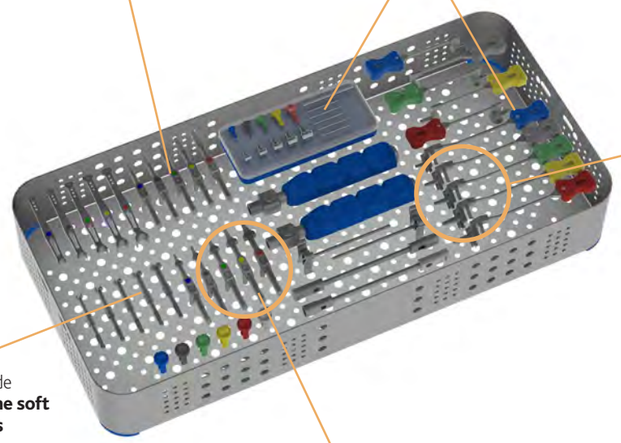
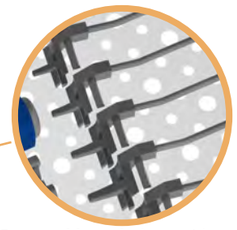
Advanced instrumentation

Options for surgical approach with instrumentation supporting a lateral and a dorsal approach

Ligament balancing technique using spacers or trials for optimum implant placement and freedom to move

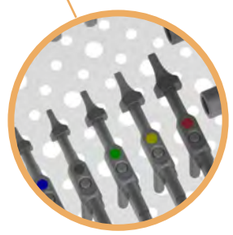
Sizing and templating instruments for prior assessment of native joint size





Repeatable technique with measured and guided resections

Designed to provide **protection for the soft tissue structures**



Precise preparation instruments for immediate fixation stability and promotion of bone ingrowth to cementless interface

1. Lawrence *et al.* J Hand Surg (Br & Eur). 2004; 29B; 3: 242-247.
2. Trail IA. Arthroplasty of the Hand and Wrist. 2010; Chapter 4: 83-110.
3. Naylor A *et al.* Lubricants. 2015; 3: 244-255
4. Broadbent M *et al.* 2009; BSSH, Nottingham
5. Harley O *et al.* 2012; BSSH, York
6. Flannery O *et al.* 2015; BSSH, Bahamas
7. Flannery O *et al.* J Hand Surg (Eur). 2016; 41(9): 910-916

Forever **Active**

CE 0088

TGA Health Safety Regulation
ARTG192787

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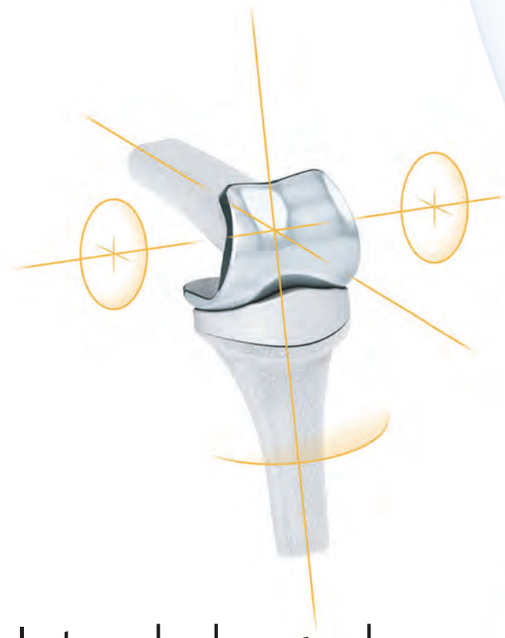


PIPR™
Proximal Interphalangeal Replacement

Product Brochure

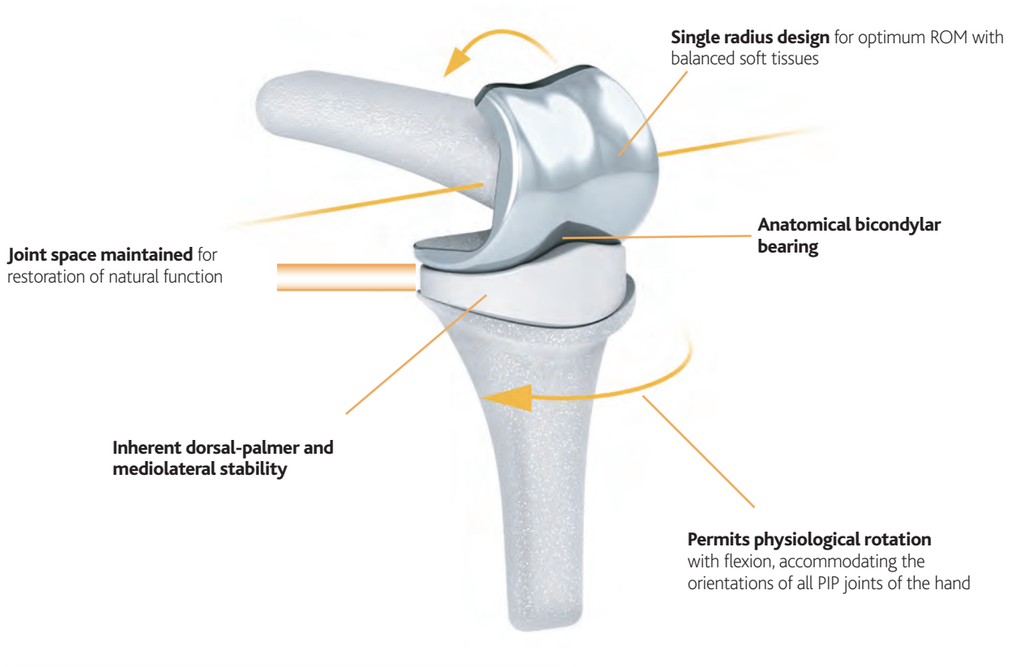
Natural Function

Forever **Active**

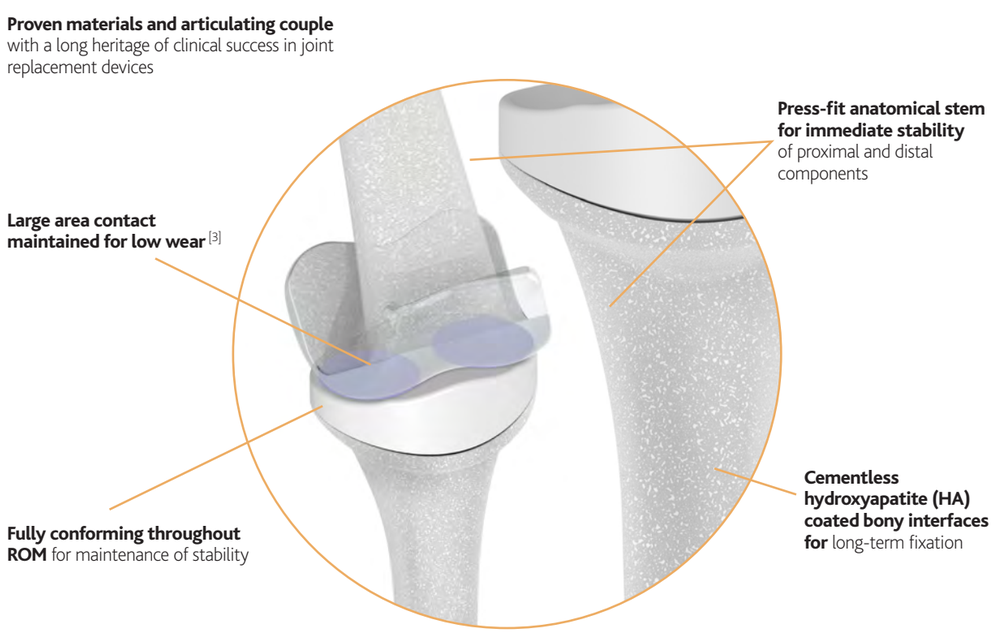
The PIPR™ is unique in its protection of the bony support for the ligaments and allowance for the combined rotation and angulation in the coronal plane during flexion, where alternative devices have over simplified the PIP joint to a simple hinge.

PIPR™ Proximal Interphalangeal Replacement

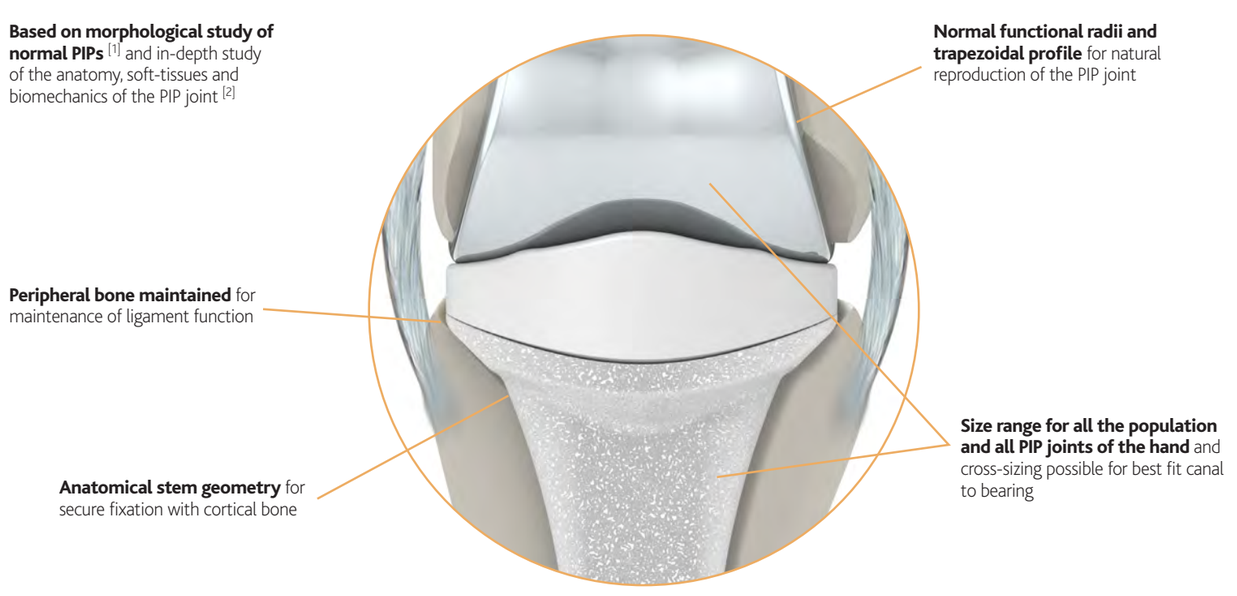
More natural function



Designed for longevity



Anatomical fit and sizing



Confidence in results

The PIPR™ has been **in clinical use since 2006** with over 700 implanted worldwide.

Throughout an extended series followed up at the Wrightington, good outcomes have been maintained [4-7].

In a published series of 100 implants followed up for a minimum of 2 years, maximum 6 years 5 months [6-7], the PIPR™ was shown to achieve:

- **good pain relief,**
- **improvement in grip strength and function,**
- for many, it **provides increased ROM**, and
- **demonstrated low revision rates,** with survivorship of 85% at maximum 6 years 5 months postoperatively.