

Biomet® PMI®
Patient-Matched Implants

CT Protocols

The prevention of motion is critical for 3-D imaging and modeling. Instruct the patient on the importance of holding completely still during the scan.

The following instructions are very important. Please read them carefully before scanning.

Scanning the Patient and Technical Factors (for all scanners)

Slice Thickness: See specific protocols.

Field of View: Magnify or zoom image so it fills the entire screen without cutting off any of the anatomy for imaging. The FOV must not be changed during the scan.

Table Position: The CT couch must **not** be raised or lowered between slices. The X and Y centering must **not** be altered between slices.

Matrix: Quality images can be obtained from any scan matrix, although a high resolution 512 x 512 matrix should be used whenever possible.

Algorithm: **A standard or soft tissue algorithm** with no edge enhancement must be used. Do **not** use bone algorithm.

Slice Spacing: All slices must be contiguous or overlapping. Slice thickness and table increment is dependent on anatomy.

Data Collection: We accept CD-ROM in **DICOM** format off all CT machines.

Image data (not raw data) is required for patient modeling. Do **not** send hard copy X-rays.

Please contact Suzanne Smeltzer with any questions at 1.800.348.9500, ext. 1736 or email Suzanne.Smeltzer@biomet.com.

CT data may be submitted for reconstruction via either of the following modes:

- CD-ROM
Ship to:
Biomet, Inc.
PMI® Dept./Suzanne Smeltzer
56 East Bell Drive
Warsaw, IN 46582
- Online (secure site):
<https://www.jointassist.com/PMI>
User ID: doc
Password: doc

Reconstructive/Implant Request Form

Submit completed form to Suzanne Smeltzer using one of the following methods:

Express (Overnight) mail:
Biomet, Inc. PMI® Department
56 East Bell Drive, Warsaw, IN 46582

Email:
suzanne.smeltzer@biomet.com

Fax: 574.372.1706

For questions regarding this form, contact Suzanne Smeltzer at 800.348.9500, ext.1736 or email suzanne.smeltzer@biomet.com.

Date of Request:

Patient Name:

Surgery Date:

Clinical Information:

Age:

Sex:

M

F

Abnormality

L

R

Physician:

Telephone:

Address:

Hospital/Affiliation:

Telephone:

Study Objective/Presentation/Implant Request:

Sales Representative:

Telephone:

Affiliation:

For Biomet Use Only

Date Received:

Date Completed:

Engineer:

Archive Disk Number:

Completed By:

PM Number:

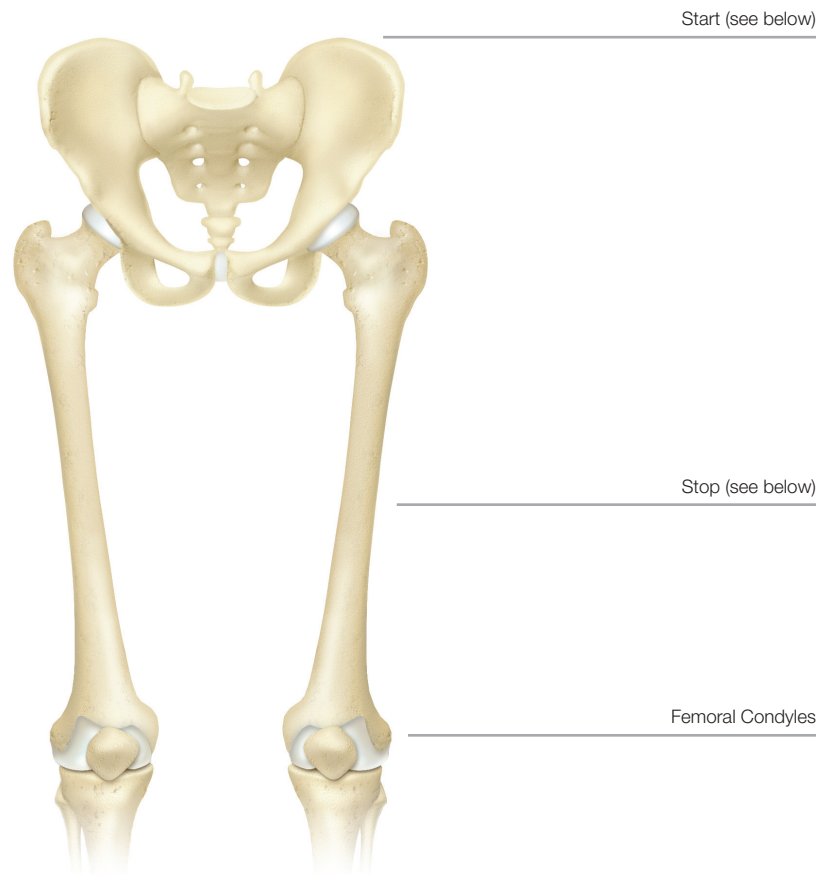
Case Number:

Processing of CT data and/or X-rays by Biomet is not to be construed as supplying a medical diagnosis. This service merely reprocesses existing data to facilitate diagnosis by the physician/user. Biomet shall not be liable or responsible for any physician-supplies service, such as diagnosis or treatment. Biomet makes no representations or warranties as to the accuracy or completeness of this service nor does Biomet represent or warrant that this service is fit for any particular application or purpose.



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Primary or Revision Hip/Acetabulum Replacement
Femurs must be positioned so they are parallel to the horizontal plane of the table. Patient needs to be in A/P position with feet inverted.



Start: Top of Iliac crest

Stop: Mid-femur or below existing femoral

*Perform two femoral condyle slices (to show anteversion) if patient does **not** have an existing implant.
Do **not** change FOV or X and Y coordinates.

Slice Thickness and Spacing: 2mm by 2mm, 2.5 mm by 2.5mm, or 3mm by 3mm

Field of View: 38–44 FOV depending on patient size

Algorithm: A **standard** or **soft tissue** algorithm, **no** bone enhancement

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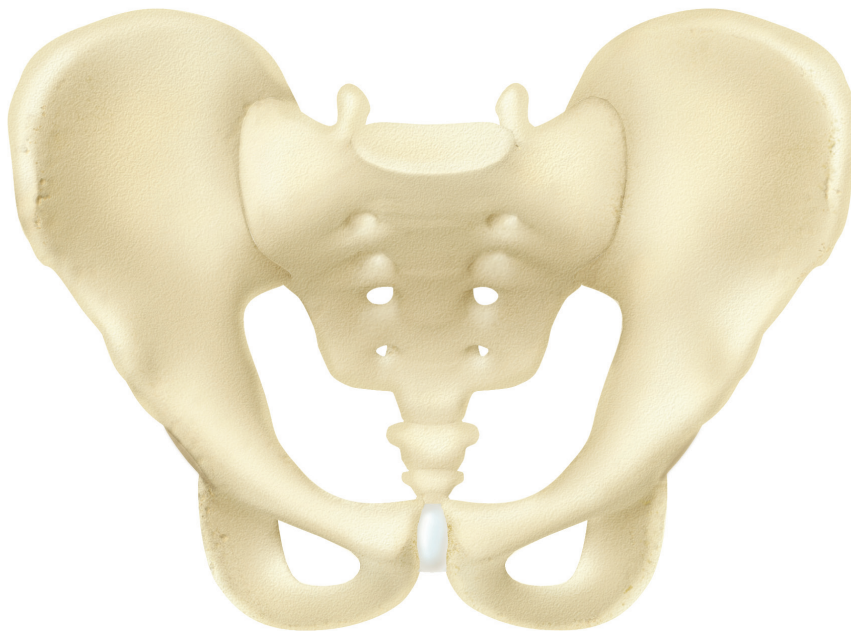
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Patient-Matched Implants

Acetabulum/Pelvis for Oncology

Position patient in A/P with feet inverted,
no rotation. Entire pelvis in FOV.

Start (see below)



Stop (see below)

Start: Top of Iliac crest

Stop: Ending slice just below ischial tuberosity

Slice Thickness and Spacing: 2mm by 2mm, 2.5 mm by 2.5mm, or 3mm by 3mm

Field of View: 38–44 FOV depending on patient size

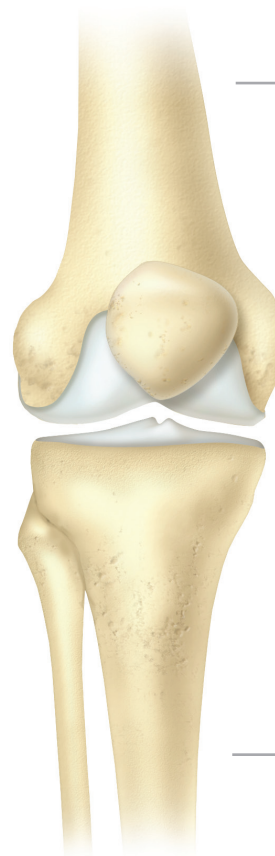
Algorithm: A **standard** or **soft tissue** algorithm, **no** bone enhancement

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Knee: Primary, Revision or Patella / Femoral Groove



Start (see below)

Stop (see below)

Start: 10cm above joint line or 5cm above existing implant

Stop: End below tibial tuberosity or 5cm below existing implant

Slice Thickness and Spacing: 1mm by 1mm, 1.25 mm by 1.25mm, or 2mm by 2mm

Field of View: 25 FOV depending on patient size

Algorithm: A **standard** or **soft tissue** algorithm, **no** bone enhancement

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Shoulder: Primary or Revision

Start (see below)

Stop (see below)

Humeral Condyles



Start: Above acromion process

Stop*: 15 cm below top of humerus or 3 cm below existing implant

*Perform two humeral condyle slices (to show anteversion) if the patient does **not** have an existing implant.
Do **not** change FOV or X and Y coordinates.

Slice Thickness and Spacing: 2mm by 2mm, 2.5 mm by 2.5mm, or 3mm by 3mm is acceptable

Field of View: 25–30 FOV depending on patient size

Algorithm: A **standard** or **soft tissue** algorithm, **no** bone enhancement

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Elbow: Primary or Revision



Start (see below)

Stop (see below)

Start: 10cm above joint line or 5cm above existing implant

Stop: 8cm below joint line or 5cm below existing implant

Slice Thickness and Spacing: 1mm by 1mm, 1.25 mm by 1.25mm, or 2mm by 2mm

Field of View: 15–20 FOV depending on patient size

Algorithm: A **standard** or **soft tissue** algorithm, **no** bone enhancement

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Wrist/Hand

Start (see below)



Stop (see below)

Start: Tip of fingers

Stop: 4-5cm proximal to carpal bones

Slice Thickness and Spacing: .625mm by .625mm, 1mm by 1mm, or 1.25mm
by 1.25mm

Field of View: 15 FOV

Algorithm: A **standard** or **soft tissue** algorithm, **no** bone enhancement

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