



Woodpecker™

Non-sterile product

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Instruction for use and maintenance

(Summary)

° Washing

This is done in the usual fashion by autoclaving

All implants and instruments, which are supplied non-sterile, are packaged individually in shipping/storage boxes or plastic bags.

To clean them prior to their first use or after surgery, we recommend a neutral PH (or slightly alkaline detergent according to the recommendations of the detergent manufacturer. **Put the washing cup on for washing.**

All instruments should then be thoroughly rinsed and dried prior to steam sterilization.

° Sterilization

The washing cup must be removed before sterilization.

We recommend autoclaving according to standard hospital sterilization procedures and within the guidelines of the autoclave manufacturer, to assume a Sterility Assurance Level (SAL) <of 10^{-6} according to the ANSI/AAMI ST33-1990* validation method which is:

Pre Vacuum and hold at 270°F for at least 4 minutes.

*Reference:

American National Standard; Good Hospital Practice: Guidelines for the Selection and Use of Reusable Rigid Sterilization Container Systems. ANSI/AAMI ST33-1990.

° Clean Compressed air or Nitrogen

The Woodpecker must be operated at a pressure of **7-8 bar (100-120 PSI)**.

The compressed air must be free of particles.

° Connecting hose

The Woodpecker is operated with a twin-hose
(inner-hose Ø18mm and air outlet hose)

Bent hoses may prevent the unit from operating satisfactorily.

IMT AG recommends servicing the Woodpecker at least once per year.

For detailed information please download the operation manual on our website
www.imt-medical.com

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Rasping operations

The oscillating, axial forward and backward movements of the Woodpecker permit gentle, well-fitting modelling work in the bone marrow area.

The bone chips removed by the forward movement of the rasp are loosened towards the rear and neutralized. In this way, the rasp is prevented from wedging or jamming in the cortical bone.

Fissures which are caused by excessive radial forces can be avoided.

Always start with the smallest rasp.

The rasps must not be inserted in one process. Pressure must be exerted for forward rasping; pull when rasping backwards.

To obtain a precise, cortical prosthesis seating over a large surface, it is sufficient to continue rasping until the machine can not distally insert the rasp any further due to resistance from the cortical bone.

Additional, forceful insertion of the final rasp using a hammer or other instruments is not recommended.

If done, this could cause axial pressure, unphysiological stretching of the elastic femur bone, damage to the bone cortex and fissures.

Even, machine rasping results in a clear improvement in the quality of the prosthesis seating and the primary fixing of the prosthesis.