

stryker®

CITATION® TMZF®

Femoral Hip Stem

Surgical
Protocol



Command Instrument System

Citation TMZF Femoral Stem

Surgical Protocol

Technique Options

The Command Instrument System is extremely versatile, offering surgeons great flexibility in approaching the implantation of Citation Femoral implants. This publication presents a basic technique with options for Reaming and Broaching. The Appendix presents Technique Options at-a-Glance, and an overview of the system. These options allow surgeons to customize the Command Instrument System to an approach that suits individual preferences and circumstances.

Pre-operative Templating

The Citation Hip System offers a complete set of femoral templates. All templates are at 120% magnification.

Acetabular Options

Stryker offers a wide variety of acetabular components that are compatible with Citation Femoral Stems. The surgeon should refer to a specific acetabular component's surgical technique for a discussion of acetabular surgical procedures.

Surgical Approach

Each surgeon should use the surgical approach for total hip arthroplasty with which he/she is most familiar. Patient positioning, prepping and draping, the skin incision, soft tissue dissection, and hip dislocation are performed according to the surgeon's preferred technique, making certain to adequately expose the acetabulum and the proximal femur.

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,
- 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.

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

Before using Command instrumentation, verify:

- Instruments have been properly disassembled prior to cleaning and sterilization;
- Instruments have been properly assembled post-sterilization;
- Instruments have maintained design integrity; and,
- Proper size configurations are available.

For Instructions for Cleaning, Sterilization, Inspection and Maintenance of Orthopaedic Medical Devices, refer to LSTPI-B.

Acknowledgements

The Partnership System, which includes the Citation TMZF Femoral Stem, and Command Instrument system, is a collaboration between Stryker and a group of orthopaedic surgeons and biomedical design engineers. This team has developed an integrated series of implants and instruments designed to help address the needs of patients, surgeons, and O.R. staff in today's changing healthcare environment. The design group includes:

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* Retired

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STARTING

1 Neck Osteotomy

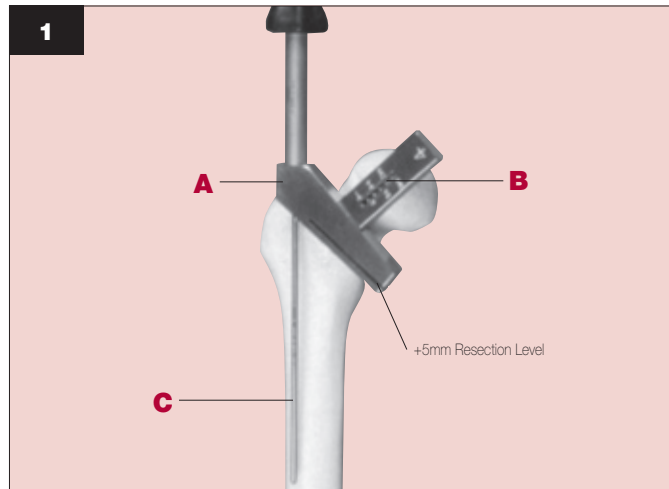
By using anatomic landmarks identified during templating, the osteotomy guide assists the surgeon in identifying the location of the osteotomy cut. The osteotomy guide consists of one angled osteotomy body/handle and a series of osteotomy attachments (sizes #00 - #9). The Citation TMZF with PureFix HA Stem system will use the size #0 - #9 osteotomy attachments. An axial alignment rod along with the osteotomy attachments will lock into the osteotomy body.

The osteotomy guide has several features to assist the surgeon (**Figure 1**):

- **[A]** The osteotomy body is designed to accommodate the osteotomy level of the Citation stems (which is 5mm higher than the straight stems) and the osteotomy level of the standard Partnership straight stems. The osteotomy body features an angled slot to identify the osteotomy level and provides a plane for marking the level of the cut, or can be used as a cutting surface for the sawblade.
- **[B]** The modular osteotomy attachments are size specific for each stem and feature “head-center” holes that indicate each neck length option available with that stem.
- **[C]** A removable axial alignment rod fits into the osteotomy body and is used by the surgeon to indicate proper femoral long axis alignment.

Care must be taken to restore proper leg length by referencing the osteotomy level back to the center of rotation of the implanted acetabular component.

NOTE: The resection level of the Citation is +5mm higher than the standard resection level for the Partnership straight stems. The osteotomy body features an angled slot to identify the osteotomy level and provides a plane for marking the level of cut, or can be used as a cutting surface for the sawblade.



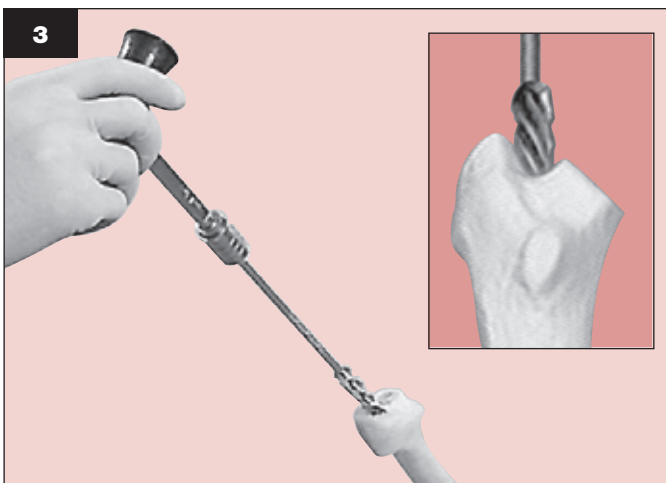
2 Perform Osteotomy

A 40° osteotomy angle allows for a single cut across the neck, and generally eliminates the need for a second cut to complete the resection (Figure 2).



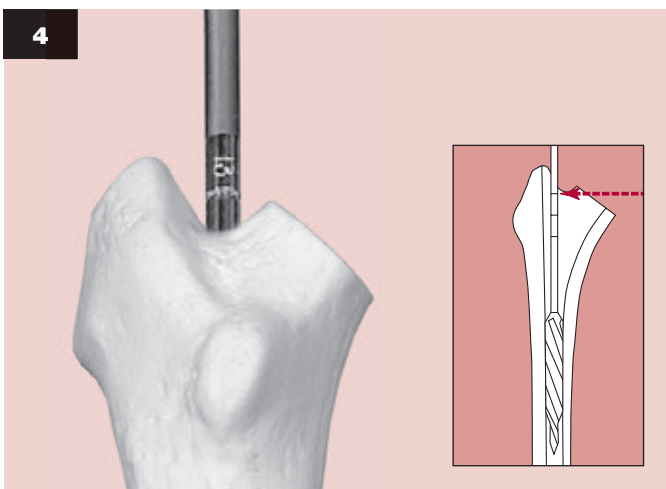
3 Open and Size the Canal with Starter Awl

The tapered starter awl is a hand-operated instrument designed to open the femoral canal and indicate distal diameter size. Assemble the small hex T-handle onto starter awl, and target the piriformis fossa to open the canal. Progress the awl distally until some cortical resistance is achieved (Figure 3).



4 Depth of Starter Awl

Make note of millimeter diameter marking that appear at the medial osteotomy level (Figure 4). These marking grooves on shaft identify distal diameter sizing of femoral canal.



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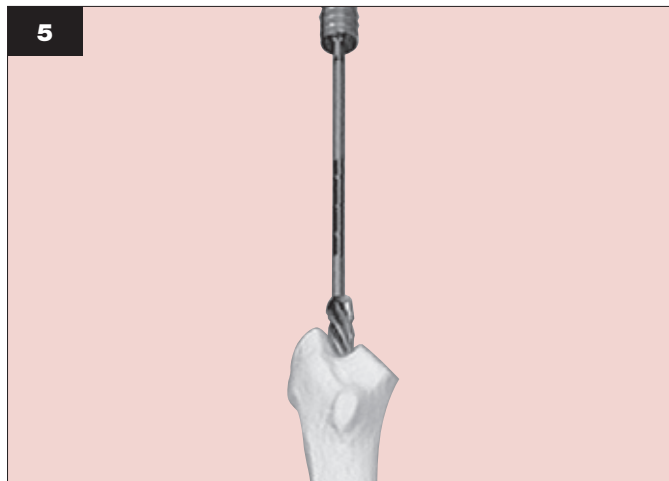
REAMING

5 Canal Reaming Using Distal Rigid IM Reamer

Assemble and Introduce Distal Rigid IM Reamer

Assemble power adaptor (or large hex T-handle, if preferred) to the distal rigid IM reamer. Select the diameter of reamer based on starter awl diameter reading, starting with a size one or two millimeters smaller (Figure 5).

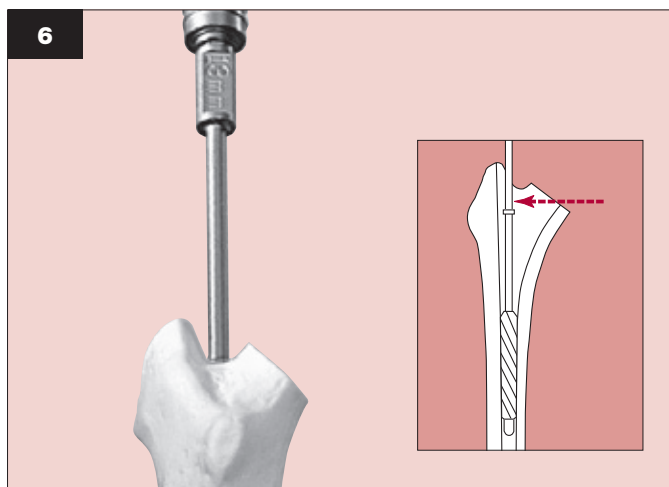
CAUTION: Do not exceed the diameter of the anticipated implant size as indicated on pre-operative templates.



6 Use of the Distal Rigid IM Reamer and Depth Markings

Insert reamer until the ring machined into the shaft aligns with the medial osteotomy cut (Figure 6). The final reamer inserted should correspond to the distal diameter of the prosthesis to be implanted.

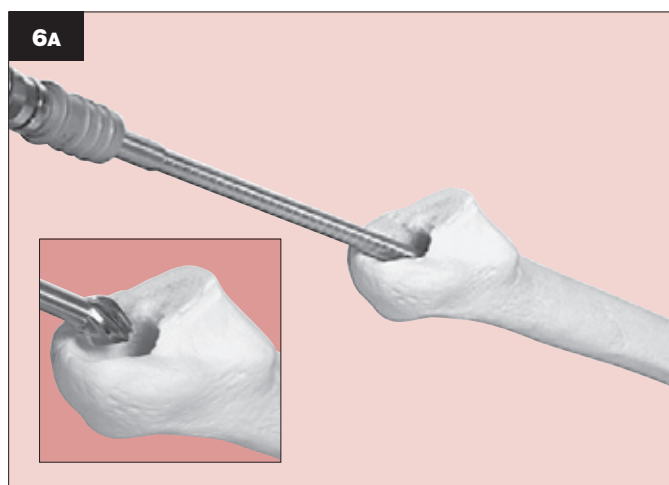
CAUTION: Distal rigid IM reamers have aggressive end-cutting flutes which are used to machine the isthmus to a standard diameter without violating the proximal, lateral implant envelope. Upon introduction into the femoral canal in 1mm increments, the distal rigid reamers provide neutral axial alignment for subsequent surgical steps.



OPTIONAL TECHNIQUE

6A Canal Reaming Using BixCut Flexible Reamer

To prepare the cylindrical distal diameter, use flexible reamers rather than straight cylindrical reamers (Figure 6A). Select diameter of reamer based on starter awl diameter reading. Start with a size one or two millimeters smaller.



BROACHING

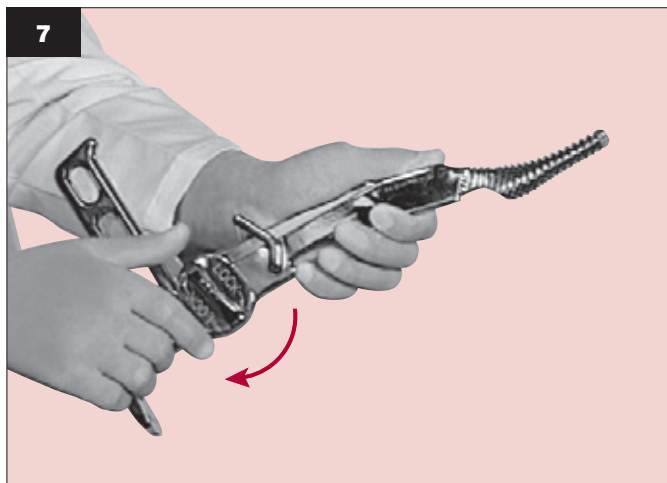
NOTE: Broaching can be performed using a Full Broach without Lateral Machining. To prepare the canal using a Full Broach proceed to Step #15 on page 8 of this protocol.

7 Lateral Machining Using Citation Partial Broach

The broaching technique for the Citation stem utilizes a lateral machining assembly and partial broach to enhance the canal preparation for neutral stem alignment and for easier insertion of the prosthesis.

8 Assemble Broach Handle to Partial Broach

Assemble the broach handle to the partial broach. Make sure that the tip of the broach handle is correctly mated with the keyway on the partial broach. For ease of assembly, hold hands as illustrated in **Figure 7**. Turn cam in “lock” direction until audible clicks are heard, and the partial broach is securely attached.



9 Introduce Citation Partial Broach

Begin broaching by starting with the partial broach one size smaller than the intended implant size.

Introduce the partial broach into proximal femur (**Figure 8**). Impact the partial broach down the canal with a mallet, keeping it aligned with the neutral femoral axis. Assess fit and resistance to movement. If larger size partial broach is required, remove the partial broach and replace it with the next sequential size partial broach.[†] To facilitate seating, partially withdraw the broach to clear cutting teeth of bone; then re-introduce the instrument into the canal.



†NOTE: If a partial broach larger than the size templated is to be used, it may be necessary to ream the canal up to the appropriate diameter.

NOTE: Due to the proximal lateral configuration, the partial broaches cannot be removed with the stem inserter.

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LATERAL MACHINING

10 Assemble Lateral Machining Body [1]

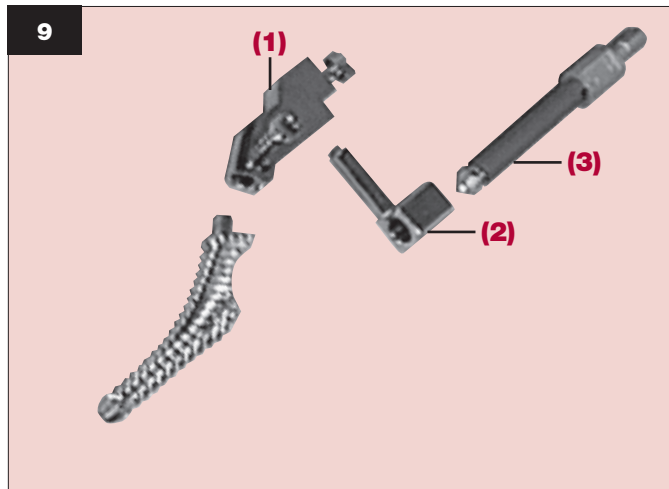
After the partial broach is impacted into place, the lateral machining body is snapped onto the trunnion of the partial broach via a spring loaded mechanism (Figure 9 [1]).

NOTE: There are two versions (left or right) of the lateral machining body. The instrument will be marked as such, indicating the corresponding surgical approach:

Lateral - Right
Posterior - Left

Lateral - Left
Posterior - Right

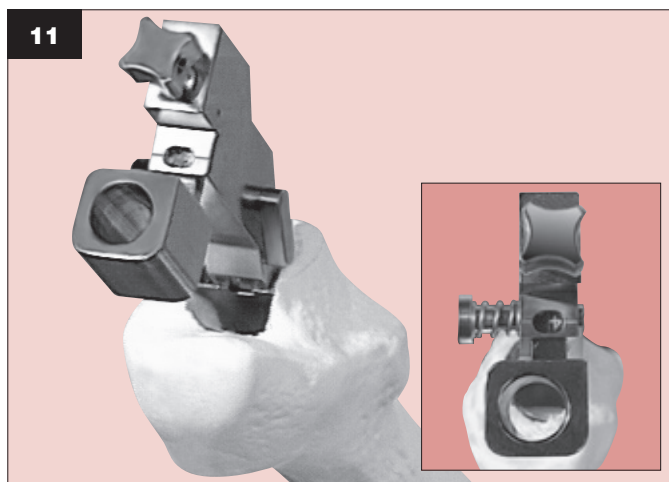
Select the lateral machining body which indicates the desired approach.



11 Attachment of Lateral Machining Guide [2]

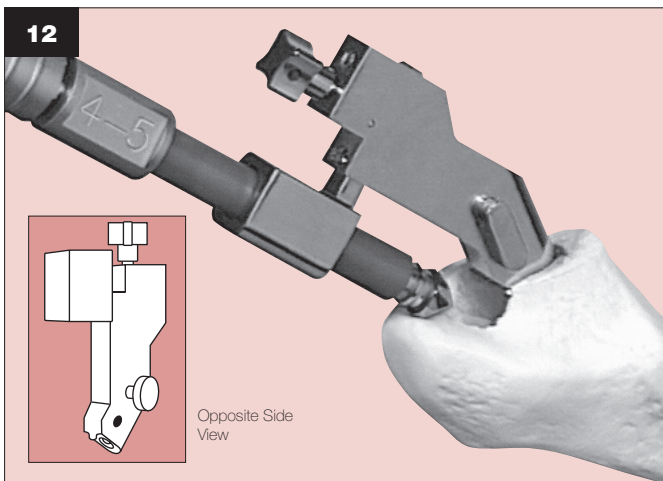
Select the appropriate size lateral machining guide and insert into the lateral machining body (Figure 9 [2]). Stem sizes are engraved on each guide and are visible through the “window” on the lateral machining body (Figure 11). Adjust the guide to the properly templated stem size and lock into place using the threaded thumb screw.

NOTE: Sizes #6 and greater, including the #9 Citation TMZF Femoral Component, use the same window on the largest lateral machining guide.



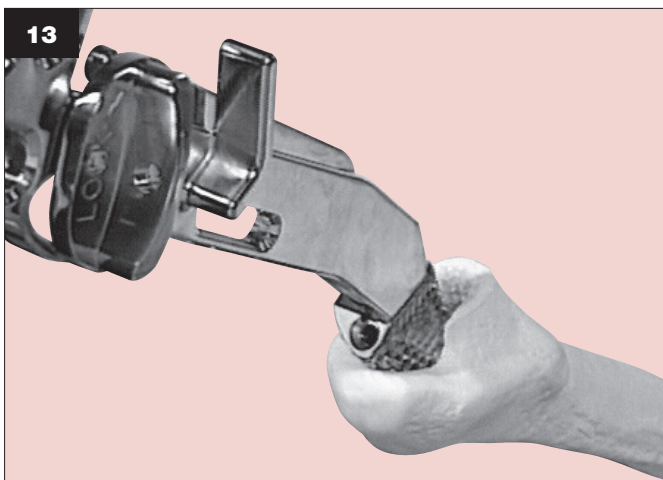
12 Insertion of Lateral Machining Cutter [3]

Select the appropriate size lateral machining cutter. Introduce the cutter into the lateral machining guide (Figure 9 [3]). Advance the cutter until the remaining posterior, lateral corner of the broach cavity is prepared (Figure 12).



13 Introduce Citation Full Broach

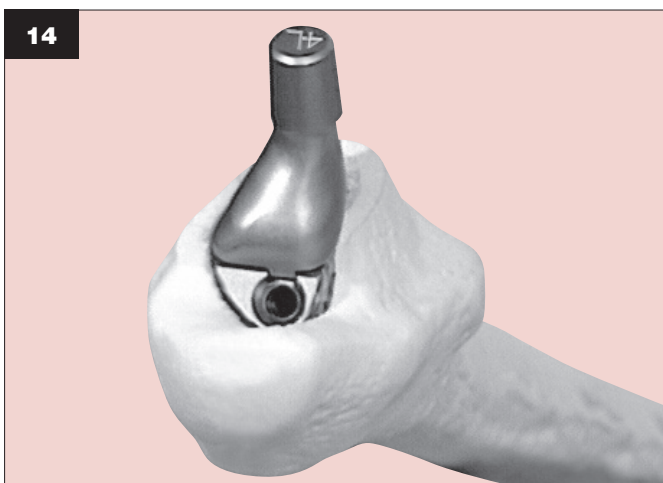
Remove the lateral machining body, including the lateral machining cutter and partial broach. Introduce the final size full broach to finish shaping of the femoral canal (Figure 13).



14 Fit Neck Trial to Trunnion

Disassemble the broach handle and select appropriate size neck trial corresponding to broach/implant size. A clip spring in the neck trial creates a snap fit between the broach trunnion and neck trial to help enhance stability during trial reduction.

Proceed to Step #18, page 9 of this protocol to perform a trial reduction.



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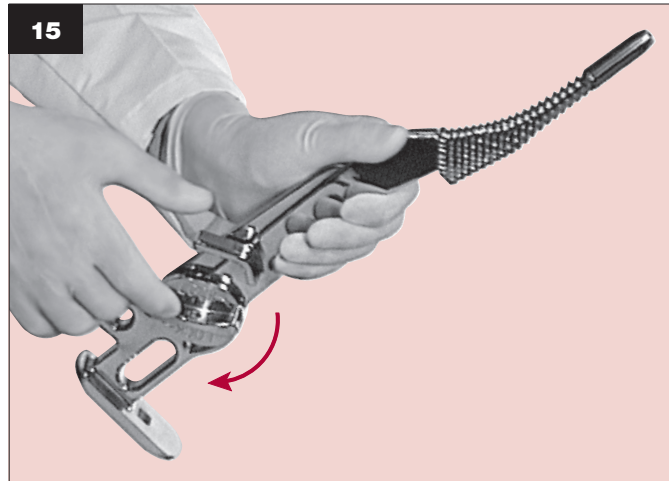
Surgical Protocol

OPTIONAL BROACHING TECHNIQUE

Broaching Using Citation Full Broach

15 Assemble Broach Handle to Full Broach

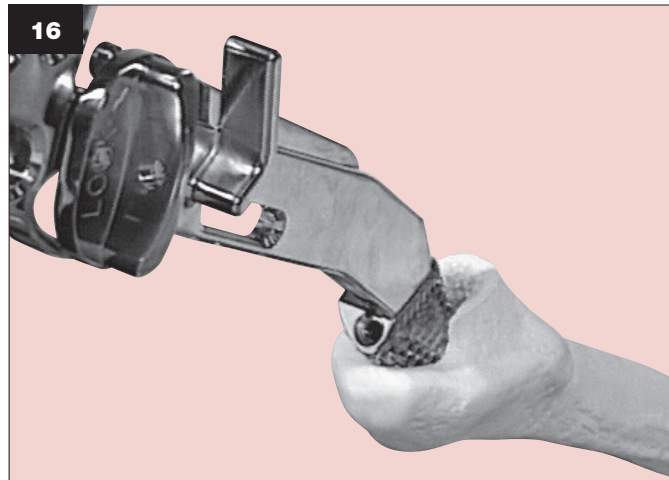
Assemble the broach handle to the full broach. Make sure that the tip of the broach handle is correctly mated with the keyway on the full broach. For ease of assembly, hold hands as illustrated in **Figure 15**. Turn cam in “lock” direction until audible clicks are heard, and the full broach is securely attached.



16 Introduce Citation Full Broach

Begin broaching by starting with the full broach one size smaller than the intended implant size.

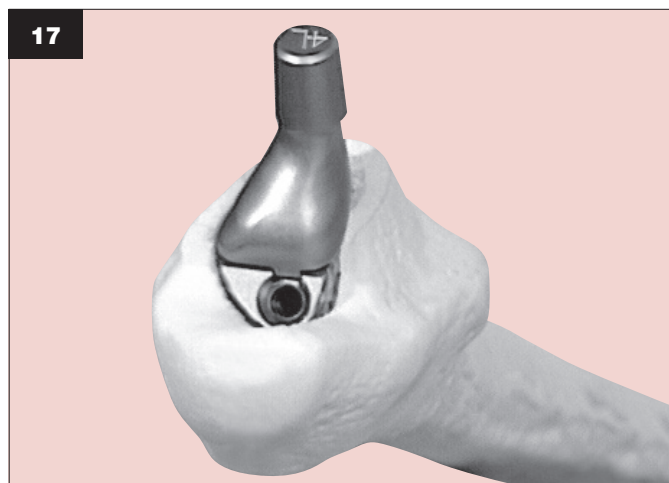
Introduce the full broach into proximal femur (**Figure 16**). Impact the broach down the canal with a mallet, keeping it aligned with the neutral femoral axis. Assess fit and resistance to movement. If larger size broach is required, remove the broach and replace it with the next size broach.* To facilitate seating, partially withdraw the broach to clear cutting teeth of bone; then re-introduce the instrument into the canal.



†NOTE: If a full broach larger than the size templated is to be used, it may be necessary to ream the canal up to the appropriate diameter.

17 Fit Neck Trial to Trunnion

Disassemble the broach handle and select appropriate size neck trial corresponding to broach/implant size. A clip spring in the neck trial creates a snap fit between the broach trunnion and neck trial to help enhance stability during trial reduction (**Figure 17**).

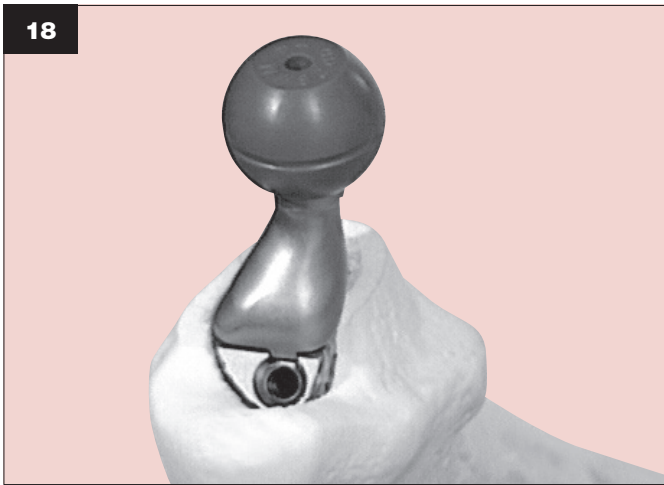


COMPLETION

18 Attach Head Trial

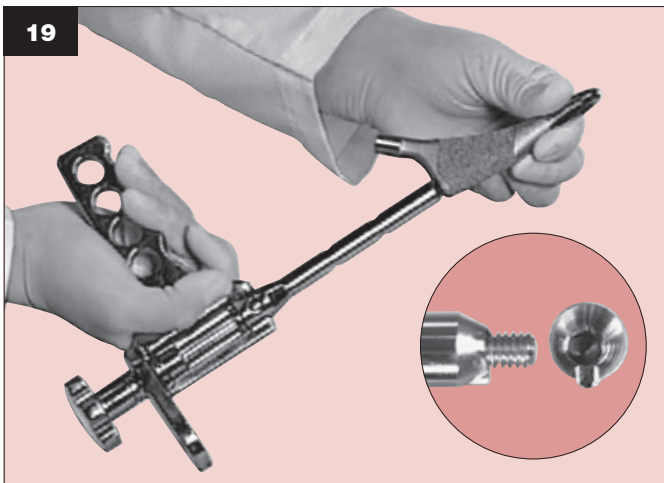
Select the head diameter [22mm, 26mm, 28mm, 32mm, 36mm, 40mm or 44mm] according to surgeon preference. The V40 head trials have a circumferential groove which identifies the level of the center of rotation. Select the appropriate offset* option based on pre-operative templating. Attach the head trial to the neck trial (**Figure 18**) and perform a trial reduction, assessing the hip for stability, leg length, and overall range of motion. Remove the broach and all trials.

*Options may vary depending on head diameter size and material composition.



19 Assemble Introducer to Implant

Assemble the insertion tool to the implant that matches the last broach size used. Make sure that the distal tip of the instrument is correctly mated to the orientation keyway of the insertion feature of the implant. For ease of assembly, hold hands as illustrated (**Figure 19**), using the thumb to turn the locking knob. Fully and securely attach the instrument to the stem.

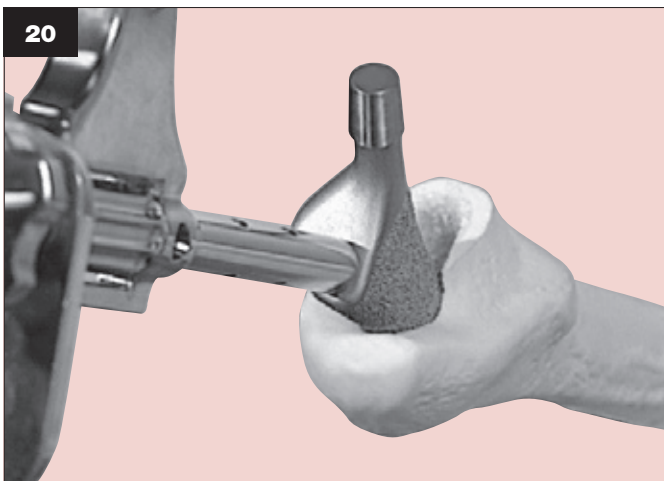


20 Insert the Implant

Insert the implant into the canal and firmly impact with a mallet until stable (**Figure 20**).

CAUTION: Excessive force during impaction should be avoided to prevent femoral fracture.

The handle can be used to control anteversion as you implant the prosthesis. Remove the inserter by turning the locking knob on the top of the stem inserter.



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21 Head Assembly

Prior to head assembly, head offset selection may be re-evaluated using a Stryker V40 Trial Head. Place the Trial Head onto the stem trunnion 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 size V40 Femoral Head and place it onto the dry trunnion of the femoral stem with a slight twist. Impact the head with two moderate blows using the Femoral Head Impactor (Figure 21).

NOTE: Only Stryker V40 femoral heads labeled as 5° 40' taper may be used with the stems in the Partnership system.

NOTE: Only Citation TMZF femoral stem can be used with Alumina ceramic V40 femoral heads.

Optional Step

NOTE: When selecting a BIOLOX delta Universal Taper Ceramic Femoral Head for implantation, use of a Universal Adaptor Sleeve is necessary (Table 1).

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.

Intra-operatively assemble the BIOLOX delta Universal Taper Ceramic head onto the sleeved femoral stem and set with one to three moderate blows using the Femoral Head Impactor. Care must be taken to avoid excessive impact forces when assembling the Ceramic Head to the sleeved femoral component.



Table 1: Universal Adaptor Sleeves

Part Numbers	Taper	Offset (mm)
6519-T-025	V40	-2.5
6519-T-100	V40	+0
6519-T-204	V40	+4

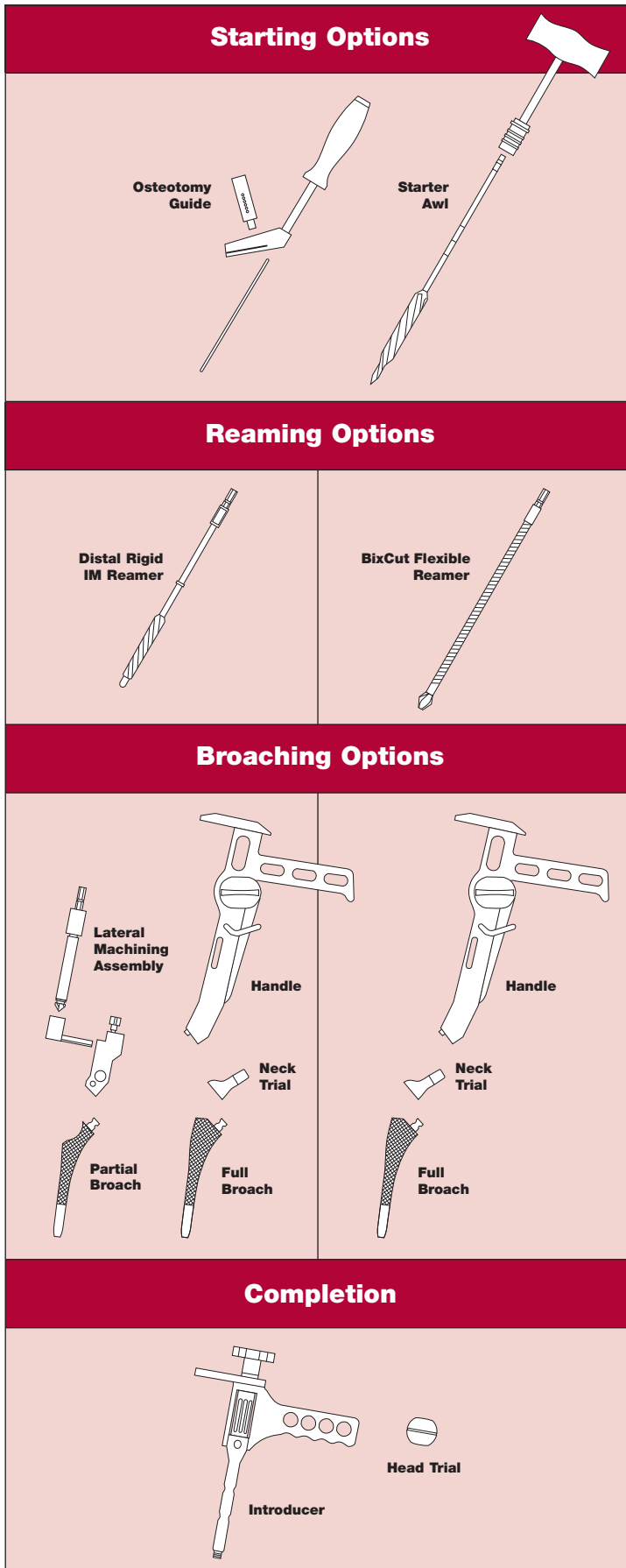
22 Reduce Joint and Close

Relocate the femoral head into the acetabular cup and check the laxity and range of motion. The surgical site is then closed according to the standard procedure for the surgical approach chosen.

Appendix

Technique Options at-a-Glance

The Command Instrument System offers great flexibility when approaching implantation of the Citation Femoral Component.



Citation TMZF Femoral Stem

Surgical Protocol

Catalog No.	Stem Description	Minimum Distal Canal Diameter Required (mm)	Standard Neck Length (mm)	Base Head Offset (mm)	Stem Length (mm)
6265-5100	#0 Left Citation TMZF with PureFix HA	9	26	34	110
6265-5101	#1 Left Citation TMZF with PureFix HA	10	26	34	115
6265-5102	#2 Left Citation TMZF with PureFix HA	11	26	36	120
6265-5103	#3 Left Citation TMZF with PureFix HA	12	28	40	125
6265-5104	#4 Left Citation TMZF with PureFix HA	13	30	44	130
6265-5105	#5 Left Citation TMZF with PureFix HA	14	31	47	135
6265-5106	#6 Left Citation TMZF with PureFix HA	15	32	50	140
6265-5107	#7 Left Citation TMZF with PureFix HA	16	34	52	140
6265-5108	#8 Left Citation TMZF with PureFix HA	17	39	55	145
6265-5109	#9 Left Citation TMZF with PureFix HA	18	39	55	150
6265-5110	#0 Right Citation TMZF with PureFix HA	9	26	34	110
6265-5111	#1 Right Citation TMZF with PureFix HA	10	26	34	115
6265-5112	#2 Right Citation TMZF with PureFix HA	11	26	36	120
6265-5113	#3 Right Citation TMZF with PureFix HA	12	28	40	125
6265-5114	#4 Right Citation TMZF with PureFix HA	13	30	44	130
6265-5115	#5 Right Citation TMZF with PureFix HA	14	31	47	135
6265-5116	#6 Right Citation TMZF with PureFix HA	15	32	50	140
6265-5117	#7 Right Citation TMZF with PureFix HA	16	34	52	140
6265-5118	#8 Right Citation TMZF with PureFix HA	17	39	55	145
6265-5119	#9 Right Citation TMZF with PureFix HA	18	39	55	150

Command Starter Instruments		
Catalog Number	Description	Qty
6266-9-901	Command Starter Kit Steril. Case	1
6266-2-310	Osteotomy Guide	1
6266-2-319	#00 Osteotomy Attachment	1
6266-2-320	#0 Osteotomy Attachment	1
6266-2-321	#1 Osteotomy Attachment	1
6266-2-322	#2 Osteotomy Attachment	1
6266-2-323	#3 Osteotomy Attachment	1
6266-2-324	#4 Osteotomy Attachment	1
6266-2-325	#5 Osteotomy Attachment	1
6266-2-326	#6 Osteotomy Attachment	1
6266-2-327	#7 Osteotomy Attachment	1
6266-2-328	#8 Osteotomy Attachment	1
6266-2-329	#9 Osteotomy Attachment	1
6266-2-311	Distal Alignment Rod	1
6266-5-255	Sm Proximal Reamer Sleeve	1
6266-5-260	Med Proximal Reamer Sleeve	1
6266-5-265	Lg Proximal Reamer Sleeve	1
6266-5-308	8-10mm Starter/Sizer Awl	1
6266-5-311	11-13mm Starter/Sizer Awl	1
6266-5-314	14-16mm Starter/Sizer Awl	1
6266-5-317	17-19mm Starter/Sizer Awl	1
6266-5-405	T-Handle W/1/4" Hex Drive	1
6266-5-410	T-Handle W/Gray Hex Drive	1
6266-5-005	Sm Box Chisel	1
6266-5-010	Med Box Chisel	1
6266-5-015	Lg Box Chisel	1
6266-5-030	Box Chisel Guide	1
3212-0-200	Reamer Driver	1

Command Rigid Reamers		
Catalog Number	Description	Qty
6266-9-906	Rigid Reamer Case	1
6266-2-330	8mm Rigid Distal Reamer	1
6266-2-331	9mm Rigid Distal Reamer	1
6266-2-332	10mm Rigid Distal Reamer	1
6266-2-333	11mm Rigid Distal Reamer	1
6266-2-334	12mm Rigid Distal Reamer	1
6266-2-335	13mm Rigid Distal Reamer	1
6266-2-336	14mm Rigid Distal Reamer	1
6266-2-337	15mm Rigid Distal Reamer	1
6266-2-338	16mm Rigid Distal Reamer	1
6266-2-339	17mm Rigid Distal Reamer	1
6266-2-340	18mm Rigid Distal Reamer	1

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Left Asymmetric Broaches		
Catalog Number	Description	Qty
6266-9-934	Lt Broaches Case	1
6266-2-360	#2 Lt Partial Broach	1
6266-2-361	#3 Lt Partial Broach	1
6266-2-362	#4 Lt Partial Broach	1
6266-2-363	#5 Lt Partial Broach	1
6266-2-364	#6 Lt Partial Broach	1
6266-2-365	#7 Lt Partial Broach	1
6266-2-366	#8 Lt Partial Broach	1
6266-2-100	#0 Lt Asymmetric Broach	1
6266-2-101	#1 Lt Asymmetric Broach	1
6266-2-102	#2 Lt Asymmetric Broach	1
6266-2-103	#3 Lt Asymmetric Broach	1
6266-2-104	#4 Lt Asymmetric Broach	1
6266-2-105	#5 Lt Asymmetric Broach	1
6266-2-106	#6 Lt Asymmetric Broach	1
6266-2-107	#7 Lt Asymmetric Broach	1
6266-2-108	#8 Lt Asymmetric Broach	1
6266-0-100	Broach Handle	1
6266-2-390	Lt Lateral Machining Body	1
6266-2-381	#2-3 Lt Lateral Mach Guide	1
6266-2-383	#4-5 Lt Lateral Mach Guide	1
6266-2-385	#6-8 Lt Lateral Mach Guide	1
6266-2-345	#2-3 Lateral Machining Cutter	1
6266-2-350	#4-5 Lateral Machining Cutter	1
6266-2-355	#6-8 Lateral Machining Cutter	1
6266-2-200	#0 Lt Neck Trial	1
6266-2-201	#1 Lt Neck Trial	1
6266-2-202	#2 Lt Neck Trial	1
6266-2-203	#3 Lt Neck Trial	1
6266-2-204	#4 Lt Neck Trial	1
6266-2-205	#5 Lt Neck Trial	1
6266-2-206	#6 Lt Neck Trial	1
6266-2-207	#7 Lt Neck Trial	1
6266-2-208	#8 Lt Neck Trial	1

Command Finishing Instruments		
Catalog Number	Description	Qty
6266-9-940	Ancillary Instr Case	1
6264-8-122	22mm +0(Std) V40 Trial Head	1
6264-8-222	22mm +3mm V40 Trial Head	1
6264-8-126	26mm +0(Std) V40 Trial Head	1
6264-7-226	26mm+4mm Skirtless V40 Hd Trl	1
6264-8-326	26mm +8mm V40 Trial Head	1
6264-8-426	26mm +12mm Trial Head	1
6264-8-028	28mm -4mm V40 Trial Head	1
6264-8-128	28mm +0(Std) V40 Trial Head	1
6264-8-228	28mm +4mm V40 Trial Head	1
6264-8-328	28mm +8mm V40 Trial Head	1
6264-8-428	28mm +12mm Trial Head	1
6264-8-032	32mm -4mm V40 Trial Head	1
6264-8-132	32mm +0(Std) V40 Trial Head	1
6264-8-232	32mm +4mm V40 Trial Head	1
6264-8-332	32mm +8mm V40 Trial Head	1
6264-8-432	32mm +12mm Trial Head	1
6266-0-120	Femoral Stem Inserter/Extract	1
6266-0-140	Femoral Head Impactor	1
6266-5-205	Sm Calcar Planer	1
6266-5-215	Lg Calcar Planer	1
6266-5-130	Distal Tip Retriever	1

Right Asymmetric Broaches		
Catalog Number	Description	Qty
6266-9-932	Rt Broaches Case	1
6266-2-110	#0 Rt Asymmetric Broach	1
6266-2-370	#2 Rt Partial Broach	1
6266-2-371	#3 Rt Partial Broach	1
6266-2-372	#4 Rt Partial Broach	1
6266-2-373	#5 Rt Partial Broach	1
6266-2-374	#6 Rt Partial Broach	1
6266-2-375	#7 Rt Partial Broach	1
6266-2-376	#8 Rt Partial Broach	1
6266-2-111	#1 Rt Asymmetric Broach	1
6266-2-112	#2 Rt Asymmetric Broach	1
6266-2-113	#3 Rt Asymmetric Broach	1
6266-2-114	#4 Rt Asymmetric Broach	1
6266-2-115	#5 Rt Asymmetric Broach	1
6266-2-116	#6 Rt Asymmetric Broach	1
6266-2-117	#7 Rt Asymmetric Broach	1
6266-2-118	#8 Rt Asymmetric Broach	1
6266-0-100	Broach Handle	1
6266-2-391	Rt Lateral Machining Body	1
6266-2-382	#2-3 Rt Lateral Mach Guide	1
6266-2-384	#4-5 Rt Lateral Mach Guide	1
6266-2-386	#6-8 Rt Lateral Mach Guide	1
6266-2-345	#2-3 Lateral Machining Cutter	1
6266-2-350	#4-5 Lateral Machining Cutter	1
6266-2-355	#6-8 Lateral Machining Cutter	1
6266-2-210	#0 Rt Neck Trial	1
6266-2-211	#1 Rt Neck Trial	1
6266-2-212	#2 Rt Neck Trial	1
6266-2-213	#3 Rt Neck Trial	1
6266-2-214	#4 Rt Neck Trial	1
6266-2-215	#5 Rt Neck Trial	1
6266-2-216	#6 Rt Neck Trial	1
6266-2-217	#7 Rt Neck Trial	1
6266-2-218	#8 Rt Neck Trial	1

Size 9 Instrumentation		
Catalog Number	Description	Qty
6266-9-939	Size 9 Citation Case	1
6266-2-341	19mm Rigid Distal Reamer	1
6266-2-377	#9 Rt Partial Broach	1
6266-2-119	#9 Rt Asymmetric Broach	1
6266-2-219	#9 Rt Neck Trial	1
6266-2-367	#9 Lt Partial Broach	1
6266-2-109	#9 Lt Asymmetric Broach	1
6266-2-209	#9 Lt Neck Trial	1

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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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