



C.F.P.® Hip Prosthesis System



Presented by:



CE 0123

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C.F.P.® Hip Prosthesis System

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■ Bioharmony in Total Hip Replacement

The **LINK® C.F.P.®* Prosthesis Stem** and the **T.O.P.®** Cementless Acetabular Cup System** have been designed especially for biologically young, active patients. With conventional hip prostheses such patients are subjected to increased rates of aseptic loosening because of their long life-expectancy.

The C.F.P.® and T.O.P.® take into account the biomechanical load and fixation principles dictated by hip anatomy and physiology patterns, the retention of the femoral neck and uncemented fixation techniques to provide strong, stable implant anchorage. They thus provide an optimal basis for any future interventions.

* Collum Femoris Preserving

** Trabekel Orientierte Pfanne

■ C.F.P.® Hip Prosthesis Stem

- Minimal bone resection because femoral neck and proximal cancellous bone are preserved
- Parts of the circumflex artery's vascular network are preserved thereby maintaining the vascular supply of the femoral neck after resection of the femoral head
- Stem shape and surgical technique allow uncemented implantation with up to 87% prosthesis-to-bone contact
- Prosthesis stem takes account of anatomical stem shape and physiological anteversion
- Different stem curvatures ensure secure support of the stem at the medial cortex
- Collar allows reintroduction of physiological loads into the femur

■ System Description – Indications/Contraindications

■ X-LINKed® - highly crosslinked Polyethylene for Acetabular Cups and Inserts

The LINK® Acetabular Cup Portfolio covers a wide range of indications for acetabular treatment. LINK® Acetabular Cups are used in many cases for both biologically young and active patients as well as older patients or in the field of surgical revision.

In order to increase the range of movement and optimize joint stability, prosthesis heads with a

diameter of up to 36 mm can be used with cups made from X-LINKed® Polyethylene.

By using X-LINKed® Polyethylene, abrasive wear can be reduced significantly which can have a positive effect on the service life of the implant components.

X-LINKed® Polyethylene is available for following acetabular cup systems:

Cementless fixation

- T.O.P. Polyethylene inserts
- BetaCup® Polyethylene inserts

Cementable fixation

- Lubinus Eccentric/Dysplastic Polyethylene Acetabular Cup, without snap fit
- IP Polyethylene Acetabular Cup
- FAL Polyethylene Acetabular Cup, anti-luxation option

■ Indications/Contraindications

Note: For specific indications/contraindications, see page 26.

Prosthesis Stems, cementless, taper 12/14 mm



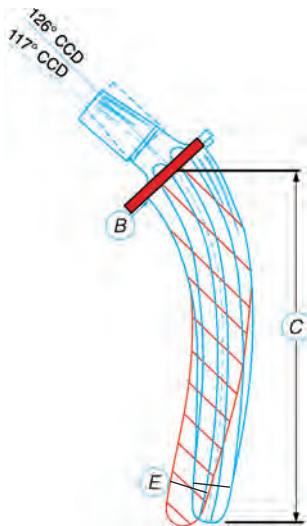
Material: Tilastan® with HX® Coating
(calcium phosphate)

HX® coated

Curvature A (slight)				Curvature B (strong)	
CCD angle 117°	CCD angle 126°	HX® coated		CCD angle 117°	CCD angle 126°
Item no.	Item no.	Size	Version	Item no.	Item no.
290-120/17	290-120/26	small	right	290-174/17	290-174/26
290-126/17	290-126/26	medium	right	290-178/17	290-178/26
	290-128/26	medium large	right		290-180/26
290-132/17	290-132/26	large	right	290-182/17	290-182/26
290-138/17	290-138/26	x-large	right	290-186/17	290-186/26
290-121/17	290-121/26	small	left	290-175/17	290-175/26
290-127/17	290-127/26	medium	left	290-179/17	290-179/26
	290-129/26	medium large	left		290-181/26
290-133/17	290-133/26	large	left	290-183/17	290-183/26
290-139/17	290-139/26	x-large	left	290-187/17	290-187/26

Material: Tilastan®

microporous • ≈ 70 µm roughness



Curvature A (slight)				Curvature B (strong)	
CCD angle 117°	CCD angle 126°	microporous with 70 µm roughness		CCD angle 117°	CCD angle 126°
Item no.	Item no.	Size	Version	Item no.	Item no.
290-100/17	290-100/26	small	right	290-154/17	290-154/26
290-106/17	290-106/26	medium	right	290-158/17	290-158/26
	290-108/26	medium large	right		290-160/26
290-112/17	290-112/26	large	right	290-162/17	290-162/26
290-114/17	290-114/26	x-large	right	290-166/17	290-166/26
290-101/17	290-101/26	small	left	290-155/17	290-155/26
290-107/17	290-107/26	medium	left	290-159/17	290-159/26
	290-109/26	medium large	left		290-161/26
290-113/17	290-113/26	large	left	290-163/17	290-163/26
290-115/17	290-115/26	x-large	left	290-167/17	290-167/26

Curvature A or B (stem lengths vary according to stem widths)			
Size	B mm	C mm	E mm
small	22	105	10
medium	24	115	11.5
medium large	25	120	12
large	26	125	13.5
x-large	28	130	15.5

■ Implants

■ Exchangeable Collars, cementless



Material: Unalloyed titanium and HX® Coating (calcium phosphate)

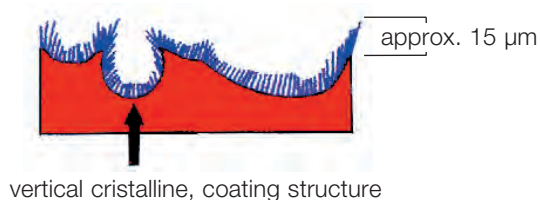
Item no.	For stem size HX® coated	Item no.
Standard		Large
290-190/02	small	290-191/02
290-190/03	medium	290-191/03
209-190/13	medium large	209-191/13
290-190/04	large	290-191/04
290-190/05	x-large	290-191/05

Standard		Large		Stem size
H	K	H	K	
34	28	38	31	small
36	30	40	33	medium
37	31	41	34	medium large
38	32	42	35	large
40	34	44	37	x-large

Material: Unalloyed titanium

Item no.	For stem size microporous surface, 70 µm roughness	Item no.
Standard		Large
290-192/02	small	290-193/02
290-192/03	medium	290-193/03
209-192/13	medium large	209-193/13
290-192/04	large	290-193/04
290-192/05	x-large	290-193/05

HX® Coating (calcium phosphate)

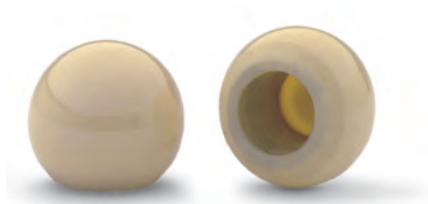


The HX® Coating is an osteoconductive coating approximately 15 µm thick. The unique electrochemical coating process gives it immense mechanical strength, which is necessary for it to endure the stresses during implantation. The large porous structure provides the optimal environment for bone ongrowth.

The HX® Coating preserves the open-pored structure of the implant surface because it is so thin - thanks to the process of electrochemically coating.

Prosthesis Heads

Prosthesis heads A - ceramic
Material: BIOLOX® forte*



Item no.	Head Ø mm	Taper mm	Neck length (mm)
128-928/01	28	12/14	short (-3.5)
128-928/02	28	12/14	medium (0)
128-928/03	28	12/14	long (+3.5)
128-932/01	32	12/14	short (-4)
128-932/02	32	12/14	medium (0)
128-932/03	32	12/14	long (+4)
128-936/01	36	12/14	short (-4)
128-936/02	36	12/14	medium (0)
128-936/03	36	12/14	long (+4)

Prosthesis heads A - ceramic
Material: BIOLOX® delta*

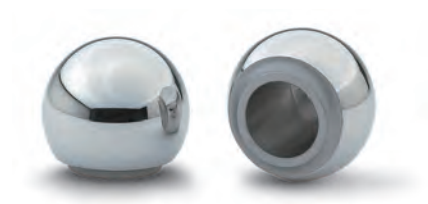


Item no.	Head Ø mm	Taper mm	Neck length (mm)
128-791/01	28	12/14	short (-3.5)
128-791/02	28	12/14	medium (0)
128-791/03	28	12/14	long (+3.5)
128-792/01	32	12/14	short (-4)
128-792/02	32	12/14	medium (0)
128-792/03	32	12/14	long (+4)
128-792/04**	32	12/14	extra long (+7)
128-793/01	36	12/14	short (-4)
128-793/02	36	12/14	medium (0)
128-793/03	36	12/14	long (+4)
128-793/04**	36	12/14	extra long (+8)

All components of BIOLOX® forte* and BIOLOX® delta* are compatible with each other.

* BIOLOX® delta and BIOLOX® forte are products made by CeramTec AG, Plochingen, Germany

Prosthesis heads B
Material: CoCrMo alloy

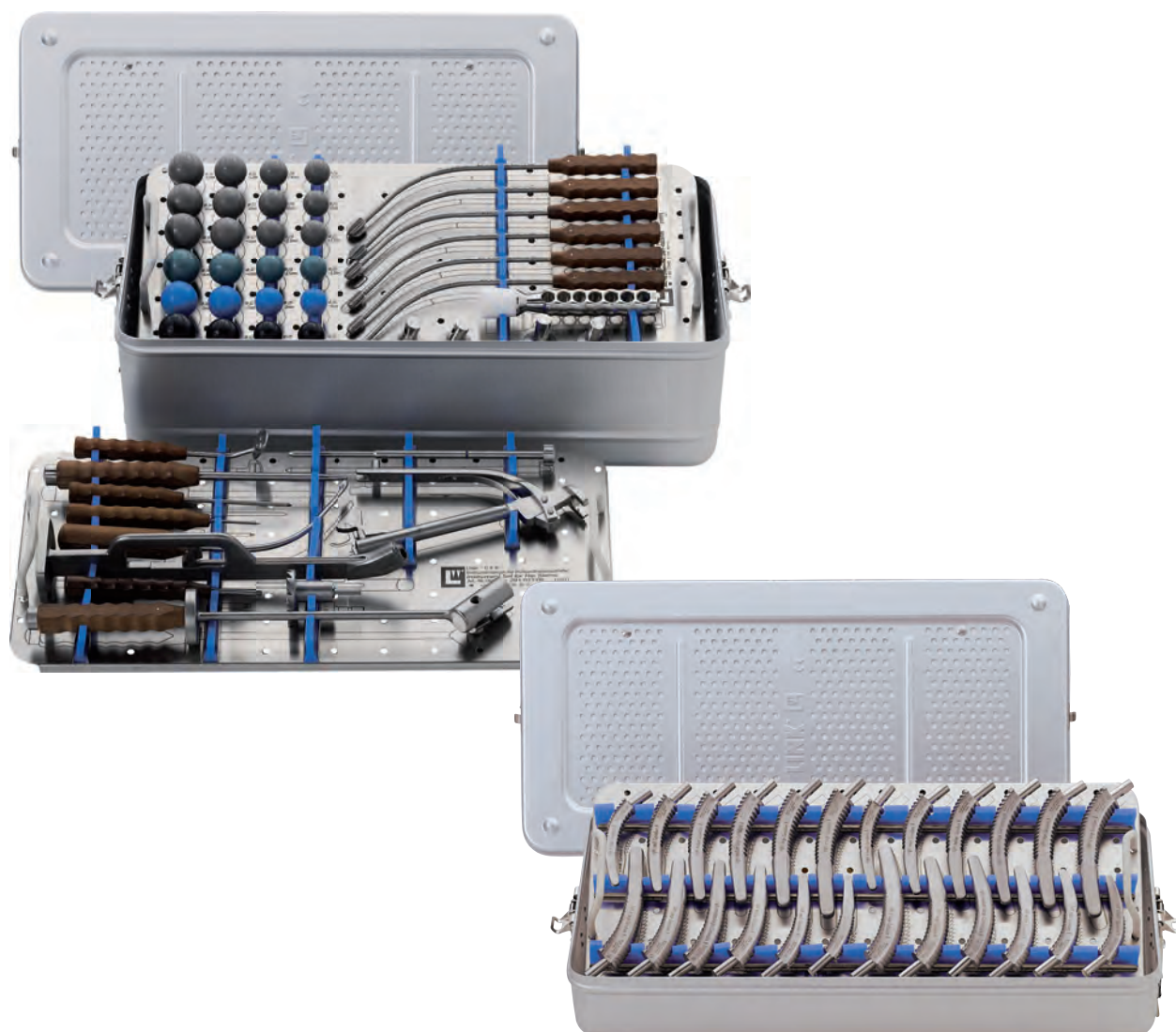


Item no.	Head Ø mm	Taper mm	Neck length (mm)
128-826/01	26	12/14	short (-3.5)
128-826/02	26	12/14	medium (0)
128-826/03	26	12/14	long (+3.5)
128-828/01	28	12/14	short (-3.5)
128-828/02	28	12/14	medium (0)
128-828/03	28	12/14	long (+3.5)
128-828/04**	28	12/14	extra long (+10.5)
128-832/01	32	12/14	short (-4)
128-832/02	32	12/14	medium (0)
128-832/03	32	12/14	long (+4)
128-832/04**	32	12/14	extra long (+8.5)
128-836/01	36	12/14	short (-4)
128-836/02	36	12/14	medium (0)
128-836/03	36	12/14	long (+4)
128-836/04**	36	12/14	extra long (+8)

**on request

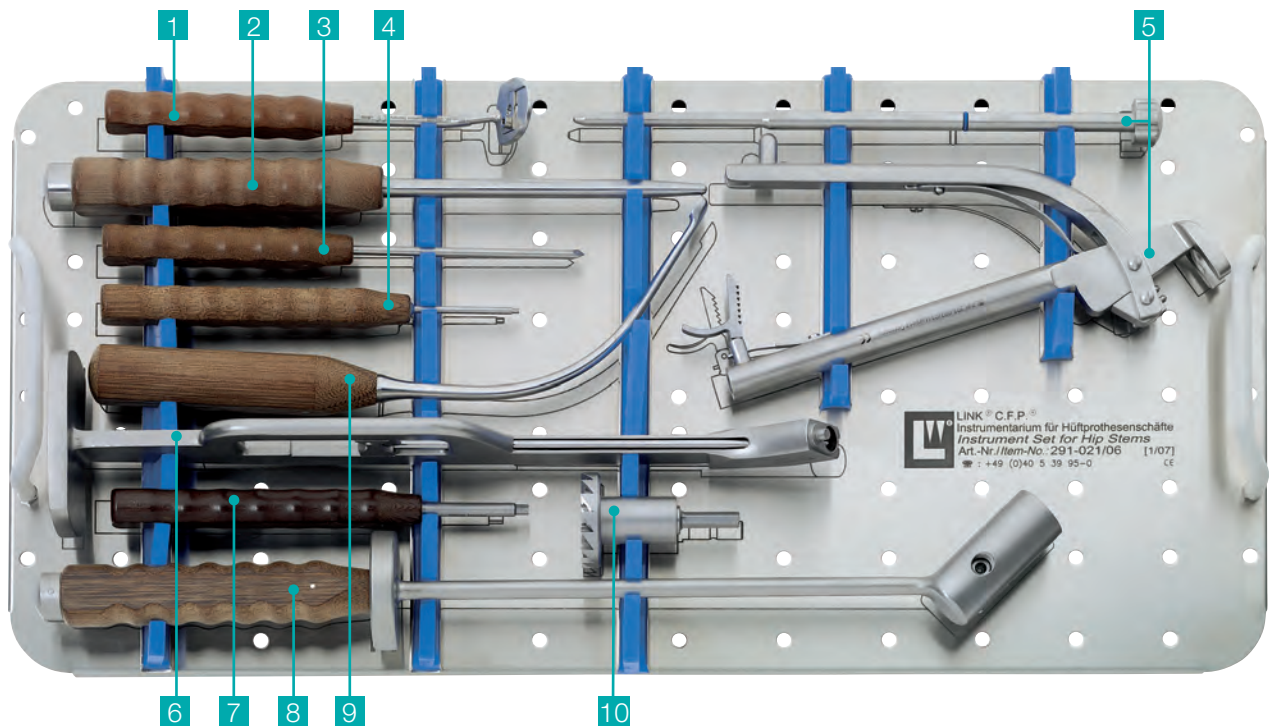
■ Instruments

■ Instrument Set for LINK® C.F.P.® Prosthesis Stems



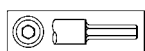
Item no.	Instrument set, complete (container 1 + 2)
291-020/14	Set complete in 2 standard containers N11 & N31, on 3 trays with product illustrations and storage inserts
05-2003/03	N31 standard container, empty , 575 x 275 x 170 mm
05-2001/03	N11 standard container, empty , 575 x 275 x 100 mm
291-023/05	Lower tray (container 1), empty, perforated stainless steel, 550 x 265 x 50 mm
291-021/06	Upper Tray (container 1), empty, perforated stainless steel, 550 x 265 x 50 mm
291-022/07	Tray (container 2), empty, perforated stainless steel, 550 x 265 x 50 mm

291-021/06 Upper Tray, empty

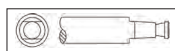


			Qty.
1	291-080	Guide to open femoral cavity, 180 mm	1
2	130-611	Impactor, 280 mm	1
3	291-081	Trocar awl, 200 mm	1
4	64-1181/06	Hex screwdriver, 175 mm, hex 2 mm	1
5	291-083/01	Stem inserter, 250 mm, 2-parts	1
6	130-393/60	Handle with quick coupling, 330 mm	1
7	130-609	Hex screwdriver, 175 mm, hex 4 mm	1
8	291-085	Stem extractor, 435 mm	1
9	291-082	Bone curette curved, to open femoral cavity, 260 mm	1
10	130-406/01A*	Calcar reamer Ø 40 mm, Fitting for Jacobs Chuck, Fitting optional*	1
	10-5371**	Hex screwdriver, 180 mm, hex 1.5 mm (*not included in instrument set)	1

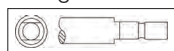
*How to order: 131-406/01B = with Hudson fitting



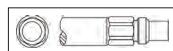
A
Jacobsfutter



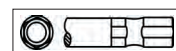
B
Hudson



C
Harris

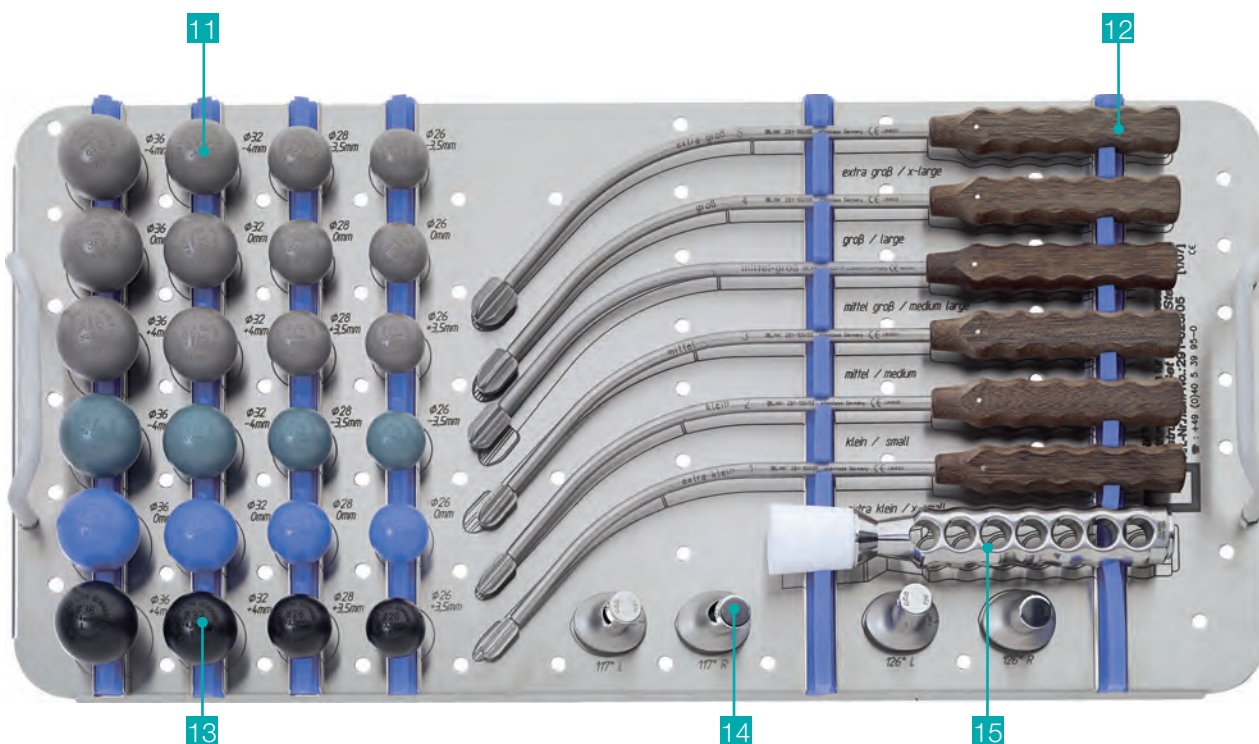


D
AO



H
Zimmer

291-023/05 Lower Tray, empty



11 Grey plastic trial heads with snap-fit for compressor cylinder

Item no.	Ø	Neck length	Neck length mm	Qty.
291-826/01	26	short	-3.5	1
291-826/02	26	medium	0	1
291-826/03	26	long	+3.5	1
291-828/01	28	short	-3.5	1
291-828/02	28	medium	0	1
291-828/03	28	long	+3.5	1
291-832/01	32	short	-4	1
291-832/02	32	medium	0	1
291-832/03	32	long	+4	1
291-836/01	36	short	-4	1
291-836/02	36	medium	0	1
291-836/03	36	long	+4	1

12 Curved probes with sizing olives, graduated, 300 mm

Item no.	Size	For prosthesis stem	Qty.
291-100/01	1	x-small	1
291-100/02	2	small	1
291-100/03	3	medium	1
291-100/35	35	medium large	1
291-100/04	4	large	1
291-100/05	5	x-large	1

13

Coloured plastic trial heads, taper 12/14 mm



Item no.	Ø	Neck length	Neck length mm	Color	Qty.
131-926/01	26	short	-3.5	green	1
131-926/02	26	medium	0	blue	1
131-926/03	26	long	+3.5	black	1
131-928/01	28	short	-3.5	green	1
131-928/02	28	medium	0	blue	1
131-928/03	28	long	+3.5	black	1
131-932/01	32	short	-4	green	1
131-932/02	32	medium	0	blue	1
131-932/03	32	long	+4	black	1
131-936/01	36	short	-4	green	1
131-936/02	36	medium	0	blue	1
131-936/03	36	long	+4	black	1

14

Trial neck sections

Item no.	CCD angle	Version	Qty.
291-120/17	117°	right	1
291-121/17	117°	left	1
291-120/26	126°	right	1
291-121/26	126°	left	1

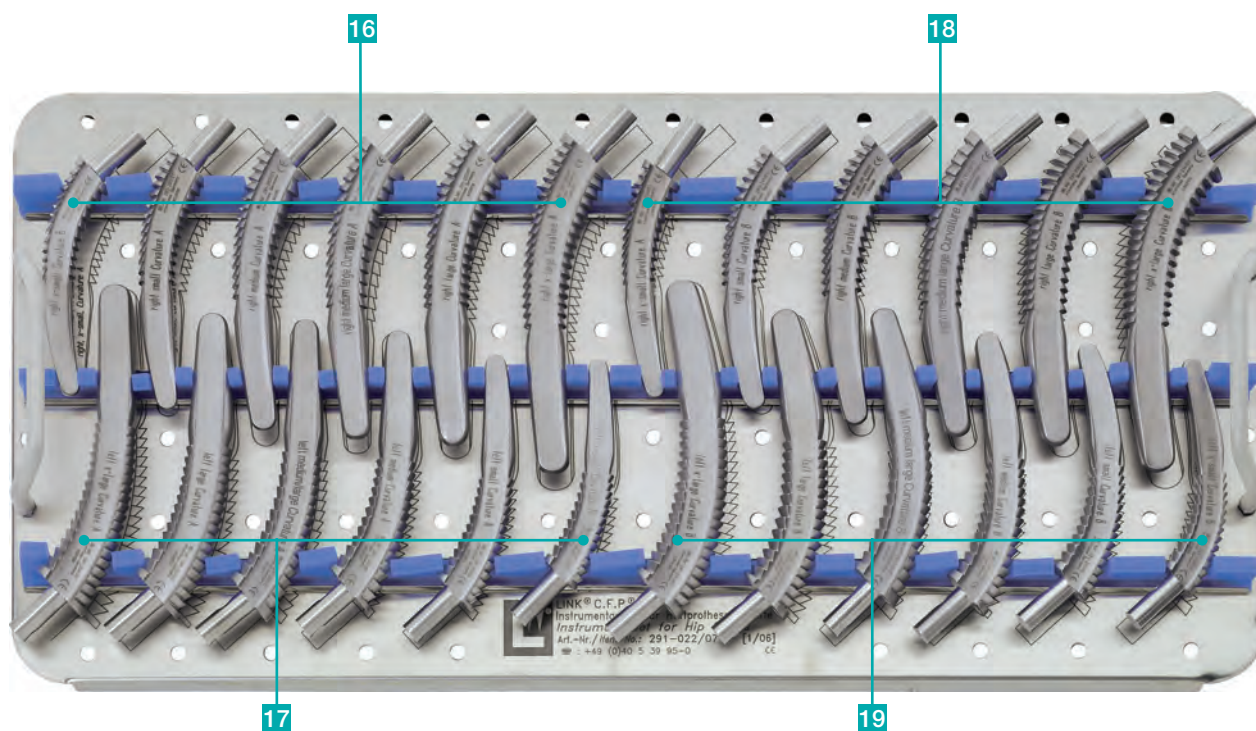
15

130-600

Driver for prosthesis heads
with exchangeable plastic head, 170 mm

Qty.
1

291-022/07 Tray, empty



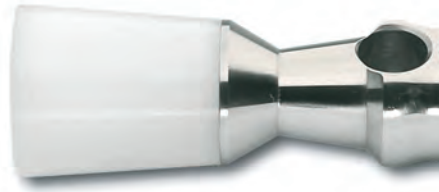
16 + 17 Bone compressors, curvature A

Item no.	Size	Version	Item no.	Size	Version
291-200/02	x-small	left	291-200/01	x-small	right
291-201/02	small	left	291-201/01	small	right
291-202/02	medium	left	291-202/01	medium	right
291-202/12	medium large	left	291-202/11	medium large	right
291-203/02	large	left	291-203/01	large	right
291-204/02	x-large	left	291-204/01	x-large	right

18 + 19 Bone compressors, curvature B

Item no.	Size	Version	Item no.	Size	Version
291-210/02	x-small	left	291-210/01	x-small	right
291-211/02	small	left	291-211/01	small	right
291-212/02	medium	left	291-212/01	medium	right
291-212/12	medium large	left	291-212/11	medium large	right
291-213/02	large	left	291-213/01	large	right
291-214/02	x-large	left	291-214/01	x-large	right

■ Complementary Instruments

**130-601*****Replacement head for driver 130-600**

*not included in instrument set 291-020/14

**130-165****Mallet**

Ø 30 mm, 270 mm, 600 gram

■ Surgical Technique

■ Preoperative Planning

The aim in preoperative planning is to establish the approximate size of implant required and the optimal position in which to place it.

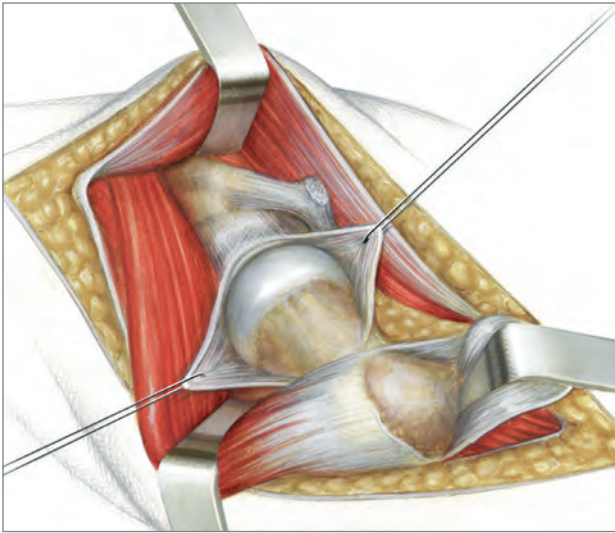
For the best possible results the appropriate implant should be selected using C.F.P.[®] X-ray templates which are available at a scale of 1.1:1. When used in combination with recent pelvic X-rays (A/P and M/L views) these templates serve as a useful aid in planning operative procedure and determining implant size.

In planning the resection level, the femoral neck must be considered along with centre of rotation and leg length. The femoral neck should remain intact as far as possible so that the original anatomy can be reconstructed.

The choice of implant should ensure that the greatest possible length of hip stem lies along the Adam's Bow. Stems are available with two different curvatures, curve A and curve B, for this purpose.

The distal tip of the prosthesis should run along the centre of the medullary canal and should not catch in the cortical tissue.

■ **Surgical Approaches**

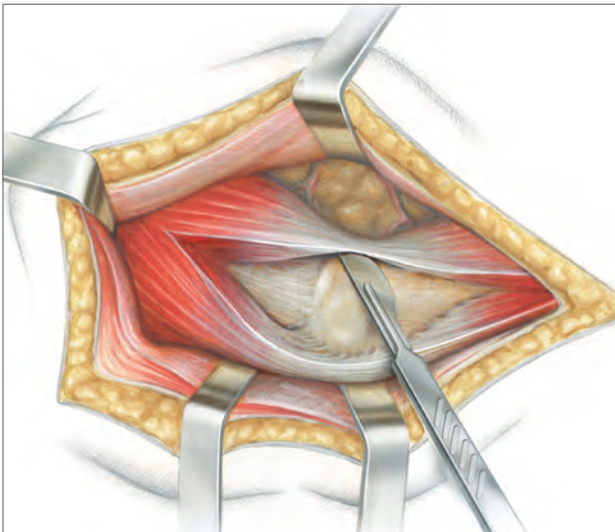


A: **Watson Jones**

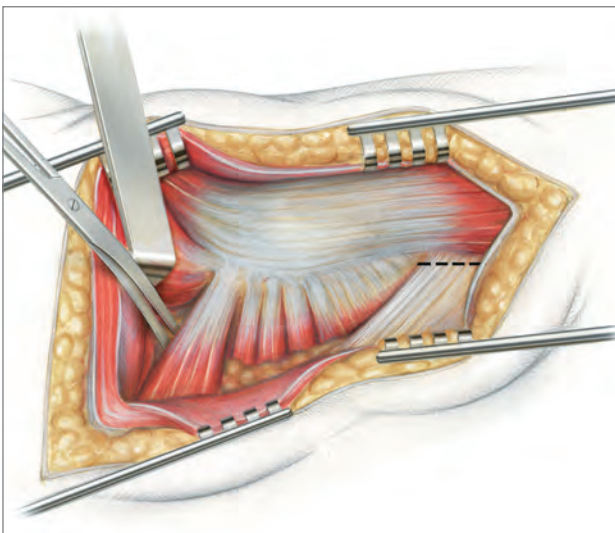
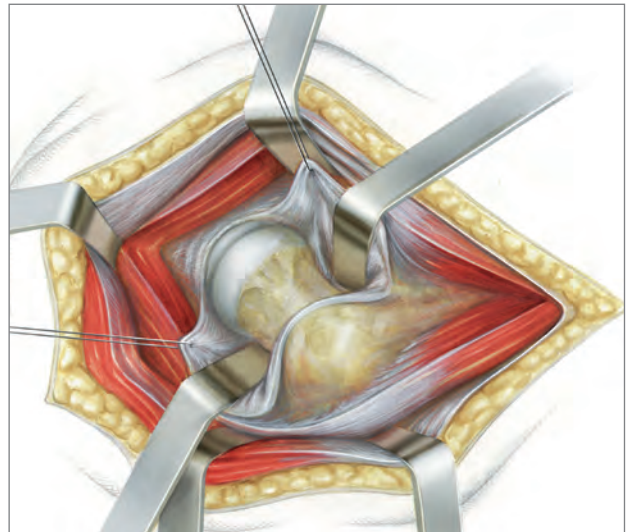
The choice depends on the surgeon's experience and his/her decision based on the individual situation.

The following approaches are usual:

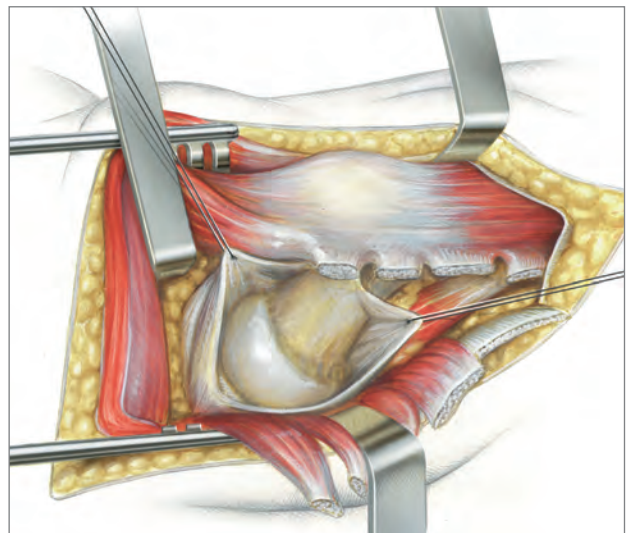
- antero-lateral - **Watson Jones** (A)
- lateral - **Hardinge** (B)
- postero-lateral - **Moore** (C)



B: **Hardinge**



C: **Moore**





1

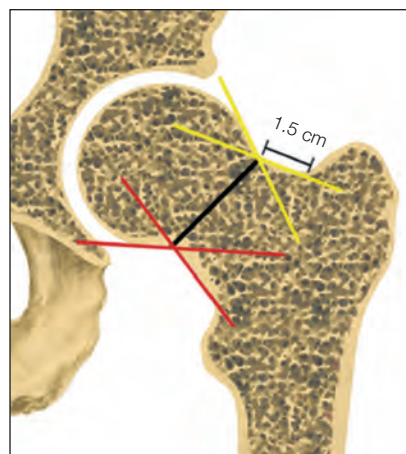
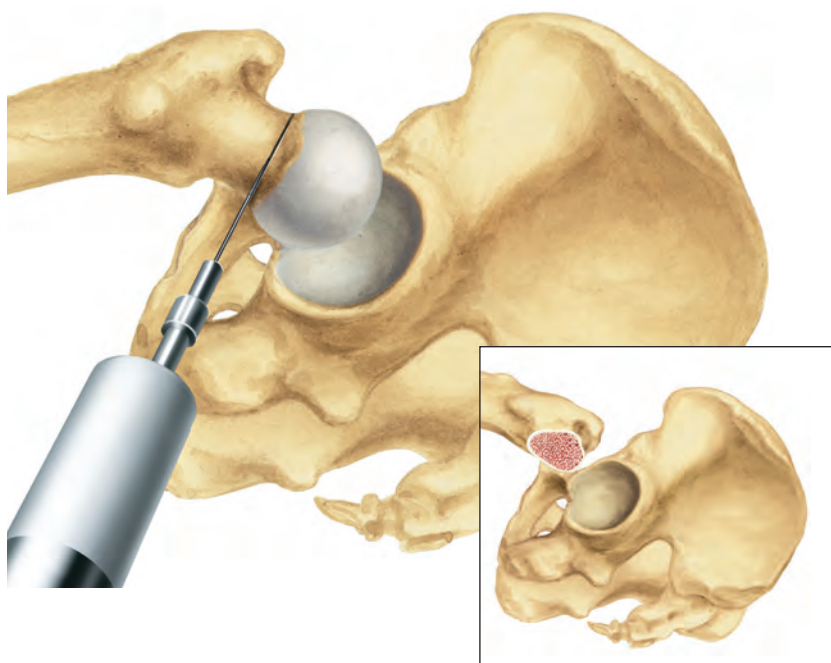
Dislocation of Femoral Head

After dislocation of the femoral head the femoral neck and the proximal rim of both trochanters are exposed and existing osteophytes of the femoral head removed.

2 und 3

Femoral Head Resection

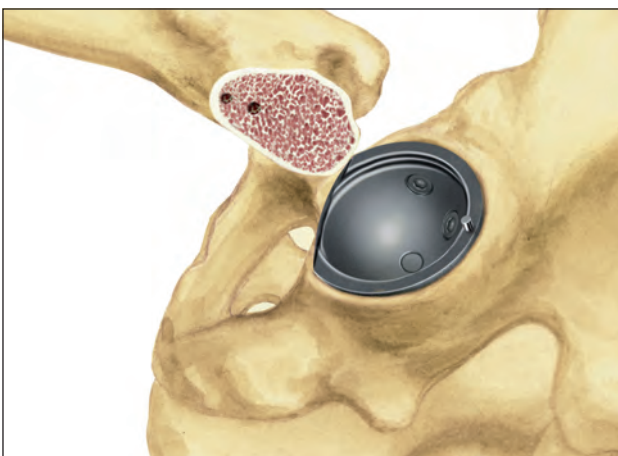
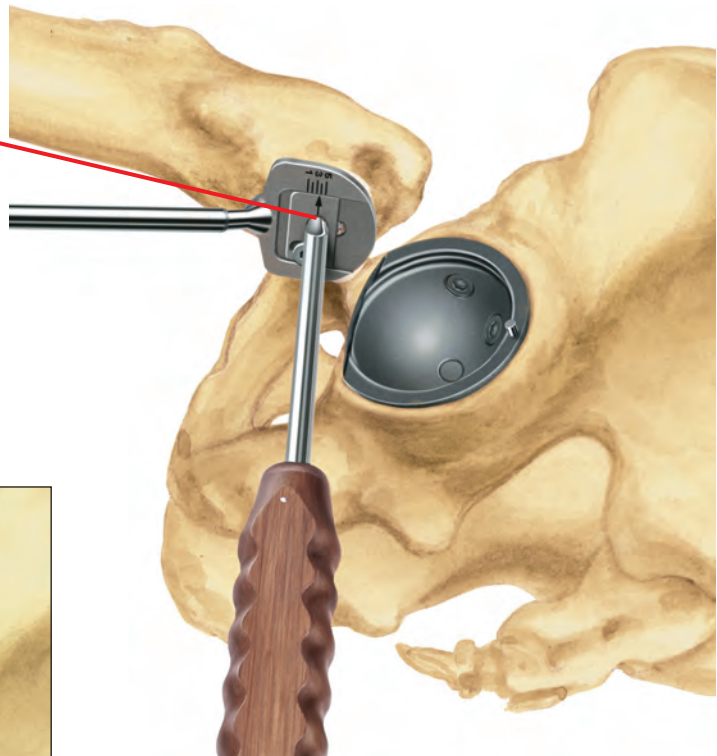
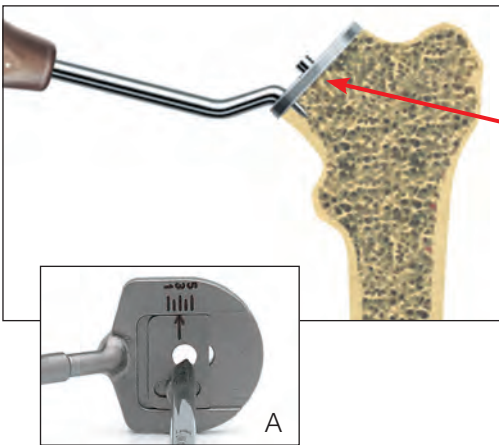
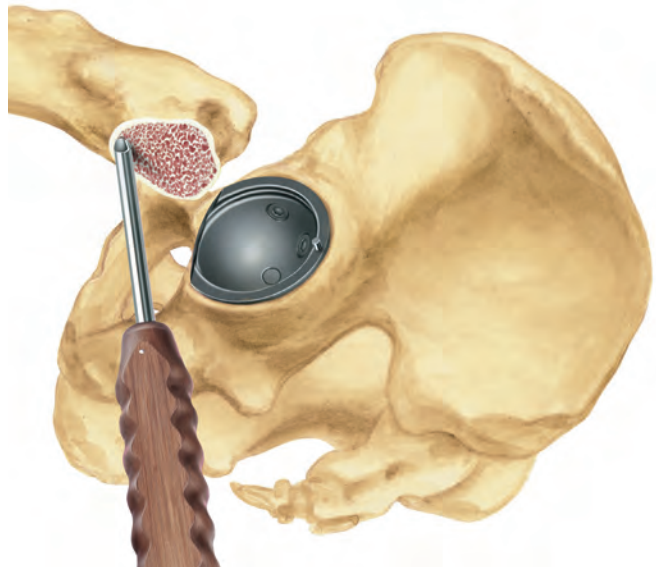
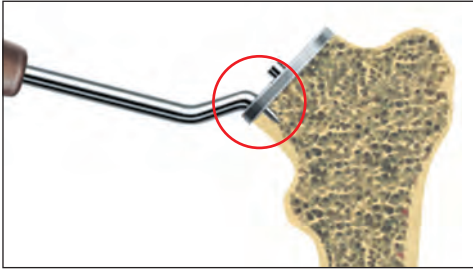
During preoperative planning the osteotomy site is determined by applying tangents as shown in Fig. 3. The line of the resection on the isthmus corresponds to the line connecting the intersection points of the tangents. The distance from the base of the major trochanter is usually 1.5 cm.



3

Preparation of Proximal Femur

Using a trocar awl a small hole is made in the resected femoral neck, as far medially as possible, to accommodate the pin of the guide.



4

Identification of Femoral Canal Opening

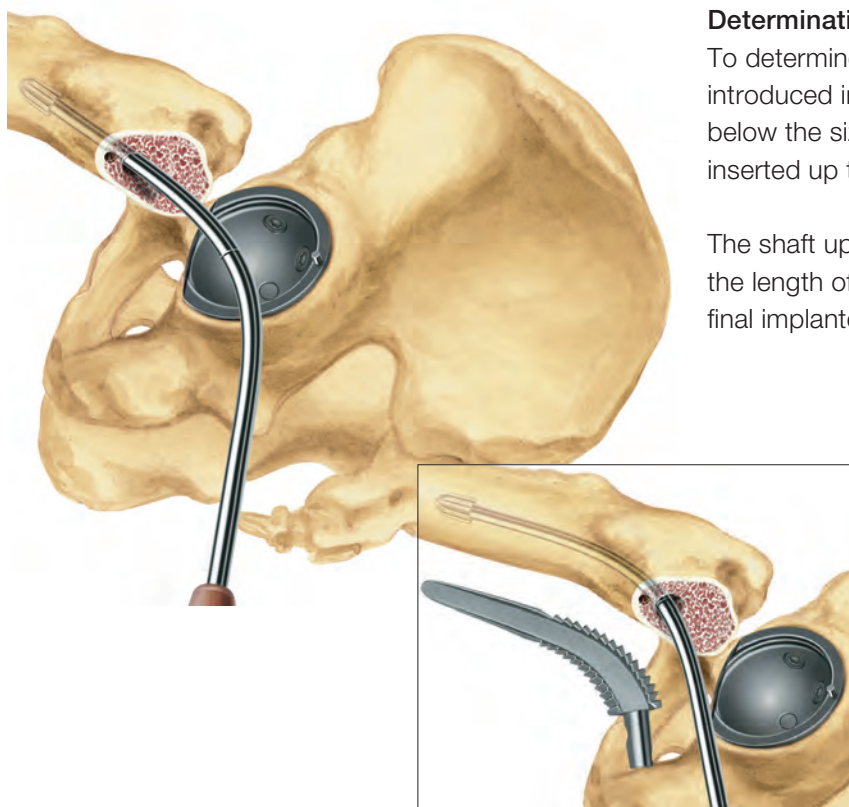
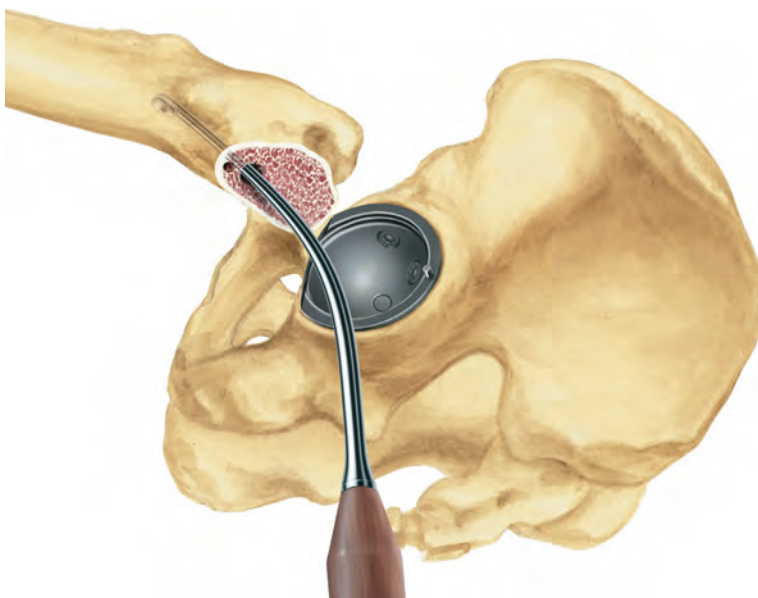
The guide is adjusted to the planned prosthesis size (A) and placed on the resection site taking the pre-marked hole into consideration. The size of femoral canal opening is determined.

■ Surgical Technique

5

Opening of Femoral Canal

The femoral canal is opened using a curved bone curette.



6

Determination of Stem Size

To determine the stem size a curved probe is introduced into the canal starting with one size below the size planned. Each curved probe is inserted up to the ring mark.

The shaft up to the ring mark corresponds to the length of the bone compressor and of the final implanted stem.

System
Description

Indications/
Contraindications

Implants

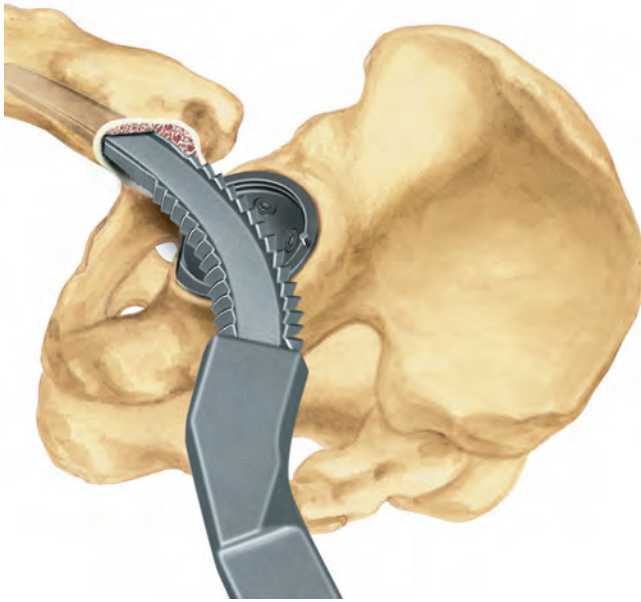
Instruments

Surgical Technique

Accessories

Literature

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7

Placing of Compressor

Finally the femoral canal is prepared for seating of the prosthesis stem by compressing the cancellous bone with the bone compressor. The choice of bone compressor depends on the stem curvature determined at the planning stage and the size indicated by the curved probe.

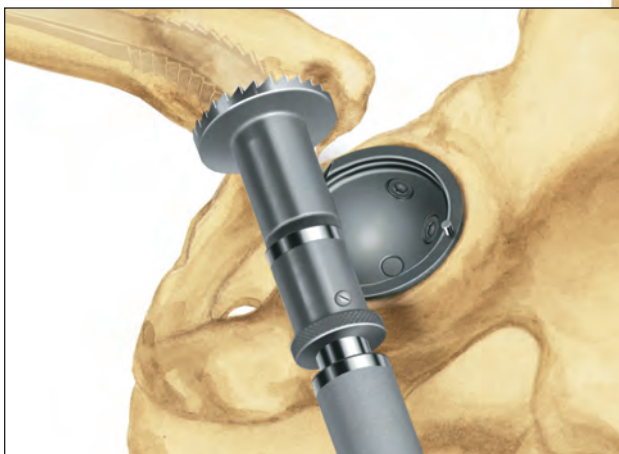
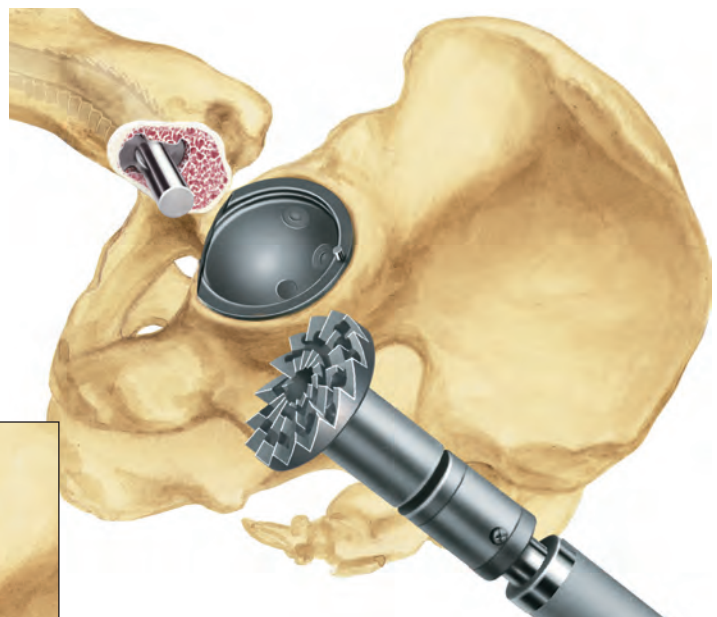
Initially a compressor should be used which is one or two sizes smaller than the planned size of the final implant. At this stage it is important to ensure that the medial teeth of the compressor do not remove the cortical bone at the calcar bow.

When the smallest C.F.P.[®] prosthesis stem is used preparation of the femoral canal with a smaller compressor is not necessary. In this case preparation of the femoral bone with a curved bone curette and the sizing olive is sufficient.

8

Fitting of Compressor

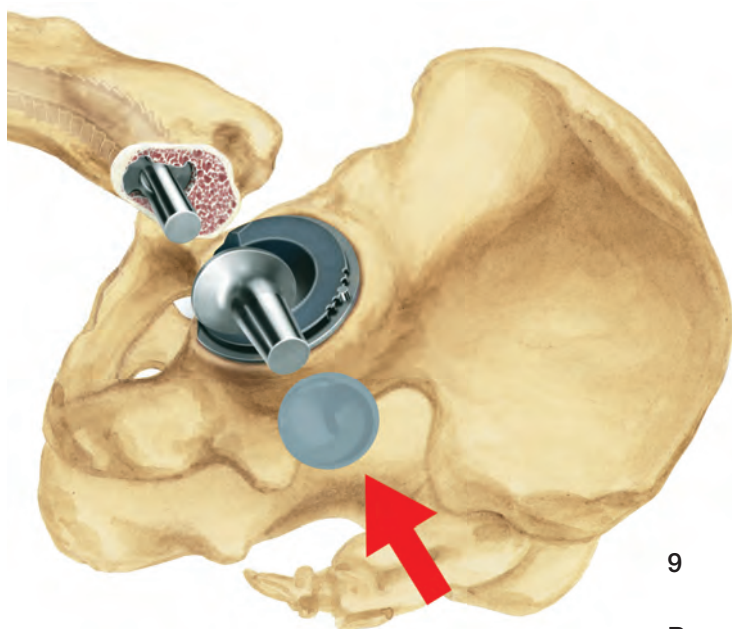
The bone compressor is driven in below the resection level to achieve a circular, plane surface for the seating of the neck-plate by reaming with the calcar reamer.



Attention:

To prevent the reamer from being damaged it must always be pushed as far as possible onto the guide pin before starting to ream.

■ Surgical Technique



9

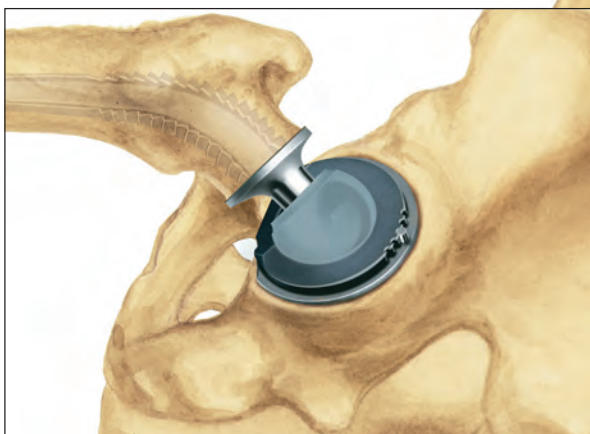
Preparation of Trial Reduction

Trial neck (left or right and 117° or 126° CCD angle) and trial head are attached to the bone compressor in situ. The bone compressor now serves as a trial stem.

10

Trial Reduction

The trial reduction indicates the correct positioning and the head-neck length.

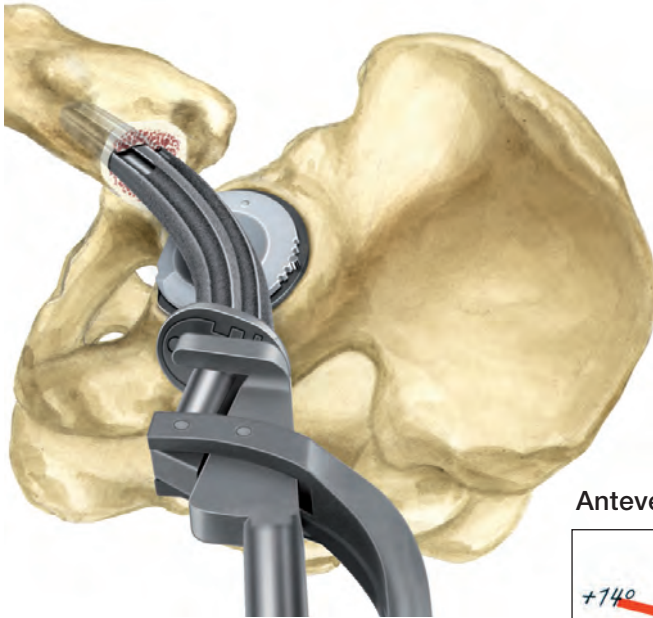


11

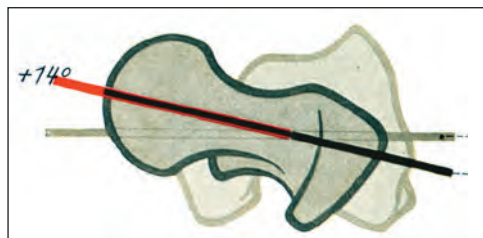
Implantation of Stem

The C.F.P.® stem is inserted as far as possible into the femoral canal using the inserting forceps.

The design of the C.F.P.® stem incorporates the anatomical anteversion of the femoral neck. Adjustment of the anteversion, as performed when implanting straight stems, would lead to rotational malpositioning and must therefore be avoided.



Anteversion

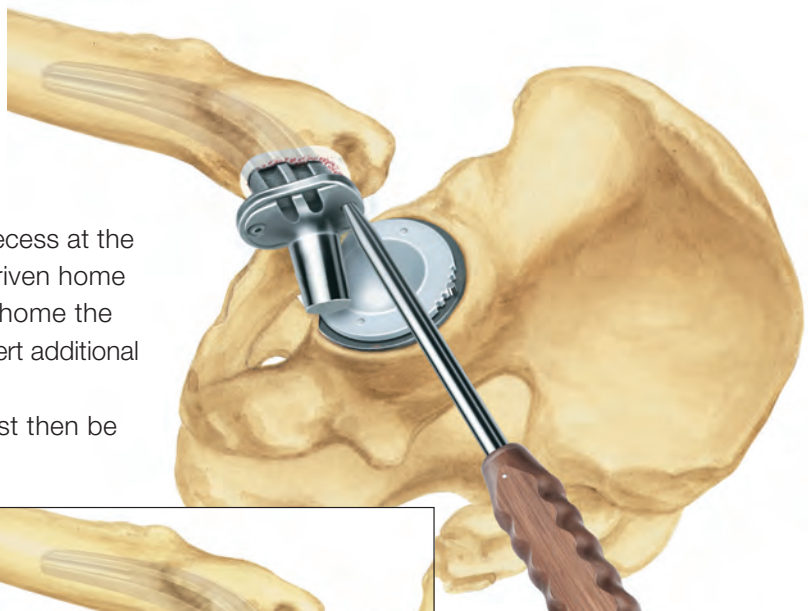


12

Placing of Stem

Placing the tip of the impactor into the recess at the lateral collar the C.F.P.® stem can be driven home into the canal. Before it is finally driven home the neckplate may be removed in order to insert additional bone into the grooves.

The fixation screw on the neckplate must then be firmly tightened anticlockwise.



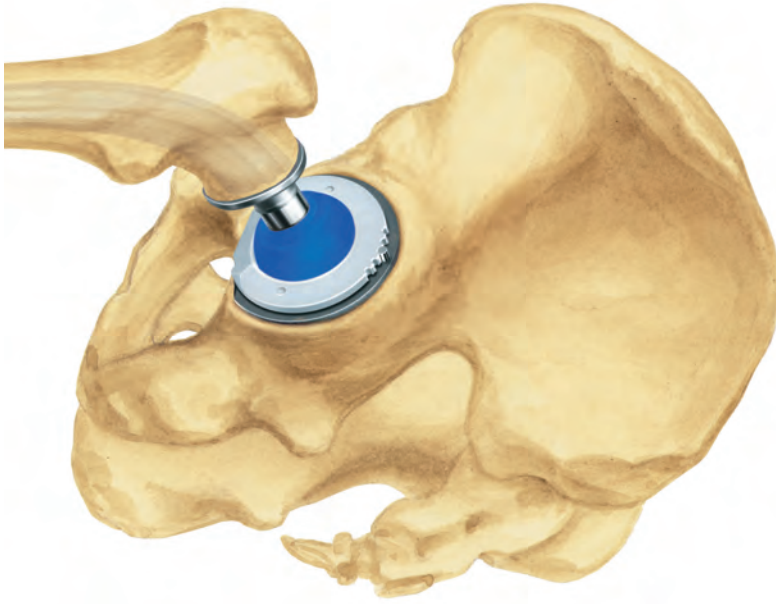
Note:

Abstains the surgeon from using the recommended neckplate, he/she has to remove the fixation screw as well.

13

Final Trial Reduction with Trial Head

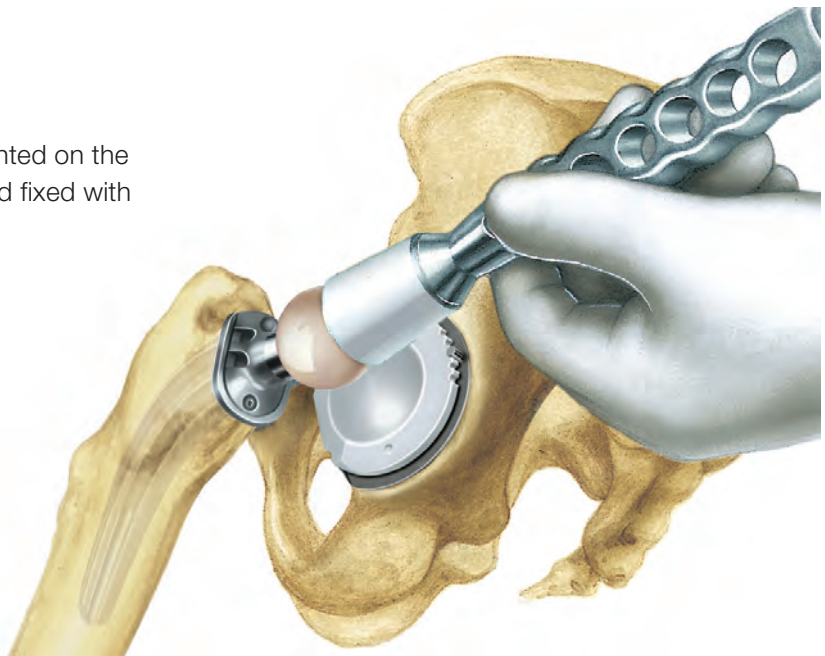
As a precaution, a final trial run is performed using coloured plastic trial heads.

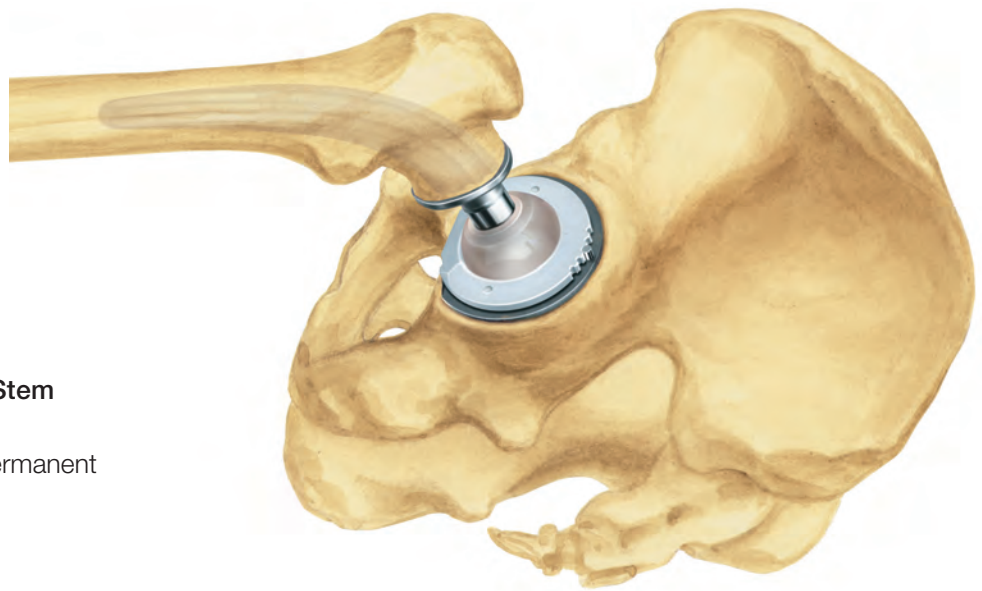
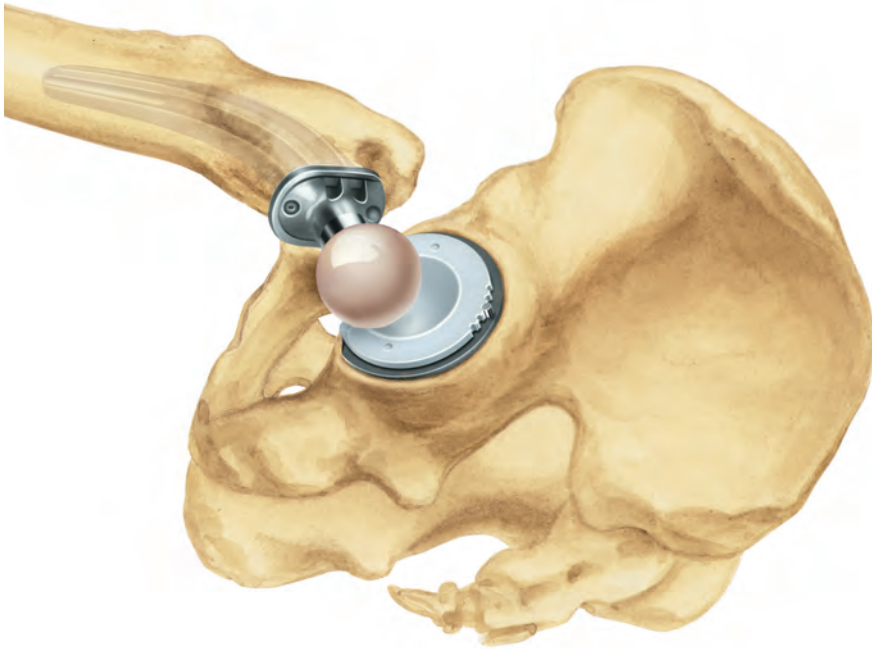


14

Positioning of Prosthesis Head

The final prosthesis head is then mounted on the carefully cleaned taper of the stem and fixed with a light blow on the head impactor.





15 and 16

**The C.F.P.® Prosthesis Stem
in situ.**

Final trial reduction with permanent
implant components.

■ Accessories

■ X-ray Templates

X-ray templates for C.F.P.[®] Prosthesis Stems, cementless (with neutral head-neck length), taper 12/14 mm, 110% actual size

Curvature A			
Item no.	Head Ø mm	CCD angle	Stem size
290-258/52	28, 32, 36	117°	small, medium, large, x-large
290-258/32	28, 32, 36	126°	small, medium, medium large, large, x-large
Curvature B			
Item no.	Head Ø mm	CCD angle	Stem size
290-259/52	28, 32, 36	117°	small, medium, large, x-large
290-259/32	28, 32, 36	126°	small, medium, medium large, large, x-large

Instructions of Cleaning and Maintenance

Specific instructions for instruments are available on request: E-mail customer@linkhh.de

Preservation of the femoral neck in hip arthroplasty: results of a 13- to 17-year follow-up

Pipino, Molfetta, Grandizio

C.F.P.® Hüftprothesenschaft und T.O.P.® Hüftpfanne

Link News Nr. 10, Fallbeispiele, Orthopädie aktuell

C.F.P.® Hip Prosthesis Stem and T.O.P.® Acetabular Cup

LINK News Nr. 10, Case Studies, Orthopedics Update

C.F.P.®/T.O.P.® Hüftprothesensystem

Link News Spezial - Orthopädie aktuell, Fallbeispiele
Veranstaltung Frankfurt a. M., 2002

C.F.P.® prosthetic stem in mini-invasive total hip arthroplasty

F. Pipino

Journal of Orthopaedics & Traumatologie, 2004

DEXA evaluation of total hip arthroplasty with neck-preserving technique: 4-year follow-up

F. Biggi, F. Pipino, F. Franclin, R. Lovato

Journal of Orthopaedics & Traumatologie, 2004, 5: 156-159

Knochensparende Wechseloperation mit dem C.F.P.®-Hüftprothesenschaft

LINK News Nr. 19

Tissue sparing surgery (TSS) in hip and knee arthroplasty & Tissue-sparing surgery: 25 years' experience with femoral neck preserving hip arthroplasty

F. Pipino & F. Pipino and A. Keller

Orthopaedics & Traumatology, Vol. 7, Nr. 1

Migration Pattern of a Short Femoral Neck Preserving

S.M. Röhrli, M.G. Li, E. Pedersen, G. Ullmark and B. Nivbrant

Clinical Orthopaedics and Related Research, Nr. 448, pp. 73-78, 2006

Follow-up-Studie – 3 Jahre nach Implantation einer Collum femoris erhaltenden Totalendoprothese der Hüfte (C.F.P.®-Fa. W. Link)

H. Wacha, G. Domsel, R. Motz

Orthopädische Praxis, Jahrg. 43, Heft 8, 2007

Minimal Invasive Hüft-Endoprothetik posteriorer Zugang – langzeitiger Nutzen?

G.v. Foerster

MOT 5/2007

Mid-term results of 155 patients treated with a collum femoris preserving (CFP) short stem prosthesis

D. Briem, M. Schneider, N. Bogner, N. Botha, M. Gebauer, T. Gehrke, B. Schwantes

International Orthopaedics (SICOT), July 2010

Learning curve and short-term results with a short-stem C.F.P.® system

M. Pons

HIP International, Vol. 20, Suppl. 7, pp. 52-57, April-June 2010

	Hip Prosthesis	Prosthesis Heads	
	C.F.P.® Total Hip Prosthesis	BILOX® forte* + delta* Prosthesis Heads	Prosthesis Heads B
General Indications			
Mobility-limiting diseases, fractures or defects which cannot be treated by conservative or osteosynthetic procedures	X	X	X
Indications			
Primary and secondary coxarthrosis	X	X	X
Osteoarthritis	X	X	X
Necrosis of the femoral head	X	X	X
Femoral neck fractures		X	X
Revision after implant loosening		X	X
Contraindications			
Poor general state of health	X	X	X
Acute and chronic infections, local and systemic	X	X	X
Allergies due to (implant) materials	X	X	X
Distinctive muscular-, nerve-, vascular or other diseases which put the affected limb at risk	X	X	X
Insufficient/inadequate bone mass which prevents a stable anchor of the prosthesis	X	X	X
Relative Contraindications			
Adiposity	X	X	X
Lacking or foreseeable not assured compliance	X	X	X
Foreseeable overload/overstressing of the joint prosthesis	X	X	X
Osteoporosis	X		

Please note: These indications/contraindications refer to standard cases. The ultimate decision on whether or not an implant is suitable for a patient must be made by the surgeon based on his/her individual analysis and his/her experience.

* BILOX® forte and BILOX® delta are products made by CeramTec AG, Plochingen, Germany

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■ Important Information

Please note the following regarding the use of our implants:

1. Choosing the right implant is extremely important.

The size and shape of the human bone determine the size and shape of the implant and also limit the load capacity. Implants are not designed to withstand unlimited physical stress. Demands should not exceed normal functional loads.

2. Correct handling of the implant is exceedingly important.

Under no circumstances should the shape of a finished implant be altered, as this shortens its life span. Our implants must not be combined with implants from other manufacturers.

The instruments indicated in the Surgical Technique must be used to ensure safe implantation of the components.

3. Implants must not be reused.

Implants are supplied sterile and are intended for single use only. Used implants must not be reused.

4. After-treatment is also very important.

The patient must be informed of the limitations of the implant. The load capacity of an implant cannot compare with that of healthy bone!

5. Unless otherwise indicated, implants are supplied in sterile packaging.

Note the following conditions for storage of packaged implants:

- Avoid extreme or sudden changes in temperature.
- Sterile implants in their original, intact protective packaging may be stored in permanent buildings up until the "Use by" date indicated on the packaging. They must not be exposed to frost, dampness or direct sunlight, or mechanical damage.
- Implants may be stored in their original packaging for up to 5 years after the date of manufacture. The "Use by" date is indicated on the product label.
- Do not use an implant if the packaging is damaged.

6. Traceability is important.

Please use the documentation stickers provided to ensure traceability.

7. Further information on the material composition is available on request from the manufacturer.

Follow the instructions for use!

WALDEMAR LINK GmbH & Co. KG, Hamburg

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The Surgical Technique described has been written to the best of our knowledge and belief, but it does not relieve the surgeon of his/her responsibility to duly consider the particularities of each individual case.

Unless otherwise indicated, all instruments are made of surgical stainless steel.



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