stryker

Insignia®
Hip Stem

Surgical protocol

Insignia Hip Stem

Surgical protocol

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This publication sets forth detailed validated procedures for using the Insignia Hip Stem. It offers instructions that you should heed, but, as with any such technical guide, each surgeon must consider the particular needs of each patient and make appropriate adjustments when and as required.

Indications and contraindications and precautions

Indications

1. Painful, disabling joint disease of the hip resulting from: noninflammatory degenerative joint disease (including osteoarthritis or avascular necrosis), rheumatoid arthritis or post-traumatic arthritis.
2. Revision of previous unsuccessful femoral head replacement, hip arthroplasty or other procedure.
3. Correction of functional deformity
4. Treatment of nonunion, femoral neck and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques.

Additional indication specific to use of Insignia Hip Stems with compatible Howmedica Osteonics Constrained Liners:

- When the stem is to be used with compatible Howmedica Osteonics Constrained Liners, the device is intended for use in primary or revision patients at high risk of hip dislocation due to a history of prior dislocation, bone loss, soft tissue laxity, neuromuscular disease, or intra-operative instability.

Additional indication specific to use of Insignia Hip Stems with compatible ADM and MDM Acetabular Components:

- When the stem is to be used with compatible Howmedica Osteonics ADM and MDM Acetabular Components, the device is indicated for Dislocation risks.

Insignia Hip Stems are intended for cementless use only and are intended for total and hemiarthroplasty procedures.

Contraindications

1. Any active or suspected latent infection in or about the hip joint.
2. Any mental or neuromuscular disorder which would create an unacceptable risk of prosthesis instability, prosthesis fixation failure, or complications in post-operative care.
3. Bone stock compromised by disease, infection or prior implantation which cannot provide adequate support and/or fixation to the prosthesis
4. Skeletal immaturity

Warnings and precautions

See package insert for warnings, precautions, adverse effects and other essential product information.

Before using Insignia instrumentation, verify:

- Instruments have been properly disassembled prior to cleaning and sterilization;
- Instruments have been properly assembled post-sterilization;
- Instruments have maintained design integrity; and,
- Proper size configurations are available.

For Instructions for Cleaning, Sterilization, Inspection and Maintenance of Orthopaedic Medical Devices, refer to LSTPI-B, QIN 4310, 4330, 4333, 4350, 4383, 4441, 0090-9-621, 0095-3-200, and SLI001.

Introduction

This surgical protocol is a guide to preparing the femur for an Insignia Hip Stem. The total system includes 12 body sizes ranging from size 0 to size 11.

Insignia is a broach only, fully HA coated stem designed for muscle-sparing surgical approaches in addition to traditional approaches. Designed using Stryker's proprietary SOMA database, it features a size specific collar and size specific medial curvature.

The stem is designed for use with Stryker V40 femoral heads, sleeves and their compatible acetabular components.

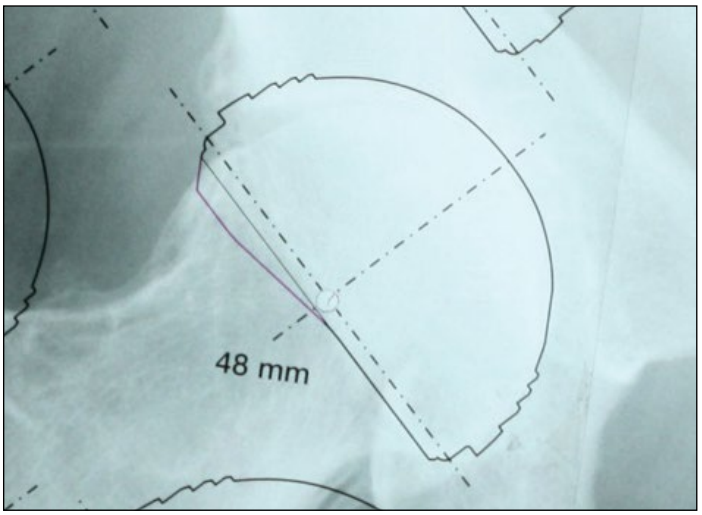


Figure 1

Preoperative planning

Step 1

Pre-operative planning aids in the determination of probable implant style and size. The pre-operative planning process should take qualitative and quantitative factors (including patient bone quality, density, and morphology) into consideration in order to evaluate and select the appropriate implant system for the patient. Digital templates are available for use.

Determining leg length

With the templates provided, determine the desired postoperative leg length, taking into consideration radiographic leg length inequality and patient clinical assessment.

For example, if 8mm of leg lengthening is required to equalize the leg lengths, make a new mark 8mm superior to the center of rotation marked during templating of the acetabular shell. This new mark will be your target when templating the femoral stem (described below).

In this example, if this plan is properly executed at the time of surgery, there will be 8mm of leg lengthening.

Similarly, the predicted change in offset is also considered by comparing the relative medial/ lateral position of the center of rotation marking of the acetabular component and new mark used to plan the femoral component. The digital templates should be used to estimate the final components that most closely restore the normal offset of the patient's hip.

Acetabular cup position and sizing

Utilize the acetabular templates to determine the optimal position and size for the acetabular component. Be sure the cup is well centered in the acetabulum and the size fills between the tear drop and the superior rim (**Figure 1**). After templating, mark the center of rotation.

Femoral stem selection

Insignia has two offset options for each size: Standard and High Offset. Refer to page 15 for more information on sizing options. High Offset is designed to provide 5mm of direct lateralization, increasing offset without changing leg length.

Choose the template for which the stem size achieves medio-lateral cortical engagement at the proximal two- thirds of the stem and recreates the desired leg length and offset. For both Standard and High Offset options, the template has markings that indicate the center of the femoral head for a range of head offset options.

Through templating and trialing, determine which option restores proper offset and center of rotation by matching the cup's center of rotation with the desired head center of rotation of either the Standard or High Offset stem.

Once the final estimated stem size and position is determined, the neck resection level should be noted. This will be used as a reference during intra-operative neck resection.

Tips:

- Templating is an important aspect of pre-operative planning, but it should only serve as a guide. Final decision making concerning fit, size, and soft tissue tensioning should take place intra-operatively at the surgeon's discretion.
- The templated stem size and neck resection level may have to be adjusted if leg length cannot be managed solely by changing the head offset.
- Patient positioning is key to obtaining adequate hip stability and acetabular placement.
- Standing pre-operative x-rays are recommended. Both an A/P and lateral x-ray are preferred to assess stem size.
- To help facilitate correct placement of final implants, take into account any pelvic tilt observed.

Surgical templates

Catalog no.	Description
ATEMH0119	Insignia Collared Hip Stem Surgical Template

Figure 2

Femoral neck resection

Step 2

A proper neck resection level directly affects the final placement and fit of the femoral stem. A neck resection is made with an oscillating saw and with the aid of the Neck Resection Guide (1020-1100).

The guide helps the surgeon to determine the correct stem placement. The guide is placed on the anterior/posterior aspect of the exposed proximal femur and the planned femoral neck cut is marked using a marking instrument of choice (**Figure 2**). Care should be taken to align the body of the guide with the axis of the femoral canal.

Tip: The neck resection should be about 1-2mm above the planned broach seating height. This will allow for calcar planing prior to final implant placement enhancing collar contact with medial bone.

Note: To achieve collar contact with the calcar, the calcar should be reamed to the level of the final broach.

Instruments

Neck Resection Guide
1020-1100

Figure 3

Preparing the femoral canal

Step 3

To help facilitate desired final stem orientation, accessing the canal laterally and posteriorly is ideal. Make sure to retract/protect abductors.

Often, removal of the cortical bone of the inner table of the greater trochanter at the piriformis insertion is required. The Reverse Cutting Rasp (1440-2003), Modular Box Osteotome (1601-1210) or a rongeur can be used to remove bone from this area and establish version (**Figure 3**). The Rasp operates in one direction and cuts as it is pulled out of the femur.

Tips:

- Remove the lateral cortical bone at the piriformis fossa to help obtain ideal proximal fit and to minimize the risk of undersizing and/or varus placement of the femoral component.
- The Axial Starter Reamer (1020-1200) may be used with the T-Handle (1101-2200) or power to open the femoral canal and to aid in determining the orientation of the femoral axis.

Note: Care should be taken not to sink the Axial Starter Reamer below the first graduation mark to allow for proper press fit of the implant.

Instruments

Modular Box Osteotome
1601-1210

Orthonomic Modular Handle
1020-2900

Mallet
1120-1000

Axial Starter Reamer
1020-1200

Orthonomic T-Handle
1101-2200

Reverse Cutting Rasp
1440-2003

Figure 4

Figure 5

Broaching

Step 4

Insignia is designed to be compatible with several broach handle designs to ease insertion in various surgical approaches.

Broaching is performed beginning with the size 0 broach. The broach should be inserted via canal access by positioning the broach laterally and posteriorly. Insignia was designed to be inserted parallel to the posterior cortical bone of the femoral neck although adjustments can be made by the surgeon during insertion based on patient need.

Sequentially broach upward in size until the proper fit is achieved. The surgeon's clues to a firm fit and final size include 1.) increased resistance to forward advancement; 2.) changing pitch of sound that results from mallet blows to the broach handle; 3.) lack of further motion, and 4.) rotational stability as assessed with broach handle in place.

Upon reaching the final size and depth of the broach, detach the broach handle from the broach, leaving the broach fully seated in the femoral canal (**Figure 4, Figure 5**).

Tips:

- The neck resection should be about 1-2 mm above the final broach height. This will allow for calcar planing prior to final implant placement enhancing collar contact with medial bone.
- Relying only on the neck resection height alone for final seating height may lead to improper sizing and inadequate component fixation.
- For good fixation of the implant, it is important to maintain rotational alignment throughout the broaching process.
- For broach handles featuring a lever design, close the lever arm until the broach is secured onto the Broach Handle.
- For broach handles featuring a lever design, to open the lever with one hand place your thumb on the top edge of the impaction pad and your index finger in the notch under the end of the lever. Use your index finger to pull up on the lever.

Note: Insignia broaches can be properly identified through the following:

1) The size is marked on the top of the broach post.

2) The size is marked in the tab slot.

3) 8000-77xx part number.

Broach handle styles Insignia is compatible with:

1. Extra Offset Broach Handle – Lever (7000-5529)

2. Straight Broach Handle – Lever (7000-5525)

3. Offset Broach Handle – Lever (7000-5526)

4. Straight Broach Handle (1440-1460)

5. Offset Broach Handle (1020-1460)

6. Dual Offset Broach Handle (Left: 1440-2000; Right: 1440-2001)

Figure 6

Figure 7

Trial reduction

Step 5

Select a Neck Trial that corresponds to the color shown on top of the final broach and matches the planned Standard or High Offset implant size (**Figure 6**). The High Offset option is designed to provide 5mm of direct offset without changing leg length.

The table below indicates the correct neck trial color code for each stem size. The High Offset neck trials feature a gold TiN coating (**Figure 7**).

Assemble the Neck Trial onto the broach. Next, assemble a V40 Head Trial onto the Neck Trial. Femoral heads come in multiple options and are different for each femoral head implant material (see table below). For this reason, final head material should be chosen prior to trial reduction. Offsets add or subtract from the base neck length of the implant and help to achieve the desired leg length and offset.

Perform a trial reduction of the hip. The final broach size facilitates determination of the correct implant size. Upon confirmation of the selected components, note selected neck offset, femoral head, and broach size.

Stem size	Color
0, 1	Yellow
2, 3, 4	Blue
5, 6	Green
7, 8, 9	Black
10, 11	Red

Femoral head family	Catalog no.	Size (mm)	Offsets (mm)
BIOLOX delta V40	**6570-0-XXX**	28	-4, -2.7, 0, +4
		32	-4, 0, +4
		36	-5, -2.5, 0, +2.5, +5, +7.5
BIOLOX delta Universal Taper (must be used with Universal Taper Sleeve #6519-T-XX)	**6519-1-XXX**	28	-2.5, 0, +4
		32	-2.5, 0, +4
		36	-2.5, 0, +4
		40	-2.5, 0, +4
		44	-2.5, 0, +4
BIOLOX delta C-Taper (must be used with a C-Taper Sleeve #17-0000E)	**18-28XX**	28	-2.5, 0, +2.5, +5
	18-32XX	32	-2.5, 0, +2.5, +5
	18-36XX	36	-5, -2.5, 0, +2.5, +5, +7.5
Alumina V40	**6565-0-XXX**	28	-2.7, 0, +4
		32	-4, 0, +4
		36	-5, 0, +5
Alumina C-Taper (must be used with a C-Taper Sleeve #17-0000E)	**17-28XXX**	28	-2.5, 0, +5
	17-32XXX	32	-2.5, 0, +5
	17-36XXX	36	-5, 0, +5
LFIT CoCr V40	**6260-9-XXX**	22	0, +3, +8
		26	-3, 0, +4, +8, +12
		28	-4, 0, +4, +6, +8, +12
		32	-4, 0, +4, +8, +12
		36	-5, 0, +5, +10
		40	-4, +0, +4, +8, +12
		44	-4, +0, +4, +8, +12
CoCr V40	**6260-4-XXX**	22	0, +3, +8
	6260-5-XXX	26	-3, 0, +4, +8, +12
		28	-4, 0, +4, +6, +8, +12
		32	-4, 0, +4, +8, +12
Unitrax Modular Endo head (must be used with a Unitrax V40 Sleeve #6942-6-XXX)	**6942-5-XXX**	38, 40-56, 58, 61	-4, 0, +4, +8, +12

Tips:

- Neck trials are collarless, designed to allow trialing of the construct prior to calcar planning. Trialing should be done prior to planing the calcar to allow for stem size adjustments.
- During the trial reduction, an x-ray may be used to verify proper broach size and position, leg length and offset.
- After trialing, check broach rotational stability again.

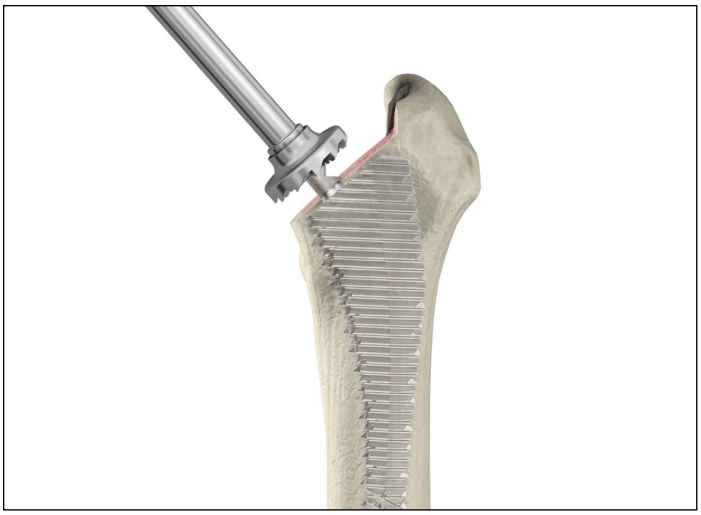


Figure 8

Calcar preparation

Step 6

Assemble the Calcar Planer to the reamer power adaptor.

With the final broach in place, guide the Calcar Planer over the broach post ensuring the Calcar Planer is axially aligned with the post and is stable. Initiate power prior to contacting the femur and slowly advance the Calcar Planer toward the broach using continuous power until the positive stop on the Calcar Planer contacts the broach face and the bone is removed (**Figure 8**). Failure to operate the Calcar Planer in accordance with these instructions may result in damage to the femur.

In the event that the Calcar Planer cannot fully engage the broach post, remove the broach and perform a new neck resection at a lower level. Alternatively, a larger broach size could also be considered.

Upon confirmation of the selected components, reassemble the broach handle to the broach. Remove the broach from the femoral canal.

Note: Two sizes of Calcar Planers are available, Calcar Planer – Standard (1020-1111) and Calcar Planer – Large (1020-1112).

Note: Calcar planing is required to facilitate preparation of stem collar.

Instruments

Calcar Planer – Standard
1020-1111

Calcar Planer – Large
1020-1112

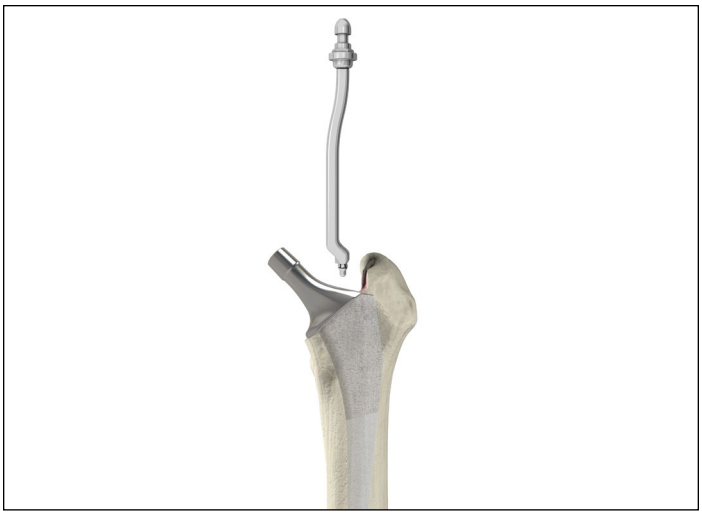


Figure 9

Implanting the stem

Step 7

Prior to any impaction using a mallet, the implant should be inserted into the femoral canal by hand until it meets resistance. This aids in positioning the implant in the same orientation that was broached, preventing the stem from being forced into a different position.

Several stem inserters are available to help facilitate various surgical approaches.

Option 1 – Modular Offset Quick Connect Stem Inserter (1020-1860)

Insignia can be inserted using the Modular Offset Quick Connect Stem Inserter. Place tip of the inserter into the drive hole of the stem taking care to align the version tab on the inserter with the slot in the stem (**Figure 9**). The quick connect design provides the inserter with a stable spring connection, providing rotational control during stem implantation, but it does not provide a mechanical lock. Therefore, this assembly should be handled with care, as excessive shaking or motion may result in the stem disassociating from the inserter.

Note: For Size 0 and Size 1 Insignia stems, use the Modular Stem Impactor or Modular Threaded Stem Inserter. The Modular Offset Quick Connect Stem Inserter cannot be used. Misuse could lead to instrument failure.

Option 2 – Modular Stem Impactor (1020-1870)

The Modular Stem Impactor has a spherical tip, which is placed onto the drive hole of the stem. This instrument allows for off-axis impaction of the stem, if needed. The Modular Stem Impactor does not connect to the stem, and, therefore, can only be used for final impaction of the stem.

Option 3 – Modular Threaded Stem Inserter (1020-1800)

If using the Modular Threaded Stem Inserter, thread the Modular Threaded Stem Inserter into the drive hole on the proximal face of the stem. The inserter should be fully threaded and secured to the stem prior to impaction to help prevent damage to the threads on the implant or the instrument. This inserter is designed to provide rotational control during stem implantation.

Instruments

Modular Offset Quick Connect Stem Inserter 1020-1860

Modular Threaded Stem Inserter 1020-1800

Modular Stem Impactor 1020-1870

Figure 10

A mallet is then used to gently seat the stem into the canal, following the central axis of the femur, ideally when the collar is just above or rests on the calcar (**Figure 10**). If the collar is sitting proud, do not attempt to continue impacting the stem if visual and auditory clues indicate that it is firmly seated in the canal. These clues, rather than the collar seating level, should be used to determine the final seating height of the implant. Continued aggressive impaction could lead to femoral fracture.

In the event that dense bone is encountered intra-operatively and compounding anatomical factors are present, the seating of the implant may not be consistent with the level of the broach due to the viscoelastic nature of the femoral bone.* If the final seating height is undesirable, the implant can be removed and additional broaching can be performed.

Tip: Use moderate mallet strikes/blows to seat the stem until it is stable.

If the stem hangs up due to impingement of the Modular Threaded Stem Inserter against the overhanging tip of the greater trochanter, remove the threaded stem inserter leaving the stem in place and use the Modular Stem Impactor to fully seat the stem.

Warning:

- If any intra-operative stem extraction is required, utilize the Modular Threaded Stem Inserter (1020-1800).
- If the stem inserter is contacting the greater trochanter during insertion, continued impaction could lead to a fracture.

*Fung, Y.C, (1993). Biomechanics: Mechanical Properties of Living Tissues (2nd ed.). pp.500-519

Instruments

Orthonomic Modular Handle
1020-2900

Mallet
1120-1000

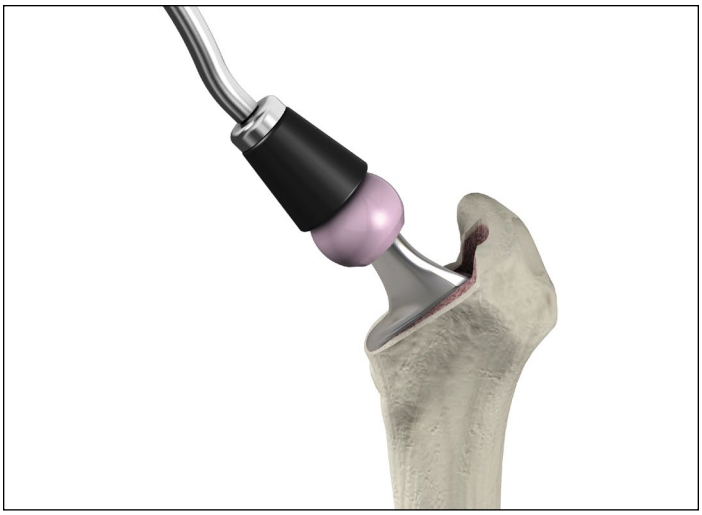


Figure 11

Final reduction

Step 8

Prior to final head assembly, femoral head selection may be re-evaluated using a V40 Head Trial. Place the Head Trial onto the stem neck taper and reduce the hip.

Leg length equality and proper soft tissue tension are evaluated. Remove the Head Trial and dry the implant trunnion with a sponge or sterile towel.

Select the appropriate corresponding V40 Femoral Head (BIOLOX delta Ceramic, CoCr, Alumina Ceramic) or sleeve and place it onto the dry trunnion of the femoral stem with a slight twist. Impact the head with two moderate impactions using the Modular Head Impactor (1601-1700) (**Figure 11**).

Verify the head is secure on the trunnion after head impaction by applying traction to the head and confirming stability on the trunnion. If disassembly is required, general instruments are used to remove an impacted head and adapter sleeve. For full instructions on head and adapter sleeve disassembly, please refer to the head/sleeve disassembly instructions found in metal and ceramic femoral heads surgical technique (GSNPS-SP-6).

Relocate the femoral head into the acetabular cup and re-check the hip biomechanics. The surgical site is then closed according to surgeon preference.

If the stem must be removed, utilize the Modular Threaded Stem Inserter (1020-1800).

Warning:

- Following trial reduction and prior to final head assembly, clean and dry the implant to ensure the taper is free of debris. Finally, clean the bearing surfaces and reduce the hip.
- Any debris that is potentially generated must be fully lavaged prior to wound closure.

Optional:

When selecting a BIOLOX delta Universal Taper Ceramic Femoral Head (6519-1-0XX) for implantation, use of a Universal Adaptor Sleeve (below) is necessary.

Catalog no.	Offset (mm)	Taper
6519-T-025	-2.5	V40
6519-T-100	+0	V40
6519-T-204	+4	V40

After completing the trialing process, intra-operatively assemble the adaptor sleeve to the femoral stem manually. The Universal Adaptor Sleeve must be fully seated on the stem taper before the head is assembled.

Note: In no instance should any attempt be made to pre-assemble the adaptor sleeve inside the BIOLOX delta Universal Ceramic Head.

Intra-operatively assemble the BIOLOX delta Universal Taper Ceramic Head onto the sleeved femoral stem and set with two moderate strikes using the Stem Head Impactor (1104-1000). Care must be taken to avoid excessive impact forces when assembling the Ceramic Head to the sleeved femoral component.

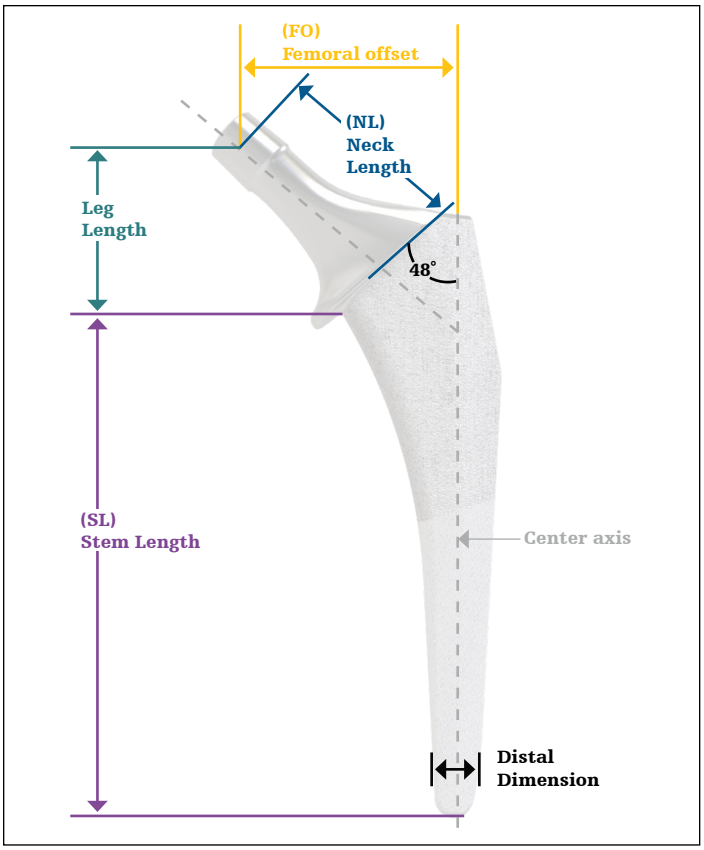
Instruments

Orthonomic Modular Handle
1020-2900

Modular Head Impactor
1601-1700

V40 Head Trial
6264-x-xxxR

Implant information



Part number	Size	Stem length (mm)	Neck length (mm)	Leg length (mm)	Femoral Offset (mm)	Distal Diameter (mm)
7000-5500	0 Standard	93	30.5	30	30	7
7000-5501	1 Standard	96	30.5	30	31.5	7
7000-5502	2 Standard	99	32.5	32	34	8
7000-5503	3 Standard	101	32.5	32	35.5	9
7000-5504	4 Standard	103	32.5	32	37	10
7000-5505	5 Standard	105	35	34	40	11
7000-5506	6 Standard	107	35	34	41.5	13
7000-5507	7 Standard	109	38	36	45	14
7000-5508	8 Standard	111	38	36	46.5	15
7000-5509	9 Standard	113	38	36	48	16
7000-5510	10 Standard	115	40.5	38	51	17
7000-5511	11 Standard	117	40.5	38	52.5	18
7000-6600	0 High	93	33.5	30	35	7
7000-6601	1 High	96	33.5	30	36.5	7
7000-6602	2 High	99	36	32	39	8
7000-6603	3 High	101	36	32	40.5	9
7000-6604	4 High	103	36	32	42	10
7000-6605	5 High	105	38.5	34	45	11
7000-6606	6 High	107	38.5	34	46.5	13
7000-6607	7 High	109	41	36	50	14
7000-6608	8 High	111	41	36	51.5	15
7000-6609	9 High	113	41	36	53	16
7000-6610	10 High	115	43.5	38	56	17
7000-6611	11 High	117	43.5	38	57.5	18

Implants

Standard Offset

Catalog no.	Size	Description
7000-5500	Size 0	Insignia Collared Standard Size 0
7000-5501	Size 1	Insignia Collared Standard Size 1
7000-5502	Size 2	Insignia Collared Standard Size 2
7000-5503	Size 3	Insignia Collared Standard Size 3
7000-5504	Size 4	Insignia Collared Standard Size 4
7000-5505	Size 5	Insignia Collared Standard Size 5
7000-5506	Size 6	Insignia Collared Standard Size 6
7000-5507	Size 7	Insignia Collared Standard Size 7
7000-5508	Size 8	Insignia Collared Standard Size 8
7000-5509	Size 9	Insignia Collared Standard Size 9
7000-5510	Size 10	Insignia Collared Standard Size 10
7000-5511	Size 11	Insignia Collared Standard Size 11

High Offset

Catalog no.	Size	Description
7000-6600	Size 0	Insignia Collared High Size 0
7000-6601	Size 1	Insignia Collared High Size 1
7000-6602	Size 2	Insignia Collared High Size 2
7000-6603	Size 3	Insignia Collared High Size 3
7000-6604	Size 4	Insignia Collared High Size 4
7000-6605	Size 5	Insignia Collared High Size 5
7000-6606	Size 6	Insignia Collared High Size 6
7000-6607	Size 7	Insignia Collared High Size 7
7000-6608	Size 8	Insignia Collared High Size 8
7000-6609	Size 9	Insignia Collared High Size 9
7000-6610	Size 10	Insignia Collared High Size 10
7000-6611	Size 11	Insignia Collared High Size 11

Catalog information

Femoral head implants & trials: BIOLOX delta Ceramic

V40 Taper BIOLOX delta Ceramic Heads

Catalog no.	Diameter (mm)	Offset (mm)	Trial catalog no
6570-0-028	28	-4	6264-8-028R
6570-0-328	28	-2.7	6264-8-928R
6570-0-128	28	+0	6264-8-128R
6570-0-228	28	+4	6264-8-228R
6570-0-032	32	-4	6264-8-032R
6570-0-132	32	+0	6264-8-132R
6570-0-232	32	+4	6264-8-232R

V40 Taper BIOLOX delta Ceramic Anatomic Heads

Catalog no.	Diameter (mm)	Offset (mm)	Trial catalog no
6570-0-036	36	-5	6264-8-036R
6570-0-436	36	-2.5	6264-8-436R
6570-0-136	36	+0	6264-8-136R
6570-0-536	36	+2.5	6264-8-536R
6570-0-236	36	+5	6264-8-236R
6570-0-736	36	+7.5	6264-8-736R

Universal Taper BIOLOX delta Ceramic Heads*

Catalog no.	Diameter (mm)	Offset (mm)
6519-1-028	28	-2.5, 0, +4
6519-1-032	32	-2.5, 0, +4
6519-1-036	36	-2.5, 0, +4
6519-1-040	40	-2.5, 0, +4
6519-1-044	44	-2.5, 0, +4

*Must be used with Universal Adapter Sleeve, catalog # 6519-T-XXX

Universal Adapter V40 Sleeves - Titanium

Catalog no.	Offset (mm)
6519-T-025	-2.5
6519-T-100	+0
6519-T-204	+4

Additional Universal V40 Trial Heads

Catalog no.	Diameter (mm)	Offset (mm)
6264-8-728R	28	-2.5
6264-8-632R	32	-2.5
6264-8-236R	36	+5.0
6264-8-940R	40	-2.5
6264-8-944R	44	-2.5

C-Taper BIOLOX delta Ceramic Heads**

Catalog no.	Diameter (mm)	Offset (mm)
18-28-3	28	-2.5
18-2800	28	+0
18-2825	28	+2.5
18-2805	28	+5
18-32-3	32	-2.5
18-3200	32	+0
18-3225	32	+2.5
18-3205	32	+5

**Must be used with a C-Taper Sleeve catalog #17-0000E.

C-Taper BIOLOX delta Ceramic Anatomic Heads**

Catalog no.	Diameter (mm)	Offset (mm)
18-36-5	36	-5
18-36-3	36	-2.5
18-3600	36	+0
18-3625	36	+2.5
18-3605	36	+5
18-3675	36	+7.5

**Must be used with a C-Taper Sleeve catalog #17-0000E.

Catalog information

Femoral head implants & trials: Alumina Ceramic

V40 Taper Alumina Ceramic Heads

Catalog no.	Diameter (mm)	Offset (mm)	Trial catalog no
6565-0-028	28	-2.7	6264-8-928R
6565-0-128	28	+0	6264-8-128R
6565-0-228	28	+4	6264-8-228R
6565-0-032	32	-4	6264-8-032R
6565-0-132	32	+0	6264-8-132R
6565-0-232	32	+4	6264-8-232R
6565-0-036	36	-5	6264-8-036R
6565-0-136	36	+0	6264-8-136R
6565-0-236	36	+5	6264-8-236R

C-Taper Alumina Ceramic Heads*

Catalog no.	Diameter (mm)	Offset (mm)
17-28-3E	28	-2.5
17-2800E	28	+0
17-2805E	28	+5
17-32-3E	32	-2.5
17-3200E	32	+0
17-3205E	32	+5
17-36-5E	36	-5
17-3600E	36	+0
17-3605E	36	+5

*Must be used with a C-Taper Sleeve catalog #17-0000E.

Catalog information

Femoral head implants & trials: CoCr

V40 Taper LFIT Heads

Catalog no.	Diameter (mm)	Offset (mm)	Trial catalog no
6260-9-122	22	+0	6264-8-122R
6260-9-222	22	+3	6264-8-222R
6260-9-322	22	+8	6264-8-322R
6260-9-026	26	-3	6264-8-026R
6260-9-126	26	+0	6264-8-126R
6260-9-226	26	+4	6264-8-226R
6260-9-326	26	+8	6264-8-326R
6260-9-426	26	+12	6264-8-426R
6260-9-028	28	-4	6264-8-028R
6260-9-128	28	+0	6264-8-128R
6260-9-228	28	+4	6264-8-228R
6260-9-628	28	+6	6264-8-628R
6260-9-328	28	+8	6264-8-328R
6260-9-428	28	+12	6264-8-428R
6260-9-032	32	-4	6264-8-032R
6260-9-132	32	+0	6264-8-132R
6260-9-232	32	+4	6264-8-232R
6260-9-332	32	+8	6264-8-332R
6260-9-432	32	+12	6264-8-432R

V40 Vitallium

Catalog no.	Diameter (mm)	Offset (mm)	Trial catalog no
6260-4-122	22	+0	6264-8-122R
6260-4-222	22	+3	6264-8-222R
6260-4-322	22	+8	6264-8-322R
6260-5-026	22	-3	6264-8-026R
6260-5-126	26	+0	6264-8-126R
6260-5-226	26	+4	6264-8-226R
6260-5-326	26	+8	6264-8-326R
6260-5-426	26	+12	6264-8-426R
6260-5-028	28	-4	6264-8-028R
6260-5-128	28	+0	6264-8-128R
6260-5-228	28	+4	6264-8-228R
6260-5-628	28	+6	6264-8-628R
6260-5-328	28	+8	6264-8-328R
6260-5-428	28	+12	6264-8-428R
6260-5-032	32	-4	6264-8-032R
6260-5-132	32	+0	6264-8-132R
6260-5-232	32	+4	6264-8-232R
6260-5-332	32	+8	6264-8-332R
6260-5-432	32	+12	6264-8-432R

V40 Taper LFIT Anatomic Heads

Catalog no.	Diameter (mm)	Offset (mm)	Trial catalog no
6260-9-036	36	-5	6264-8-036R
6260-9-136	36	+0	6264-8-136R
6260-9-236	36	+5	6264-8-236R
6260-9-336	36	+10	6264-8-336R
6260-9-040	40	-4	6264-8-040R
6260-9-140	40	+0	6264-8-140R
6260-9-240	40	+4	6264-8-240R
6260-9-340	40	+8	6264-8-340R
6260-9-440	40	+12	6264-8-440R
6260-9-044	44	-4	6264-8-044R
6260-9-144	44	+0	6264-8-144R
6260-9-244	44	+4	6264-8-244R
6260-9-344	44	+8	6264-8-344R
6260-9-444	44	+12	6264-8-444R

Catalog information

Femoral head implants & trials: Modular Endo head

Unitrax Unipolar

(For full list of Unitrax instruments and trials, refer to UHT Instrument System surgical protocol)

Unitrax Unipolar Femoral Heads*

Catalog no.	Diameter (mm)	Catalog no.	Diameter (mm)
6942-5-038	38	**6942-5-049**	49
6942-5-040	40	**6942-5-050**	50
6942-5-041	41	**6942-5-051**	51
6942-5-042	42	**6942-5-052**	52
6942-5-043	43	**6942-5-053**	53
6942-5-044	44	**6942-5-054**	54
6942-5-045	45	**6942-5-055**	55
6942-5-046	46	**6942-5-056**	56
6942-5-047	47	**6942-5-058**	58
6942-5-048	48	**6942-5-061**	61

*Must be used with the Unitrax V40 Sleeve catalog #6942-6-0XX

Unitrax V40 Sleeve

Catalog no.	Offset (mm)
6942-6-060	-4
6942-6-065	+0
6942-6-070	+4
6942-6-075	+8
6942-6-080	+12

Catalog information

Instruments/Trays

Catalog no.	Description
7000-5520	Femoral Instrument Tray - General
1020-1111	Calcar Planer – Standard
1020-1112	Calcar Planer - Large
1101-2200	Orthonomic T-Handle
1601-1700	Modular Head Impactor
6264-X-XXXR	Femoral heads (select 10 from list)
1XXX-1460	Broach handles x2 (select from below list of handle options)
1601-1210	Modular Box Osteotome
1020-1200	Axial Starter Reamer
1020-2900	Orthonomic Modular Handle
1440-2003	Reverse Cutting Rasp

Broach handles (Select two from the following options)

Catalog no.	Description
7000-5529	Extra Offset Broach Handle – Lever
7000-5525	Straight Broach Handle – Lever
7000-5526	Offset Broach Handle – Lever
1440-1460	Straight Broach Handle
1020-1460	Offset Broach Handle

Stryker Orthopaedics has validated the following reusable instrument trays with Aesculap's SterilContainer™ System and with CSR wrap. Refer to LSTPI-B (Instructions for Cleaning, Sterilization, Inspection, and Maintenance of Reusable Medical Devices).

6147-0-100 Universal Lid
7000-5200 Femoral Instrument Tray - General
7000-5521 Insignia Broach Tray - General

Femoral Head trials (select 10)

Catalog no.	Description
6264-8-028R	28mm -4mm V40 Trial Head
6264-8-728R	28mm -2.5mm Trial Head
6264-8-928R	28mm -2.7mm Trial Head
6264-8-128R	28mm +0(STD) V40 Trial Head
6264-8-228R	28mm +4mm V40 Trial Head
6264-8-828R	28mm +5mm Trial Head
6264-8-628R	V40 Trial Femoral Head 28+6mm
6264-8-328R	28mm +8mm V40 Trial Head
6264-8-428R	28mm +12mm Trial Head
6264-8-032R	32mm -4mm V40 Trial Head
6264-8-632R	32mm -2.5mm Trial Head
6264-8-132R	32mm +0(STD) V40 Trial Head
6264-8-232R	32mm +4mm V40 Trial Head
6264-8-732R	32mm +5mm Trial Head
6264-8-332R	32mm +8mm V40 Trial Head
6264-8-432R	32mm +12mm Trial Head
6264-8-036R	36mm -5mm V40 Trial Head
6264-8-436R	36mm/-2.5mm Trial Head
6264-8-136R	36mm +0(STD) V40 Trial Head
6264-8-536R	36mm/+2.5mm Trial Head
6264-3-236R	36mm +4mm V40 Trial Head
6264-8-236R	36mm +5mm V40 Trial Head
6264-8-736R	36mm/+7.5mm Trial Head
6264-8-336R	36mm +10mm Trial Head

Catalog information

Instruments/Trays

Catalog no.	Description
7000-5521	Insignia Broach Tray
8000-7700	Insignia Broach Size 0
8000-7701	Insignia Broach Size 1
8000-7702	Insignia Broach Size 2
8000-7703	Insignia Broach Size 3
8000-7704	Insignia Broach Size 4
8000-7705	Insignia Broach Size 5
8000-7706	Insignia Broach Size 6
8000-7707	Insignia Broach Size 7
8000-7708	Insignia Broach Size 8
8000-7709	Insignia Broach Size 9
8000-7710	Insignia Broach Size 10
8000-7711	Insignia Broach Size 11
7555-0001	Insignia Standard Neck Trial 0/1
7555-0002	Insignia Standard Neck Trial 2/3/4
7555-0003	Insignia Standard Neck Trial 5/6
7555-0004	Insignia Standard Neck Trial 7/8/9
7555-0005	Insignia Standard Neck Trial 10/11
7555-0006	Insignia High Neck Trial 0/1
7555-0007	Insignia High Neck Trial 2/3/4
7555-0008	Insignia High Neck Trial 5/6
7555-0009	Insignia High Neck Trial 7/8/9
7555-0010	Insignia High Neck Trial 10/11
1020-1800	Modular Threaded Stem Inserter
1020-1860	Modular Offset Quick Connect Inserter
1020-1870	Modular Stem Impactor
1020-1100	Neck resection guide

Auxiliary Instruments

Catalog no.	Description
2124-1400	Navigation Compatible Accolade Broach Handle
2124-1700	Right - Nav Compatible Dual-Offset Accolade Rasp Handle
2124-1750	Left - Nav Compatible Dual-Offset Accolade Rasp Handle
1104-1000	Stem Head Impactor
1440-1700	Neck Trial Forceps
1440-2000	Dual Offset Broach Handle, Left
1440-2001	Dual Offset Broach Handle, Right

Surgical templates

ATEMH0119 - Insignia Collared Hip Stem Surgical Template
Surgical templates include 20% magnification.

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate the breadth of Stryker's product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any of Stryker's products. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your sales representative if you have questions about the availability of products in your area.

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