## stryker

**Orthopaedics** 

## **OmniFit® HFx™ 127° 132° Stem Inserter** Surgical Technique



Note: 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. This is true even if the femoral component is proud in reference to the level of the broach trial.

Figure 1



Figure 2



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CAUTION: An Omnifit<sup>®</sup> HFx<sup>™</sup> hip stem cannot be inserted without this stem inserter!

## For Press-Fit Applications Only Femoral Stem Insertion

The stem is introduced into the femoral canal manually with an axial force until resistance is encountered. In order to assist in aligning and seating the stem, the Omnifit<sup>®</sup> HFx<sup>™</sup> inserter/pusher (1020-2300) should be used. A mallet is then used to seat the hip stem into the canal (**Figure 1**) until the collar of the prosthesis rests in intimate contact with the prepared neck cut (**Figure 2**).

## For Cemented Applications Only Femoral Stem Insertion

The proximal portion of the stem is coated with doughy cement to ensure that blood and fat does not come in contact with the stem. To assist in aligning antiversion/ retroversion, and seating the stem, the Omnifit<sup>®</sup> HFx<sup>™</sup> stem inserter/pusher (1020-2300) should be used. The assembled stem is introduced into the femoral canal with an axial force, while the surgeon provides a laterally directed force (**Figure 3**). The goal is to introduce the stem in neutral position with an adequate cement mantle. Excess cement is removed. At final seating, the collar of the prosthesis should rest in intimate contact with the prepared neck cut.

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