



Surgical Technique

Hip Prosthesis System

about us

Auxein Medical is an integrated, research based, orthopaedic Implants & instruments manufacturing company, producing a wide range of quality, affordable generic implants, trusted by healthcare professionals and patients across geographies. It is the Company's constant endeavor to provide a wide basket of generic and our innovator products that exceed the highest expectations of customers in term of quality and safety. The company has world-class manufacturing unit established in india and serves customers in over 75 countries worldwide.

Our Achievements



Preoperative Planning

Effective preoperative planning allows the surgeon to predict the impact of different interventions in order to perform the joint restoration in the most accurate and safe manner. Optimal femoral stem fit, the level of the femoral neck cut, the prosthetic neck length, and the femoral component offset can be evaluated through preoperative radiographic analysis. Preoperative planning also allows the surgeon to have the appropriate implants available at surgery. The objectives of preoperative planning include:

- (1). Determination of leg length
- (2). Establishment of appropriate abductor muscle tension and femoral offset
- (3). Determination of the anticipated component size The overall objective of preoperative planning is to enable the surgeon to gather anatomic parameters which will allow accurate intraoperative placement of the femoral implant.

Determination of Leg Length

Determining the preoperative leg length is essential for restoration of the appropriate leg length during surgery. If there are concerns regarding lower extremity or lumbar abnormalities, such as equinus of the foot, flexion or varus/valgus deformities of the knee, or scoliosis, perform further radiographic evaluation to aid in the determination of preoperative leg length status.

An anterior/posterior (A/P) pelvic radiograph often gives enough documentation of leg length inequality to proceed with surgery. If more information is needed, a scanogram or CT evaluation of leg length may be helpful. From the clinical and radiographic information on leg lengths, determine the appropriate correction, if any, to be achieved during surgery. If the limb is to be significantly shortened, osteotomy and advancement of the greater trochanter or a subtrochanteric shortening osteotomy may be necessary.

If the limb is shortened without osteotomy and advancement of the greater trochanter, the abductors will be lax postoperatively, and the risk of dislocation will be high. Also, gait will be compromised by the laxity of the abductors. If leg length is to be maintained or increased, it is usually possible to perform the operation successfully without osteotomy of the greater trochanter. However, if there is some major anatomic abnormality, osteotomy of the greater trochanter may be helpful.

Determination of Abductor Muscle Tension and Femoral Offset

Once the requirements for establishing the desired postoperative leg length have been decided, the next step is to consider the requirement for abductor muscle tension. When templating, center the femoral component in the canal. Choose the offset (standard or extended) that most closely approximates that of the patient when the new center of rotation is determined (after acetabular component templating). For patients with a very large distance between the center of rotation of the femoral head and the line that is centered in the medullary canal, insertion of a femoral component with a lesser offset will, in effect, medialize the femoral shaft. To the extent that this occurs, laxity in the abductors will result with a heightened dislocation risk.

Although rare, it may not be possible to restore offset in patients with an unusually large preoperative offset or with a severe varus deformity. In such cases, tension in the abductors can be increased by lengthening the limb, a method that is especially useful when the involved hip is short. If this option is not advisable and if the disparity is great between the preoperative offset and the offset achieved at surgery by using the longest head/neck piece possible, some surgeons may choose to osteotomize and advance the greater trochanter to eliminate the slack in the abductor muscles. Technical variations in the placement of the acetabular components can also reduce the differences in offset.

Component Size Selection/Templating

Preoperative planning for insertion of a cementless femoral component requires at least two radiographic views of the involved femur: an A/P view of the pelvis centered at the pubic symphysis, and a frog leg lateral view on an 11x17-inch cassette. Both views should show at least 8 inches of the proximal femur. In addition, it may be helpful to obtain an A/P view of the involved side with the femur internally rotated. This compensates for naturally occurring femoral anteversion and provides a more accurate representation of the true medial-to-lateral dimension of the metaphysis. When templating, magnification of the femur will vary depending on the distance from the x-ray source to the film, and the distance from the patient to the film. Magnification markers can be used to identify the actual magnification of the radiograph. Knowing this will help to more accurately predict the component size when templating. The Auxein Hip System Templates use standard 20 percent magnification, which is near the average magnification on most clinical radiographs.

Preoperative planning is important in choosing the optimal acetabular component, and in providing an estimation of the range of acetabular components that might ultimately be required. The initial templating begins with the A/P radiograph. Superimpose the acetabular templates sequentially on the pelvic radiograph with the acetabular component in approximately 40 degrees of abduction. Range of motion and hip stability are optimized when the socket is placed in approximately 35 to 45 degrees of abduction. Assess several sizes to estimate which acetabular component will provide the best fit for maximum coverage. (Refer to your preferred Auxein acetabular system surgical technique for further details on acetabular reconstruction.) Consider the amount of medialization and liner options in estimating the optimum femoral neck length to be used. Mark the acetabular size and position, and the center of rotation on the radiographs.

The objectives in templating the femoral component include determining the anticipated size of the implant to be inserted and the location of the femoral neck osteotomy. The Auxein Hip Prosthesis is available in 14 body sizes (4.0mm through 22.5mm).

The femoral templates show the neck length and offset for each of the head/ neck combinations (-3.5 to +10.5mm, depending on head diameter).

To estimate the femoral implant size, assess the body size on the A/P radiograph. Superimpose the template on the metaphysis and estimate the appropriate size of the femoral stem. The body of the femoral component should fit, or nearly fit, the medial-lateral dimensions of the medullary canal on the A/P x-ray film, and should not be superimposed onto cortical bone. It is not necessary for the stem to have cortical contact in the medullary canal.

After establishing the proper size of the femoral component, determine the height of its position in the proximal femur and the amount of offset needed to provide adequate abductor muscle tension. Generally, if the leg length and offset are to remain unchanged, the center of the head of the prosthesis should be at the same level as the center of the femoral head of the patient's hip. This should also correspond to the center of rotation of the templated acetabulum. To lengthen the limb, raise the template proximally. To shorten the limb, shift the template distally. The extended offset option offers lateral translation of 5mm. This allows for an offset increase of 5mm without changing the vertical height or leg length. The femoral head neck length will also affect leg length and offset.

Once the height has been determined, note the distance in millimeters from the underside of the osteotomy line to the top of the lesser trochanter by using the millimeter scale on the template. For example, one might decide from the templating that a 52mm OD socket, with a size 15 prosthesis and a +3.5 x 28mm diameter femoral head, placed 15mm above the lesser trochanter, are the appropriate choices. Proximal/distal adjustments in prosthesis position can reduce the need for a femoral head with a skirt.

The Auxein Hip System accommodates a variety of Auxein head diameters with a 12/14 internal taper. The intermediate femoral heads allow the use of an acetabular component with an outside diameter small enough to seat completely in the bone while also allowing for a polyethylene liner of sufficient thickness. In special circumstances, such as the treatment of small patients and patients with congenital hip dysplasia and small acetabular volume, size 22mm heads are available.

Exposure

In total hip arthroplasty, exposure can be achieved through a variety of methods based on the surgeon's preference. The Auxein Hip Prosthesis can be implanted using a variety of standard surgical approaches.

For more information regarding various surgical approaches, contact your Auxein representative.

Determination of Leg Length

Establish landmarks and take measurements before dislocation of the hip so that after reconstruction, a comparison of leg length and femoral shaft offset can be obtained. From this comparison, adjustments can be made to achieve the goals established during preoperative planning. There are several methods to measure leg length. One method is to fix a leg length caliper to the wing of the ilium. Then, take baseline measurements to a cautery mark at the base of the greater trochanter while marking the position of the lower limb on the table.

Osteotomy of the Femoral Neck

After dislocating the joint, superimpose the Auxein Measuring Guide on the femur. This guide is a metal replica of a midsize stem neck and 30mm diameter head. Orient the guide so "G" is toward the greater trochanter, "L" is toward the lesser trochanter, and "O" on the head of the guide is at the femoral head center. The base of the guide should be at a 45 degree angle to the centerline of the femur.

Once neutral alignment has been determined, move the template proximally or distally to the correct height as determined by preoperative planning. Then use electrocautery to inscribe a line across the femoral neck parallel to the base of the Measuring Guide.

Using the inscribed line as a guide, perform the osteotomy of the femoral neck. To prevent possible damage to the greater trochanter, stop the cut as the saw approaches the greater trochanter. Remove the saw and either bring it in from the superior portion of the femoral neck to complete the osteotomy cut, or use an osteotome to finish the cut.



2304-11 Measuring Gauge For Prosthesis



Preparation of the Femur

It is crucial to adequately visualize the proximal femur so the correct insertion site for the femoral instruments can be located. Refer to the preoperative planning at this point. Identify the mid-femoral shaft extension intraoperatively as viewed on the A/P and lateral radiographs. This is usually in the area of the piriformis tendon insertion in the junction between the medial trochanter and lateral femoral neck. Remove this medial portion of the greater trochanter and lateral femoral neck.

The opening must be large enough for the passage of each sequential rasp to help ensure neutral rasp/implant alignment. An insufficient opening may result in varus stem positioning. Use of the hand Starter Rasp will remove additional bone from the greater trochanter, and help avoid varus stem positioning.

After removing the cortical bone, use the Starter Rasp to open the medullary canal. This will provide a reference for the direction of femoral rasping. Advance the Starter Rasp into the medullary canal until the appropriate stem size zone is identified at the tip of the greater trochanter.



Preparation of femoral Canal

The opening must be large enough for the passage of each sequential rasp to help ensure neutral rasp/implant alignment. An insufficient opening may result in varus stem positioning. Use of the Judget Auger Extractor (**2304-08**) will remove additional bone from the greater trochanter, and help avoid varus stem positioning.



After removing the cortical bone, use the Starter Rasp to open the medullary canal. This will provide a reference for the direction of femoral rasping. Advance the Starter Rasp into the medullary canal until the appropriate stem size zone is identified at the tip of the greater trochanter.



Femoral Rasping for Austin Moore

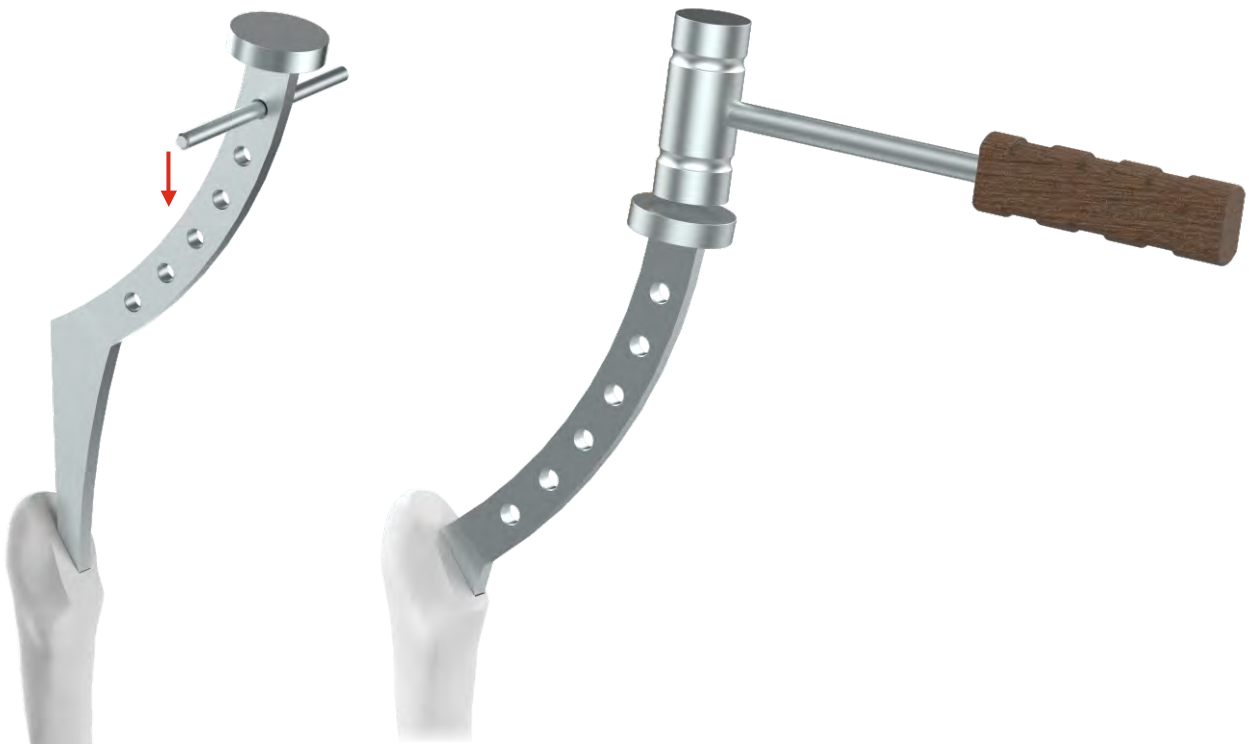
After using the begin the rasping sequence with an Rasp that is at least two sizes smaller than the estimated implant size. Advance in 1 or 2 size increments until the desired fit and stability is achieved. When inserting the rasp, be sure that it advances with each strike of the mallet. If the rasp can be seated at least 5mm below the osteotomy, progress to the next rasp size and repeat until the predicted final rasp size has been seated. Before using the next size rasp, be sure that the opening is large enough. If it is not, use the Starter Rasp again. However, the opening should not be significantly larger than the rasp or implant. If the predicted final rasp size can be countersunk more than 5mm and adequate cancellous bone is available in the metaphysis region (including the medial calcar), progress to the next larger rasp size after ensuring that there is sufficient room in the distal medullary canal.



Note: Insert the rasp pin into the rasp holes to push & pull the rasp into the femoral canal.
Use the Hammer on the rasp head to fully seated the rasp into the femoral canal.

Femoral Rasping for Thompson

After using the begin the rasping sequence with an Rasp that is at least two sizes smaller than the estimated implant size. Advance in 1 or 2 size increments until the desired fit and stability is achieved. When inserting the rasp, be sure that it advances with each strike of the mallet. If the rasp can be seated at least 5mm below the osteotomy, progress to the next rasp size and repeat until the predicted final rasp size has been seated. Before using the next size rasp, be sure that the opening is large enough. If it is not, use the Starter Rasp again. However, the opening should not be significantly larger than the rasp or implant. If the predicted final rasp size can be countersunk more than 5mm and adequate cancellous bone is available in the metaphysis region (including the medial calcar), progress to the next larger rasp size after ensuring that there is sufficient room in the distal medullary canal.



Note: Insert the rasp pin into the rasp holes to push & pull the rasp into the femoral canal.
Use the Hammer on the rasp head to fully seated the rasp into the femoral canal.

Rasp Options

The rasps and corresponding implants are sized such that a press-fit is created in the proximal porous region of the implant. This metaphyseal press-fit engagement provides the implant with greater rotational stability than the rasp.

The M/L Taper system includes two styles of rasps to best address surgeon preference:

The System Rasp includes a total press fit of 1 mm in both the M/L and A/P dimensions of the proximal region.

Differentiating Between System and Omm Rasp

The Omm Rasp is differentiated from the System Rasp by markings on the proximal A/P sides of the rasp. The Omm Rasp has the rasp size and "Omm" included on both proximal A/P sides. The System Rasp does not include any markings on the proximal A/P sides.

Hammering the Rasp (Optional)

If desired, after the final rasp has been inserted, the torque wrench may be applied to the grip handle to confirm rasp stability. Alternatively, rotational stability can be tested by trying to rotate the grip handle by hand. The final sized rasp should be both longitudinally and rotationally stable.



RASP Extraction for Austin Moore

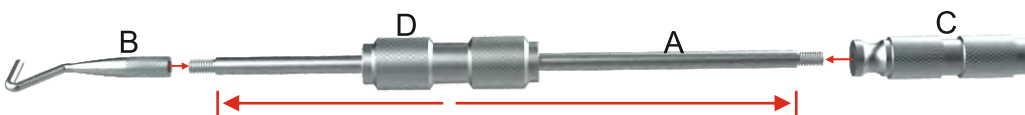
An Extraction Hook is used to remove the Rasp from the femoral bone is included in the instrument set. If the Rasp is removed, do not re-insert it.

The Hook Extractor consist of four different parts which once assembled can be use to extract the rasp from the femoral canal.

The part A is Hook Extractor Rod having male threads at both end for fastening the other components.

The Part B is Hook Extractor Knob having female threads which fastens with the rod similarly Part C have female threads which fastens to the other end of the rod.

The Part D can move to - fro onto the Hook rod, this movement is utilised to hit the Part C and extract the rasp from the femoral canal.



2304-10 Spare Hook For Extractor



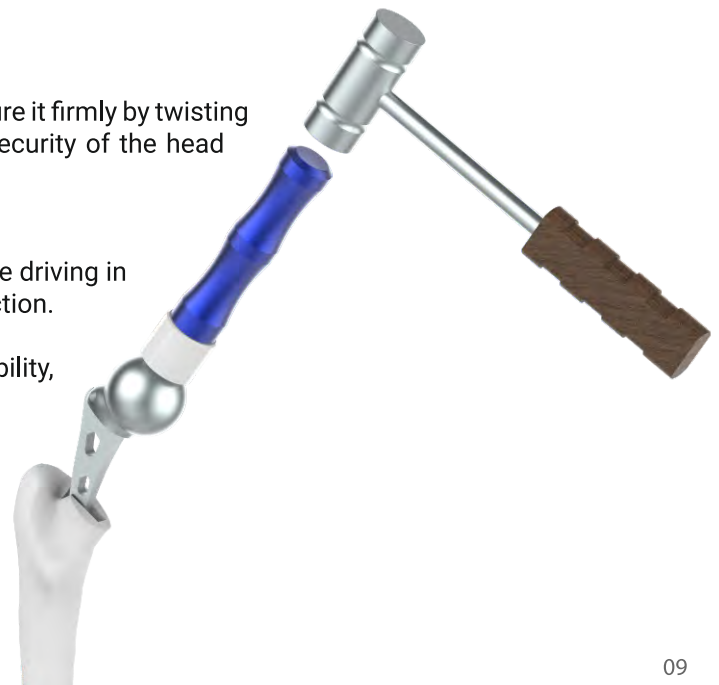
Insertion of implant

Place the implant into the femoral cavity. Use the nylon impactor and hammer to fully seated the implant into the femoral cavity. Once the implant is fully seated in the femoral canal, place the selected Perform a reduction to assess joint stability, range of motion, and restoration of leg length and offset. When the appropriate femoral head implant is confirmed, remove the Femoral Head Provisional and check to ensure that the 12/14 taper is clean and dry.

Then place the selected femoral head on the taper and secure it firmly by twisting it and striking it once with the Head Impactor. Test the security of the head fixation by trying to remove it by hand.

Note: Do not impact the femoral head onto the taper before driving in the prosthesis as the femoral head may loosen during impaction.

Reduce the hip and assess leg length, range of motion, stability, and abductor tension for the final time.



RASP Extraction for Thompson

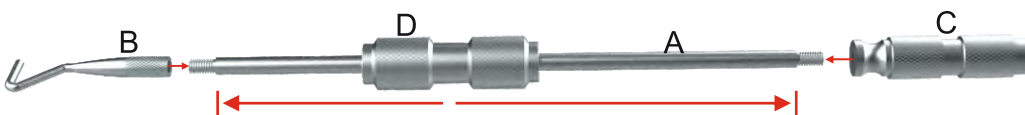
An Extraction Hook is used to remove the Rasp from the femoral bone is included in the instrument set. If the Rasp is removed, do not re-insert it.

The Hook Extractor consist of four different hook parts which once assembled can be use to extract the rasp from the femoral canal.

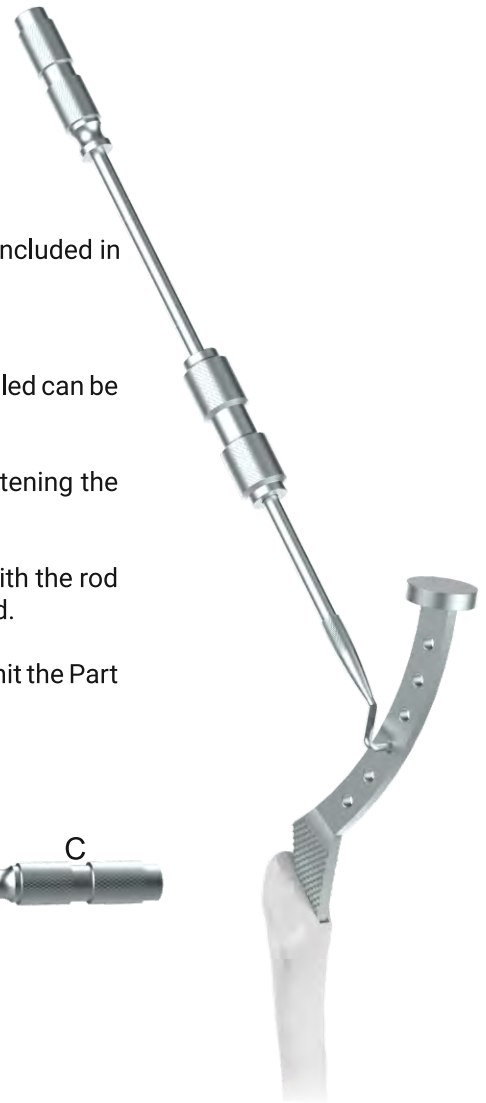
The part A is Hook Extractor Rod having male threads at both end for fastening the other components.

The Part B is Hook Extractor Knob having female threads which fastens with the rod similarly Part C have female threads which fastens to the other end of the rod.

The Part D can move to - fro onto the Hook rod, this movement is utilised to hit the Part C and extract the rasp from the femoral canal.



2304-10 Spare Hook For Extractor



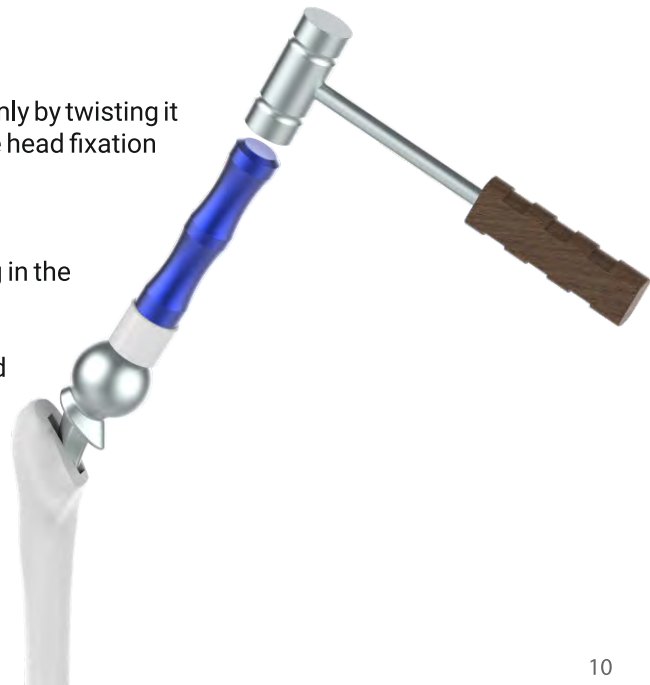
Insertion of implant

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Then place the selected femoral head on the taper and secure it firmly by twisting it and striking it once with the Head Impactor. Test the security of the head fixation by trying to remove it by hand.

Note: Do not impact the femoral head onto the taper before driving in the prosthesis as the femoral head may loosen during impaction.

Reduce the hip and assess leg length, range of motion, stability, and abductor tension for the final time.



Wound Closure

After obtaining hemostasis and close the wound in layers.



(Thompson)



(Austin Moore)

Note:

The process for bipolar hip prosthesis system insertion and extraction remains the same as stated above with a change in the Entry Rasp (2304-05)

Thompson Hip Prosthesis - Standard Stem, Regular Finish

Head Dia (mm)	Standard Stem	
	Sterile	Non-Sterile
37	300.037	300.137
38	300.038	300.138
39	300.039	300.139
40	300.040	300.140
41	300.041	300.141
42	300.042	300.142
43	300.043	300.143
44	300.044	300.144
45	300.045	300.145
46	300.046	300.146
47	300.047	300.147
48	300.048	300.148
49	300.049	300.149
50	300.050	300.150
51	300.051	300.151
52	300.052	300.152
53	300.053	300.153
54	300.054	300.154
55	300.055	300.155



Thompson Hip Prosthesis - Standard Stem, Satin Finish

Head Dia (mm)	Standard Stem	
	Sterile	Non-Sterile
37	300.037S	300.137S
38	300.038S	300.138S
39	300.039S	300.139S
40	300.040S	300.140S
41	300.041S	300.141S
42	300.042S	300.142S
43	300.043S	300.143S
44	300.044S	300.144S
45	300.045S	300.145S
46	300.046S	300.146S
47	300.047S	300.147S
48	300.048S	300.148S
49	300.049S	300.149S
50	300.050S	300.150S
51	300.051S	300.151S
52	300.052S	300.152S
53	300.053S	300.153S
54	300.054S	300.154S
55	300.055S	300.155S



Thompson Hip Prosthesis - Full Collar, Regular Finish

Head Dia (mm)	Full Collar	
	Sterile	Non-Sterile
37	301.037	301.137
38	301.038	301.138
39	301.039	301.139
40	301.040	301.140
41	301.041	301.141
42	301.042	301.142
43	301.043	301.143
44	301.044	301.144
45	301.045	301.145
46	301.046	301.146
47	301.047	301.147
48	301.048	301.148
49	301.049	301.149
50	301.050	301.150
51	301.051	301.151
52	301.052	301.152
53	301.053	301.153
54	301.054	301.154
55	301.055	301.155



Thompson Hip Prosthesis - Full Collar, Satin Finish

Head Dia (mm)	Full Collar	
	Sterile	Non-Sterile
37	301.037S	301.137S
38	301.038S	301.138S
39	301.039S	301.139S
40	301.040S	301.140S
41	301.041S	301.141S
42	301.042S	301.142S
43	301.043S	301.143S
44	301.044S	301.144S
45	301.045S	301.145S
46	301.046S	301.146S
47	301.047S	301.147S
48	301.048S	301.148S
49	301.049S	301.149S
50	301.050S	301.150S
51	301.051S	301.151S
52	301.052S	301.152S
53	301.053S	301.153S
54	301.054S	301.154S
55	301.055S	301.155S



Thompson Hip Prosthesis - Plain Stem, Regular Finish

Head Dia (mm)	Plain Stem	
	Sterile	Non-Sterile
37	331.037	331.137
38	331.038	331.138
39	331.039	331.139
40	331.040	331.140
41	331.041	331.141
42	331.042	331.142
43	331.043	331.143
44	331.044	331.144
45	331.045	331.145
46	331.046	331.146
47	331.047	331.147
48	331.048	331.148
49	331.049	331.149
50	331.050	331.150
51	331.051	331.151
52	331.052	331.152
53	331.053	331.153
54	331.054	331.154
55	331.055	331.155



Thompson Hip Prosthesis - Plain Stem, Satin Finish

Head Dia (mm)	Plain Stem	
	Sterile	Non-Sterile
37	331.037S	331.137S
38	331.038S	331.138S
39	331.039S	331.139S
40	331.040S	331.140S
41	331.041S	331.141S
42	331.042S	331.142S
43	331.043S	331.143S
44	331.044S	331.144S
45	331.045S	331.145S
46	331.046S	331.146S
47	331.047S	331.147S
48	331.048S	331.148S
49	331.049S	331.149S
50	331.050S	331.150S
51	331.051S	331.151S
52	331.052S	331.152S
53	331.053S	331.153S
54	331.054S	331.154S
55	331.055S	331.155S



Thompson Hip Prosthesis - Narrow Stem, Regular Finish

Head Dia (mm)	Narrow Stem	
	Sterile	Non-Sterile
37	330.037	330.137
38	330.038	330.138
39	330.039	330.139
40	330.040	330.140
41	330.041	330.141
42	330.042	330.142
43	330.043	330.143
44	330.044	330.144
45	330.045	330.145
46	330.046	330.146
47	330.047	330.147
48	330.048	330.148
49	330.049	330.149
50	330.050	330.150
51	330.051	330.151
52	330.052	330.152
53	330.053	330.153
54	330.054	330.154
55	330.055	330.155



Thompson Hip Prosthesis - Narrow Stem, Satin Finish

Head Dia (mm)	Narrow Stem	
	Sterile	Non-Sterile
37	330.037S	330.137S
38	330.038S	330.138S
39	330.039S	330.139S
40	330.040S	330.140S
41	330.041S	330.141S
42	330.042S	330.142S
43	330.043S	330.143S
44	330.044S	330.144S
45	330.045S	330.145S
46	330.046S	330.146S
47	330.047S	330.147S
48	330.048S	330.148S
49	330.049S	330.149S
50	330.050S	330.150S
51	330.051S	330.151S
52	330.052S	330.152S
53	330.053S	330.153S
54	330.054S	330.154S
55	330.055S	330.155S



7-065 : Thompson Hip Prosthesis Instrument Set

2304-04 Rasp For Thompson



2304-07 Murphy Lane Bone Skid



2304-06 Moore Hollow Chisel



2304-08 Judget Auger Extractor



2304-10 Spare Hook For Extractor



2304-12 Impactor- Nylon Faced



2304-13 Hammer for Prosthesis



2304-11 Measuring Gauge For Prosthesis



2304-09 Extractor with Two Hooks



7-107-01 Instrument Tray, 540mm x 255mm x55mm



7-106-01 Aluminium Sterilization Container, 560mm x 270mm x 150mm



7-065 : Thompson Hip Prosthesis Instrument Set

Item Code	Item Name	Unit
2304-04	Rasp For Thompson	1
2304-07	Murphy Lane Bone Skid	1
2304-06	Moore Hollow Chisel	1
2304-08	Judget Auger Extractor	1
2304-10	Spare Hook For Extractor	1
2304-12	Impactor- Nylon Faced	1
2304-13	Hammer for Prosthesis	1
2304-11	Measuring Gauge For Prosthesis	1
2304-09	Extractor with Two Hooks	1
7-107-01	Instrument Tray, 540mm x 255mm x55mm	2
7-106-01	Aluminium Sterilization Container, 560mm x 270mm x 150mm	1

Austin Moore Hip Prosthesis - Standard Stem, Regular Finish

Head Dia (mm)	Standard Stem	
	Sterile	Non-Sterile
37	302.037	302.137
38	302.038	302.138
39	302.039	302.139
40	302.040	302.140
41	302.041	302.141
42	302.042	302.142
43	302.043	302.143
44	302.044	302.144
45	302.045	302.145
46	302.046	302.146
47	302.047	302.147
48	302.048	302.148
49	302.049	302.149
50	302.050	302.150
51	302.051	302.151
52	302.052	302.152
53	302.053	302.153
54	302.054	302.154
55	302.055	302.155
56	302.056	302.156
57	302.057	302.157
58	302.058	302.158



Austin Moore Hip Prosthesis - Standard Stem, Satin Finish

Head Dia (mm)	Standard Stem	
	Sterile	Non-Sterile
37	302.037S	302.137S
38	302.038S	302.138S
39	302.039S	302.139S
40	302.040S	302.140S
41	302.041S	302.141S
42	302.042S	302.142S
43	302.043S	302.143S
44	302.044S	302.144S
45	302.045S	302.145S
46	302.046S	302.146S
47	302.047S	302.147S
48	302.048S	302.148S
49	302.049S	302.149S
50	302.050S	302.150S
51	302.051S	302.151S
52	302.052S	302.152S
53	302.053S	302.153S
54	302.054S	302.154S
55	302.055S	302.155S
56	302.056S	302.156S
57	302.057S	302.157S
58	302.058S	302.158S



Austin Moore Hip Prosthesis - Narrow Stem, Regular Finish

Head Dia (mm)	Narrow Stem	
	Sterile	Non-Sterile
37	303.037	303.137
38	303.038	303.138
39	303.039	303.139
40	303.040	303.140
41	303.041	303.141
42	303.042	303.142
43	303.043	303.143
44	303.044	303.144
45	303.045	303.145
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47	303.047	303.147
48	303.048	303.148
49	303.049	303.149
50	303.050	303.150
51	303.051	303.151
52	303.052	303.152
53	303.053	303.153
54	303.054	303.154
55	303.055	303.155
56	303.056	303.156
57	303.057	303.157
58	303.058	303.158



Austin Moore Hip Prosthesis - Narrow Stem, Satin Finish

Head Dia (mm)	Narrow Stem	
	Sterile	Non-Sterile
37	303.037S	303.137S
38	303.038S	303.138S
39	303.039S	303.139S
40	303.040S	303.140S
41	303.041S	303.141S
42	303.042S	303.142S
43	303.043S	303.143S
44	303.044S	303.144S
45	303.045S	303.145S
46	303.046S	303.146S
47	303.047S	303.147S
48	303.048S	303.148S
49	303.049S	303.149S
50	303.050S	303.150S
51	303.051S	303.151S
52	303.052S	303.152S
53	303.053S	303.153S
54	303.054S	303.154S
55	303.055S	303.155S
56	303.056S	303.156S
57	303.057S	303.157S
58	303.058S	303.158S



Austin Moore Hip Prosthesis - Broad Stem, Regular Finish

Head Dia (mm)	Broad Stem	
	Sterile	Non-Sterile
37	304.037	304.137
38	304.038	304.138
39	304.039	304.139
40	304.040	304.140
41	304.041	304.141
42	304.042	304.142
43	304.043	304.143
44	304.044	304.144
45	304.045	304.145
46	304.046	304.146
47	304.047	304.147
48	304.048	304.148
49	304.049	304.149
50	304.050	304.150
51	304.051	304.151
52	304.052	304.152
53	304.053	304.153
54	304.054	304.154
55	304.055	304.155
56	304.056	304.156
57	304.057	304.157
58	304.058	304.158



Austin Moore Hip Prosthesis - Broad Stem, Satin Finish

Head Dia (mm)	Broad Stem	
	Sterile	Non-Sterile
37	304.037S	304.137S
38	304.038S	304.138S
39	304.039S	304.139S
40	304.040S	304.140S
41	304.041S	304.141S
42	304.042S	304.142S
43	304.043S	304.143S
44	304.044S	304.144S
45	304.045S	304.145S
46	304.046S	304.146S
47	304.047S	304.147S
48	304.048S	304.148S
49	304.049S	304.149S
50	304.050S	304.150S
51	304.051S	304.151S
52	304.052S	304.152S
53	304.053S	304.153S
54	304.054S	304.154S
55	304.055S	304.155S
56	304.056S	304.156S
57	304.057S	304.157S
58	304.058S	304.158S



Austin Moore Hip Prosthesis - Long Stem, Regular Finish

Head Dia (mm)	Long Stem	
	Sterile	Non-Sterile
37	305.037	305.137
38	305.038	305.138
39	305.039	305.139
40	305.040	305.140
41	305.041	305.141
42	305.042	305.142
43	305.043	305.143
44	305.044	305.144
45	305.045	305.145
46	305.046	305.146
47	305.047	305.147
48	305.048	305.148
49	305.049	305.149
50	305.050	305.150
51	305.051	305.151
52	305.052	305.152
53	305.053	305.153
54	305.054	305.154
55	305.055	305.155
56	305.056	305.156
57	305.057	305.157
58	305.058	305.158



Austin Moore Hip Prosthesis - Long Stem, Satin Finish

Head Dia (mm)	Long Stem	
	Sterile	Non-Sterile
37	305.037S	305.137S
38	305.038S	305.138S
39	305.039S	305.139S
40	305.040S	305.140S
41	305.041S	305.141S
42	305.042S	305.142S
43	305.043S	305.143S
44	305.044S	305.144S
45	305.045S	305.145S
46	305.046S	305.146S
47	305.047S	305.147S
48	305.048S	305.148S
49	305.049S	305.149S
50	305.050S	305.150S
51	305.051S	305.151S
52	305.052S	305.152S
53	305.053S	305.153S
54	305.054S	305.154S
55	305.055S	305.155S
56	305.056S	305.156S
57	305.057S	305.157S
58	305.058S	305.158S



Austin Moore Hip Prosthesis - Step Ball, Regular Finish

Head Dia (mm)	Sterile	Non-Sterile
37	306.037	306.137
38	306.038	306.138
39	306.039	306.139
40	306.040	306.140
41	306.041	306.141
42	306.042	306.142
43	306.043	306.143
44	306.044	306.144
45	306.045	306.145
46	306.046	306.146
47	306.047	306.147
48	306.048	306.148
49	306.049	306.149
50	306.050	306.150
51	306.051	306.151
52	306.052	306.152
53	306.053	306.153
54	306.054	306.154
55	306.055	306.155



Austin Moore Hip Prosthesis - Step Ball, Satin Finish

Head Dia (mm)	Sterile	Non-Sterile
37	306.037S	306.137S
38	306.038S	306.138S
39	306.039S	306.139S
40	306.040S	306.140S
41	306.041S	306.141S
42	306.042S	306.142S
43	306.043S	306.143S
44	306.044S	306.144S
45	306.045S	306.145S
46	306.046S	306.146S
47	306.047S	306.147S
48	306.048S	306.148S
49	306.049S	306.149S
50	306.050S	306.150S
51	306.051S	306.151S
52	306.052S	306.152S
53	306.053S	306.153S
54	306.054S	306.154S
55	306.055S	306.155S



7-064 : Austin Moore Hip Prosthesis Instrument Set

2304-02 Rasp For Austin Moore



2304-03 Rasp For Austin Moore, Extra Long



2304-07 Murphy Lane Bone Skid



2304-06 Moore Hollow Chisel



2304-08 Judget Auger Extractor



2304-10 Spare Hook For Extractor



2304-12 Impactor- Nylon Faced



2304-13 Hammer for Prosthesis



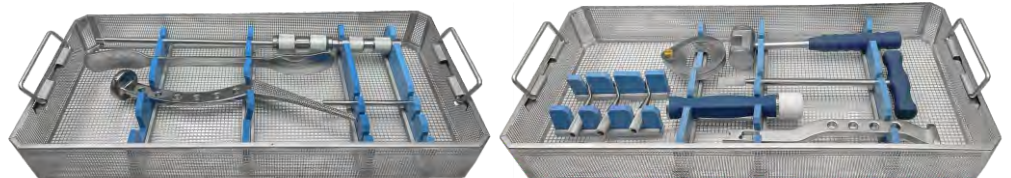
2304-11 Measuring Gauge For Prosthesis



2304-09 Extractor with Two Hooks



7-107-01 Instrument Tray, 540mm x 255mm x 55mm



7-106-01 Aluminium Sterilization Container, 560mm x 270mm x 150mm



7-064 : Austin Moore Hip Prosthesis Instrument Set

Item Code	Item Name	Unit
2304-02	Rasp For Austin Moore	1
2304-03	Rasp For Austin Moore, Extra Long	1
2304-07	Murphy Lane Bone Skid	1
2304-06	Moore Hollow Chisel	1
2304-08	Judget Auger Extractor	1
2304-10	Spare Hook For Extractor	1
2304-12	Impactor- Nylon Faced	1
2304-13	Hammer for Prosthesis	1
2304-11	Measuring Gauge For Prosthesis	1
2304-09	Extractor with Two Hooks	1
7-107-01	Instrument Tray, 540mm x 255mm x55mm	2
7-106-01	Aluminium Sterilization Container, 560mm x 270mm x 150mm	1

Bipolar Hip Prosthesis - Non Perforated

Head Dia (mm)	Sterile	Non-Sterile
37	321.037	321.137
38	321.038	321.138
39	321.039	321.139
40	321.040	321.140
41	321.041	321.141
42	321.042	321.142
43	321.043	321.143
44	321.044	321.144
45	321.045	321.145
46	321.046	321.146
47	321.047	321.147
48	321.048	321.148
49	321.049	321.149
50	321.050	321.150
51	321.051	321.151
52	321.052	321.152
53	321.053	321.153
54	321.054	321.154
55	321.055	321.155



Bipolar Hip Prosthesis - Perforated

Head Dia (mm)	Sterile	Non-Sterile
37	322.037	322.137
38	322.038	322.138
39	322.039	322.139
40	322.040	322.140
41	322.041	322.141
42	322.042	322.142
43	322.043	322.143
44	322.044	322.144
45	322.045	322.145
46	322.046	322.146
47	322.047	322.147
48	322.048	322.148
49	322.049	322.149
50	322.050	322.150
51	322.051	322.151
52	322.052	322.152
53	322.053	322.153
54	322.054	322.154
55	322.055	322.155



2304-000 : Bipolar Hip Prosthesis Instrument Set

2304-05 Rasp For Bipolar



2304-07 Murphy Lane Bone Skid



2304-06 Moore Hollow Chisel



2304-08 Judget Auger Extractor



2304-10 Spare Hook For Extractor



2304-12 Impactor- Nylon Faced



2304-13 Hammer for Prosthesis



2304-11 Measuring Gauge For Prosthesis



2304-09 Extractor with Two Hooks



7-107-01 Instrument Tray, 540mm x 255mm x55mm



7-106-01 Aluminium Sterilization Container, 560mm x 270mm x 150mm



2304-000 : Bipolar Hip Prosthesis Instrument Set

Item Code	Item Name	Unit
2304-05	Rasp For Bipolar	1
2304-07	Murphy Lane Bone Skid	1
2304-06	Moore Hollow Chisel	1
2304-08	Judget Auger Extractor	1
2304-10	Spare Hook For Extractor	1
2304-12	Impactor- Nylon Faced	1
2304-13	Hammer for Prosthesis	1
2304-11	Measuring Gauge For Prosthesis	1
2304-09	Extractor with Two Hooks	1
7-107-01	Instrument Tray, 540mm x 255mm x55mm	2
7-106-01	Aluminium Sterilization Container, 560mm x 270mm x 150mm	1



USA

Auxein Inc.
1500 Nw 89th Court, Suite 107-108
Doral, Florida 33172
Tel: +1 305 395 6062
E Fax: +1 305 395 6262
Email: USoffice@auxein.com

MEXICO

Auxein México, S.A. de C.V.
Tepic 139 int 801, Colonia Roma Sur,
Alcaldía Cuauhtémoc, CDMX,
México, C.P. 06760
Tel: +521 55 7261 0318
Email: info@auxein.mx

INDIA

Auxein Medical Pvt. Ltd.
Plot No. 168-169-170, Phase-4,
Kundli Industrial Area, HSIIDC
Sector-57, Sonapat - 131028, Haryana
Tel: +91 99106 43638 | Fax: +91 86077 70197
Email: info@auxein.com