LINK®

LCU – Hip System

cementless & cemented

CE 0482

Explanation of Pictograms			
	Manufacturer	REF	Item number
MAT	Material (number)	CE	Product meets the applicable requirements, which are regulated in the EU harmonization legislation for the affixing of the CE marking.

LCU – Hip System
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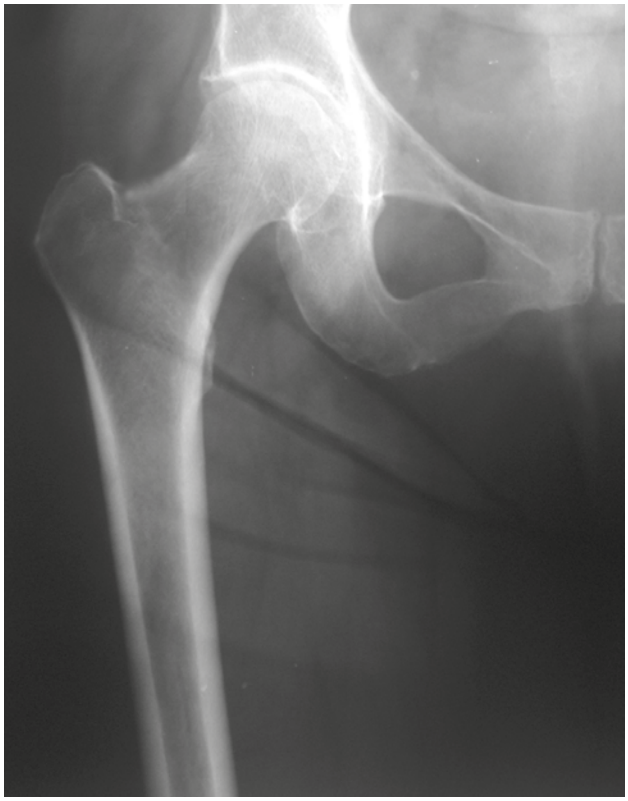
Preoperative Planning



For optimal results the surgery should be planned in advance using the appropriate templates.
The templates are enlarged by a factor of 110%.

The implant size should be choosen using good quality AP and ML X-rays with adequate contrast. Each X-ray should be large enough to apply the whole template.

Choice of stem size and stem type

The stem size is selected in a way that, in frontal plane, the outline fills as much of the proximal femoral metaphysis as possible. In the sagittal plane it must be ensured that the stem is suited to the anterior bow of the femur.

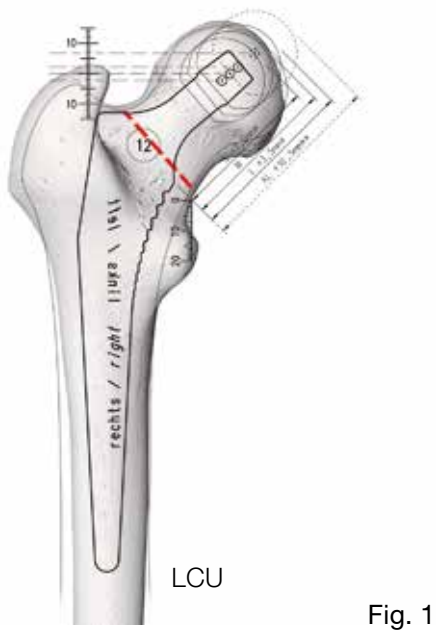
The stem is fixed proximally and therefore does not need to fit closely in the distal area. The size of prosthesis should be chosen so that the center of rotation is correctly situated in the middle of the head respectively at a level with greater trochanter. Anteversion must be checked in the sagittal plane.

The stem size and the level for resection of the femoral neck should be selected such that the tip of the greater trochanter is level with the center of the head of the prosthesis.

Lateralizing stems are available to achieve an anatomical reconstruction, even in case a high offset (+7 mm compared to standard stem) is required.

The templates for the LCU stem show the centers of rotation for different head-neck-lengths (Fig. 1).

Note:
Preoperative planning gives an initial estimate but cannot conclusively determine the size of stem to be used. This is decided intraoperatively.



LCU

Fig. 1

Preparation and Implantation

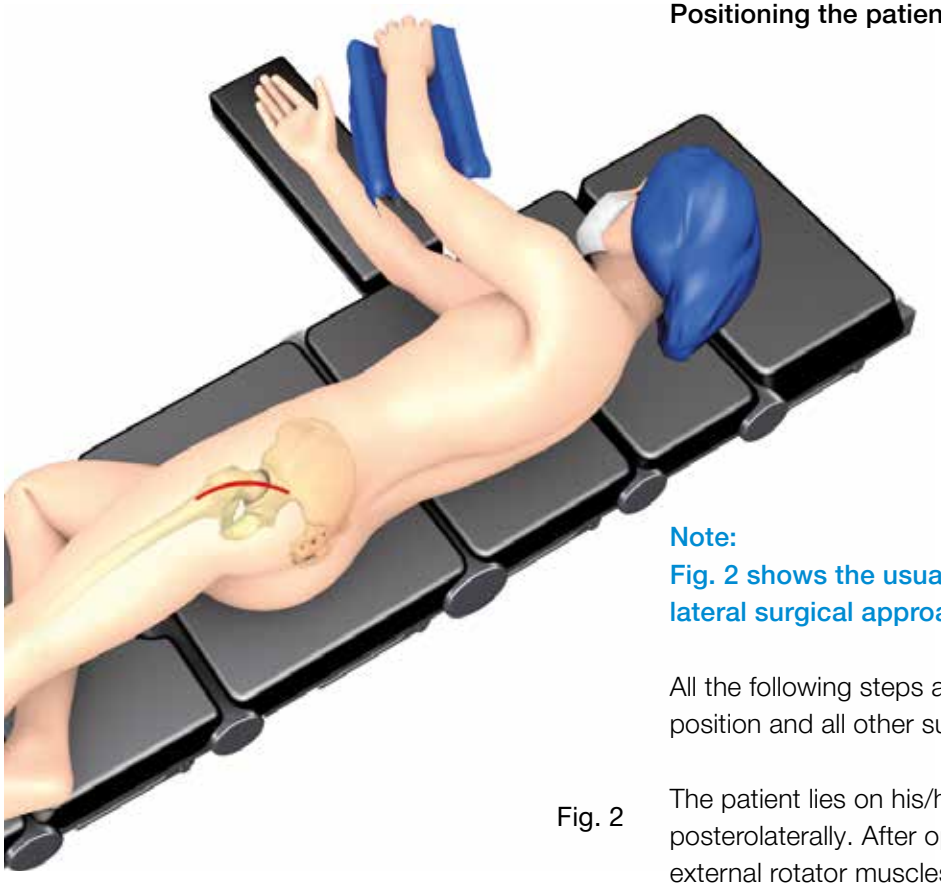


Fig. 2

Positioning the patient

Note:
Fig. 2 shows the usual position for postero-lateral surgical approach.

All the following steps also apply for the supine position and all other surgical access routes.

The patient lies on his/her side. The incision is done posterolaterally. After opening of the fascia lata, external rotator muscles are resected and the joint capsule is incited. Then, the femoral head is dislocated in dorsal direction so that it lies free.

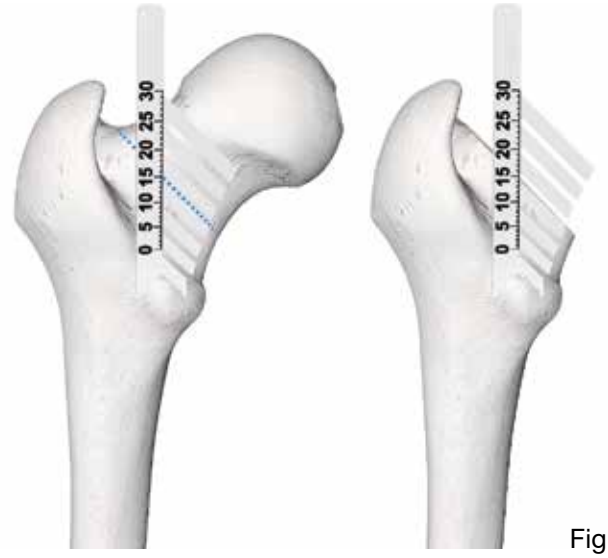


Fig. 3

Determination of the resection level

The standard osteotomy plane is normally at 45° to the axis of the femoral stem.
For purposes of orientation the resection guide can be placed on the lesser trochanter parallel to the longitudinal axis of the femur (Fig. 3). Resection can then be carried out along the slit corresponding to the level selected in preoperative planning.
The guide indicates both the level and the angle of resection. Care should be taken to ensure that resection is also carried out at 90° to the axis of the femoral neck in the a-p plane.
Alternatively, a bone compressor can be used to determine the resection level.

Fig. 4

Resection of the femoral neck

Resection is carried out at the planned level (Fig. 4).

Fig. 5

In most cases, the acetabulum is prepared before the femur.

Fig. 6

Preparation of the proximal femur

The medullary canal is opened with the box chisel. This is done as laterally as possible to prevent varus positioning of the femoral component.

To position the bone compressor in the center of the canal, preparation is performed with the opening awl (Fig. 6).

Fig. 7

To fix the bone compressor in the handle open the lever and insert the bone compressor with the medial side in the direction of the lever.

Close the lever. Start with the smallest bone compressor. Take into account the anteversion of the stem required (usually 15°).
Lateral compressive stress (which may lead to thigh pain later on) in the distal femur is avoided by inserting the bone compressor in an axial direction (Fig. 7).

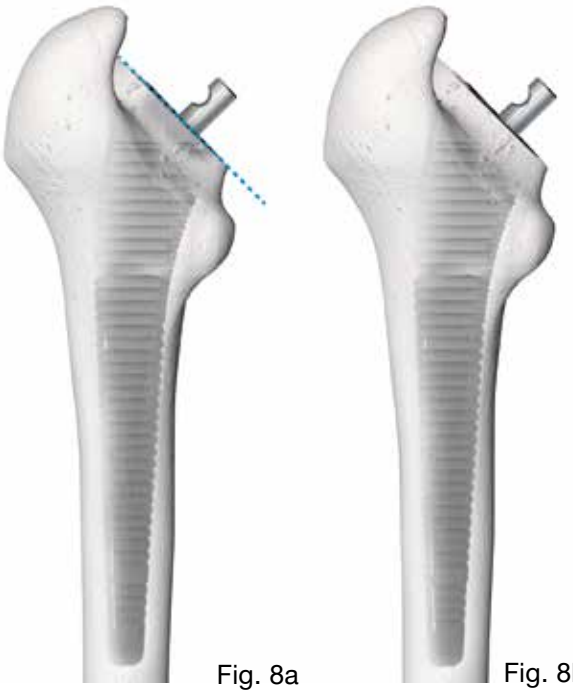


Fig. 8a

Fig. 8b

Drive in the bone compressor until the junction surface of the compressor is flush with the resected neck surface.

Note:
The resection level is determined during preoperative planning with the aid of the templates. Any deviations must now be taken into consideration (Fig. 8a and 8b).

Continue with progressively larger compressor sizes until the bone compressor is optimally seated in the femur (rotational stability, axial stability, implant level (height of centre of rotation)). When the optimal compressor size is reached (which is not necessarily the same as planned preoperatively) remove the handle and leave the compressor in place.

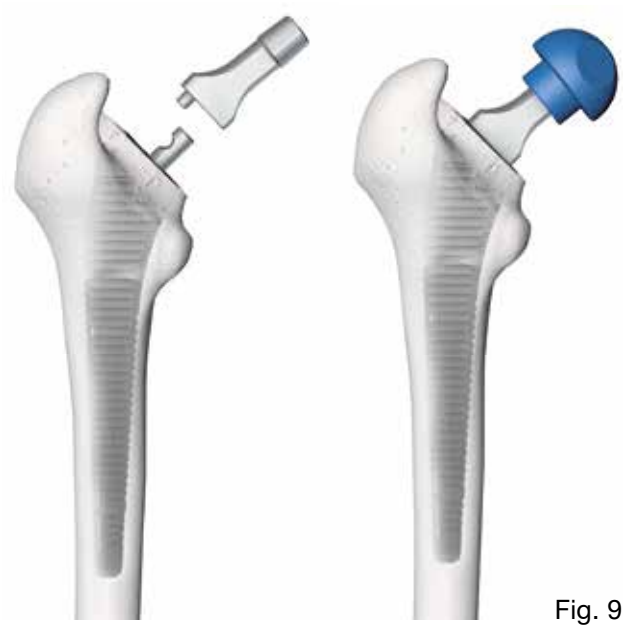


Fig. 9

Trial reduction

The acetabular cup is usually implanted before the stem. Trial reduction can then be carried out.

The inserted bone compressor serves as a trial prosthesis on which the trial neck is inserted. Select the appropriate trial neck segment according to the pre-op planning (stem types standard and lateralizing). The trial head is then placed on the trial neck (Fig. 9).

Fig. 10

The stability and range of motion of the joint are examined with the help of the trial components (Fig. 10).

Finally, the trial head and neck segment are removed by hand and the bone compressor is removed with the help of the handle.

Fig. 11a

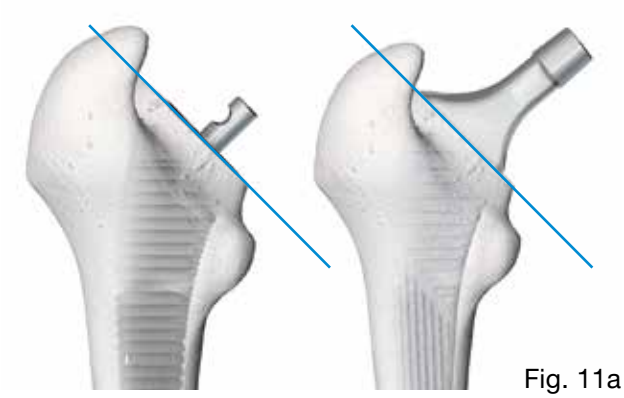


Fig. 11a

Inserting the final stem

The procedure described below applies for both the cementless and cemented version of the LCU.

Select the appropriate LCU Hip Stem (standard and lateralizing type) of the same size as the final bone compressor and remove it from the sterile packaging.

Procedure for LCU cementless

Screw the stem positioner onto the final stem (Fig. 11a).
Drive in the stem with careful and controlled hammer blows until the transition line between the porous surface and the polished neck area corresponds to the profile of the last bone compressor used (Fig. 11b).

Remove the positioner.

The impactor can also be used instead of the positioner to introduce the stem.

Fig. 12

Fig. 13

Procedure for LCU cemented

After removing the rasp, the femoral canal is rinsed thoroughly. Jet lavage is recommended for this purpose.
The femoral canal is then sealed distal to the planned prosthesis tip by means of a cement restrictor (Fig.12).

The cement is mixed under vacuum and then inserted into the femoral canal using an applicator syringe with nozzle. Application begins distally. The canal is filled with cement retrogradely and uniformly by slowly pulling out the nozzle while the cement is being applied.
Then the cement is compressed in the femoral canal for approx. 30 seconds, for which a cement compressor should be used.

Note:
Before filling the femoral canal, check the viscosity of the cement by touching the cement on the tip of the applicator syringe with your finger, while wearing clean gloves. When the cement adheres well to the glove and draws out long, heavy threads, this is the best time to apply the cement.

After cement application, the LCU cemented stem is introduced into the femoral cavity as far as possible by using the insertion forceps (Fig. 13).

Fig. 14

The LCU cemented stem is driven into its final position using the impactor. The surplus of the cement has to be removed. While the cement hardens, the stem is pressed firmly into the cement bed with the tip of the impactor located in the hemispherical depression on the lateral collar, thus avoiding transmission of the surgeon's movements to the stem (Fig. 14).

Fig. 15

Final trial reduction

At this point the correct head-neck-length can be checked again with the trial heads (Fig. 15).

Remove the appropriate prosthesis head (diameter, length, material) from the sterile packaging.

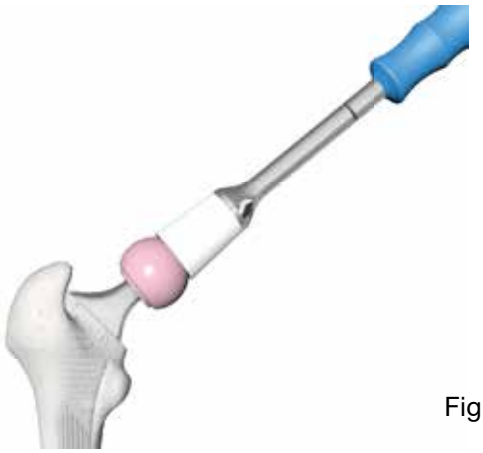


Fig. 16

Attaching the final prosthesis head

Clean and dry the taper of the stem thoroughly. This is particularly important with ceramic heads.
Mount the head by hand using axial pressure and a turning motion.

To finish, the acetabular head driver is used to gently tap the prosthesis head into position (Fig. 16).

Clean the joint surfaces thoroughly and then finally reduce the joint (Fig. 17).

Fig. 17

Removing the components

Each of the prosthesis components can be removed if necessary.
The prosthesis head can be removed in an axial direction using a rod which is placed at the base of the head.

The positioner can be used to extract the femoral component.

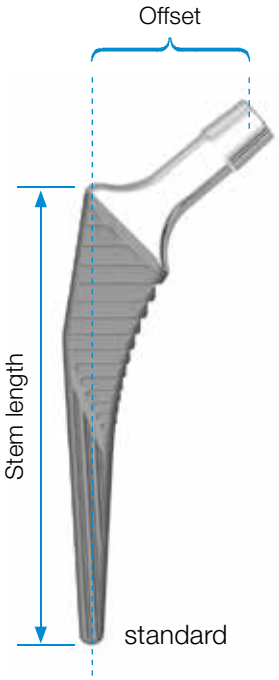
Caution:
If a ceramic head has to be replaced with another ceramic head, only ceramic revision heads (with a metal inner taper) should be used.

LCU Hip System

Sizes
The LCU hip prosthesis types standard and lateralized are available in 11 sizes each.
The dimensions of the stems and the offset increase proportionately with increasing size.

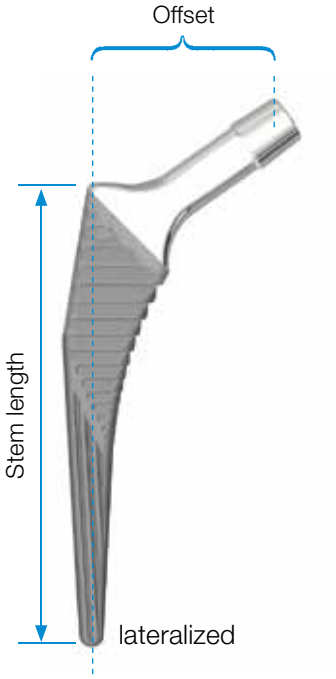
The CCD angles are:
- 130° in standard stem type
- 125° in lateralized stem type

LCU HX Hip Stems, cementless



LCU Hip Stems, cementless, **standard type**
MAT Ti6Al4V, HX Coating, taper 12/14, CCD angle 130°

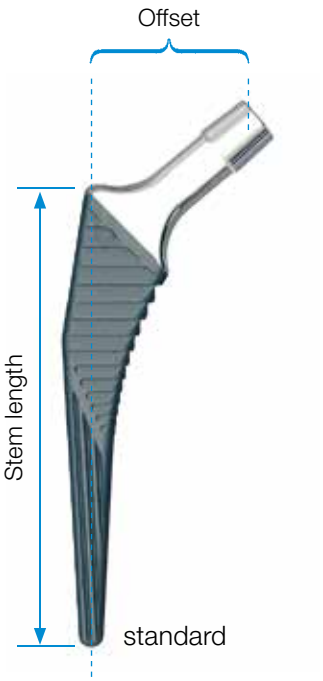
REF	Size	Length mm	Offset mm
165-012/26	8	115	38.0
165-013/26	9	130	38.5
165-014/26	10	140	39.2
165-015/26	11	145	40.0
165-016/26	12	150	40.7
165-017/26	13	155	41.5
165-018/26	14	160	42.0
165-019/26	15	165	43.0
165-020/26	16	170	43.5
292-126/26	18	180	44.5
292-127/26	20	190	45.0



LCU Hip Stems, cementless,
lateralized type, + 7 mm offset
MAT Ti6Al4V, HX Coating, taper 12/14, CCD angle 125°

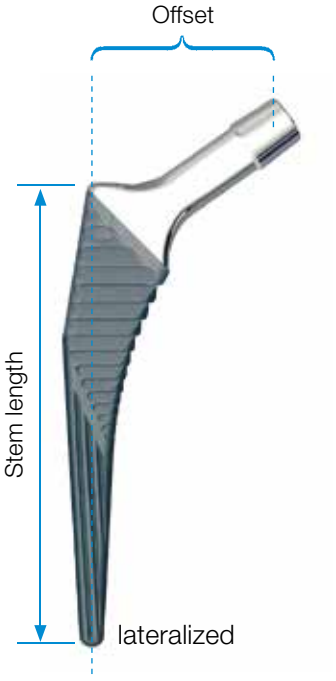
REF	Size	Length mm	Offset mm
165-112/26	8	115	45.0
165-113/26	9	130	45.5
165-114/26	10	140	46.2
165-115/26	11	145	47.0
165-116/26	12	150	47.7
165-117/26	13	155	48.5
165-118/26	14	160	49.0
165-119/26	15	165	50.0
165-120/26	16	170	50.5
292-186/26	18	180	51.5
292-187/26	20	190	52.0

LCU PoroLink Hip Stems, cementless



LCU PoroLink Hip Stems, cementless, **standard type**
MAT Ti6Al4V, taper 12/14, CCD angle 130°

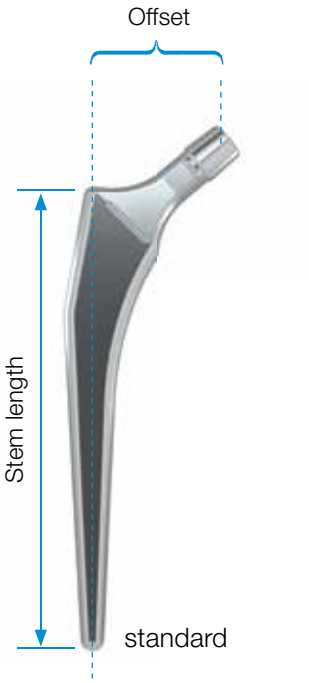
REF	Size	Length mm	Offset mm
165-312/26	8	115	38.0
165-313/26	9	130	38.5
165-314/26	10	140	39.2
165-315/26	11	145	40.0
165-316/26	12	150	40.7
165-317/26	13	155	41.5
165-318/26	14	160	42.0
165-319/26	15	165	43.0
165-320/26	16	170	43.5
165-321/26	18	180	44.5
165-322/26	20	190	45.0



LCU PoroLink Hip Stems, cementless,
lateralized type, + 7 mm offset
MAT Ti6Al4V, taper 12/14, CCD angle 125°

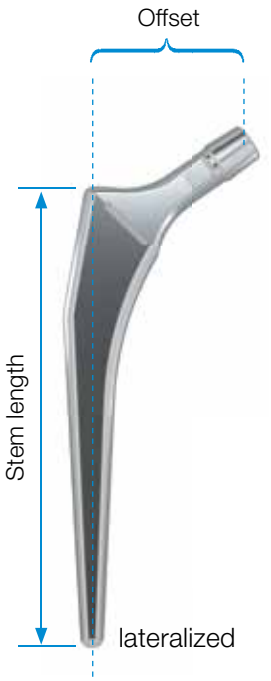
REF	Size	Length mm	Offset mm
165-412/26	8	115	45.0
165-413/26	9	130	45.5
165-414/26	10	140	46.2
165-415/26	11	145	47.0
165-416/26	12	150	47.7
165-417/26	13	155	48.5
165-418/26	14	160	49.0
165-419/26	15	165	50.0
165-420/26	16	170	50.5
165-421/26	18	180	51.5
165-422/26	20	190	52.0

LCU Hip Stems, cemented



LCU Hip Stems, cemented, **standard type**
MAT CoCrMo, taper 12/14, CCD angle 130°

REF	Size	Length mm	Offset mm
165-512/26	8	115	38.0
165-513/26	9	130	38.5
165-514/26	10	140	39.2
165-515/26	11	145	40.0
165-516/26	12	150	40.7
165-517/26	13	155	41.5
165-518/26	14	160	42.0
165-519/26	15	165	43.0
165-520/26	16	170	43.5
165-521/26	18	180	44.5
165-522/26	20	190	45.0

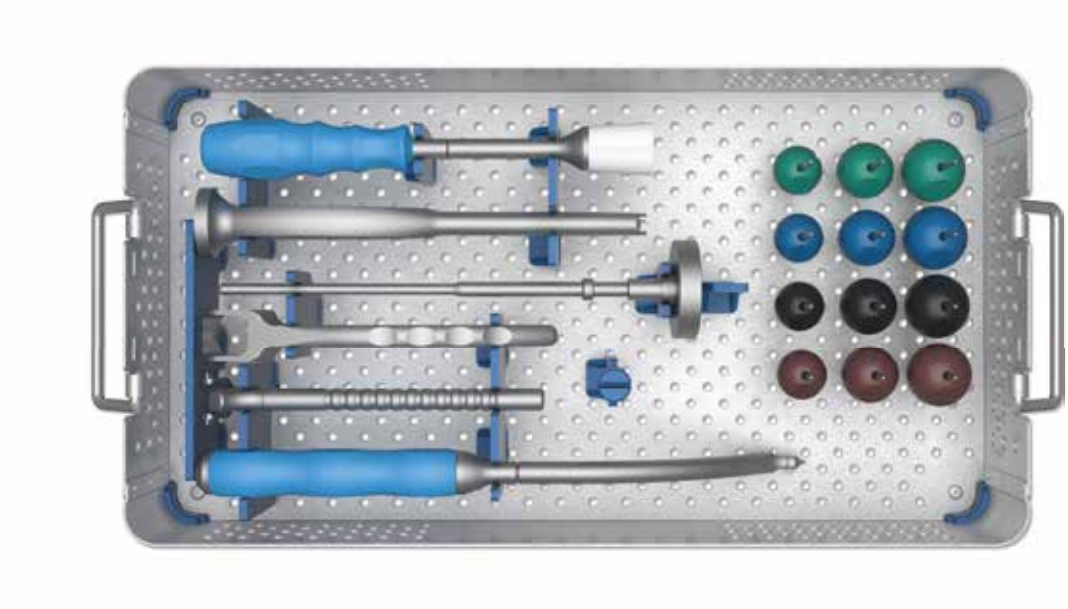


LCU Hip Stems, cemented,
lateralized type, + 7 mm offset
MAT CoCrMo, taper 12/14, CCD angle 125°

REF	Size	Length mm	Offset mm
165-612/26	8	115	45.0
165-613/26	9	130	45.5
165-614/26	10	140	46.2
165-615/26	11	145	47.0
165-616/26	12	150	47.7
165-617/26	13	155	48.5
165-618/26	14	160	49.0
165-619/26	15	165	50.0
165-620/26	16	170	50.5
165-621/26	18	180	51.5
165-622/26	20	190	52.0

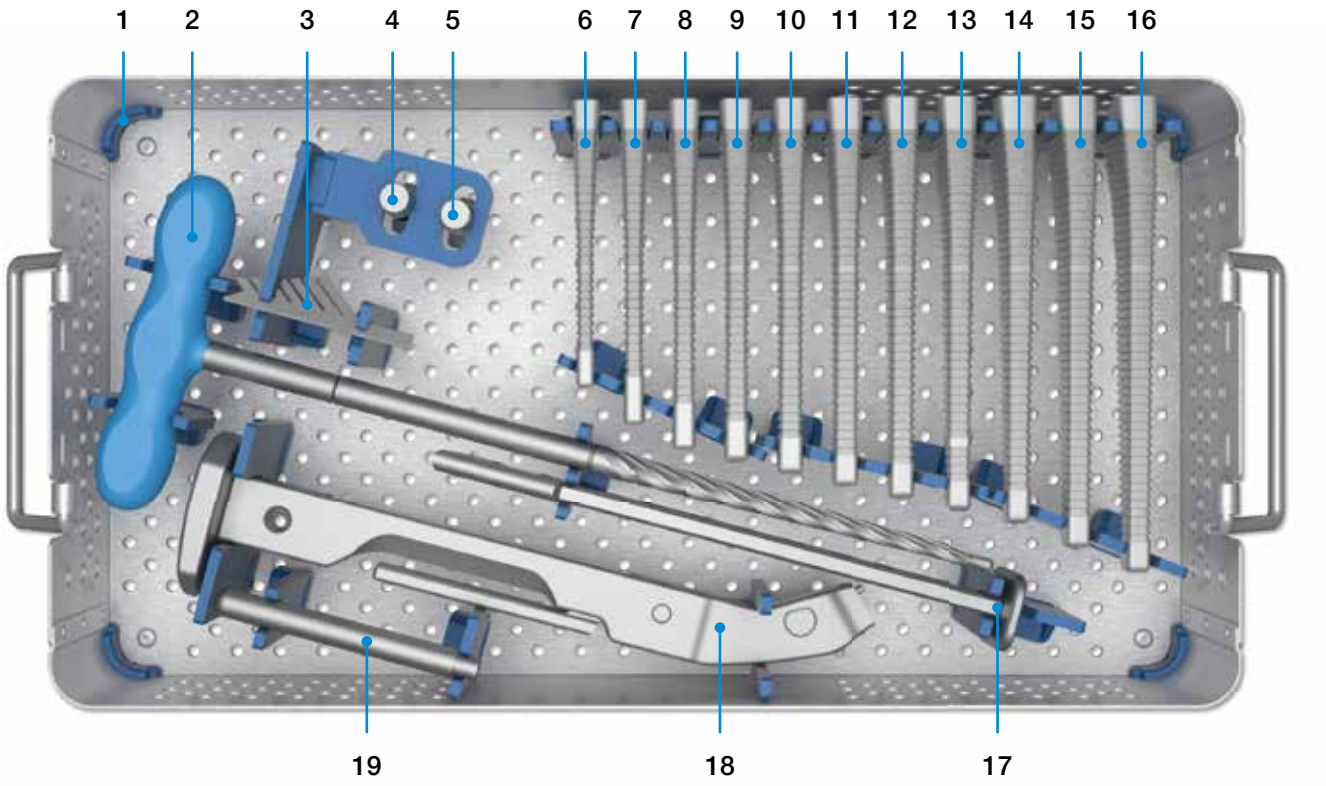
Instrument Sets for LCU Hip Prosthesis Stems

REF	Instrument Set for LCU Hip Prosthesis System
165-100/30	**Instrument Set 1,** complete



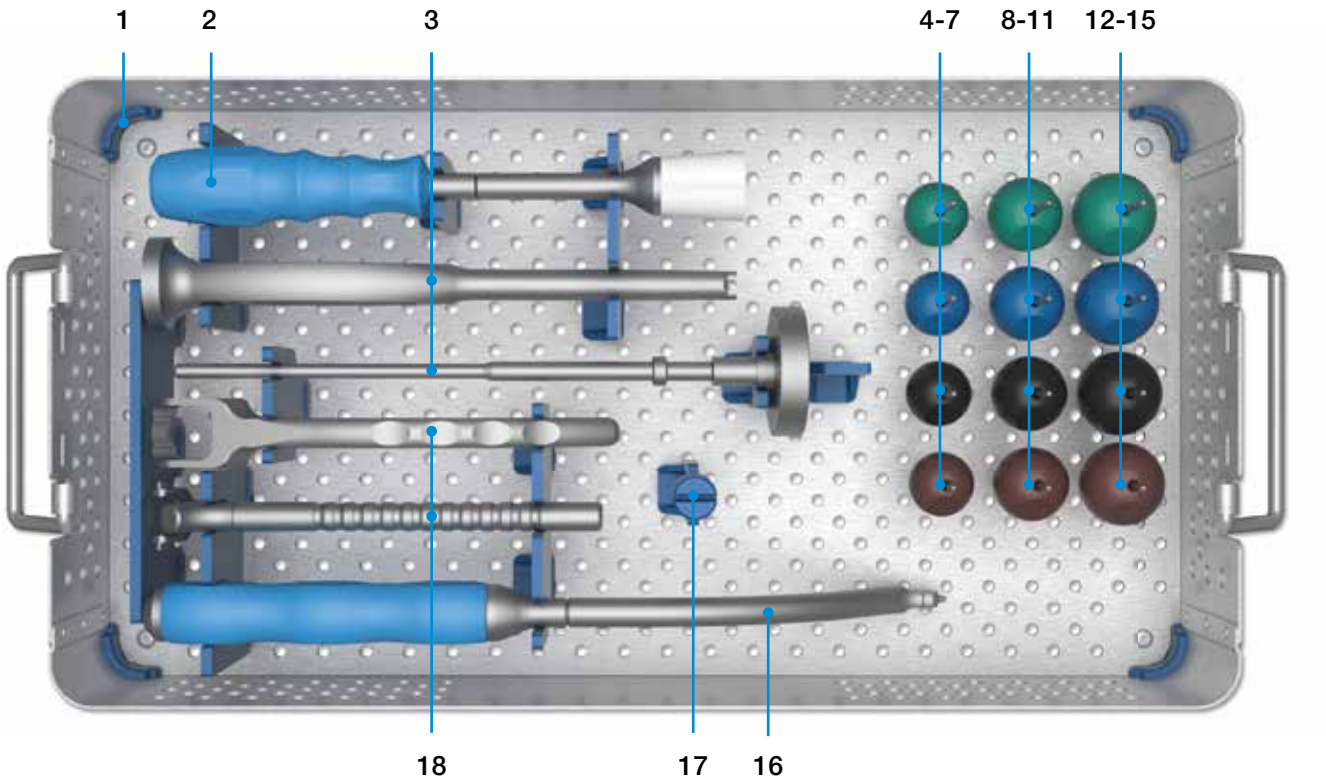
REF	Instrument Set for LCU Hip Prosthesis System
165-100/31	**Instrument Set 2,** complete

165-100/30 **Instrument Set 1,** complete



1	165-100/10	**Instrument Tray,** empty, stainless steel, with lid
2	130-617	**Femoral Canal Opener,** stainless steel, 365mm
3	175-310/05	**Resection Guide,** stainless steel
4	165-110/25	**Trial Neck Segment,** stainless steel, Taper 12/14, CCD 125 °, lateralizing
5	165-110/30	**Trial Neck Segment,** stainless steel, Taper 12/14, CCD 130 °, standard
6	165-111/08	**Bone Compressor,** stainless steel, Size 8
7	165-111/09	**Bone Compressor,** stainless steel, Size 9
8	165-111/10	**Bone Compressor,** stainless steel, Size 10
9	165-111/11	**Bone Compressor,** stainless steel, Size 11
10	165-111/12	**Bone Compressor,** stainless steel, Size 12
11	165-111/13	**Bone Compressor,** stainless steel, Size 13
12	165-111/14	**Bone Compressor,** stainless steel, Size 14
13	165-111/15	**Bone Compressor,** stainless steel, Size 15
14	165-111/16	**Bone Compressor,** stainless steel, Size 16
15	165-111/18	**Bone Compressor,** stainless steel, Size 18
16	165-111/20	**Bone Compressor,** stainless steel, Size 20
17	130-716	**Box Chisel,** stainless steel
18	130-394/01	**Rasp Handle** with quick coupling, stainless steel, straight
19	130-393/81	**Positioning Guide** for aligment of anteversion, stainless steel, 110mm

165-100/31 **Instrument Set 2,** complete



1	165-100/11	**Instrument Tray,** empty, stainless steel, with lid
2	175-360	**Head Impactor** with exchangeable plastic head, stainless steel / silicone
3	130-711	**Positioner,** stainless steel, 260mm
4	132-928/01	**Plastic Trial Head,** PPH, Taper 12/14, Ø 28mm, Neck length short, green
5	132-928/02	**Plastic Trial Head,** PPH, Taper 12/14, Ø 28mm, Neck length medium, blue
6	132-928/03	**Plastic Trial Head,** PPH, Taper 12/14, Ø 28mm, Neck length long, black
7	132-928/04	**Plastic Trial Head,** PPH, Taper 12/14, Ø 28mm, Neck length extra long, brown
8	132-932/01	**Plastic Trial Head,** PPH, Taper 12/14, Ø 32mm, Neck length short, green
9	132-932/02	**Plastic Trial Head,** PPH, Taper 12/14, Ø 32mm, Neck length medium, blue
10	132-932/03	**Plastic Trial Head,** PPH, Taper 12/14, Ø 32mm, Neck length long, black
11	132-932/04	**Plastic Trial Head,** PPH, Taper 12/14, Ø 32mm, Neck length extra long, brown
12	132-936/01	**Plastic Trial Head,** PPH, Taper 12/14, Ø 36mm, Neck length short, green
13	132-936/02	**Plastic Trial Head,** PPH, Taper 12/14, Ø 36mm, Neck length medium, blue
14	132-936/03	**Plastic Trial Head,** PPH, Taper 12/14, Ø 36mm, Neck length long, black
15	132-936/04	**Plastic Trial Head,** PPH, Taper 12/14, Ø 36mm, Neck length extra long, brown
16	130-622/01	**Impactor,** curved, stainless steel / silicone
17	179-122/01	**Taper Cap,** PPSU, blue
18	134-141/00	**Inserting Forceps** with exchangeable taper cap, stainless steel, 200mm

Additional Instruments

Bone Plug Impactor to insert bone plugs into the medullary cavitiy

REF	Ø (mm)
Unthreaded	
131-200	8
131-202	10
131-204	12
131-206	14
131-208	16
131-210	18
Threaded	
131-220	8
131-222	10
131-224	12
131-226	14
131-228	16
131-230	18

Length 383mm

Length 400mm

131-250/26 **Inserter** for Medullary Plugs, graduated, 355mm, includes 2 inserter

131-250/23 **T-Handle** for inserter 131-250/26

Medullary Plugs, Material: UHMWPE

REF	Ø (mm)
109-130/12	12
109-130/13	13
109-130/14	14
109-130/15	15
109-130/16	16
109-130/17	17
109-130/18	18
109-130/19	19
109-130/20	20

X-ray Templates for LCU Hip Stems
CCD angle 125°/130° (lateralized and standard type)
110% actual size, set of 11 sheets

REF	X-ray templates for lateralizing and standard type
165-140/35	**LCU Hip Stems,** cementless, for prosthesis heads of Ø 26mm
165-141/35	**LCU Hip Stems,** cementless, for prosthesis heads of Ø 28mm
165-142/35	**LCU Hip Stems,** cementless, for prosthesis heads of Ø 32mm
165-143/35	**LCU Hip Stems,** cementless, for prosthesis heads of Ø 36mm
165-144/35	**LCU Hip Stems,** cementless, for prosthesis heads of Ø 40mm
165-150/00	**LCU Hip Stems,** cemented

Instructions for Cleaning and Maintenance

Specific instructions for instruments are available on request from customer@linkhh.de

Literature

For more information please register for our LINK Media Library (linkorthopaedics.com)

Indications/Contraindications

Indicated indications and contraindications: **LCU Hip Prosthesis System, Cementless & Cemented**
General Indications
Mobility-limiting diseases, fractures or defects which cannot be treated by conservative or osteosynthetic procedures
Indications
Primary and secondary coxarthrosis
Osteoarthritis
Necrosis of the femoral head
Femoral neck fractures
Contraindications
Poor general state of health
Acute and chronic infections, local and systemic
Allergies to (implant) materials
Distinctive muscular-, nerve-, vascular or other diseases, which put the affected limb at risk
Insufficient/inadequate bone mass- or quality which prevents a stable anchor of the prosthesis
Relative Contraindications
Adiposity
Lacking or foreseeable not assured compliance
Foreseeable overload/overstressing of the joint prosthesis
Osteoporosis*

* applicable only fot the cementless LCU prosthesis stems

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

Please note:
LCU Hip Stems can be combined with prostheses heads up to +10,5mm additional neck length.

Important Information

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 determines the size and shape of the implant and also limits 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 used again.

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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