

here is your guide to

Metal-on-Metal Total Hip Replacement



Advanced science
for real living.™

The M2a-Taper™ metal-on-metal hip replacement

People facing joint replacement of the hip often wonder if they will be able to resume a more active lifestyle after surgery. An additional



concern is whether their new hip components will be able to withstand the excess stress of a more active lifestyle. Because hip implants are subject to wear over time, it was necessary to develop implants that may withstand the higher demands of more active lifestyles. This, coupled with the positive results of some early metal-on-metal implants and advances in manufacturing technology, led to the development of the M2a-Taper™ metal-on-metal articulation.

The M2a-Taper™ articulation is a metal-on-metal hip implant designed to provide long-term resistance to wear.

Traditionally, hip replacement implants feature a metal ball that moves against a polyethylene (plastic) cup. Metal-on-metal implants feature a metal ball that moves against a metal cup and the metal cup is what provides the additional resistance to wear. In fact, extensive testing has demonstrated that the M2a-Taper™ articulation has 1/350th the wear of conventional metal-on-polyethylene implants in laboratory testing. ^{1,2}

What are the benefits of the M2a-Taper™ metal-on-metal hip?

Metal is hard, much harder than polyethylene. As metal moves against another material it creates friction, and friction wears down the material against which it moves. The more active a person is, the more movement and friction is placed against the hip implants. Since metal resists wear better than polyethylene, the M2a-Taper™ articulation is better able to resist wear. This means there is a strong possibility that the metal-on-metal hip can outlast traditional polyethylene, which is an important consideration for patients whose surgeons think premature wear may become an issue with the patients' hip implants.

Your surgeon will consider your activity level, health, and age before recommending metal-on-metal implants. The M2a-Taper™ articulation may be recommended if your surgeon feels that your situation indicates the use of metal-on-metal implants.

However, your surgeon will only recommend the M2a-Taper™ articulation if he or she feels that the implants will give you the most satisfactory results. Not everyone is a candidate for the M2a-Taper™ metal-on-metal hip system.

Do metal-on-metal implants pose any long-term health affects?

There has been some thinking that metal ions released from the implant might play a role in the development of certain cancers or cause other problems. Metal-on-metal hip implants have been commonly used in other countries and studied for more than 35 years. In that time, there has been no research to show that metal particles increase the risk of cancer.

Complications

While uncommon, complications can occur during and after surgery. Some complications include infection, blood clots, implant breakage, mal-alignment and premature wear, any of which can require additional surgery. Although implant surgery is extremely successful in most cases, some patients still experience pain and stiffness. No implant will last forever, and factors such as the patient's post-surgical activities and weight can affect longevity. Be sure to discuss these and other risks with your surgeon.

There are many things that your surgeon may do to minimize the potential for complications. Your surgeon may have you see a medical physician before surgery to obtain tests. You may also need to have your dental work up to date and may be shown how to prepare your home to avoid falls.

After Surgery

After surgery, you will receive pain medication and begin therapy for your hip. It is important to start moving your new hip as soon as possible after surgery to promote blood flow, to regain motion, and to facilitate the recovery process. You will most likely be out of bed and walking with crutches or a walker within 24 hours of your surgery. You will be assisted in and out of bed, and you will use support devices such as a walker or cane while you are walking.

You will also be shown how to safely climb and descend stairs, how to get into and out of a seated position, and how to care for your hip once you return home. It is a good idea to enlist the help of friends or family once you do return home.

Before you leave the hospital, your therapist will show you a variety of exercises designed to help you regain mobility and strength in

your hip. You should be able to perform these exercises at home.

Most people are ready to go home between 3–5 days after surgery; however, some people may go to a separate rehabilitation facility, which your surgeon should discuss with you before surgery. Many people will go directly home and begin supervised therapy either at home or as an outpatient. When at home, it is extremely important to continue with your exercises as your physician has instructed.

What activity range can be expected after this surgical procedure?

Diligent physical therapy, proper diet, and a willingness to follow all of your physician's recommendations will contribute to a successful recovery after surgery. Most patients are able to walk without support and drive 3–6 weeks after surgery. Activities such as golf, doubles tennis and swimming can usually be resumed but only after a thorough evaluation by your physician. Always follow your physician's recommendations as recovery time will vary for each patient.

You will typically not be allowed to participate in high-impact activities or contact sports. These types of activities place extreme amounts of pressure on the joints, which could lead to complications. Ask your surgeon which activities you should avoid after surgery. If you do not have an orthopaedic surgeon, please refer to the doctor listings provided in this brochure.

1. Data on file at Biomet, Inc.
2. Note: Lab test results may not correlate with the actual performance in the body.

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