

# Manza Cup HA

## SURGICAL TECHNIQUE



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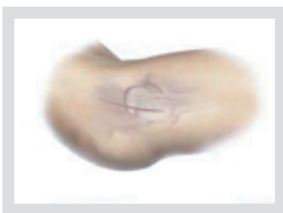
### PRE-OPERATIVE PLANNING.

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

To determine the acetabular cup size and position, place the template approximately 45° of abduction and center of rotation within the anatomic center of the acetabular image.

Final component size and position should be determined intraoperatively.

Templates are 115 % magnification.



Anterolateral approach



Direct-anterior approach



Posterolateral approach

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### SURGICAL APPROACH.

The Manza Cup HA can be used with any surgical approach with which the surgeon selects and is comfortable

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### ACETABULAR PREPARATION.

Osteophytes should be removed to gain assessment of the true acetabular rim. Reaming should be sequential and start with the smallest reamer that conforms to the acetabular cavity. Reaming to the edge on the reamer will mimic a full hemisphere.

Gradually enlarge the acetabulum by reaming articular cartilage until a continuous surface of cancellous bone is exposed.

- Reamers increase by 1mm between 2 sizes.
- Final cup selection will be done size for size.



Trial acetabular cups are identified by the size marked on the top rim. They are also colour-coded to match with compatible trial liners



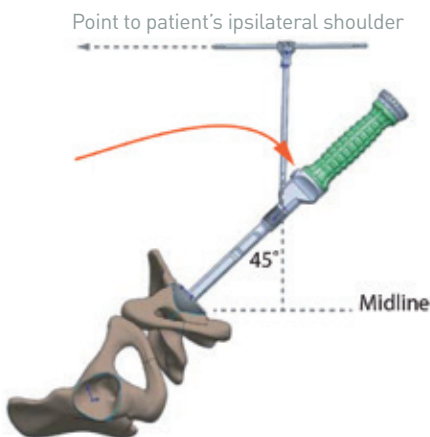
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### IMPLANT SHELL INSERTION.

Thread the appropriate size (Identical to last reamer size) prosthetic shell onto the impactor. **The shell version can be adjusted with regards to the impactor, by pressing the button and rotating strikeplate, in increments of 15°.**

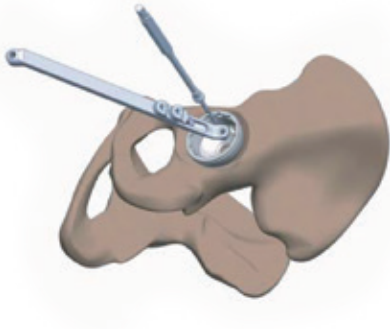
The Alignment guide can be attached to the impactor to help with alignment. Seat the shell with a series of firm mallet blows to the end of the impactor.

Screw placement can begin once the shell component is securely positioned and the impactor is removed.



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### SCREW PLACEMENT AND FIXATION (DRILLING).

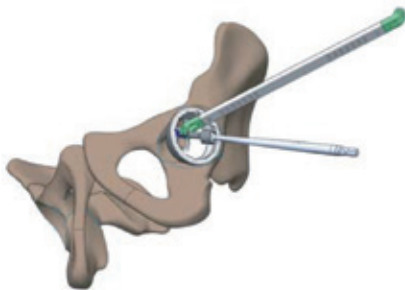
Determine screw location and select a suitable drill depth (see drill guide for "flip down depth stops"). The Optimus Drill allows a wide range of flexibility in the head, while still being able to apply pressure to drill. Carefully drill through the acetabular cortex.



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### SCREW PLACEMENT AND FIXATION (MEASURING)

Use the screw depth gauge to determine the appropriate length screw. Due to intrapelvic vascularity, screw placement in the medial aspect of the acetabulum must be carefully considered.



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### SCREW PLACEMENT AND FIXATION (IMPLANTATION)

Screws snap into the screw holder, allowing them to rotate freely without falling out at any angle. Use either driver as applicable. Pull holder off screw to allow for countersinking of the screw head. Full seating can be confirmed with the use of a trial liner prior to impacting the prosthetic liner, or manually examining the inner surface. To ensure proper prosthetic liner seating in the shell, all screw heads must be seated below the inner surface of the shell.

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### TRIAL LINER EVALUATION.

Trial liners that match the prosthetic implant are available to evaluate the optimum position of the final implant. Position the trial liner in the desired orientation and secure it in place with the captured screw using a 3.5mm hex driver. Apical Plug insertion should not take place until a reduction with the trial liner is completed.

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### LINER PLACEMENT.

The inner taper area must be cleared of soft tissue and debris before the prosthetic liner is locked into place. One can either use ceramic or UHMWPE options.

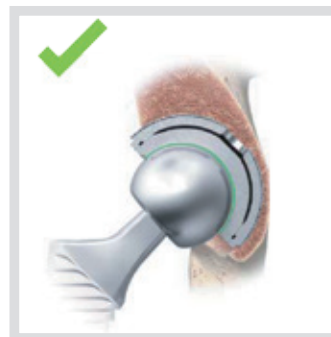
**UHMWPE:** Insert prosthetic liner by hand, making sure the face of the liner is parallel with the face of the shell. Use the liner impactor on the straight cup inserter to apply a series of firm mallet blows to fully seat the liner.



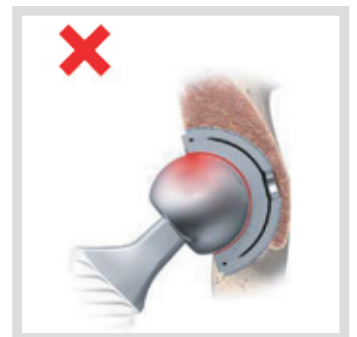
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### POSITIONING.

Current studies have highlighted that correct acetabular component positioning is a key element to success with all types of bearings used in hip replacement surgery. As well as subluxation, impingement, fixation and range of motion: optimum femoral head coverage and mechanical loading of the bearing must also be considered when positioning the acetabular component. Incorrect acetabular component positioning can lead to edge loading and undesirable effects across all bearings, such as dislocation, increased wear, and polyethylene fractures.



Inclination 40-45°, Anteversion 15-20°.



Inclination > 45°, Anteversion > 20°.

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Handwriting practice area consisting of 20 horizontal dashed lines.

