

Accolade System

Surgical Technique

Your Skill
Our Technology
Their Quality of Life
Achieving Perfect Balance



● **Accolade C**
Cemented Hip System

Accolade C is
no longer available in
Australia/NZ



● **Accolade TMZF**
Cementless Hip System



**Accolade HFx is
no longer available in
Australia/NZ**

● **Accolade HFx**
Cementless Hip System

The Power of Performance. The Power of Simplicity.

Accolade System

Femoral Hip System

Surgical Technique

Stryker Orthopaedics wishes to thank the following orthopaedic surgeons for their expertise in the development of the Accolade System Surgical Techniques:

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Indications:

- Noninflammatory degenerative joint disease, including osteoarthritis and avascular necrosis;
- Rheumatoid arthritis;
- Correction of functional deformity;
- Revision procedures where other treatments or devices have failed; and,
- Treatment of nonunions, femoral neck fractures, and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques

Contraindications:

- Active infection or suspected latent infection in or about the hip joint;
- Bone stock that is inadequate for support or fixation of the prosthesis;
- Skeletal immaturity;
- Any mental or neuromuscular disorder that would create an unacceptable risk of prosthesis instability, prosthesis fixation failure, or complications in postoperative care.

Warnings and Precautions:

See package insert for warnings, precautions, adverse effects and other essential product information.

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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.

The Accolade TMZF and Accolade HFx Hip System

The Accolade Cementless Instrument System is extremely versatile, offering surgeons great flexibility and ease of use in approaching the implantation of the Accolade Cementless Femoral Component. Each surgeon should use the surgical approach for total hip arthroplasty with which he/she is most familiar. Patient positioning, preparation and draping, skin incision, soft tissue dissection and hip dislocation should be performed according to the surgeon's preferred technique, making certain to adequately expose the acetabulum and the proximal femur.

Step 1

Pre-Operative Considerations

Pre-operative planning aids in the determination of probable implant style and size and can facilitate operating room preparation. The pre-operative planning process should take qualitative and quantitative factors (including patient bone quality, density and morphology) into consideration in order to evaluate and select the appropriate instrument/implant system for the patient. Although qualitative methods such as radiographic analysis have been well documented, the use of supplemental methods, such as bone density (DEXA) scanning¹, may be considered when evaluating the use of a broach only femoral system.

1. Yeung, Y., MBBS, MRCSE, et. al., *Assessment of the Proximal Femoral Morphology Using Plane Radiograph - Can it Predict the Bone Quality?* Journal of Arthroplasty, Vol. 21, Number 4, 2006, pages 508-513.

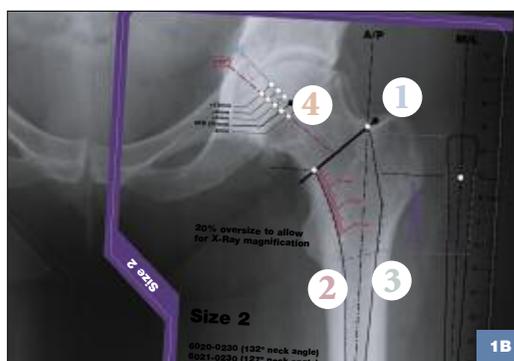
Pre-Operative Planning and X-Ray Evaluation

Pre-operative planning aids in the selection of the appropriate implant style and size for the patient's hip pathology. Optimal femoral stem fit, prosthetic neck length, and neck offset can be more closely evaluated with the use of pre-operative X-Ray analysis. The appropriate proximal body and stem length should be assessed in the A/P view. Determination of probable implant style and size can facilitate operating room preparation in order to have available the appropriate size selection. Anatomic anomalies that could prevent the intra-operative achievement of the established pre-operative goals may also be detected through such planning.

Method: A standard A/P pelvis radiograph is utilized (Figure 1A). Superimpose the X-Ray templates (120% magnification) on the radiograph, aligning the:

1. Template to indicate the neck resection at a 45° angle to the piriformis fossa (Figure 1B, #1)
2. Medial aspect of the template with the medial cortex (Figure 1B, #2)
3. Lateral aspect of the template with the lateral cortex until an optimal fit is defined and the appropriate implant size selected (Figure 1B, #3)
4. Center of the femoral head to determine the appropriate neck angle (127° / 132°) that matches the hip anatomy (Figure 1B, #4).

Note: The Accolade HFx is only available in a 127° neck angle.



Accolade Cementless Surgical Technique

Accolade TMZF and Accolade HFX

Step 2

Neck Resection

A proper neck resection level directly affects stem fit and placement. By using anatomic landmarks identified during templating, the Neck Resection Guide is identical in size to a size 2 implant body, thus providing a means of simulating stem orientation and placement. After careful pre-operative templating, the guide is placed on the anterior/posterior aspect of the exposed proximal femur (by aligning the tip of the guide with the piriformis fossa) and the planned femoral neck cut is marked using the coagulation current. Care should be taken to align the body of the guide with the axis of the femoral canal (Figures 2A and 2B).



Surgeon's Note:

Poor exposure can often result in an anteverted neck resection. Don't hesitate to re-cut an incorrect cut. Careful orientation of the flexed knee perpendicular to the floor helps to reduce the likelihood of this error. Caution should also be used so as not to extend laterally into the greater trochanter. The axial resection is made at the medial border of the greater trochanter to connect it with the neck resection.

An initial neck resection level can be planned by making a measurement from the greater trochanter to the Neck Resection Guide based on the pre-operative analysis.

After this mark is inscribed, two blunt tipped Hohmann® Retractors are placed about the femoral neck to protect the soft tissues. The head and neck are then resected using a power saw. Ideally, the cut is made in neutral version.

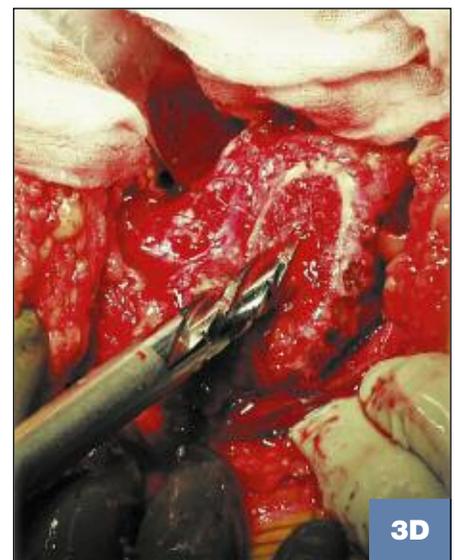
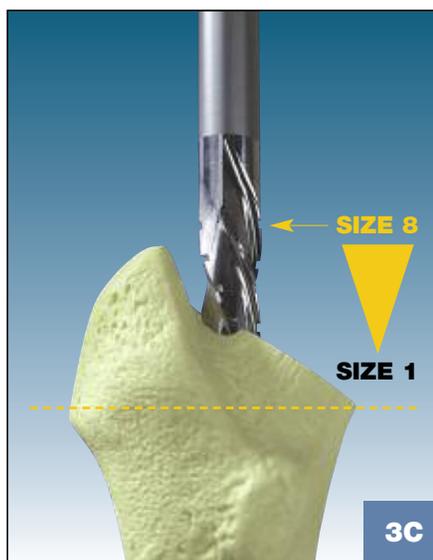
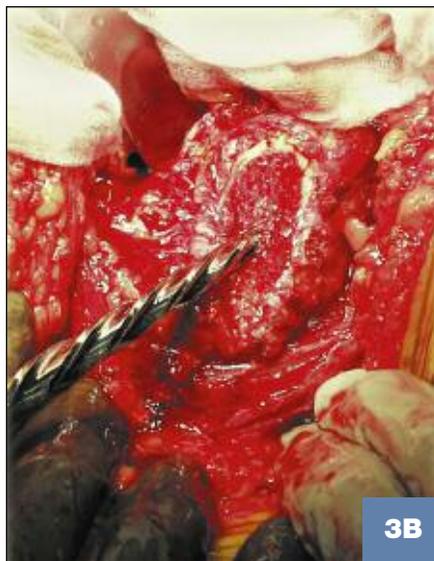
Richard H. Rothman, M.D.
William J. Hozack, M.D.

Step 3

Opening the Femoral Canal: Axial Starter Reamer

The Axial Starter Reamer is circumferentially graduated along the flutes indicating both the depth (length) and the width of the implant body. The fitting allows use with either power equipment or with the use of the T-handle. The Axial Starter Reamer is used to enter the femoral canal. The Starter Reamer has a sharpened point to facilitate entry and should be inserted to the depth of the final rasp (Figures 3A and 3B). The proper depth of the Starter Reamer can be determined by aligning the designated engraved grooves on the reamer shaft (for the size templated) with the medial calcar (Figure 3C). Lateral pressure on the reamer will help to provide for a neutral orientation of the implant (Figure 3D).

Note: The proximal-most groove on the Starter Reamer represents the depth for the size 8 implant. The distal-most groove represents the depth for the size 1 implant (and should also be used to prepare for a size 0 implant). When utilizing a half size implant ream to the whole size below what you intend to use.



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Step 4

Rasping the Femur

There are 13 rasp bodies that correspond to the 13 proximal body geometries of the Accolade TMZF System.*

There are 8 rasp bodies that correspond to the 8 proximal body geometries of the Accolade HFX System.

*The size 0 implant and rasp are available upon request only for the Accolade TMZF System.

Step 5

Seating Levels

Proper insertion depth of the rasp in the canal is achieved when it seats tightly within the canal based on visual and auditory clues. The surgeon's clues to firm implant fixation include increased pitch of sound with blows on rasp handle and increased resistance to forward advancement. Reliance only on the neck cut may lead to improper sizing and inadequate component fixation.

Starting with the smallest rasp, advance sequentially upward in size until the rasp matches that of the planned stem size and application (Figures 5A through 5D). The final rasp should seat firmly against medial and lateral cortical bone (Figures 5E and 5F). For proper alignment of the implant, it is imperative that axial alignment of the rasp be maintained at all times in the canal. If torsional stability is not achieved during rasping, while preparing for an Accolade HFX Stem, it may be necessary to use a cemented fracture femoral stem. The decision to use a cemented fracture stem, and the stem chosen, should be made at the surgeon's discretion.

Generally, if a rasp sinks below the level of the neck cut, advance to the next larger rasp. If, on the other hand, the surgeon feels that the neck cut may have been slightly high, remove the rasp and re-cut the neck at a slightly lower level. Once the rasp sinks below the level of the neck cut, the surgeon typically loses the visual and auditory clues that tell him that the rasp is properly seated.

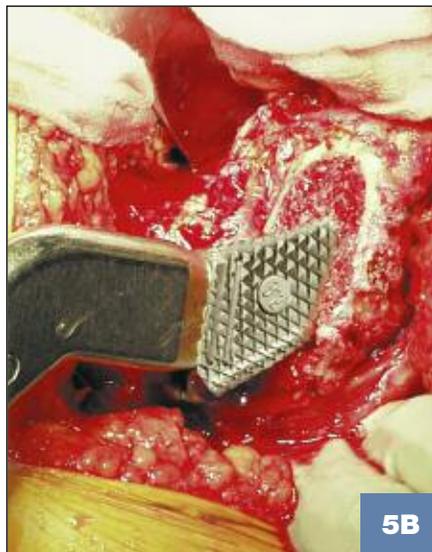
Note: The rasps incorporate two grooves on the A/P surface (Figure 5G). These grooves serve only to assist in visually evaluating the progression of the rasp within the canal.

Upon reaching the proper size and depth of the rasp, leave the final rasp fully seated in the canal and detach the rasp handle to allow for trial reduction. The rasp handle can be disengaged by simply compressing the trigger located on the rasp handle body (Figure 5H).

Optional Calcar Planing Step. Leaving the final rasp seated in the femoral canal, gently guide the Calcar Planer over the rasp post (see note below) and initiate power prior to contacting the femur. Slowly advance the Calcar Planer toward the rasp to plane the femur. Planing will continue until the positive stop on the Planer contacts the rasp face.

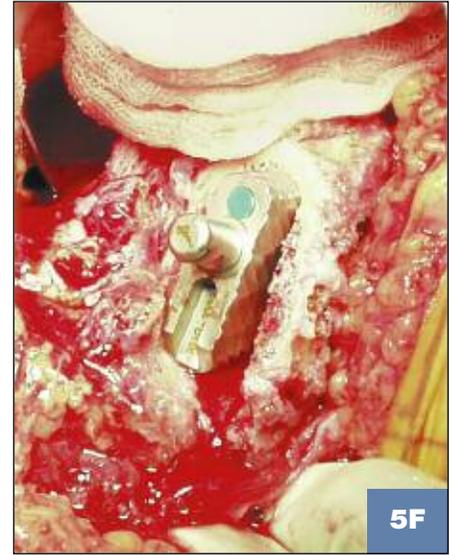
Note: In the event that the rasp post is seated completely below the resection plane (thus preventing engagement with the Calcar Planer), the rasp should be removed and the resection re-cut at a slightly lower level. The surgeon should then re-insert the final rasp ensuring a stable and snug fit.

Caution: Failure to operate the Calcar Planer in accordance with the instructions above may result in damage to the femur.



Step 5

(continued)



Surgeon's Note:

Remember that the templated size may not exactly match the rasp that fits properly within the femoral canal. Again, tactile, auditory, and visual clues in this regard are more important than the templated size. It is the authors' personal preference that the rasp seats at a level slightly above the neck level. Only then can one be certain that the femoral canal has been properly sized.

Richard H. Rothman, M.D.
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Accolade Cementless Surgical Technique

Accolade TMZF and Accolade HFx

Step 6

Trial Reduction

The trial assembly, which consists of the rasp, trial neck and trial head, is used to provide a thorough evaluation of the hip mechanics during trial reduction. Before the selection and implantation of the final component, modifications to the pre-operative plan in terms of neck length and/or head diameter can be made.

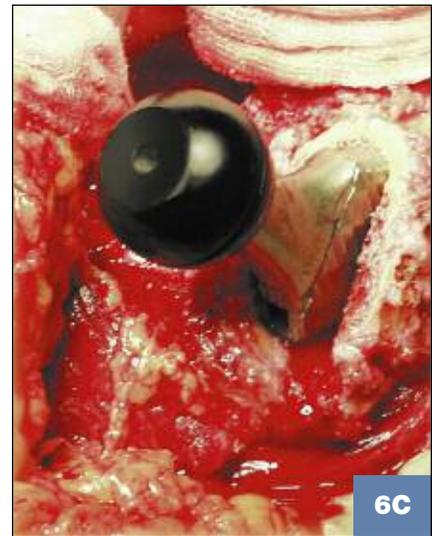
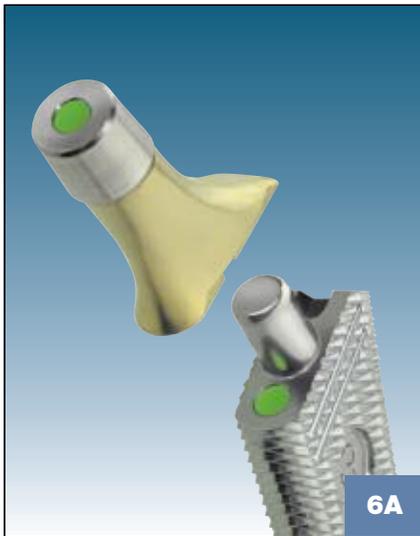
Select an Accolade Trial Neck which has the same base neck length as the planned implant size. This can easily be confirmed by matching the color indicator located on top of the neck trial taper to the color indicator on top of the rasp (Figure 6A). Firmly place the Accolade Trial Neck over the post of the rasp by positioning it into the slot located in the rasp and pressing. Next, select a V40 Trial Head and place it onto the Accolade Trial Neck (Figures 6B and 6C). The V40 Trial Heads are available in -4mm, 0mm, +4mm, +8mm, and +12mm neck lengths to create the desired neck length of the prosthesis.*

*36mm V40 Trial Heads are available in -5, +0, +5 and +10mm offsets.

Perform a trial reduction of the hip. Upon confirmation of the selected components, remove the trial head and trial neck, and reassemble the rasp handle. Remove the rasp with the help of the slotted mallet to preserve the integrity of the handle and locking mechanism.

Surgeon's Note: Neck length is adjusted until leg lengths are equal and stability can be checked by telescoping the leg and performing a full range of motion. If the hip is unstable, (i.e., excessive telescoping >2mm) or dislocates, then the extended offset design 127° neck angle should be considered as an option (Figures 6D and 6E).

-Richard H. Rothman, M.D. and William J. Hozack, M.D.



Step 7

Femoral Stem Insertion

Thread the Accolade Femoral Stem Impactor/Extractor (1020-1600) into the recess on the proximal face of the stem (Figures 7A and 7B). To help prevent damaging the threads on the implant or the instrument, be certain that the Accolade Femoral Stem Impactor/Extractor is fully seated against the proximal face of the stem. A mallet is then used to seat the stem into the canal (Figures 7C and 7D).

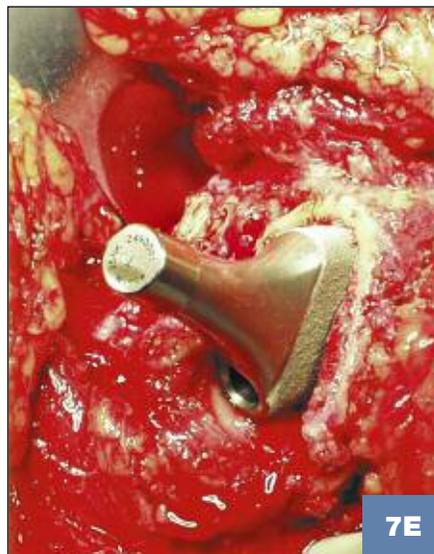
The surgeon should NOT attempt to continue impacting the femoral component if visual and auditory clues indicate that the resting position of the femoral component has been reached (Figure 7E). This is true even if the femoral component is not yet down to the level of the rasp.

Caution: Continued aggressive impaction may lead to femoral fracture.

In the event that dense bone is encountered intra-operatively and compounding anatomical factors (such as a “champagne flute” intramedullary canal) are present, the seating of the implant may not be consistent with the level of the rasp due to the viscoelastic nature of the femoral bone²; although the rasp may seat flush with the resection plane or the desired height as determined through pre-operative planning. The impact of bone density on implant seating has been confirmed through *in-vitro* analysis, yielding a direct correlation between increased bone density and increased seating height relative to the level of the rasp.³ If seating of the implant is difficult, continued aggressive impaction may lead to femoral fracture. To achieve implant seating that is more consistent with the level of the final rasp, the surgeon can consider removing the prosthesis and performing additional rasping (with the rasp that matches the final implant size). Repetitive and controlled mallet strikes can be used to advance and extract the rasp to adequately prepare the distal femur to accept the final implant.

2. Fung, Y.C. (1993). *Biomechanics: Mechanical Properties of Living Tissues* (2nd ed.). New York: Springer-Verlag. pp. 500-519.

3. Stryker Report: RD-09-029, MT 09028.



Accolade Cementless Surgical Technique

Accolade TMZF and Accolade HFX

Step 8

Femoral Stem Insertion Option

An alternative method for inserting the Accolade TMZF Femoral Stem is with the Accolade Stem Inserter (Quick Connect) (1020-1500).* Place the bullet tipped end of the Stem Inserter into the drive hole of the stem and press the two components together, taking care to align the version tab on the inserter with the slot on the stem (Figure 8). The split collet design provides the inserter with a stable spring connection, but it does not provide a mechanical lock. Therefore, this assembly should be handled with care, as excessive shaking or motion may disassociate the stem from the inserter. Accolade TMZF Size 0, 1 and 2 stems have not been designed with the version tab and thus cannot be implanted using the Accolade Stem Inserter (Quick Connect). The surgeon must use the Threaded Impactor/Extractor for size 0, 1 and 2 stems.



*The Quick Connect Inserter (1020-1500) is not for use with the Accolade HFX stem.

Step 9

Head Assembly

Prior to head assembly, neck length selection may be re-evaluated using a Stryker V40 Trial Head. Place the Trial Head onto the stem neck taper and reduce the hip to verify that the mechanics have not been altered due to implant seating. Remove the Trial Head and dry the implant trunnion with a laparotomy sponge or sterile towel. Select the appropriate corresponding V40 Femoral Head size and place it onto the dry trunnion of the femoral stem with a slight twist. When using an alumina ceramic head with the Accolade HFX stem, a titanium V40 adaptor sleeve (17-0000E) must be placed on the trunnion prior to C-taper head assembly. Care must be taken to avoid excessive impaction forces when assembling the ceramic head to the sleeve component. Verify the head is secure on the trunnion after head impaction. If necessary, the head can be removed utilizing the head disassembly instrument.** Impact the head with two moderate blows using the Stem Head Impactor (6266-0-140).

**If a ceramic head is placed on the trunnion and then removed, it must be replaced with a V40 cobalt chrome head or a V40 Titanium Adapter Sleeve (17-0000E) and a C-Taper ceramic head.

Optional Step

NOTE: When selecting a BIOLOX *delta* Universal Taper Ceramic Femoral Head for implantation, use of a Universal Adaptor Sleeve is necessary.

Universal Adaptor Sleeve Part Number	Taper	Stem Material Compatibility
6519-T-XXX	V40	TMZF, Ti64, CoCr

After completing the trialing process, intraoperatively assemble the Adaptor Sleeve to the femoral stem manually. The Universal Adaptor Sleeve must be fully seated on the stem taper before the head is assembled.

NOTE: In no instance should any attempt be made to pre-assemble the Adaptor Sleeve inside the BIOLOX *delta* Universal Ceramic head.

Intraoperatively assemble the BIOLOX *delta* Universal Taper Ceramic head onto the sleeved femoral stem and set with two moderate blows using the Stem Head Impactor (6266-0-140). Care must be taken to avoid excessive impact forces when assembling the Ceramic Head to the sleeved femoral component.

Step 10

Closure

Relocate the femoral head into the acetabular cup and re-check the laxity and range of motion. The surgical site is then closed according to surgeon preference.

Accolade System

Instrument Ordering Information

Accolade System Instrumentation

Basic Procedure Tray	
Catalog Number	Instrument
1020-1100	Neck Resection Guide
1101-2100	T-Handle
1120-1000	Mallet
1020-1400	2 x Offset Rasp Handles
1020-2730	127 deg, 30mm Neck Trial
1020-2735	127 deg, 35mm Neck Trial
1020-2737	127 deg, 37mm Neck Trial
1020-2740	127 deg, 40mm Neck Trial
1020-3230	132 deg, 30mm Neck Trial
1020-3235	132 deg, 35mm Neck Trial
1020-3237	132 deg, 37mm Neck Trial
1020-3240	132 deg, 40mm Neck Trial
6264-8-026R	26mm -3mm V40 Trial Head
6264-8-126R	26mm STND V40 Trial Head
6264-7-226R	26mm +4mm V40 Trial Head
6264-8-326R	26mm +8mm V40 Trial Head
6264-8-426R	26mm +12mm V40 Trial Head
6264-8-028R	28mm -4mm V40 Trial Head
6264-8-128R	28mm STND V40 Trial Head
6264-8-228R	28mm +4mm V40 Trial Head
6264-8-328R	28mm +8mm V40 Trial Head
6264-8-428R	28mm +12mm V40 Trial Head
6264-8-928R	28mm -2.7mm V40 Trial Head
6264-8-032R	32mm -4mm V40 Trial Head
6264-8-132R	32mm STND V40 Trial Head
6264-8-232R	32mm +4mm V40 Trial Head
6264-8-332R	32mm +8mm V40 Trial Head
6264-8-432R	32mm +12mm V40 Trial Head
1020-2700	Calcar Planar
6266-0-140	Head Impactor
1113-1001	Box Chisel
or	
6266-5-005	
1020-6000	Basic Procedure Tray
8000-0100	Outer Case

36mm, 40mm, and 44mm head trials available, refer to Trident Acetabular Protocols



Accolade
Basic Procedure Tray

Cemented Procedure Tray	
Catalog Number	Instrument
1101-0304	Starter Reamer
1020-2200	Trochanteric Reamer - Small
1020-2201	Trochanteric Reamer - Large
1020-2100	Distal Sizer
1020-2104	Propeller Sizer
1212-0008	Trial Distal Tip - 8mm
1212-0009	Trial Distal Tip - 9mm
1212-0010	Trial Distal Tip - 10mm
1212-0011	Trial Distal Tip - 11mm
1212-0012	Trial Distal Tip - 12mm
1212-0013	Trial Distal Tip - 13mm
1212-0014	Trial Distal Tip - 14mm
1212-0015	Trial Distal Tip - 15mm
1212-0016	Trial Distal Tip - 16mm
1212-0017	Trial Distal Tip - 17mm
1212-0018	Trial Distal Tip - 18mm
1020-2002	Size 2 Broach
1020-2003	Size 3 Broach
1020-2004	Size 4 Broach
1020-2005	Size 5 Broach
1020-2006	Size 6 Broach
1020-2007	Size 7 Broach
1020-2500	Stem Inserter
1020-7000	Cemented Procedure Tray



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Cemented Procedure Tray

Cementless Procedure Tray	
Catalog Number	Instrument
1020-0000L*	Size 0 Rasp
1020-1001L	Size 1 Rasp
1020-1002L	Size 2 Rasp
1020-1025L**	Size 2.5 Rasp
1020-1003L	Size 3 Rasp
1020-1035L**	Size 3.5 Rasp
1020-1004L	Size 4 Rasp
1020-1045L**	Size 4.5 Rasp
1020-1005L	Size 5 Rasp
1020-1055L**	Size 5.5 Rasp
1020-1006L	Size 6 Rasp
1020-1007L	Size 7 Rasp
1020-1008L	Size 8 Rasp
1020-1200	Axial Starter Reamer
1020-1500	Stem Inserter**
1020-1600	Accolade Stem Inserter/Extractor
1020-8500	Cementless Procedure Tray

*Available through the Loaner Bank only.

**Compatible with Accolade TMZF implants sizes 2.5 to 8 only.



Accolade
Cementless Procedure Tray

(Optional) Minimally Invasive Instrumentation	
5900-0050	T-Handle
1440-1040	Quick Connect Handle
1440-1050	Alignment Rod
1440-1700	Neck Trial Forceps
1440-1010	Femoral Head Extractor
1440-1400	Straight Accolade Rasp Handle
1440-1000	Neck Resection Guide
1440-1070	Femoral Head Impactor
1440-0040	Tray



Accolade TMZF Femoral Stems

Accolade TMZF Cementless Femoral Stem (127° Neck Angle)				
Catalog Number	Stem Size	Stem Length (from Medial Calcar)	Neck Length	Offset (+0mm)
6021-0030*	0	86mm	30mm	37mm
6021-0130	1	110mm	30mm	38mm
6021-0230	2	115mm	30mm	39mm
6021-2530	2.5	118mm	30mm	40mm
6021-0335	3	120mm	35mm	43mm
6021-3535	3.5	124mm	35mm	43mm
6021-0435	4	125mm	35mm	44mm
6021-4535	4.5	129mm	35mm	45mm
6021-0537	5	130mm	37mm	48mm
6021-5537	5.5	133mm	37mm	49mm
6021-0637	6	135mm	37mm	49mm
6021-0740	7	140mm	40mm	53mm
6021-0840	8	145mm	40mm	54mm

Accolade TMZF Cementless Femoral Stem (132° Neck Angle)				
Catalog Number	Stem Size	Stem Length (from Medial Calcar)	Neck Length	Offset (+0mm)
6020-0030*	0	86mm	30mm	33mm
6020-0130	1	110mm	30mm	34mm
6020-0230	2	115mm	30mm	35mm
6020-2530	2.5	118mm	30mm	36mm
6020-0335	3	120mm	35mm	39mm
6020-3535	3.5	124mm	35mm	39mm
6020-0435	4	125mm	35mm	40mm
6020-4535	4.5	129mm	35mm	41mm
6020-0537	5	130mm	37mm	44mm
6020-5537	5.5	133mm	37mm	45mm
6020-0637	6	135mm	37mm	45mm
6020-0740	7	140mm	40mm	48mm
6020-0840	8	145mm	40mm	49mm

*Available by request.

Accolade HFx Femoral Stems

Accolade HFx Cementless Femoral Stems (127° Neck Angle)				
Catalog Number	Stem Size	Stem Length (from Medial Calcar)	Neck Length	Offset (+0mm)
6077-0130	1	110mm	30mm	38mm
6077-0230	2	115mm	30mm	39mm
6077-0335	3	120mm	35mm	43mm
6077-0435	4	125mm	35mm	44mm
6077-0537	5	130mm	37mm	48mm
6077-0637	6	135mm	37mm	49mm
6077-0740	7	140mm	40mm	53mm
6077-0840	8	145mm	40mm	54mm



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