



General  
information

# The • **ESKA**® • endostem adapted **exo**prosthesis treatment concept

"according to Dr. Grundei®"



**ESKA**  
**Orthopaedic**  
Handels GmbH

Patient

# The ESKA endostem adapted exoprosthesis treatment concept Typ I, Typ II oder Typ III "according to Dr. Grundei®"

## A new form of treatment for limb amputees

The ESKA endostem adapted exoprosthesis treatment concept "according to Dr. Grundei®" is a prosthesis fitting concept that has been used for more than 20 years, for the people with limb amputation which eliminates the usage of the conventional prosthesis socket. This prosthesis treatment concept is modelled based on the anatomy of the human body and the stress during walking and standing are beared by the bones and joints.

The benefits of the ESKA endostem adapted exoprosthesis treatment concept "according to Dr. Grundei®" are:

### ✓ No prosthetic socket

- The forces are transmitted directly from the bone over the prothesis stem
- Precision in the positioning of the prothesis
- Safe and harmonious gait pattern
- The hip joint is stressed in a natural way

### ✓ Complete Mobility

- Full freedom of movement of the stump at all levels
- No disturbing marginal areas of a prosthetic socket
- Achievement of full freedom of movement after 8-12 months
- Larger radius of action, significantly more steps per day
- Free from pain and fatigue during walking

### ✓ Ease of use

- Attach and detach while sitting within a few seconds
- No skin irritation due to chafing, sweat or heat
- Volume variations in the residual limb have no influence on the fit of the exoprosthesis
- The replacement of the ESKA endostem after 12-15 years is not expected, which is a usual case in endoprosthetics



## The ESKA endostem / three components

The implant is introduced directly into the femur and ensures a secure connection through the spongy metal surface which is developed 35 years ago by "Dr. Grundei" that provides a structural and functional connection between the bone and ESKA endostem.

## Long-term developments and innovative ideas created the ESKA endostem adapted exoprosthesis treatment concept "according to Dr. Grundel®"

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- ① ESKA Endostem (e.g. Type I) with inner cone  
Patent No. [DE 10 2009 027 255](#)  
Patent No. [DE 10 2010 028 430](#)
  - ② ESKA Bridge module in double cone design (e.g. Type I) with cone protection (according Schelhas 1986)
  - ③ Silicone cap used as stoma protection
  - ④ ESKA Bridge cylinder in the form of a metal cylinder including: inner cone, toothed disc slip clutch, torsion adjustment disc + locking body elements serve as a connection to the bridge.  
Patent No. [DE 10 2010 028 964](#)
  - ⑤ ESKA connection adapter in cylindrical shape for the knee or foot.  
Patent No. [DE 10 2010 039 698](#)



### + Structure

The ESKA endostem adapted exoprosthesis treatment concept "according to Dr. Grundel®" is composed of various components: internal module (Endo- operation by surgeon) and external module (Exo- fixation by prosthetist) which assembled into a system. The ESKA Endo module (endostem) is implanted into the bone, for example in the Femur. The healing time is about 12 weeks.

The special feature of the ESKA endostem implant is the spongy metal surface. The three dimensional lattice structure promotes a quick and complete growth of the bone cells around the implant and a firm anchorage of the ESKA endo- stem with the bone is guaranteed from the experience over 35 years.

The ESKA bridge module establishes a connection between ESKA endostem and ESKA bridge cylinder. The bridge module is proximally connected to the distal end of the endostem and connected distally to the bridge cylinder and its subsequent components.

The silicone cap serves to protect the exit point (stoma).

The ESKA bridge cylinder which consists of the ESKA metal cylinder, the toothed disc slip clutch and the torsion adjustment disc are used for the assembly and the alignment of the connection adapter for the knee or suitable foot piece.

- ① It is the responsibility of the qualified and ESKA certified prosthetist to assemble the components based on the respective statics and dynamics of the patient's gait and finally the selection of the prosthetic leg.

For more than 20 years the the ESKA endostem adapted exoprosthesis concept "according to Dr. Grundei®" has been applied

The implantation of the ESKA endostem and the ESKA bridge module is carried out in two operations, each performed under general anesthesia.

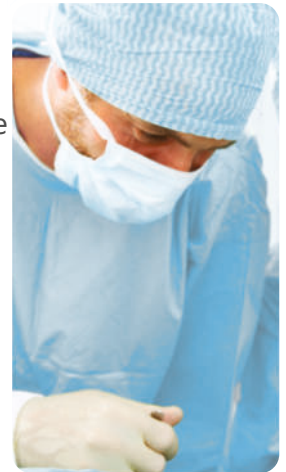
### STEP I

In the first operation, the distal end of the femur of a transfemoral amputee is exposed and the ESKA endostem is implanted. If the endostem is implanted in the right position, then the stump is closed.

After the surgery, it takes around 12 weeks to heal the wound and the Osseointegration occurs along with it. The medical supervision is needed during this period.

### STEP I

### STEP II



In the second operation, a circular skin passage (stoma) is prepared. Through the stoma, the ESKA bridge module is connected with the ESKA endostem.

### STEP I

### STEP II

### STEP III

The **qualified and ESKA certified prosthetist** with the help of two X-Ray images (in the direction: Anterior-Posterior (A-P) + Lateral-Medial (L-M)) and the measured specifications (sagittal plane trochanter-bending angle + mobility level) to determine the position of the knee axis and to plan the prosthetic leg.

The mobilisation takes place a few days after the second operation and under the supervision of the qualified and ESKA certified prosthetist, walking training may be started.



In addition, after successful implantation, each patient receives a patient passport from the attending physician, in which the regular control of the exo-fitting parts are documented.

This passport also contains the exact details of the exoprosthesis fitting and should also be carried at all times during air travel.



## The ESKA endostem adapted exoprosthesis treatment concept

"according to Dr. Grundei®" in practice

From the experience of hundreds of satisfied ESKA endostem adapted exoprosthesis users, shows that there are significant advantages are gained over the conventional socket prosthesis. Through a conscious and careful use of the ESKA endostem adapted exoprosthesis treatment concept "according to Dr. Grundei®", complications can be excluded as far as possible



### ✓ Care of the stoma

Special attention must be paid to the stoma through which the bridge module leaves the body. With normal hygiene and regular cleaning: two times per day with water and perfume-free soap, the risk of infection can be reduced to an extremely low rate.

### ✓ Load

Excessive twisting of the prosthesis should always be avoided. If larger loads do occur, then the locking body elements and the toothed disc slip clutch direct the force outwards and hence protects against fracture of the bone. This protection mechanism prevents the damage to the bone.

The replacement of the ESKA endostem after 12-15 years is not expected, which is a usual case in endoprosthetics.

### ✓ Material

The implants are made of a cobalt-chromium-molybdenum casting alloy (CoCrMo), which is coated with a titanium-niobium layer (TiNb). These materials in endoprosthetics are considered to be very compatible with the body and known to trigger allergic reactions only in extremely rare cases.

Generally, medications are not necessary in conjunction with the endostem adapted exoprosthesis treatment concept, "according to Dr. Grundei®".

### Direct Billing

The operation and the ESKA endostem are invoiced by the clinics directly to the cost bearers.

The exo fitting is invoiced by the ESKA certified prosthetist, who submits a cost estimate to the insured person's health insurance company.

### Exo-Prosthetist part

The exo fitting is carried out by the ESKA certified prosthetist with certified foot and knee fittings from selected manufacturers.

According to our experience, calculating joints with computer-assistance gives the best results for the classification of the mobility classes for all standard fittings.



### Patient's experiences

"I'm very happy to have chosen treatment with this product, my activity is increased and the joy of living is indescribable" ...said Klaus

"The Endo-Exo treatment is the best what I could do in the given situation. With the surgery, I'm taking no great risk and later exoprosthetic leg can be attached. If I didn't find it easy to walk with the exoprosthetic leg, then only the adapter must be removed. The implant stays inside and no need of extra surgery to remove it. " ...said Petra

"I recovered my leg" ...said Robert



## Clinics

So far, we work together with the following clinics in Germany, where endo operations are performed.

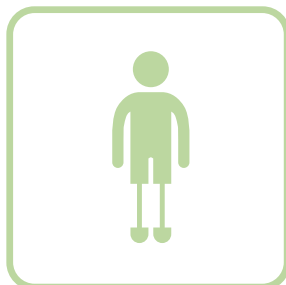
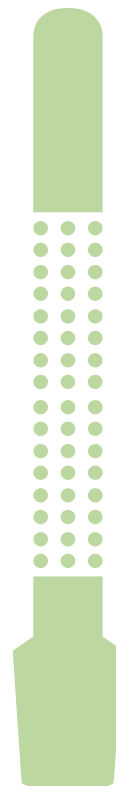
- Medizinische Hochschule Hannover (MHH)  
Unfallchirurgie Zentrum für Endo-Exoprothetik  
Frau Dr. Ernst
- Bundeswehrkrankenhaus Berlin  
Unfallchirurgie / Orthopädie  
Herr Prof. Dr. Willy
- Universitätsklinik Rostock  
Direktor Orthopädie und Polioklinik  
Herr Prof. Dr. med. habil Prof. Wolfram Mittelmeier
- Orthopädische Klinik Dortmund  
Direktor der Orthopädischen Klinik  
Herr Prof. Dr. med. Christian Lüring
- Berufsgenossenschaftliche Unfallklinik Murnau  
Septische und Rekonstruktive Chirurgie  
Herr Dr. von Stein
- Aneos Klinikum Eutin  
Klinik für Orthopädie, Unfall- und Rekonstruktive Chirurgie  
Frau Dr. med. Astrid Clausen
- Universitätsklinikum Münster (UKM)  
Klinik für Allgemeine Orthopädie und Tumororthopädie  
Herr Dr. Budny
- Berufsgenossenschaftliches Klinikum Halle  
Unfall- und Wiederherstellungschirurgie  
Herr Prof. Dr. Hofmann
- München Klinik Neuperlach  
Klinik für Orthopädie, Unfall- und Wiederherstellungschirurgie  
Hon.-Prof. med. univ. Plevén Dr. Heinz Röttinger
- Mare Klinik Kiel  
Orthopädie und Unfallchirurgie  
Herr Prof. Dr. med. Ludger Gerdesmeyer



## Trained Partners

We will be happy to inform you by telephone about the ESKA trained and certified prosthetist nearby your area.

# Contact



## Manufacturer and distributor

ESKA Orthopaedic Handels GmbH  
Osterweide 2  
23562 Lübeck  
Tel.: +49 (0) 451 6116 8778  
Fax: +49 (0) 451 6116 8776  
Mail: [info@eskaorthopaedic.de](mailto:info@eskaorthopaedic.de)  
[order@eskaorthopaedic.de](mailto:order@eskaorthopaedic.de)  
Website: [www.eskaorthopaedic.de](http://www.eskaorthopaedic.de)



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für  
Endoprothetik  
Exoprothetik