



Smith+Nephew

REDAPT◇

Revision Acetabular System
Acetabular Augments

CONCELOC◇

Advanced Porous Titanium

Design Rationale

Design surgeon list

Smith+Nephew thanks the following surgeons for their participation as part of the REDAPT[◇] Revision Acetabular System design team

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REDAPT[◇] Acetabular Augments

The REDAPT Acetabular Augments are developed for use in revision total hip arthroplasty cases where bone voids exist that may not be able to be addressed solely through placement of an acetabular shell. Augments aid in the restoration of the native hip center, where using a cup alone might produce a high hip center.¹⁻³ To allow ingrowth, an additive, or 3D-printed manufacturing process is used to produce an entirely porous implant that is intended to mimic the structure of cancellous bone. Augments are designed with bone-conserving shapes, to support the construct while removing minimal bone. Additionally, variable-angle locking screws can be used. Compared to conventional screws, REDAPT Variable Angle Locking Screws have demonstrated enhanced rigidity*, which can increase the initial stability of the construct.⁴⁻⁷



Please utilize the QR Code here to view the Additive Manufacturing Video.

CONCELOC[◇] Advanced Porous Titanium

Material

CONCELOC is made from Ti-6Al-4V and meets the ASTM and ISO standards for that alloy, with a good clinical history and over 40 years of use in medical devices.⁸⁻¹¹

Porosity

CONCELOC Advanced Porous Titanium has an interconnected network of pores with an average porosity of 80% in the near-surface regions where the initial fixation will occur, and an average overall porosity of 63%.¹² These porosities are within the range of 60-80% porosity reported for other advanced porous structures.¹³⁻¹⁶

Pore size

CONCELOC has pore sizes greater than 100 μm , which the literature suggests is beneficial to biological fixation.¹⁷⁻¹⁹ CONCELOC Advanced Porous Titanium has an average pore size that ranges from 202 to 342 μm overall and from 484 to 934 μm at the surfaces of the porous structure.^{12, 20}

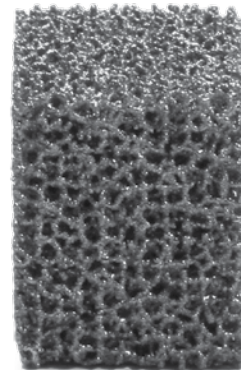


Figure 1: CONCELOC

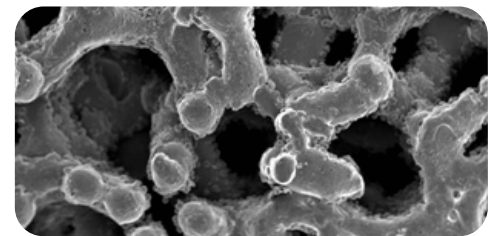


Figure 2: CONCELOC at 25x magnification

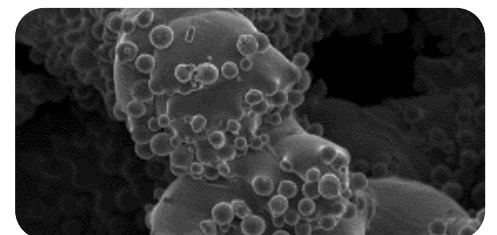


Figure 3: CONCELOC at 80x magnification

*As demonstrated in benchtop testing

Stability

Variable angle locking screws

For bone ingrowth to occur, it is critical that implants remain stable. It has been reported that as little as 150 microns of motion can interrupt the process of bone ingrowth.²¹

Screws have historically been used as a means to provide adjunctive fixation. Spherical head screws or REDAPT[®] Variable Angle Locking Screws can be used in any of the available screw holes on the REDAPT Acetabular Augments. Compared to conventional screws, the use of REDAPT Variable Angle Locking Screws has demonstrated increased construct rigidity*, which may reduce micromotion and in turn promote bone ingrowth.⁴⁻⁷

- Variable angle lock up to 12° (included angle) (Figure 6)
- Testing has shown increased stiffness in static bending compared to non-locking screws⁵
- Variable Angle Locking Screws create a construct with greater than 7x the rigidity of a construct using non-locking screws⁵
- 6.5mm cancellous thread
- Lengths 15mm – 50mm



Figure 4: Slice Augment



Figure 5: Slice Augment



Figure 6: Variable angle locking screw

High friction surface

The high friction surface of the CONCELOC[®] Advanced Porous Titanium is designed to aid in achieving the initial stability needed to hold the implant in place upon insertion.^{22,23}

- Topographically mapped “bumps” on all bone-interfacing surfaces (Figure 7)
- Patented design feature
- Benefit of additive manufacturing

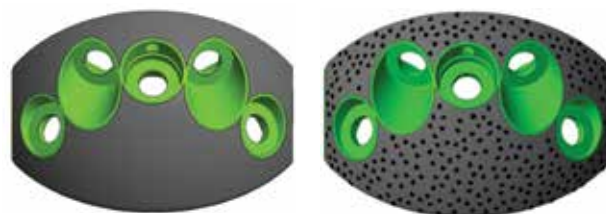


Figure 7: Three dimensional model before and after application of friction bumps.

*As demonstrated in benchtop testing

Adaptability

Three styles to address varying defects

Staple

Designed to allow the augment to span around a screw that is placed through the cup into the acetabulum

Slice

Designed to provide additional support where defects may be present in the more medial aspects of the acetabulum

Blade

Eliminates the need to use different augment geometries. Features a two-piece design with a modular junction so the components can be positioned to conform to a variety of pelvic anatomies

Augment sizes

Shell OD	Augment Sizes	Staple			Slice			Blade	
		8mm	12mm	18mm	12mm	18mm	24mm	Base	Wing
48-52	50mm								
54-58	56mm								
60-64	62mm								
66-70	68mm								
72-80	74mm*								

- Screw holes “optimized” per implant size to allow access to available host bone (Slice Augment)
- One Augment fits multiple shell diameters

*Staple and Slice Augment only

Augment Holding Forceps

Designed to allow independent placement of the augments to achieve desired orientation



Figure 8: Augment Holding Forceps

Four thickness options* – 8, 12, 18 and 24mm

- Addresses wide range of defect sizes
- Aid in the restoration of the native hip center, where using a cup alone might produce a high hip center.¹⁻³



Figure 9: Slice Augment

Reproducibility

Trials

- Exact replica of each implant size

Driver Platform

- Designated surface for light impaction if necessary

Steinmann Pin Holes (except 8mm Staple Augment)

- Allow for implants to be positioned exactly where trialing is completed

Cement Ports

- Simplifies unitization of Augments to the acetabular shell
- Allow for positioning of the implants prior to unitizing the construct with cement

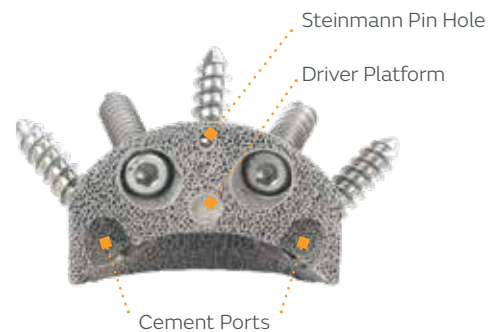


Figure 10: Slice Augment

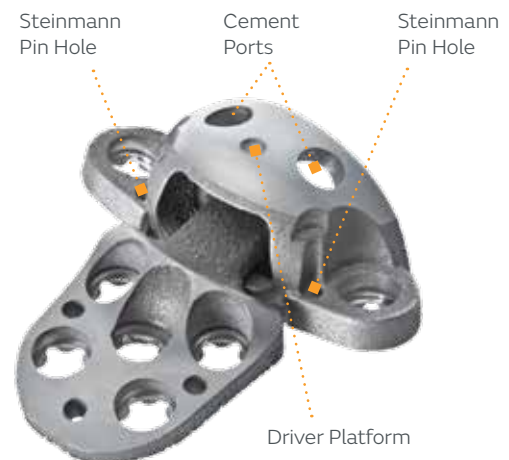


Figure 11: Blade Augment

*Staple and Slice Augment only

Implant overview

REDAPT[◇] Acetabular Augments

Staple Augment
8mm – 18mm thickness



Slice Augment
12mm – 24mm thickness



Augment Base



Augment Wing



Spherical Head Screws
15mm – 50mm



REDAPT Locking Screws
15mm – 50mm



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References

1. Park B, Liporace F, Marwin S. Managing Acetabular Defects in Total Hip Arthroplasty. *Bull Hosp Jt Dis* (2013). 2017;75(1):37-46. 2. Nehme A, Lewallen D, Hanssen A. Modular porous metal augments for treatment of severe acetabular bone loss during revision hip arthroplasty. *Clin Orthop Relat Res.* 2004(429):201-208. 3. Siegmeth A, Duncan C, Masri B, Kim W, Garbuz D. Modular tantalum augments for acetabular defects in revision hip arthroplasty. *Clin Orthop Relat Res.* 2009;467(1):199-205. 4. Milne L, Kop A, Kuster M. Polyaxial locking and compression screws improve construct stiffness of acetabular cup fixation: A biomechanical study. *J Arthroplasty.* 2014;29(5):1043-1051. 5. Smith + Nephew 2015. Technical Memo TM-15-043. 6. Paprosky W, O'Rourke M, Sporer S. The treatment of acetabular bone defects with an associated pelvic discontinuity. *Clin Orthop Relat Res.* 2005;441:216-220. 7. Wong M, Leung F, Chow S. Treatment of distal femoral fractures in the elderly using a less-invasive plating technique. *Int Orthop.* 2005;29(2):117-120. 8. Sidambe A. Biocompatibility of Advanced Manufactured Titanium Implants-A Review. *Materials.* 2014;7(12):8168-8188. 9. Williams D. Titanium and Titanium Alloys. In: Williams D, ed. *Biocompatibility of clinical implant materials* Boca Raton, Fla: CRC Press; 1981. 10. Smith + Nephew 2017. Technical Memo TM-17-031. 11. Smith + Nephew 2016. Internal Report PCS028-18-02 V3. 12. Smith + Nephew 2015. Orthopaedic Research Report OR-14-091A. 13. Minter J, Rivard K, Aboud b. Characterization of a New Rougher Porous Coating for Revision Reconstructive Surgery. Poster presented at: The 54th Annual Meeting of the Orthopaedic Research Society 2016. 14. Patil N, Lee K, Goodman S. Porous tantalum in hip and knee reconstructive surgery. *J Biomed Mater Res B Appl Biomater.* 2009;89(1):242-251. 15. Scholvin D, Linton D, Moseley J. Poster No: 0459 - Bonding of Titanium Foam to Cobalt Chrome Substrates. Poster presented at: Orthopaedic Research Society 2013 Annual Meeting 2013; San Antonio, Texas. 16. Stryker. Tritanium Advanced Fixation Technology. Available at: <https://www.strykermeded.com/medical-devices/hips-knees/hips/tritanium/>. Accessed 30th January 2020. 17. Kienapfel H, Sprey C, Wilke A, Griss P. Implant fixation by bone ingrowth. *J Arthroplasty.* 1999;14(3):355-368. 18. Boby J, Pilliar R, Cameron H, Weatherly G. The optimum pore size for the fixation of porous-surfaced metal implants by the ingrowth of bone. *Clin Orthop Relat Res.* 1980(150):263-270. 19. Smith + Nephew 2019. Technical Memo TM-19-067. 20. Smith & Nephew Research report. OR-15-119. 21. Pilliar RM, Lee JM, Maniopoulos C. Observations on the effect of movement on bone ingrowth into porous-surfaced implants. *Clin.Orthop Relat. Res.* 1986;208:108-113. 22. Smith + Nephew 2016. Orthopaedic Research Report OR-16-008. 23. Smith + Nephew 2017. Technical Memo TM-17-081.