1 Acetabular Preparation
Ensure that the rim of the acetabulum is fully exposed. Identify the margins of the acetabulum using blunt and sharp Hohmann-type retractors or similar instruments. Excise any peripheral osteophytes and membranes.

Prepare the acetabulum with progressively larger hemispherical reamers. Hold reamer steady and apply pressure in the same direction in which the cup will be implanted. The acetabulum should be reamed down to cancellous subchondral bone.

Combine drill bit – 6, 10, or 13mm – with the self-centering Acetabular Drill and create keyholes in the acetabulum that allow for additional cement purchase.

4 Cup Insertion
Prior to inserting the implant, lavage and dry the acetabulum. Mix bone cement and pack it into the created keyholes first. Then pack cement into acetabulum.

Mount the ZCA Cup on the selected cup positioner and place the cup into the acetabulum. If using a cup with an inclined face, be sure to orient it in the proper direction. Depress the handle to release the implant.
2 Acetabular Sizing

Select the ZCA Cup outside diameter that matches the size of the last acetabular reamer used. If the last reamer used was an even dimension, choose the cup size that is 1mm less than the last reamer used. For example, if a 54mm reamer was used, choose a 53mm OD cup.

Note: Cup diameter includes the cement spacers.

To check bone coverage, use the Cup Pusher Shaft with the desired size ZCA Cup Provisional attached (A).

Note: The provisional has a neutral face. If the Inclined Face Cup or the Inclined Flanged Cup will be used, determine desired cup orientation. For reference, mark the acetabulum where additional coverage may be needed (B).

Optional: The Flanged Cup may be trimmed with scissors to help ensure flange coverage of minor defects (C).

5 Final Cup Position

Maintain pressure against the ZCA Cup using the Pusher Head Shaft attached to the properly sized provisional head. Apply continuous pressure during bone cement polymerization. Cement can then be trimmed to contour the acetabulum.

Note: The Snap-In Cup requires use of the 28mm provisional head. A 32mm provisional head would require a complete snap-in engagement that could accidentally move the implant in the cement.
3 Cup Positioning and Alignment

Select the appropriate ZCA Cup Positioner – Charnley Style for a lateral or anterolateral approach, or ZCA Cup Positioner for a posterior or posterolateral approach. If a 32mm ID cup will be used, the standard 32mm Cup Positioner must be used. The Charnley-Style Cup Positioner is held with the handle cephalad. The ZCA Cup Positioner handle is held in a caudad direction. Both positioners have a base plate with prongs to which the acetabular cup is attached.

Insert the Alignment Rod into the hole marked right or left to match the leg that is being operated. The positioners orient the cup in 45° of abduction and 20° of anteversion when the alignment rod is held parallel to the long axis of the patient.

Note: If using a cup with an inclined face, appropriate adjustment must be made to ensure proper orientation with instrumentation.

6 Reduction

Trim excess cement and remove debris from the interior of the cup before reducing the hip. Perform a trial reduction with an implanted stem and trial head after cement has cured and prior to final reduction.

Warning: To reduce the Snap-In Cup, the acetabular cup and femoral component must both be implanted before the femoral head is snapped into the cup. To engage the head in the cup, some version of the femur with respect to the face of the cup may be required. Ease the femoral head into the cup until it snaps in place. Ensure that the two components are fully engaged and there is no component impingement. Check range of motion before closing.

Note: Care should be taken to avoid notching, scratching, or striking the prosthesis. A roughened or marred provisional could result in accelerated wear of the polyethylene liner or sudden failure of the prosthesis.
**Introduction**

ZCA® All-Poly Acetabular Cups are designed for cemented fixation. All cups can be inserted with the same dedicated instrumentation. The cups have a minimum polyethylene thickness of 6mm and each cup has four 3mm cement spacers to help maintain a uniform cement mantle.¹

Preoperative planning is essential to a good outcome. There are four styles of ZCA All-Poly Cups. Initial choice of cup style can be made preoperatively, based upon examination of the patient, radiographs, and use of templates. Final assessment of cup size is made intraoperatively.

### ZCA All-Poly Acetabular Cup Sizing

The ZCA Cup diameter is measured over the cement spacers. Therefore, the last reamer used should match the cup diameter. If odd-size reamers are unavailable, choose a cup diameter size which is 1mm less than the last reamer used. The cement mantle thickness is the same as the cement spacer height, which is 3mm.

Size = Diameter of reamed acetabulum (nominal diameter of debris-retaining reamer). This is also the size labeling on the package.

**Note:** Cup sizes are available in increments of 2mm, as reflected in catalogue numbers.
