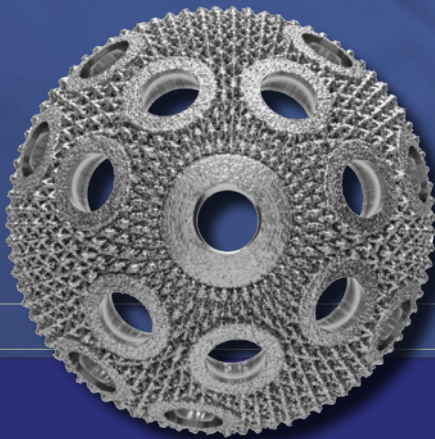


pact® 3D METAL MULTI-HOLE

HEMISPHERICAL CEMENTLESS CUP SYSTEM

EVOLVING SAFETY



Surgical Technique

Joint

Spine

Sports Med

TABLE OF CONTENTS

| | |
|--|-----------|
| 1. INTRODUCTION | 4 |
| 1.1 Indications | 4 |
| 1.2 Contraindications | 4 |
| 1.3 Pre-operative planning | 4 |
| 1.4 Surgical approach | 4 |
| 2. REAMING | 5 |
| 3. TRIALS | 6 |
| 4. IMPACTION OF THE ACETABULAR SHELL | 7 |
| 5. PLUG AND SCREW FIXATION (OPTIONS) | 8 |
| 6. STABILITY TEST | 10 |
| 7. POSITIONING OF THE DEFINITIVE LINER | 11 |
| 7.1 Positioning of the definitive UHMWPE Highcross liner | 11 |
| 8. REMOVAL AND REVISION PROCEDURE | 12 |
| 8.1 Liner removal | 12 |
| 8.2 Shell and screws removal | 12 |
| 9. MPACT POLYETHYLENE LINER OPTIONS | 13 |
| 10. INSTRUMENT DETAILS | 14 |
| 10.1 Assembling the cup with the cup impactor (ref. 01.32.10.0183) | 14 |
| 10.2 Disassembling the cup with the cup impactor (ref. 01.32.10.0183) | 14 |
| 10.3 Assembling the alignment guide (ref. 33.22.0066 And 01.32.10.0072) with the cup impactor (ref. 01.32.10.0183) | 15 |
| 11. IMPLANTS NOMENCLATURE | 16 |

1. INTRODUCTION

The Mpact 3D Metal Multi-hole is part of the Mpact product family, an acetabular shell system offering different shell and liner options, ranging from primary to complex revision solutions.



Mpact 3D Metal Multi-hole

This document describes the Surgical Technique for the Mpact 3D Metal Multi-hole cup to be used with cancellous bone screws to enhance the primary fixation.

The Mpact 3D Metal Multi-hole shell is available in 14 sizes, from 46 to 72 mm in 2 mm increments. The shells can be coupled with UHMWPE liners.

For more details about other Mpact System acetabular shells please see the dedicated Surgical Techniques.

The Mpact 3D Metal Multi-hole is manufactured using an additive manufacturing technology.

Please read carefully the instructions for use. Should you have any questions concerning product compatibility please contact your local Medacta representative.

CAUTION

Federal law (USA) restricts this device to sale distribution and use by or on the order of a physician.

1.1 INDICATIONS

The Mpact 3D Metal implants are designed for cementless use in total hip arthroplasty in primary or revision surgery.

The patient should be skeletally mature.

The patient's condition should be due to one or more of:

- Severely painful and/or disabled joint: as a result of osteoarthritis, post-traumatic arthritis, rheumatoid arthritis or psoriatic arthritis, congenital hip dysplasia, ankylosing spondylitis
- Avascular necrosis of the femoral head
- Acute traumatic fracture of the femoral head or neck
- Failure of previous hip surgery: joint reconstruction, internal fixation, arthrodesis, hemiarthroplasty, surface replacement arthroplasty, or total hip replacement where sufficient bone stock is present

1.2 CONTRAINDICATIONS

The Mpact 3D Metal Implants contraindications are the standard contraindications for total hip replacement:

- Acute, systemic or chronic infection
- Skeletal immaturity
- Severe muscular, neurological, vascular deficiency or other pathologies of the affected limb that may compromise the function of the implant
- Bone condition that may compromise the stability of the implant

Mental or neuromuscular disorders may create an unacceptable risk to the patient and can be a source of postoperative complications.

It is the surgeon's responsibility to ensure that the patient has no known allergy to the materials used.

1.3 PRE-OPERATIVE PLANNING

The goal is to determine the optimum acetabular implant size. Using the set of X-ray templates to the scale of 1.15:1 (with an X-ray of the same magnification) it will be possible to determine:

- The implant size
- The ideal position of the metal back for an optimal coverage

WARNING

The Mpact 3D Metal Multi-hole Thin shell cannot be used with the Compression Polyaxial Locking Screws.

WARNING

The final implant will be selected intra-operatively, because of possible discrepancies between actual conditions and templating. The choice will be determined by the size of the final reamer used and the trial cup evaluations.

1.4 SURGICAL APPROACH

The choice of surgical approach is at the discretion of the surgeon. The instrumentation has been developed for a conventional approach. Specific instrumentation for the anterior approach is available by request (for further information see the AMIS dedicated surgical technique).

If the patient has severe acetabular bone loss, the Augments 3D Metal may be used to reinforce the acetabular cavity to help stabilize the acetabular component. In this case please refer to the dedicated surgical technique.

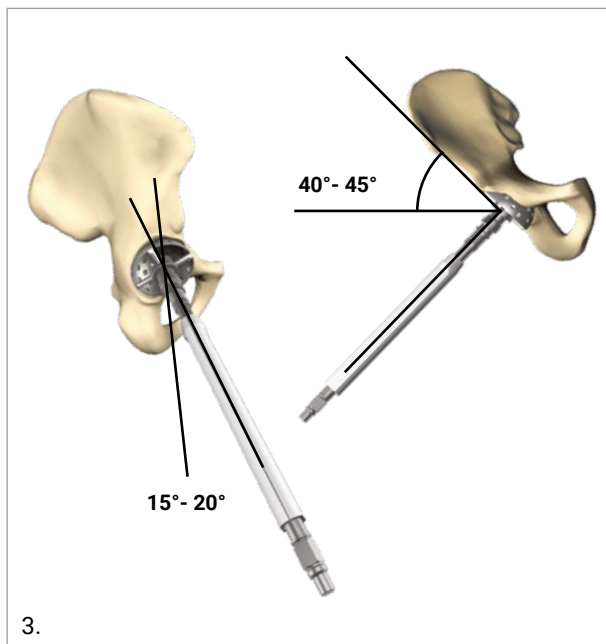
2. REAMING

Following the osteotomy of the femoral neck, expose and prepare the acetabular cavity and remove osteophytes.

Start reaming with the acetabular reamers.



The ideal reaming axis has an inclination of 40°/45° and an anteversion of 15°/20° (anteversion recommended for posterior approaches).



Start reaming the acetabulum progressively, increasing the reamer size until a hemispherical cavity has been obtained and there is presence of bleeding subchondral bone. The preoperative plan can also be used as a reference.

WARNING

During final reaming, avoid changing the reamer axis, in order to avoid making the prepared bed oval, which may affect or prevent the primary seating of the implant.

The size shown on the implant box is the outer diameter of the Mpace shell. For example, a box displaying "52 mm shell" contains a shell with an outer diameter of 52 mm.

The press-fit should be determined intra-operatively depending on bone quality: the denser the bone, the less press-fit required. In average conditions, an under-reaming of 1 mm should provide an appropriate pressfit of the Mpace acetabular shell.

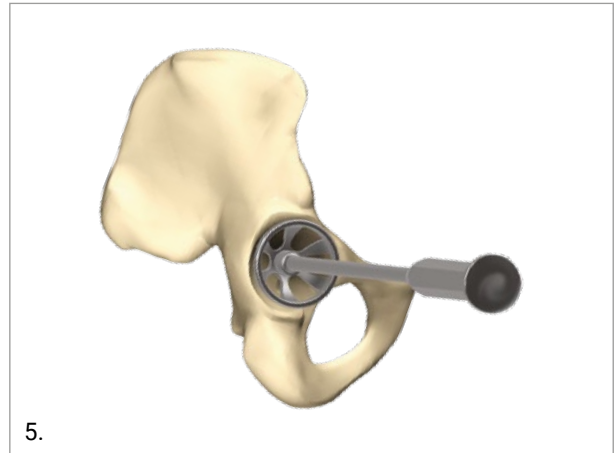
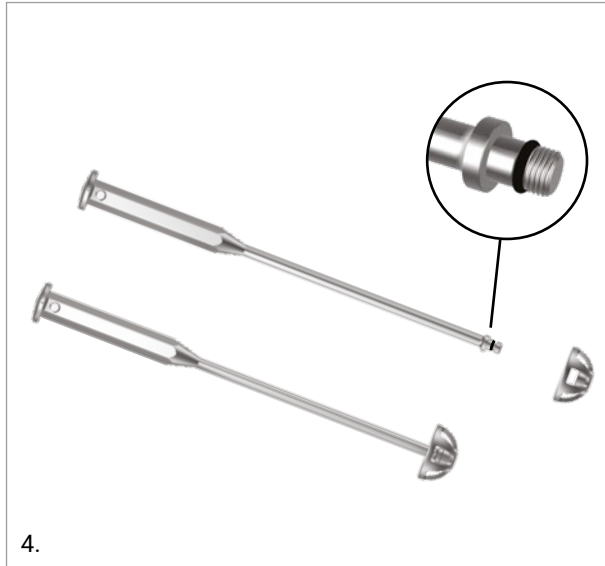
As a general rule the correct final reamed diameter corresponds to 4 or 6 mm more than the femoral head diameter size. Take care to retain, as much as possible, the bone stock to the level of anterior and posterior columns.

Reamed bone may be used to fill the void between the implant and the acetabulum.

3. TRIALS

Trial cups should be used to assess shape and orientation of the cavity. A trial cup of the same diameter of the last reamer (or 1 mm smaller in case of odd-size reaming) should be used.

Place the trial cup chosen onto the multifunction handle.



Trial cups:

- Are smooth and have the same dimensions as the even reamers to avoid damaging the socket
- Are sized as specified. For example, a size 52 trial shell measures 52 mm on the outside diameter
- Have several openings to permit a direct visualization of the underlying acetabular surface

TIP

As a general rule, soft bone is suitable for a greater press-fit than dense sclerotic bone. Moreover, the bigger the size of the acetabulum, the greater the suitable press-fit.

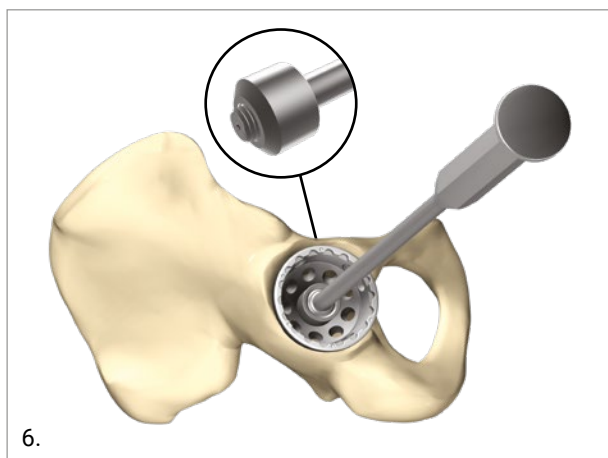
4. IMPACTION OF THE ACETABULAR SHELL

After a satisfactory trial the final acetabular shell can be positioned.

Assemble the impactor handle onto the acetabular shell and ensure it is completely locked to avoid damaging the impactor screw thread during impaction. For detailed instructions for the impactor handle see section 10 - INSTRUMENTS DETAILS.

The correct position of the acetabular shell is achieved by positioning the mechanical engraving present on its rim in the posterior-superior quadrant of the acetabulum, in the direction of the center of the ilium. The groove represents the central point of a cluster of 3 (or 4, depending on the selected shell size) peripheral holes for bone screws to be positioned in the ilium. The other 2 couples of peripheral screws are intended to be positioned in the ischium and in the pubis.

Impact the acetabular shell with the aid of a mallet, at the desired angle of orientation, until it is completely stable.



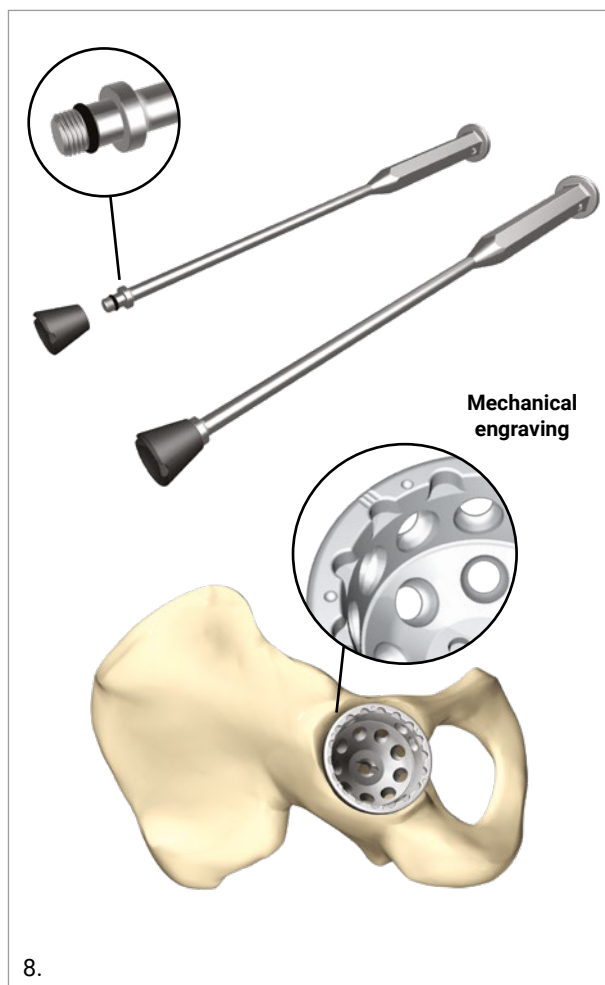
OPTION

An orientation guide is available to aid in the positioning of the acetabular shell and to establish satisfactory orientation as tested during trials: the orientation guide should be positioned on the top of the impactor handle - the inclination of the anteversion rods is 20° and the inclination rod is 45°.



Following shell implant impaction, never use the impactor to reposition or rotate the acetabular shell as this may damage the threads. If required, use only the acetabular shell correction impactor, assembled with the multifunction handle.

Remove the handle.



CAUTION

After impaction of the acetabular shell, ensure osteophytes have been properly removed in order to avoid any impingement.

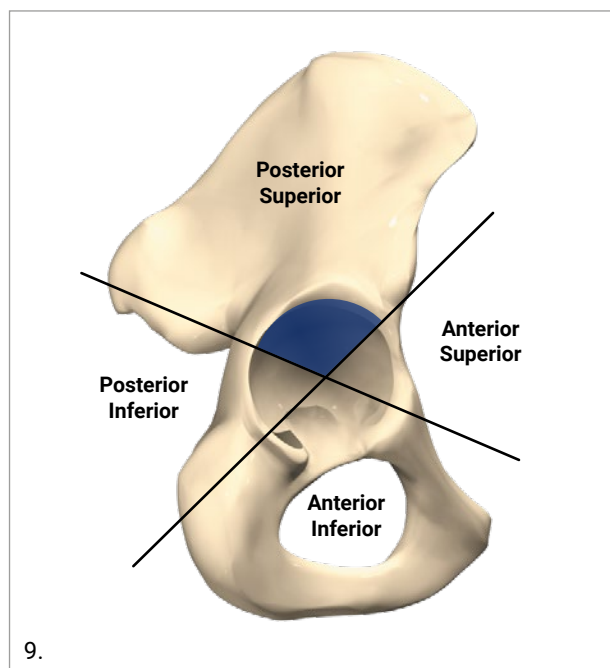
TIP

In order to ensure the correct depth of the definitive acetabular shell use the shell holes to see the floor of the acetabulum.

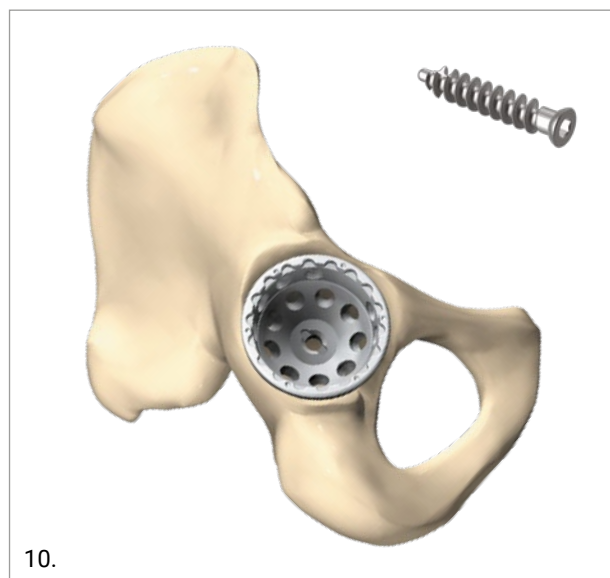
5. PLUG AND SCREW FIXATION (OPTIONS)

The Mpack 3D Metal Multi-hole acetabular shell allows the surgeon to use bone screws to provide additional fixation.

Screws should be located in the Posterior-Superior acetabular quadrant once final impaction is done, to minimize the potential for neurologic and vascular injury. Additional screw holes are located in the other acetabular quadrants if increased fixation is necessary. Screw placement is at the discretion of the surgeon.



The Mpack Multi-hole allows the surgeon to use cancellous bone screws (with flat head and Ø 6.5 mm), to be placed on the dome of the shell.



To insert cancellous bone screws, drill through the acetabular shell holes using a Ø 3.2 mm drill bit with the help of a drill guide. If appropriate, a flexible shaft bit driver is available in order to facilitate the drilling procedure.

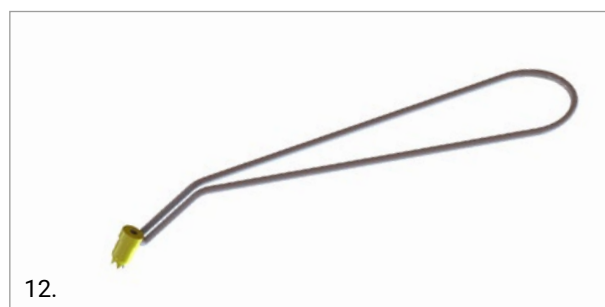


Two different screw versions are available:

- Cancellous Bone Screw Flat Head Ø 6.5 (01.32.6515 - 01.32.6570) offering a wider angular range
- Cancellous Bone Screw Ø 6.5 (01.43.0015 - 01.43.0070) offering higher mechanical resistance

CAUTION

The Cancellous Bone Screw Ø 6.5 (01.43.0015-01.43.0070) requires a dedicated drill guide (01.10.10.372). Color coding has been introduced for easier identification. The dedicated drill guide has a gold colored tip and a gold colored band is present on the screw label.



A depth gauge is available in order to measure the drilling depth and select a self-tapping screw of appropriate length.

Screwing is performed with the aid of a 3.5 mm hex-head screwdriver.



13.

OPTION

The cardan flexible screwdriver (Ref. 01.32.10.0290) is available upon request.

CAUTION

Always use Medacta flat head screws (see chapter 11 - IMPLANTS NOMENCLATURE) and check that the screws are fully seated (ensure that the screw heads do not protrude from the inner surface of the acetabular shell).

NOTICE: The central impactation threaded hole may be closed with titanium plug if desired. The titanium plug (ref. 01.31.55TP) is packaged separately from the Mpace 3D Metal Multi-hole acetabular shell.

6. STABILITY TEST

During stability tests, the choice between a flat and a hooded liner can be made according to the surgeon's preference.

Offset and Face-changing liners are also available.



14.

Clean the interior surface of the acetabular shell.

Assemble the multifunction handle with the trial liner corresponding to the acetabular shell size and femoral head diameter.

Position the assembly gently in the acetabular shell at the desired rotational position taking care to align the anti-rotation tabs with the indentations on the shell.

Unscrew the multifunction handle and reduce the hip in order to test the joint stability and limb length.

After checking and testing mobility, joint stability and lower limb length, remove the trial liner with the aid of the multifunction handle.

TIP

If using a hooded trial liner, use electrocautery to mark the definitive position of the hood.

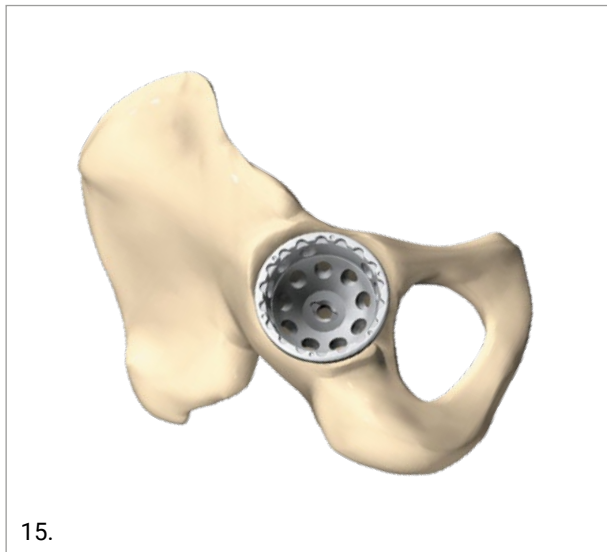
WARNING

Stability tests must be performed with trial heads and not with final heads. The head sizes XL (for Ø28 mm, Ø32 mm) and XXL (for Ø28 mm, Ø32 mm, Ø36 mm, Ø40 mm) have a collar which may decrease the range of motion in comparison to smaller sizes. Always perform trial reduction with the chosen head size.

7. POSITIONING OF THE DEFINITIVE LINER

The external diameter of the liner will be the same as the internal diameter of the acetabular shell implanted. This is noted with the letter code. The internal diameter of the liner will be the same as the outer diameter of the head chosen.

Before inserting the liner clean the interior surface of the acetabular shell; carefully remove any bone debris and tissue residue to avoid damaging the mechanical bearing.



15.

7.1 POSITIONING OF THE DEFINITIVE UHMWPE HIGHCROSS LINER

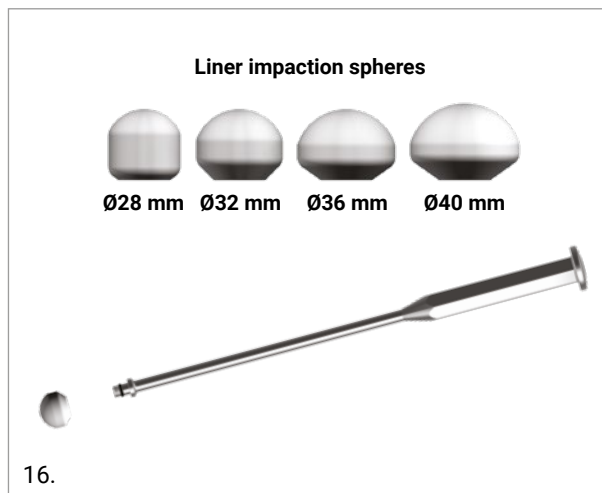
Place carefully by hand the UHMWPE liner in the acetabular shell along its axis taking care to align the anti-rotation tabs with the indentations on the shell.

Ensure the hooded liner is positioned in the correct location, as determined by the trial.

Check that the liner has been positioned correctly.

Once the liner is in the correct position, secure it by pushing it in with your thumb.

To perform the final impaction, assemble the impaction sphere (of the correct head size) onto the multifunction handle.



Insert the sphere into the UHMWPE liner and impact it using a mallet, until completely seated. Remove the multifunction handle with the liner impaction sphere.

WARNING

Impaction should follow the "axis" of the cup, i.e. should be in a direction perpendicular to the plane of equator. In order to do so, the offset AMIS impactor may facilitate negotiating soft tissues when an AMIS approach is being performed.

TIP

In order to ensure the correct placement of flat liners and the flat part of the hooded liner check that the outside rim of the acetabular shell is exactly aligned or flush with the outside rim of the liner with the tabs in the corresponding indentations.

Position and impact the definitive head and reduce the hip.

OPTION

Metallic impaction washers (for each liner size), to impact the UHMWPE liners, are available upon request for use with the multifunction handle. Also available upon request is a washer release key to unlock the impaction washer from the multifunction handle.

8. REMOVAL AND REVISION PROCEDURE

This chapter provides some options if removal of the Mpact component is required.

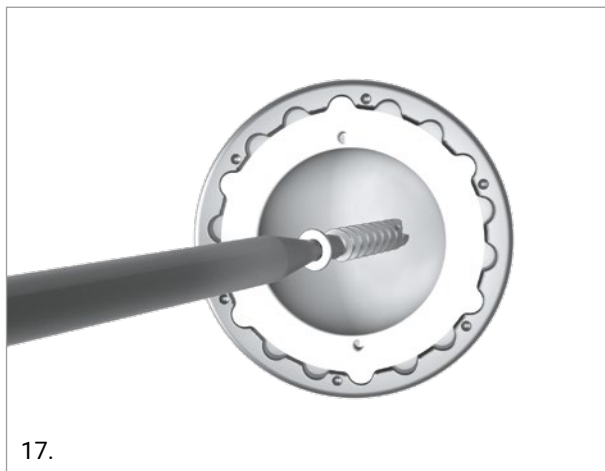
8.1 LINER REMOVAL

If a liner must be removed from the Mpact shell we recommend using the Bone screw method:

- Locate the 3.2 mm drill bit and drill a hole into the dome of the liner avoiding the areas of the holes of the shell
- Use a cancellous bone screw and insert it inside the hole. Drive the screw by hand until the liner is lifted out of the shell

WARNING

While removing the liner care should be taken to avoid damaging the shell taper or its locking mechanism.



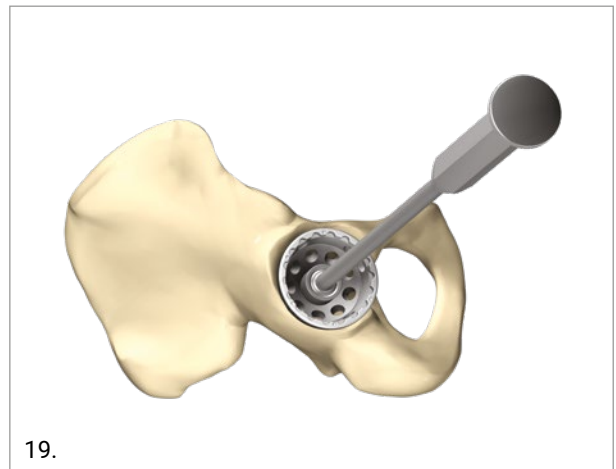
8.2 SHELL AND SCREWS REMOVAL

The Mpact existing instruments can be used in case of removal of the acetabular shell and of the screws.

To remove the cancellous bone screws you can use the ratchet handle together with the screwdriver to unscrew them.



If the acetabular shell is loose you might use the impactor handle to remove it.

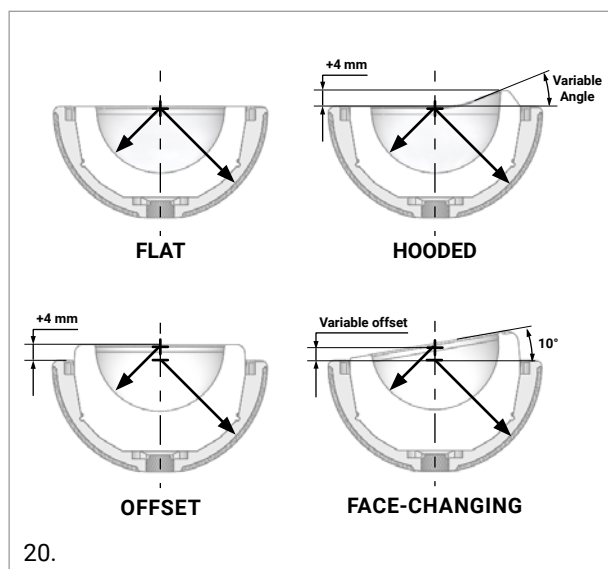


For well fixed acetabular shells you should use specific revision instrumentation, available on request.

9. MPACT POLYETHYLENE LINER OPTIONS

Within the MPACT Acetabular System, a variety of liner designs are available:

- Flat liners offer concentric inner and outer spheres and maximum ROM
- Hooded liners offer additional head coverage in a specific, limited area
- + 4 mm Offset liners lateralize and distalize the centre of rotation by 4 mm along the cup axis
- + 10° Face-changing liners modify anteversion and inclination. The preferred anteversion and inclination can be achieved by rotating the liner in the shell taking care to align the antirotation tabs with the indentations on the shell. The centre of rotation is lateralized and distalized along the cup axis by the distance shown in the table below



For the hooded liners, the hood makes an angle which is size dependant:

| LINER SIZE | HEAD | ANGLE |
|------------|------|-------|
| B | 22 | 16 |
| | 28 | 20 |
| C | 22 | 16 |
| | 28 | 20 |
| | 32 | 20 |
| D | 22 | 16 |
| | 28 | 19 |
| | 32 | 20 |
| E | 22 | 16 |
| | 28 | 20 |
| | 32 | 20 |
| | 36 | 20 |
| F | 22 | 16 |
| | 28 | 20 |
| | 32 | 20 |
| | 36 | 20 |
| G | 22 | 16 |
| | 28 | 20 |
| | 32 | 20 |
| | 36 | 20 |
| J | 22 | 16 |
| | 28 | 20 |
| | 32 | 20 |
| | 36 | 20 |
| K | 22 | 20 |
| | 28 | 20 |
| | 32 | 20 |
| | 36 | 20 |

In the face changing liners, the position of the centre of rotation is offset from the neutral position by the distance listed below (size dependant):

| FACE-CHANGING LINER SIZE | OFFSET (mm) |
|--------------------------|-------------|
| B | 4 |
| C | 4 |
| D | 4 |
| E | 4.5 |
| F | 4.5 |
| G | 5 |
| J | 5.5 |
| K | 6 |

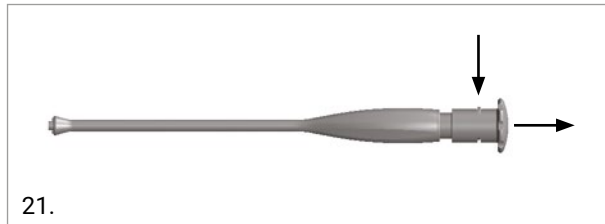
Each design has specific benefits. The choice of the correct liner is at the discretion of the surgeon.

For each design, dedicated trial liners are available to properly perform the stability test. The implantation of the definitive liners is the same for all designs. In the face changing liners, the multifunction handle must be aligned with the cup axis.

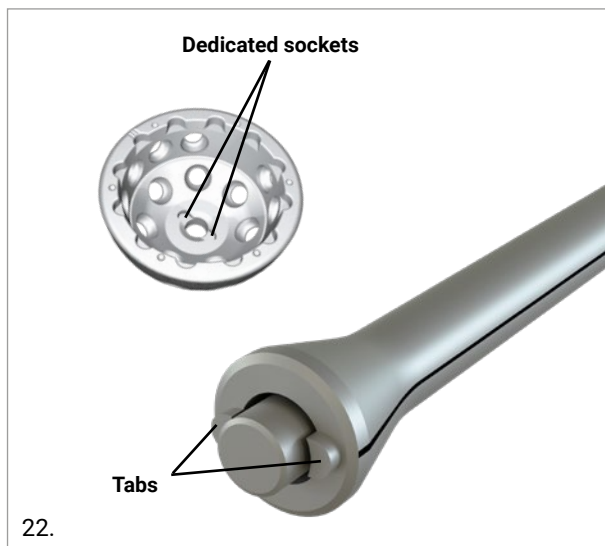
10. INSTRUMENT DETAILS

10.1 ASSEMBLING THE CUP WITH THE CUP IMPACTOR (REF. 01.32.10.0183)

Step 1: Remove the anvil (impaction plate) from the handle by pushing the button.



Step 2: Insert the tip of the cup impactor in the acetabular shell taking care to align the two tabs of the impactor with the matching grooves near the central hole of the acetabular shell. Screw the cup impactor into the central hole until fully tightened.



TIP

The black line on the distal shaft of the handle indicates the position of the tabs. Aligning the black line on the handle with the mechanical engravings on the shell will align the tabs to the socket.

NOTICE: Do not over tighten.



Step 3: Assemble the anvil. Raise the anvil until it stops without pushing the button and screw it until fully tightened.



NOTICE: Do not impact on the central rod, but always impact on the anvil.

10.2 DISASSEMBLING THE CUP WITH THE CUP IMPACTOR (REF. 01.32.10.0183)

Unscrew the anvil from the impactor handle to release.

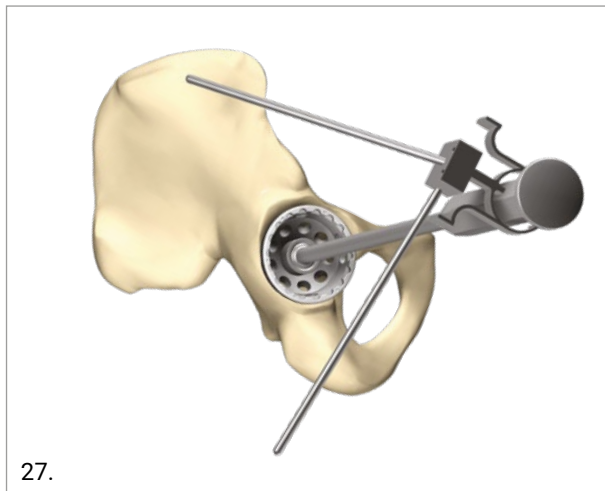


10.3 ASSEMBLING THE ALIGNMENT GUIDE (REF. 33.22.0066 AND 01.32.10.0072) WITH THE CUP IMPACTOR (REF. 01.32.10.0183)

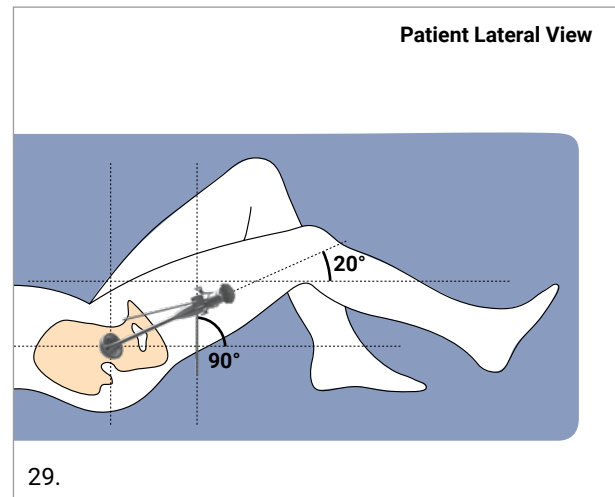
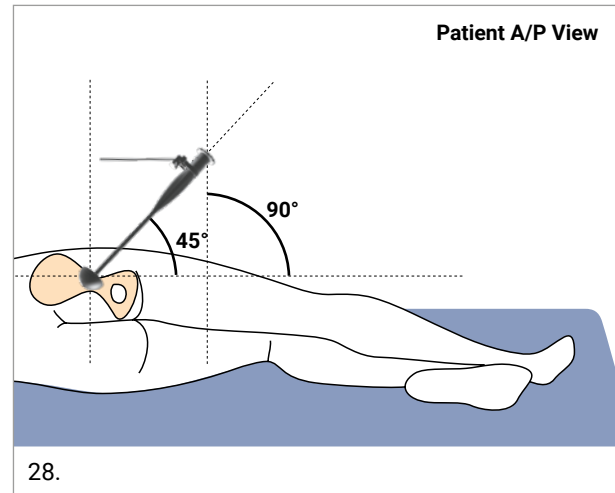
Step 1: Screw the inclination rod and the anteversion rod onto the alignment guide.



Step 2: Assemble the alignment guide onto the cup impactor.



Example of use with patient in lateral position



11. IMPLANTS NOMENCLATURE

MPACT 3D METAL ACETABULAR SHELL MULTI-HOLE

| DIAMETER (mm) | REF. | LINER SIZE |
|---------------|-------------|------------|
| 46 | 01.38.046MH | B |
| 48 | 01.38.048MH | B |
| 50 | 01.38.050MH | C |
| 52 | 01.38.052MH | C |
| 54 | 01.38.054MH | D |
| 56 | 01.38.056MH | E |
| 58 | 01.38.058MH | E |
| 60 | 01.38.060MH | F |
| 62 | 01.38.062MH | F |
| 64 | 01.38.064MH | G |
| 66 | 01.38.066MH | G |
| 68 | 01.38.068MH | J |
| 70 | 01.38.070MH | J |
| 72 | 01.38.072MH | K |

CANCELLOUS BONE SCREWS (FLAT HEAD - Ø 6.5 mm)*

| LENGTH (mm) | REF. |
|-------------|-------------|
| 15 | 01.32.6515 |
| 20 | 01.32.6520 |
| 25 | 01.32.6525 |
| 30 | 01.32.6530 |
| 35 | 01.32.6535 |
| 40 | 01.32.6540 |
| 45 | 01.32.6545 |
| 50 | 01.32.6550' |
| 55 | 01.32.6555' |
| 60 | 01.32.6560' |
| 65 | 01.32.6565' |
| 70 | 01.32.6570' |

' On demand

* For further details, please see page 8

CANCELLOUS BONE SCREWS (Ø 6.5 mm)*

| LENGTH (mm) | REF. |
|-------------|-------------|
| 15 | 01.43.0015 |
| 20 | 01.43.0020 |
| 25 | 01.43.0025 |
| 30 | 01.43.0030 |
| 35 | 01.43.0035 |
| 40 | 01.43.0040 |
| 45 | 01.43.0045 |
| 50 | 01.43.0050' |
| 55 | 01.43.0055' |
| 60 | 01.43.0060' |
| 65 | 01.43.0065' |
| 70 | 01.43.0070' |

' On demand

* For further details, please see page 8

MPACT ACETABULAR SHELL CENTRAL SCREW PLUG

| DESCRIPTION | REF. |
|-------------|------------|
| Plug | 01.31.55TP |

HIGHCROSS UHMWPE FLAT LINER

| LINER SIZE | HEAD Ø 22 mm | HEAD Ø 28 mm | HEAD Ø 32 mm | HEAD Ø 36 mm | HEAD Ø 40 mm |
|------------|----------------|----------------|----------------|----------------|----------------|
| B | 01.32.2237HCT' | 01.32.2837HCT | - | - | - |
| C | 01.32.2239HCT' | 01.32.2839HCT | 01.32.3239HCT | - | - |
| D | 01.32.2241HCT' | 01.32.2841HCT | 01.32.3241HCT | - | - |
| E | 01.32.2244HCT' | 01.32.2844HCT | 01.32.3244HCT | 01.32.3644HCT | - |
| F | 01.32.2248HCT' | 01.32.2848HCT' | 01.32.3248HCT | 01.32.3648HCT | 01.32.4048HCT |
| G | 01.32.2252HCT' | 01.32.2852HCT' | 01.32.3252HCT | 01.32.3652HCT | 01.32.4052HCT |
| J | 01.32.2256HCT' | 01.32.2856HCT' | 01.32.3256HCT | 01.32.3656HCT | 01.32.4056HCT |
| K | 01.32.2260HCT' | 01.32.2860HCT' | 01.32.3260HCT' | 01.32.3660HCT' | 01.32.4060HCT' |

HIGHCROSS UHMWPE HOODED LINER

| LINER SIZE | HEAD Ø 22 mm | HEAD Ø 28 mm | HEAD Ø 32 mm | HEAD Ø 36 mm |
|------------|----------------|----------------|----------------|----------------|
| B | 01.32.2237HCT' | 01.32.2837HCT | - | - |
| C | 01.32.2239HCT' | 01.32.2839HCT | 01.32.3239HCT | - |
| D | 01.32.2241HCT' | 01.32.2841HCT | 01.32.3241HCT | - |
| E | 01.32.2244HCT' | 01.32.2844HCT | 01.32.3244HCT | 01.32.3644HCT |
| F | 01.32.2248HCT' | 01.32.2848HCT' | 01.32.3248HCT | 01.32.3648HCT |
| G | 01.32.2252HCT' | 01.32.2852HCT' | 01.32.3252HCT | 01.32.3652HCT |
| J | 01.32.2256HCT' | 01.32.2856HCT' | 01.32.3256HCT | 01.32.3656HCT |
| K | 01.32.2260HCT' | 01.32.2860HCT' | 01.32.3260HCT' | 01.32.3660HCT' |

' On demand

HIGHCROSS UHMWPE OFFSET LINERS 4 mm - ON DEMAND

| LINER SIZE | HEAD Ø 22 mm | HEAD Ø 28 mm | HEAD Ø 32 mm | HEAD Ø 36 mm | HEAD Ø 40 mm |
|------------|----------------|----------------|----------------|---------------|---------------|
| B | 01.32.2237HC4" | 01.32.2837HC4 | - | - | - |
| C | 01.32.2239HC4" | 01.32.2839HC4 | 01.32.3239HC4 | - | - |
| D | 01.32.2241HC4" | 01.32.2841HC4" | 01.32.3241HC4 | 01.32.3641HC4 | - |
| E | 01.32.2244HC4" | 01.32.2844HC4" | 01.32.3244HC4 | 01.32.3644HC4 | - |
| F | 01.32.2248HC4" | 01.32.2848HC4" | 01.32.3248HC4" | 01.32.3648HC4 | 01.32.4048HC4 |
| G | 01.32.2252HC4" | 01.32.2852HC4" | 01.32.3252HC4" | 01.32.3652HC4 | 01.32.4052HC4 |
| J | 01.32.2256HC4" | 01.32.2856HC4" | 01.32.3256HC4" | 01.32.3656HC4 | 01.32.4056HC4 |
| K | 01.32.2260HC4" | 01.32.2860HC4" | 01.32.3260HC4" | 01.32.3660HC4 | 01.32.4060HC4 |

HIGHCROSS UHMWPE FACE-CHANGING LINERS 10° - ON DEMAND

| LINER SIZE | HEAD Ø 22 mm | HEAD Ø 28 mm | HEAD Ø 32 mm | HEAD Ø 36 mm | HEAD Ø 40 mm |
|------------|------------------|------------------|------------------|-----------------|-----------------|
| B | 01.32.2237HC10A" | 01.32.2837HC10A | - | - | - |
| C | 01.32.2239HC10A" | 01.32.2839HC10A | 01.32.3239HC10A | - | - |
| D | 01.32.2241HC10A" | 01.32.2841HC10A | 01.32.3241HC10A | - | - |
| E | 01.32.2244HC10A" | 01.32.2844HC10A" | 01.32.3244HC10A | 01.32.3644HC10A | - |
| F | 01.32.2248HC10A" | 01.32.2848HC10A" | 01.32.3248HC10A" | 01.32.3648HC10A | 01.32.4048HC10A |
| G | 01.32.2252HC10A" | 01.32.2852HC10A" | 01.32.3252HC10A" | 01.32.3652HC10A | 01.32.4052HC10A |
| J | 01.32.2256HC10A" | 01.32.2856HC10A" | 01.32.3256HC10A" | 01.32.3656HC10A | 01.32.4056HC10A |
| K | 01.32.2260HC10A" | 01.32.2860HC10A" | 01.32.3260HC10A" | 01.32.3660HC10A | 01.32.4060HC10A |

" Availability upon approved special request only

NOTES

Part numbers subject to change.

NOTE FOR STERILIZATION

The instrumentation is not sterile upon delivery. Instruments must be cleaned before use and sterilized in an autoclave respecting the US regulations, directives where applicable, and following the manufactures instructions for use of the autoclave. For detailed instructions please refer to the document "Recommendations for cleaning decontamination and sterilisation of Medacta International orthopaedic devices" available at www.medacta.com.



**REDEFINING BETTER
IN ORTHOPAEDICS
AND SPINE SURGERY**

MEDACTA.COM



Medacta International SA
Strada Regina 34 - 6874 Castel San Pietro - Switzerland
Phone +41 91 696 60 60 - Fax +41 91 696 60 66
info@medacta.ch

Find your local dealer at: medacta.com/locations

All trademarks and registered trademarks are the property of their respective owners.
This document is intended for the US market.

Mpact® 3D Metal Multi-hole
Surgical Technique

ref: 99.70R3D.12US
rev. 06

Last update: May 2022