

**General operating technique** for HACTIV®, CEMTIV®, REACTIV® and HACTIV® High Offset Coxa Vara or HACTIV® Dysplasia femoral components

### **IMPORTANT**

- a) *Information: Surgeons should be familiar with the implants and instrumentation before performing surgery. The protocol that follows only explains a general surgical technique for guidance purposes and the surgeon should be aware that Scanos is only an implant manufacturer and does not practice medicine in any way or manner. Consequently as there are numerous variations of techniques available only the surgeon who performs an implant procedure is apt to determine both the intended use and aim of the surgery and the most appropriate technique to be used and should therefore use the technique he or she deems to be best and prove most reliable with his or her usual technique.*
- b). *To understand this operating technique in detail please refer to the technical Scanos instrument brochure which can be found on this web site in the downloads in this section. This brochure will allow you to visualize instrument use as explained in the operating technique below.*

### **GENERAL OPERATING TECHNIQUE**

After a classical pre-operative planning approach in correlation with the version of the stem to be used use data in order to pre-determine head centre, intramedullary axis and materialize resection level. Estimate required rasps and probable implant size.

#### **1. Femoral neck resection**

Resect neck at 45° some 6-8 mm above defined resection level.

#### **2. Opening up the canal**

For HACTIV®, CEMTIV®, REACTIV® and HACTIV® High Offset Coxa Vara open up the femoral canal with standard instrumentation or using the box chisel supplied in the instrument set.

For the HACTIV® Dysplasia size 7 and 8 stems open the femoral canal by starting either with a large trocart point instrument or using the starter reamers if you have requested these.

### 3. Ream or rasp

Attach rasp to rasp handle as show in brochure. When in a neutral alignment ream (if reaming technique is used) or rasp the diaphyseal canal advancing down the canal increasing rasp size until good cortical contact is encountered.

When undertaking a revision surgery with the REACTIV stem. Use a standard round broach reamer to ream the difference in distal length between a primary HACTIV and a REACTIV stem.

### 4. Rasp used as the trial prosthesis

The last rasp used will act as the trial stem for trial reducing. Still using the rasp handle attached, fully seat the last rasp used tapping it into full contact with a small mallet. Then when full contact is ensured remove the rasp handle from the rasp leaving the rasp *in situ* and perform a trial reduction using the standard trial neck and trial heads (or the High Offset trial neck if implanting an Offset stem) in order to determine correct neck length and best match. Then remove the trial head and neck adaptor. Reattach the rasp handle and remove the rasp from the femoral canal. The stem size to be used is size for size with the last rasp used and used for trial reducing for all stems, cemented or non cemented.

### 5. Cemented femoral components

In the case of use of a cemented Scanos femoral component (CEMTIV®, REACTIV® cemented stems) apply cement in compliance to the manufacturer's product instructions for use leaflet.

### 6. Stem insertion

Attach the stem inserter to the implant. With an adequately prepared canal the implant will only require a few slight impaction taps in order to seat the implant correctly and obtain perfect stability. In the case of a cemented component, should the implant block, remove it carefully and reapply the last rasp used in order to remove a little additional bone or bone that might have obruded the canal during rasp withdrawal. Reintroduce the same stem component.

### 7. Checking

Once the stem has been implanted or re-implanted remove the stem carrier instrument and mount the appropriate trial head. Reduce to check stability and ROM (range of motion). Remove provisional trial head.

### 8. Femoral head

Drive the definite femoral head onto the femoral stem taper using the Scanos head driver.