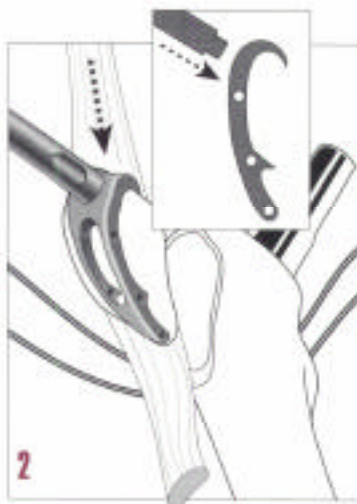


**SURGICAL TECHNIQUE**



1 After the total hip arthroplasty, pass the large Cable Passer around the proximal femur from posterior to anterior. Insert the free end of the cable into the tip of the Cable Passer until it exits the shaft. Withdraw Cable Passer, leaving cable around bone.

*Note: Cables can be passed from medial to lateral or lateral to medial depending on surgeon preference. Place first cable just proximal to the lesser trochanter, and the second cable 1.0-2.0cm proximal to the first cable. Do not place cable directly around the prosthesis.*



2 Screw the Impact Driver into the GTR Device.

Impact GTR Device onto the greater trochanter. Upper hooks should engage and wrap around the superior portion of the trochanter.



3 Using the Impact Driver as a guide, advance the greater trochanter onto a good bed of bleeding bone.

*Note: The most common reason for nonunion of the greater trochanter is poor or inadequate bone contact between the greater trochanter and the proximal femur.*



4 Tighten cables sequentially, beginning with the central cable hole in the GTR Device. Set screws should be proximal to the GTR Device.



5 After the first cable is tightened, lock down the Tensioning Bit to temporarily hold the cable.

Tension second cable. Use the Screwdriver to lock down and crimp second cable. Carefully unlock the Tensioning Bit; retension the first cable, and lock set screw with the Screwdriver.

If a third cable is used (distal hole of GTR Device), insert the cable at this time; tension, and lock.

Cut excess cable flush with the connector body and remove.

If anterolateral approach is made to hip joint, the Tensioner should be directed anteriorly away from the connector body of the cerclage cable.

If a posterior approach is made to the hip joint, the Tensioner should be directed posteriorly away from the connector body of the cerclage cable.