

SURGICAL TECHNIQUE



Depuis 1714

PREOPERATIVE PLANNING AND SURGICAL APPROACH

- The aim of preoperative planning is use X-ray templates to determine the appropriate shell size and the most favourable position of the implant in the acetabulum.
- Surgeons can use any of the standard approaches to implant the MBA[™] cup.

ACETABULAR PREPARATION

 After exposition of the articulation and femoral neck ostoetomy, ream the acetabular down to bleeding bone using hemispherical reamers of progressively increasing diameter and respecting the planned orientation. Reaming is continued until the cartilage layer is fully removed and the subchondral bone bleeds uniformly.

IMPORTANT

Osteophytes must be removed from the acetabular



ACETABULAR TRIAL

- Select the trial cup of the same size as the last reamer used. Screw it on the trial shell handle, and impact it into the reamed acetabulum respecting a 45° inclination.
- The acetabular trial cup must have a good primary stability and be tight fitted into the cavity on its complete circumference. Before impacting the definitive acetabular cup, the trial is spinned and rocked to assess stability.

SHELL POSITIONING



- The size of the definitive cup selected should be the same as that of the trial with which the stability assessment was validated.
- The PÁVI™ cup is impacted using handle mounted with shell holder corresponding to implant size and respecting anteversion and inclination validated during assessment.
- Once the cup impacted, the shell holder is then unscrewed and removed. The hole diameter of 14mn impaction allows control of impaction in the acetabulum of the bottom.
- MBA[™] acetabular cup: additional fixation is possible with screws ; specific instruments are then needed.

LINER INSERTION



Hooded polyethylene liner

- → The impaction of the flat liner or with anti-luxation rim is possible in any position thanks to the absence of constraining notches.
 - The 2 mm gap between the collar and the shell make easier the impaction.

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