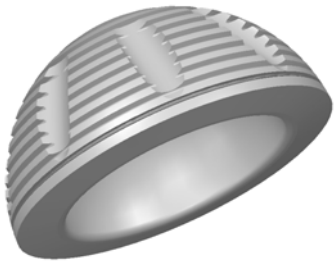
PROCOTYL™ - C
Cemented All Poly Acetabular Component



- Hemispherical design
- A-Class™ Advanced Cross-Linked Poly
- Circumferential fixation grooves
- Radiological metal wire marker
- Large Range of Motion

Femoral head size:

32 mm Ø - cup size 46

36 mm Ø - cup size 48 - 64

Reference no:		Acetabular Cup Size	Femoral Head Size
Procotyl™ C Trial Cup	Procotyl™ C Implant		
APA11016	PHA06602	46	32
APA11018	PHA06604	48	36
APA11020	PHA06606	50	36
APA11022	PHA06608	52	36
APA11024	PHA06610	54	36
APA11026	PHA06612	56	36
APA11028	PHA06614	58	36
APA11030	PHA06616	60	36
APA11032	PHA06618	62	36
APA11034	PHA06620	64	36
APA11036	Trial only	66	Trial only
APA11038		68	

Material: A-Class ™ Advanced Cross-inked Poly
Sterilization: Ethylene Oxide
Packaging: Double blister

WRIGHT.™

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Surgical Technique - PROCOTYL 'C'*

Preparation of the acetabulum:

- Following the preferred surgical exposure, the acetabular cavity is reamed with hemispherical reamers, preferably with 2 mm increments.
- The direction of the reaming is supero-posterially. Avoid over-reaming and fracture of the acetabular rim. Increase reamer size until contact is made with the anterior and posterior wall.
- The subchondral plate must not be removed. In the superior part of the cavity bleeding subchondral bone is left.
- Multiple small anchoring holes drilled into the subchondral bone will enhance fixation.
- The acetabular trial component matches the size of the last used reamer.
- Fix the trial cup to the inserter handle.
- Slide the aiming device over the handle of the inserter instrument and screw the ante-version rod into the left or right screw hole – operated side depending.
- Insert the trial cup into the acetabulum. The rim of the trial cup will be oriented at 20° of anteversion and 45°of inclination relative to the horizontal. Fig. 1
- Check that the edge of the cup is now flush with or within the acetabular rim. Fig. 2.

Cementing of the acetabular component:

- After trial insertion, the acetabulum is cleaned. The bone cement is handled in the preferred manner and the cement is applied into the acetabulum.
- The cup inserter handle must be prepared for cup placement by mounting the pusher head at first, followed by attaching the 32 or 36 mm hemispherical positioning hat on the top of it. Fig. 3.
- Depending on surgeon's preference for a specific cement mantle thickness a cup size is chosen. The sizes of the cups are in nominal value.
-The cup is inserted into the doughy cement mass and pushed down to the preferred level. Fig. 4.

Excess cement will escape when the cup is driven home and needs to be removed. .

-Hold the cup stable and remove the inserter.
-Remove the positioning hat and re-apply the inserter with pusher head into the cup. Fig. 5
-Hold still and maintain applying pressure onto the cup until the cement has fully cured.

-* The technique shown illustrates a posterior approach.

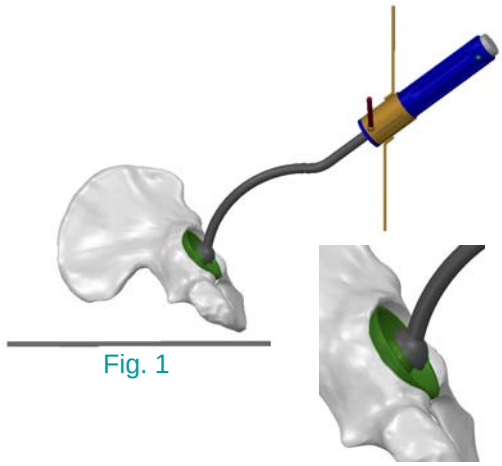


Fig. 1

Fig. 2

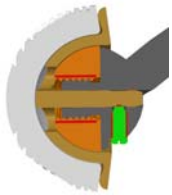


Fig. 3

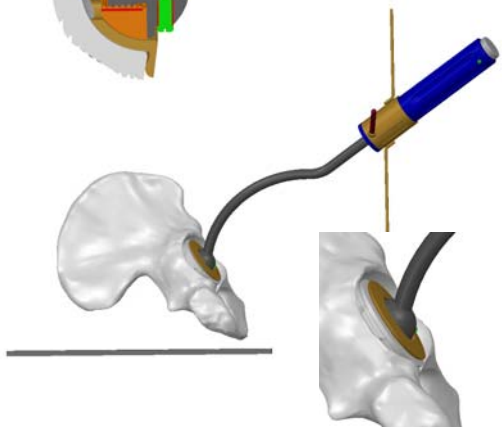
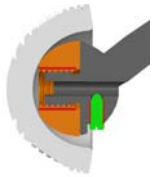


Fig. 4



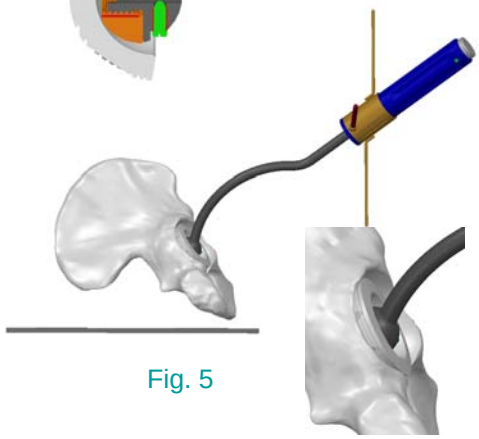


Fig. 5

Instruments

Kit comprising:	APH04500
Cup inserter handle	APA11002
Aiming guide	APA11004
Orientation rod	APA11006
Cup positioning hat Ø 32	APA11008
Cup positioning hat Ø 36	APA11010
Cup pusher head Ø 26	APA11012

Sterilization tray	FNA00506
Sterilization tray lid	LID00001
X-Ray Template 115%	PCC1CL02E