KLS martin GROUP

CapFlex PIP

Patient information for the proximal interphalangeal joint prosthesis

www.klsmartin.com

Publikationen

1. 2014, Schindele et al., A modular surface gliding implant (CapFlex PIP) for proximal interphalangeal joint osteoarthritis: a prospective case series, JHS(Am)

2. 2016, Schindele et al., Osteointegration of a modular metal-polyethylene surface gliding finger implant: a case report, Arch Orthop Trauma Surg

3. 2019, Bodmer et al., Comparison of outcomes of three surgical approaches for proximal interphalangeal joint arthroplasty using a surface-replacing implant, JHS(E)

4. 2019, Schindele et al., Thumb interphalangeal joint replacements with silicone and surface gliding implants. A case report, JHS(E)

5. 2020, Schindele et al., Surface replacing arthroplasty of the proximal interphalangeal joint using the CapFlex-PIP implant: a prospective study with 5-year outcomes

6. 2023, Meuser et al., Prosthetic arthroplasty of the proximal interphalangeal joint using a surface replacing implant (CapFlex-PIP): 3-year outcomes

Implanted CapFlex PIP prosthesis

CapFlex PIP

Arthrosis of the proximal interphalangeal joints (PIP joints) is a frequent joint disorder that is associated with considerable limitations in everyday activity and in many cases pain.

As the PIP joints are responsible for about 40% of the overall mobility of the finger, good function is very important. As opposed to the distal interphalangeal joint, where joint fusion is currently the surgical procedure of choice, movement-preserving surgery using an artificial joint is usually preferred in the case of the PIP joint.

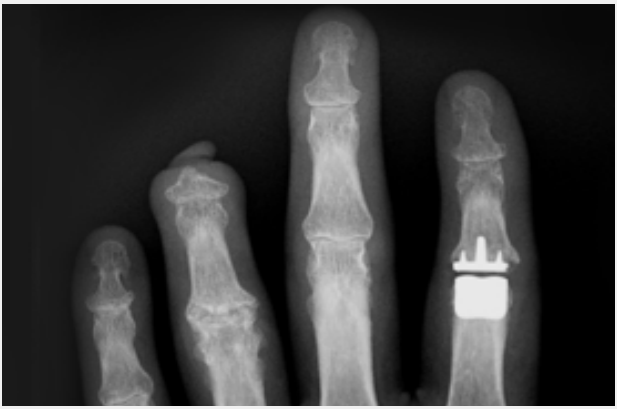
For this application a new, innovative joint replacement is now available: CapFlex PIP. The sliding surface prosthesis, which is made of a combination of metal and polyethylene, provides proximal interphalangeal joints destroyed by arthrosis or an accident with a high degree of stability and mobility.

Preoperative X-ray image: arthrosis in the proximal interphalangeal joint of the index finger

What is arthrosis of the proximal interphalangeal joints?
Arthrosis is an abrasion of the joint cartilage and ultimately leads to its destruction. This is accompanied by swelling, restricted movement and pain. Arthrosis of the proximal and distal interphalangeal joints is the most common form of arthrosis of the locomotor system. *

How does arthrosis of the proximal interphalangeal joints develop?
What causes wear of the proximal interphalangeal joints remains unclear. In part, genetic factors play a role, as the predisposition to develop arthrosis can be hereditary. Women are about ten times more frequently affected by this form of arthrosis than men. More rarely, destruction of these joints can also result from accidents. *

What are the typical symptoms of arthroses of the fingers?
Arthrosis causes swelling of the affected joints, often also resulting in pain and restricted movement. In the early stages, these symptoms may improve again, but they will generally reoccur, and then usually at shorter intervals. In the advanced stage, there may be a considerable restriction of movement with associated pain. Rarely, forms of this arthrosis occur in which the fingers stiffen spontaneously and thus become painless. *



Postoperative X-ray image: implanted CapFlex PIP prosthesis in the proximal interphalangeal joint of the index finger

How are arthroses of the proximal interphalangeal joints treated?
During the initial stages, topical medication to reduce swelling or locally acting cortisone infiltrations can provide relief for a certain time. However, these forms of arthrosis cannot be cured. Once a joint cartilage has degenerated, it will not recuperate. In cases of advanced joint destruction, restricted movement and pain, surgery with implantation of a prosthesis may prove to be a very good alternative. *

What follow-up treatment is involved?
Following artificial joint replacement of a finger joint, the joint is mobilized at a very early stage through targeted ergotherapy. The intensity of autonomous therapy and the intensive autonomous use of the finger usually determine the extent of mobility achieved in the long term. *

*) based on „Schulthess Klinik, Arthrosen der Fingergelenke – Ursachen und Behandlungsmöglichkeiten“

For further information please visit our website **www.klsmartin.com** or scan the QR Code opposite.

KLS Martin SE & Co. KG
A company of the KLS Martin Group
KLS Martin Platz 1 · 78532 Tuttlingen · Germany
PO Box 60 · 78501 Tuttlingen · Germany
Tel. +49 7461 706-0 · Fax +49 7461 706-193
info@klsmartin.com · www.klsmartin.com

91-350-03-02 · Rev. 03 · 2024-06 · Printed in Germany