

# Rejuvenate Extraction Protocol

stryker®

## Modular Neck Extraction

The Neck Implant is removed with the use of the Rejuvenate Neck Extractor (1601-1801) (Figure 1). The Neck Implant is extracted by placing the Neck Extractor under either the medial or lateral side of the base of the Neck and levering out the Neck. Neck Trial Forceps are recommended to capture the neck during extraction.

### Tip

Tap end of Neck Extractor with a Mallet to remove Neck in a controlled manner.



## Stem Extraction

There are instruments to manage the extraction of a Monolithic or Modular Stem in both intraoperative and revision situations (Figure 2).

The Modular Stem Extractor (1601-1650) uses a connection pin, which engages the stem insertion feature and a locking arm that engages the Modular Stem taper. The arm is secured in place using a threaded locking knob. The proximal end of the instrument attaches to a McReynolds Extractor Assembly (6869-1-000, 6869-2-000, 6869-3-000) to provide the surgeon with a tool to facilitate the removal of a well-fixed Femoral Stem. The Modular Stem Extractor should be resealed and retightened after four extraction blows.

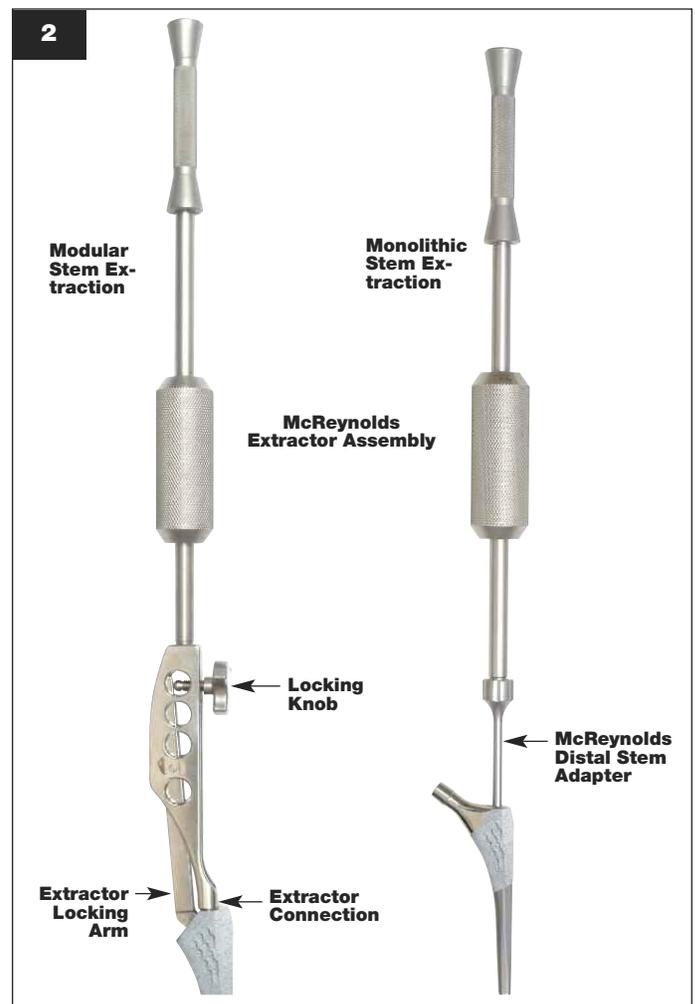
The Monolithic Stem can be extracted with the McReynolds Distal Stem Adapter (6260-4-090) and McReynolds Driver (6869-1-000, 6869-2-000, 6869-3-000) from the Restoration Modular Instrument System.

### Caution

Do NOT impact the Locking Knob of the Modular Stem Extractor as this could damage it.

### Note

The Stem Inserter should not be used to extract the Stem.



## Indications

The Rejuvenate Total Hip System is intended for primary total hip arthroplasty. These femoral stems are designed to be pressfit into the proximal femur. The indication for use of total hip replacement prostheses include:

- Rheumatoid arthritis.
- Correction of functional deformity.
- Non-inflammatory degenerative joint disease including osteoarthritis and avascular necrosis.
- Treatment of non-union, femoral neck and trochanteric fractures of the proximal femur with head involvement that are unmanageable using other techniques.
- This hip stem is intended for press-fit use only.

## Contraindications

- Overt infection.
- Skeletally immature patients.
- Distant foci of infections, which may cause hematogenous spread to the implant site.
- Rapid disease progression as manifested by joint destruction or bone absorption apparent on roentgenogram.
- Cases where there is a loss of abductor musculature, poor bone stock, or poor skin coverage around the hip joint, which would make the procedure unjustifiable.

## Conditions Presenting Increased Risk Of Failure Include But Are Not Limited To:

- Uncooperative patient or patient with neurologic disorders, incapable of following instructions.
- Osteoporosis.
- Metabolic disorders which may impair bone formation.
- Osteomalacia.
- Excessive loads due to patient activity and/or patient weight.
- Patients should be warned of these contraindications and risks.
- See the package insert for warnings, precautions, adverse effects and other essential product information.

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

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