



Pelvis Support Type RR & Type RC Reinforcement Ring & Reinforcement Cage

Presented by:



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Pelvis Support Type RR & Type RC Reinforcement Ring & Reinforcement Cage

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Philosophy

The number of primary hip operations grow due to the age increase of the world population. Consequently, the number of hip revision operations increases as well.

In some cases of acetabular revision, the acetabular implants developed specifically for this purpose are not adequate. Secure and lasting fixation cannot be assured and the center of rotation of the joint cannot be reconstructed. Traditional cemented and cementless revision cups are becoming increasingly difficult to anchor because of large bone defects and inadequate bone quality. While autologous bone material can be used to reconstruct the defect area, supporting implants need to be used complementary. They must be stable enough to transfer the forces exerted at the joint and must also offer fixation options that extend beyond the standard methods such as press-fit and additional screw fixation.

LINK® Pelvis Support RR and RC allow extra screws to be used for fixation and are able to take advantage of additional support from the cranio-dorsal edge of the cup (Type RR) or the ilium and ischium (Type RC).

Once the bone defect has been reconstructed with autologous bone, both LINK® Pelvis Support implants are fixed with additional bone screws but without cement. RC implants can be adjusted to suit the patient's anatomy if necessary. Standard polyethylene acetabular cups are then cemented into the cavity of the LINK® Pelvis Support implant.

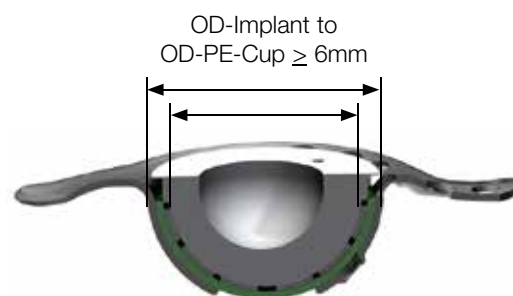
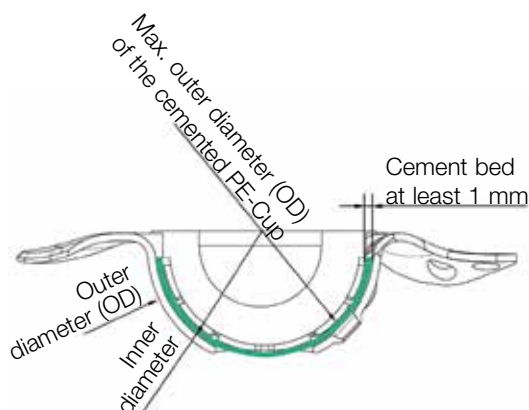


LINK® Pelvis Support Implant Type RR



LINK® Pelvis Support Implant Type RC

Definition of the implant size



Example: OD-Implant - max. PE-Cup = at least 6 mm
 OD 54 mm - OD 48 mm = 6 mm

Indications / Contraindications

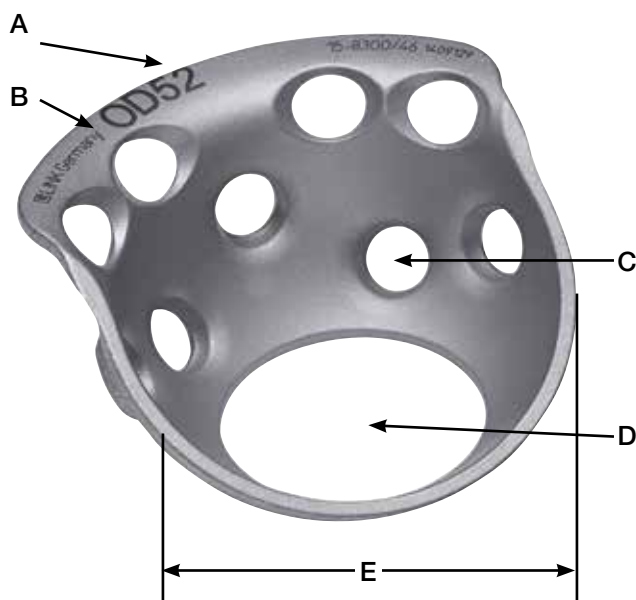
	Products	Acetabular Cups	Pelvis Support	
		Cemented Acetabular Cups made of UHMWPE and UHMWPE X-LINKed®	Type RR	Type RC
General Indications				
Mobility-limiting diseases, fractures or defects which cannot be treated by conservative or osteosynthetic procedures.		X	X	X
Indications				
Reduced load-bearing capacity of the bone e.g. osteoporosis			X**	X**
Primary and secondary coxarthrosis		X	X	X
Osteoarthritis		X	X	X
Revision after implant loosening		X	X	X
Adjustment of bone deficiencies, e.g. tumor related			X	X
Small segmental rim defects that do not involve the columns but may require a small structural graft that can be protected by the ring			X	
Acetabular deficiency (large, medial and segmental)				X
Indications which cannot be treated using the LINK Pelvis Support Type RR implant				X
Protrusio acetabuli (mild to moderate protrusion)			X	
Protrusio acetabuli				X
Acetabular dysplasia			X	X
Conditions after surgical corrections of the acetabulum			X	X
Necrosis of the femoral head		X		
Femoral neck fractures		X		
Contraindications				
Acetabulum fracture		X**	X	
Major segmental defects involving the dome or posterior column			X	
Medial wall defects			X	
Combined segmental deficiencies			X	
Insufficient / inadequate bone mass- or quality which prevents a stable anchoring of the prosthesis.		X	X	X
Distinctive muscular, nerve, vascular or other diseases which put the affected limb at risk.		X	X	X
Allergies to (implant) materials		X	X	X
Acute and chronic infections, local and systemic		X	X	X
Poor general state of health		X	X	X
Relative Contraindications				
Adiposity		X	X	X
Lacking or foreseeable not assured compliance		X	X	X
Foreseeable overload/overstressing of the joint prosthesis		X	X	X
Osteoporosis			X**	X**

**dependent on bone condition

Please note: These indications/contraindications refer to standard cases. The ultimate decision on whether or not an implant is suitable for a particular patient must be made by the surgeon based on his/her individual analysis and experience.

Pelvis Support RR (cp titanium)

Description



LINK® Pelvis Support Reinforcement Rings RR (A) are made from cp titanium.

A support flange enables it to rest on the medio-cranial edge of the acetabulum (B).

The large number of holes (C) allows secure primary fixation of the implants with cancellous bone screws. The design of the holes makes it possible to arrange fixation screws to suit each individual case.

The large opening (D) in the floor of the implants provides visual control and allows its position and fit on the acetabulum floor can be checked.

The large inner diameter (E) allows the cemented polyethylene cups to be positioned individually.

Pelvis Support RR (cp titanium), cementless

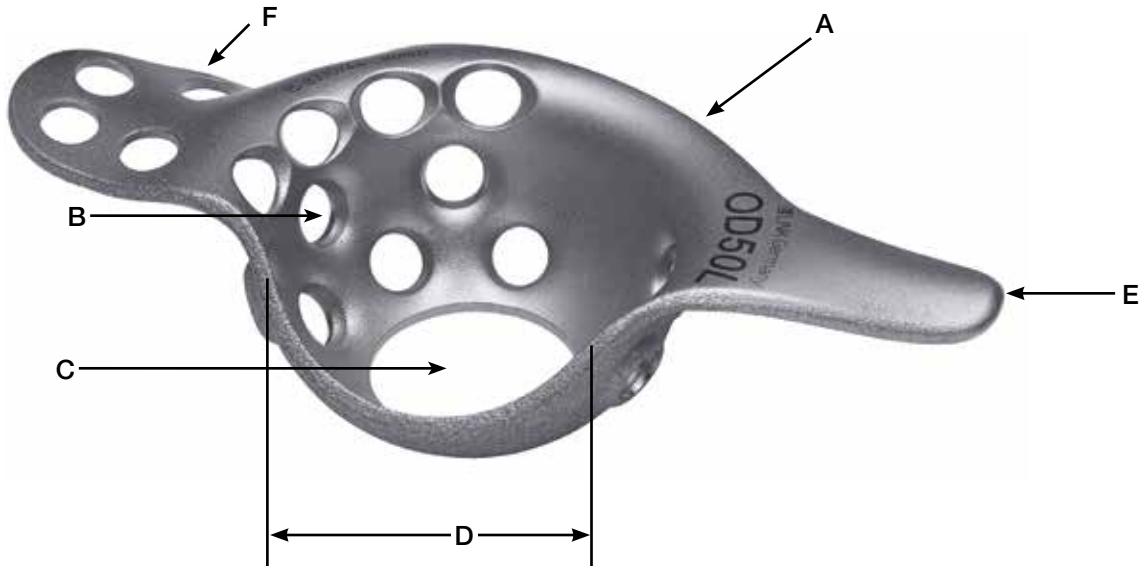
Item no.	Side	Outer (OD)-Ø (mm)	Inner-Ø (mm)	Maximum Outer-Ø PE cup (mm)
15-8300/42	neutral	48	44	42
15-8300/44	neutral	50	46	44
15-8300/46	neutral	52	48	46
15-8300/48	neutral	54	50	48
15-8300/50	neutral	56	52	50
15-8300/52	neutral	58	54	52
15-8300/54	neutral	60	56	54
15-8300/56	neutral	62	58	56
15-8300/58	neutral	64	60	58

Pelvis Support RR (cp titanium & CaP), cementless

Item no.	Side	Outer (OD)-Ø (mm)	Inner-Ø (mm)	Maximum Outer-Ø PE cup (mm)
15-8310/42	neutral	48	44	42
15-8310/44	neutral	50	46	44
15-8310/46	neutral	52	48	46
15-8310/48	neutral	54	50	48
15-8310/50	neutral	56	52	50
15-8310/52	neutral	58	54	52
15-8310/54	neutral	60	56	54
15-8310/56	neutral	62	58	56
15-8310/58	neutral	64	60	58

Pelvis Support RC (cp titanium)

Description



LINK® Pelvis Support implants RC (A) are made from cp titanium.

The large number of holes (B) allows secure primary fixation of the implant with cancellous bone screws. The design of the holes makes it possible to arrange fixation screws to suit each individual case.

The opening (C) in the floor of the implant enables it to be positioned under visual control and allows its position and fit on the acetabulum floor can be checked. The large inner diameter (D) allows the cemented polyethylene cups to be positioned individually.

The smooth caudal flange (E) facilitates careful insertion and permits secure fixation in the ischium.

The design of the cranial flange (F) ensures that it lies flat on the ilium. It can be adjusted during surgery to fit the patient's anatomy.

Pelvis Support RC (cp titanium), cementless

Item no.	Side	Outer (OD)-Ø (mm)	Inner-Ø (mm)	Maximum Outer-Ø PE cup (mm)
15-8320/44	rechts	50	46	44
15-8320/50	rechts	56	52	50
15-8320/56	rechts	62	58	56
15-8320/62	rechts	68	64	62
15-8330/44	links	50	46	44
15-8330/50	links	56	52	50
15-8330/56	links	62	58	56
15-8330/62	links	68	64	62

Pelvis Support RC (cp titanium & CaP), cementless

Item no.	Side	Outer (OD)-Ø (mm)	Inner-Ø (mm)	Maximum Outer-Ø PE cup (mm)
15-8340/44	rechts	50	46	44
15-8340/50	rechts	56	52	50
15-8340/56	rechts	62	58	56
15-8340/62	rechts	68	64	62
15-8350/44	links	50	46	44
15-8350/50	links	56	52	50
15-8350/56	links	62	58	56
15-8350/62	links	68	64	62

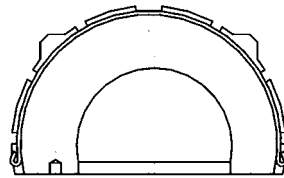
Lubinus® Polyethylene Acetabular Cups - **UHMWPE**, cemented

eccentric

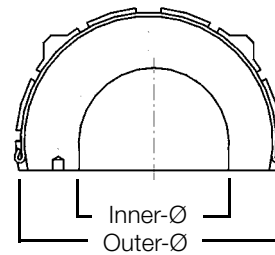
Material: UHMWPE, X-ray wire: CoCrMo



with snap-fit



without snap-fit



Outer-Ø mm	with snap-fit		without snap-fit	
	Inner-Ø 28 mm	Inner-Ø 32 mm	Inner-Ø 28 mm	Inner-Ø 32 mm
	Item no.	Item no.	Item no.	Item no.
44	101-102		101-122	
46	101-104	102-104	101-124	102-124
48	101-106	102-106	101-126	102-126
50	101-108	102-108	101-128	102-128
52	101-110	102-110	101-130	102-130
54	101-112	102-112	101-132	102-132
56	101-114	102-114	101-134	102-134
58	101-116	102-116	101-136	102-136
60	101-117	102-117	101-138	102-138
62	101-118	102-118	101-140	102-140

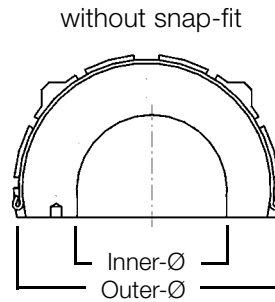
Lubinus Polyethylene acetabular cups are made from UHMWPE. They are available in up to **11 external diameters** ranging from 44 mm to 64 mm in 2 mm steps, and in **2 inner diameters**, 28 and 32 mm.

This range of sizes means that most acetabula can be supplied with a strong-walled implant requiring minimal use of cement. Diameters between 44 and 62 mm can be combined with LINK® Pelvis Supports.

Lubinus® Polyethylene Acetabular Cups - **X-LINKed®**, cemented

eccentric

Material: UHMWPE X-LINKed®, X-ray wire: CoCrMo

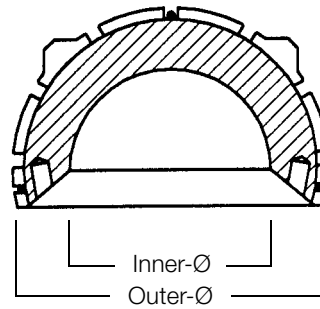


Outer-Ø mm	without snap-fit			
	Inner-Ø 28 mm Item no.	Inner-Ø 32 mm Item no.	Inner-Ø 28 mm Item no.	Inner-Ø 32 mm Item no.
38	110-012/38			
40	110-012/40			
42		110-016/42		
44		110-016/44		
46		110-016/46	110-018/46	
48		110-016/48	110-018/48	
50		110-016/50	110-018/50	110-020/50
52		110-016/52	110-018/52	110-020/52
54		110-016/54	110-018/54	110-020/54
56		110-016/56	110-018/56	110-020/56
58		110-016/58	110-018/58	110-020/58
60		110-016/60	110-018/60	110-020/60
62		110-016/62	110-018/62	110-020/62

Lubinus Polyethylene acetabular cups made from X-LINKed® polyethylene are available in up to **16 outer diameters** ranging from 38 mm to 68 mm in 2 mm steps and in the **4 inner diameters** 24, 28, 32 and 36 mm. Diameters between 38 and 62 mm can be combined with LINK® Pelvis Supports.

IP Polyethylene Acetabular Cups - **UHMWPE**, cemented

Material: UHMWPE, X-ray wire: CoCrMo



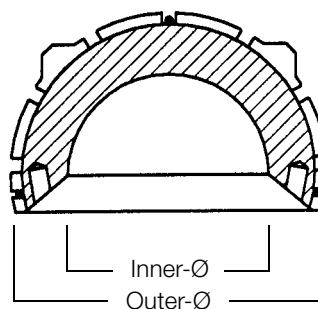
	Inner-Ø 28 mm	Inner-Ø 32 mm
Outer-Ø mm	Item no.	Item no.
44	105-300	
46	105-305	105-205
48	105-310	105-210
50	105-315	105-215
52	105-320	105-220
54	105-325	105-225
56	105-330	105-230
58	105-335	105-235
60	105-340	105-240
62	105-345	105-245

IP Polyethylene acetabular cups made from UHMWPE are available in up to **11 outer diameters** ranging from 44 to 64 mm in 2 mm steps and in the **2 inner diameters** 28 and 32 mm. The inner edge of the cup is beveled. This improves the range of movement of the prosthesis in the cup so that the neck of the prosthesis makes contact later than with unbeveled cups.

Diameters between 44 and 62 mm can be combined with LINK® Pelvis Supports.

IP Polyethylene Acetabular Cups - **X-LINKed®**, cemented

Material: UHMWPE X-LINKed®, X-ray wire: CoCrMo



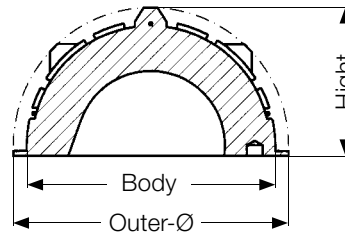
	Inner-Ø 28 mm	Inner-Ø 32 mm	Inner-Ø 36 mm
Outer-Ø mm	Item no.	Item no.	Item no.
42	110-116/42		
44	110-116/44		
46	110-116/46	110-118/46	
48	110-116/48	110-118/48	
50	110-116/50	110-118/50	110-120/50
52	110-116/52	110-118/52	110-120/52
54	110-116/54	110-118/54	110-120/54
56	110-116/56	110-118/56	110-120/56
58	110-116/58	110-118/58	110-120/58
60	110-116/60	110-118/60	110-120/60
62	110-116/62	110-118/62	110-120/62

IP Polyethylene acetabular cups made from X-LINKed® polyethylene are available in **3 inner diameters** of 28, 32 and 36 mm and **outer diameters** from 42 mm increasing in 2 mm steps up to 68 mm. Diameters between 42 and 62 mm can be combined with LINK® Pelvis Supports.

FAL Polyethylene Acetabular Cups - UHMWPE, cemented

anti-luxation

Material: UHMWPE, X-ray wire: CoCrMo



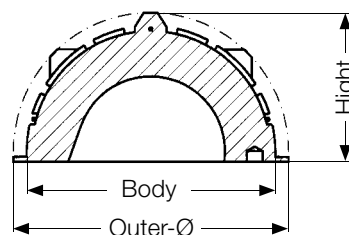
Outer-Ø mm	Body-Ø mm	Height mm	Inner-Ø 28 mm	Inner-Ø 32 mm
			Item no.	Item no.
48	43	26	105-410/48	
50	45	27	105-410/50	105-415/50
52	47	28	105-410/52	105-415/52
54	49	29	105-410/54	105-415/54
56	51	30	105-410/56	105-415/56
58	53	31	105-410/58	105-415/58
60	55	32	105-410/60	105-415/60
62	57	33	105-410/62	105-415/62

FAL Polyethylene acetabular cups made from UHMWPE are available in **outer diameters** ranging from 48 to 62 mm in 2 mm steps and in the **2 inner diameters** 28 and 32 mm. The cup is surrounded by an edge to increase cement compression.

FAL Polyethylene Acetabular Cups - **X-LINKed®** cemented

anti-luxation

Material: X-LINKed®, X-ray wire: CoCrMo



Outer-Ø mm	Body-Ø mm	Height mm	Inner-Ø 28 mm	Inner-Ø 32 mm	Inner-Ø 36 mm
			Item no.	Item no.	Item no.
48	43	26	110-316/48		
50	45	27	110-316/50	110-318/50	
52	47	28	110-316/52	110-318/52	
54	49	29	110-316/54	110-318/54	110-320/54
56	51	30	110-316/56	110-318/56	110-320/56
58	53	31	110-316/58	110-318/58	110-320/58
60	55	32	110-316/60	110-318/60	110-320/60
62	57	33	110-316/62	110-318/62	110-320/62

FAL Polyethylene acetabular cups made from X-LINKed® polyethylene are available in the **3 inner diameters** 28, 32 and 36 mm and in **outer diameters** up to 68 mm.

Diameters between 48 and 62 mm can be combined with LINK® Pelvis Supports.

Cancellous Bone Screws



Cancellous bone screws

Material: Tilastan®

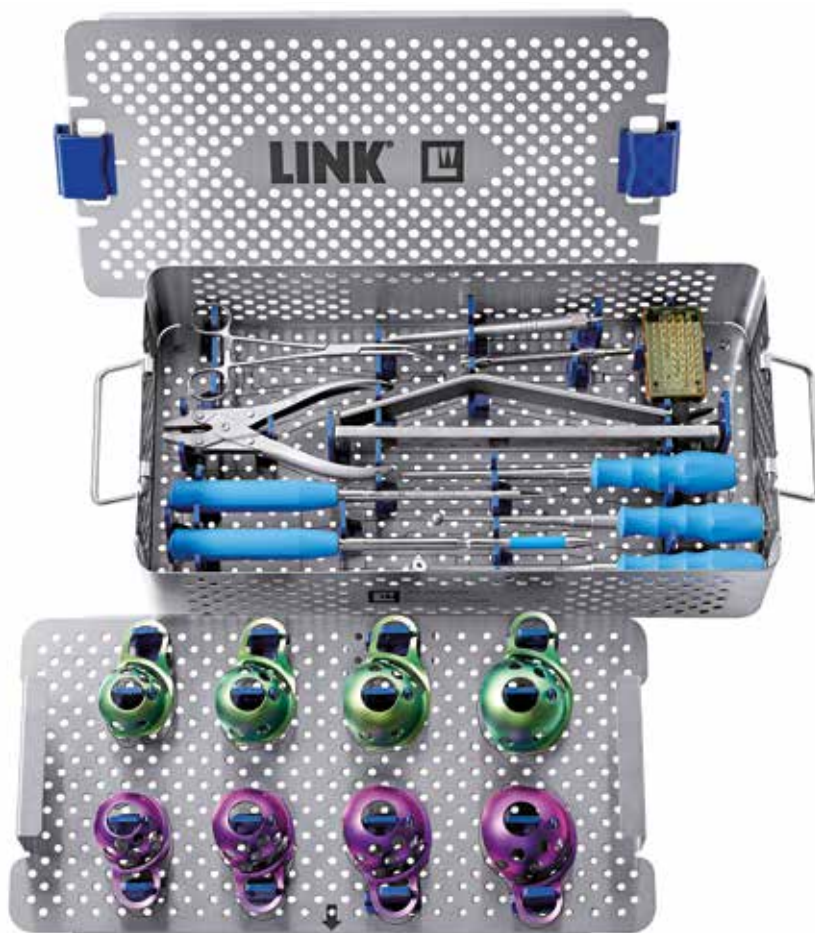
Completely threaded

Thread Ø 6.5 mm, core Ø 3 mm

head Ø 8 mm

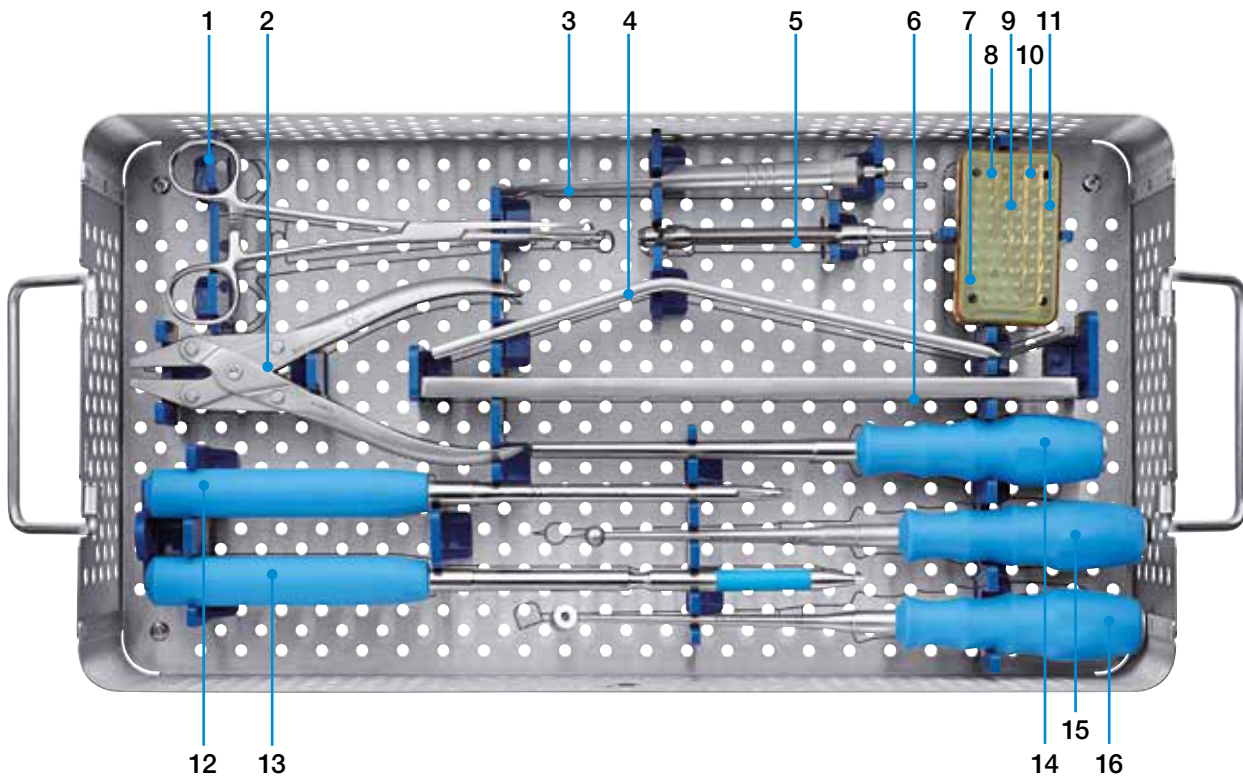
Single screw Item no.	Length mm
64-9040/23	23
64-9041/25	25
64-9042/30	30
64-9043/35	35
64-9044/40	40
64-9045/45	45
64-9046/50	50
64-9047/55	55
64-9048/60	60

Instrument Set, complete



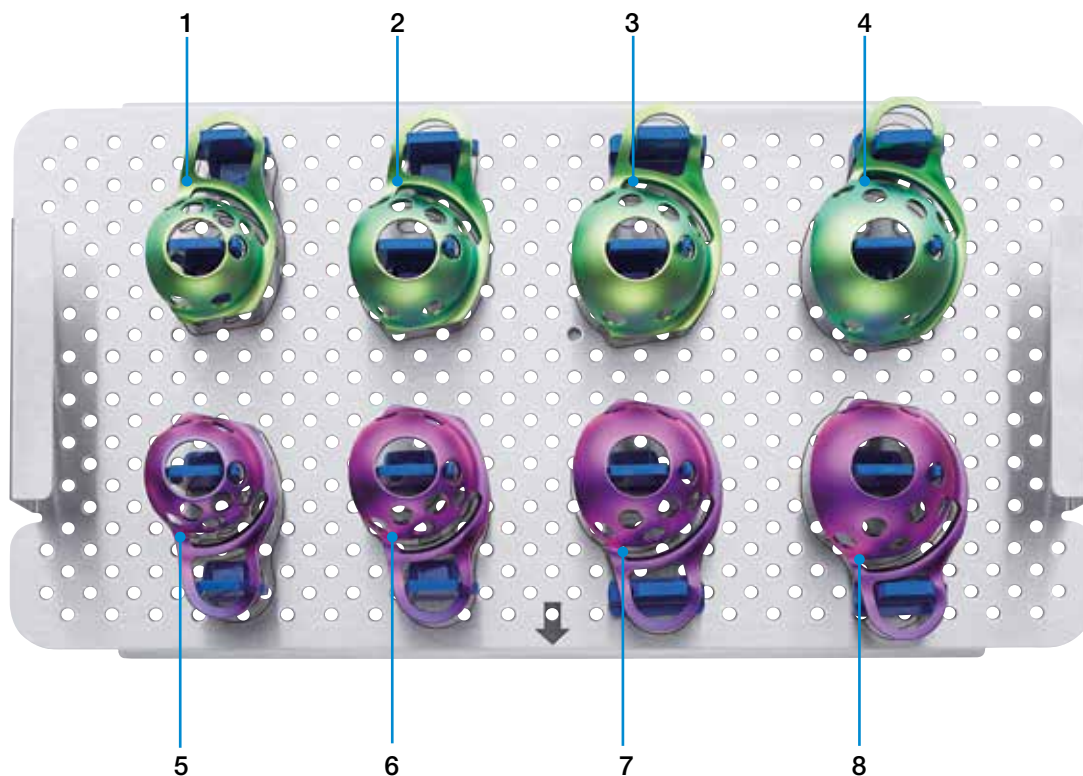
15-8300/02	Instrument set , complete
15-8320/02	Container set , only, with tray insert and lid, perforated stainless steel, 478 x 253 x 106 mm

15-8320/02



1	15-8385/01	Insertion Forceps for screws, 190 mm
2	64-4200/14	Parallel Grip Pliers, 185 mm
3	15-8389/01	Screw Depth Gauge, measurement length 80 mm, 235 mm
4	15-8387/01	Osteome set, Off-set, for flanges
5	15-8380/01	Drill Shaft, flexible, 134 mm
6	64-8060	Bending Iron, 300 mm
7	319-601/30	Sterilizing box, contains:
8	15-8381/01	Drill Cap, 25 mm, Ø 3.5 mm
9	15-8382/01	Drill Cap, 40 mm, Ø 3.5 mm
10	15-8383/01	Drill Cap, 50 mm, Ø 3.5 mm
11	15-8384/01	Drill Cap, 60 mm, Ø 3.5 mm
12	15-8379/01	Hex Screwdriver, straight, SW 3.5 mm
13	15-8388/01	Hex Screwdriver, flexible, SW 3.5 mm, 305 mm, Ø 3.5 mm
14	15-8262/01	Rod Bender, for flanges, 235 mm
15	15-1125/01	Ball Pike, 245 mm
16	15-8386/01	Drill Guide, for screws, 375 mm

15-8320/02



	Item no.	Description	Version	Type	OD-Ø mm	Inner-Ø mm	max. OD-Ø for PE-Cups mm
1	15-8360/44	Trial Prosthesis	right	RC	50	46	44
2	15-8360/50	Trial Prosthesis	right	RC	56	52	50
3	15-8360/56	Trial Prosthesis	right	RC	62	58	58
4	15-8360/62	Trial Prosthesis	right	RC	68	64	62
5	15-8370/44	Trial Prosthesis	left	RC	50	46	44
6	15-8370/50	Trial Prosthesis	left	RC	56	52	50
7	15-8370/56	Trial Prosthesis	left	RC	62	58	58
8	15-8370/62	Trial Prosthesis	left	RC	68	64	62

Preoperative Planning

Even with good preoperative planning, extensive bone loss represents a common and unforeseeable challenge for surgeons in revision cases.

Thorough preoperative planning is essential to achieve good surgical results. The aim in preoperative planning is to determine how the center of rotation can be restored and to establish the positions of the LINK® Pelvis Support and the fixation screws.

Measurement tables and X-ray templates for LINK® Pelvis Support RR and RC are available to aid planning. They allow the surgeon to determine precisely which implants are to be used. Preoperative planning is based on X-ray images which are either true to scale or supplied with details of the enlargement factor employed. LINK® X-ray templates show implants at a standard magnification factor of 110%. Other magnification factors can be supplied. For suppliers of digital planning software we can, on request, provide the relevant data in standard formats.

In contrast to normal hip prosthesis implantation, cases with extensive bone loss require treatment that is tailored to each individual situation. Situations involving extensive bone loss have special problems and, as a result, a greater risk than the implantation of a standard prosthesis. The construction characteristics of the LINK® Pelvis Support implants and their specially designed instruments help to reduce this risk.

Surgical Approaches

The choice of the approach depends on the surgeon's experience and his/her decision based on the individual situation.

The following approaches are usual:

- antero-lateral - **Watson Jones** (Fig. A)
- direct lateral - **Hardinge** (Fig. B)
- postero-lateral - **Moore** (Fig. C)

Posterolateral access is often preferred because the posterior, superior and inferior acetabular landmarks are clearly visible.

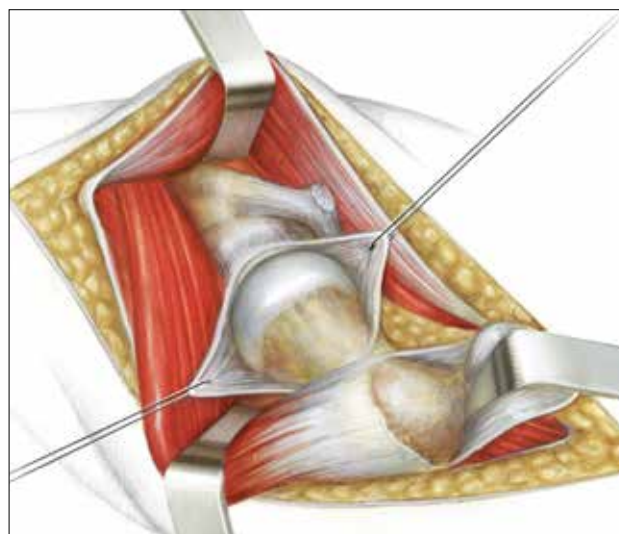


Fig. A: **Watson Jones**

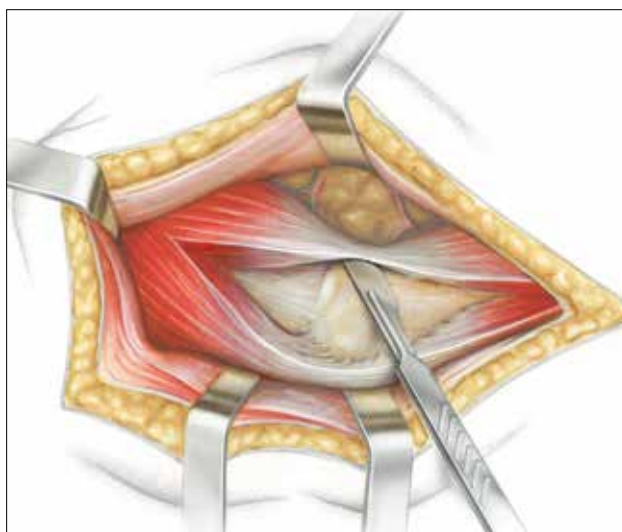


Fig. B: **Hardinge**

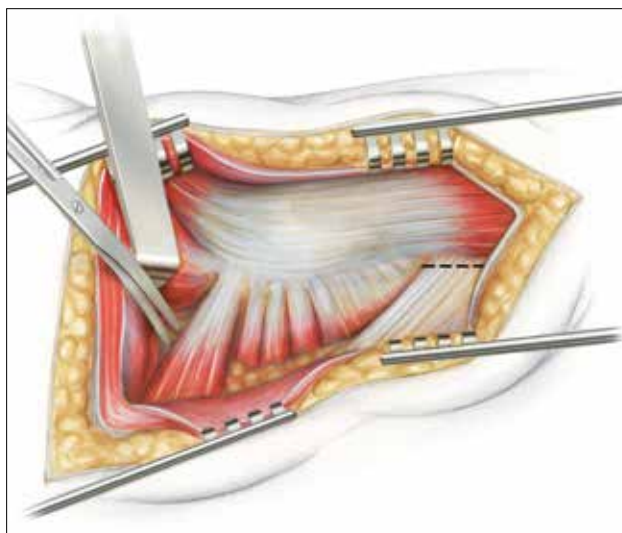
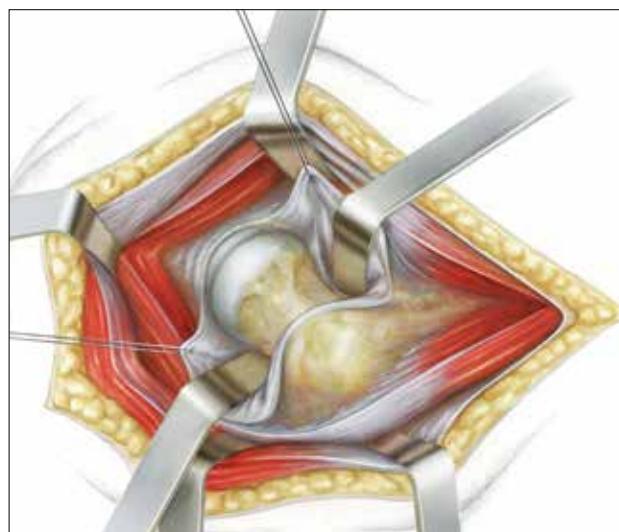
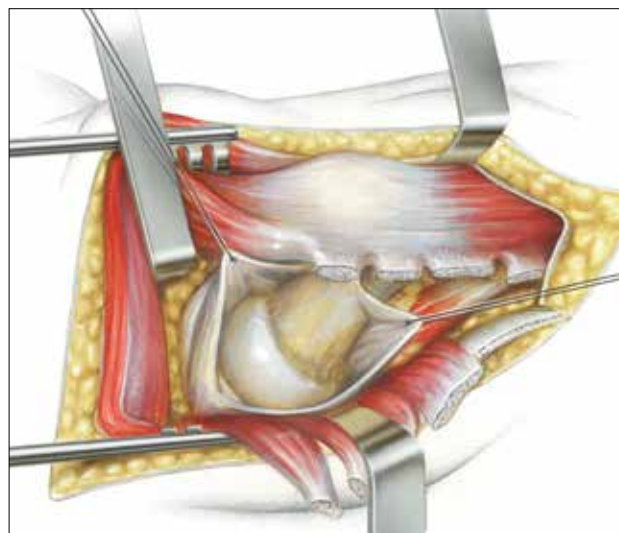


Fig. C: **Moore**



Surgical Technique

Fig. 01



Preparing the acetabulum

After gaining access and, if necessary, removal of the previous implant, debride the acetabulum and ream up to slightly bleeding cancellous bone with a small spherical acetabulum reamer.

Fig. 02



Evaluation of defects

Following debridement, evaluate the situation with regard to defects and determine the size of the implant to be used. For the LINK® Pelvis Support RR, spherical acetabulum reamers can be used to help verify the choice of implant size made during preoperative planning. For the LINK® Pelvis Support RC, right- and left-sided Trial Prostheses (15-8360/44-62, 15-8370/44-62) are available to aid determination of the required implant size. Unlike the implant itself, these do not have a caudal flange and can be inserted right to the floor of the acetabulum. The point at which the caudal flange is to be inserted can be marked with the aid of the Trial Prosthesis. After insertion the Trial Prosthesis can also be helpful when judging the defect and estimating the amount of bone material needed to fill in.

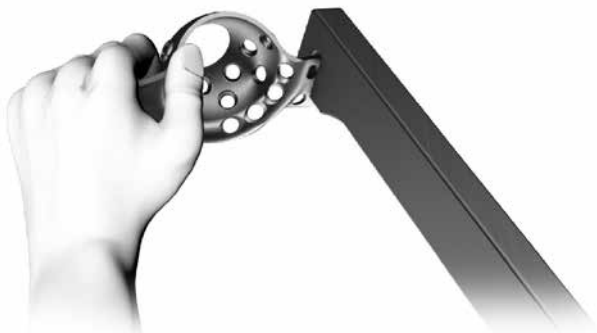
Fig. 03



Reaming the acetabulum

Ream the acetabulum stepwise with the spherical acetabulum reamers until the implant size is reached. The last acetabulum reamer used must have the same outer diameter as the implant selected (see p. 4 and p. 5).

Fig. 04

**Adjusting the implant**

Use the Rod Bender (15-8262/01) and the Bending Iron (64-8060) to adjust the cranial flanges of the LINK® Pelvis Support RC to suit the patient's anatomy. To prevent material fatigue, one may only bend the flange once (in one direction) and up to a maximum of 15°.

Reverse adjustment is not allowed.

Fig. 05

**Opening the entry point on the ischium**

For the LINK® Pelvis Support RC, use the angled osteotome (15-8387/01) to open and deepen the entry point for the caudal flange that was marked on the ischium with the aid of the Trial Prosthesis. The triangular tip of the Chisel is about as wide as the flange of the implant.

Fig. 06

**Inserting the implants**

The LINK® Pelvis Support implant RC is placed in the acetabulum so that its supporting flange rests on the cranio-dorsal edge of the acetabulum. First insert the caudal flange in the ischium. You can use the Ball Pike (15-1125/01) to assist the caudal flange insertion. To do so the tip of the Ball Pike can be placed through one of the screw holes in the implant. Then insert the implant in the direction of the medial wall of the acetabulum until it lies flush with the bone. The Ball Pike or a Driver can also be useful for this.

Fig. 07



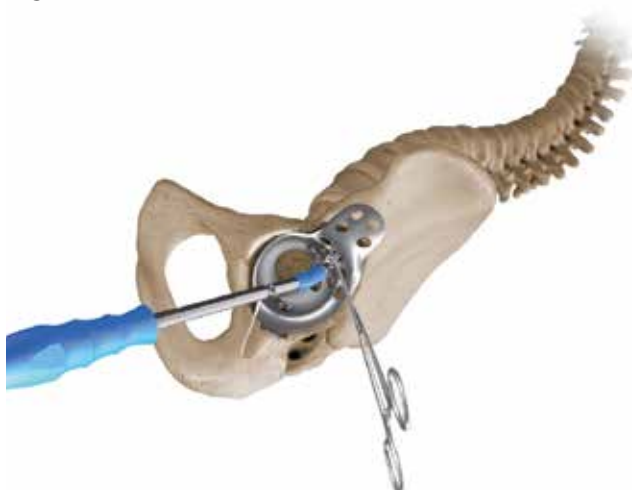
Screw holes

LINK® Pelvis Supports RR & RC are fixed with 3-5 cancellous bone screws made from titanium alloy, Ø 6.5 mm.

Both implant designs provide sufficient additional holes to allow secure fixation. Holes are drilled in the bone to take the screws.

The instrument set includes four Drill Bits of different lengths (15-8381/01 to 15-8384/01). Mount one of these on the Flexible Drill Shaft (15-8380/01). Hold the Drill Guide (15-8386/01) against the hole in the implant intended for the screw. Insert the Drill in the Drill Guide. Drill to the required depth or until the Drill Bit is inserted to its full length (25, 40, 50 or 60 mm). If the Drill Bit is not to be inserted to its full length, the depth can be checked by measuring with the Screw Depth Gauge (15-8389/01). Take care when drilling. There is a risk of damaging nerves and blood vessels.

Fig. 08



Inserting the screws

Hold each Cancellous Bone Screw with the Insertion Forceps (15-8385/01) and place it into the hole that has been drilled. Then screw it in with the rigid or flexible Hex Screwdriver SW 3.5 mm (15-8388/01, 15-8379/01) and tighten it.



Fig. 09



X-ray templates

15-8390/01

X-ray templates for LINK® Pelvis Support RR

110% natural size

15-8391/01

X-ray templates for LINK® Pelvis Support RC

110% natural size

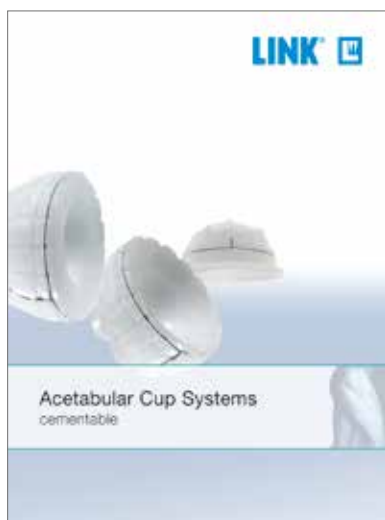
Instructions for care and cleaning

Instructions for the instrument sets are available on request from customer@linkhh.de.

Literature



667_MP Update_Flyer_en



609_Acetabular Cups cementable_Impl. Instr. OP_en

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Please note the following regarding the use of our implants:

1. Choosing the right implant is very important.

The size and shape of the human bone determine the size and shape of the implant and also limit the load capacity. Implants are not designed to withstand unlimited physical stress. Demands should not exceed normal functional loads.

2. Correct handling of the implant is very important.

Under no circumstances should the shape of a finished implant be altered, as this shortens its life span. Our implants must not be combined with implants from other manufacturers.

The instruments indicated in the Surgical Technique must be used to ensure safe implantation of the components.

3. Implants must not be reused.

Implants are supplied sterile and are intended for single use only. Used implants must not be reused.

4. After-treatment is also very important.

The patient must be informed of the limitations of the implant. The load capacity of an implant cannot compare with that of healthy bone!

5. Unless otherwise indicated, implants are supplied in sterile packaging.

Note the following conditions for storage of packaged implants:

- Avoid extreme or sudden changes in temperature.
- Sterile implants in their original, intact protective packaging may be stored in permanent buildings up until the "Use by" date indicated on the packaging.
- They must not be exposed to frost, dampness or direct sunlight, or mechanical damage.
- Implants may be stored in their original packaging for up to 5 years after the date of manufacture. The "Use by" date is indicated on the product label.
- Do not use an implant if the packaging is damaged.

6. Traceability is important.

Please use the documentation stickers provided to ensure traceability.

7. Further information on the material composition is available on request from the manufacturer.

Follow the instructions for use!

Waldemar Link GmbH & Co. KG, Hamburg

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The Surgical Technique described has been written to the best of our knowledge and belief, but it does not relieve the surgeon of his/her responsibility to duly consider the particularities of each individual case.

Unless otherwise indicated, all instruments are made of surgical stainless steel.

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