RP Medical

Pivot Implant Extraction System™

Surgical Technique

Pivot Implant Extraction Osteotome System™

Surgical Technique

Decreased bone loss and saves time

- **Specifically designed for revision knee and other joint revision surgeries.**
- **It brings efficiency for surgeons, decreased surgical time for hospitals, and decreased bone loss for patients.**

Ease of use / Many tip designs to choose from

"V" tip design allows the rigid Blade to easily penetrate the area between the bone and the cement/bony ingrowth surface creating a channel. The device half circle pivot point anchors against the implant enabling the surgeon to pivot the osteotome blade in both a right and left lateral motion, debonding a large surface area.

Use the shorter stiffer to initiate implant removal. It is recommended to make a series of side by side blade penetrations before using the pivot point. The blade portion of the Pivot osteotome should penetrate with very light impaction forces. If the blade is not advancing freely, the blade could be cutting into the cement mantle. If this occurs **do not over torque** the device when initiating the right and left lateral motion. Simply back out the blade with small right and left motions and restart the blade penetration finding the space between the bone and cement or bony ingrowth surface.

If the bone is sclerotic along the edges of the implant, use a straight osteotome to initiate preparation.

Note: The blades are designed to cut in a horizontal right and left lateral motion. The blades are **NOT** designed to be in an up and down vertical motion. Care must be taken to ensure the integrity of the blade portion of the device.

Final Step

Choose the *best appropriate* blade design which will work best in the quadrant you will be breaking the bond between the implant and the host bone.

Use the same technique described for the shorter blade. Do not over torque the blade when applying the lateral right to left motion.

Once satisfied with the debonding process, light impaction using a bone punch against the implant can be initiated. If "**NO**" movement is observed, the debonding procedure was not sufficient. Repeat previous steps.

Note:

- The blades are thin, avoid applying too much force.
- **Never** apply a vertical up and down motion on the blade .

Pivot Osteotome Disposal

After the implant has been successfully removed, it is recommended the osteotomes used be discarded after surgery. Wear and or other damage that may occur during the implant removal process can compromise the blade portion of the osteotome cutting ability.

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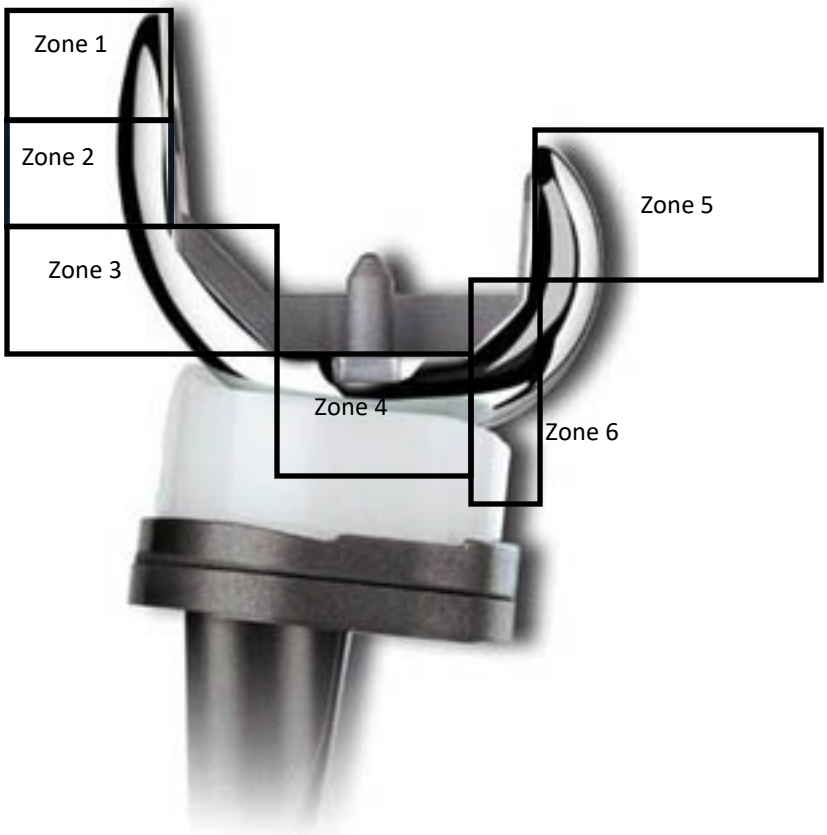

Pivot Blade Zone Breakdown:

Femoral Knee Component

Suggested Pivot Blade choices:

Zone 1 , 2 and 3

Initial Penetration

39.1960.10.01 and/or 39.1960.10.02 and/or 39.1960.70.01 and/or 39.1960.70.02

Final stage:

Use any of the longer 10 and/or 70 series straight blades

Zone 5

39.1960.51.01 and/or 39.1960.51.02 and/or 39.1960.52.01 and /or 39.1960.52.02

All Other zones

Use any of the blade designs

Difficult Exposure:

When the surgeon is having trouble with soft tissue encroachment, which is making the excess to the implant difficult. We would suggest using the 39.1960.20.XX series, Angled Straight blades.

Total Shoulder Implant Removal:

Recommended Blades:

Glenoid:

39.1960.30.01, 30.02, 30.03 **Pivot Osteotomes Curved**

Proximal Humerus:

39.1960.10.01, 10.02, 10.03, 10.04 **Pivot Osteotomes Straight**

Note: it is recommended to start with the shorter blades to create a pathway for the long blades

Proximal Femoral Hip Component Removal:

Recommended Blades:

39.1960.70.01, 70.02, 70.03 **Pivot Osteotome Straight Wide**

And/or:

39.1960.10.01, 10.02, 10.03, 10.04 **Pivot Osteotomes Straight**

Note: it is recommended to start with the shorter blades to create a pathway for the long blades

Reference No.	Description
39.1960.51.01	Right Angle, short
39.1960.51.02	Right Angle, long
39.1960.10.01	Straight, short
39.1960.10.02	Straight, medium
39.1960.10.03	Straight, long
39.1960.10.04	Straight, x-long
39.1960.20.01	Straight Angled, short
39.1960.20.02	Straight Angled, medium
39.1960.20.03	Straight Angled, long
39.1960.30.01	Curved, short
39.1960.30.02	Curved, medium
39.1960.30.03	Curved, long
39.1960.60.01	Reverse Blade, short
39.1960.60.02	Reverse Blade, long
39.1960.52.01	Left Angle, short
39.1960.52.02	Left Angle, long
39.1960.70.01	Straight Wide, short
39.1960.70.02	Straight Wide, medium
39.1960.70.03	Straight Wide, long
39.1960.100	Sterilization Case
39.1960.01	Handle
39.1960.02	Tool Rod
39.1960.05	Retractor
39.1960.07	Slap Hammer

This documentation is intended exclusively for physicians and is not intended for laypersons. Information on the products and procedures contained in this document is of a general nature and does not represent and does not constitute medical advice or recommendations. Because this information does not purport to constitute any diagnostic or therapeutic statement with regard to any individual medical case, each patient must be examined and advised individually, and this document does not replace the need for such examination and/or advice in whole or in part. Please refer to the package inserts for any important product information, including, but not limited to, contraindications, warnings, precautions, and adverse effects.

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