



CORAIL™

Total Hip System

PINNACLE™

Hip Solutions

BI-MENTUM™

Dual Mobility System

3 times stronger together

With BI-MENTUM™ Dual Mobility System alongside the CORAIL™ PINNACLE™ Family of Products, we aim to cover most of patients' needs in Total Hip Replacement.

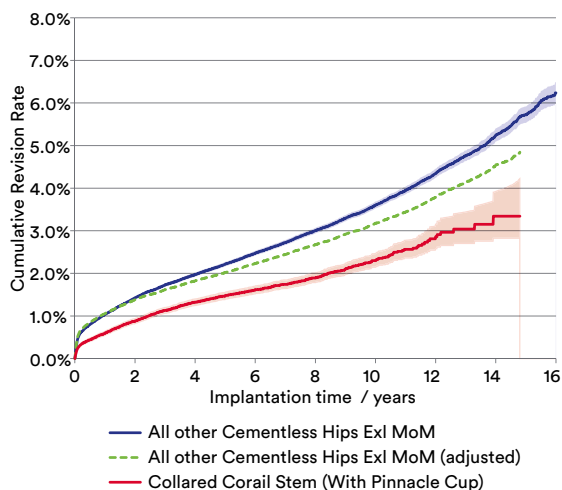
 **DePuy Synthes**
THE ORTHOPAEDICS COMPANY OF *Johnson & Johnson*

How do you manage your primary cases?

CORAIL Collared Stem with PINNACLE Acetabular Cup System

Presents a **29% lower risk** of revision when compared to all other uncemented constructs on the NJR.¹

HR 0.71 (0.67, 0.75) P<0.001



How do you manage your complex cases?

Patients with a higher risk of dislocation.

BI-MENTUM Acetabular Cups have been demonstrated to be effective for patients at high risk of dislocation.⁷

As reported in a recent study by Fessy et al in a series of 541 THA using **BI-MENTUM Dual Mobility System in association with a CORAIL Stem**⁸:

- 98.6% cup survival at 10 years (revision for any reason)
- No revisions for dislocation or aseptic cup loosening
- Satisfactory mid-term clinical and radiographic outcomes
- Zero dislocations reported at either the insert-head or insert-cup articulations

Supporting Evidence

CORAIL® Total Hip System

15A* ODEP rating² (7A CORAIL Cemented Total Hip System)

35 years of clinical experience.²

3,000,000 stems provided worldwide since 1986.³

96.3% stem survivorship at 30 years.⁴

PINNACLE® Hip Solutions

15A* ODEP rating² (10A GRIPTION™ Coating)

Over **20 years** of clinical experience.²

4,000,000 cups provided worldwide since 2000.⁵

100% survivorship for revision related to wear or loosening of the PINNACLE Cup, minimum 10 years of follow-up.⁶

Patients with Fracture Neck of Femur (FNOF)

According to You et al., Total Hip Arthroplasty with a **Dual Mobility Construct** shows a 74% reduced risk of dislocation compared with both THA (odds ratio 0.26; 95% CI 0.08 to 0.79) and HA (odds ratio 0.27; 95% CI 0.15 to 0.50) when used in patients with a femoral neck fracture.⁹

The **CORAIL Stem** can be used effectively for the treatment of femoral neck fractures in the elderly:

- Cawley et al. retrospectively evaluated the results of 68 consecutive elderly patients with displaced intracapsular hip fractures treated with a CORAIL Stem in hemiarthroplasty. 95% of patients had no/occasional/mild mid-thigh pain, with moderate pain in 5%. Only 1 patient was revised for subsidence of an undersized implant, with no conversions to total hip arthroplasty.¹⁰
- Kendrick et al. ran a study on 306 patients having received a Cathcart Modular Head on a CORAIL uncemented Stem as a hemiarthroplasty. Only 2 patients (0.65%) required revision to a THR. In both cases the revision related to continuing pain due to acetabular erosion. There were no cases of femoral aseptic loosening.¹¹

Revision patients

Using **BI-MENTUM Dual Mobility System** can help to prevent dislocation in Revision Arthroplasty:

- According to a recent retrospective study of 334 revision THAs performed with dual mobility cups from the SERF Novae product range, dual mobility cups demonstrated a 3.3% dislocation rate at 7 years in patients at high risk of dislocation.¹²
- Following revision of 163 THAs performed using a SERF Novae Dual Mobility Cup and with failure defined as revision surgery for aseptic loosening, the 7-year survivorship for dual mobility cups in revision THA was 96.1% (95% CI: 92.8-99.2%).¹³

The cementless **CORAIL Primary Stem** used in revision procedures has shown an acceptable cumulative re-revision rate at 10 years that is similar to all other cementless stems on the NJR ($p=0.201$) and a statistically significant adjusted health gain at six months as measured by the Oxford Hip Score ($p=0.022$).¹⁴

BI-MENTUM™

Dual Mobility System

.....
7A ODEP rating²

.....
40 years of clinical experience¹⁵

.....
173,000 cups provided worldwide since 2007¹⁶⁻¹⁷

.....
100% cup survivorship with zero dislocation at 10 years¹⁸

.....
(Serf NOVAE® Dual Mobility Cup)



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Distributed by:

DePuy Orthopaedics, Inc.

700 Orthopaedic Drive
Warsaw, IN 46582
USA

Tel: +1 (800) 366 8143

Fax: +1 (800) 669 2530

DePuy (Ireland)

Loughbeg
Ringaskiddy
Co. Cork

Ireland

Tel: +353 21 4914 000

Fax: +353 21 4914 199

Manufactured by:

Serf

85 avenue des Bruyères
69150 Décines
Charpieu

France

Tel: +33 (0)472 05 60 10

Fax: +33 (0)472 02 9 18

www.depuysynthes.com