Rim Cutter
Cemented Cup Arthroplasty

Exeter™
Contemporary™
Flanged Cup

NEW
RIM CUTTER FOR THE EXETER™ CONTEMPORARY™ FLANGED CUP

Indications and Benefits
The instrument has been designed to prepare the acetabular rim for implantation of the Exeter™ Contemporary™ Flanged cup. The aim of the instrument is to achieve a flat face on the rim; this flat face can:
- define and control final cup position
- match the flange of the cup allowing high cement pressures to be achieved during cup insertion
- make the cup stable when pressure is applied during cement polymerisation so improving pressurisation
- ensure a regular cement mantle thickness and prevent ‘bottoming out’

Instructions for use
This protocol has to be used in conjunction with the technique described in the brochure CNTBRO2E01.

The acetabulum is exposed by the surgeon’s preferred method but it must be emphasised that the entire rim of the acetabulum should be clearly visualised and soft tissue retracted from the rim. The transverse ligament should be clearly visible.

Initially the acetabulum is reamed in the normal fashion. No effort should be made to enlarge the mouth of the socket with the largest reamer being used just fitting within the mouth of the socket. The ‘curtain’ osteophyte overlying the fovea should be removed as well as the soft tissue beneath, revealing the outer table of the medial acetabular wall. The rest of the acetabulum should be decorticated where possible and the appropriate fixation pits for cement fixation impacted or drilled. An Exeter Contemporary Flanged cup 2mm smaller in diameter than the final reamer diameter is selected.

The rim cutter is assembled (Fig. 1). The cutter is then placed on/within the acetabular rim, avoiding impingement of soft tissue. The attached position guide is then checked for the correct abduction and anteversion/flexion angles, bearing in mind the guide rod should point in the same direction as the handle of the lateral Exeter Contemporary Flanged cup introducer would do at cup insertion. Firm pressure is applied while reaming/cutting and maintained until the spring mechanism bottoms out on the centralising hemisphere. Check correct positioning of the device before removal. A clear ledge of bone, extending around most of the circumference, should be seen within the rim of the acetabulum.

The cup is then cemented in position after thorough washing and drying of the cancellous bone. Firm pressure is applied until polymerisation.

Points to Note
- Use of the rim cutter applicable only when bone quality allows.
- Always use the rim cutter with its guide to avoid cutting the acetabular bone too deeply.
- Pay attention during insertion of the instrument into the wound so as not to damage soft tissues.

Test for fit and stability of the cup within the prepared acetabulum and thus the position of the cup. It is important to rehearse cup insertion so that the trimmed flange positions the cup in an appropriate position with the edges of the flange lying on the rim of the acetabulum.

The cup is then cemented in position after thorough washing and drying of the cancellous bone. Firm pressure is applied until polymerisation.

Flange cut at the 2nd line

Fig. 1

Fig. 2
1. Exposure of Acetabulum and Transverse Ligament

2. Alignment of Rim Cutter Handle

3. Final Preparation of Acetabular Rim

4. Acetabulum Prior to Cement Insertion

5. Final Implantation of Cup

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**Catalogue Numbers**

- 6309-5-100 Rim cutter handle
- 6309-5-244 Rim cutter 44 + guide
- 6309-5-246 Rim cutter 46 + guide
- 6309-5-248 Rim cutter 48 + guide
- 6309-5-250 Rim cutter 50 + guide
- 6309-5-252 Rim cutter 52 + guide
- 6309-5-254 Rim cutter 54 + guide
- 6309-5-256 Rim cutter 56 + guide
- 6309-5-258 Rim cutter 58 + guide
- 6309-5-260 Rim cutter 60 + guide
- 6309-5-300 Alignment guide

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*Section View*
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