

## General rule:

DICOM images with following settings are required:

Reconstruction matrix:	512x512
Slice thickness:	2mm or less
Slice increment:	less than slice thickness
Storage medium:	CD ROM; data transfer via internet (as agreed)

Please scan the entire relevant area, in particular scans should include:

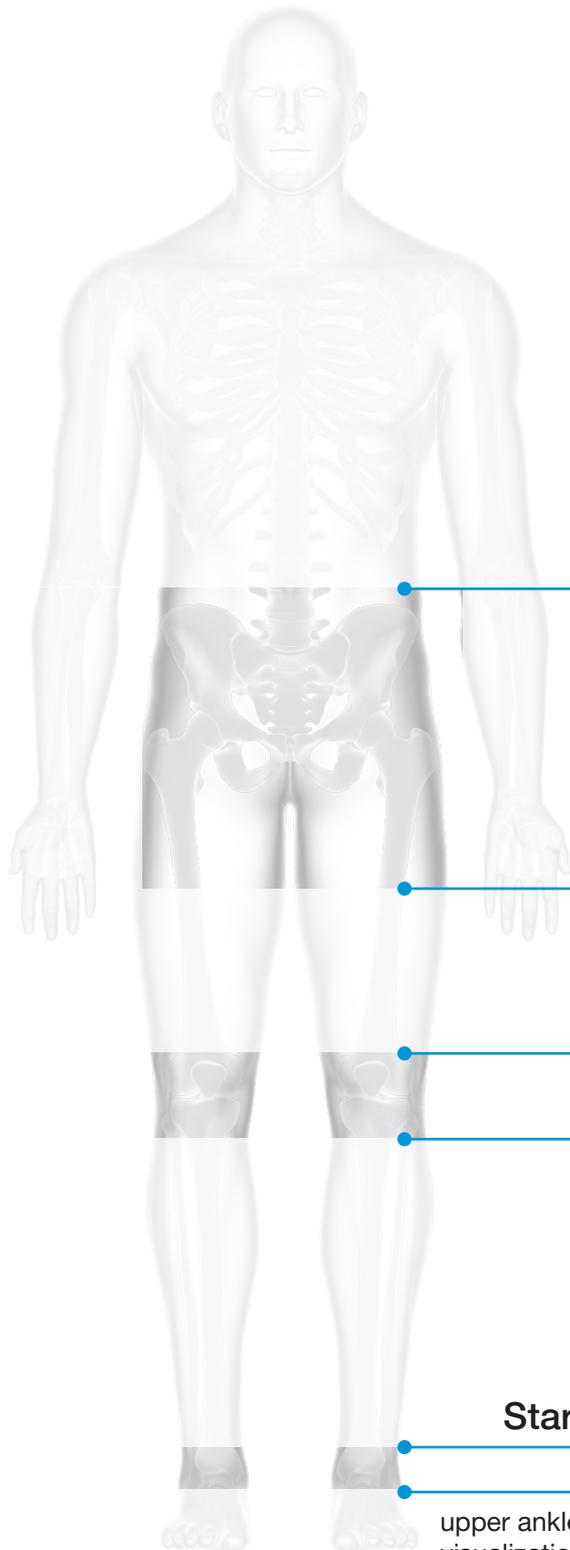
- complete intended resection
- full required anchorage length
- complete visualization of the relevant in situ implants

Please take note of the recommendations for each respective area.

See the following pages for examples:

1. hip / acetabulum replacement
2. acetabulum / pelvis
3. leg / total femoral replacement
4. knee / distal femoral replacement
5. shoulder
6. elbow
7. hand / wrist

1. hip / acetabulum replacement



**Start**

top of iliac crest

**Stop**

approx. 150mm distal to minor trochanter

**Start**

**Stop**

knee joint with visualization of complete joint line

**Start**

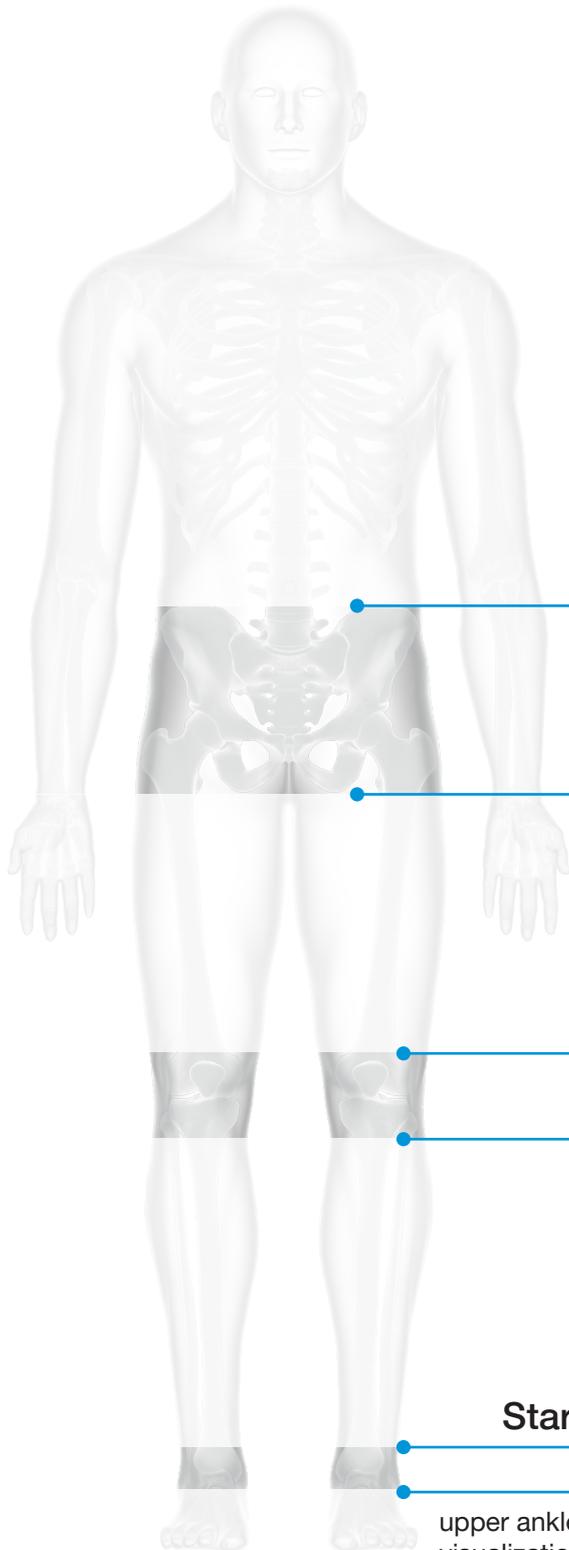
**Stop**

upper ankle joint with visualization of complete joint line

**Remark:**

1. Additionally a bilateral topogram of the whole leg in frontal and lateral view is required.
2. If necessary, increase the scan area to completely visualize in situ implants.
3. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than three months.

2. acetabulum / pelvis without implantation of a hip stem



**Start**

top of iliac crest

**Stop**

just below of ischial tuberosity

**Start**

**Stop**

knee joint with visualization of complete joint line

**Start**

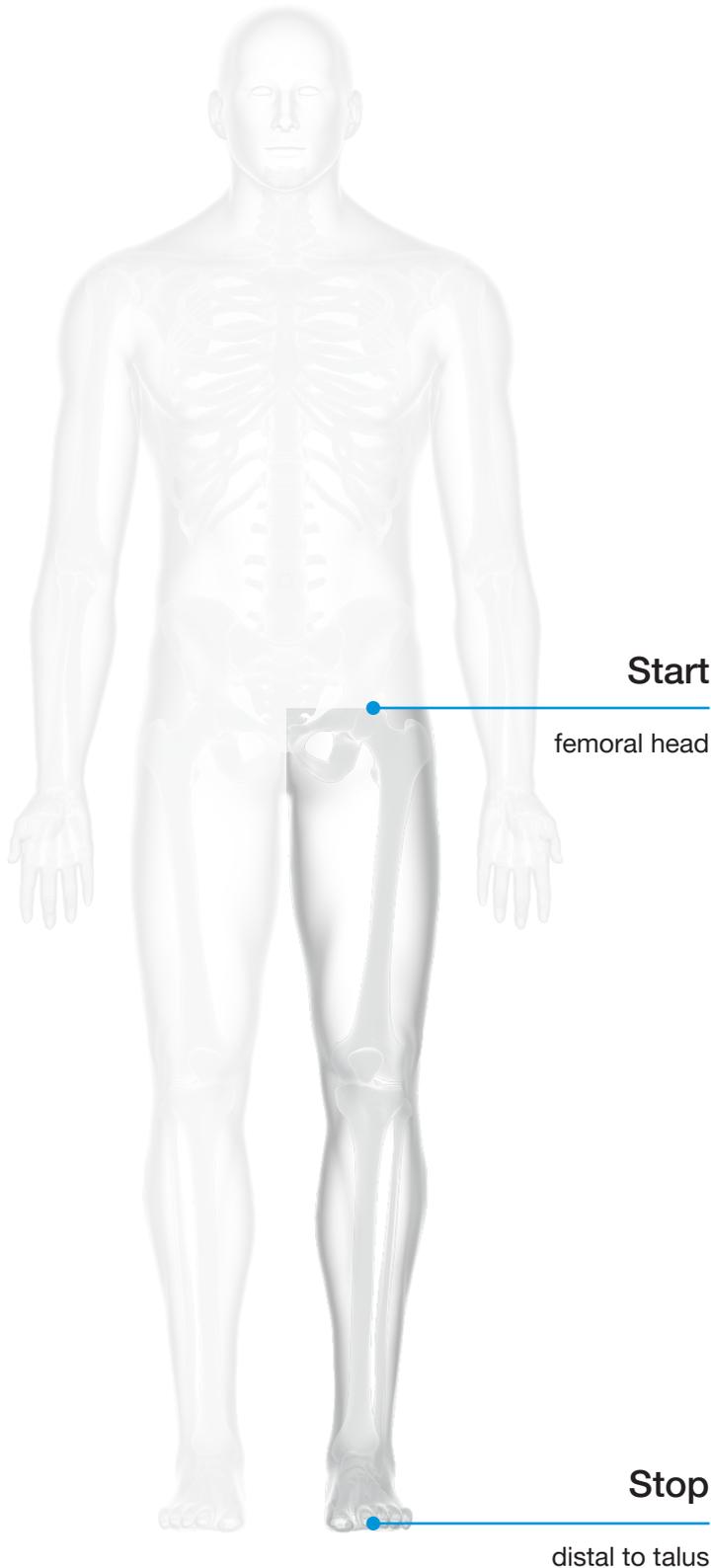
**Stop**

upper ankle joint with visualization of complete joint line

**Remark:**

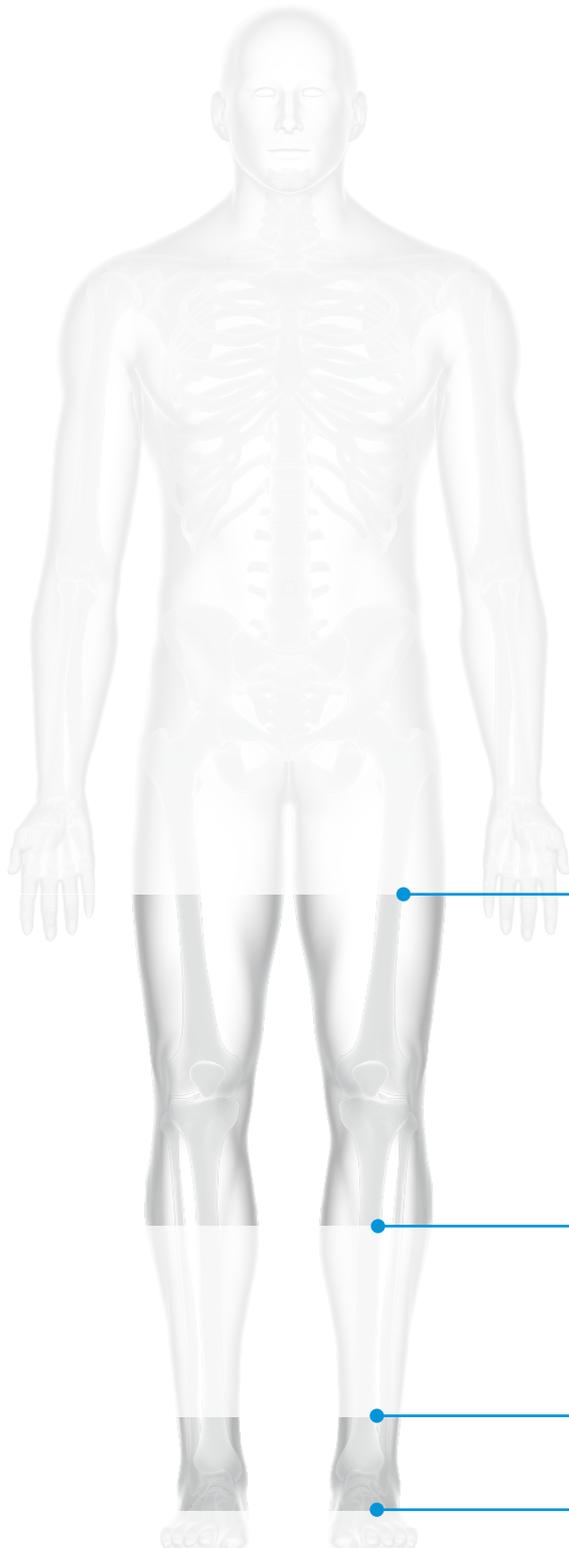
1. Additionally a bilateral topogram of the whole leg in frontal and lateral view is required.
2. If necessary, increase the scan area to completely visualize in situ implants.
3. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than three months.

## 3. leg / total femoral replacement

**Remark:**

1. Additionally a bilateral topogram of the whole leg in frontal and lateral view is required.
2. If necessary, increase the scan area to completely visualize in situ implants.
3. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than three months.

4. knee / distal femoral replacement



**Start**

approx. 200mm proximal to knee joint line

**Stop**

approx. 150mm distal to knee joint line

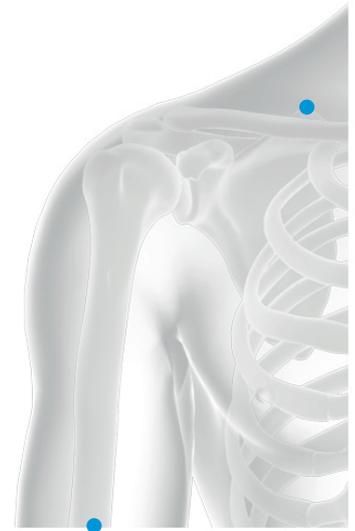
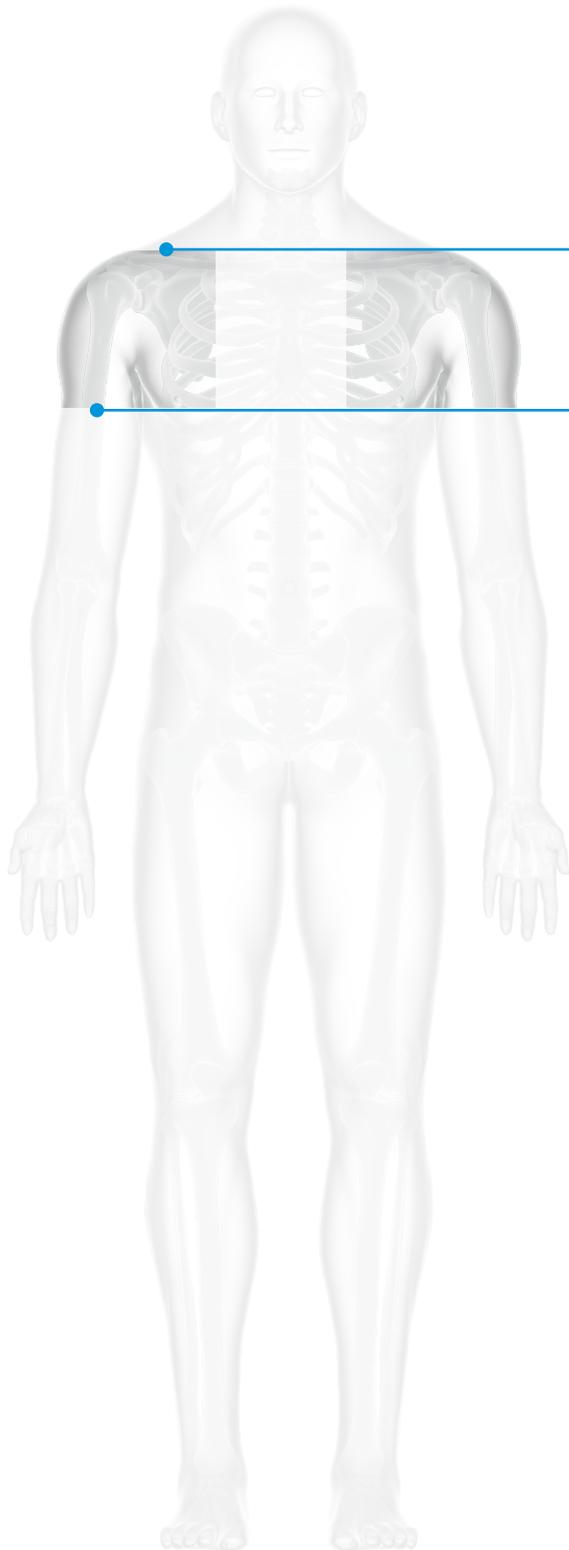
**Start**

**Stop**

**Remark:**

1. Additionally a bilateral topogram of the whole leg in frontal and lateral view is required.
2. If necessary, increase the scan area to completely visualize in situ implants.
3. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than one month.

## 5. shoulder

**Start**

cranial scapula

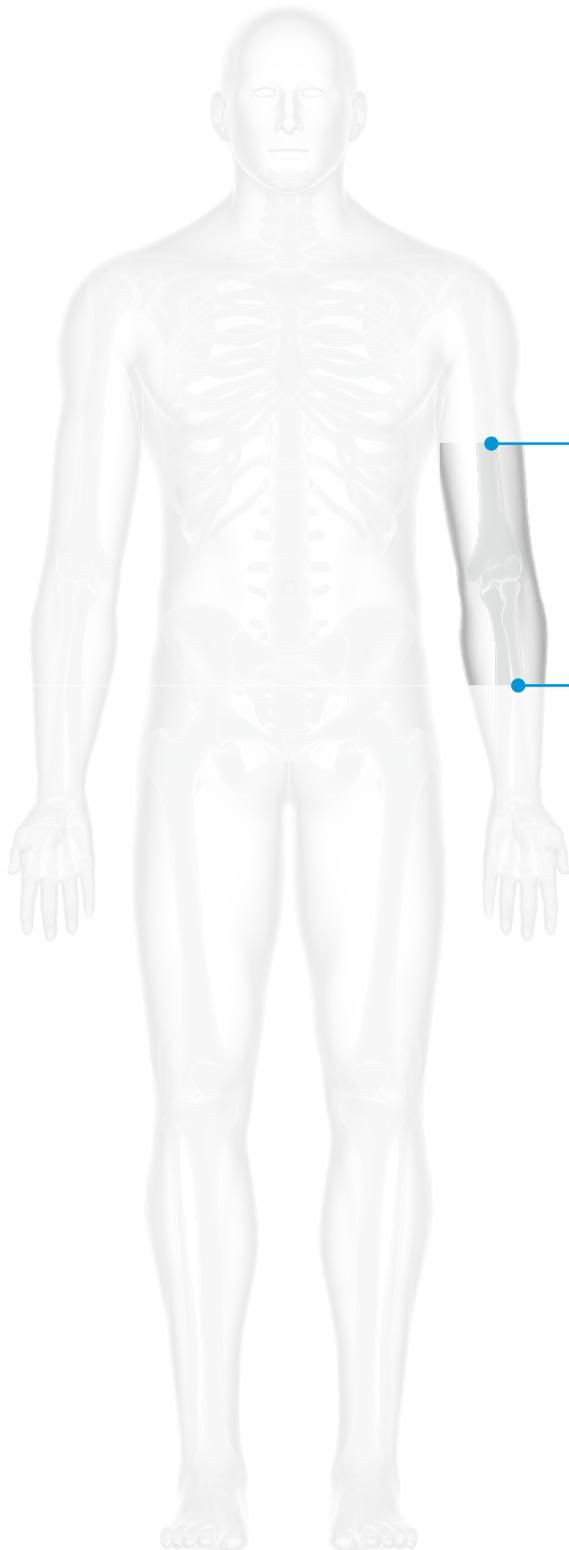
**Stop**

approx. 150mm of proximal humerus

**Remark:**

1. Additionally a bilateral topogram of the shoulder-breast-neck area in frontal view is required.
2. If necessary, increase the scan area to completely visualize in situ implants.
3. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than three months.

## 6. elbow

**Start**

approx. 150mm proximal to joint line

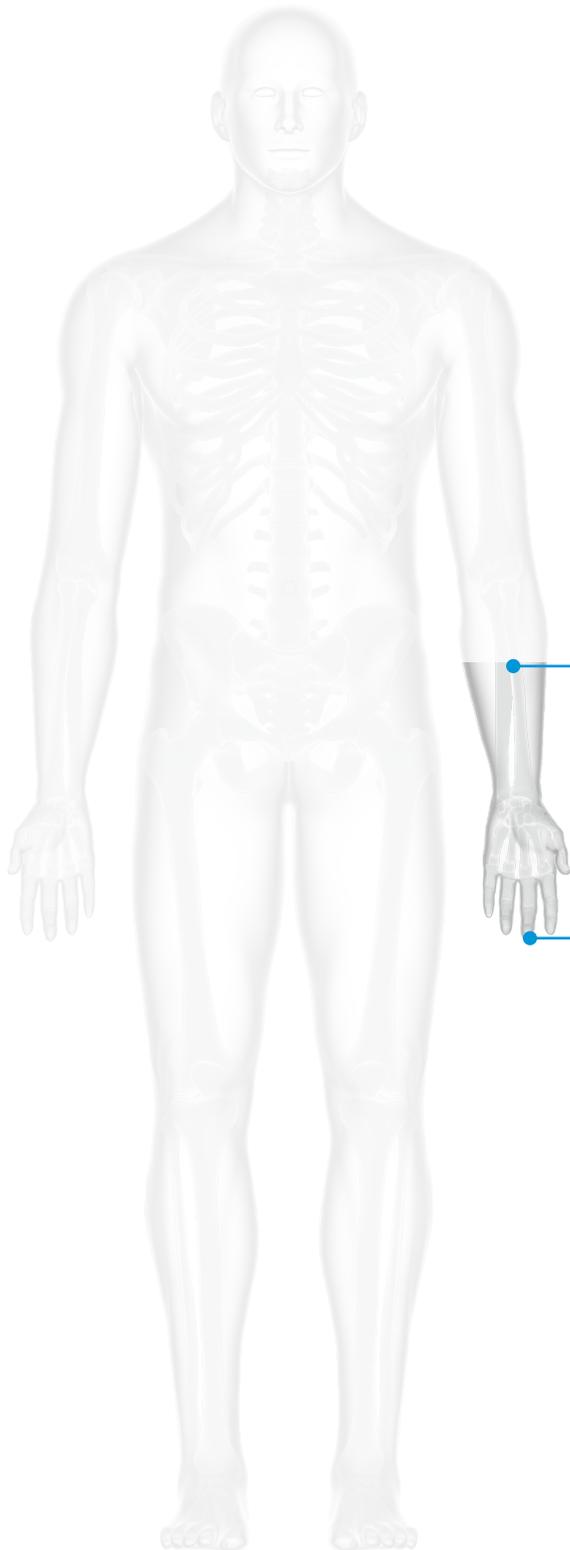
**Stop**

approx. 150mm distal to joint line

**Remark:**

1. If necessary, increase the scan area to completely visualize in situ implants.
2. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than three months.

## 7. hand / wrist

**Start**

approx. 150mm proximal to the carpal bones

**Stop**

at finger tips

**Remark:**

1. If necessary, increase the scan area to completely visualize in situ implants.
2. Based on many years of experience, it is recommended that the illustrated CT scans should not be older than three months.