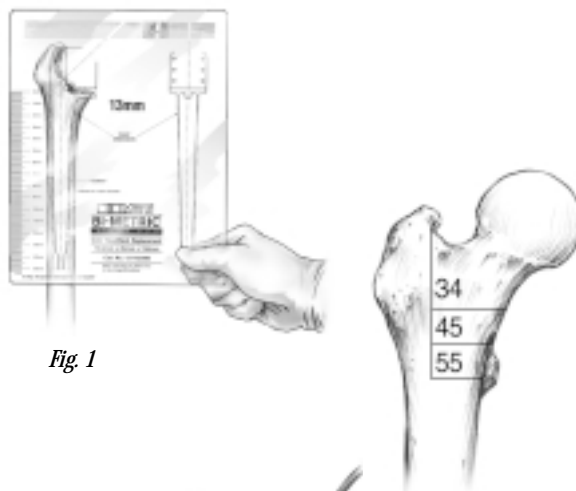


Fig. 1

Fig. 2

FEMORAL CANAL PREPARATION

Determination of Stem Length

The head/neck prosthesis is available in 150mm, 200mm and 250mm lengths. Thorough debridement of the femur and accurate preparation of the platform is necessary for the prosthesis. For 150mm stems, "Alliance" tapered reamers are used to prepare the diaphyseal region (Fig. 3). Tapered reaming continues sequentially until cortical chatter and the reamer is at least 2.0cm below the final implant level. When using a 200mm straight stem a two-stage reaming process is suggested. Cylindrical reamers should be utilized in the same manner as the tapered reamers to prepare the femoral canal. Sequential tapered reaming should follow to prepare the canal proximally. Flexible reamers are recommended when using a 250mm bowed implant due to the anterior bow of the femur. Note: Reamer depth should be measured from the platform of the calcar resection. If the proximal femur is not entirely compromised, a broach can be used to further shape the proximal envelope (Fig. 4). Broaching is initiated in a sequential fashion and continues until the corresponding size of the last reamer is reached.

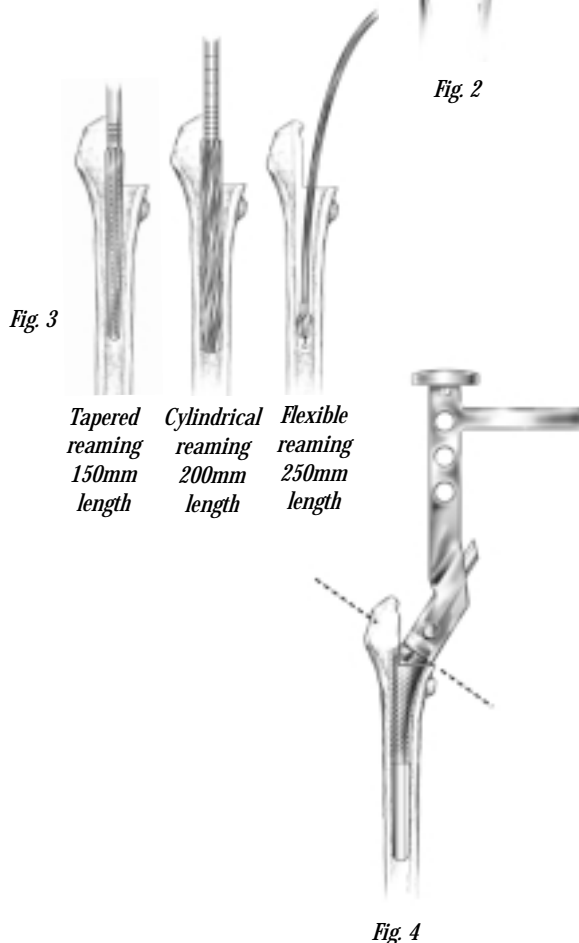


Fig. 3

Fig. 4

<i>Tapered reaming 150mm length</i>	<i>Cylindrical reaming 200mm length</i>	<i>Flexible reaming 250mm length</i>
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INSERTING CEMENTED Bi-METRIC[®] HEAD NECK COMPONENT

After femoral canal preparation is complete, select the implant that is 2mm smaller than the final reamer and Alliance[®] broach if used. Example: Ream and broach to 13mm, select an 11mm Bi-Metric Head Neck implant and cement into place. Select the Integral distal centralizer that corresponds to the final ream diameter.

This brochure describes the surgical technique used by Andrew F. Brooker, Jr., 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 using the appropriate techniques for implanting the prosthesis in each individual patient. Biomet is not responsible for selection of the appropriate surgical technique to be used for an individual patient.

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