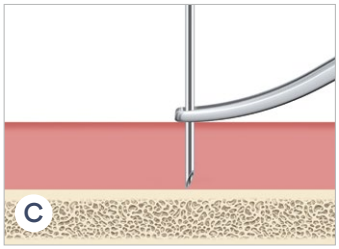
FOR PROFESSIONALS

FAST Surgery Quick Guide –
Cochlear Baha Connect System

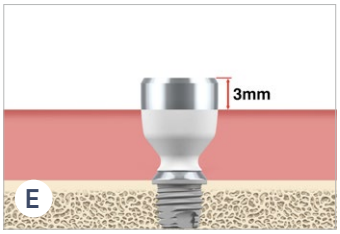
Cochlear™ Baha® DermaLock™ surgical procedure

Cochlear®
Hear now. And always

For detailed instructions, consult the Cochlear™ Baha® DermaLock™ Surgery Guide.



Approximate tissue thickness (mm)	Abutment length (mm)
3 or less	6
4–5	8
6–7	10
8–9	12
10–11	14
12 or more D	14 with soft tissue thinning



STEP 1 Prepare the site

A Identify the implant site with the Baha Indicator, generally 50–55 mm from the ear canal and in line with the top of the pinna.

B Mark the incision, generally 20–30 mm long, following the direction of the hair line. It is recommended to place the incision line 10 mm anterior to the previously marked implant site. Mark the bone with the location of the implant site. Some methylene blue may be applied on a needle to mark the bone to facilitate identification of implant site after opening the incision.

C Measure the tissue thickness before local anesthesia is injected.

A thin (27 gauge/0.4 mm) hypodermic needle, a clamp and a ruler may be used. Inject local anesthesia. The amount of injection should be limited for minimal distortion of tissue thickness.

Note

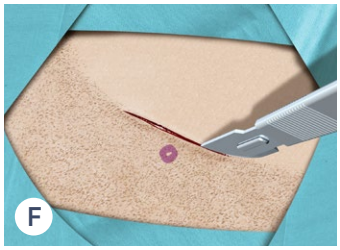
Ensure not to depress the tissue when measuring.

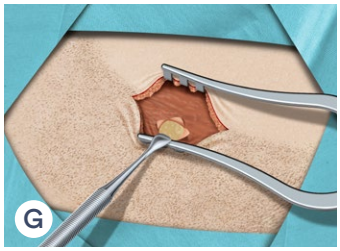
D Select the appropriate abutment length based on the measured tissue thickness. See the table for suggested abutment selection guide.

Note

When in doubt, select the longer abutment.

E The DermaLock hydroxyapatite (HA) coating is intended to be in contact with the tissue. In a few patients, the HA coating may be slightly visible. This will not impact the outcome.





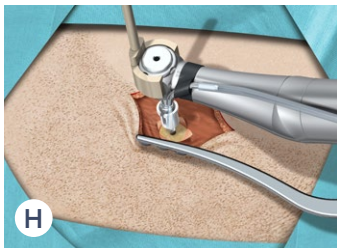
STEP 2 Make the incision

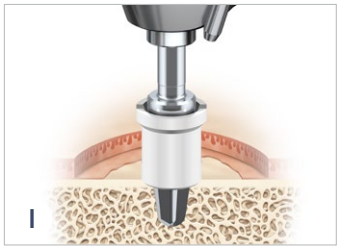
F Use a scalpel to make an incision down to the periosteum.

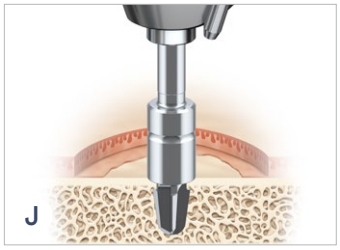
G Open up the incision using a self retaining retractor. Make a cruciate incision (6 x 6 mm square) in the periosteum using the broader end of the Raspatorium/Probe, exposing enough bone for the implant flange and countersink.

Note

The use of cautery, particularly monopolar, should be minimized where possible.







STEP 3 Drill with the conical guide drill

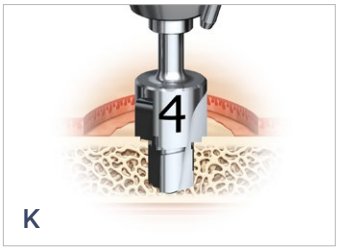
H Use the drill indicator and abundant irrigation during all drilling procedures.

I Begin drilling with the conical guide drill with 3 mm spacer (2000 rpm).

Move the burr up and down to ensure visual inspection and that coolant reaches the tip of the drill.

Check the bottom of the site repeatedly for bone.

J If there is adequate bone thickness, remove the white spacer and continue drilling as appropriate to accommodate the required BI300 Implant.

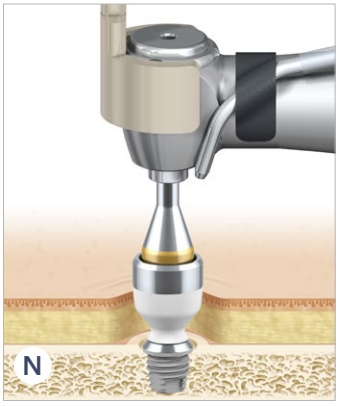


STEP 4 Drill with the widening drill

K Widen the site with the relevant widening drill (2000 rpm).

Move the widening drill up and down during drilling to ensure that coolant reaches the tip of the drill.

L Create a small countersink in the bone. The widening drill is designed to allow early recognition when countersinking is complete.



STEP 5 Place the implant and abutment

M Set the drill to the torque setting. Pick up the implant and abutment using the abutment inserter.

N Place the implant without irrigation until the first threads of the implant are well within the bone. Once the implant is in the bone, continue with irrigation. If unsure about the bone quality, start with low torque and increase if needed.

Bone quality	Suggested torque
Compact bone	40–50 Ncm
Compromised / soft bone	20–30 Ncm

STEP 6 Close and suture

O Use a biopsy punch Ø 5 mm to punch a hole in the skin directly over the abutment.

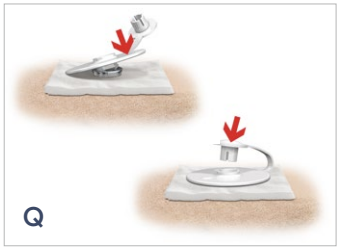
Note

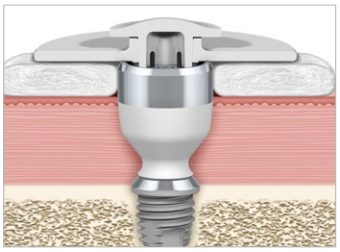
Avoid stretching the skin and ensure that the sutures do not pull the skin in an unnatural way. Increased tension in the skin, and the resulting push/pull forces, could lead to discomfort around the abutment.

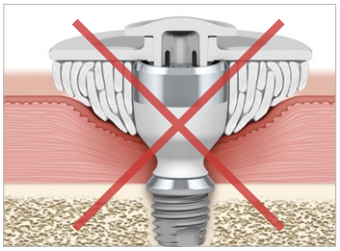
P Ensure that the skin edges around the abutment do not create an unwanted pocket around the abutment.

Carefully ease the skin over the abutment.

Suture the incision. The sutures should stabilize both the skin and the underlying tissue during the healing.







STEP 7 Attach the healing cap

Q Apply a thin, low or non-adherent dressing and attach the healing cap with plug.

Remove the dressing*, sutures and healing cap 10–14 days post-op. If not healed, apply a new dressing and a new healing cap.

Note

Avoid using a thick dressing underneath the healing cap, as this may cause unwanted compression of the soft tissue during healing. In order to obtain a good seal between the HA-coating and the full thickness of the surrounding tissue, a stress-free interface without tissue compression should be maintained at all times, especially during the healing phase. Avoid using ribbon gauze.

* If using Allevyn Non-Adhesive wound care dressing (provided on the surgical kit) it is recommended to change the dressing if needed or up to seven days of application.

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In the United States and Canada, the placement of a bone-anchored implant is contraindicated in children below the age of 5.

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- advise recipients of their choice and ensure informed consent is obtained prior to delivering care
- provide care within scope of practice, meet all legislative requirements and maintain standards of professional conduct
- apply standard precautions, and additional precautions as necessary, when delivering care
- document all care in accordance with mandatory and local requirements.

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