Implant Partners™ Primary Hip: TL

SURGICAL TECHNIQUE

implantpartners™

Enabling Clinical Success Without the Excess™

Contents

Implant Partners™ recognizes that proper surgical procedures and techniques are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedures based on his or her personal medical training, experience, and patient condition. Prior to use of the system, the surgeon should refer to the product Instructions For Use package insert for additional warnings, precautions, indications, contraindications and adverse effects. Instructions For Use package inserts are also available by contacting the manufacturer. Contact information can be found on the back of this surgical technique and the Instructions For Use package inserts are available on www.implantpartners.com/partner-resources under the link for Prescribing Information.

Please contact Implant Partners™ Customer Service for product availability.

chapter 1

Indications and Warnings

Intended Use

Implant Partners™ TL hip stems are intended for use in cementless arthroplasty for reduction or relief of pain and/or improved hip function in skeletally mature patients. Modular shells with porous metal bead coating may be used in either cemented or uncemented arthroplasty.

Indications for Use

1. non-inflammatory degenerative joint disease such as osteoarthritis, avascular necrosis, ankylosis, protrusio acetabuli, and painful hip dysplasia;
2. inflammatory degenerative joint disease such as rheumatoid arthritis;
3. correction of functional deformity; and,
4. revision procedures where other treatments or devices have failed.

Contraindications

Patients should be warned of these contraindications.

Contraindications include:

1. overt infection;
2. distant foci of infections (which may cause hematogenous spread to the implant site);
3. rapid disease progression as manifested by joint destruction or bone absorption apparent on roentgenogram;
4. skeletally immature patients (patient is less than 21 years of age at the time of surgery);
5. cases where there is inadequate neuromuscular status (e.g., prior paralysis, fusion and/or inadequate abductor strength), poor bone stock, poor skin coverage around the joint which would make the procedure unjustifiable;
6. neuropathic joints;
7. hepatitis or HIV infection;
8. neurological or musculoskeletal disease that may adversely affect gait or weight-bearing.

Scratching of femoral heads, and proximal and distal stem tapers should be avoided. Repeated assembly and disassembly of these components could compromise the locking action of the taper joint. Ensure components are firmly seated to prevent disassociation. The femoral head, neck taper of the femoral component **must** be clean and dry before assembly.

Only components from Implant Partners™ should be used to prevent mismatch or misalignment of components. NEVER combine modular or hard bearing components made by different manufacturers.

Patient selection should consider the following factors which could lead to increased risk of failure and can be critical to the eventual success of the procedure: the patient's weight, activity level, and occupation. The patient should not have unrealistic functional expectations for occupations or activities that include substantial walking, running, lifting, or muscle strain.

The potential long-term biological effects of metal wear debris and metal ion production are not known. Questions regarding carcinogenicity have been raised in literature; no studies have conclusive evidence that metal wear debris or metal ions are carcinogenic.

Modular Acetabular Shell/Liner

Fixation screws, when used, should be fully seated to ensure stable fixation of the shell, and avoid interference with the liner component. Before implanting, be certain the selected shell and liner are compatible. Prior to seating the liner component into the shell component, surgical debris must be cleaned from the interior of the shell and the shell must be thoroughly dried. Debris and fluid may inhibit the liner from locking into the shell component. Failure to properly seat the liner into the shell can lead to disassociation of the liner from the shell.

IMPORTANT: Please consult IFU package insert for additional risk information.

chapter 2

Design Features of the Implant Partners™ TL Stems

Neck Options
Short and Long, Straight and Varus 8° neck angles allowing for multiple head center positions to meet range of anatomical needs

Driving Platform
Dimple designed for uni-directional loading during stem insertion and oval slot designed for rotational control during stem insertion

Lateral Shoulder
Reduced material helps to conserve bone and ease insertion

Plasma Spray
Coating thickness provides 1mm press-fit (0.5mm per side)

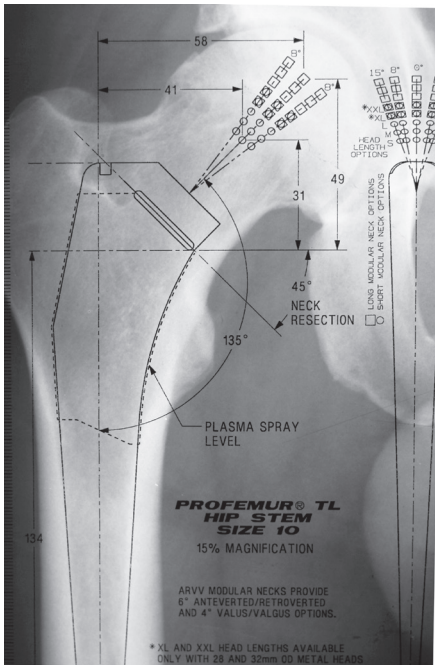
Surface Texture
Titanium stem surface has glass-beaded texture

Sizes
Available in sizes 1-12

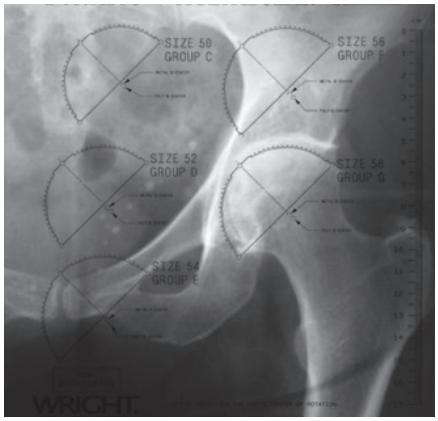
Rounded Distal Tip
Shape designed to reduce the risk of fracture during insertion and minimize point contact after implantation

Preoperative Planning

chapter 3



Acetabular Templating



CAUTION: *Preoperative templating is intended for estimation purposes only. Final component size and position should be determined intraoperatively.*

Accurate preoperative templating requires good quality standardized radiographs of the pelvis and operative hip. To determine leg length discrepancy, draw a line across the bottom of the ischium on the A/P view. The distance from this horizontal reference line to each lesser trochanter should then be measured.

The difference between each measured side is the leg length discrepancy.

If there is any asymmetry of the pelvis or if landmarks are not clear, other means to determine discrepancy should be used.

Determine the femoral head center. Once the center of rotation for the acetabular component has been established, the center of rotation for the femoral head should be determined. Superimpose the femoral stem templates sequentially on the A/P x-ray with the templates positioned neutrally along the longitudinal axis of the femur. Estimate the metaphyseal and diaphyseal fit and anticipated level of implant insertion using the templates. The approximate femoral size and length of the femoral neck cut can be estimated from the templates. The neck angle and head length which most closely correspond to the patient's femoral head center can be estimated as well. The circles found along the femoral neck axis represent the expected centers of rotation for the femoral head (short to X-Long). For the ideal neck/head combination, the circle will align atop the previously determined center of rotation for the femoral head. In patients with significant deformity of the femoral head, templating can be performed on the opposite hip if necessary.

For soft bone, the implant may seat further than the template indicates. An implant larger than the templated size may be required. For strong, healthy bone, an implant smaller than the templated size may be required.

The lateral x-ray illustrates the front to back fill of the implant and the position of the implant relative to the femoral anterior bow. If the anterior bow is high, the implant size may be reduced to minimize the risk of fracture.

Preoperative assessment of the appropriate size and position of the acetabular component will provide intraoperative guidance for acetabular reaming.

Radiographic overlays for the Implant Partners™ Cup System are available in 15 percent magnification.

Surgical Technique

chapter 4

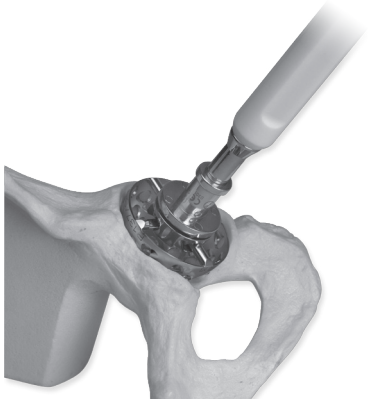


Figure 1 |

Preparing the Acetabulum

Ream the acetabulum sequentially, starting with the smallest reamer (48000040 through 48000066) that conforms to the acetabular cavity. Gradually enlarge the acetabulum by reaming articular cartilage until a continuous surface of cancellous bone is exposed. | **Figure 1**

IMPLANT PARTNERS™ CUP REAMING GUIDE

Cup Diameter	1mm Press-Fit Ream To:	2mm Press-Fit Ream To:	Group
46mm	46mm	45mm	Group B
48mm	48mm	47mm	Group B
50mm	50mm	49mm	Group C
52mm	52mm	51mm	Group D
54mm	54mm	53mm	Group E
56mm	56mm	55mm	Group F
58mm	58mm	57mm	Group G
60mm	60mm	59mm	Group G
62mm	62mm	61mm	Group G
64mm	64mm	63mm	Group H
66mm	66mm	65mm	Group H

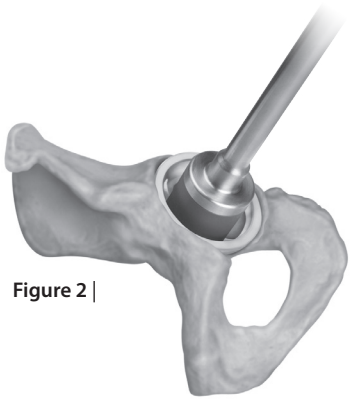


Figure 2 |

Sizing the Acetabulum

Thread the trial shell (3301GB46 through 3300GH66V1) onto the impactor handle (8400CP01) to check the size of the acetabulum. The trial shells are a complete hemisphere and are undersized by 1mm compared to the actual implant. The trials also have three large open windows for visualization. The screw holes on the trial shells mimic the location of the screw holes on the implant. | **Figure 2**

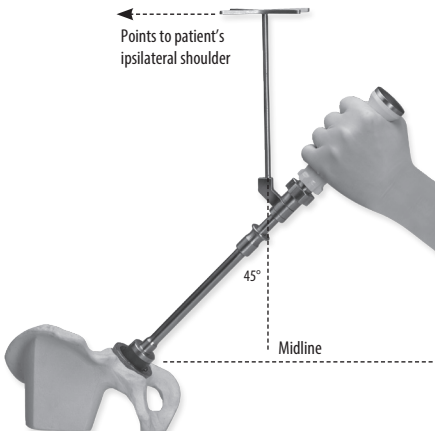


Figure 3 |

Inserting the Shell

Thread the appropriate size shell onto the impactor. When threading the implant shell or trial sizer onto the impactor, care should be taken to avoid damaging the threads of the implant or impactor. While holding the impactor vertical, rotate the shell counterclockwise until a slight drop is felt, then rotate the shell clockwise until tight. Do not over tighten.

An alignment guide (8400CP01) can be mounted to the impactor to aid in positioning the implant at 45° of abduction and 15° of anteversion. The position of the guide can be adjusted by loosening the lock nut and rotating the guide. Once in position, tighten the guide. Place the guide 90° to the midline of the patient to position the shell at 45° abduction. Rotate the guide until the appropriate marked cross bar points to the patient's ipsilateral shoulder. This will place the implant at 15° of anteversion. | **Figure 3**

Laser markings on the rim of the shell corresponding to the location of the screw holes should be positioned between the plane of the anterior superior iliac spine and the anterior inferior iliac spine. Impact the cup into the acetabulum, making sure the screw holes are in the appropriate location. Complete seating of the implant can be confirmed through the apical hole and screw holes. | **Figure 4**

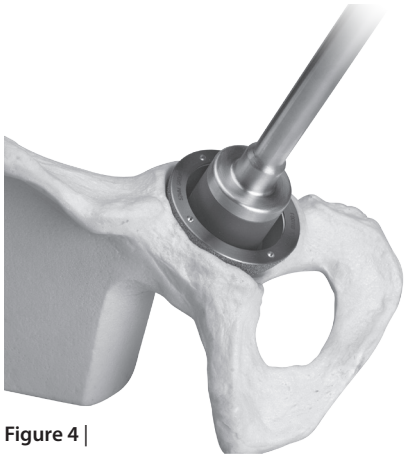


Figure 4 |

CAUTION: ***For surgeon preference of 1mm of press-fit at the dome and rim, please ream line to line or to the exact size of the corresponding reamer and the desired shell implant. |For 2mm of press-fit at the dome and rim, please ream under the desired shell implant size by 1mm.***

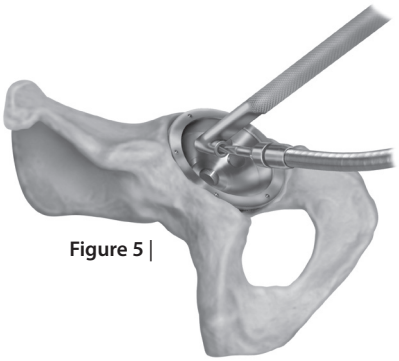


Figure 5 |

Screw Placement

Determine the screw location and select a suitable length drill bit. Drill bits are provided in 3.2 and 4.5mm diameters (8400FD05, 8400FD08). The drill guide (8400DG01) is also available in 3.2 and 4.5mm diameters.

Position the drill guide into the shell, ensuring that it is placed into one of the screw holes. Insert the drill into the guide and carefully drill through the acetabular cortex. | **Figure 5**

Use the screw depth gauge (8400SG01) to determine the appropriate length screw. | **Figure 6**

Grasp the screw head with the screw-holding forceps (4820SH0000) and utilize the hex screwdriver (8400SD06, 8400SD04) to orient and fixate the screw. Release the screw-holding forceps to allow for the countersinking of the screw head.

Ensure the screw head is completely seated and does not protrude into the shell space, as this may prevent the liner from seating. | **Figure 7**

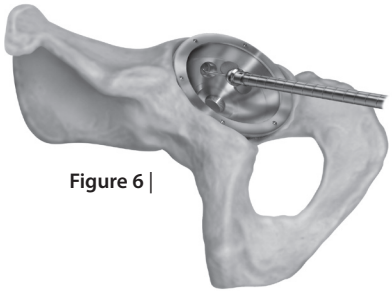


Figure 6 |

Trial Liner Placement

Trial liners are available to evaluate the position of the final implant. The trial liners can be used with the final shell implant and trial liners (standard (3304GB28 through 3304GH36) and lipped (3304LB28 through 3304LH36) can be positioned in any location within the implant to evaluate and determine where the final

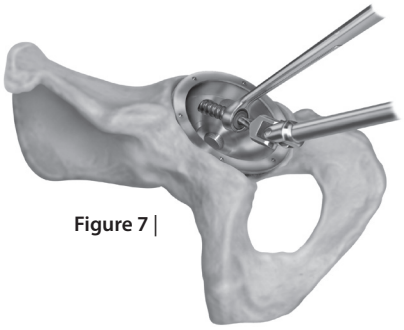


Figure 7 |

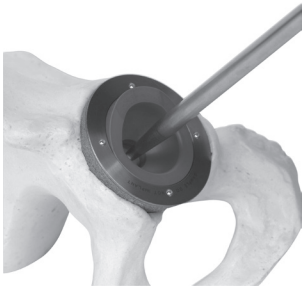


Figure 8 |

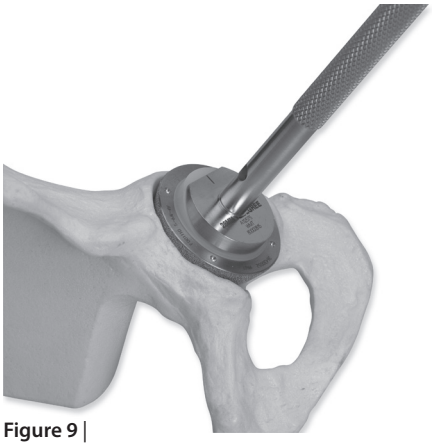


Figure 9 |

Liner Placement

Clean out any soft tissue from the inner taper area before impacting and engaging the liner implant. Insert the liner by hand, ensuring that the face of the liner is parallel with the face of the shell.

To engage the implant liner, assemble the modular trial head impactor (33000015) to the impactor handle (80000010}. Tighten the trial head impactor in a clockwise direction until it can no longer be turned. Attach the appropriate femoral head trial that corresponds to the liner I.D. Place head trial into the liner and apply a series of firm mallet blows to fully seat and engage the liner. | **Figure 9**

Preparation of the Femur

Step 1 - Femoral Neck Osteotomy

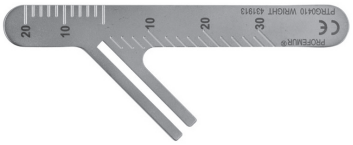
Using the greater trochanter or lesser trochanter as a reference, resect the neck at a 45º angle to the longitudinal axis of the femur. | **Figure 10** A Neck Resection Guide (PTRG0410) is available to help establish the angle of resection. A small broach may also be used.

Step 2 - Open the Femoral Canal

Using the Box Chisel (PRFS0450), open the femoral canal. The box chisel should be lateralized to ensure a neutral orientation of the implant. | **Figure 11**

Figure 10 |

Figure 11 |



Implant Partners™ Neck Resection Guide
PTRG0410

Implant Partners™ Box Chisel
PRFS0450

Step 3 - Starter Reamer

Enter the femoral canal with the TL Starter Reamer (PRSTREAM). | **Figure 12** Machined grooves along the surface of the starter reamer indicate the medial lengths of the corresponding broach sizes and reflect the proper depth at which to ream. Attach the Quick Disconnect T-Handle (K0001016) onto the starter reamer, and ream to the appropriate depth according to preoperative templating. The diameter of the reamer is smaller than the corresponding broach at each groove. By stopping the reamer at the appropriate groove, it is assured that the final shape of the femoral canal will be determined by the broach. Manual reaming of the femur using the T-handle is recommended to avoid over-reaming the canal, to maintain alignment control and to minimize the amount of heat generated. If powered reaming is preferred, the T-handle can be removed and the starter reamer inserted into a surgical drill.

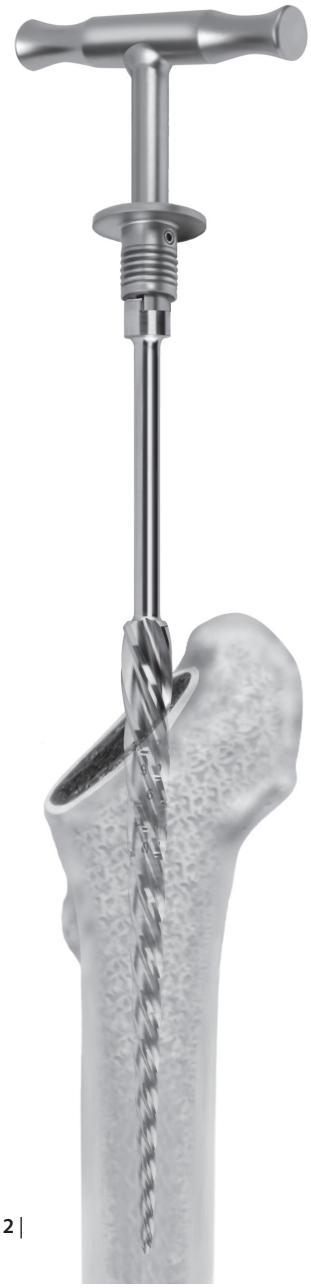


Figure 12 |

Quick Disconnect T-Handle
K0001016

Implant Partners™ TL Starter Reamer
PRSTREAM

Step 4 - Starter Broach

Prepare the femoral canal with the TL Broach Size 0 (PRTLBR00). Staying centered between the anterior and posterior cortices, impact the starter broach until the top of the teeth rests just at or below the level of the neck resection. | **Figure 13**

Step 5 - Femoral Broaching

Attach the broach handle to the size 0 broach. Using a mallet, with short, controlled strokes begin broaching. | **Figure 4** The S-Scale marks on the broach handle correspond to the centers of rotation for a short neck and the respective femoral head. Sequentially increase broach size.

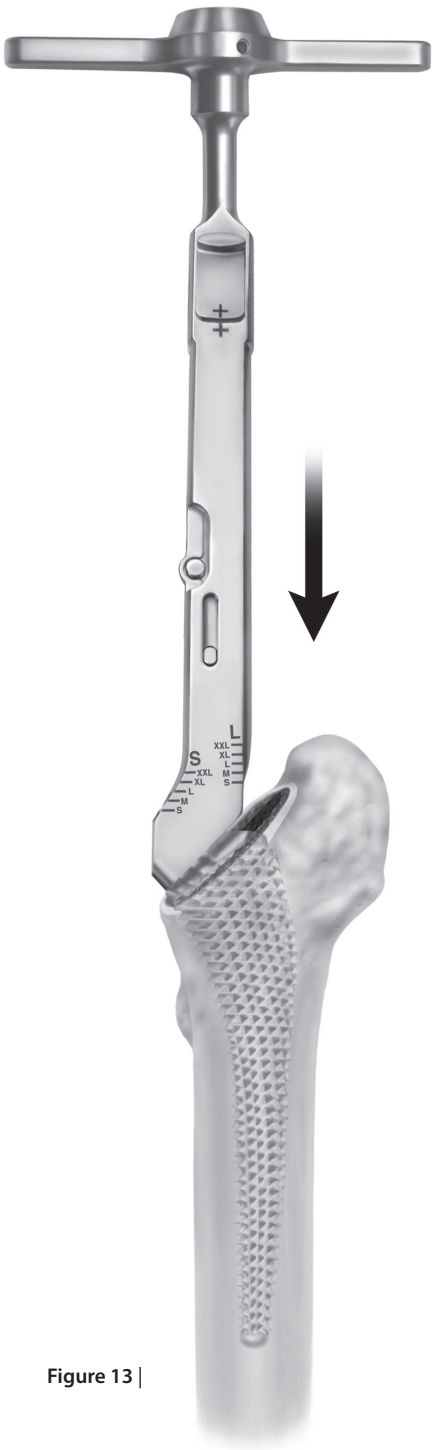
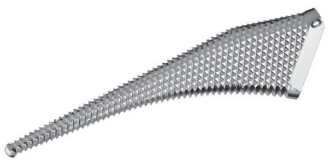


Figure 13 |



Implant Partners™ TL Broach Size 0
PRTLBR00

T Broach Handle
BROHANTL

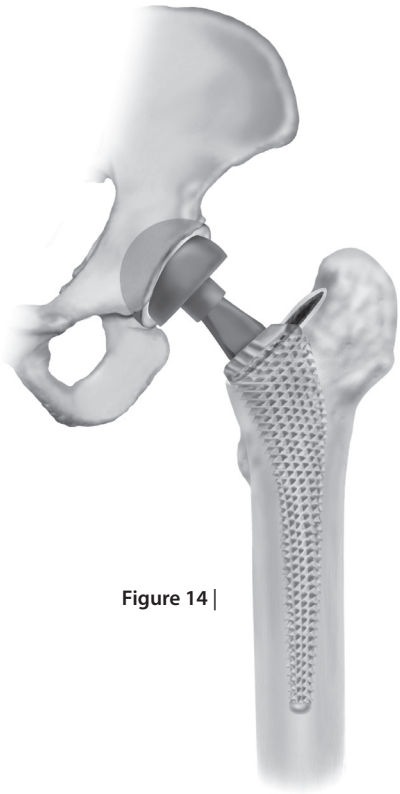


Figure 14 |

POTENTIAL DIFFERENCES BETWEEN BROACHED AND TEMPLATED SIZES:

1. The quality of bone plays an integral role in sizing. For soft bone, the broach may seat further than the template indicates. An implant larger than the templated size may be required. Patients with strong, healthy bone might require an implant smaller than the templated size.

2. If a broach smaller than the size templated becomes tight, hard bone at the lateral femoral neck may be pushing the broach into varus. Use the lateral edge of the broach to restore a neutral position. Additional broaching may be necessary.

3. If a broach is going in straight and still becomes tight with sizes smaller than templated, a repetitive in/out broach motion may clear excess medial and lateral bone. If still tight, the stem should be appropriately downsized until metaphyseal bone is engaged.

Step 6 - Trial Reduction

Select the appropriate plastic Trial Neck (P/Ns APA11102 or APA11152) and the appropriate Trial Head (P/Ns 41102800 - 41003600) and perform a trial reduction.

Once a well balanced hip has been created with a trial head and trial neck | **Figure 14**, remove the broach.

Summary of Neck Options

The choice of neck angle is based on intraoperative assessment of stability. The head/neck combination that allows maximal flexion/internal rotation and extension/external rotation without dislocation should be chosen. | **Figure 15**

»» Straight (135°) necks create a neutral neck axis.

»» Varus 8° necks decrease the inclination angle to 127˚; the femoral head shifts medially and inferiorly; leg length is shortened; offset is increased.

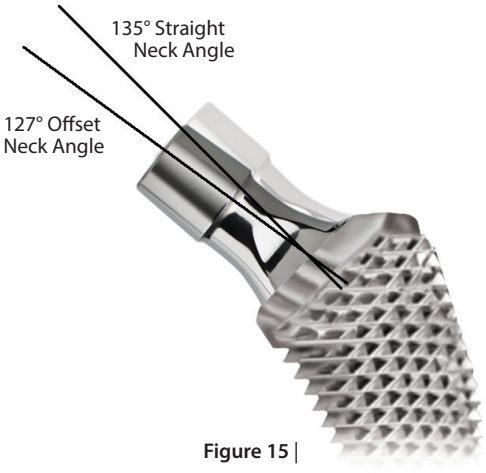


Figure 15 |

Step 7 - Stem Insertion

Insert the femoral implant into the canal and seat it as far as possible by hand while maintaining proper version. | **Figure 16** For final insertion of the stem implant, place the tip of the Stem Inserter (PRCLIMPT) into the oval slot on the proximal face and, with a mallet, fully seat the implant using short, controlled strokes. Typically, the implant is seated with the base of the polished collar along the neck cut.

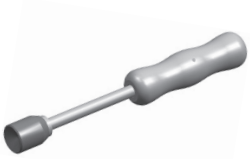
The Implant Partners™ TL implant may sit 1 - 2 mm more proud than templated due to the additional 0.5mm thickness per side of the plasma spray. The difference can be addressed during the final trial reduction by selecting the appropriate femoral head. Implant Partners™ femoral head neck lengths are available in -3.5mm, +0mm, +3.5mm and +7mm.

Step 8 - Final Trial Reduction

Perform a final reduction using the trial heads to reconfirm stability, range of motion and leg length. | **Figure 17**

Step 9 - Implant Assembly

Impact the desired femoral head implant to the stem using the femoral head impactor (PPR67702). | **Figure 18** Once implant assembly is complete, a final reduction of the hip is performed.



Femoral Head Impactor
PPR67702

Implant Partners™ Stem Inserter
PRCLIMPT

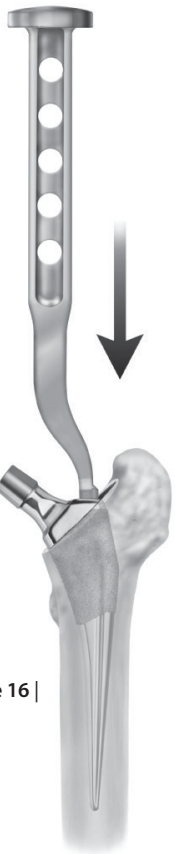


Figure 16 |

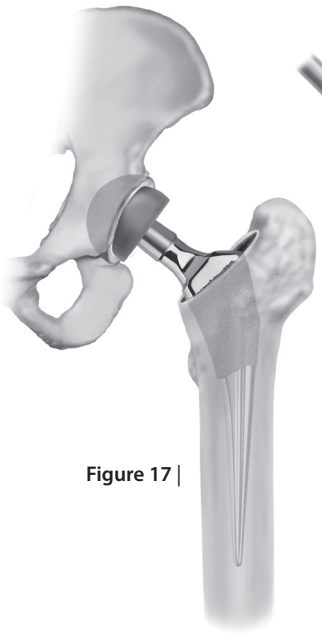


Figure 17 |

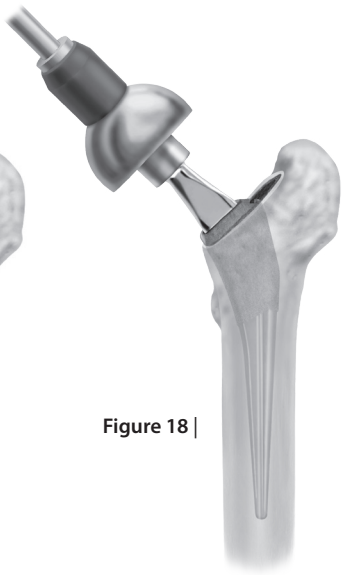


Figure 18 |

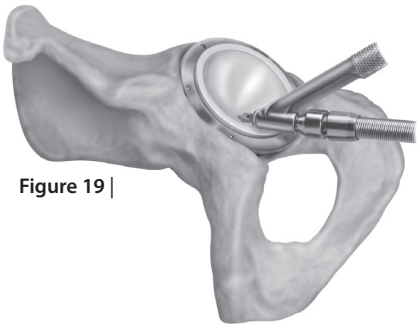


Figure 19 |

Explant Information

FEMUR AND ACETABULUM COMPONENTS

To remove the components, small osteotomes, power saws, or other surgical instruments may be used to disrupt the bone-implant interface. Care must be exhibited to save remaining bone stock as well as to prevent fracture. Once the components have been removed, rongeurs or small osteotomes, as well as other surgical instruments, may be used to remove the remaining implants.

Liner Extraction

To remove a poly liner, utilize the flexible drill bit with an acetabular drill guide and drill a hole slightly off-center from the liner apex. | **Figure 19**

Using a 3.5mm hex screwdriver, thread a 20mm cancellous screw into the drilled hole.

Femoral Stem Removal

Should the removal of a Implant Partners™ TL Stem become necessary, the Universal Stem Extractor (4700SE05) and the corresponding Slap Hammer (4700SH0000) can be utilized. Thread the stem extractor onto the threaded end of the slap hammer. With the femoral head removed, position the stem extractor across the flats on the sides of the femoral neck, and remove the stem using repetitive upward blows delivered by the slap hammer. | **Figure 20**

If the removal of the implant is required due to revision or failure of the device, the surgeon should contact the manufacturer using the contact information located on the back cover of this surgical technique to receive instructions for returning the explanted device to the manufacturer for investigation.

Postoperative Management

Postoperative care is the responsibility of the medical professional.

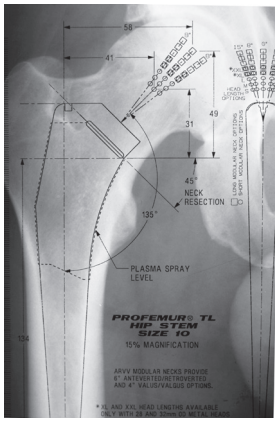
Figure 20 |

Universal Stem Extractor
4700SE05

Slap Hammer
4700SH0000

chapter 5

TL Stem Technique Overview

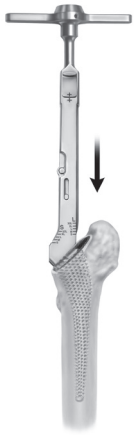


1. Preoperative Templating

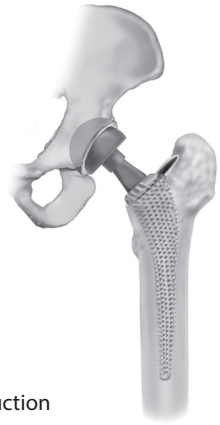
2. Femoral Neck Osteotomy

3. Open the Femoral Canal

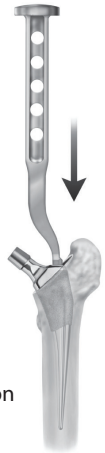
4. Starter Reamer



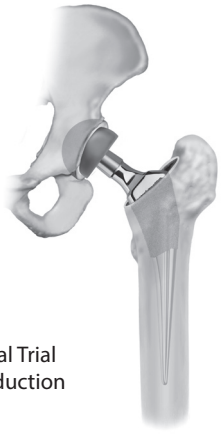
5. Femoral Broaching



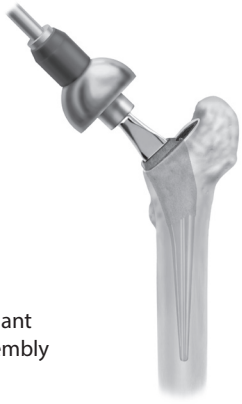
6. Trial Reduction



7. Stem Insertion



8. Final Trial Reduction



9. Implant Assembly

Product Specifications

Implant Partners™ TL Stems

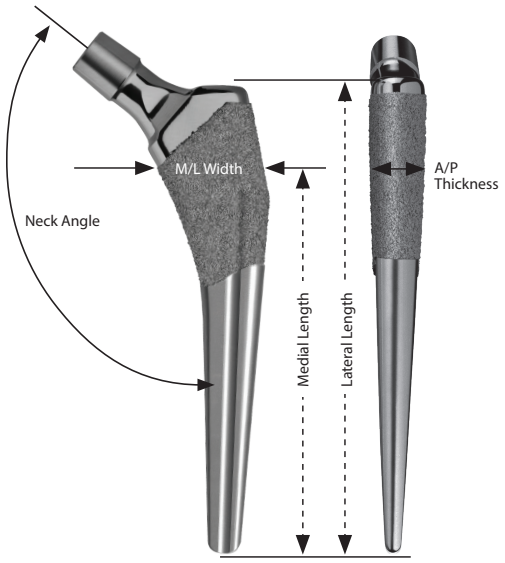
General Specifications

- Stems are made of Titanium alloy with commercially-pure Titanium plasma spray over the proximal region (0.5mm/side)
- M/L Width: 27 – 39mm
- A/P Thickness: 13 – 15mm
- Straight neck angle is 135°
- Varus 8° neck angle is 127°

Dimensional Chart (mm)

Size	Medial Length	Lateral Length	Neck Angle	M/L Width	A/P Thickness
1	109	130	135°/127°	27	13
2	111	132	135°/127°	28	13
3	114	135	135°/127°	29	13
4	116	142	135°/127°	30	13
5	119	144	135°/127°	30	13
6	122	147	135°/127°	31	14
7	125	150	135°/127°	32	14
8	126	151	135°/127°	33	14
9	129	154	135°/127°	34	14
10	134	159	135°/127°	36	14
11	139	166	135°/127°	38	14
12	146	172	135°/127°	39	15

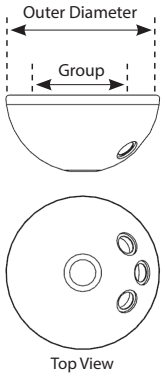
Note: *The dimensional chart above represents the Implant Partners™ TL stems.*



Implant Dimensions
(mm)

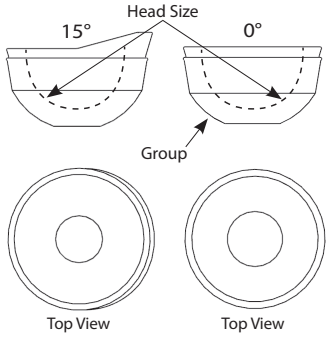
Primary Shell (mm)

Size	Group	Outer Diameter (mm)
46	Group B	46
48	Group B	48
50	Group C	50
52	Group D	52
54	Group E	54
56	Group F	56
58	Group G	58
60	Group G	60
62	Group G	62
64	Group H	64
66	Group H	66



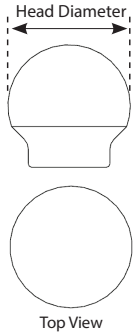
Cross-Linked Poly Liner (mm)

Size	Group	Head Size (mm)
28	Group B	28
32	Group C	32
36	Group D	36
36	Group E	36
36	Group F	36
36	Group G	36
36	Group H	36



Femoral Head (mm)

Size	Head Diameter (mm)	Neck Length (mm)
28 Short	28	-3.5
28 Medium	28	0.0
28 Long	28	+3.5
28 X-Long	28	+7.0
32 Short	32	-3.5
32 Medium	32	0.0
32 Long	32	+3.5
32 X-Long	32	+7.0
36 Short	36	-3.5
36 Medium	36	0.0
36 Long	36	+3.5
36 X-Long	36	+7.0



Ordering Information

IMPLANT PARTNERS™ STEMS - STRAIGHT

Part Number	Description
PRTLS021WD	TL STEM SIZE 1 STRAIGHT SHORT NECK
PRTLS022WD	TL STEM SIZE 2 STRAIGHT SHORT NECK
PRTLS023WD	TL STEM SIZE 3 STRAIGHT SHORT NECK
PRTLS024WD	TL STEM SIZE 4 STRAIGHT SHORT NECK
PRTLS025WD	TL STEM SIZE 5 STRAIGHT SHORT NECK
PRTLS026WD	TL STEM SIZE 6 STRAIGHT SHORT NECK
PRTLS027WD	TL STEM SIZE 7 STRAIGHT SHORT NECK
PRTLS028WD	TL STEM SIZE 8 STRAIGHT SHORT NECK
PRTLS029WD	TL STEM SIZE 9 STRAIGHT SHORT NECK
PRTLS030WD	TL STEM SIZE 10 STRAIGHT SHORT NECK
PRTLS031WD	TL STEM SIZE 11 STRAIGHT SHORT NECK
PRTLS032WD	TL STEM SIZE 12 STRAIGHT SHORT NECK
PRTLSL21WD	TL STEM SIZE 1 STRAIGHT LONG NECK
PRTLSL22WD	TL STEM SIZE 2 STRAIGHT LONG NECK
PRTLSL23WD	TL STEM SIZE 3 STRAIGHT LONG NECK
PRTLSL24WD	TL STEM SIZE 4 STRAIGHT LONG NECK
PRTLSL25WD	TL STEM SIZE 5 STRAIGHT LONG NECK
PRTLSL26WD	TL STEM SIZE 6 STRAIGHT LONG NECK
PRTLSL27WD	TL STEM SIZE 7 STRAIGHT LONG NECK
PRTLSL28WD	TL STEM SIZE 8 STRAIGHT LONG NECK
PRTLSL29WD	TL STEM SIZE 9 STRAIGHT LONG NECK
PRTLSL30WD	TL STEM SIZE 10 STRAIGHT LONG NECK
PRTLSL31WD	TL STEM SIZE 11 STRAIGHT LONG NECK
PRTLSL32WD	TL STEM SIZE 12 STRAIGHT LONG NECK

IMPLANT PARTNERS™ STEMS - VARUS 8°

Part Number	Description
PRTLE021WD	TL STEM SIZE 1 VARUS 8° SHORT NECK
PRTLE022WD	TL STEM SIZE 2 VARUS 8° SHORT NECK
PRTLE023WD	TL STEM SIZE 3 VARUS 8° SHORT NECK
PRTLE024WD	TL STEM SIZE 4 VARUS 8° SHORT NECK
PRTLE025WD	TL STEM SIZE 5 VARUS 8° SHORT NECK
PRTLE026WD	TL STEM SIZE 6 VARUS 8° SHORT NECK
PRTLE027WD	TL STEM SIZE 7 VARUS 8° SHORT NECK
PRTLE028WD	TL STEM SIZE 8 VARUS 8° SHORT NECK
PRTLE029WD	TL STEM SIZE 9 VARUS 8° SHORT NECK
PRTLE030WD	TL STEM SIZE 10 VARUS 8° SHORT NECK
PRTLE031WD	TL STEM SIZE 11 VARUS 8° SHORT NECK
PRTLE032WD	TL STEM SIZE 12 VARUS 8° SHORT NECK
PRTLEL21WD	TL STEM SIZE 1 VARUS 8° LONG NECK
PRTLEL22WD	TL STEM SIZE 2 VARUS 8° LONG NECK
PRTLEL23WD	TL STEM SIZE 3 VARUS 8° LONG NECK
PRTLEL24WD	TL STEM SIZE 4 VARUS 8° LONG NECK
PRTLEL25WD	TL STEM SIZE 5 VARUS 8° LONG NECK
PRTLEL26WD	TL STEM SIZE 6 VARUS 8° LONG NECK
PRTLEL27WD	TL STEM SIZE 7 VARUS 8° LONG NECK
PRTLEL28WD	TL STEM SIZE 8 VARUS 8° LONG NECK
PRTLEL29WD	TL STEM SIZE 9 VARUS 8° LONG NECK
PRTLEL30WD	TL STEM SIZE 10 VARUS 8° LONG NECK
PRTLEL31WD	TL STEM SIZE 11 VARUS 8° LONG NECK
PRTLEL32WD	TL STEM SIZE 12 VARUS 8° LONG NECK

IMPLANT PARTNERS™ POROUS SHELLS

Part Number	Description
DSPCGB46WD	PC SHELL 46MM GROUP B
DSPCGB48WD	PC SHELL 48MM GROUP B
DSPCGC50WD	PC SHELL 50MM GROUP C
DSPCGD52WD	PC SHELL 52MM GROUP D
DSPCGE54WD	PC SHELL 54MM GROUP E
DSPCGF56WD	PC SHELL 56MM GROUP F
DSPCGG58WD	PC SHELL 58MM GROUP G
DSPCGG60WD	PC SHELL 60MM GROUP G
DSPCGG62WD	PC SHELL 62MM GROUP G
DSPCGH64WD	PC SHELL 64MM GROUP H
DSPCGH66WD	PC SHELL 66MM GROUP H

IMPLANT PARTNERS™ NEUTRAL LINERS - CROSS LINKED

Part Number	Description
DLXPGB28WD	28MM GROUP B STD CROSSLINKED POLY LINER
DLXPGC32WD	32MM STD GROUP C CROSSLINKED POLY LINER
DLXPGD36WD	36MM STD GROUP D CROSSLINKED POLY LINER
DLXPGE36WD	36MM STD GROUP E CROSSLINKED POLY LINER
DLXPGF36WD	36MM STD GROUP F CROSSLINKED POLY LINER
DLXPGG36WD	36MM STD GROUP G CROSSLINKED POLY LINER
DLXPGH36WD	36MM STD GROUP H CROSSLINKED POLY LINER

IMPLANT PARTNERS™ LIPPED LINERS - CROSS LINKED

Part Number	Description
DLXPLB28WD	28MM 15DG GROUP B CROSSLINKED POLY LINER
DLXPLC32WD	32MM 15DG GROUP C CROSSLINKED POLY LINER
DLXPLD36WD	36MM 15DG GROUP D CROSSLINKED POLY LINER
DLXPLE36WD	36MM 15DG GROUP E CROSSLINKED POLY LINER
DLXPLF36WD	36MM 15DG GROUP F CROSSLINKED POLY LINER
DLXPLG36WD	36MM 15DG GROUP G CROSSLINKED POLY LINER
DLXPLH36WD	36MM 15DG GROUP H CROSSLINKED POLY LINER

IMPLANT PARTNERS™ 28M AND 32MM HEAD

Part Number	Description
26012801WD	COCR FEMORAL HEAD 28MM SLT TAPER -3.5MM NECK
26012802WD	COCR FEMORAL HEAD 28MM SLT TAPER +0MM NECK
26012803WD	COCR FEMORAL HEAD 28MM SLT TAPER +3.5MM NECK
26012804WD	COCR FEMORAL HEAD 28MM SLT TAPER +7MM NECK
26010007WD	COCR FEMORAL HEAD 32MM SLT TAPER SHORT NECK
26010008WD	COCR FEMORAL HEAD 32MM SLT TAPER MEDIUM NECK
26010009WD	COCR FEMORAL HEAD 32MM SLT TAPER LONG NECK
26010010WD	COCR FEMORAL HEAD 32MM SLT TAPER X-LONG NECK

IMPLANT PARTNERS™ 36MM HEADS

Part Number	Description
26000025WD	COCR FEMORAL HEAD 36MM SLT TAPER SHORT NECK
26000026WD	COCR FEMORAL HEAD 36MM SLT TAPER MEDIUM NECK
26000027WD	COCR FEMORAL HEAD 36MM SLT TAPER LONG NECK
26000028WD	COCR FEMORAL HEAD 36MM SLT TAPER X-LONG NECK

IMPLANT PARTNERS™ SCREWS

Part Number	Description
18080300WD	CANCELLOUS 6.5MM SELF-TAPPING BONE SCREW 1.5cm LENGTH
18080301WD	CANCELLOUS 6.5MM SELF-TAPPING BONE SCREW 2.0cm LENGTH
18080302WD	CANCELLOUS SELF-TAPPING 6.5MM BONE SCREW 2.5cm LENGTH
18080303WD	CANCELLOUS SELF-TAPPING 6.5MM BONE SCREW 3.0cm LENGTH
18080304WD	CANCELLOUS SELF-TAPPING 6.5MM BONE SCREW 3.5cm LENGTH
18080305WD	CANCELLOUS SELF-TAPPING 6.5MM BONE SCREW 4.0cm LENGTH

Implant Partners
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IMPLANTS MADE IN USA

Implants manufactured by MicroPort Orthopedics

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