CORAIL®

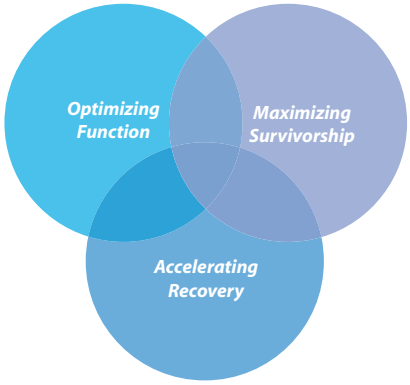
HIP SYSTEM

Size 6

Surgical Technique

never stop moving®

DePuy Orthopaedics Inc.
a Johnson & Johnson company



The company believes in an approach to patient treatment that places equal importance on:

Optimizing function

Maximizing survivorship

Accelerating recovery

The CORAIL® Hip System includes the size 6 implant to address developmental dysplasia of the hip (DDH).

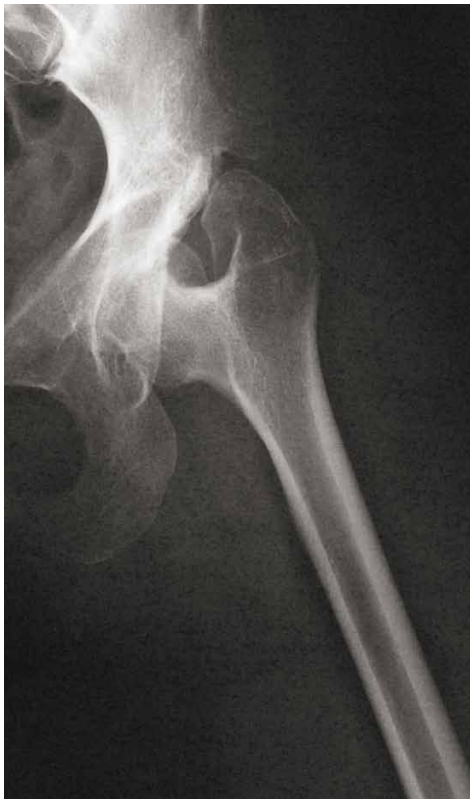
• The stem K6S is the reduced form of the standard collarless CORAIL® AMT stem

The stem features the ARTICUL/EZE® neck, characterized by a thin antero-posterior dimension, a polished surface and a 12/14 mini-taper.

Warning :
The size 6 CORAIL stem is contraindicated for patients weighing more than 130 lbs.

PRE-OPERATIVE PLANNING & FEMORAL NECK RESECTION

Pre-operative X-ray



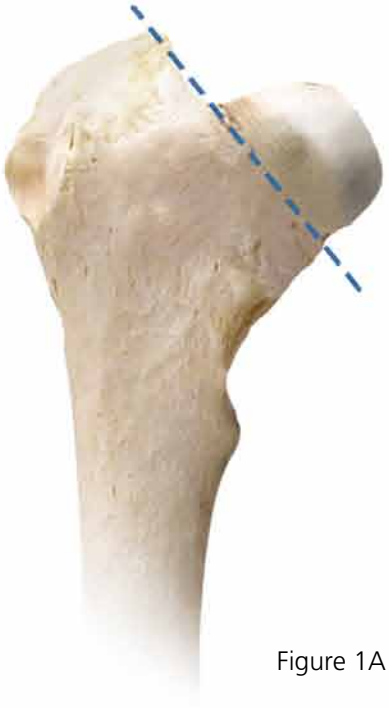


Figure 1A

X-ray templates are used during the pre-operative planning to define the femoral neck cutting plane, the degree of lateralization and the positioning of the cup inside the native acetabular cavity.

Following exposure of the proximal femur, the first cervical cut is made higher than the one planned, in order to remove the femoral head. The second cervical cut for the size K6S, will be a 45° angle cut (Fig. 1A).
The axis of the femoral cavity can then be confirmed using a curette.

FEMORAL CANAL PREPARATION

Figure 2A

The femoral cavity is prepared using the single monobloc broach (Fig. 2A).

The broach is inserted firmly down to the level of the cervical cutting plane.

TRIAL REDUCTION

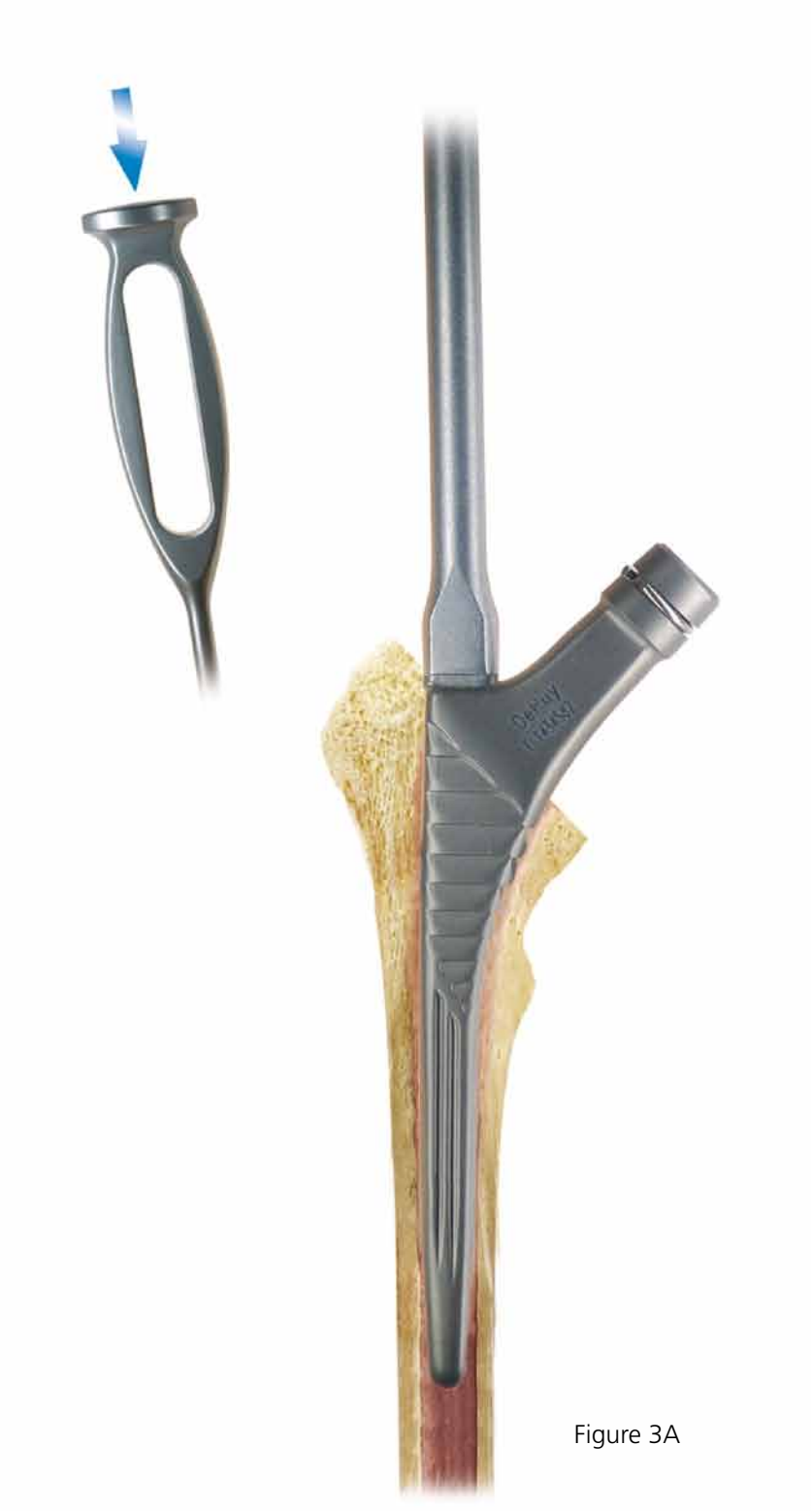


Figure 3A

The trial stem is introduced to the prepared cavity (Fig. 3A).

Joint mobility and stability tests can be carried out using trial heads.

INTRODUCTION OF THE FEMORAL STEM

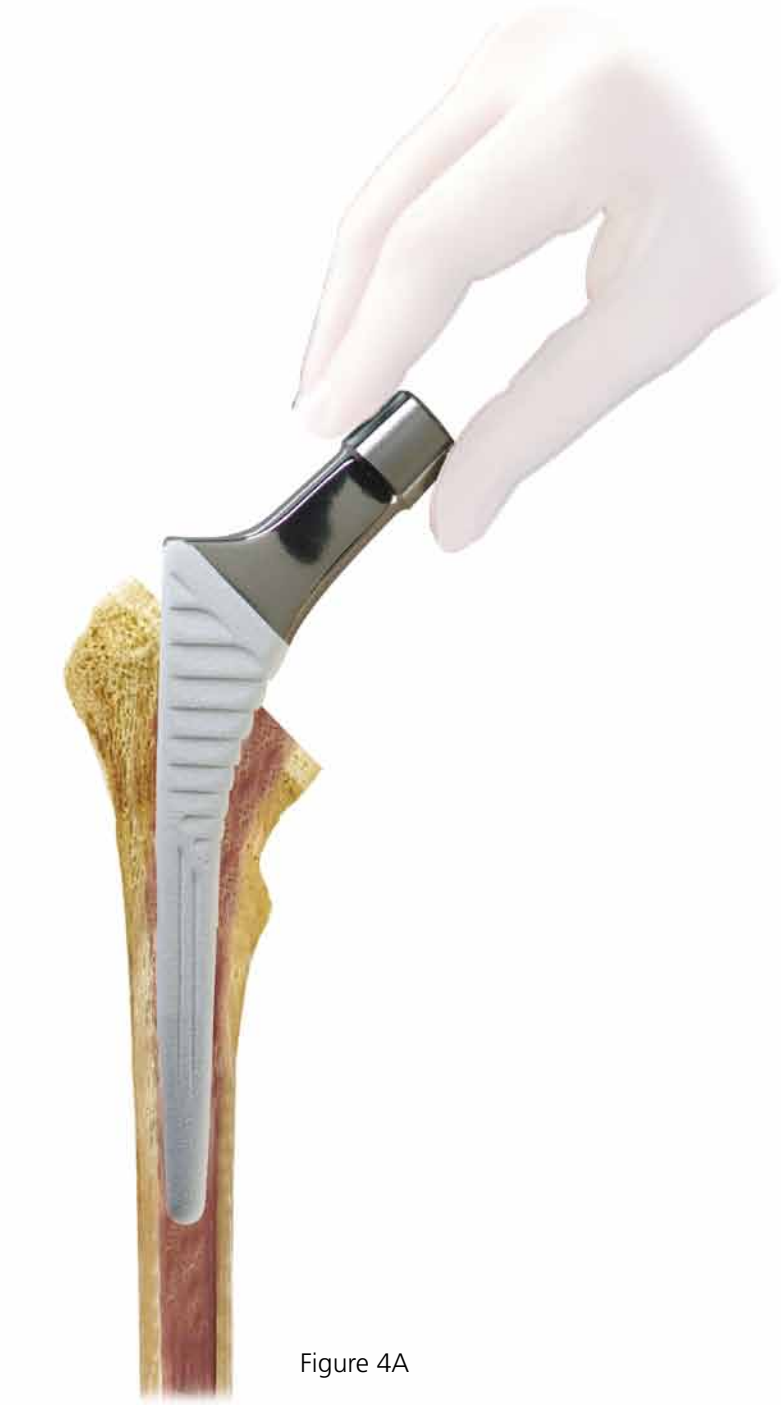


Figure 4A

The stem is introduced by hand first (Fig. 4A) and then impacted down to the hydroxyapatite coating.
A trial reduction can be done if necessary.

FEMORAL HEAD IMPACTION

Figure 5A

Clean the stem taper carefully to remove any particulate debris. Place the femoral head onto the taper and lightly tap it (especially if a ceramic head is used) using the head impactor (Fig. 5A). Ensure bearing surfaces are clean, and finally reduce the hip.

ORDERING INFORMATION

The length of the stems mentioned below refers to the distance between the tip of the lateral shoulder and the distal tip.

Implants

CORAIL® AMT size 6 stem

L20106 K6S

Size	Stem Length (mm) (A)	Offset (mm) (B)	Stem Shaft Angle (D)
6S	110	30.8	135°

Note: All measurements are based on a 28 mm +5.0 Articul/eze® head, which is the middle length of non-skirted femoral heads

ORDERING INFORMATION

Instrumentation

L20462	Trial stem K6S

L20461	Monobloc broach for stem K6S

L20464	CORAIL® size 6 tray
L20465	CORAIL® size 6 tray cover
2665-03-500	CORAIL® size 6 x-ray templates

ESSENTIAL PRODUCT INFORMATION

Important

This Essential Product Information sheet does not include all of the information necessary for selection and use of a device. Please see full labeling for all necessary information.

Indications

The CORAIL AMT Hip Prosthesis is intended for use in total hip arthroplasty and is intended for pressfit (uncemented) use. Total hip arthroplasty is intended to provide increased patient mobility and reduce pain by replacing the damaged hip joint articulation in patients where there is evidence of sufficient sound bone to seat and support the components. Total hip replacement is indicated in the following conditions:

1. A severely painful and/or disabled joint from osteoarthritis, traumatic arthritis, rheumatoid arthritis, or congenital hip dysplasia.
2. Avascular necrosis of the femoral head.
3. Acute traumatic fracture of the femoral head or neck.
4. Failed previous hip surgery including joint reconstruction, internal fixation, arthrodesis, hemiarthroplasty, or total hip replacement.
5. Certain cases of ankylosis.

The non-porous CORAIL AMT Hip Stem is indicated for cementless use only.

Contraindications

The following conditions are contraindications for total or hemi-hip replacement:

1. Active local of systemic infection.
2. Loss of musculature, neuromuscular compromise or vascular deficiency in the affected limb rendering the procedure unjustified.
3. Poor bone quality, such as osteoporosis, where, in the surgeon's opinion, there could be considerable migration of the prosthesis or a significant chance of fracture of the femoral shaft considerable migration of the prosthesis or a significant chance of fracture of the femoral shaft and/or the lack of adequate bone to support the implant(s).
4. Charcot's or Paget's disease.
5. For hemi-hip arthroplasty, any pathological condition of the acetabulum, such as distorted acetabuli with irregularities, protrusion acetabuli (arthrokatadysis), or migrating acetabuli, that would preclude the use of the natural acetabulum as an appropriate articul surface for the hemi-hip prosthesis.

Warnings and Precautions

- HA coated implants must not be implanted with cement
- Stainless steel 316L/CoCr couplings are forbidden
- When changing the head on a femoral stem which is still in place, it is essential to use a metal head.

Adverse Events

The following are the most frequent adverse events after hip arthroplasty: prosthesis working loose, dislocation, infection, thrombosis, cardio-vascular disturbances, and hematoma.

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EO-75 (Rev. 1) 0911

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