





# POLARCUP<sup>◇</sup>

## Dual Mobility System

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### Nota Bene

The surgical technique described in this brochure illustrates the treatment suggested by the authors for uncomplicated procedures. Ultimately, however, the surgeon must decide which procedure is most sensible and most effective for the respective patient.



# Indications

- Advanced degeneration of the hip joint as a result of degenerative, post-traumatic or rheumatoid arthritis
- Fracture or avascular necrosis of the femoral head
- Failure of previous hip surgery: joint reconstruction, internal fixation, arthrodesis, hemiarthroplasty, surface replacement arthroplasty or total hip replacement
- All forms of osteoarthritis
- Patients with hips at risk of dislocation
- Femoral neck fracture or proximal fracture to hip joint

The POLARCUP<sup>®</sup> Dual Mobility System is intended for single use only and depending on its version is to be implanted either with or without bone cement.

# Contraindications

- Acute or chronic infections, local or systemic
- Local infections of the area operated  
Severe muscle, nerve or vascular damage or diseases that endanger the extremity in question
- Lacking bone substance or inadequate bone quality that endangers a stable seating of the prosthesis
- All concomitant diseases that may endanger the function of the implant, such as:
  - Any allergies to implant materials
  - Renal insufficiency
  - Cardiac insufficiency (e.g. as a result of increased metal/ions concentration in the blood)
- Pregnancy

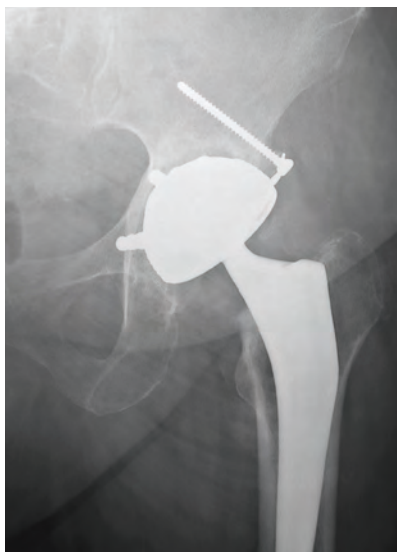
# Case Studies

## Preoperative



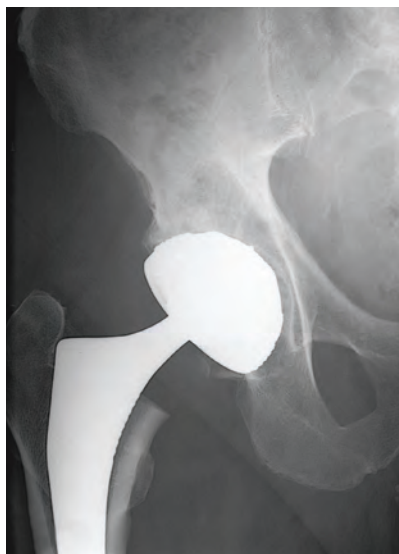
70 years old, female patient with hip dysplasia

## Postoperative



POLARCUP® with two pegs and one screw

## Postoperative



71 years old, POLARCUP with flanges removed in a male patient with coxarthrosis

# Preoperative planning

Preoperative X-Rays should include an AP of the pelvis centered over the symphysis and an AP and lateral of the affected hip.

Templating can be done on the affected side, but it is important that the contralateral hip also be templated to verify the size.

To ensure a congruent fit, the acetabular component should be medialized to the medial aspect of the acetabulum, as indicated by the teardrop.

The center of rotation also should be marked for subsequent reference.

## Acetabular exposure

Complete exposure of the acetabulum is required, regardless of the type of approach. Use the approach with which you are most familiar and achieve the best surgical results.

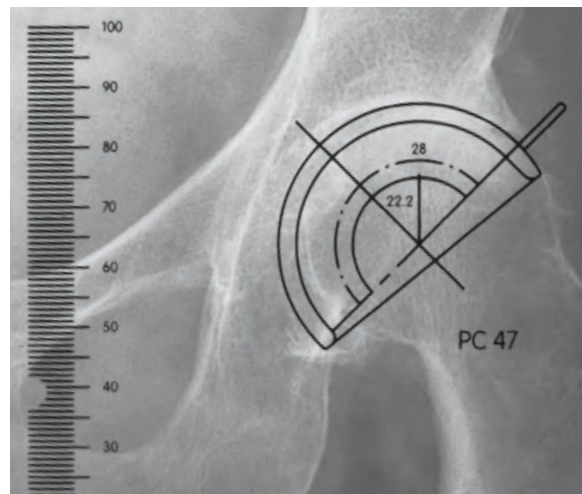
First, resect the acetabular labrum and place a blunt retractor anteriorly.

After identifying the transverse acetabular ligament, place a blunt retractor around the inferior margin of the acetabulum.

Depending on the exposure, a third retractor can be placed posteriorly following the excision of the labrum.

Remove all overhanging soft tissue and osteophytes in order to visualize the entire acetabular socket.

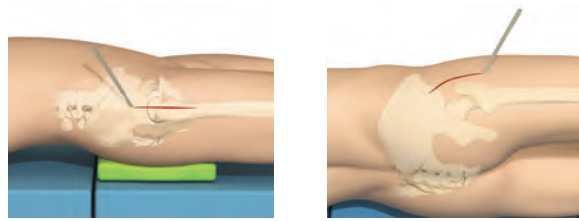
The acetabulum should be medialized to restore the normal center of hip rotation.



### Surgical tips:

- To minimize the need of assistance, each of the acetabular retractors can be tied directly to a Charnley retractor.
- Dividing the transverse acetabular ligament will allow reaming to begin inferiorly, preventing the tendency of the reamer to migrate superiorly.
- Removal of soft tissue and overhanging osteophytes from the foveal notch aids visualization of the quadrilateral plate and the depth that the acetabulum should be reamed.

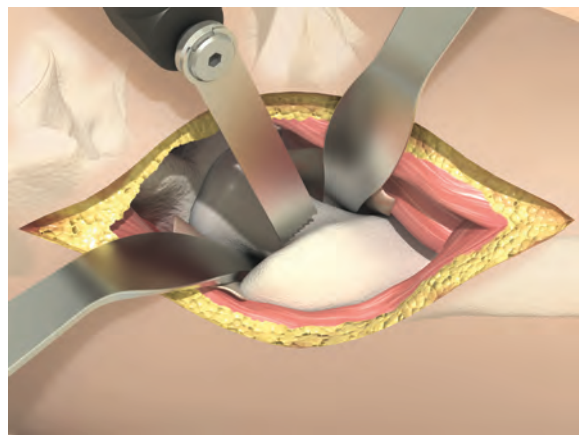
# Surgical Technique



## Positioning and access

The surgery is performed with the patient in extended supine or lateral position.

Access to the operative site is based on previously recorded patient data or the preference of the operating surgeon(s).

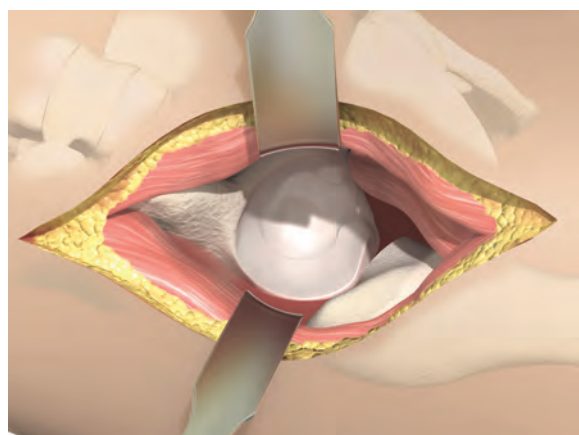


## Removing the head of the femur

Osteotomy of the head of the femur based on preoperative planning for the relevant stem system.

### Important note

It is strongly recommended to use stems with polished necks. Ball heads with protruding collars (sizes 28 XL and 28 XXL) and stem cones with extraction holes and openings should be completely avoided as these significantly increase the risk of damaging the PE insert. Smith & Nephew size 28 XL heads with sleeve or size 22 L heads must not be used with POLARCUP®.



## Preparing the acetabulum

Open and, if necessary, complete resection of the joint capsule.

Expose the acetabulum to provide a good view and create sufficient space for the reaming instruments.

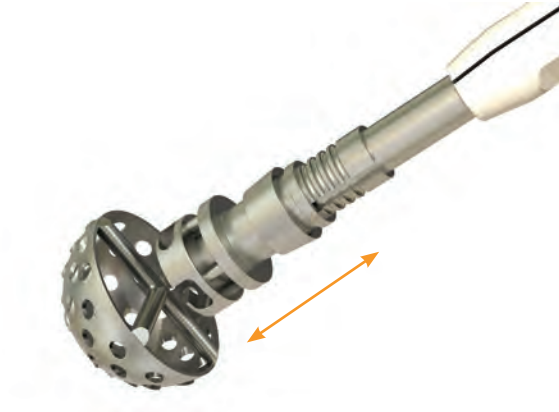
Remove the osteophytes from the edge of the hip joint cup and the acetabular fossa.

Clean the hip joint cup and stop the bleeding.



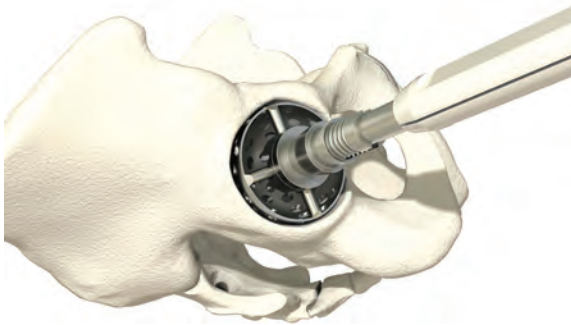
### Assembling the reamer and orientation device

Press the reamer down onto the drive shaft until it clicks into place (snap mechanism).



### Reaming the acetabulum

Ream the acetabulum with a spherical reamer horizontally in relation to the patient's position. It is recommended to begin with a reamer equal to or 2mm smaller than the head size and that reaming is continued down to the base of the teardrop figure.



Avoid excessive reaming on the periphery because otherwise the bone loss, particularly on the front and rear pillars of the acetabulum will be too big.

Continue reaming with increasing diameters (in 2mm steps), taking into consideration the final anteversion and inclination, until the cartilage is completely removed and the subchondral bone is bleeding evenly. Ream "line-to-line".

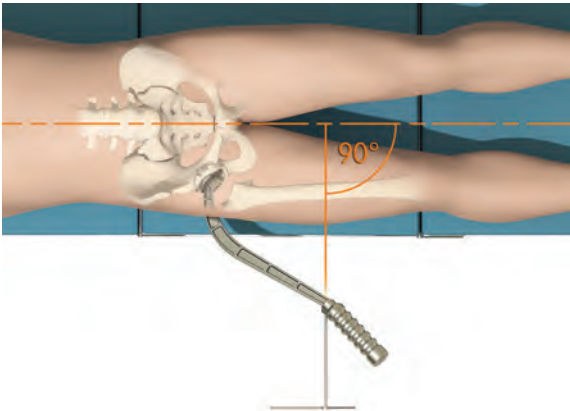
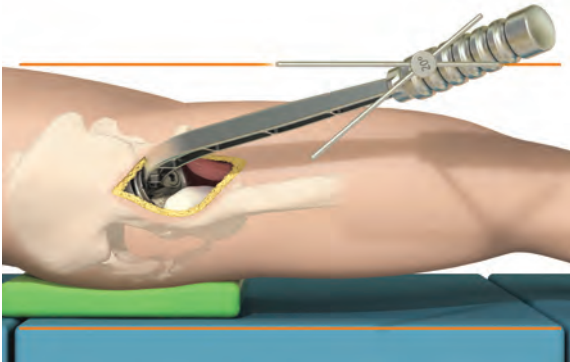
The bone dust in the last reamer can be used to fill the **acetabulum**.

## Determining the implant size with the trial shell

Place the trial shell which is the same size as the last used reamer on the appropriate handle (75023343).

Insert the pen ball screwdriver (75000647) and fix the trial shell into place by tightening the adjusting screw.

Impact the trial shell into the reamed acetabulum, placing the 6° cover in a superior posterior position. The cup inclination must not be below 40° or above 50°, the anteversion must not be below 10° or above 20°.



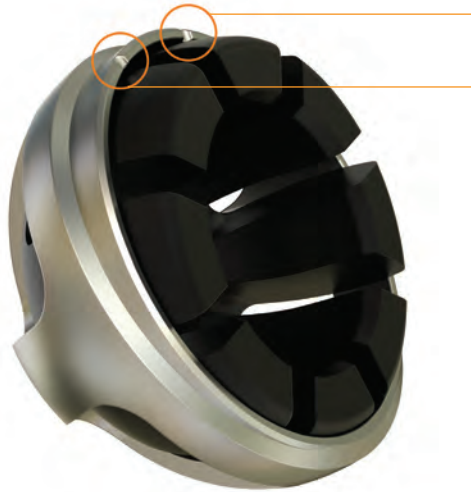
### Please note:

The trial shell must

- have good primary stability
- be completely and firmly seated in the acetabulum.

If the initial position is insufficiently stable, a larger cup diameter can be selected. The next larger reamer size will allow a press fit of 1.7mm or, without further reaming, 2.7mm.

When using a POLARCUP<sup>®</sup> version with flanges, the two marks on the trial shell indicate the position of the flanges on the final implant.



### Trial shell with insert

After the handle is removed a trial insert is inserted into the trial shell to test the soft tissue tension and leg length using trial heads.

#### **Please note:**

Different versions of the POLARCUP<sup>®</sup> can be used depending on the primary stability of the trial shell, the quality of the acetabular bone and the surgical procedure:

- no additional fixation
- with peri-acetabular fixation (using screws through flanges)
- with peri- or intra-acetabular stabilization (using pegs and screws).

Preparation of the acetabulum, cup positioning and impaction are the same in all cases.

### Inserting a non-cemented POLARCUP<sup>®</sup>

Screw the Ø 2.2mm (75000649) adapter corresponding to the internal diameter of the trial shell onto the positioner (75023819) and fit the required trial insert NAV.



Alternatively the positioner NAV (75210223) in combination with the pen ball screwdriver NAV (75210224) can be used.

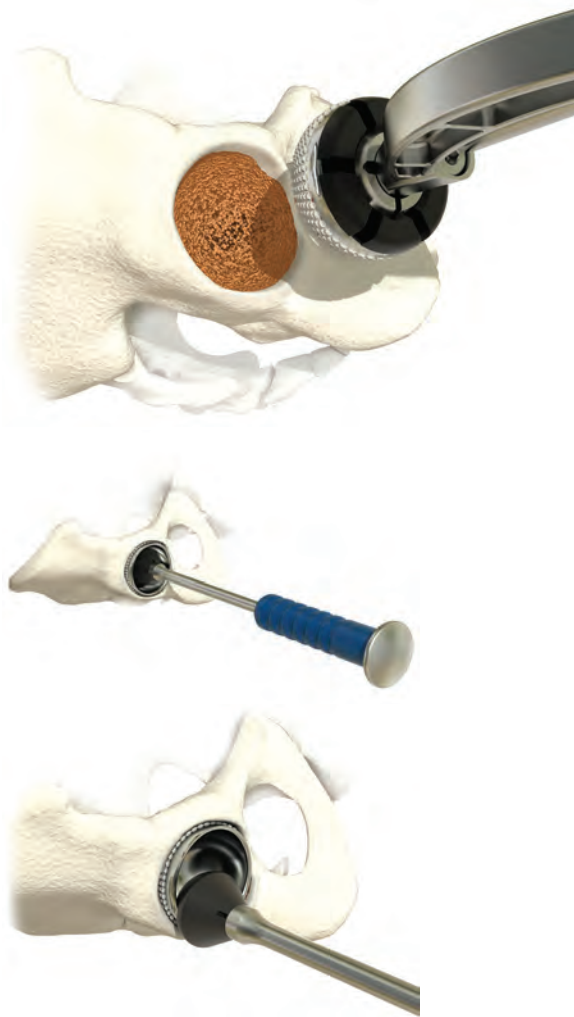


Insert the instrument into the shell and fix with the pen ball screwdriver (75000647) by tightening the adjusting screw. Ensure that the rim of the trial insert is not tilted when placing or fixing in the shell since otherwise no optimum traction can be established between the two instruments.



### Important

The positioner is not the final impactor.



## Positioning

Position the cup such that the 6° cover is at superior posterior and the fixing surface is outside the hip cup to avoid dislocations in high risk cases. Impact the cup into the acetabulum for fixation. The cup inclination must not be below 40° or above 50°, the anteversion must not be below 10° or above 20°.

Then unscrew and remove the cup holder.

## Impaction

For final impaction, fit the attachment (75023346) onto the impactor (75023345) and position it in the centre of the cup. Then perform impaction with a hammer.

To correct the cup position use the same instrument combination.

## Important

The positioner is not suitable for correcting the cup position. The cup inclination must not be below 40° or above 50°, the anteversion must not be below 10° or above 20°.

## Inserting a non-cemented POLARCUP<sup>®</sup> with flanges

This type of cup can be used in different ways:

As a standard press fit cup: break off the

- flanges (pre- or peri-operatively) or bend over the acetabulum rim.

For peri-acetabular fixation: screw 1 or 2

- screws through the flange.

For peri- or intra-acetabular stabilization:

- impact 2 anchoring pegs and screw one or both screws through the flanges.



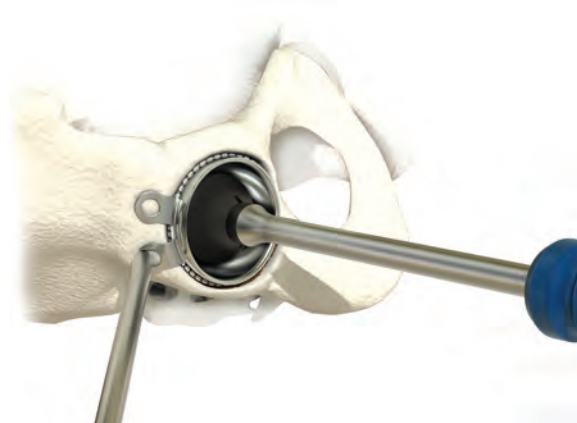
## Cutting off or bending the flanges

The flange can be broken off with the flange cutter. Insert the flange into the end of the cutter and then bend up and down three or four times. Flanges can be broken off preoperatively once it has been ensured that good primary stability is guaranteed using the trial shell.



The flange can also be broken off or bent over the acetabulum rim after the shell has been seated. It then also acts as a positioning aid.

For the right hip, for example, the right flange should be in the twelve o' clock position. The cup is inserted properly when the flange touches the upper edge and the 6° cover is positioned correctly outside the acetabulum.



Break off the flanges *in situ* with the flange cutter or bend them over the acetabulum rim with a small metal impactor. In both cases, insert the impactor with the attachment (75023345 and 75023346) into the cup to ensure a secure hold and prevent it tipping out allowing micro movements which could have an adverse effect on primary stability.

## Peri-acetabular fixing with screws (through flanges)



Insert the implant into the prepared acetabulum as described and hammer in with the cup impactor. Bend the flanges over the acetabulum rim with a small metal impactor.

Drill holes through the flanges with a 3.2mm twist drill (75017135). The screw length can be determined with the depth gauge (75017138). Stability is increased by using 4.5mm cortical screws inserted into the edge of the acetabulum through the flange holes in a divergent manner.

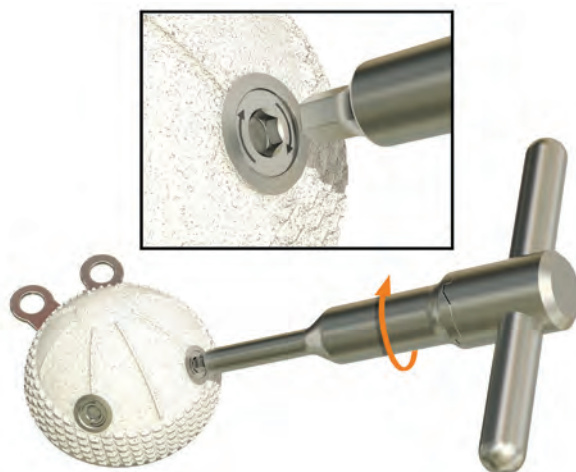
### Important note

Screws must only be inserted through the flanges. Anchoring pegs cannot be replaced by screws. After removing the covers for the holes for the anchoring pegs (see below), hammer the pegs into the holes and do not screw in. When using pegs, additionally insert one screw to ensure three-point fixation.

## Peri- and intra-acetabular stabilization with two anchoring pegs and one or two screws

If the trial shell is not sufficiently stabilized, screws and pegs can be used to support the primary stability of the implant.

Pegs: Release the plugs by turning with the **T handle in the direction indicated on the cover**. Then insert the implant in the acetabulum as described above.



### Important note:

When the plugs have been removed, anchoring pegs must be used. The covers cannot be re-used after removal. The pegs are not pre-mounted on the cup and have to be ordered separately.



Pre-drill the first hole with the 6mm flexible twist drill (75017136) using the drill sleeve (75017130). Place the first peg onto the self-retaining peg impactor (75100195) and impact into the ischium or the pubic arch with a hammer.

It is advisable to finish impacting the first peg before drilling the hole for the second peg since the position of the cup may change slightly after impacting.

It is also advisable to start impacting both pegs before inserting the screws through the flanges. Two anchoring pegs are supplied in each pack.



The ends of the impactor (75100195) are shaped to match the hole in the peg and seal it after it has been fully seated.

Then prepare the second hole and repeat the procedure described above.



As described finish the fixation procedure by bending the flanges over the acetabular rim and inserting anchoring pegs using the impactor.

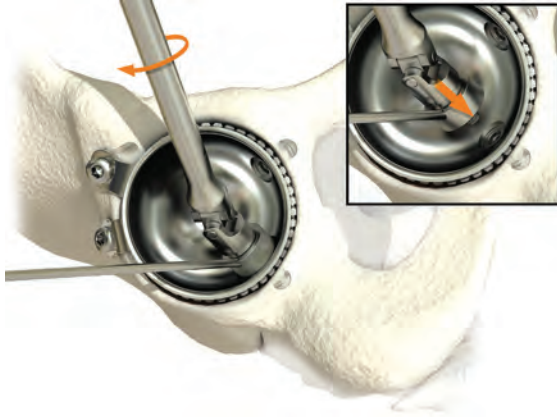
#### **Important note**

Two anchoring pegs with at least one screw through a flange must always be used. This ensures three-point fixation and prevents tilting.

If optimum fixation nevertheless cannot be achieved, it may be necessary to select a different cup size from that originally planned. With poor bone quality or peripheral or pronounced bone loss in the pin area, using the next larger size may improve primary stability. This must be decided intraoperatively.



It is advisable to finish impacting the first peg before drilling the hole for the second peg since the position of the cup may change slightly after impacting. It is also advisable to start impacting both pegs before inserting the screws through the flanges. Two anchoring pegs are supplied in each pack.



## Removing the pegs

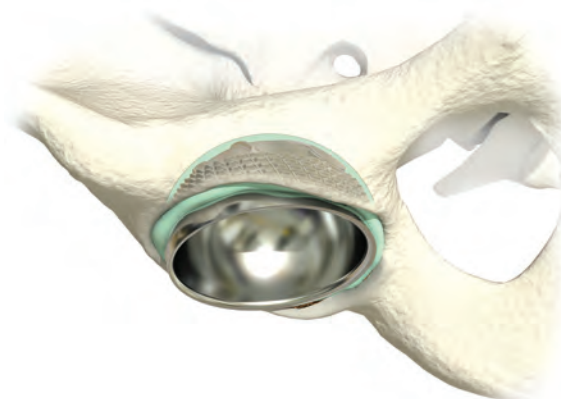
To remove the pegs, screw the peg extractor (75023350) into the thread of the peg and undo and remove by untightening.

## Inserting a cemented POLARCUP<sup>®</sup>

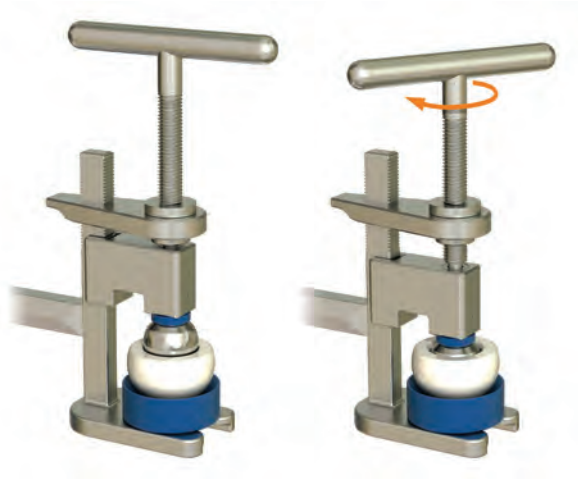
Prepare and ream the acetabulum as previously described. Depending on the required thickness of the cement layer, however, the last reamer used must be at least two sizes larger than the implant to be used (eg.: implant size 51; last reamer 55), which produces a cement layer of approximately 2mm all round. The POLARCUP<sup>®</sup> can be cemented directly into the acetabulum or into a previously implanted reinforcement ring (eg CONTOUR<sup>®</sup>). When using a reinforcement ring its respective internal dimensions determine the combination options with POLARCUP.

## Applying the cement

The acetabulum must be washed out and dried before applying the cement. Follow the manufacturer's instructions for preparing, applying and curing the cement. The cemented POLARCUP<sup>®</sup> should be placed and pressed in by hand. As described previously the impactor can be used to correct the cup position. Extreme caution must be used because otherwise the cement layer may be damaged.



## Inserting the PE insert



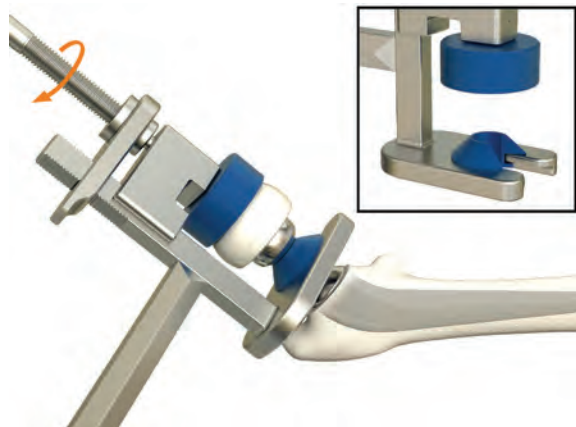
The PE insert corresponding to the cup size is combined with the ball head by using the insert ball head press (75017089).

Place the insert on the plastic holder and put the ball head (OXINIUM<sup>®</sup>, ceramic or metal) on the hole of the insert. Push the top part of the instrument downwards until the head and insert are enclosed.

Then turn the T handle until the ball head is completely locked together with the insert and can move freely.

**TIP:** A quiet hissing sound of escaping air is heard.

It is advisable to position the upper part of the instrument as low as possible.



If the insert and the ball head have to be adjusted in situ (e.g. during revision of a monoblock stem), replace the plastic part underneath with by the plastic ring (75017087). Then place the inserter on the neck of the monoblock stem, put the insert onto the ball head and turn the T handle until the head is completely locked into the insert and moves freely.

In rare cases it may be difficult to lock the insert onto the monoblock stem in situ.

It may then be helpful to place the insert in hot sterile water for several minutes.



Fit the PE insert/ball head combination onto the stem cone manually and hammer in using the head impactor consisting of the handle (75023345) and the trapezium-shaped attachment (75023344). Then push the ball head insert unit in the cup.



**Please note:**

Ensure that no soft tissue affects the contact between the insert and the cup.

It is strongly advised to use stems with polished necks. Size 28 XL heads with collets and 22 L must not be used with POLARCUP<sup>®</sup>.



**Removing the POLARCUP**

To remove the cup, dislocate the mobile PE insert (with pressed-in ball head).

If the implant is not yet completely incorporated, knock the cup out using an osteotome placed into the slot on the 6° cover. The cup can then be removed manually.

If the cup has been completely incorporated, separate it from the acetabulum with an osteotome and/or other suitable piece of equipment and remove manually.

# Postoperative Treatment

The postoperative follow up depends on which type of prosthesis – cemented or non-cement – has been used.

As a general rule the leg should be capable of weight-bearing after a short time. Full or partial weight-bearing with two crutches during the first six weeks is permissible if follow up is satisfactory.

Postoperative care and the duration of treatment will depend on the patient's condition and are determined by the surgeon.

## References

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Orthopedics 2008, 31-12 Suppl: 97-9p

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*"Polarsystem" dual mobility hip prostheses and "minimally invasive surgery" (MIS)*  
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*"Total Hip Arthroplasty: Treatment of Chronic Instability using a double-mobility cup"*  
JBJS (BR) 2002; 84-B SUPP

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*"Dual articulation retentive acetabular Inlays and wear: surface analysis of 40 retrieved polyethylene implants"*  
Revue de Chirurgie Orthopédique 2005, 91, 627-636

**Philippot R (St-Etienne)**

*"Survival of Dual-mobility socket after 10 years follow-up"*  
Poster EFFORT, LISBON June 2005

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*Etude du cotyle non scellé de Bousquet dans cent prothèses totales de hanche hybrides (sealed Charnley femoral component). Average decline 5 years.*  
Acta Orthopaedica Belgica, Vol 59 Suppl.I. – 1993

**Farizon F, De Lavison R, Auzoulay JJ, Bousquet G**

*Results with a cementless alumina-coated cup with a dual mobility, a twelve years follow-up study.*

International Orthopaedics (SICOT) (1998), 22: 219-224

# Sterilization

## **Implants**

All implants described in connection with this surgical technique are sterile as supplied by the manufacturer. The implants should not be re-sterilized.

## **Instruments**

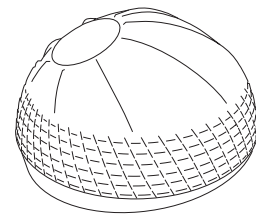
System components and instruments are not sterile when they are delivered. They are to be cleaned before use by the usual methods in accordance with internal hospital regulations. They are to be sterilized in an autoclave in accordance with the legal regulations and guidelines applicable in the country of use. (For detailed information please refer to leaflet Lit. no. 1363.)

The correct sterilization settings are given in the instructions for use issued by the autoclave manufacturer. Instrument manufacturers and dealerships assume no responsibility for the sterilization of products.



# Implants

## Shells



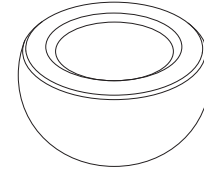
Titanium plasma coated

Stainless steel uncoated,  
polished (for use with cement)

SAP no.	Item no.	Size Ø
75100406	75100406	43
75100407	75100407	45
75100408	75100408	47
75100409	75100409	49
75100410	75100410	51
75100411	75100411	53
75100412	75100412	55
75100413	75100413	57
75100414	75100414	59
75100415	75100415	61
75100416	75100416	63
75100417	75100417	65
75100418	75100418	67

SAP No.	Item no.	Size Ø
75100451	75100451	43
75100452	75100452	45
75100453	75100453	47
75100454	75100454	49
75100455	75100455	51
75100456	75100456	53
75100457	75100457	55
75100458	75100458	57
75100459	75100459	59
75100460	75100460	61
75100461	75100461	63

## PE inserts



### PE insert Ø 22

SAP no.	Item no.	Ø	Size
75017207	11000515	2 2mm	43
75017208	11000516	2 2mm	45
75017209	11000517	2 2mm	47
75017210	11000518	2 2mm	49
75017211	11000519	2 2mm	51
75017212	11000520	2 2mm	53
75017213	11000521	2 2mm	55
75017214	11000522	2 2mm	57
75017215	11000523	2 2mm	59
75017216	11000524	2 2mm	61
75017217	11000525	2 2mm	63
75017218	11000526	2 2mm	65
75017219	11000527	2 2mm	67

### PE insert Ø 28

SAP no.	Item no.	Ø	Size
75017220	11000528	2 8mm	47
75017221	11000529	2 8mm	49
75017222	11000530	2 8mm	51
75017223	11000531	2 8mm	53
75017224	11000532	2 8mm	55
75017225	11000533	2 8mm	57
75017226	11000534	2 8mm	59
75017227	11000535	2 8mm	61
75017228	11000536	2 8mm	63
75017229	11000537	2 8mm	65
75017230	11000538	2 8mm	67

### XLPE insert Ø 22

SAP no.	Item no.	Ø	Size
75018942	11000588	2 2mm	43
75018943	11000589	2 2mm	45
75018944	11000590	2 2mm	47
75018945	11000591	2 2mm	49
75018946	11000592	2 2mm	51
75018947	11000593	2 2mm	53
75018948	11000594	2 2mm	55
75018949	11000595	2 2mm	57
75018950	11000596	2 2mm	59
75018951	11000597	2 2mm	61
75018952	11000598	2 2mm	63
75018953	11000599	2 2mm	65
75018954	11000600	2 2mm	67

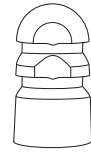
### XLPE insert Ø 28

SAP no.	Item no.	Ø	Size
75018955	11000601	2 8mm	47
75018956	11000602	2 8mm	49
75018957	11000603	2 8mm	51
75018958	11000604	2 8mm	53
75018959	11000605	2 8mm	55
75018960	11000606	2 8mm	57
75018961	11000607	2 8mm	59
75018962	11000608	2 8mm	61
75018963	11000609	2 8mm	63
75018964	11000610	2 8mm	65
75018965	11000611	2 8mm	67



## Anchoring pegs

SAP no.	Item no.
75017231	11000539



## Cortical screws

SAP no.	Item no.	Ø	Length
75017232	11000540	4.5mm	4 0mm
75017233	11000541	4.5mm	4 4mm
75017234	11000542	4.5mm	4 8mm
75017235	11000543	4.5mm	5 2mm
75017236	11000544	4.5mm	5 5mm
75017237	11000545	4.5mm	6 0mm



## Demo implants

SAP no.	Item no.	Designation	Size/Ø
75100661	75100661	Ti shell	51
75100662	75100662	Ti shell with eyes	51
75100664	75100664	Cemented shell	51
75017255	91000530	PE insert	51/28
75017256	91000539	Anchoring pegs	(2)
75017257	91000542	Cortical screw	4.5 x 48

# Instrument Set

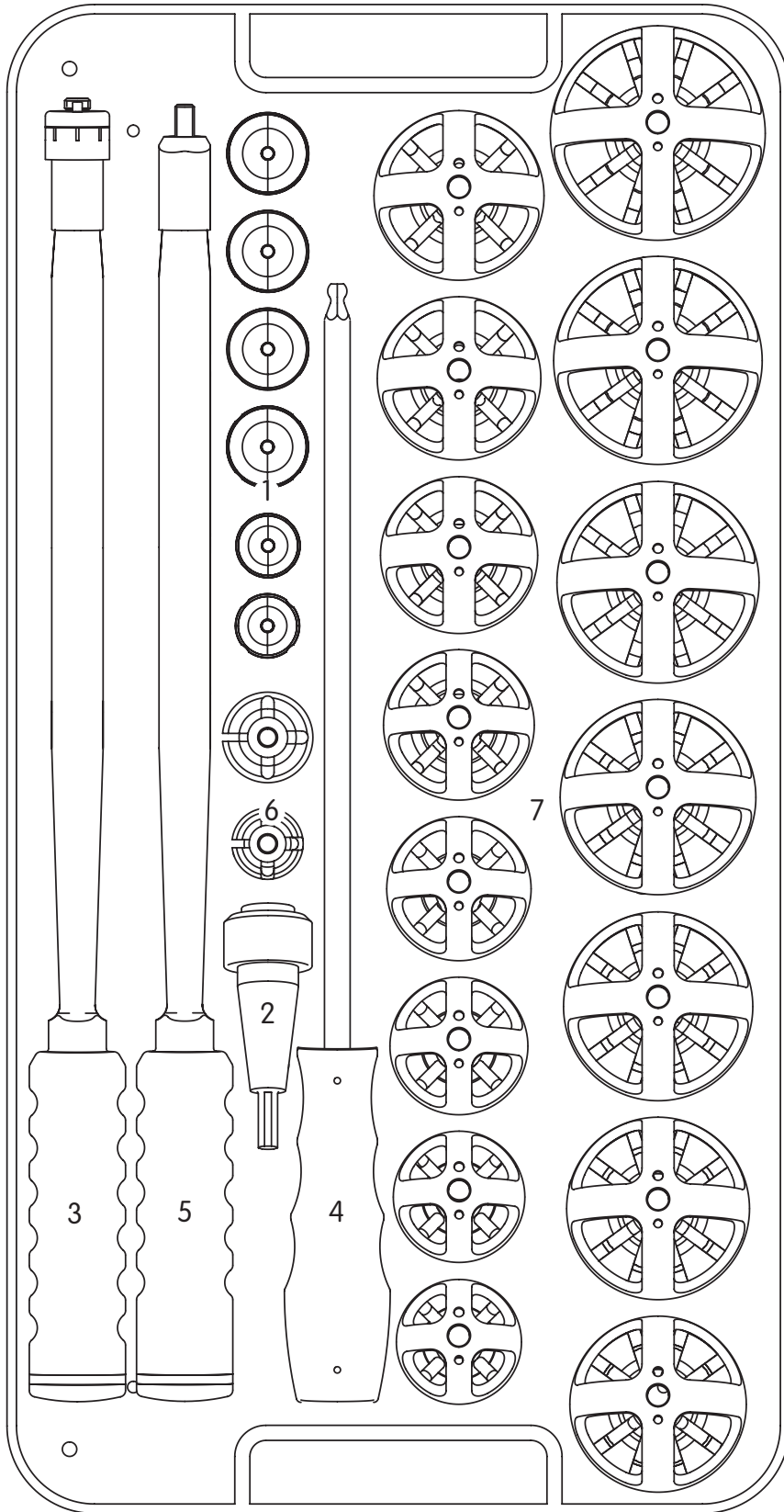
## POLARCUP<sup>®</sup> Standard 28

Basic case I

Set no.

75210205

	SAP no.	Item no.	Designation	Size/Ø
	75100515	75100515	Basic Case I	
	75007661	990019	Cover (Easytray)	
1	75004670	21000346	POLARCUP trial head	22M
	75004671	21000347	POLARCUP trial head	22L
	75004672	21000348	POLARCUP trial head	28S
	75004673	21000349	POLARCUP trial head	28M
	75004674	21000350	POLARCUP trial head	28L
	75004675	21000351	POLARCUP trial head	28XL
2	75017103	21000519	Jacob AO adapter, large chuck	
3	75023343	21000618	Handle for NAV trial shell	
4	75000647	21000410	Pen ball screwdriver	
5	75023819	21000671	Shell locator	
6	75000650	21000413	Adapter for 2 8mm trial insert	Ø 2 8mm
	75000649	21000412	Adaptor for 2 2mm trial insert	Ø 2 2mm
7	75017090	21000506	Trial shell	43
	75017091	21000507	Trial shell	45
	75017092	21000508	Trial shell	47
	75017093	21000509	Trial shell	49
	75017094	21000510	Trial shell	51
	75017095	21000511	Trial shell	53
	75017096	21000512	Trial shell	55
	75017097	21000513	Trial shell	57
	75017098	21000514	Trial shell	59
	75017099	21000515	Trial shell	61
	75017100	21000516	Trial shell	63
	75017101	21000517	Trial shell	65
	75017102	21000518	Trial shell	67
	75000651	21000414	Trial insert, slotted	43/22
	75000652	21000415	Trial insert, slotted	45/22
	75000664	21000427	Trial insert, slotted	47/28
	75000665	21000428	Trial insert, slotted	49/28
	75000666	21000429	Trial insert, slotted	51/28
	75000667	21000430	Trial insert, slotted	53/28
	75000668	21000431	Trial insert, slotted	55/28
	75000669	21000432	Trial insert, slotted	57/28
	75000670	21000433	Trial insert, slotted	59/28
	75000671	21000434	Trial insert, slotted	61/28
	75000672	21000435	Trial insert, slotted	63/28
	75000673	21000436	Trial insert, slotted	65/28
	75000674	21000437	Trial insert, slotted	67/28



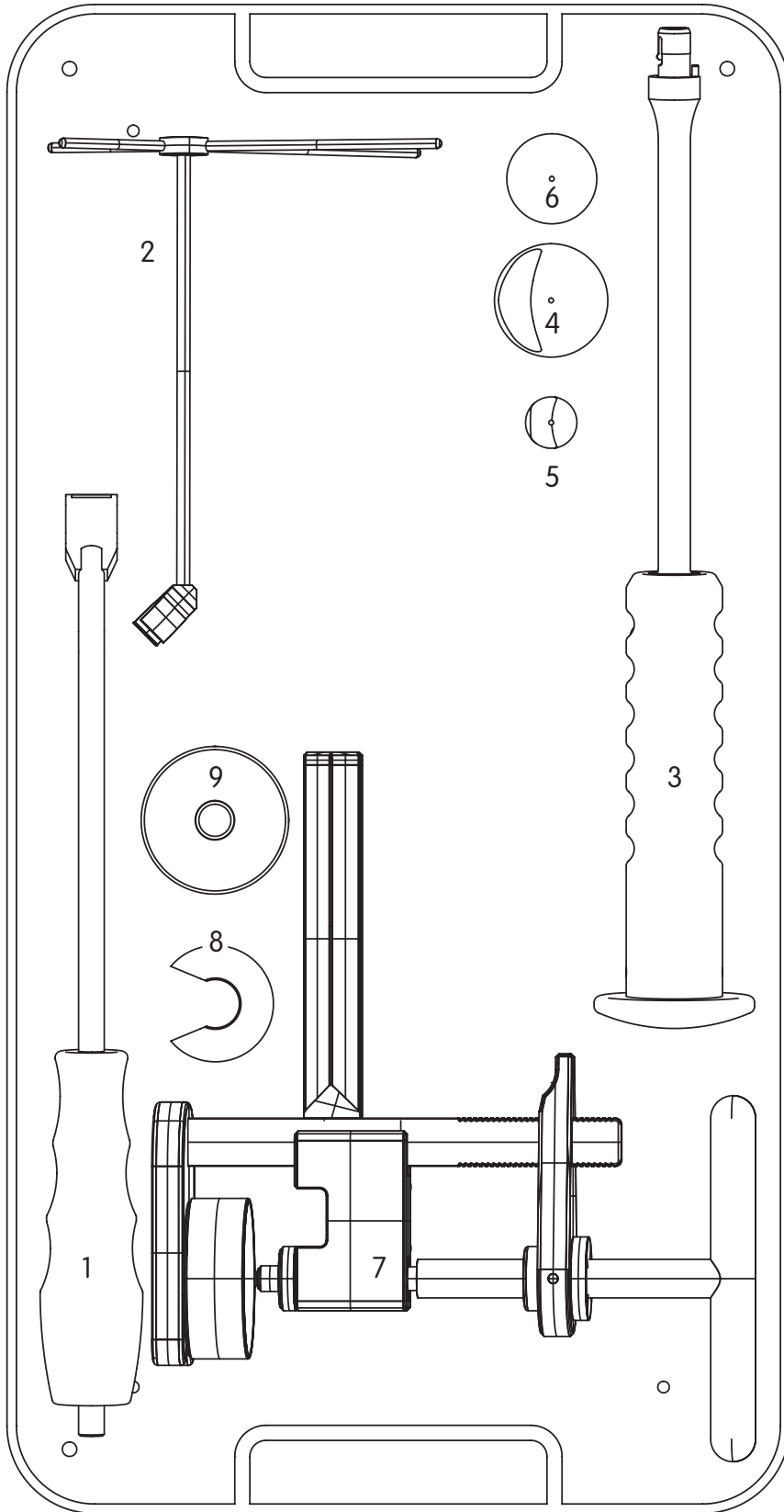
**POLARCUP<sup>®</sup> Standard 28**

Basic case II

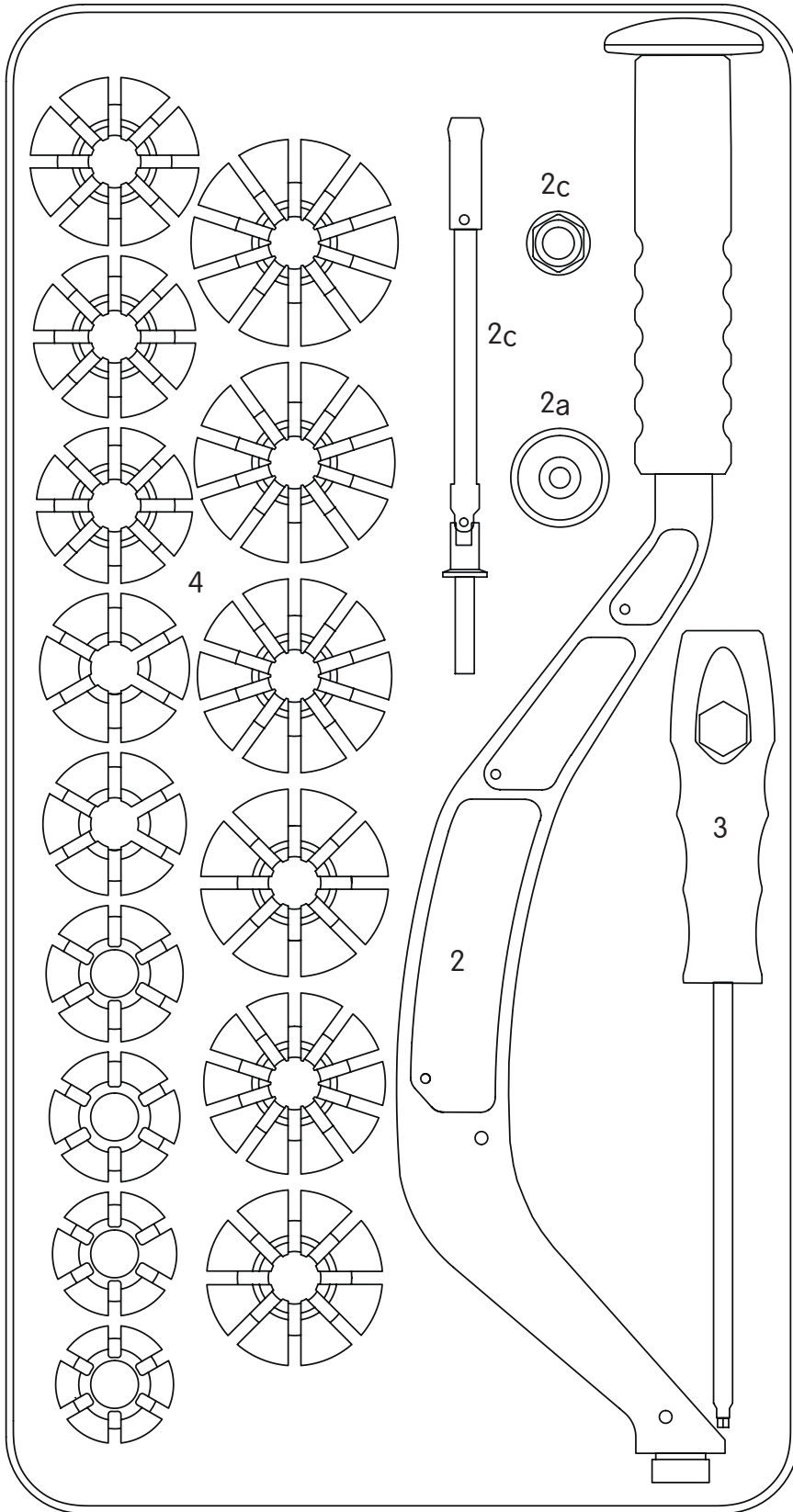
Set no.

75210205

	<b>SAP no.</b>	<b>Item no.</b>	<b>Designation</b>
	75100514	75100514	Basic Case II
	75007661	990019	Cover (Easytray)
1	75017081	21000497	Flange cutter
2	75009600	T7718	Orientation device (Sputnik)
3	75023345	21000620	Handle for Impactor
4	75023344	21000619	Reducer part for impactor
5	75023714	21000666	Reducer part for impactor, small
6	75023346	21000621	Impactor part for handle
7	75017089	21000505	Head/liner inserter
8	75017087	21000503	Neck adapter for monoblock stem
9	75017088	21000504	Insert adapter for monoblock stem



SAP no.	Item no.	Designation	Size
75100512	75100512	Case Polarcup NAV	
75007661	990019	Cover (Easytray)	
75000649	21000412	Handle Adaptor 2 2mm Insert	2 2mm
75023343	21000618	Shell Positioner NAV, curved	
75023818	21000670	Screw Driver 3.5	
75023356	21000631	Trial Insert NAV	43/22
75023357	21000632	Trial Insert NAV	45/22
75023358	21000633	Trial Insert NAV	47/22
75023359	21000634	Trial Insert NAV	49/22
75023360	21000635	Trial Insert NAV	51/22
75023361	21000636	Trial Insert NAV	53/22
75023362	21000637	Trial Insert NAV	55/22
75023363	21000638	Trial Insert NAV	57/22
75023364	21000639	Trial Insert NAV	59/22
75023365	21000640	Trial Insert NAV	61/22
75023366	21000641	Trial Insert NAV	63/22
75023367	21000642	Trial Insert NAV	65/22
75023368	21000643	Trial Insert NAV	67/22

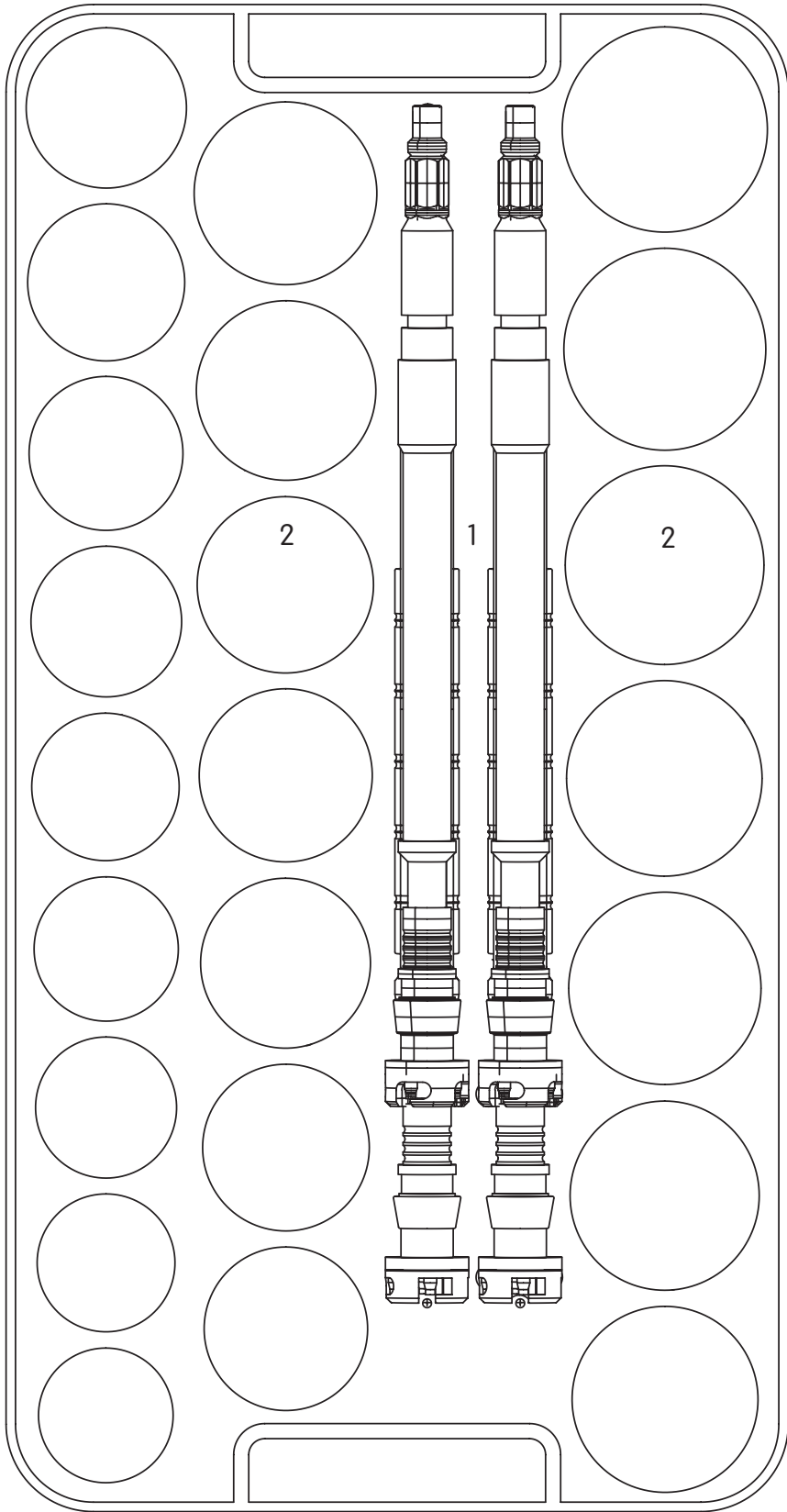


## Case reamers standard / 42–64

Set no.  
75210222

	SAP no.	Item no.	Designation	Size
	75100511	75100511	Case Reamers, standard	
	75007661	990019	Cover (Easytray)	
1	75003405	130870	Reamer drive stem (AO)	
2	75003408	130873	Reamer	42
	75003409	130874	Reamer	43
	75003410	130875	Reamer	44
	75003411	130876	Reamer	45
	75003412	130877	Reamer	46
	75003413	130878	Reamer	47
	75003414	130879	Reamer	48
	75003415	130880	Reamer	49
	75003416	130881	Reamer	50
	75003417	130882	Reamer	51
	75003418	130883	Reamer	52
	75003419	130884	Reamer	53
	75003420	130885	Reamer	54
	75003421	130886	Reamer	55
	75003422	130887	Reamer	56
	75003423	130888	Reamer	57
	75003424	130889	Reamer	58
	75003425	130890	Reamer	59
	75003426	130891	Reamer	60
	75003427	130892	Reamer	61
	75003428	130893	Reamer	62
	75003429	130894	Reamer	63
	75003430	130895	Reamer	64

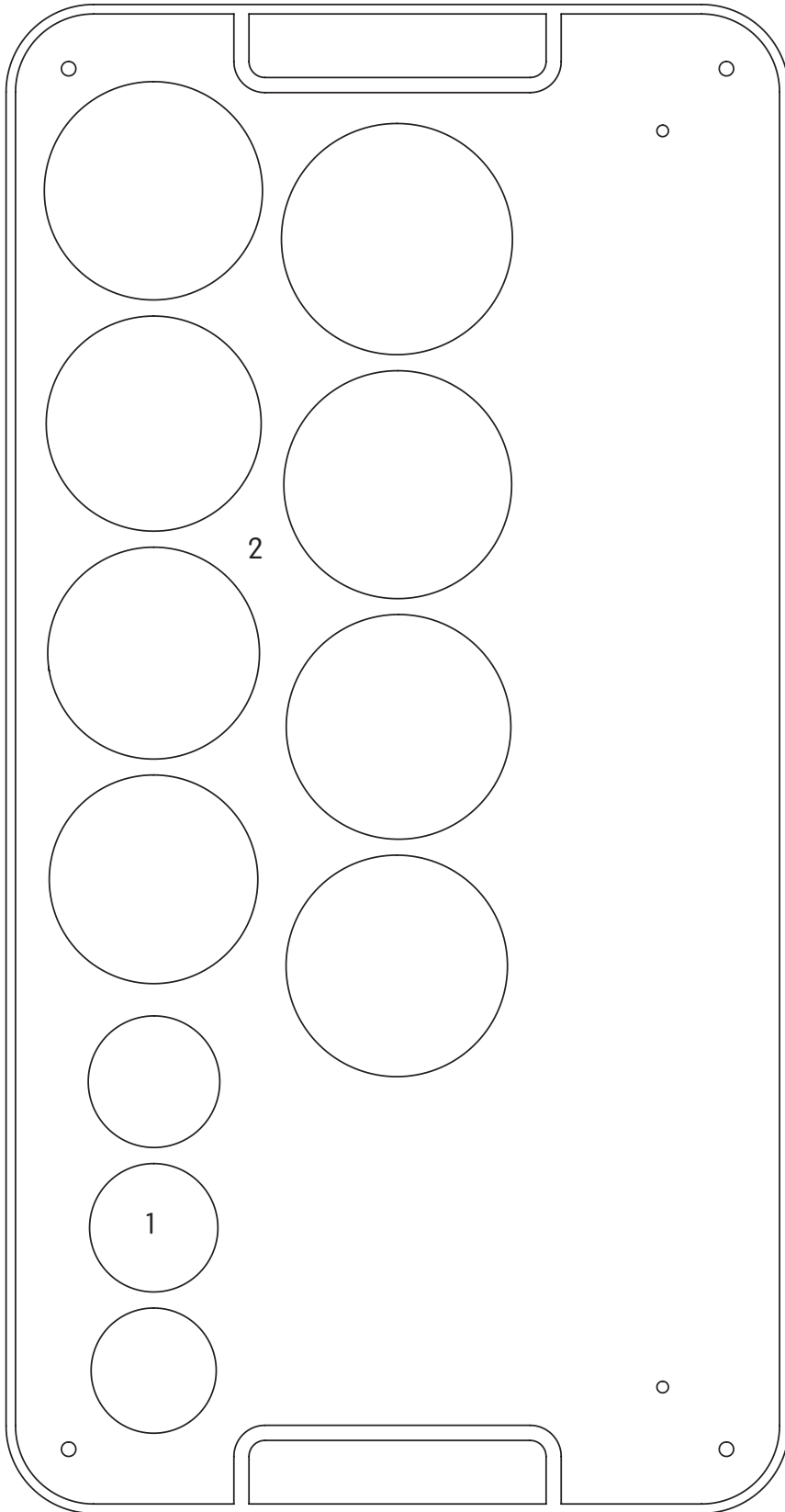




Case reamers optional / 39–41 and 65–72

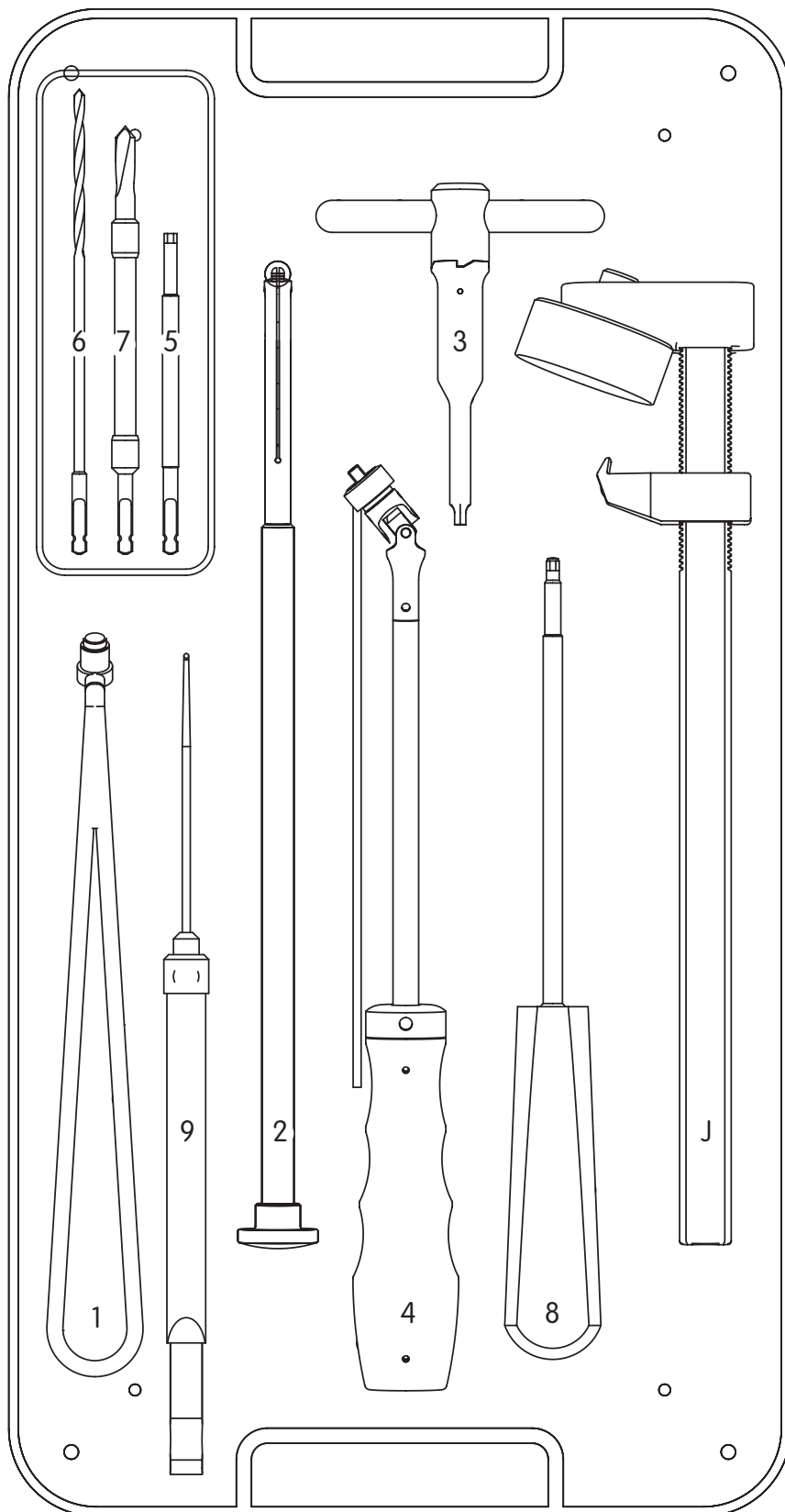
Set no.  
75210247

	<b>SAP no.</b>	<b>Item no.</b>	<b>Designation</b>	<b>Size</b>
	75100531	75100531	Case reamers, optional	
	75007661	990019	Cover (Easytray)	
1	75023397	130867	Reamer	39
	75003406	130871	Reamer	40
	75003407	130872	Reamer	41
2	75003431	130896	Reamer	65
	75003432	130897	Reamer	66
	75003433	130898	Reamer	67
	75003434	130899	Reamer	68
	75003487	130981	Reamer	69
	75001681	130982	Reamer	70
	75003489	130983	Reamer	71
	75003490	130984	Reamer	72



POLARCUP<sup>®</sup> pegs and screw accessoriesSet no.  
75210217

	<b>SAP no.</b>	<b>Item no.</b>	<b>Designation</b>	<b>Size/Ø</b>
	75100513	75100513	Case accessories	
	75007661	990019	Cover (Easytray)	
1	75017130	21000546	Drill sleeve	Ø 6.0
2	75100195	21000674	Peg impactor, offset	
3	75023347	21000622	Handle unidirectional	
4	75023350	21000625	Peg extractor	
5	75017134	21000550	Screwdriver bit, hexagonal	3.5
6	75017135	21000551	Twist drill	Ø 3.2
7	75017136	21000552	Flexible twist drill	Ø 6.0
8	75017137	21000553	Screwdriver with handle	3.5
9	75017138	21000554	Depth gauge for screws	
J	75017083	21000499	PE insert extractor	



# Notes



# Notes





# Notes



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