Minimally Invasive Surgery is difficult to adapt to, and a steep learning curve is often introduced during the first cases. This learning curve has discouraged many surgeons and has left them to abandon MIS/LIS for other techniques. Medacta’s mission is to reduce such difficulties by providing unconditional support to surgeons who seek to adapt to AMIS®. For this purpose, Medacta® has created the AMIS® Education Program, developed from the experience of hundreds of surgeons worldwide who have already performed thousands of AMIS® cases.

**HOW TO START WITH AMIS®**

AMIS Education Program: a tested and proven method

First stem specifically designed for AMIS®

Easy stem introduction through AMIS®

Reduced bone removal

Proven stability

Triple tapered design

Wide range

Reliable, compact and precise instrumentation

AMIS® friendly

**PRODUCT RANGE**

**AMIS® Stem System**

- Triple tapered design
- Wide range
- Reliable, compact and precise instrumentation
- AMIS® friendly

**QUADRA® System**

- Easy stem introduction through AMIS®
- Low wear rate
- Low dislocation rate
- High range of motion
- Long clinical history

**VERSAFITCUP® DM**

- Elliptical press-fit geometry for enhanced primary stability
- Equatorial macrostructures enhancing the contact surface area
- Wide range of liners for preoperative and intraoperative flexibility
- 36 mm head starting at 50 mm liner
- 5° upper raise provides additional coverage for increased stability and antiluxation

**VERSAFITCUP® CC TRIO Family**

- Elliptical press-fit geometry for enhanced primary stability
- Equatorial macrostructures enhancing the contact surface area
- Wide range of liners for preoperative and intraoperative flexibility
- 36 mm head starting at 50 mm liner
- 5° upper raise provides additional coverage for increased stability and antiluxation

**1st STEP: AMIS® Reference Center Visit**

In several countries, you will have the opportunity to visit a Reference Center and to assist during an AMIS® surgery.

**2nd STEP: AMIS® Learning Center**

You will have the opportunity to operate on cadaver specimens with the assistance of teaching surgeons, to experience the advantages of the AMIS® Mobile Leg Positioner, to analyse difficult cases, and have a thorough overview of the indications and contraindications of anterior approach.

**3rd STEP: Support for the First AMIS® Surgeries**

You will receive the assistance of a Proctoring Surgeon for your first surgeries in your hospital.

**HOW TO START WITH AMIS®**

**AMIS Education Program: a tested and proven method**

Participating in this time-tested program should help you to avoid early complications and to minimize your learning curve, but also give you some important “pearls” to help you during your first cases.

Just contact Medacta® and we will arrange the AMIS® Education Program for you!
The anterior approach: a logical approach for MIS Surgery

The anterior approach (the AMIS® approach = Anterior Minimally Invasive Surgery) is a true Minimally Invasive Surgery (MIS) characterized by a reduced skin incision and the preservation of muscles and tendons.

The preservation of all muscles potentially assists with:
- No muscles cut
- No muscle degeneration
- Reduced post-operative muscle tone preservation
- Decreased post-operative pain
- Less blood loss
- Faster return to daily activities
- Reduction of scar tissues

No muscles cut

The preservation of all muscles potentially assists with:
- No muscles cut
- No muscle degeneration

ADVANTAGES

Not only short term better results

Thanks to the AMIS® technique risks are decreased when compared to a standard technique both in the short and in the medium term.

In fact, it has been demonstrated that:
- After Total Hip Replacement, trochanteric soft tissue abnormalities may be associated with medial trochanteric pain and limp in symptomatic patients. Defects of the abductor tendons and fatty atrophy of the gluteus medius and the posterior part of the gluteus minimus muscle are rare in asymptomatic patients (1,2,3).
- The use of the anterior approach for primary Total Hip Replacement shows, at one year after surgery, better functional results and a smaller defect of the abductor tendons and fatty atrophy of the glutus medius (4).
- After Total Hip Replacement, trochanteric soft tissue abnormalities may be associated with medial trochanteric pain and limp in symptomatic patients. Defects of the abductor tendons and fatty atrophy of the gluteus medius and the posterior part of the gluteus minimus muscle are rare in asymptomatic patients (1,2,3).

Therefore the AMIS® technique may provide better results in the short and medium term and an improved long term quality of life for the patient.

In addition, the preservation of muscle and soft tissue should prove advantageous in revision surgery (5).

DEDICATED INSTRUMENTATION

Specific instrumentation and a leg positioner should be used to facilitate the AMIS® procedure.

Medacta®, in collaboration with orthopaedic surgeons, developed a set of instruments and the AMIS® Mobile Leg Positioner with the objectives of:
- Reducing errors.
- Reducing the learning curve.
- Simplifying the implementation of this technique.

AMIS® Mobile Leg Positioner

A Medacta® patented design complying with ISO standards, the AMIS® Mobile Leg Positioner is not a complete table but an extension which easily adapts to any operating table.

Why consider the AMIS® Mobile Leg Positioner?
- No capital expense - The AMIS® Mobile Leg Positioner is provided at no cost to the hospital.
- Easy extraction of the femoral head, and optimum exposure of the femur.
- Resolution and possibility of testing without removing the shoe.
- Multiple movements (traction, flexion, hyper-extension, rotation, adduction).
- Easy handling by one person.
- Reduced surgical time.

The AMIS® Mobile Leg Positioner - A unique and cost-effective option to facilitate the anterior approach!

AMIS® Instruments

AMIS® Chanley: A modified Chanley retractor with hooks designed to enhance exposure of the operative site, especially the acetabulum.

AMIS® Hohmann: The ‘femur lifter’ with an atraumatic tip ideally exposes and raises the femur.

AMIS® Starter: The curved starter rasp is used to open the femoral medullary canal, facilitating rasp positioning for femoral preparation.

AMIS® Cup Impactor: An offset impaction handle is used for implanting the cup in an anatomic manner.

AMIS® Broach Handle: A straight rasp handle gives a firm hold during femoral preparation, decreasing the risk of malpositioning of the stem.

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