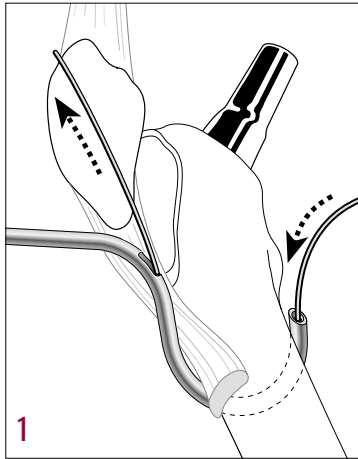
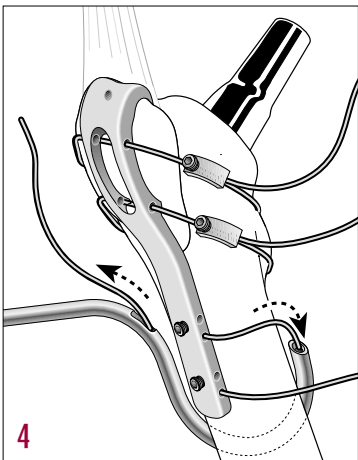


## SURGICAL TECHNIQUE



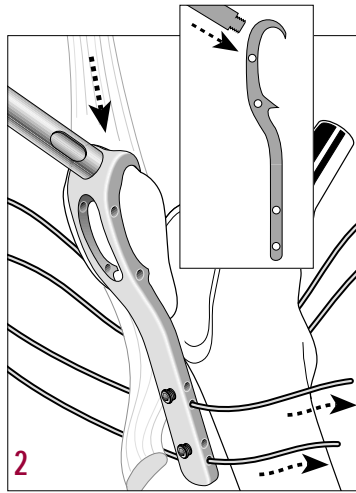
After the total hip arthroplasty, pass the large Cable Passer around the proximal femur from posterior to anterior. Insert the free end of the cable into the tip of the Cable Passer until it exits the shaft. Withdraw Cable Passer, leaving cable around bone.

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



Pass the distal end cables around the femur using the Cable Passer.

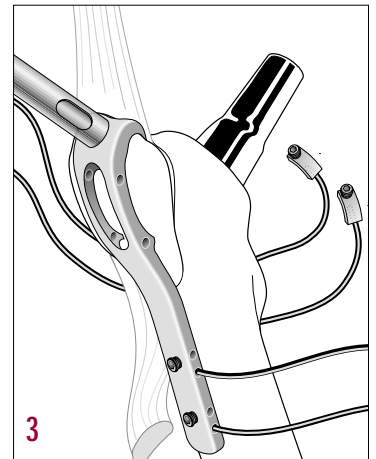
Pass proximal cables through the long GTR Device.



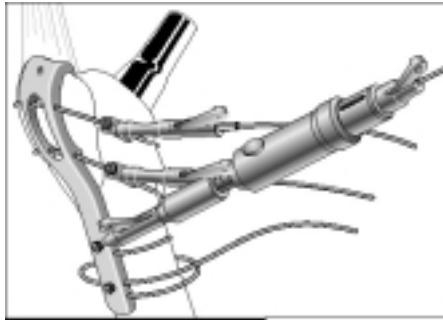
Insert cables through the distal end of the plate. **Note:** Distal end cables must be loaded into the distal holes prior to passing cables around the bone.

Screw the GTR Impact Driver into the long GTR Device.

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



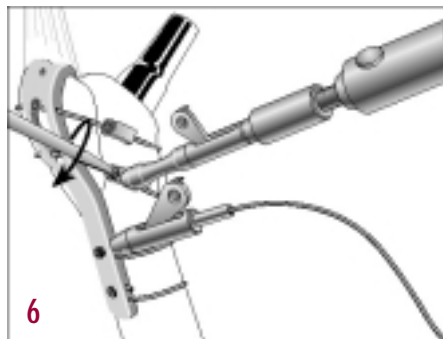
Using the Impact Driver as a guide, advance the greater trochanter onto a good bed of bleeding bone.



Tension two proximal cables and lock down Tensioner Bits to hold tension.

Tension first distal cable and lock down Bone Plate Tensioner Bit.

Tension the most distal plate cable and use the Screwdriver to lock down and crimp.



From proximal to distal, retension cables and use Screwdriver to lock down and crimp.

Cut excess cable flush with connector body or GTR Device by pulling cable back in the opposite direction from which it was threaded and sliding jaws of the Cable Cutter up to the set screw or GTR Device.