

ABG® II Modular Extraction Protocol

stryker®

Modular Neck Extraction

The Neck Implant is removed with the use of the ABG II Modular Neck Extractor (4845-5-541 (Sizes 1-2), 4845-5-540 (Sizes 3-8)). The Neck Implant is extracted by placing the Neck Extractor under either the medial or lateral side of the base of the Neck and levering out the Neck. Neck Trial Forceps are recommended to capture the neck during extraction.

Tip

Tap end of Neck Extractor with a mallet to remove neck in a controlled manner.

Stem Extraction

There are instruments to manage the extraction of a modular stem in both intraoperative and revision situations.

The Modular Stem Extractor (4845-5-530) uses a connection pin, which engages the stem insertion feature and a locking arm that engages the Modular Stem taper. The arm is secured in place by tightening the threaded locking knob. Use the stem impactor to push the stem back out of the femur or hit the plate to extract the stem.



Indications

The ABG II Modular Hip System is intended for primary total hip arthroplasty. These femoral stems are designed to be press-fit into the proximal femur. The indication for use of total hip replacement prostheses include:

- Rheumatoid arthritis.
- Correction of functional deformity.
- Non-inflammatory degenerative joint disease including osteoarthritis and avascular necrosis.
- Treatment of non-union, femoral neck and trochanteric fractures of the proximal femur with head involvement that is unmanageable using other techniques.
- Stryker's ABG II Modular Hip System is intended for cementless use only.

Contraindications

- Overt infection.
- Skeletally immature patients.
- Distant foci of infections, which may cause hematogenous spread to the implant site.
- Rapid disease progression as manifested by joint destruction or bone absorption apparent on roentgenogram.
- Cases where there is a loss of abductor musculature, poor bone stock, or poor skin coverage around the hip joint, which would make the procedure unjustifiable.

Conditions Presenting Increased Risk of Failure Include but Are Not Limited to:

- Uncooperative patient or patient with neurologic disorders, incapable of following instructions.
- Osteoporosis.
- Metabolic disorders which may impair bone formation.
- Osteomalacia.
- Excessive loads due to patient activity and/or patient weight. Patients should be warned of these contraindications and risks. See the package insert for warnings, precautions, adverse effects and other essential product information.

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 product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. 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 Stryker representative if you have questions about the availability of Stryker products in your area.

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