

REDEFINING THR: THE AMIS SYNERGY

The anterior approach, proven by years of clinical experience, is the only technique that follows an **intermuscular and internervous path** and therefore lowers the risk of damaging periarticular structures such as muscles, tendons, vessels and nerves.

Medacta International is the world leader for educating and supporting surgeons in their pursuit of Anterior Minimally Invasive Surgery (AMIS). **Reference Centers around the world** provide the necessary AMIS education experience and Medacta offers **continuous support for surgeons**, as well as constantly improving and developing the industry's most specialized instrumentation platform.

When you use the MiniMAX, you enter the Medacta International world of AMIS.

Discover:

- The definitive MIS approach: AMIS
- Dedicated AMIS instrumentation
- The **AMIS Mobile Leg Positioner**: the original extension table included as part of the AMIS instrumentation, making surgery easier and reproducible
- The **AMIS Education Program** based on Medacta's proven educational methods

The AMIS Mobile Leg Positioner will be supplied as part of the AMIS instrumentation system to help ensure effective and reliable positioning of the leg during surgery. Traction, adduction and hyperextension have never been so easy.



AMIS®

AMIS & MINIMAX

- Thanks to its curved shape both in the sagittal and in the frontal planes, MiniMAX is easier to insert through a minimal access
- The length of the stem is ideal for a minimally invasive approach
- The tip is useful to facilitate the insertion of the stem



REFERENCES

[1] Noble PC, Alexander JW et al. The Anatomical Basis of Femoral Component Design. Clin Orthop. 1988; 235: 146-65. [2] Husmann O, Rubin PJ et al. Three-dimensional Morphology of the Proximal Femur. J Arthroplasty. 1997; 12(4): 444-50. [3] Data on file: Medacta. [4] Hardy et al. Bonding of Hydroxyapatite Coated Femoral Prostheses JBJS vol 73-B, No5, Sept. 1991. [5] Hardy et al. Aspects Radiologiques de l'Arthroplastie Fémorale Revue d'Hydroxyapatite et correspondance Histologiques Acta Orthop. Bel. Vol 59, Suppl I, 1993. [6] Hardy et al. Projection d'Hydroxyapatite sur Prothèses Articulaires : Progrès ou Illusion ? Acta Orthop. Bel. Vol 59, Suppl I, 1993. [7] Fraissinet P, Hardy D et al. Histological analysis of the bone-prosthesis interface after implantation in humans of prostheses coated with hydroxyapatite. The Journal of Orthop Surg. 1993; 7(3): 246-53; [8] Vasina P.G. et al. MiniMAX anatomical stem - 5 Years Clinical Outcomes, M.O.R.E. Journal Supplement. Nov 2016.

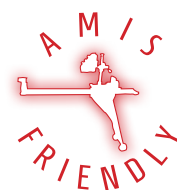
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THE NATURAL FIT

MINIMAX: CEMENTLESS ANATOMICAL STEM

The philosophy of anatomical stems was introduced into the market during the 1980's with the aim to obtain the best press-fit in the metaphyseal femur using a design following the natural geometry of the proximal femur. The **MiniMAX** is an anatomical cementless stem engineered to provide the **best fit and fill** in the metaphyseal femur following the **natural shape** of the femoral canal^[1,2]. The length of the stem and the shape have been studied size by size and have shown to be bone preserving and to provide good mechanical stability^[3].



- Easy to introduce thanks to the stem curvature
- Reduced risk of impingement and fracture thanks to the lateral flare design
- Metaphyseal fixation thanks to proximal Ti & HA coating
- Reduced risk of thigh pain thanks to the unique tip design

DESIGN



NECK

- 9° anteversion
- Mirror polished with 12/14 Eurocone taper
- Growing size by size to **restore anatomy**

SHAPE

- The best fit and fill in the metaphysis to **restore physiological loads**
- 127° neck-shaft angle

MACROSTRUCTURES

Negative medially and positive laterally:

- Increasing the contact area
- Improving the mechanical stability

LATERAL FLARE

Rounded and non invasive:

- Providing minimal risk of impingement and fracture
- Making the insertion of the stem in the femoral canal easier

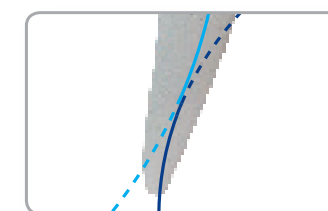
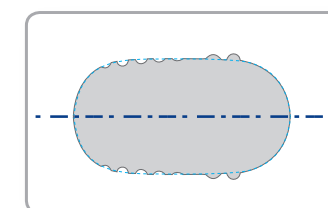
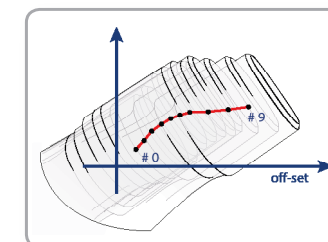
TIP

Short and thin with 5° curvature and a distal optimisation:

- Guiding the insertion into the femoral canal
- Avoiding distal interference **reducing the risk of thigh pain**

PRODUCT RANGE

10 sizes from 0 to 9, left and right



MORE THAN 10 YEARS OF SUCCESSFUL CLINICAL EXPERIENCE^[3]

100% survival rate at 5 years follow up considering aseptic loosening^[8].

RADIOLOGICAL OUTCOMES

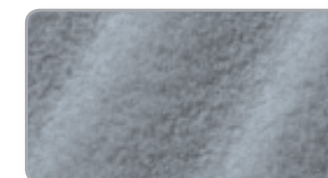


MATERIAL

MiniMAX is made of Titanium-Niobium alloy (Ti-6Al-7Nb). The surface treatment consists of:

- Ti coating, Ra 300µm, in the proximal 2/3 of the shaft to improve proximal fixation
- HA (Hydroxyapatite) coating, Ra 80µm, all along the shaft

The HA coating has chemical characteristics similar to that of the human bone^[4,5,6,7].



INSTRUMENTATION

- One tray is enough
- The trial neck fits into the broaches for a **quick and precise trial reduction**
- **Perfect dimensional correlation** between broaches and prosthesis
- Offset broach handles available in left and right versions
- Special instrumentation available for **AMIS** (Anterior Minimally Invasive Surgery)

