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Orthopaedics

Trident® Acetabular System Surgical Protocol

For Crossfire® Polyethylene and Trident® Alumina Ceramic Inserts With PSL® HA and Hemispherical Acetabular Shells

Trident® PSL® HA Acetabular Shell

Trident® Hemispherical Acetabular Shell

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Trident® Hemispherical Acetabular Shell

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This publication sets forth detailed recommended procedures for using Stryker® Orthopaedics devices and instruments. It offers guidance that you should heed, but, as with any such technical guide, each surgeon must consider the particular needs of each patient and make appropriate adjustments when and as required.

Trident® Acetabular System
Surgical Protocol

Introduction

The Trident® Acetabular System utilizes the Cutting*Edge*™ Total Hip Acetabular Instrumentation. This surgical technique is a guide to preparing the acetabulum for the Trident® Acetabular System Implants utilizing a single set of acetabular instruments.

The Trident® Acetabular System is a two-piece component design that is assembled during surgery. Trident® PSL® HA Acetabular Shells provide a 1.8mm peripheral press-fit. Reaming is done line-to-line, as the press-fit is built into the sizing (e.g, 52mm shell = 53.8mm periphery at the bottom of the shell). Trident® Hemispherical Acetabular Shells are a true hemispherical shape designed to achieve a 1–2mm press-fit by under-reaming the acetabulum. It is sized true to dimension (e.g, 52mm shell = 52mm).

Reference the Trident® Acetabular System Compatibility Table for sizing options (**TABLE 1**).

The Trident® Acetabular System utilizes the patented Innerchange™ Locking Mechanism. This unique locking mechanism provides a secure interface between the ceramic or polyethylene insert and the shell.

Trident® Alumina Ceramic Inserts gain fixation within the shell by means of mating tapers. Rotational stability between the components is achieved when the shell's anti-rotational barbs interlock with the insert scallops. **The Trident® Alumina Ceramic Inserts must be used with Stryker® Orthopaedics Alumina Heads.**

The Trident® Polyethylene Inserts lock into the shell by means of a circumferential ring that engages the shell's mating groove. Rotational stability is achieved when the shell's anti-rotational barbs interlock with the insert scallops.

TABLE 1: Compatibility Table

Trident® PSL® HA Acetabular Shell	Trident® Hemispherical Acetabular Shell

Alpha Code	Trident® PSL® HA Shell Size	Trident® Hemispherical Shell Size	Crossfire® 0°, 10° Inserts (mm)	Crossfire® Eccentric 0°, 10° Inserts (mm)	Trident® Alumina 0° Inserts I.D. (mm)	Crossfire® Elevated Rim Inserts (mm)	Constrained Inserts (mm)
A	40	42	22	–	–	–	–
B	42	44	22	28*	–	–	–
C	44	46	22, 26, 28	28	–	–	–
D	46, 48	48, 50	22, 26, 28, 32	28, 32	28	28	–
E	50, 52	52, 54	22, 26, 28, 32, 36	28, 32	32	28, 32, 36	22
F	54, 56	56, 58	22, 26, 28, 32, 36	28, 32	32	28, 32, 36	22
G	58, 60	60, 62	22, 26, 28, 32, 36	28, 32	36	28, 32, 36	28
H	62, 64	64, 66	22, 26, 28, 32, 36	28, 32	36	28, 32, 36	28
I	66, 68	68, 70	22, 26, 28, 32, 36	28, 32	36	28, 32, 36	28
J	70, 72	72, 74	22, 26, 28, 32, 36	28, 32	–	28, 32, 36	28

*Available in 0° only.


Acetabular Shell


Crossfire® Polyethylene Insert


LFIT™ Ion Implanted CoCr Femoral Head


Trident® Alumina Insert


Alumina Femoral Head

Step 1: Preoperative Planning and X-ray Evaluation

Preoperative planning and X-ray evaluation aids in the selection of the most favorable implant style and optimal size for the patient's hip pathology. Selecting potential implant styles and sizes can facilitate operating room preparation and assure availability of an appropriate size selection. X-ray evaluation may also help detect anatomic anomalies that could prevent the intraoperative achievement of the established preoperative goals.

Step 2: Acetabular Preparation

The acetabulum is prepared by the release and removal of soft tissue using the surgeon's preferred technique to gain adequate exposure for reaming. Excision of the labrum and osteophytes allows for proper visualization of the bony anatomy, and improves ease of reaming.

Stryker® Orthopaedics' Femoral and Wing Retractors can be utilized to gain acetabular exposure (**Figure 1**).

With the acetabulum exposed, bony defects, can be identified. If necessary, bone grafting options may be considered prior to reaming.

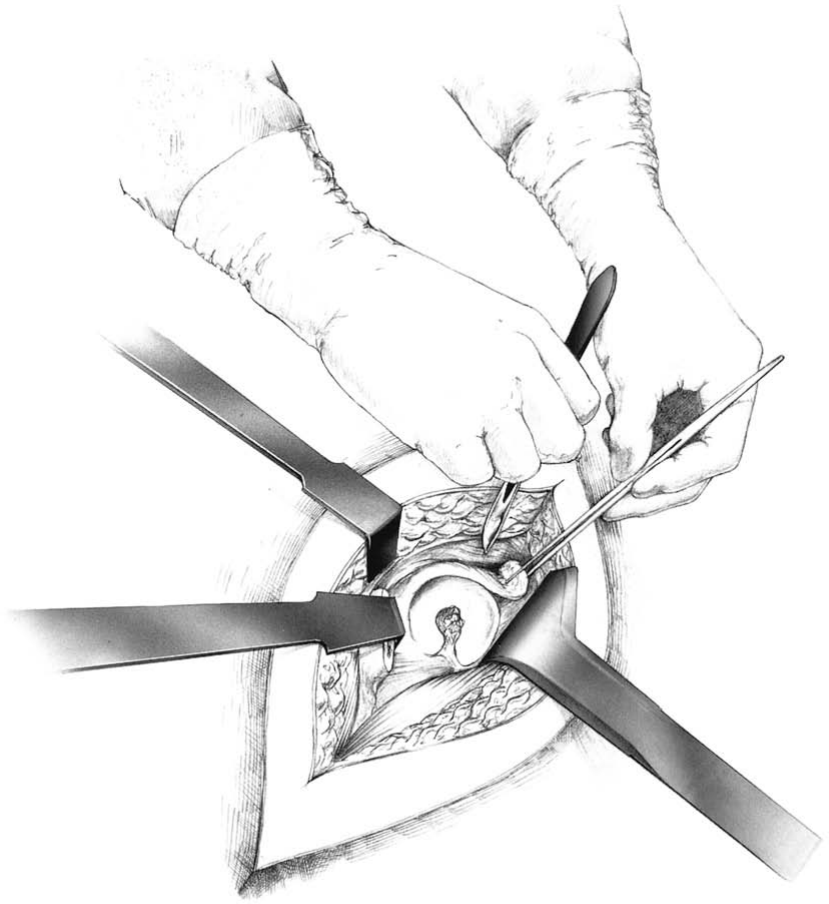


Figure 1

Step 3: Spherical Reaming

To obtain congruity in the reaming process, an optional 45/20° Abduction/Anteversion Alignment Guide can be attached to the Cutting*Edge*™ Reamer Handle (**Figure 2**). The alignment guide, when perpendicular to the long axis of the patient, will orient the reamer handle at 45° of abduction, thereby placing the axis of the spherical reamer at 45° of inclination (**Figure 3**). The reamer handle may then be positioned at 20° of anteversion by aligning the left/right anteversion rod on the alignment guide so that it is parallel to the long axis of the patient.

It is recommended that initial reaming begin with a Cutting*Edge*™ Spherical Reamer that is 4mm smaller than the templated or gauged size. The reamer is attached to the reamer handle by pushing down and applying a quarter-turn to lock in place. Reaming progresses in 1mm increments until final sizing is achieved (1-2mm under size of cup for the Trident® Hemispherical; line-to-line reaming for the Trident® PSL HA). Surgical judgment is used to assess bone stock, amount of interference, and proper amount of under-reaming as desired. When implanting the Trident® PSL HA shell, 1.8mm of interference fit is not always necessary when dense, hard, sclerotic bone is encountered. In this situation it is recommended to over-ream by 1mm, thus leading to an interference fit of slightly less than 1mm. This can reduce the potential for problems that may typically occur in dense bone such as acetabular fracture, failure to fully seat the implant, or slight deformation of the titanium shell, making seating of the insert more difficult.

The low profile design of the Cutting*Edge*™ Spherical Reamer necessitates reaming to the full depth. The reamer head should be driven to the point where the rim/cross bar contacts the acetabular wall at the peripheral lunate region. Removal of the reamer from the handle is performed by pulling back on the locking sleeve and rotating the reamer head a quarter-turn in a clockwise direction (**Figure 4**).

Care should be taken so as not to enlarge or distort the acetabulum by eccentric reaming. Final acetabular reaming ideally shows the hemispherical acetabulum denuded of cartilage, with the subchondral plate preferably intact, and the anterior acetabular wall preserved.

It is believed that the subchondral plate functions as an important load-sharing and support mechanism. Preserving as much of the subchondral plate as possible may improve the qualities of the bone/metal composite.

Trident® PSL® HA - Note: Trident® PSL® Acetabular Shells contain a 1.8mm peripheral press-fit built into the shell as marked (e.g. 52mm = 53.8mm).

Trident® Hemispherical - Note: Trident® Hemispherical Shells are sized true to dimension indicated (e.g. 52mm = 52mm).

Note: The Cutting*Edge*™ Spherical Reamers are very aggressive and perform best when sharp. Care should be taken to protect the reamer from unnecessary handling, as dull or damaged cutting teeth may cause improper reaming. Dull cutting teeth will deflect to cut softer bone and resist hard bone. This situation may result in an irregularly shaped or enlarged acetabulum preparation.

Figure 2

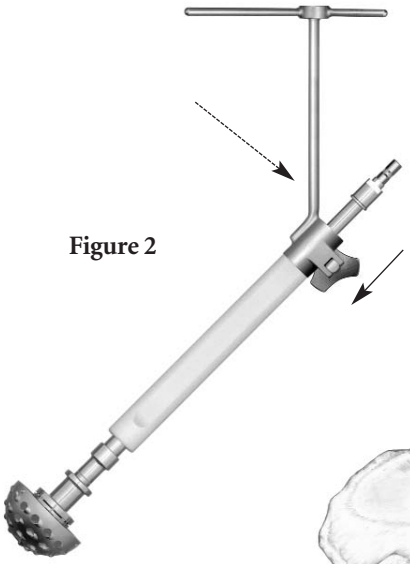


Figure 3

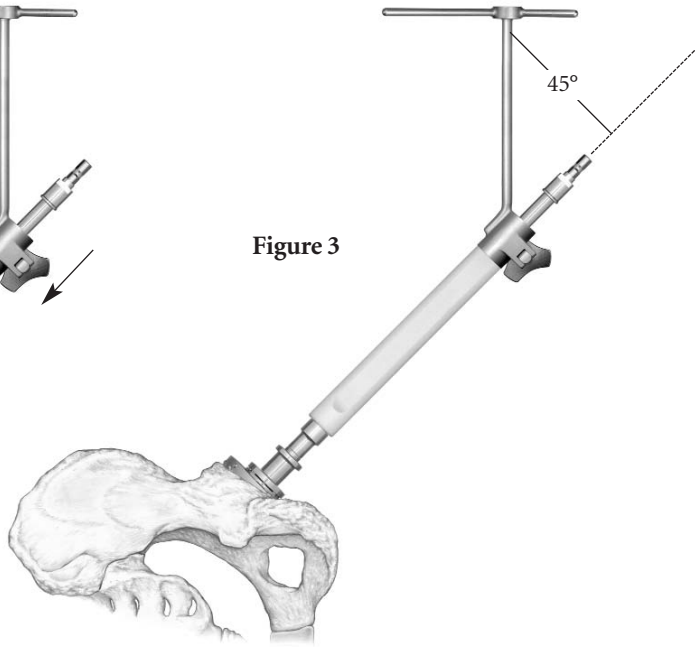
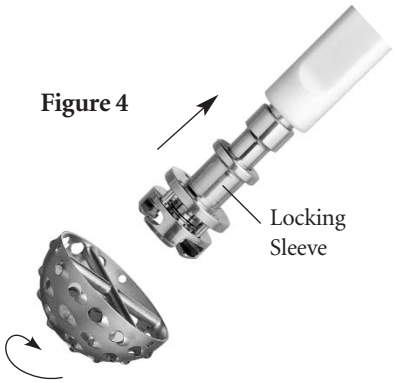


Figure 4



Trident® PSL® HA

"1.8mm of interference fit is not always necessary when dense hard bone is encountered. Over reaming by 1mm will lead to an interference of slightly less then 1mm, while still achieving a secure fit."

James A. D'Antonio, M.D.

Step 4: Trial Evaluation

Following the reaming procedure, the appropriate Trident® Universal Window Trial (**Table 2**), of the same diameter as the last spherical reamer used, is threaded onto the Cutting*Edge*™ Shell Positioner/Impactor and placed in the acetabulum to evaluate the size and congruity of the preparation (**Figure 5**). Use the trial that has the same diameter as that of the last spherical reamer used. The trial is "windowed" for visualization and assessment of fit, contact and congruency of the trial within the acetabulum. By inserting the Trident® Trial Insert into the Universal Window Trial (**Figures 6 & 7**), joint mechanics can be evaluated. To ensure that the Trial Insert is well fixed to the Universal Window Trial during the trial evaluation, an Acetabular Trial Insert Containment Screw can be used. The Containment Screw Kit (2230-0010) is optional (**Figure 6**).

To facilitate insertion/removal of the Trial Insert, Holding Forceps may be placed into the two holes in the plastic face.

TABLE 2: Trident® Universal Window Trial/Trial Insert Sizing

Trial Insert Compatibility Class	Reamer Size (mm)	Trident® Universal Window Trial (mm)
A	40	40
B	42	42
C	44	44
D	46	46
D	48	48
E	50	50
E	52	52
F	54	54
F	56	56
G	58	58
G	60	60
H	62	62
H	64	64
I	66	66
I	68	68
J	70	70
J	72	72

Figure 5

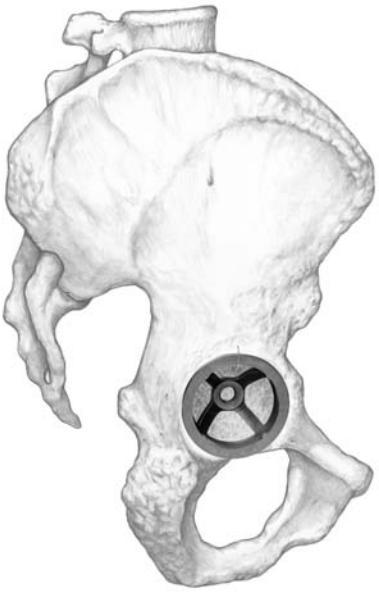


Figure 6

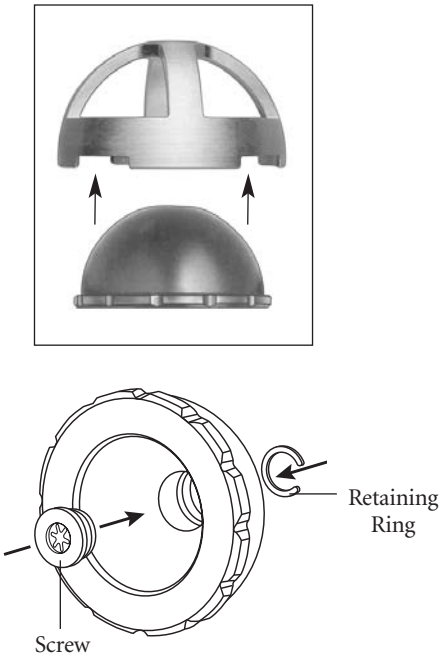
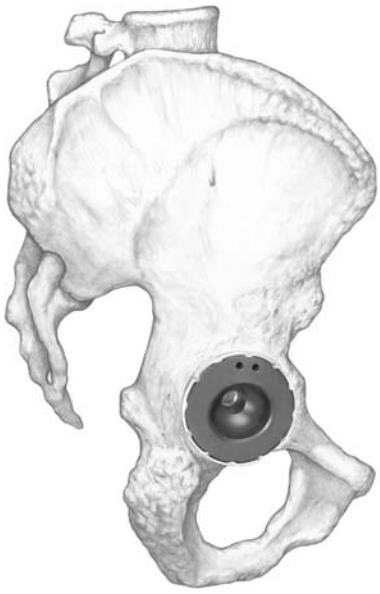


Figure 7



Step 5: Trident® PSL® HA Acetabular and Hemispherical Shell Implantation

After completing the trial reduction, select the appropriately sized implant component.

If desired, the Cutting*Edge*™ Abduction/Anteversion Alignment Guide can be attached to the Cutting*Edge*™ Shell Positioner/ Impactor to help establish the recommended 45° of abduction inclination and 20° of anteversion (**Figures 8 & 9**).

Caution: Proper pelvic orientation is critical if relying upon the CuttingEdge™ Alignment Guide to achieve the desired abduction/anteversion angles for shell positioning.

The metal shell is threaded onto the impactor at the threaded hole in the dome of the metal shell. It is important to fully engage the threads and seat the impactor against the shell. Otherwise, the threads on the metal shell could become damaged, resulting in difficulty with the removal of the impactor from the shell.

If the cluster screw hole pattern shell is utilized, the holes are intended to be oriented superiorly (**Figure 10**).

NOTE: Shell positioning must be carefully considered when selecting a ceramic insert as no hooded option is available to adjust joint stability. Proper positioning of the Trident® Acetabular Shell will minimize potential impingement and provide optimal stability and articulation between the Alumina Insert and Head. Excessive vertical orientation of the Shell should be avoided as this may lead to premature wear of the ceramic material.

Figure 8

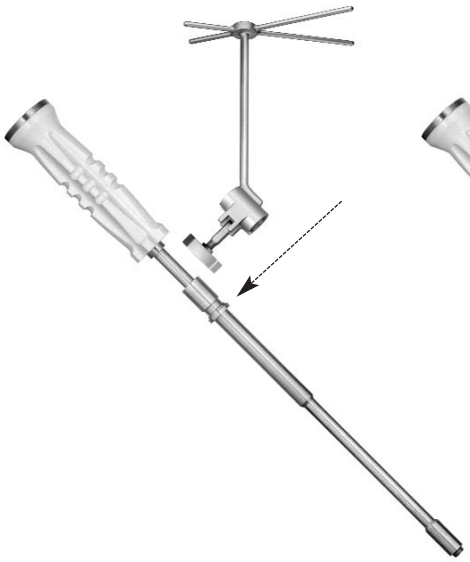


Figure 9

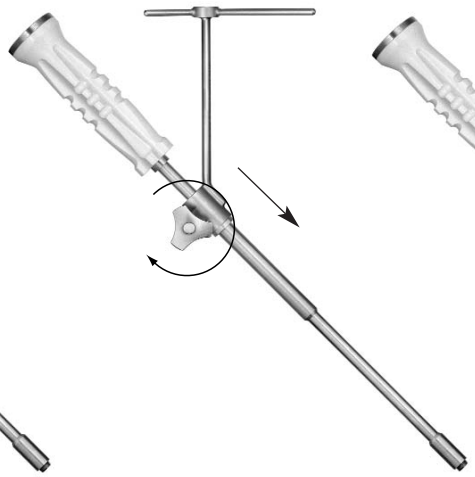
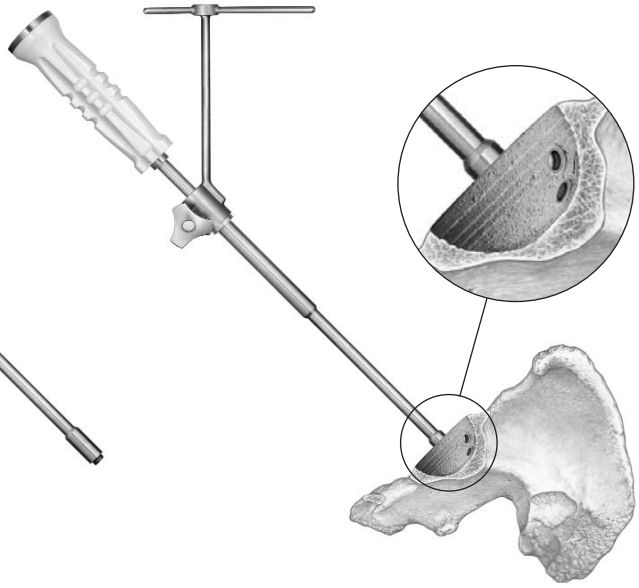


Figure 10



Step 5: Trident® PSL® HA Acetabular and Hemispherical Shell Implantation (cont.)

The recommended metal shell abduction angle of 45° is determined by positioning the alignment guide perpendicular to the long axis of the patient (**Figure 11**).

Metal shell anteversion is set at approximately 20° by moving the cup impactor so that the left / right anteversion rod is parallel to the long axis of the patient (**Figure 12**).

The metal shell is impacted into the acetabulum using a mallet until a tight, stable press-fit is achieved. The thumbscrew on the alignment guide is then loosened to remove the guide. After removing the guide, the impactor handle is carefully unthreaded from the shell.

The depth of the shell seating may now be determined by viewing through the threaded hole in the dome. If it is determined that the shell is not fully seated, the Cutting*Edge*™ Final Cup Impactor may then be required to assist in impacting the shell until it is completely seated in the prepared acetabulum.

"While the alignment guides are of some assistance, it is important to critically evaluate anatomic landmarks before placement of the acetabular component. These anatomic landmarks include the anterior and posterior walls of the acetabulum, the sciatic notch, the floor and/or acetabular fossa of the acetabulum."

James A. D'Antonio, M.D.

Figure 11

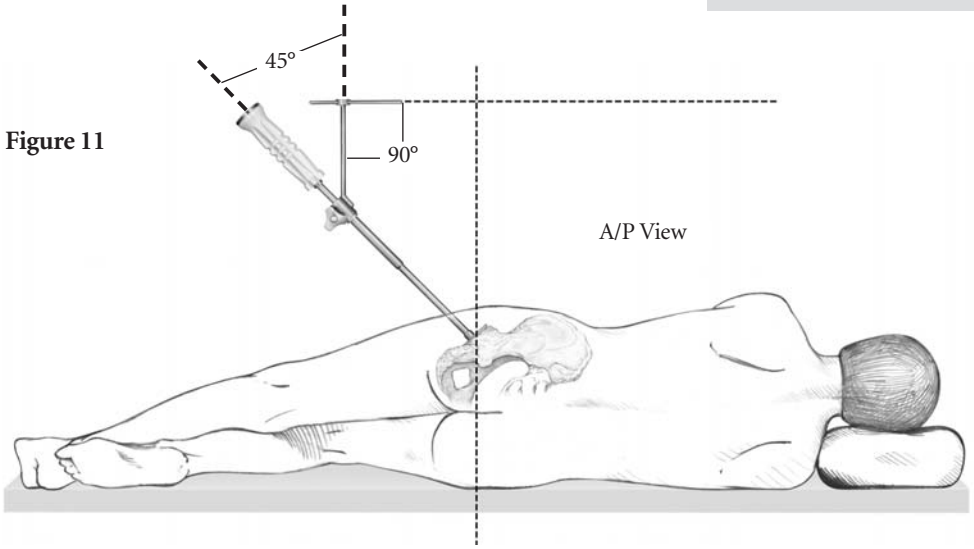
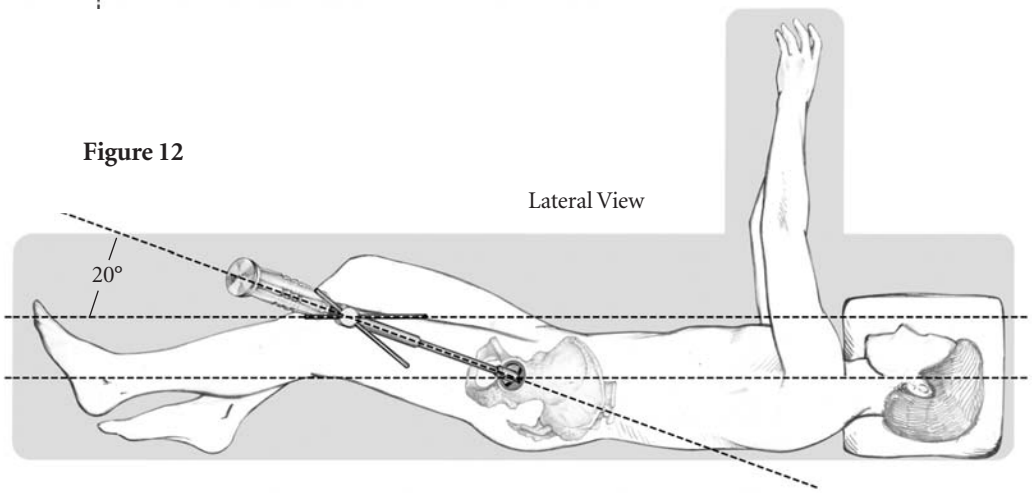


Figure 12



Step 5A: Optional Screw Utilization
If the option to use screws is selected, then only Stryker® Orthopaedics Torx® Bone Screws can be used. Stryker® Orthopaedics offers 6.5mm diameter cancellous bone screws for use in the shell dome, which are available in a variety of lengths (**Table 3**). Stryker® Orthopaedics Cancellous Bone Screws are designed to be inserted or removed only with the assistance of Stryker® Orthopaedics screw instruments.

After determination of the proper site for screw placement, a 3.3mm diameter drill is passed through a drill guide to the desired depth (**Figure 13**). The screw hole is then sounded to determine the hole's depth. The properly sized screw is then selected and implanted into the bone using Stryker® Orthopaedics Screw Drivers with a high torque configuration driver head (**Figure 14**).

Note: In hard bone, the use of 6.5mm dome screws prepared in the usual fashion may be difficult. The use of a 4.0mm drill bit can make the utilization easier, without substantial compromise of screw purchase.

Caution: Do not pass a drill, screw or any other instrumentation beyond the inner table of the pelvis. Malposition of either the shell screw hole orientation, screw hole preparation or improper use of the screws themselves may contribute to detrimental clinical consequences.

Step 6: Trial Insert Reduction
After metal shell implantation, the Trident® Trial Insert will provide a final check of hip mechanics.

TABLE 3: Stryker® Orthopaedics Cancellous 6.5mm Bone Screws

Screw Lengths (mm)	Catalog Number
16	2030-6516-1
20	2030-6520-1
25	2030-6525-1
30	2030-6530-1
35	2030-6535-1
40	2030-6540-1
45	2030-6545-1
50	2030-6550-1
55	2030-6555-1
60	2030-6560-1

Figure 13

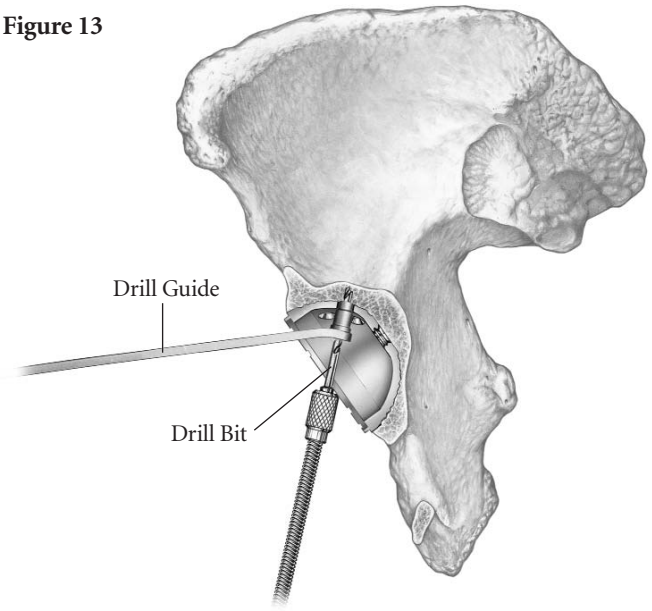
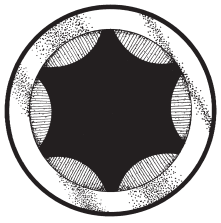


Figure 14



Top view of a high torque configuration driver head

Step 7: Insert Implantation

1. Select the appropriate size Silicone Insert Positioner Tip.
2. Load Silicone Insert Positioner Tip to Insert Positioner/ Impactor Handle (**Figure 15**).
3. Load either the polyethylene or ceramic insert to Insert Positioner Tip. Press firmly to ensure insert is being securely held (**Figure 16**).

NOTE: Use caution handling ceramic components during assembly because of brittle nature of the ceramic material. Ceramic components are pre-sterilized and cannot be sterilized after opening.

4. Ensure that the inside of the shell is clean and free of soft tissue or any other debris, which could prevent the insert from properly sitting in the shell.

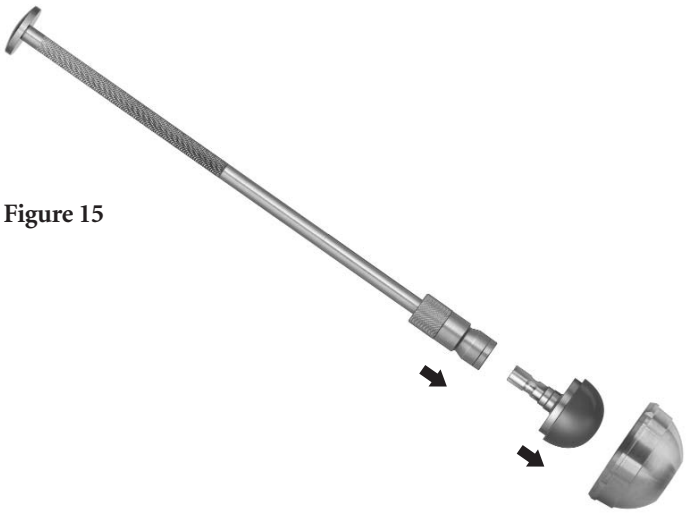
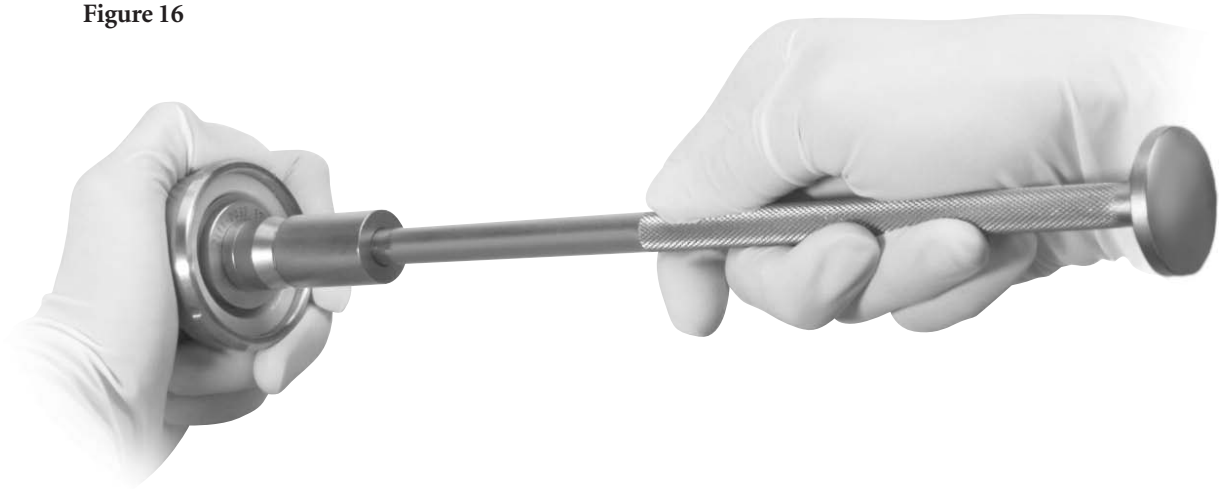


Figure 15

Figure 16



Step 7: Insert Implantation (cont.)

5. Gently introduce the ceramic or polyethylene insert making sure that the insert flange scallops are aligned with the slot at the rim of the shell (this allows seating the insert at the initial position supported by four indexing barbs). Once the insert is seated at the initial position, slowly turn and drop the insert into the final pre-locking position (**Figure 17**).

NOTE: Having a clear view of the rim of the acetabulum will allow easier visualization of the shell's slot and indexing barbs for proper positioning of the insert.

6. Remove Silicone Insert Positioner Tip from the Insert Positioner/Impactor Handle.
7. Select appropriate size Plastic Insert Impactor Tip.
8. Load Plastic Insert Impactor Tip to Insert Positioner/ Impactor Handle.
9. Position Insert Positioner/Impactor Handle into ID of insert. Take care to align handle with axis of shell. Strike handle with approximately four firm mallet blows to fully seat insert.

NOTE: In order to obtain a secure lock it is recommended to use only the hard plastic Insert Impactor Tips to impact the ceramic and polyethylene inserts.

10. Verify insert is fully seated and properly aligned into the acetabular shell. Check the taper lock by running a small osteotome around the periphery of the shell/insert interface.

As with any modular interface under load, there is a potential for micromotion and associated fretting and/or corrosion. However, the Trident® design minimizes the amount of motion at the taper interface and should reduce the corrosion potential.

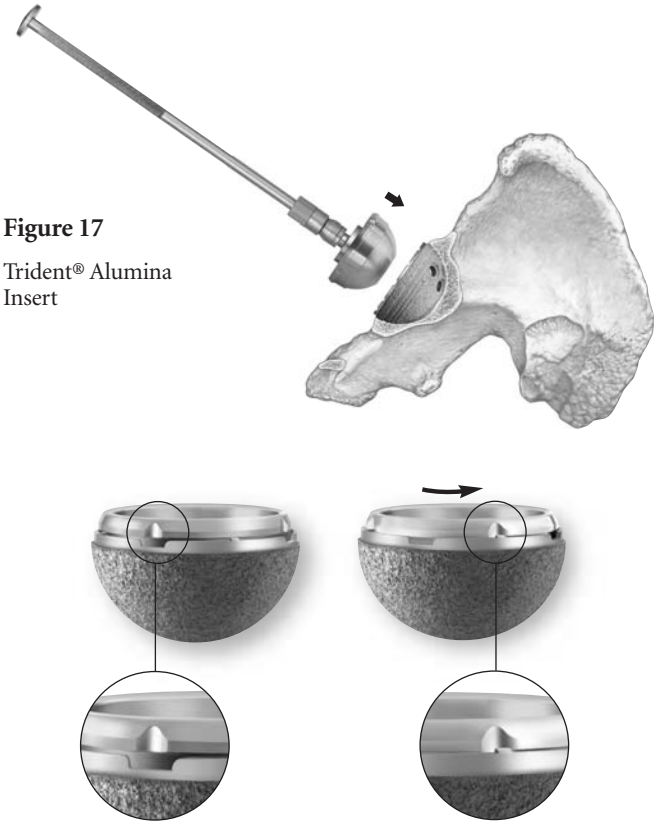
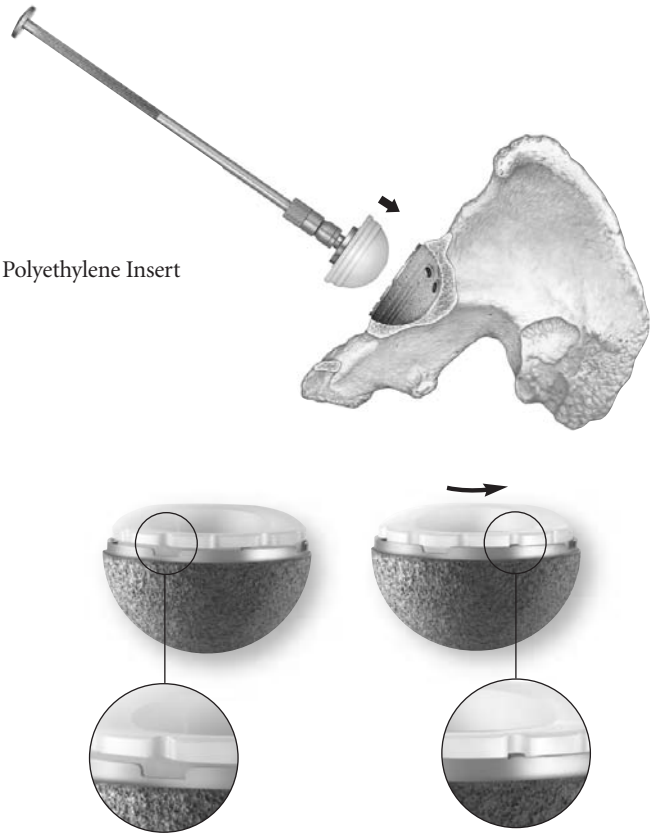


Figure 17

Trident® Alumina Insert



Polyethylene Insert

Removal of the Cup Insert and Shell

Ceramic Insert Removal

The Trident® Alumina Insert Removal Tool is designed to provide the surgeon with two options for extracting the ceramic insert from the Trident® shell.

Option 1: "Flat Head"

Connect the "T" handle to the L-shaped end of the removal tool. Insert the flat end of the removal tool between the shell and ceramic insert at one of the four notches at the shell rim. While applying continuous force toward the center of the shell, twist the "T" handle (like a screwdriver), to dislodge the ceramic insert (**Figure 18**). It may be required to repeat this procedure at the other notches in order to successfully disengage the taper.

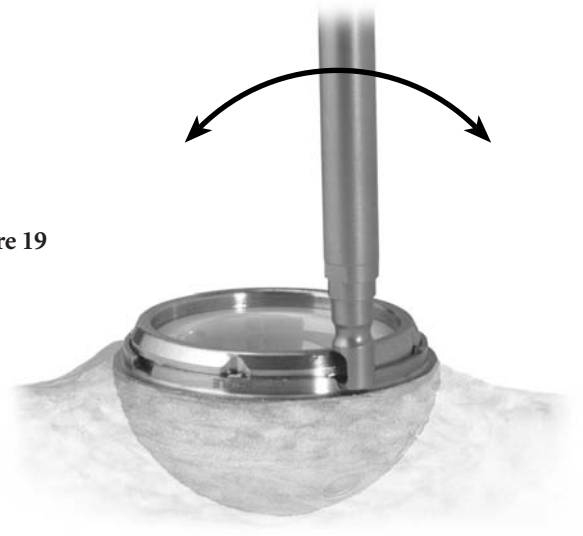
Option 2: "L-Shaped"

Insert the L-shaped end of the removal tool between the shell and ceramic insert at one of the four notches at the shell rim. Apply continuous force toward the center of the shell, and lever the tool in a plane tangent to the shell's outside edge, to dislodge the ceramic insert (**Figure 19**). It may be required to repeat this procedure at the other notches in order to successfully disengage the taper.

The removal tool may be attached to the Insert Positioner/ Impactor Handle to increase leverage and length for larger patients.

Figure 18

Figure 19



Removal of the Cup Insert and Shell (cont.)

Polyethylene Insert Removal

Utilize a 3/16" (5mm) drill bit to create an off-center hole in the polyethylene insert. Use the "T" handle to thread the Polyethylene Insert Removal Tool into the insert, and advance the tool to the medial wall of the shell to dislodge the insert (**Figures 20 & 21**).

Revising the Trident® Acetabular Shell with a Trident® Polyethylene Insert

Should it become necessary to remove the ceramic insert, a Trident® Polyethylene Insert can be inserted into the Trident® Acetabular Shell.

1. Carefully remove the Trident® Alumina insert
2. The Trident® Insert Trials are used to evaluate the shell face position and provide a final check of hip biomechanics. The polyethylene inserts provide 12 different insert orientations within the shell to provide optimal joint stability.
3. Follow **Step 7: Implantation Technique**, to insert the polyethylene insert.

Shell

Should removal of the metal shell ever become necessary, an osteotome or small burr can be passed around the cup periphery to loosen the fixation interface. The Cutting*Edge*™ Universal Shell Positioner can be threaded into the dome hole of the cup. A Slotted Mallet is slid over the positioner shaft to assist with the shell removal.

Figure 20

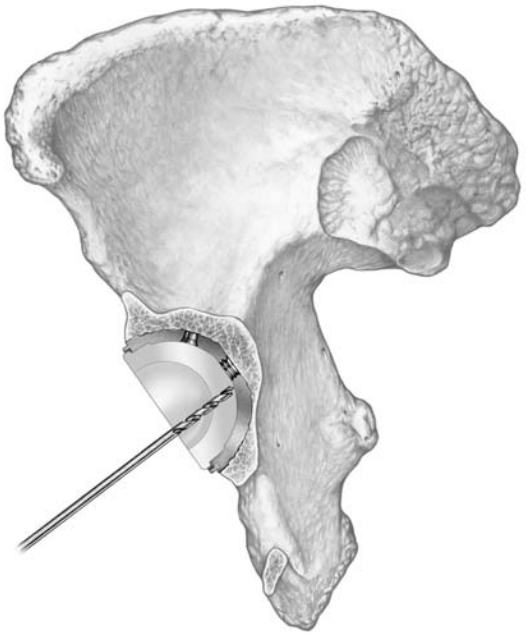
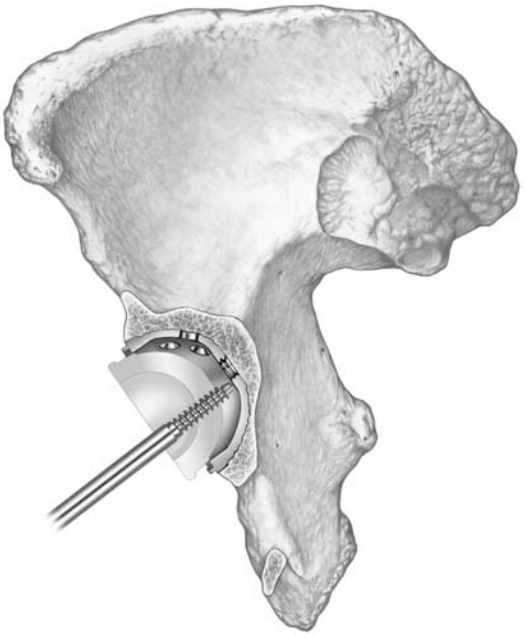


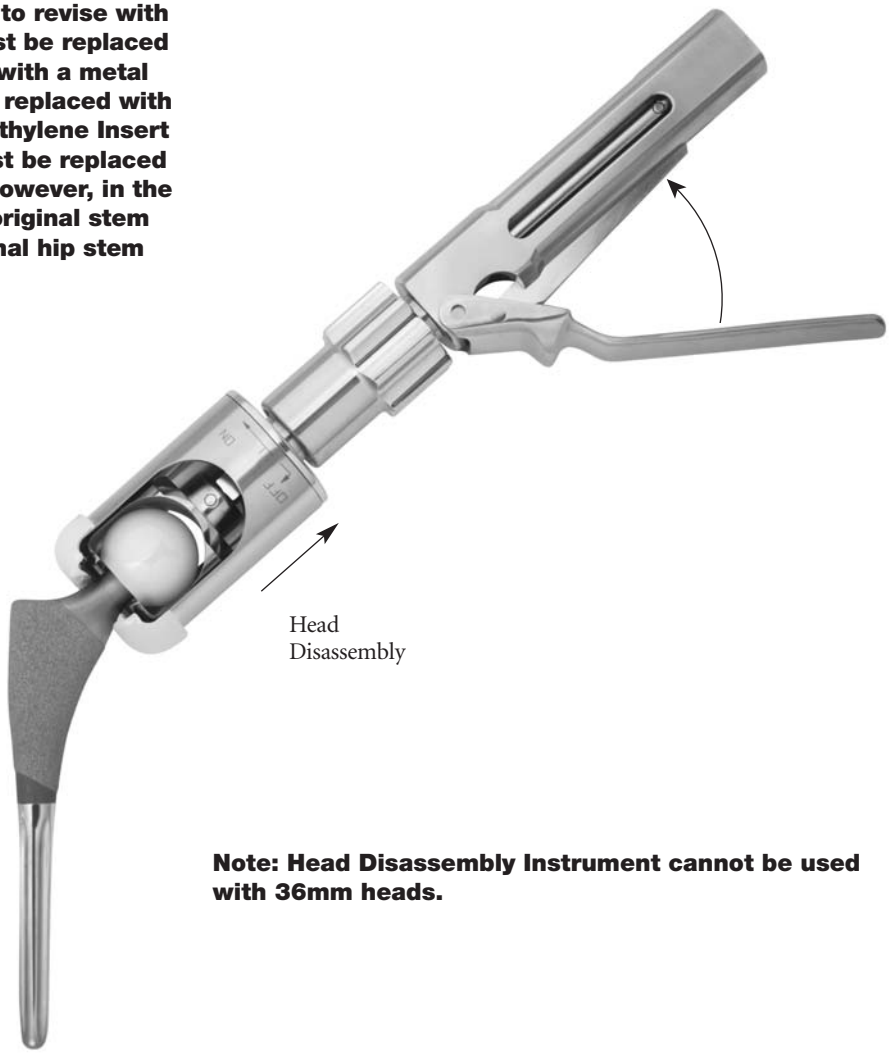
Figure 21



Head Disassembly

The Head Disassembly Instrument is used to remove an impacted head. Inspect the stem neck taper to verify that no damage has occurred prior to impacting a replacement head. A replacement head may then be attached to the stem neck taper and secured using the Stem Head Impactor.

Note: Revision of Ceramic Components – If the ceramic head needs to be revised for any reason, a new ceramic head must not be affixed to the existing stem taper because the taper will have been deformed through assembly with the first ceramic head component. If the surgeon wishes to revise with a ceramic head, the entire hip stem must be replaced as well. If the surgeon wishes to revise with a metal head, either the ceramic insert must be replaced with an Stryker® Orthopaedics Trident® Polyethylene Insert or the entire acetabular component must be replaced with a metal/polyethylene alternative. However, in the case of revision to a metal head, if the original stem and its trunnion appear intact, the original hip stem need not be replaced.



Note: Head Disassembly Instrument cannot be used with 36mm heads.

Instrument Information

Trident® Insert Trials

●= 0° (2200-XXX) and 10° (2210-XXX)
o= Elevated Rim (2260-XXX)

Alpha Code	22mm	26mm	28mm	32mm	36mm
A	●				
B	●				
C	●	●	●o		
D	●	●	●o	●	
E	●	●	●o	●o	●o
F	●	●	●o	●o	●o
G	●	●	●o	●o	●o
H	●	●	●o	●o	●o
I	●	●	●o	●o	●o
J	●	●	●o	●o	●o

Trident® Eccentric Trials

	0° (2240-XXX)	10° (2250-XXX)	
Alpha Code		28mm	32mm
B		●*	
C		●	
D		●	●
E		●	●
F		●	●
G		●	●
H		●	●
I		●	●
J		●	●

*Note: 10° B Trial N/A

C-Taper Femoral Head Trials

1204-62200	22mm +0mm
1204-62225	22mm +2.5mm
1204-62205	22mm +5mm
1204-62210	22mm +10mm
1204-62600	26mm +0mm
1204-62625	26mm +2.5mm
1204-62605	26mm +5mm
1204-62675	26mm +7.5mm
1204-62610	26mm +10mm
1204-62897	28mm -2.5mm
1204-62800	28mm +0mm
1204-62805	28mm +5mm
1204-62875	28mm +7.5mm
1204-62810	28mm +10mm
1204-63297	32mm -2.5mm
1204-63200	32mm +0mm
1204-63205	32mm +5mm
1204-63275	32mm +7.5mm
1204-63210	32mm +10mm
1204-63699	36mm -5mm
1204-63600	36mm +0mm
1204-63605	36mm +5mm
1204-63610	36mm +10mm

V40™ Femoral Head Trials

6264-8-122	22mm +0mm
6264-8-222	22mm +3mm
6264-8-322	22mm +8mm
6264-8-026	26mm -3mm
6264-8-126	26mm +0mm
6264-8-226	26mm +4mm
6264-8-326	26mm +8mm
6264-8-426	26mm +12mm
6264-8-526	26mm +16mm
6264-8-328	28mm +8mm
6264-8-428	28mm +12mm
6264-8-528	28mm +16mm
6264-8-332	32mm +8mm
6264-8-432	32mm +12mm
6264-8-532	32mm +16mm
6264-8-036	36mm -5mm
6264-8-136	36mm +0mm
6264-8-236	36mm +5mm
6264-8-336	36mm +10mm

Trident® Universal Window Trials

2208-2040	40mm
2208-2042	42mm
2208-2044	44mm
2208-2046	46mm
2208-2048	48mm
2208-2050	50mm
2208-2052	52mm
2208-2054	54mm
2208-2056	56mm
2208-2058	58mm
2208-2060	60mm
2208-2062	62mm
2208-2064	64mm
2208-2066	66mm
2208-2068	68mm
2208-2070	70mm
2208-2072	72mm
2208-2074	74mm

2101-0200

Cutting*Edge*™
Shell Positioner/Impactor Handle

2101-0210

Cutting*Edge*™
Abduction/Anteversion Alignment Guide

2111-0000B

Insert Positioner/Impactor Handle

Silicone Insert Positioner Tips

2111-0022	22mm
2111-0026	26mm
2111-0028	28mm
2111-0032	32mm
2111-0036	36mm

Plastic Insert Impactor Tips

2111-3022	22mm
2111-3026	26mm
2111-3028	28mm
2111-3032	32mm
2111-3036	36mm

1118-6000

Head Disassembly Instrument

1118-1005

Ceramic Head Sleeve Disassembly Adapter

1101-2100

T-Handle

2102-0003

Hudson to Stryker® Adapter

2102-0410

Acetabular Reamer Handle

2112-0000

Ceramic Removal Tool

2112-0010

Polyethylene Removal Tool

Trident® Acetabular System
Surgical Protocol

Instrument Information

2402-0020

Case (not including lid and trays)

2402-0090

Lid

2402-0040

Top Tray: Insert Trials (0° & 10°)

2402-0060

Middle Tray: Universal Window Trials

2402-0080

Bottom Tray: Preparation Tray

Stryker® Orthopaedics Bone Screw Instrumentation Kit

Hip-Bone Screw

Templates:

LTEM59B 1-2 Trident® PSL®

LTEM60B 1-2 Trident® Hemispherical

2230-0010

Acetabular Trial Insert Containment Screw - Kit

Contains 5 screws and retaining rings. (Containment Screw Kit is optional - screws come pre-assembled with the Eccentric and Constrained trial inserts.)

Eccentric/Constrained Cases and Trays (for trials only)

The system provides the option of either a Single Tier or Double Tier case. The Double Tier Case accommodates both the Constrained Insert Trial Tray and the Eccentric Trial Tray.

8000-0200

Double Tier Case

8000-0100

Single Tier Case

2402-1100

Trident® Constrained Insert Trial Tray

Cutting*Edge*™ Acetabular Reamers

2102-0438	38mm
2102-0439	39mm
2102-0440	40mm
2102-0441	41mm
2102-0442	42mm
2102-0443	43mm
2102-0444	44mm
2102-0445	45mm
2102-0446	46mm
2102-0447	47mm
2102-0448	48mm
2102-0449	49mm
2102-0450	50mm
2102-0451	51mm
2102-0452	52mm
2102-0453	53mm
2102-0454	54mm
2102-0455	55mm
2102-0456	56mm
2102-0457	57mm
2102-0458	58mm
2102-0459	59mm
2102-0460	60mm
2102-0461	61mm
2102-0462	62mm
2102-0463	63mm
2102-0464	64mm
2102-0465	65mm
2102-0466	66mm
2102-0467	67mm
2102-0468	68mm
2102-0469	69mm
2102-0470	70mm
2102-0471	71mm
2102-0472	72mm

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