





Acetabular Cup Systems

cemented

CE 0482

Explanation of Pictograms			
	Manufacturer		Article number
	Material (number)		Product meets the applicable requirements, which are regulated in the EU harmonization legislation for the affixing of the CE marking.

Acetabular Cup Systems

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Preoperative Planning

Good preoperative planning of the intervention is important in order to select the correct implant type and size, and the final position in the bone, according to the individual patient's anatomy. Before performing a hip arthroplasty, the surgeon should carefully assess the patient's clinical state and his/her level of physical activity.

In order to achieve an optimal outcome, the operation should be planned using suitable templates. The enlargement factor of the radiographs must correspond to the factor on the templates. The x-ray templates of the cemented acetabular cups are available in the standard ratio of 1.1:1.

The size of the implant must be selected on the basis of suitable, informative radiographs in the a.p. and lateral planes. Each radiograph should be at least large enough for the entire template to be applied. It is often useful to take a second radiograph of the joint that is not being replaced. Inadequate preoperative planning can lead to an incorrect choice of implant and/or incorrect implant positioning.

Note

Preoperative planning provides an initial guide for the final situation. It cannot, however, be regarded as conclusive evidence of the most suitable size of implant. The final decision can only be taken intraoperatively.

The desired outcome is always to achieve a resilient, stable acetabular fossa and a strong lateral bony covering.

The **inclination** of the cup should not be significantly greater or smaller than 45°.

The **anteversion** should not be significantly greater or smaller than 15°.

Placement outside of these limits will reduce the range of motion and may subsequently lead to subluxation and/or dislocation of the joint.

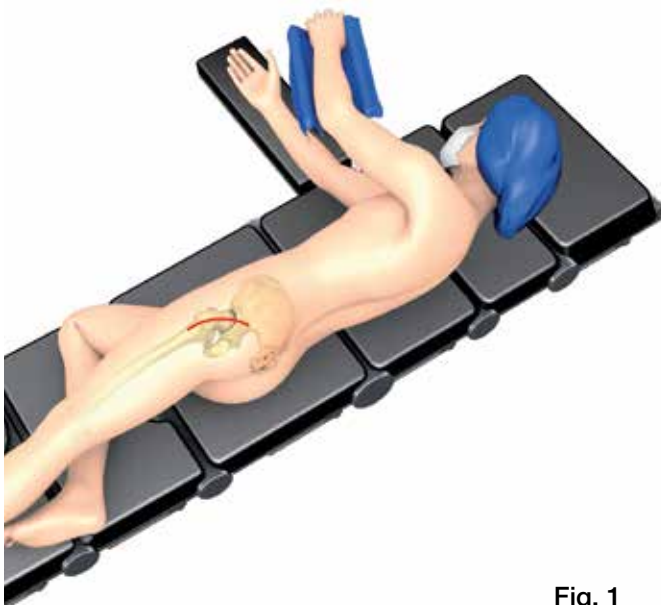


Fig. 1

Surgical Technique

All the cemented acetabular cups can be implanted via any standard approach for total hip arthroplasty, depending on the surgeon's level of experience.



Fig. 2

Reaming the acetabulum

Depending on which approach is used, the leg must be positioned so that the acetabulum is well exposed.

The size of the first reamer corresponds to the width of the cup entrance. Under normal anatomical conditions, the reamer is inserted at an angle of approx. 45° inclination and 15° anteversion (Fig. 2).

Then reamers are used with a successively larger diameter until regions of bloody cortical bone become visible, but without endangering the supporting structure for reliable anchoring of the cup. The reamer head must be kept absolutely steady.

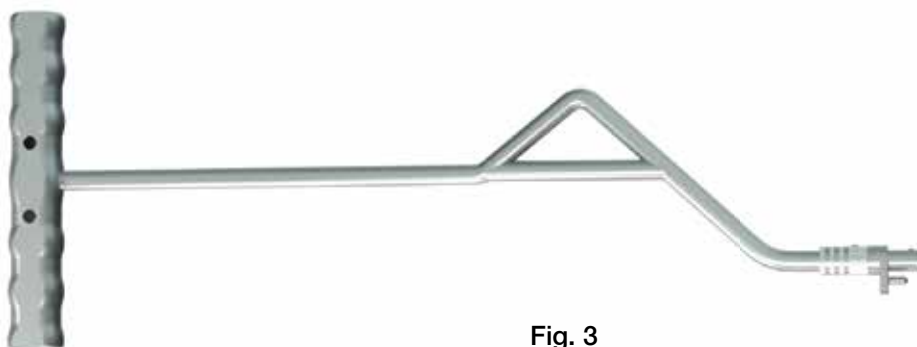


Fig. 3

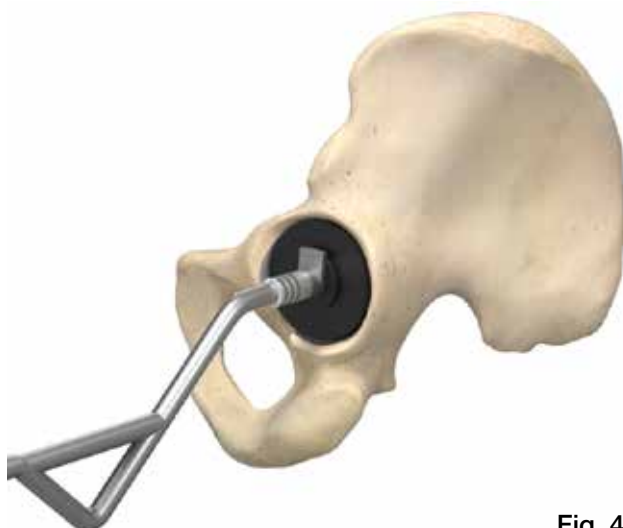


Fig. 4

Determining the cup size

Once the acetabulum has been prepared, the Trial Cup is secured to the appropriate Acetabular Cup Applicator and Trial Cup Handle (Fig. 3) and inserted into the acetabulum (Fig. 4).

The purpose of the Trial Cup is to check the size and depth of the reamed joint cavity. In addition, it is possible to ensure that, for example, no osteophytes will obstruct the implant position later.

As soon as these factors have been checked, the final decision on the size of cup can be taken.

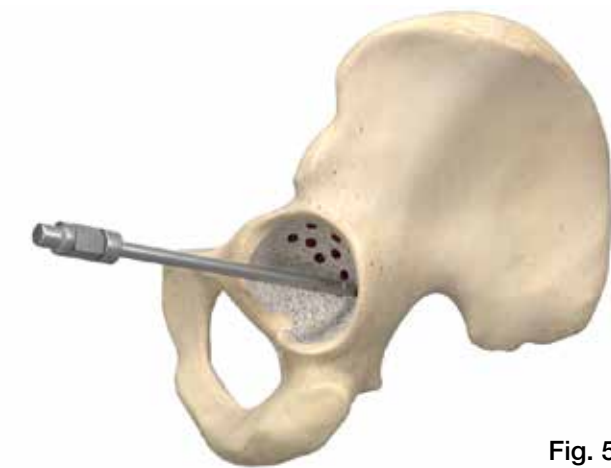


Fig. 5

Preparing the anchoring holes

Once the suitable cup components have been established, the anchoring holes are drilled with the Penetrating Drill, principally in the loading zone of the acetabulum (Fig. 5).

The depth of the anchoring holes is limited to 6 mm by the depth stop of the available drills. The diameter can be either 3.5 mm or 5.0 mm, depending on the requirement and the bone situation.

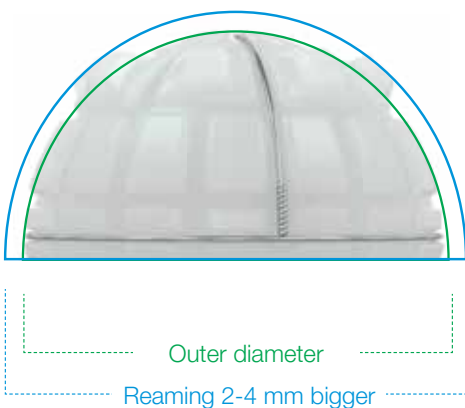


Fig. 6

Implantation of the acetabular cup

In order to achieve a sufficiently thick cement coating mantle, the final implant must be selected according to the last reamer used. This varies according to the cup being used:

IP and Lubinus Cup

The indicated outer diameter corresponds to the respective size of the implant body.

Depending on the desired thickness of the cement coating mantle, the selected implant should be 2-4 mm smaller than the last reamer used (Fig. 6).

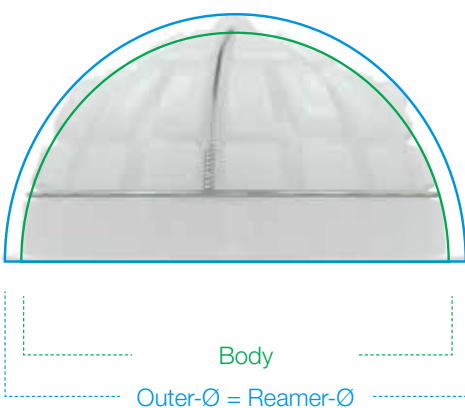


Fig. 7

FAL, FC and Endo-Model Cup

The indicated outer diameter corresponds to the respective reaming diameter. The perimeter flange thus compresses the cement (Fig. 7).

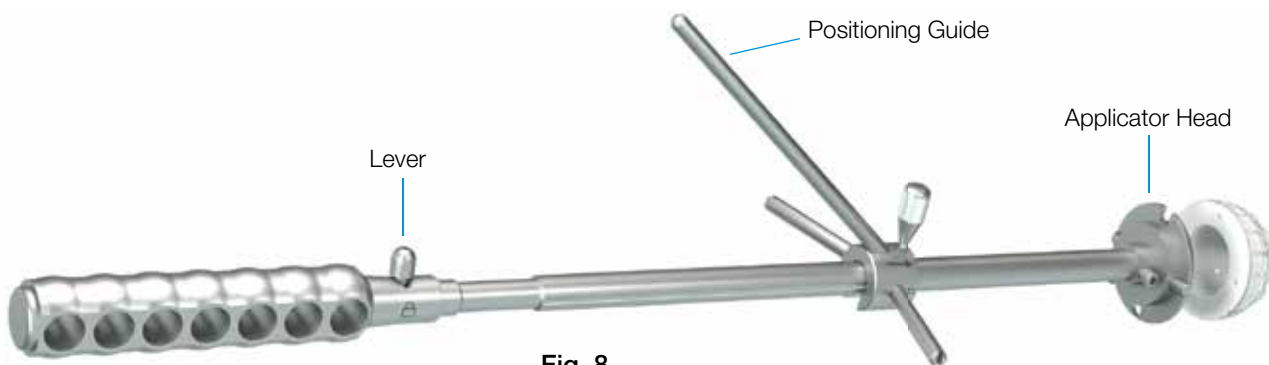


Fig. 8

The appropriately selected cup is now connected to the Inserter-Positioner by pressing the lever on the Inserter-Positioner to the right (Fig. 8) and positioning the polyethylene acetabular cup onto the Applicator Head by means of the two opposing holes at the entrance level of the cup (Fig. 9).



Fig. 9

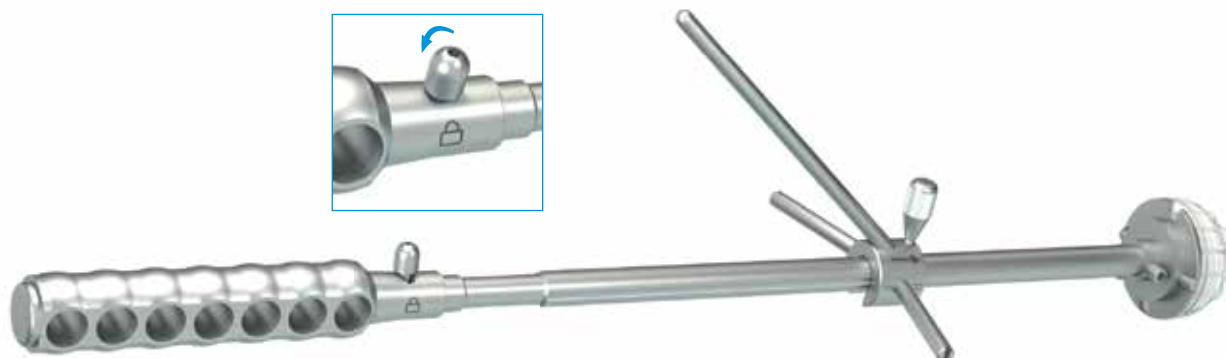


Fig. 10

The lever is then moved to the left in order to lock the polyethylene acetabular cup (Fig. 10). The cup is now firmly attached to the insertion instrument and can be placed into the cement bed.

Note

The Applicator Head must be selected according to the inner diameter of the cup size that is being inserted. Detailed installation instructions for the complete Inserter-Positioner can be found on page 25 .



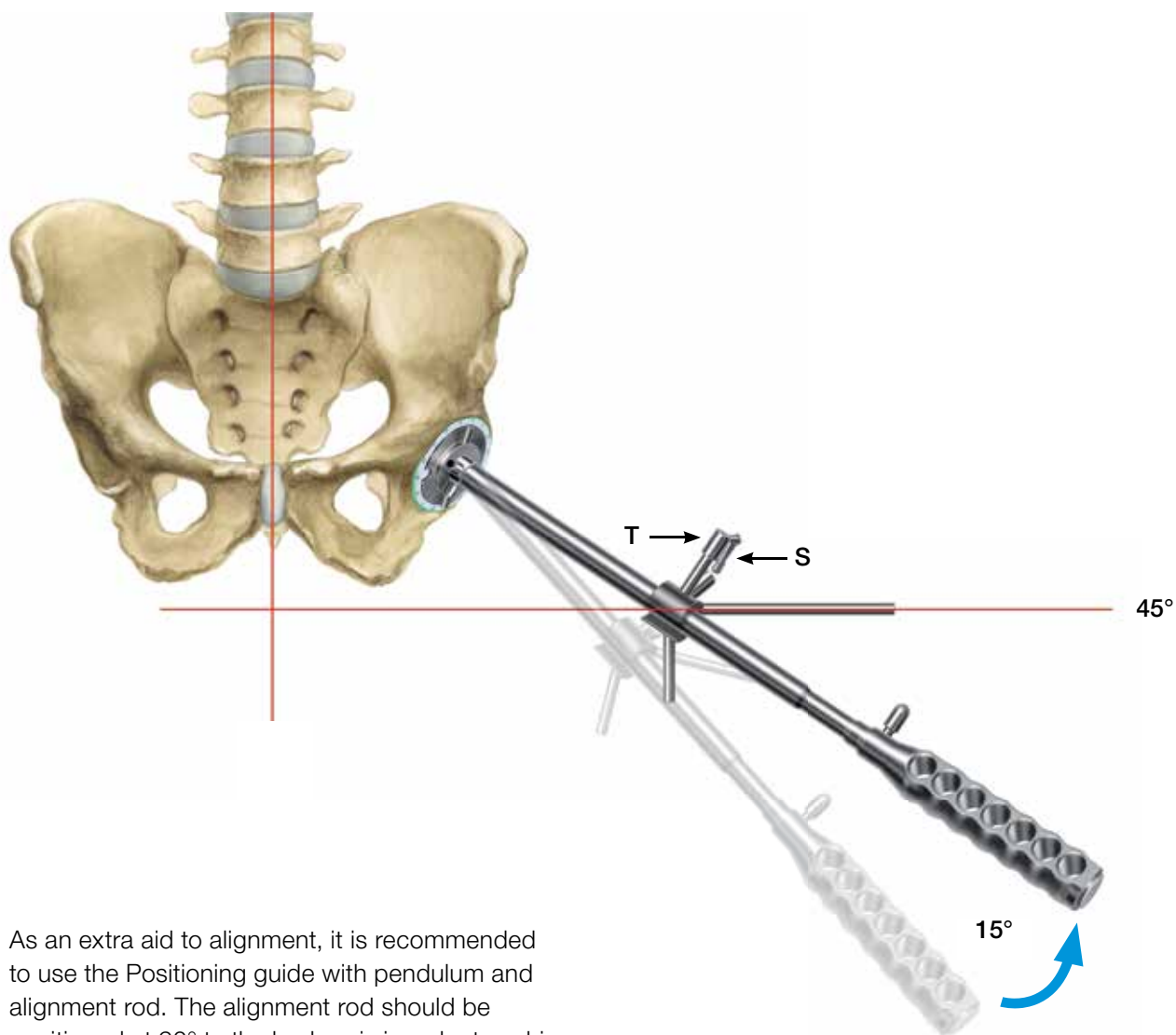
Fig. 11

The eccentric acetabular cups (Lubinus and FAL) have a third hole as an aid to alignment (Fig. 11). This third hole indicates the main load-bearing zone of the respective cup, and thus the cranial alignment. When the acetabular cup is positioned on the Applicator Head, the third hole should always point toward the half-moon-shaped recess. This enables correct positioning of the eccentric cups (Fig. 12).



Fig. 12

In the case of the Endo-Model version, the cup must be implanted so that the medioventral recess points toward the obturator foramen.



As an extra aid to alignment, it is recommended to use the Positioning guide with pendulum and alignment rod. The alignment rod should be positioned at 90° to the body axis in order to achieve an acetabular cup entrance angle (inclination) of 45°. In order to set the 15° anteversion, a Positioning Guide (T) with pendulum (S) for inserter is available (T must be parallel to S) for patients in the supine position (Fig. 13).
 If the patient is in the lateral position, move the Inserter-Positioner 15° toward ventral.

Fig. 13



Fig. 14



After placing the cement, insert the cemented acetabular cup into the prepared implant bed (Fig. 14). Any excess cement must be removed (Fig. 15). Once the Acetabular Cup is in the desired position, remove the Inserter-Positioner.

Fig. 15

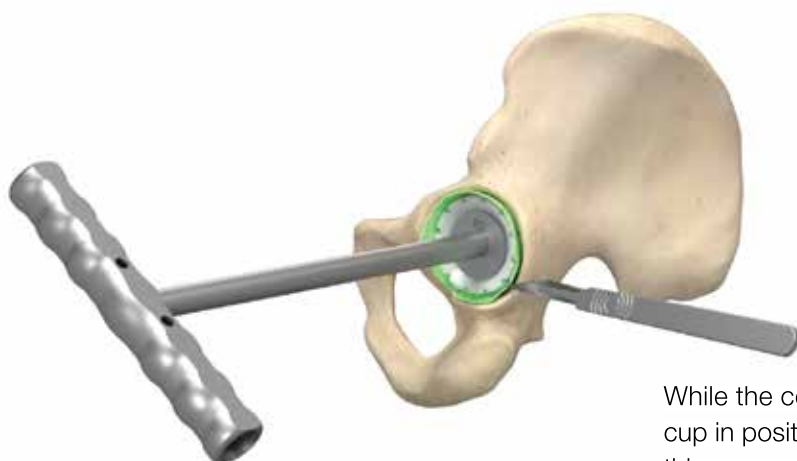


Fig. 16

While the cement is hardening, hold the acetabular cup in position with the Acetabular Cup Pusher. For this purpose, screw the correct Ball Head, according to the inner diameter of the acetabular cup, to the T-handle (Fig. 16). The Ball Head prevents any movement by the surgeon being transmitted to the implant.

While the cement is hardening, any additional excess cement must be removed.

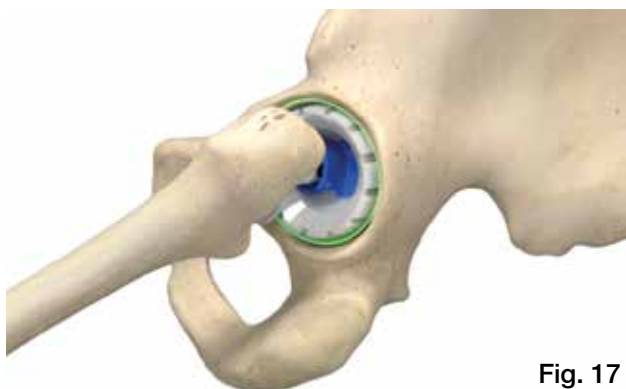


Fig. 17

Trial reduction

Following implantation of the acetabular cup, a trial reduction can be performed using the Trial Heads. This can be done either on the trial neck segments of the stem, or on the final stem implant. After performing the trial reduction, check the leg length, joint stability and range of motion (Fig. 17).

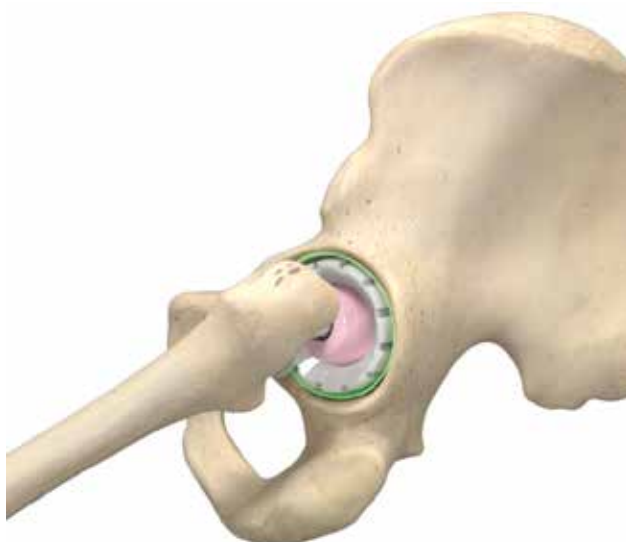


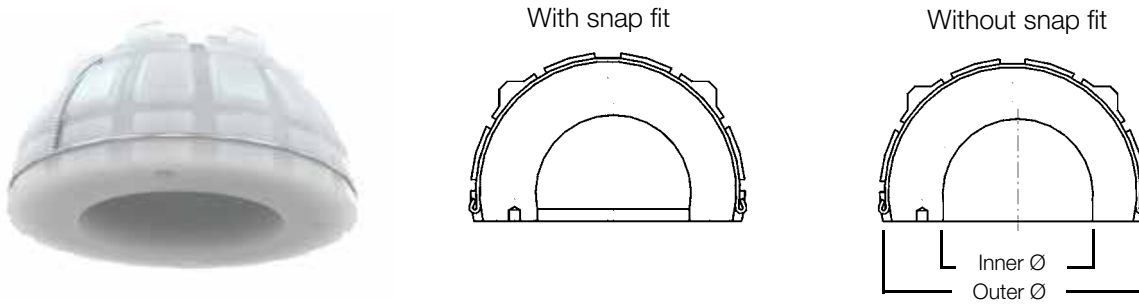
Fig. 18

Final reduction

Once the final acetabular components have been implanted, the surgeon can proceed with implanting the femoral component. When the femoral component has also been implanted, final reduction of the hip can be performed, and the joint stability and range of motion can be checked (Fig. 18).

Lubinus Polyethylene Acetabular Cup – UHMWPE

MAT UHMWPE, x-ray marker: CoCrMo



Outer Ø mm	With snap fit			Without snap fit		
	Inner Ø 24 mm	Inner Ø 28 mm	Inner Ø 32 mm	Inner Ø 24 mm	Inner Ø 28 mm	Inner Ø 32 mm
	Concentric	Eccentric	Eccentric	Concentric	Eccentric	Eccentric
	REF	REF	REF	REF	REF	REF
38	104-105			104-100		
44		101-102			101-122	
46		101-104	102-104		101-124	102-124
48		101-106	102-106		101-126	102-126
50		101-108	102-108		101-128	102-128
52		101-110	102-110		101-130	102-130
54		101-112	102-112		101-132	102-132
56		101-114	102-114		101-134	102-134
58		101-116	102-116		101-136	102-136
60		101-117	102-117		101-138	102-138
62		101-118	102-118		101-140	102-140
64		101-119	102-119		101-142	102-142

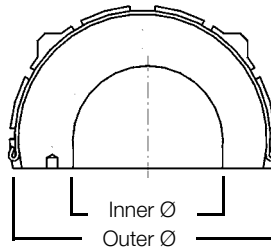
Lubinus Polyethylene Acetabular Cup – **X-LINKed**

Eccentric

MAT UHMWPE X-LINKed, x-ray marker: CoCrMo



Without snap fit

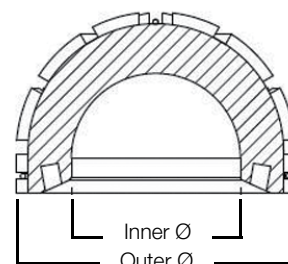


Outer Ø mm	Without snap fit		
	Inner Ø 28 mm	Inner Ø 32 mm	Inner Ø 36 mm
	REF	REF	REF
42	110-016/42		
44	110-016/44		
46	110-016/46	110-018/46	
48	110-016/48	110-018/48	
50	110-016/50	110-018/50	110-020/50
52	110-016/52	110-018/52	110-020/52
54	110-016/54	110-018/54	110-020/54
56	110-016/56	110-018/56	110-020/56
58	110-016/58	110-018/58	110-020/58
60	110-016/60	110-018/60	110-020/60
62	110-016/62	110-018/62	110-020/62
64	110-016/64	110-018/64	110-020/64
66	110-016/66	110-018/66	110-020/66
68	110-016/68	110-018/68	110-020/68

Dysplastic, without snap fit

MAT UHMWPE X-LINKed, x-ray marker: CoCrMo

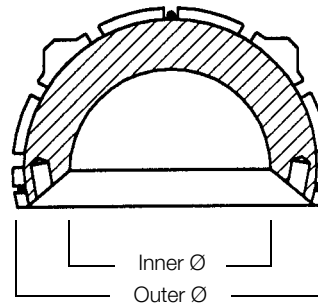
Outer Ø mm	Inner Ø 24 mm
	REF
38	110-012/38
40	110-012/40



The **Lubinus Polyethylene Acetabular Cups** are made from UHMWPE X-LINKed and are currently available in up to **16 outer diameters** from 38 to 68 mm (in 2 mm increments) and **4 inner diameters** (24, 28, 32 and 36 mm).

IP Polyethylene Acetabular Cup – **UHMWPE**

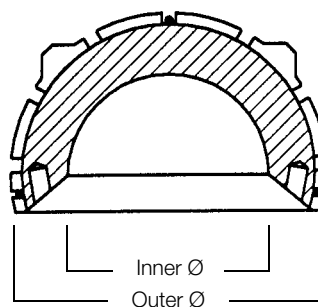
MAT UHMWPE, x-ray marker: CoCrMo



	Inner Ø 28 mm	Inner Ø 32 mm
Outer Ø mm	REF	REF
44	105-300	
46	105-305	105-205
48	105-310	105-210
50	105-315	105-215
52	105-320	105-220
54	105-325	105-225
56	105-330	105-230
58	105-335	105-235
60	105-340	105-240
62	105-345	105-245
64	105-350	105-250

IP Polyethylene Acetabular Cup – **X-LINKed**

MAT UHMWPE X-LINKed, x-ray marker: CoCrMo

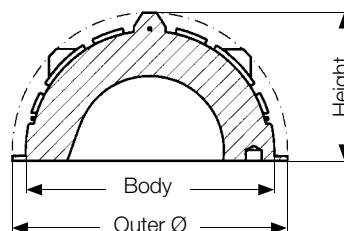


	Inner Ø 28 mm	Inner Ø 32 mm	Inner Ø 36 mm
Outer Ø mm	REF	REF	REF
42	110-116/42		
44	110-116/44		
46	110-116/46	110-118/46	
48	110-116/48	110-118/48	
50	110-116/50	110-118/50	110-120/50
52	110-116/52	110-118/52	110-120/52
54	110-116/54	110-118/54	110-120/54
56	110-116/56	110-118/56	110-120/56
58	110-116/58	110-118/58	110-120/58
60	110-116/60	110-118/60	110-120/60
62	110-116/62	110-118/62	110-120/62
64	110-116/64	110-118/64	110-120/64
66	110-116/66	110-118/66	110-120/66
68	110-116/68	110-118/68	110-120/68

FAL Polyethylene Acetabular Cup – UHMWPE

Anti-luxation

MAT UHMWPE, x-ray marker: CoCrMo

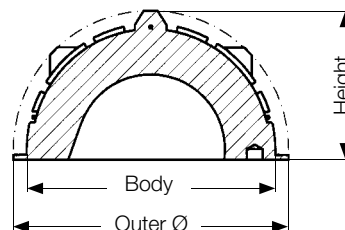


Outer Ø mm	Body Ø mm	Height mm	Inner Ø 28 mm		Inner Ø 32 mm	
			REF		REF	
48	43	26	105-410/48			
50	45	27	105-410/50		105-415/50	
52	47	28	105-410/52		105-415/52	
54	49	29	105-410/54		105-415/54	
56	51	30	105-410/56		105-415/56	
58	53	31	105-410/58		105-415/58	
60	55	32	105-410/60		105-415/60	
62	57	33	105-410/62		105-415/62	

FAL Polyethylene Acetabular Cup – **X-LINKed**

Anti-luxation

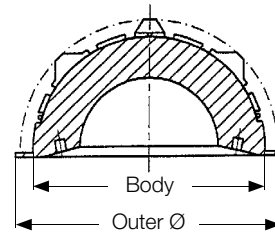
MAT UHMWPE X-LINKed, x-ray marker: CoCrMo



Outer Ø mm	Body Ø mm	Height mm	Inner Ø 28 mm	Inner Ø 32 mm	Inner Ø 36 mm
			REF	REF	REF
48	43	26	110-316/48		
50	45	27	110-316/50	110-318/50	
52	47	28	110-316/52	110-318/52	
54	49	29	110-316/54	110-318/54	110-320/54
56	51	30	110-316/56	110-318/56	110-320/56
58	53	31	110-316/58	110-318/58	110-320/58
60	55	32	110-316/60	110-318/60	110-320/60
62	57	33	110-316/62	110-318/62	110-320/62
64	59	34	110-316/64	110-318/64	110-320/64
66	61	35	110-316/66	110-318/66	110-320/66
68	63	36	110-316/68	110-318/68	110-320/68

FC Polyethylene Acetabular Cup – UHMWPE

MAT UHMWPE, x-ray marker: CoCrMo

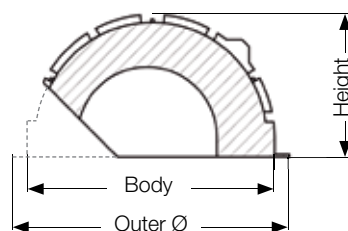


Outer Ø mm	Body Ø mm	Height mm	Inner Ø 28 mm	Inner Ø 32 mm
			REF	REF
48	43	26	105-400/48	
50	45	27	105-400/50	105-405/50
52	47	28	105-400/52	105-405/52
54	49	29	105-400/54	105-405/54
56	51	30	105-400/56	105-405/56
58	53	31	105-400/58	105-405/58
60	55	32	105-400/60	105-405/60
62	57	33	105-400/62	105-405/62

Endo-Model Polyethylene Acetabular Cup – UHMWPE

Standard

MAT UHMWPE, x-ray marker: CoCrMo

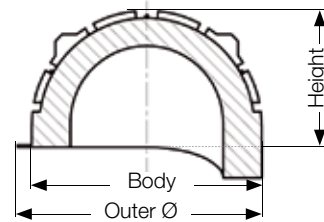


Outer Ø mm	Body Ø mm	Version	Inner Ø 28 mm	Inner Ø 32 mm
			REF	REF
50	44	right	15-1005/44	
55	49	right	15-1005/49	15-1006/49
60	54	right	15-1005/54	15-1006/54
66	60	right	15-1005/60	15-1006/60
71	65	right	15-1005/65	15-1006/65
50	44	left	15-1019/44	
55	49	left	15-1019/49	15-1020/49
60	54	left	15-1019/54	15-1020/54
66	60	left	15-1019/60	15-1020/60
71	65	left	15-1019/65	15-1020/65

Endo-Model Polyethylene Acetabular Cup – UHMWPE

Anti-luxation

MAT UHMWPE, x-ray marker: CoCrMo



Outer Ø mm	Body Ø mm	Version	Shoulder height mm	Inner Ø 28 mm	Inner Ø 32 mm
				REF	REF
50	44	right	6.5	15-1012/44	
55	49	right	6.5		15-1012/49
60	54	right	6.5		15-1012/54
50	44	left	6.5	15-1013/44	
55	49	left	6.5		15-1013/49
60	54	left	6.5		15-1013/54

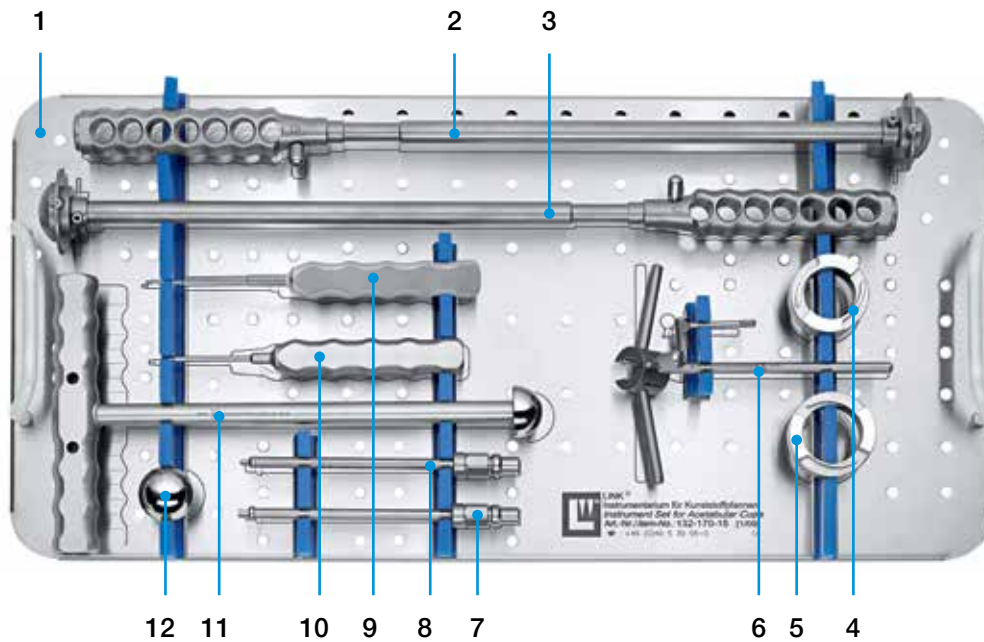
Endo-Model Polyethylene Acetabular Cup – UHMWPE

Flanged Acetabular Cup

MAT UHMWPE, x-ray marker: CoCrMo

Outer-Ø mm	Body-Ø mm	Version	Inner-Ø 28 mm	Inner-Ø 32 mm
			REF	REF
55	44	right	15-1009/44	
60	49	right		15-1009/49
70	54	right		15-1009/54
55	44	left	15-1010/44	
60	49	left		15-1010/49
70	54	left		15-1010/54
78	60	neutral		15-1011/60
85	65	neutral		15-1011/65

Basic Instrument Set for LINK Polyethylene Acetabular Cups

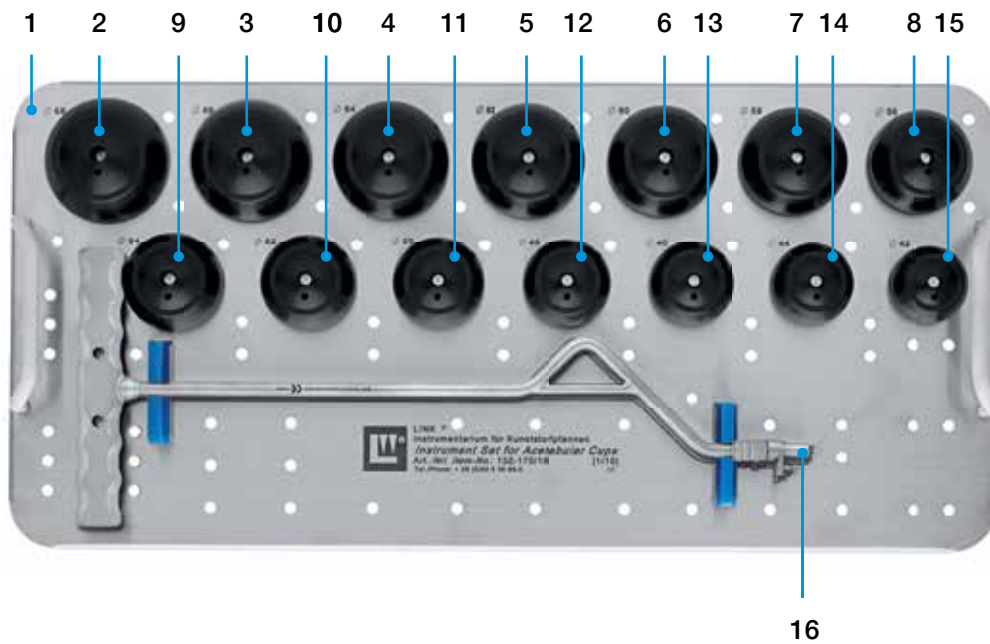


REF	Basic Instrument Set for LINK Polyethylene Acetabular Cups	
132-170/24	in sterilizing container, 1 tray with storage rack, complete, for heads with diameters of 32 and 36 mm	1 set
132-170/25	in sterilizing container, 1 tray with storage rack, complete, for heads with diameters of 28 and 32 mm	1 set

05-2001/03	Standard container N11 , 575 x 275 x 100 mm (not illustrated)	
2 130-347/32	Inserter-Positioner for acetabular cups with fixation guide, 460 mm, Ø 32 mm	
10 10-5371	Screwdriver , size 1.5 mm, 180 mm	
9 64-1181/06	Screwdriver for closure of the pin	
6 131-601/02	Positioning guide with pendulum for inserter	
7 130-311/35B	Penetrating drill , 3.5 mm (fitting optional, see page 22)	
8 130-311/50B	Penetrating drill , 5.0 mm (fitting optional, see page 22)	
4 130-347/15	Dismantling ring , diameter 32 mm	

REF	for 132-170/25	REF	for 132-170/24
1 132-170/15	Tray , empty, 550 x 265 x 50 mm	132-170/20	Tray , empty, 550 x 265 x 50 mm
3 130-347/28	Inserter-Positioner for acetabular cups with fixation guide, 460 mm, Ø 28 mm	130-347/36	Inserter-Positioner for acetabular cups with fixation guide, 460 mm, Ø 36 mm
12 130-350/02	Replacement head for cup pusher for 32 mm head Ø	130-352/02	Replacement head for cup pusher for 36 mm head Ø
11 130-351	Acetabular Cup Pusher for 28 mm head Ø	130-350	Acetabular Cup Pusher for 32 mm head Ø
5 130-347/14	Dismantling ring , Ø 28 mm	130-347/16	Dismantling ring , Ø 36 mm

Additional Instrument Set for Lubinus/IP Polyethylene Acetabular Cups

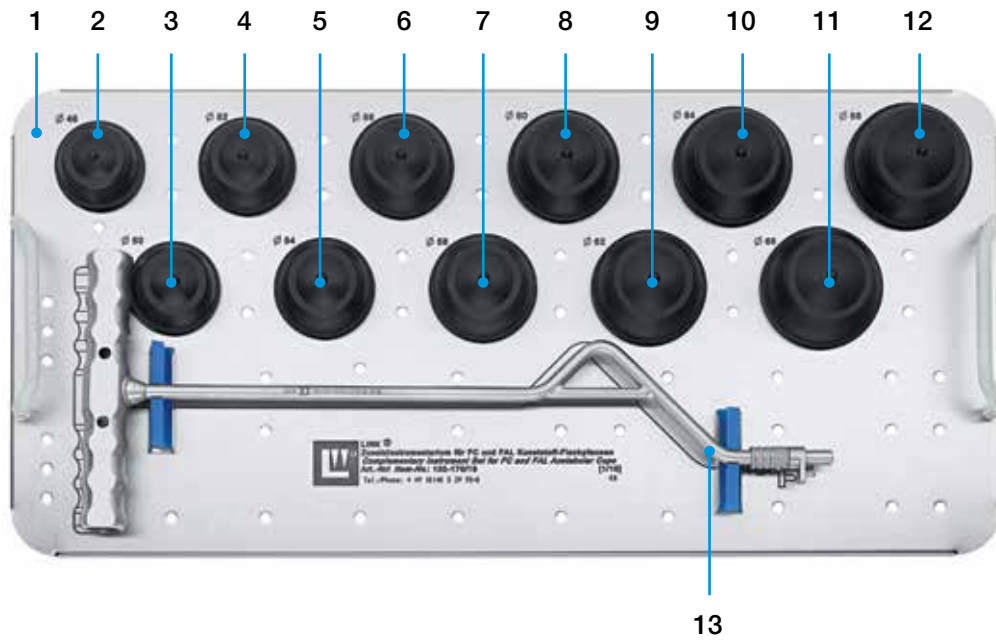


REF	Additional Instrument Set for Lubinus/IP Polyethylene Acetabular Cups
132-170/28	in standard container N11, 1 tray with storage rack, complete, 1 set

	05-2001/03	Standard container N11, 575 x 275 x 100 mm			
1	132-170/18	Tray, empty, 550 x 265 x 50 mm			
		Lubinus/IP Trial Acetabular Cups			
	REF	Outer Ø mm		REF	Outer Ø mm
2	130-345/68	68	10	130-345/52	52
3	130-345/66	66	11	130-345/50	50
4	130-345/64	64	12	130-345/48	48
5	130-345/62	62	13	130-345/46	46
6	130-345/60	60	14	130-345/44	44
7	130-345/58	58	15	130-345/42	42
8	130-345/56	56		130-345/40*	40
9	130-345/54	54		130-345/38*	38
16	130-860/01	Acetabular cup applicator and trial cup handle			

* On request

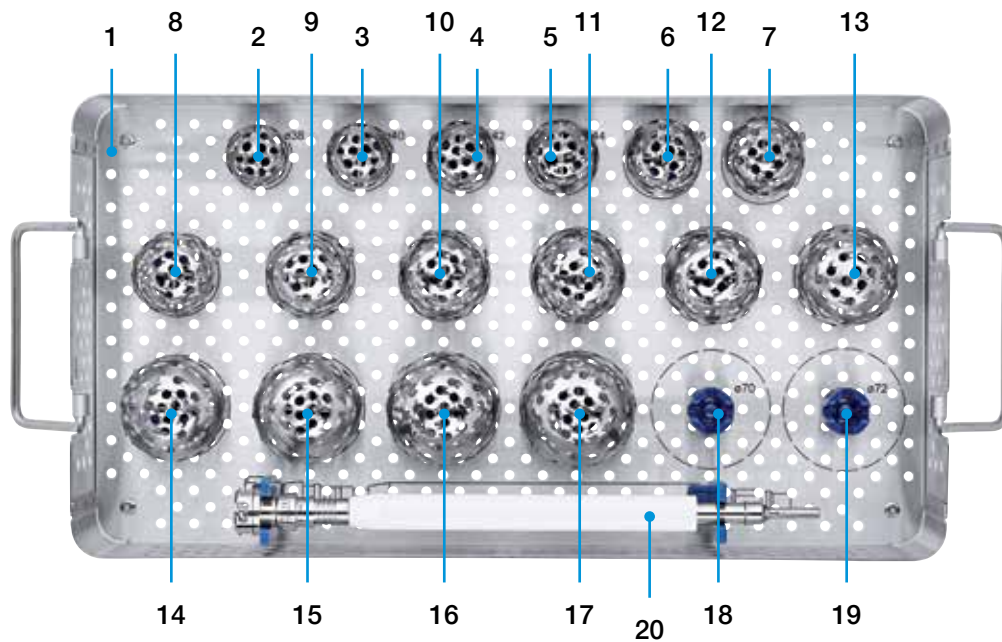
Additional Instrument Set for LINK FC/FAL Polyethylene Acetabular Cups



REF	Additional Instrument Set for LINK FC/FAL Polyethylene Acetabular Cups
132-170/29	in standard container N11, 1 tray with storage rack, complete, 1 set

1	05-2001/03	Standard container N11,			
	132-170/19	Tray, empty, FC/FAL Trial Acetabular Cups			
	REF	Outer Ø mm		REF	Outer Ø mm
2	130-340/48	48	8	130-340/60	60
3	130-340/50	50	9	130-340/62	62
4	130-340/52	52	10	130-340/64	64
5	130-340/54	54	11	130-340/66	66
6	130-340/56	56	12	130-340/68	68
7	130-340/58	58			
13	130-860/01	Acetabular cup applicator and trial cup handle			

132-260/01 Additional Instrument Set for LINK Acetabular Reamer



1	132-260/10	Instrument tray, empty
2	131-170/38	Acetabular reamer head, reamer Ø 38 mm
3	131-170/40	Acetabular reamer head, reamer Ø 40 mm
4	131-170/42	Acetabular reamer head, reamer Ø 42 mm
5	131-170/44	Acetabular reamer head, reamer Ø 44 mm
6	131-170/46	Acetabular reamer head, reamer Ø 46 mm
7	131-170/48	Acetabular reamer head, reamer Ø 48 mm
8	131-170/50	Acetabular reamer head, reamer Ø 50 mm
9	131-170/52	Acetabular reamer head, reamer Ø 52 mm
10	131-170/54	Acetabular reamer head, reamer Ø 54 mm
11	131-170/56	Acetabular reamer head, reamer Ø 56 mm
12	131-170/58	Acetabular reamer head, reamer Ø 58 mm
13	131-170/60	Acetabular reamer head, reamer Ø 60 mm
14	131-170/62	Acetabular reamer head, reamer Ø 62 mm
15	131-170/64	Acetabular reamer head, reamer Ø 64 mm
16	131-170/66	Acetabular reamer head, reamer Ø 66 mm
17	131-170/68	Acetabular reamer head, reamer Ø 68 mm
18	131-170/70*	Acetabular reamer head, reamer Ø 70 mm
19	131-170/72*	Acetabular reamer head, reamer Ø 72 mm
20	131-171B**	Shaft with handle for acetabular reamer, 312 mm, fitting optional
	131-171/01	Handle for 131-171B - H

* On request (not included in set 132-260/01)

** Order information: 131-171E = with Jacobs Chuck

B	C	D	E	H
Hudson	Harris	AO	Jacobs Chuck	Zimmer

Additional Instrument Set for Endo-Model Polyethylene Acetabular Cups



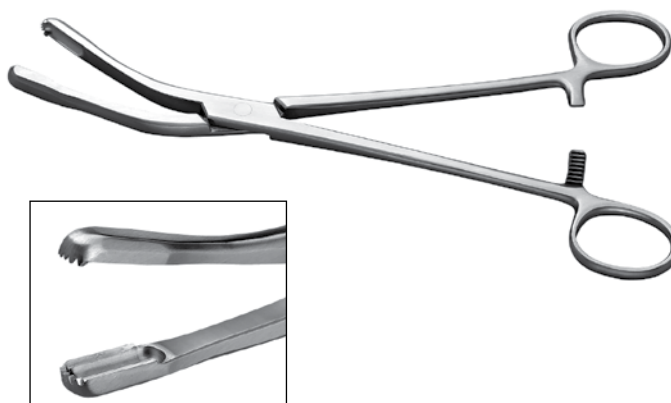
130-860/01	Acetabular cup applicator and trial cup handle		
	Endo-Model Trial Acetabular Cups		
REF	Body Ø mm	Outer Ø mm	
15-1109/44	44	44	
15-1109/49	49	49	
15-1109/54	54	54	
15-1109/60	60	60	
15-1109/65	65	65	

General Instruments for Implantation of Hip Prostheses

(not included in instrument set)

Thabe Acetabulum Excision Forceps, 240 mm

REF	Version
130-309/01	straight
130-309/02	curved



Like a rongeur, this forceps features a sharp spoon-like tip and sharp teeth at the front of the working end. It is used to grasp tough tissue and is particularly suitable for excising capsular tissue from the acetabulum.

130-160

Lubinus Steinmann Pin

with impact head and extraction hole
 Ø 5 mm, 185 mm



For use as a self-retaining retractor, one pin is driven into the ischium and another approximately 2 cm above the cranial rim of the acetabulum.

For extraction, a second pin is inserted through the hole in the impact head. The impacted pin is then easy to remove again by turning it.

Penetrating Drill

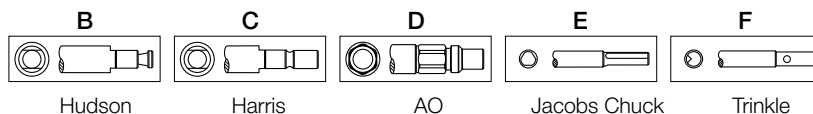
with depth stop, 150 mm
 optional fittings

REF	Drill Ø/mm
130-311/35	3.5
130-311/50	5.0



Please specify required fitting:

B Hudson, C Harris, D AO,
 E Jacobs Chuck, F Trinkle



Order information:

130-311/35C = with Harris fitting

Acetabular Cup Pusher

with T-handle, 260 mm

REF	for acetabular cups
130-350	Inner Ø 32 mm
130-351	Inner Ø 28 mm
130-352/01	Inner Ø 36 mm

REF	Replacement head
130-350/02	for 130-350
130-351/02	for 130-351
130-352/02	for 130-352/01



130-350/05

T-handle only, for cup pusher


130-350, 130-351 and 130-350/01

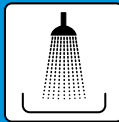


Cleaning and Maintenance Instructions

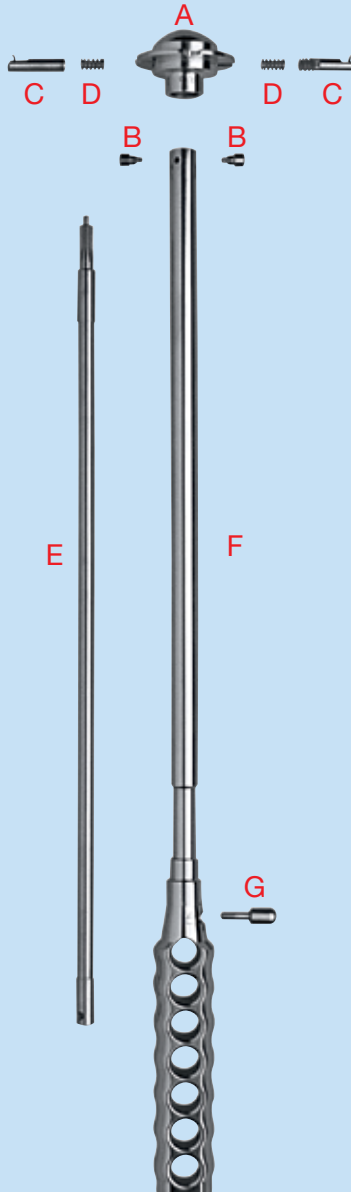
Specific instructions for the instrument sets are available on request: E-mail customer@linkhh.de

130-347/32 Cleaning Instructions for Inserter-Positioner



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130-347/22 - 130-347/36



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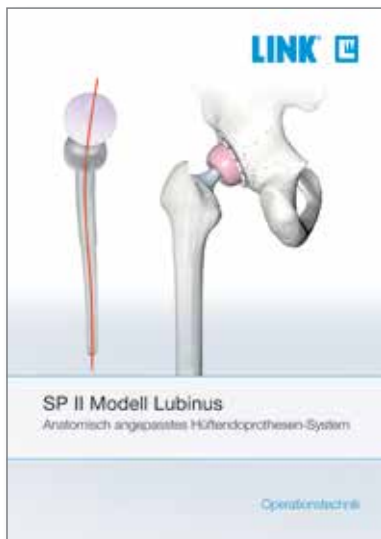


X-ray Templates

REF	X-ray templates for polyethylene cups, cemented, 110% actual size,	UHMWPE
130-930/01	for Lubinus Polyethylene Acetabular Cups , head Ø 28 and 32 mm, 1 set of 2 sheets	
130-931/01	for IP Polyethylene Acetabular Cups , head Ø 28 und 32 mm, 1 set of 2 sheets	
130-982/01	for FC Polyethylene Acetabular Cups , head Ø 28 and 32 mm, 1 set of 1 sheet	
130-983/01	for FAL Polyethylene Acetabular Cups , head Ø 28 and 32 mm, 1 set of 1 sheet	
15-1666	for Endo-Model Polyethylene Acetabular Cups , head Ø 28 and 32 mm, 1 set of 1 sheet	

REF	X-ray templates for polyethylene cups, cemented, 110% actual size,	X-LINKed™
130-930/02	for Lubinus Polyethylene Acetabular Cups , head Ø 24, 28, 32 and 36 mm, 1 set of 2 sheets	
130-931/02	for IP Polyethylene Acetabular Cups , head Ø 28, 32 und 36 mm, 1 set of 2 sheets	
130-983/02	for FAL Polyethylene Acetabular Cups , head Ø 28, 32 and 36 mm, 1 set of 2 sheets	

Literature



For more information please register for our LINK Media Library (linkorthopaedics.com)

<p>Stated indications and contraindications: Acetabular cup system, cemented</p>
<p>General indications</p>
<p>Mobility-limiting conditions, fractures or defects of the hip and proximal femur which cannot be treated with conservative or osteosynthetic measures.</p>
<p>Indications</p>
<p>Primary and secondary arthrosis</p>
<p>Rheumatoid arthritis</p>
<p>Correction of functional deformations</p>
<p>Femoral neck fractures</p>
<p>Revision after implant loosening, depending on the bone situation</p>
<p>Contraindications</p>
<p>Acute and chronic infections, local and systemic, if they pose a risk to successful implantation of a total hip replacement (preoperative microbiological analysis is recommended)</p>
<p>Allergies to any of the materials used</p>
<p>Inadequate bone substance or bone quality that precludes stable seating of the prosthesis</p>

Note: The above indications and contraindications are based on standard cases. The final decision regarding an implant must be made by the surgeon for each patient on the basis of the surgeon's individual analysis and experience.

Please note the following regarding the use of our implants:

1. Choosing the right implant is very important.

The size and shape of the human bone determines the size and shape of the implant and also limits the load capacity. Implants are not designed to withstand unlimited physical stress. Demands should not exceed normal functional loads.

2. Correct handling of the implant is very important.

Under no circumstances should the shape of a finished implant be altered, as this shortens its life span. Our implants must not be combined with implants from other manufacturers. The instruments indicated in the Surgical Technique must be used to ensure safe implantation of the components.

3. Implants must not be reused.

Implants are supplied sterile and are intended for single use only. Used implants must not be used again.

4. After-treatment is also very important.

The patient must be informed of the limitations of the implant. The load capacity of an implant cannot compare with that of healthy bone!

5. Unless otherwise indicated, implants are supplied in sterile packaging.

Note the following conditions for storage of packaged implants:

- Avoid extreme or sudden changes in temperature.
- Sterile implants in their original, intact protective packaging may be stored in permanent buildings up until the "Use by" date indicated on the packaging.
- They must not be exposed to frost, dampness or direct sunlight, or mechanical damage.
- Implants may be stored in their original packaging for up to 5 years after the date of manufacture. The "Use by" date is indicated on the product label.
- Do not use an implant if the packaging is damaged.

6. Traceability is important.

Please use the documentation stickers provided to ensure traceability.

7. Further information on the material composition is available on request from the manufacturer.

Follow the instructions for use!

Waldemar Link GmbH & Co. KG, Hamburg


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