Procotyl® C Cemented Acetabular Cup

Fast Forward[™] to Versatility



Hemi-Spherical Cemented shell design



Procot

Design Features

Outer geometry

Full hemispherical design, low profile. Horizontal and polar grooves to allow mechanical interlock with cement and improve cement-cup interface stability.1



Inner Geometry

Maximize femoral head coupling. Coupling: 36mm ID from 48mm OD. Increase Range of Motion.



Radiopaque Wire Marker for effective imaging identification using x-ray.²



A-CLASS® Advanced cross-linked polyethylene.



12 sizes: 42-64mm in 2mm increments.

History

Cement fixation of the acetabular cup in total hip arthroplasty has evolved through multiple generations of cement technology.

The cemented PROCOTYL® C cup, with A-CLASS® cross-linked poly, supports the cemented treatment of the acetabulum. It has been designed based on the long term history of the Müller acetabular cup. The Müller cemented cup, commercialized since 1968, has been one of the most implanted acetabular cups ever.

The PROCOTYL® C covers a very broad scope of indications. Its main feature is that it can be coupled with large femoral head starting from small diameter cups. The use of big femoral heads provides stability and improves function, especially in patients with recurrent dislocations following total hip arthroplasty³.

The hemispherical outside contour of PROCOTYL® C permits an optimal cement interlocking between acetabulum and cup¹. To ensure radiographic visibility, all implants are equipped with a radiopaque ring².

References

- 1. Oh I, Sander TW, Treharne RW "Acetabular cup groove and pod design and its effect on cement fixation in total hip arthroplasty" Clin Orthop and Rel Res no 189; October 1984: 308-312
- 2. Kerrigan S, McKenna SJ, Ricketts IW, Wigderowitz C"Eccentricity Error Correction for Automated Estimation of Polyethylene Wear after Total Hip Arthroplasty'
- 3. Cinotti G et al "Do large femoral heads reduce the risks of impingement in total hip arthroplasty with optimal and non-optimal cup positioning?" Int Orthop. 2011 Mar; 35(3): 317–323.

Disclaimer

Individual results and activity levels after surgery vary and depend on many factors including age weight and prior activity level. There are risks and recovery times associated with surgery and there are certain individuals who should not undergo surgery.

