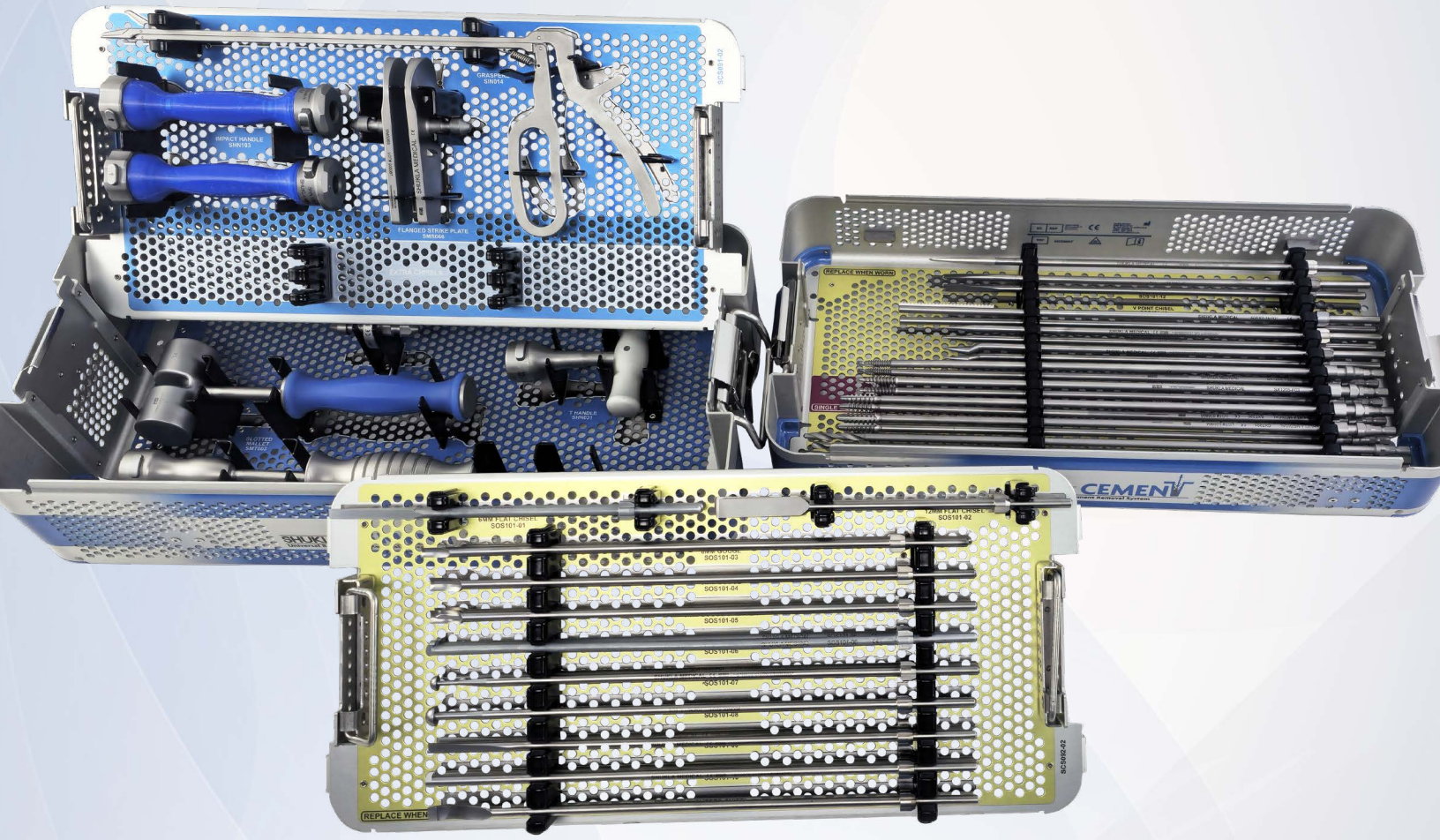


SHUKLA CEMENTTM
Universal Bone Cement Removal System



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SHUKLA CEMENT™

Universal Bone Cement Removal System

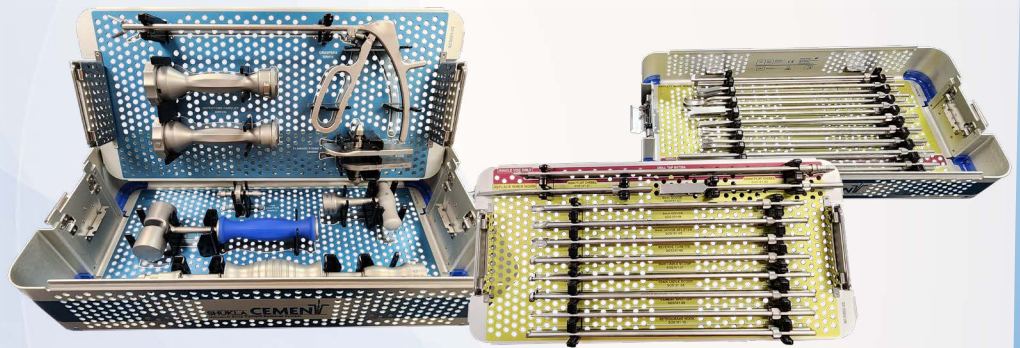
1.1 System Name: SHUKLA Cement

Part Number: S9CEMENT

Version: 1

1.2 Primary Use

The SHUKLA Cement Universal Bone Cement Removal System is designed to remove any bone cement found during revision surgery of cemented hip and knee implants. The SHUKLA Cement system gives surgeons every tool they need for the successful removal of bone cement during revision surgery.



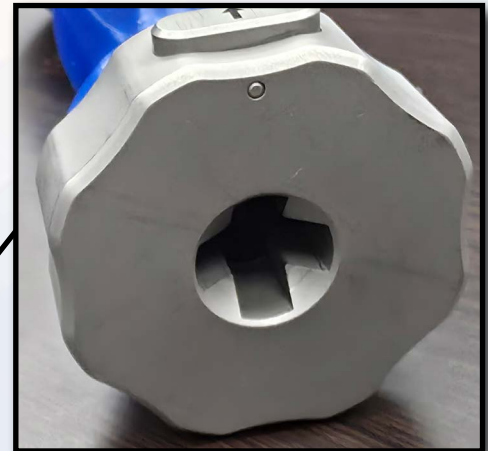
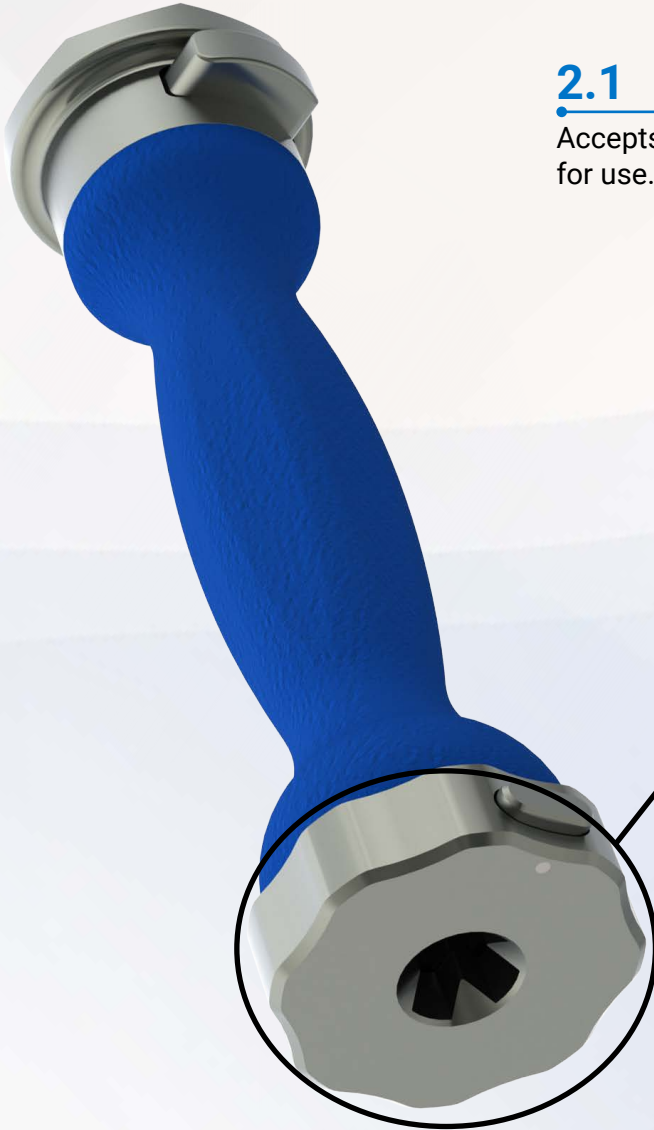
1.3 System History

Over the years, one of the most consistent requests Shukla engineers had gotten was for the creation of a cement removal system. So much so that by 2021, development on the SHUKLA Cement officially began. Our engineers worked alongside a prominent surgeon to make sure the system was not only universal, but was designed to tackle any potential issue that could crop up during cement removal of a hip or knee revision. The SHUKLA Cement system became incredibly comprehensive, and debuted as an official system for Shukla Medical in the spring of 2026.

2.1

IMPACT HANDLE

Accepts and locks any bone cement removal component for use. The back hub connection end is push-to-connect for instrumentation.

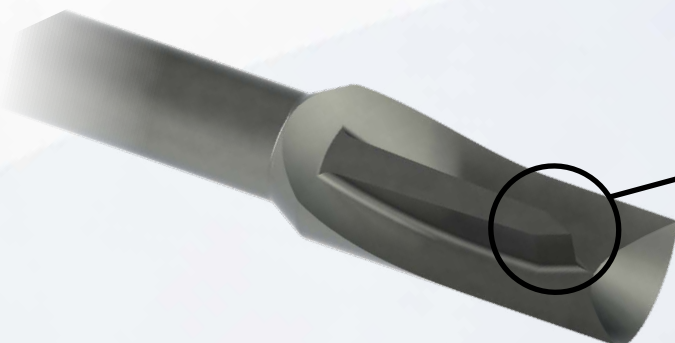


Front end allows for quick insertion of cement removal components with a twist lock feature to keep them in place.

2.2

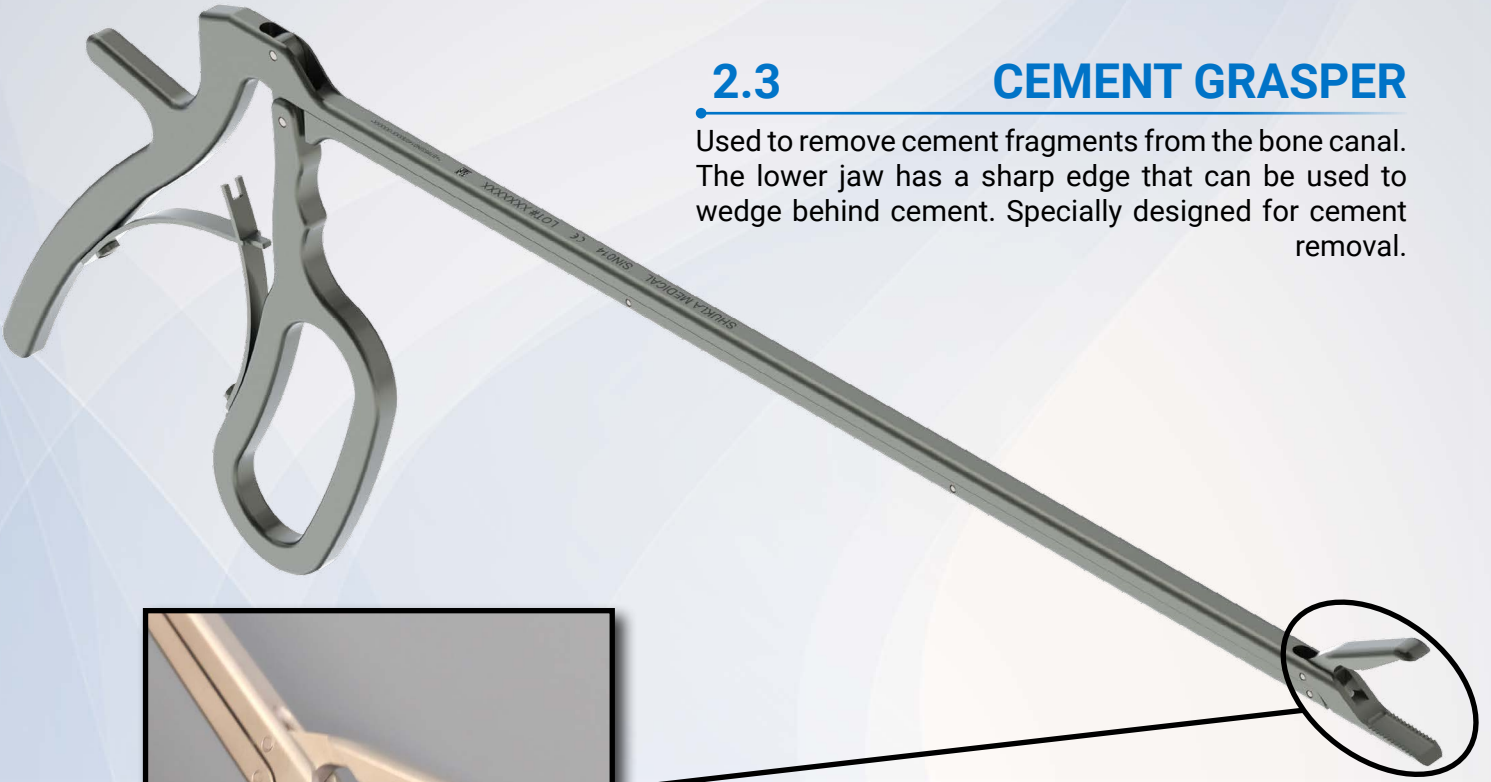
GOUGE SPLITTER

Used for removing cement from canal walls using antegrade impaction. The added splitter helps further break the cement up into smaller pieces.



The center splitter is designed to effectively break up cement while remaining in line with fractures in the cement.

Parts not shown to scale



2.3 CEMENT GRASPER

Used to remove cement fragments from the bone canal. The lower jaw has a sharp edge that can be used to wedge behind cement. Specially designed for cement removal.



Special jaws can act as a wedge to get under pieces of cement before clamping down



2.4 BELL CHISEL

Features a 360-degree reverse curette cutting edge, reducing reliance on additional visualization methods/X-ray tools during use. The scoop design collects cement fragments and pulls them out of the canal.

360-degree cutting edge eliminates the need to worry about rotational orientation during canal debriding.



3.1 Preoperative

- Appropriate x-rays and surgical notes may be used to identify manufacturer, brand, location, & condition of implanted hardware.
- The surgeon should be familiar with general principles of revision surgery and techniques for removal of implants.
- The instrumentation should be inspected for visible wear prior to use (see *Instructions for Use Cleaning & Sterilization & Preoperative Instrumentation Inspection Guide, LIT-1063*). Do not use the product if damage is suspected.
- Only recommended cleaning and sterilization guidelines should be used.

3.2 Operative

- The surgeon should be cautious with limb position change and/or excessive force exertion while using the instrumentation provided in the tray.

3.3 Storage

- It is recommended to store all Shukla Medical instrumentation in a clean, dry environment. Under 50% relative humidity; $\leq 75^{\circ}\text{F}/24^{\circ}\text{C}$.
- Proper handling and storage of the instrumentation is mandatory. Long-term use of this system may produce stresses and cause weakness, which could become a focal point for failure.

3.4 Intended Use

The SHUKLA Cement (S9CEMENT) is intended for use during hip and knee revision procedures to remove bone cement.

Instrumentation from Shukla Medical is recommended for use only within the intended design, and only by licensed healthcare professionals. Any uses other than those indicated may cause adverse results to the instrumentation or to the patient.

Intended Patient Population: Adult patients undergoing revision hip or knee arthroplasty procedures requiring the removal of bone cement.

This Surgical Technique Guide is intended to be used in conjunction with:
Product Guide (PG) for device configuration and components
Instructions for Use – Cleaning, Sterilization and Inspection Guide (LIT-1063)
The user must review all applicable documents prior to use.

3.5 Indications for Use

The SHUKLA Universal Cement Removal System (S9CEMENT) is indicated for use during revision procedures to remove bone cement during hip or knee revisions.

3.6 Contraindications

Listed below are possible (not inclusive) scenarios in which the SHUKLA Cement System should not be used:

- **Insufficient bone quality or quantity** where applied forces (ex: impaction or chiseling) may result in fracture or compromise of the surrounding bone structure
- **Anatomical condition** that may prevent safe access or visualization of the cement where usage may result in unintended tissue damage
- **Situations where controlled and incremental forces** cannot be applied, increasing the risk of bone fracture or soft tissue injury
- **Use outside intended application**, including procedures not involving removal of bone cement
- **Foreign body sensitivity:** Where material sensitivity is suspected, appropriate tests should be performed to rule out sensitivity prior to use.

3.7 Additional Recommendations

During cemented hip revision procedures, the SHUKLA Cement system is recommended to be used in conjunction with the SHUKLA Hip, Shukla Anterior Hip, SHUKLA Blade, SHUKLA Cup, and SHUKLA Multi-Vise systems.

During cemented knee revision procedures, the SHUKLA Cement system is recommended to be used in conjunction with the SHUKLA Knee, SHUKLA Blade, and SHUKLA Multi-Vise systems.

3.8 Warnings, Precautions, & Residual Risks

Warnings:

- Excessive impaction force may result in bone fracture or damage to surrounding tissue.
- Improper alignment or positioning of instruments may result in unintended tissue damage or incomplete cement removal.
- Use of damaged or worn instruments (see LIT-1063) may result in reduced performance or device failure.

Precautions:

- Use controlled and incremental force during impaction.
- Select appropriate instruments based on cement geometry and anatomy.
- Inspect all instruments prior to use in accordance with LIT-1063.

Residual Risks:

- Residual risks include bone fracture, soft tissue injury, and incomplete cement removal despite adherence to instructions.

STEP 1

After removing a cemented hip or knee using the SHUKLA Hip (S9HIP) or SHUKLA Anterior Hip (S9HIP-ANT) or SHUKLA Knee (S9KNEE) Extraction Systems, the cement can be removed using the SHUKLA Cement (S9CEMENT). If removing cement from an extracted hip implant, go to **Step 2**. If removing cement from an extracted acetabular cup, go to **Step 20**. If removing cement from an extracted knee implant, go to **Step 21**.

STEP 2

Connecting Instrumentation

To connect any of the components in the SHUKLA Cement system to the Impact Handle (SHN103), push the cross-connect back end of the chisel into the connection end of the Impact Handle. Once fully inserted, the locking cap can be rotated until the arrow lines up with the lock symbol on the handle grip. (Image 1)

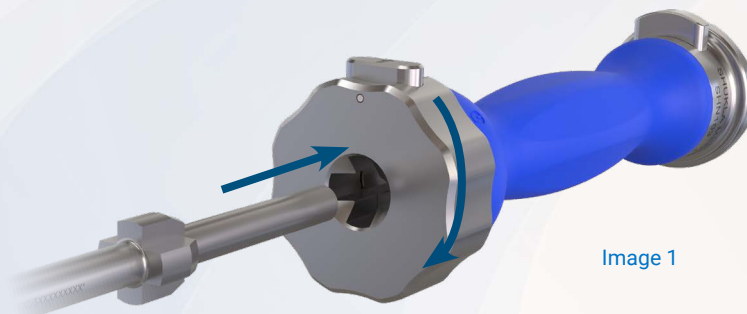


Image 1

To unlock the connection end and remove the chisel component, hold the arrow button down and then rotate the cap to the unlock position.

To connect instrumentation to the Impact Handle, use the push-to-connect hub connection end. Instrumentation such as the Flanged Strike Plate (SMS066) and Slide Hammer Adapter (SAD016) can be inserted into this end until they lock into place. (Image 2) To unlock, hold the button down and remove the accessory component.



Image 2

NOTE: *The back end should not be used as a direct strike surface.* Use the Flanged Strike Plate or the Slide-Hammer to apply impact force.

STEP 3

Removing Proximal Cement Mantle

To create fracture sites for the cement to break along, you can use either the Flat Chisels (SOS101-01 & SOS101-02), the Rounded Point Chisel (SOS101-12), the Straight Pick (SOS101-16), or a combination of any. For either option, continue to **Step 4**.



Flat Chisel



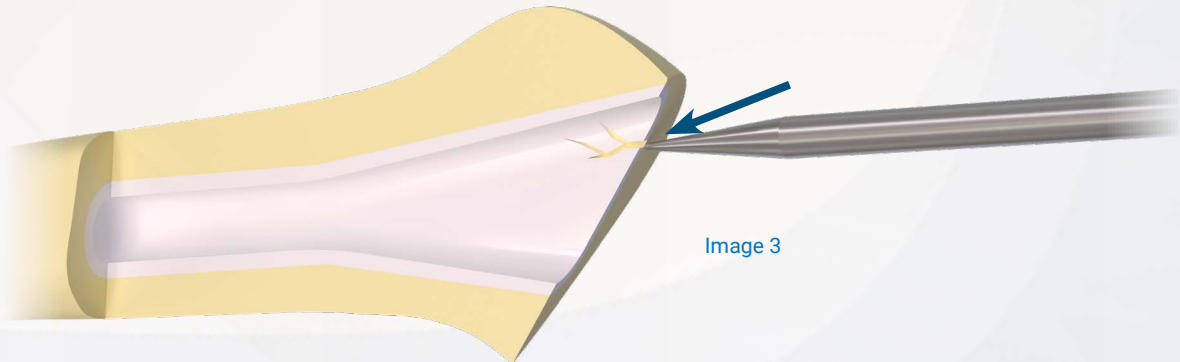
Rounded Point Chisel



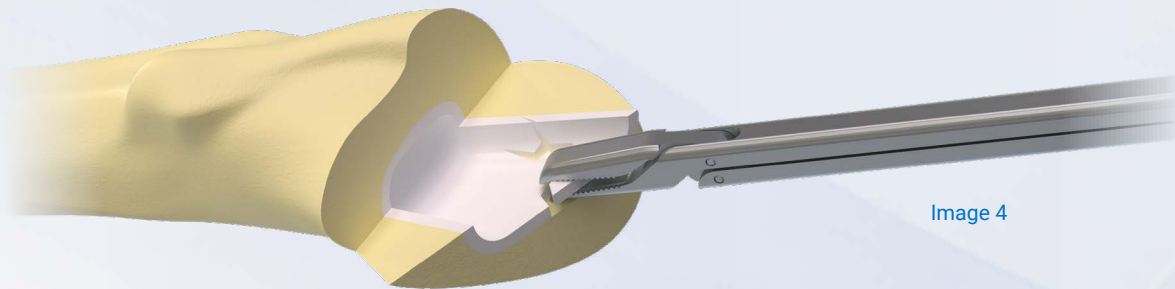
Straight Pick

STEP 4

Proximal cement can be removed by first creating fracture sites using the Flat Chisels or the Straight Pick. These instruments can then be used to continue to break cement pieces free. The Flat Chisels can be used on larger flat areas whereas the Straight Pick (Image 3) can be used in tighter or curved geometries. Proceed to **Step 5**.

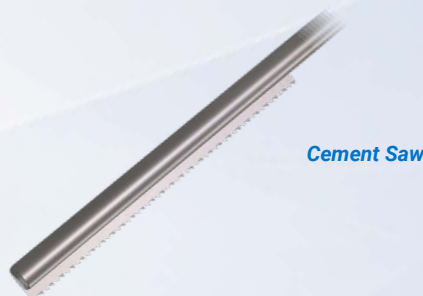
**STEP 5****Cement Graspers**

If proximal cement fragments still remain within the canal, use the Cement Graspers (SIN014). The lower jaw can be used like a chisel to wedge under a cement piece before clamping down to remove the fragment. (Image 4) Proceed to **Step 6**.

**STEP 6****Removing Cement Column**

Once proximal cement has been removed the next step is to start working on the cement column, by creating fracture sites for the cement to break along. This can be done using either the Cement Saw (SOS101-15), the Straight Pick (SOS101-16), or a combination of both. If choosing the Straight Pick, go to **Step 7**. If using the Cement Saw, go to **Step 8**.

TIP: For thicker cement columns, opt for the Cement Saw as the primary choice.

**STEP 7**

Using the Straight Pick, impact the point of the pick into the cement along the cement column to crack the cement. Once the cement has started cracking, proceed to **Step 9**. If patient bone quality is a concern, skip to **Step 11**.

**STEP
8**

Using the Cement Saw, make four axial cuts into the cement column, spaced equally apart (Image 5). Proceed to **Step 10**. If patient bone quality is a concern, skip to **Step 11**.

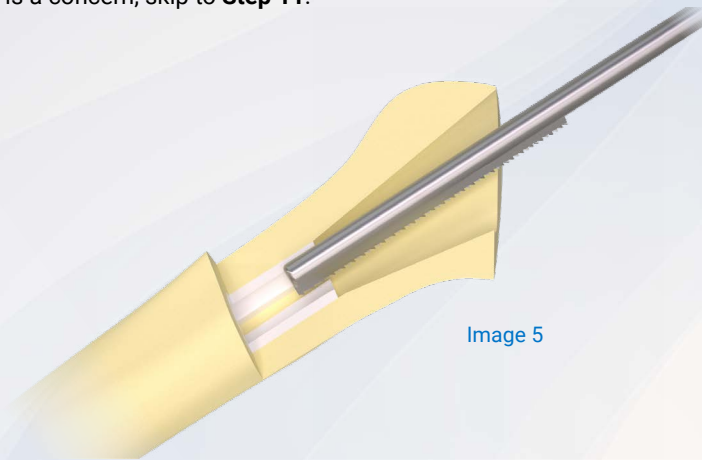


Image 5

**STEP
9**

For cement columns of general thickness, use either the 6mm Gouge (SOS101-03) or 9mm Gouge (SOS101-04). Impact the Gouge into the cement column to create fractures within the bone cement (Image 6), removing the cement from the top down. If any large pieces of cement become wedged in the canal, proceed to **Step 12**. If not, proceed to **Step 14**.

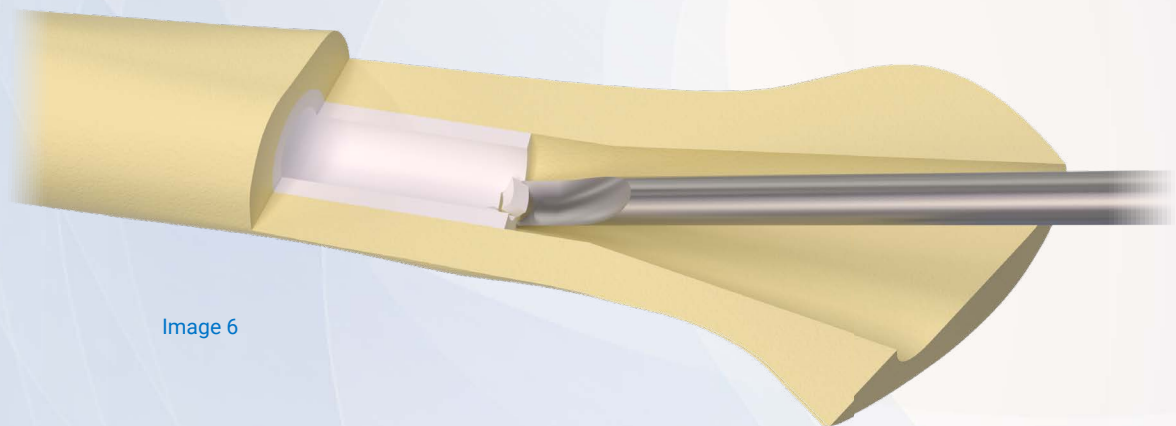


Image 6

**STEP
10**

For thicker cement columns, use either the Gouge Splitter (SOS101-05) or the V-Tip chisel (SOS101-13). The Gouge Splitter's center splitter can be lined up with the previously made cracks or axial relief cuts (Image 7), and the V-Tip Chisel's aggressive tip can be used to create deeper fractures. If any large pieces of cement become wedged in the canal, proceed to **Step 12**. If not, proceed to **Step 14**.

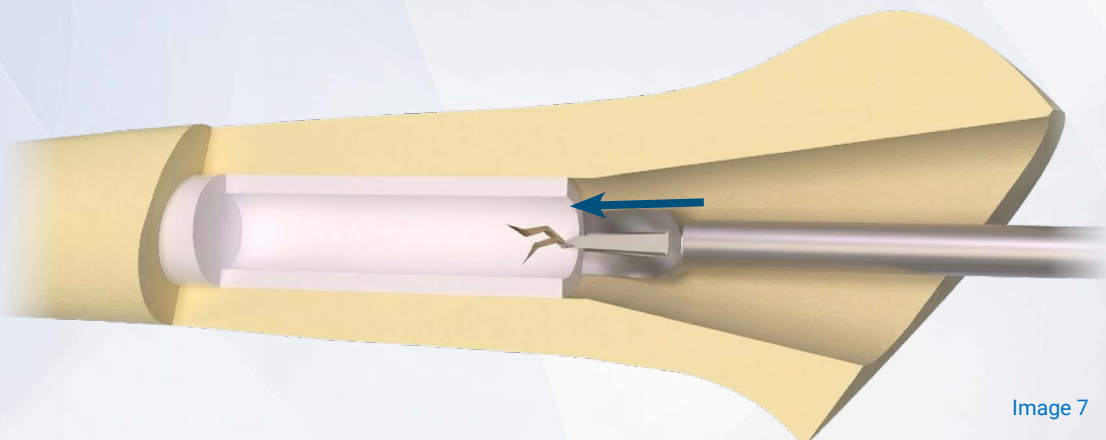


Image 7

STEP 11

For bone cement removal in patients with bone quality concerns, the Cement Splitter (SOS101-09) is recommended. The Cement Splitter has a guide that is used to prevent accidental perforation of the bone and to prevent additional bone loss. (Image 8) If any large pieces of cement become wedged in the canal, proceed to **Step 12**. If not, proceed to **Step 14**.

TIP: The guide of the Cement Splitter goes against the bone. (Image 9)

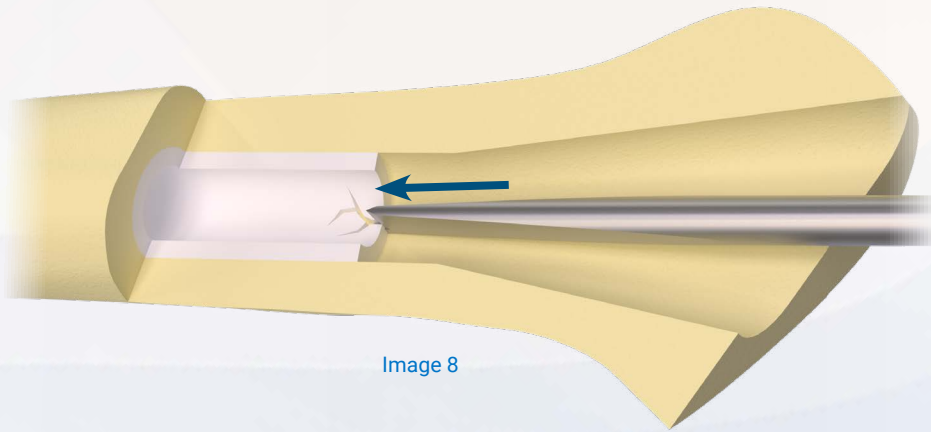


Image 8

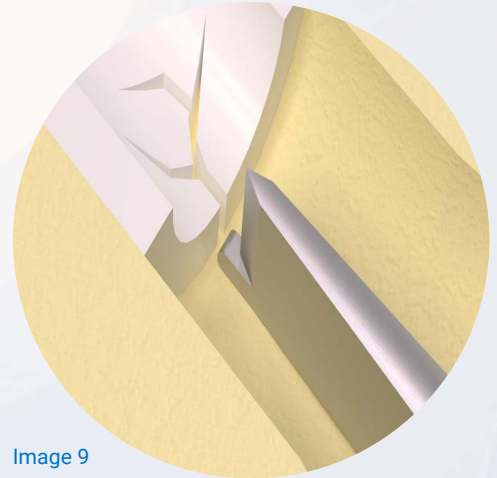


Image 9

STEP 12

For any large pieces of bone cement that have become wedged in the canal, the Cement Graspers (SIN014) can be used to free the cement. (Image 10). Proceed to **Step 13**.

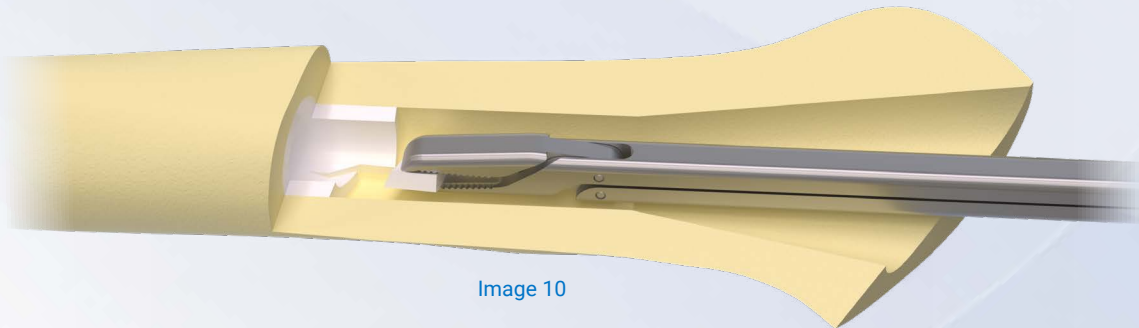


Image 10

STEP 13

The Retrograde Hook (SOS101-10) can be used to grab the underside of well fixed cement pieces and then be impacted to break the cement free. (Image 11) Proceed to **Step 14**.

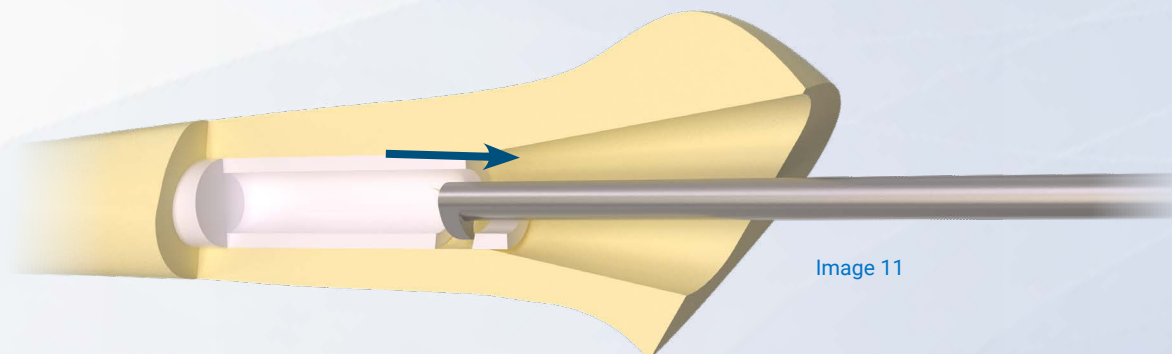


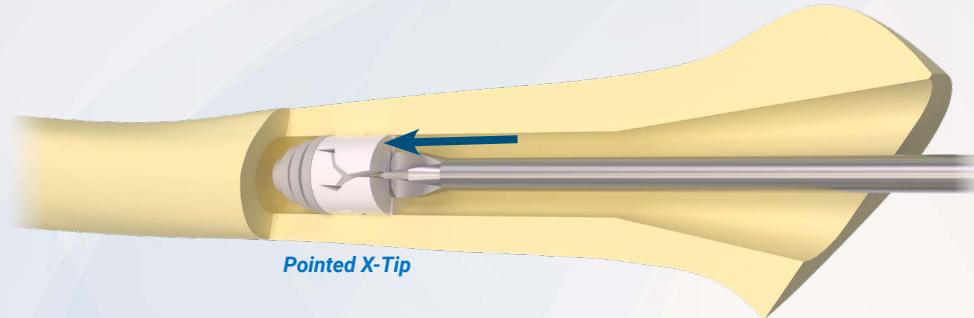
Image 11

STEP
14

Removing Cement Plug

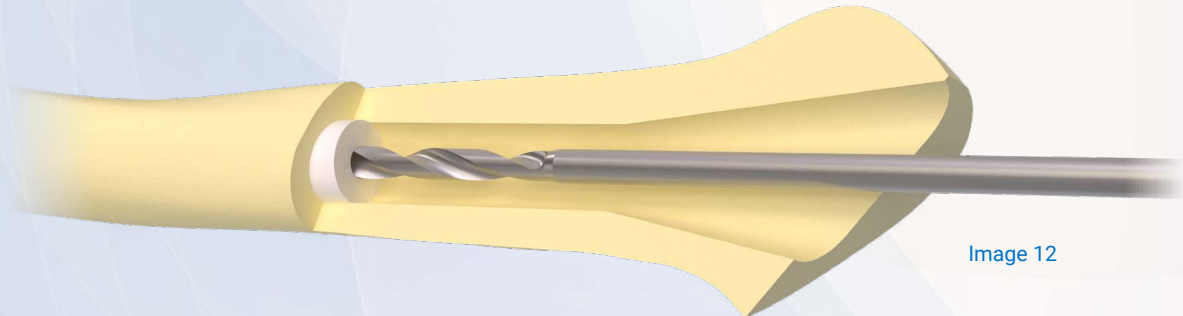
Once the cement column is clear the cement plug can be removed. If the plug is large (more than 3mm) or well fixed, continue with this step. If the plug is smaller than 3mm or not well fixed, skip to **Step 15**.

For larger and more well fixed cement plugs, the plug can be fractured using surgeon preference of the Straight Pick (SOS101-16), Angled Pick (SOS101-17), Pointed X-Tip (SOS101-14), 6mm Gouge (SOS101-03), 9mm Gouge (SOS101-04), or the 9mm Gouge Splitter (SOS101-05). Impact the chosen component into the cement plug to break up and remove the cement plug. Once the cement plug has been removed, skip to **Step 18**.


STEP
15

For smaller sized or less well fixed cement plugs, the Tap Extractor can be used.

It is best to start with the smaller size Tap Extractor. Using the 6mm Drill (SDL001), create a pilot hole for the 8mm Tap Extractor (SXT220) to engage with (Image 12). If the 8mm Tap Extractor pulls through the cement plug, the 10mm Tap Extractor (SXT221) can be threaded into the same hole. If instead starting with the 10mm Tap Extractor, the 7mm Drill (SDL002) must be used for the pilot hole. Continue to **Step 16**.



TIP: The Drills (SDL001 & SDL002) have a Hudson backend and can be chucked into any standard orthopaedic drill.

STEP
16

Once a hole is drilled in the center of the plug, the Tap Extractor can be threaded into it using the T-Handle to apply torque by hand. (Image 13) Continue to **Step 17**.



STEP 17

Once the tap is fully engaged with the cement plug, the Tap Extractor can be disengaged with the T-Handle and attached to the Slide Hammer (SIN012). The Slide Hammer can then be used to impact out the cement plug. (Image 14) Continue to **Step 18**.

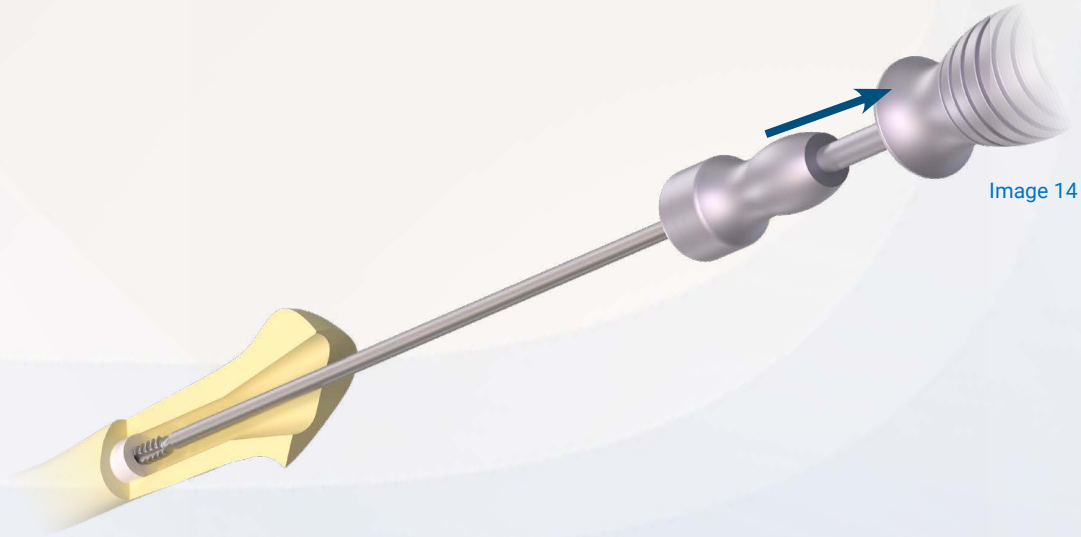


Image 14

STEP 18

Removing Cement Restrictor

If the cement restrictor was not removed at the same time as the cement plug, then the Drill Tap (SXT204 & SXT205) can be inserted into an orthopaedic drill and used to drill and self tap into (on ream speed) the restrictor for extraction. (Image 15) Once the Drill Tap is fully engaged in the restrictor, the Slide Hammer can be attached to impact the restrictor out of the canal. (Image 16) Proceed to **Step 19**.

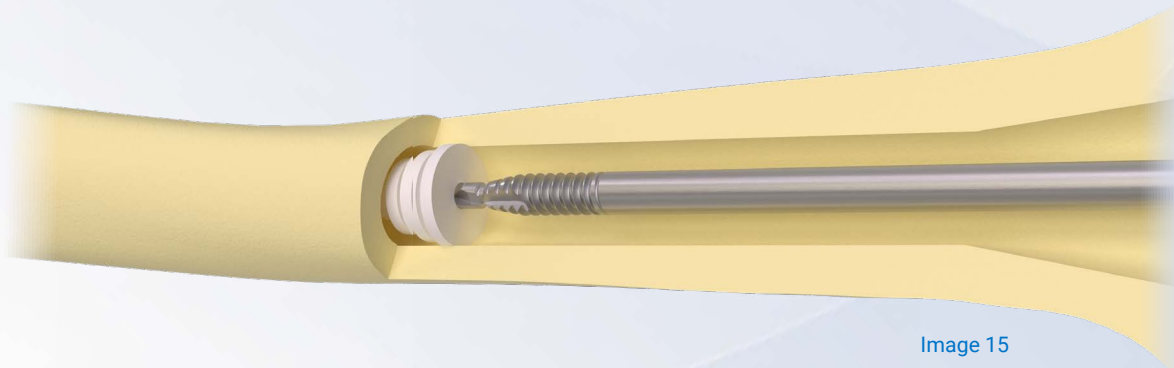


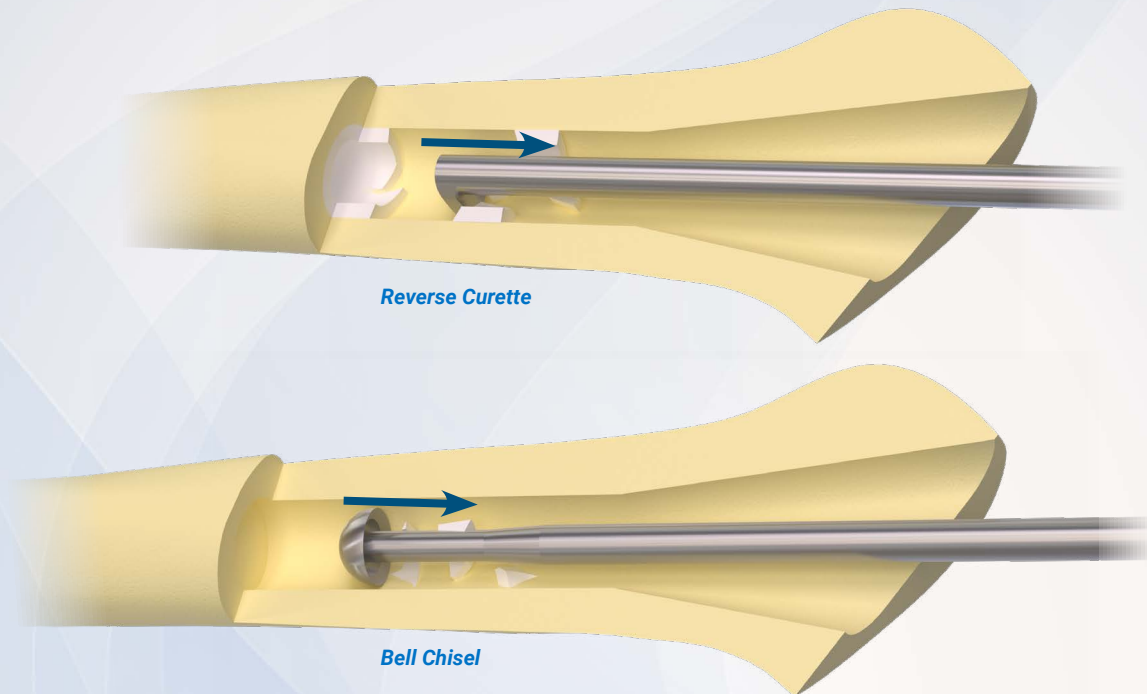
Image 15



Image 16

**STEP
19**

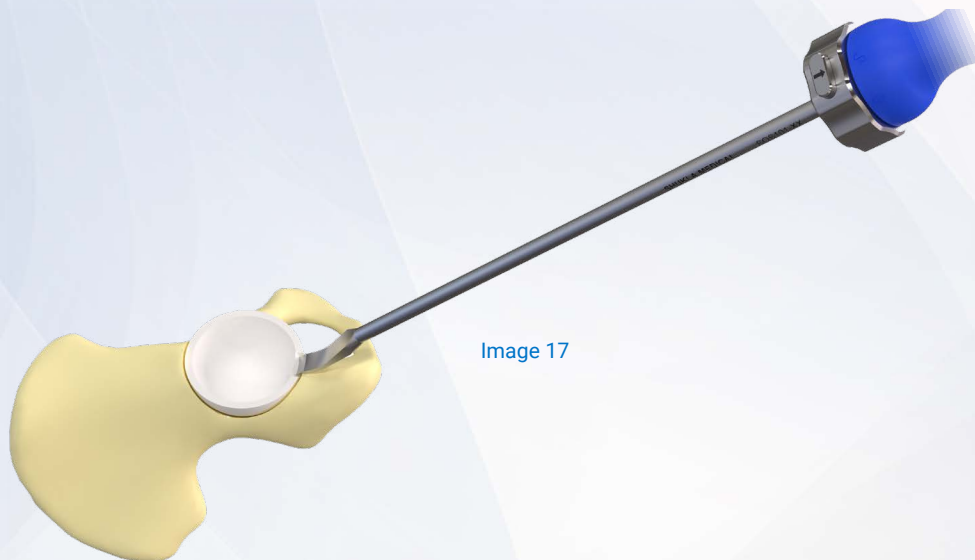
Once the restrictor has been removed, the Reverse Curette (SOS101-06) or the Bell Chisels (SOS101-07 & SOS101-08) can be used to clean up any remaining cement as well as canal debridement. The Reverse Curette has a larger offset and is stronger, making it ideal for any remaining large or well fixed cement fragments. The Bell Chisels are an effective option for general debridement and can be moved up and down the canal until the canal has been cleaned.



Note: Take caution when using the Reverse Curette or Bell Chisels, as their sharp cutting edge can accidentally remove more tissue than intended if used too aggressively.

**STEP
20**

After removing the acetabular cup using the SHUKLA Cup system, the Cupped Chisel (SOS101-11) can be used to remove the cement that remains. (Image 17) Any remaining cement fragments can be removed using the Cement Graspers. (SIN014)



Note: The Rounded Point Chisel (SOS101-12), Pointed X-Tip (SOS101-14), or Straight Pick (SOS101-16) can also be used prior to the Cupped Chisel (SOS101-11) in creating fracture points.

STEP 21

Once the cemented knee implant has been removed using the SHUKLA Knee system, the cement on the tibial plateau can be removed. The Flat Chisels (SOS101-01 & SOS101-02) can be used to fracture and remove this cement. (Image 18) The cement in the tibial canal can be removed following the same technique as the femoral canal. Proceed to **Step 22**.

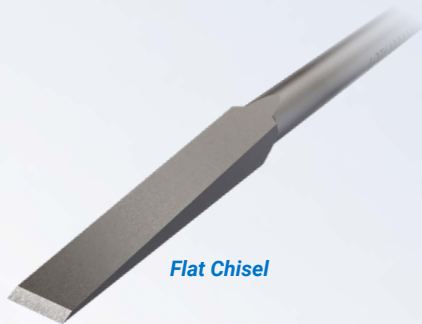


Image 18

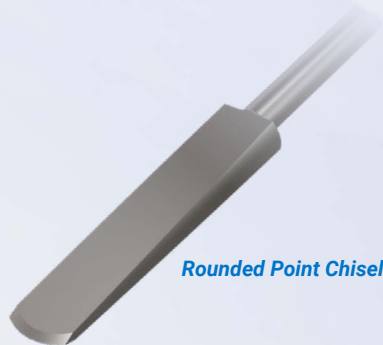
STEP 22

Removing Proximal Cement Mantle

To create fracture sites for the cement to break along, you can use either the Flat Chisels (SOS101-01 & SOS101-02), the Rounded Point Chisel (SOS101-12), the Straight Pick (SOS101-16), or a combination of any. For either option, continue to **Step 23**.



Flat Chisel



Rounded Point Chisel



Straight Pick

STEP 23

Proximal cement can be removed by first creating fracture sites using the Flat Chisels or the Straight Pick. These instruments can then be used to continue to break cement pieces free. The Flat Chisels can be used on larger flat areas whereas the Straight Pick (Image 19) can be used in tighter or curved geometries. Proceed to **Step 24**.

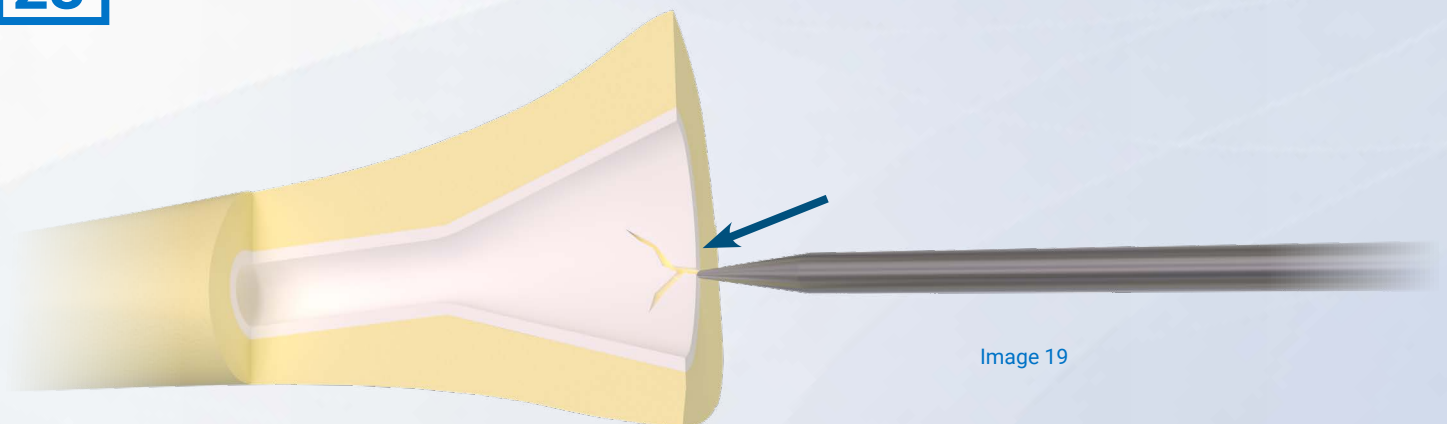


Image 19

**STEP
24****Cement Graspers**

If proximal cement fragments still remain within the canal, use the Cement Graspers (SIN014). The lower jaw can be used like a chisel to wedge under a cement piece before clamping down to remove the fragment. (Image 20). Proceed to **Step 25**.

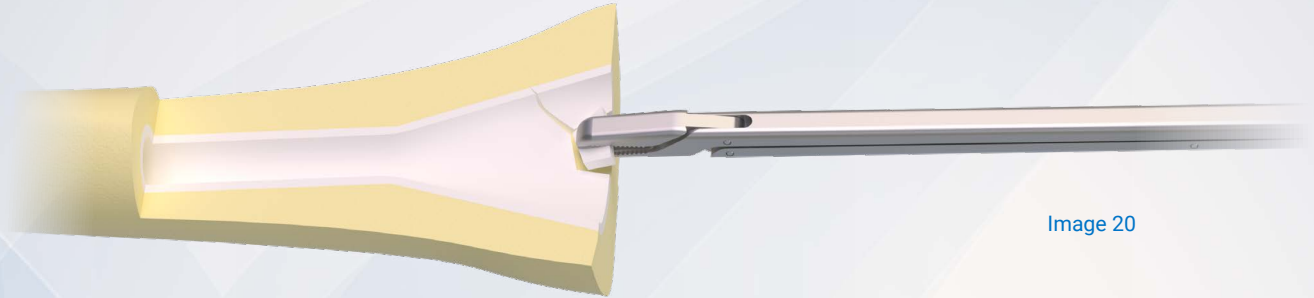
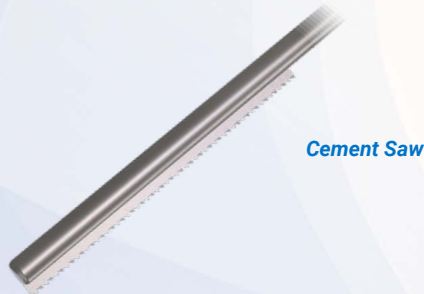


Image 20

**STEP
25****Removing Cement Column**

Once proximal cement has been removed the next step is to start working on the cement column, by creating fracture sites for the cement to break along. This can be done using either the Cement Saw (SOS101-15), the Straight Pick (SOS101-16), or a combination of both. If choosing the Straight Pick, go to **Step 26**. If using the Cement Saw, go to **Step 27**.

TIP: For thicker cement columns, opt for the Cement Saw as the primary choice.



Cement Saw

**STEP
26**

Using the Straight Pick, impact the point of the pick into the cement along the cement column to crack the cement. Once the cement has started cracking, proceed to **Step 28**. If patient bone quality is a concern, skip to **Step 30**.

**STEP
27**

Using the Cement Saw, make four axial cuts into the cement column, spaced equally apart (Image 21). Proceed to **Step 28**. If patient bone quality is a concern, skip to **Step 30**.

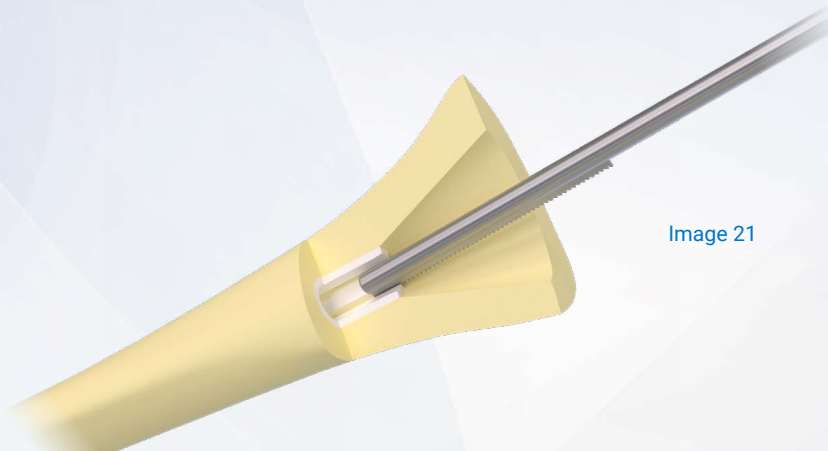


Image 21

STEP 28

For cement columns of general thickness, use either the 6mm Gouge (SOS101-03) or 9mm Gouge (SOS101-04). Impact the Gouge into the cement column to create fractures within the bone cement (Image 22), removing the cement from the top down. If any large pieces of cement become wedged in the canal, proceed to **Step 31**. If not, proceed to **Step 33**.

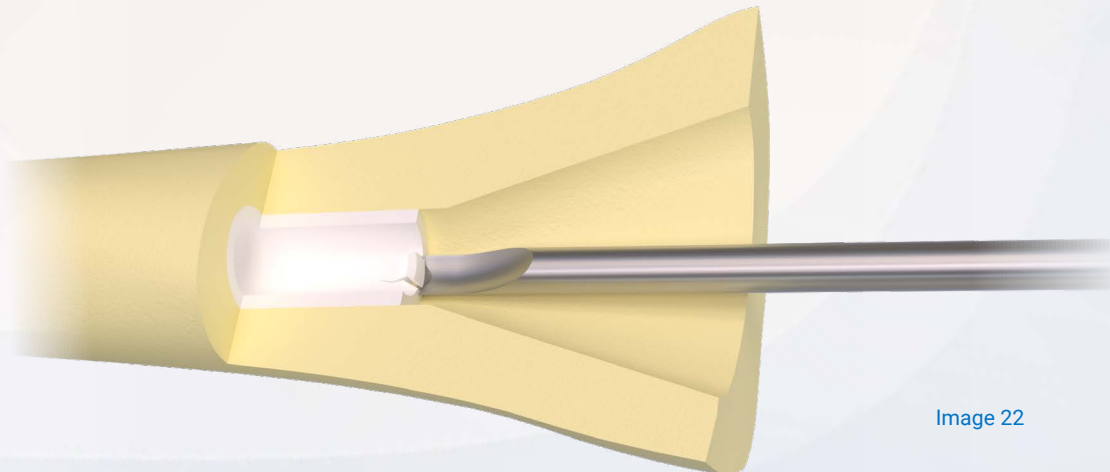


Image 22

STEP 29

For thicker cement columns, use either the Gouge Splitter (SOS101-05) or the V-Tip chisel (SOS101-13). The Gouge Splitter's center splitter can be lined up with the previously made cracks (Image 23), and the V-Tip Chisel's aggressive tip can be used to create deeper fractures. Impact either option into the cement column to create deeper fractures. If any large pieces of cement become wedged in the canal, proceed to **Step 31**. If not, proceed to **Step 33**.

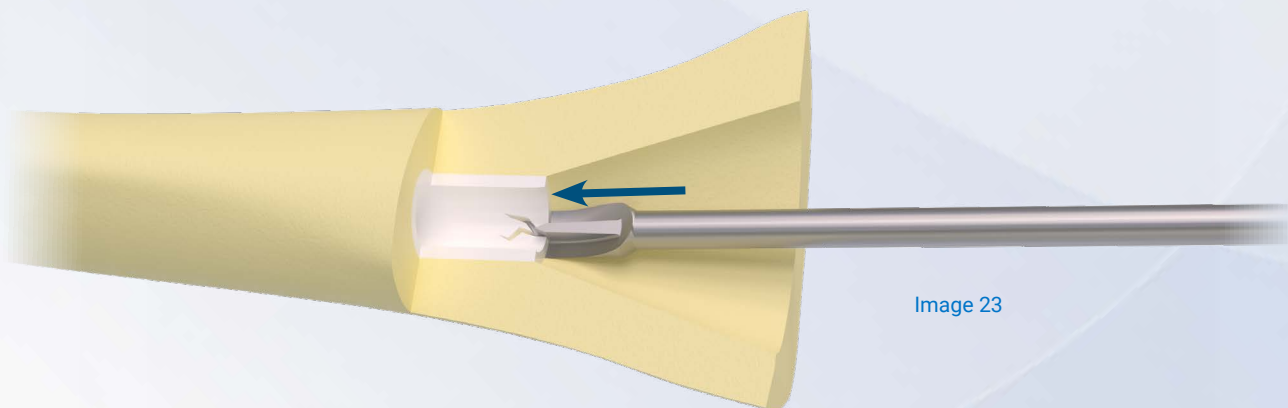


Image 23

STEP 30

For bone cement removal in patients with bone quality concerns, the Cement Splitter (SOS101-09) is recommended. The Cement Splitter has a guide that is used to prevent accidental perforation of the bone and to prevent additional bone loss. (Image 24) If any large pieces of cement become wedged in the canal, proceed to **Step 31**. If not, proceed to **Step 33**.

TIP: The guide of the Cement Splitter goes against the bone. (Image 25)

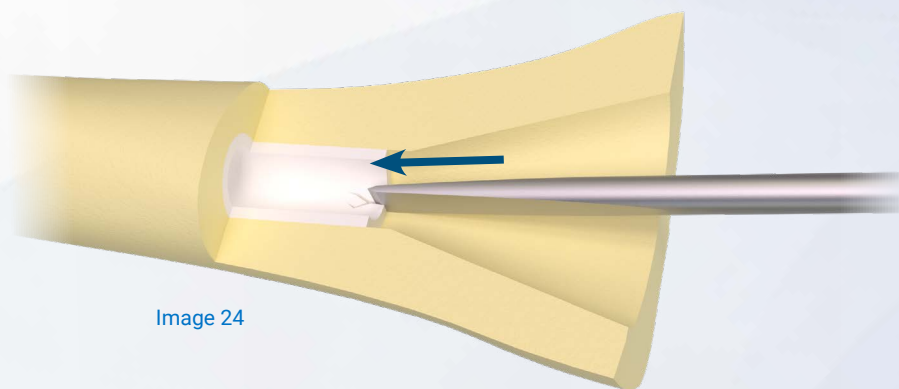


Image 24

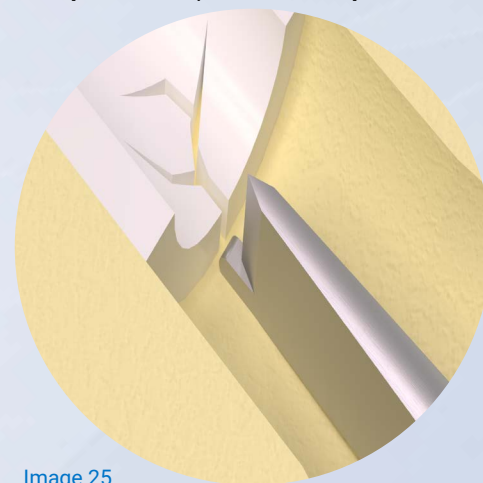


Image 25

STEP 31

For any large pieces of bone cement that have become wedged in the canal, the Cement Graspers (SIN014) can be used to free the cement. (Image 26). Proceed to **Step 32**.

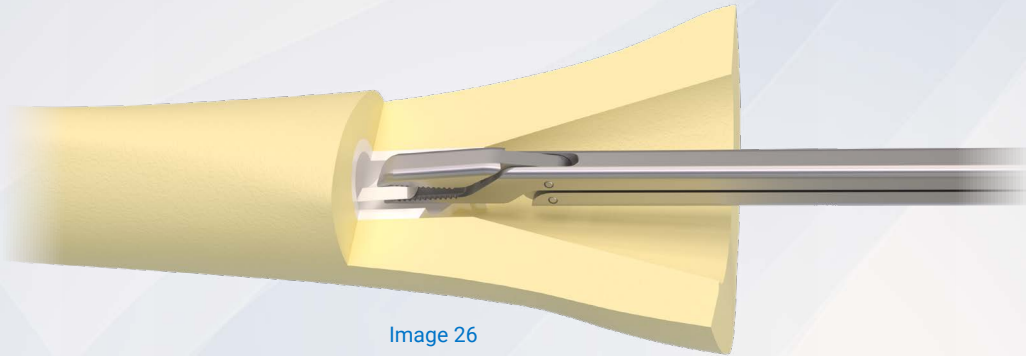


Image 26

STEP 32

The Retrograde Hook (SOS101-10) can be used to grab the underside of well fixed cement pieces and then be impacted to break the cement free. (Image 27) Proceed to **Step 33**.

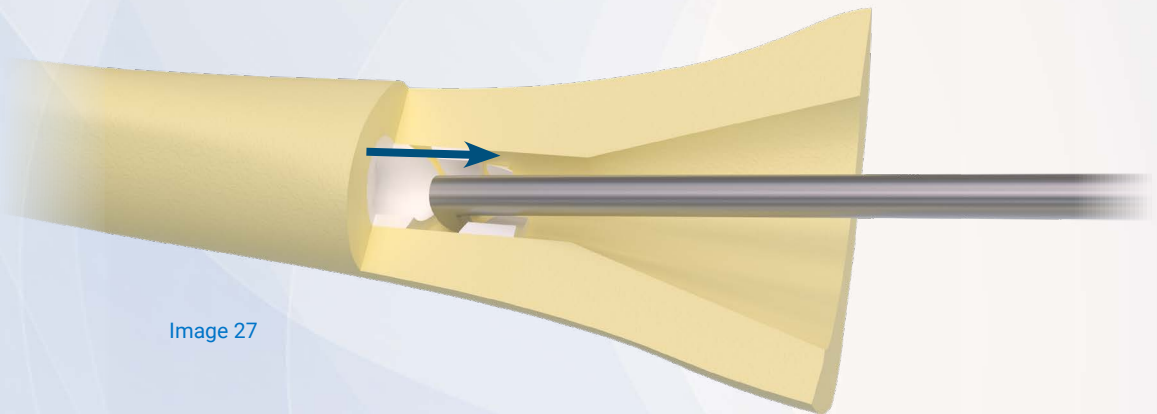


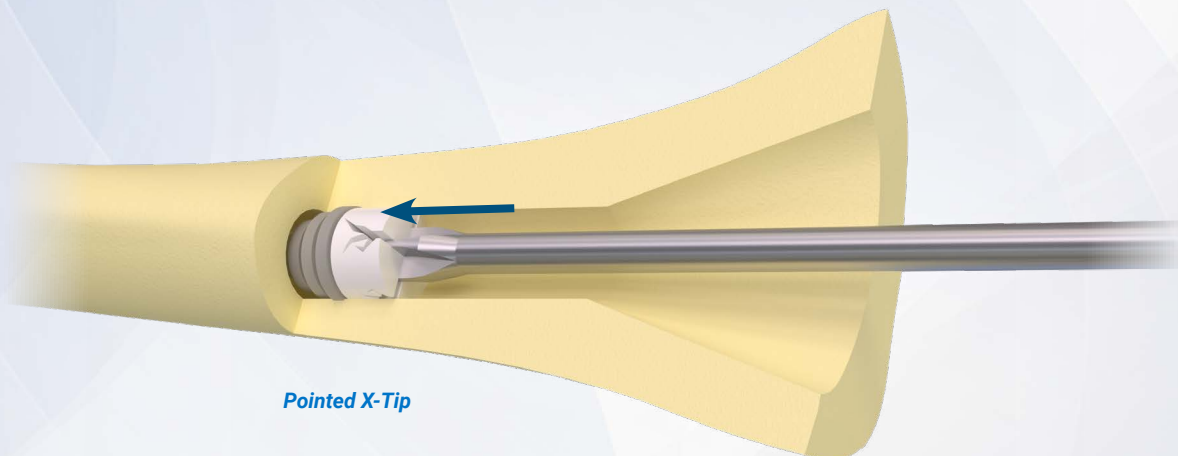
Image 27

STEP 33

Removing Cement Plug

Once the cement column is clear the cement plug can be removed. If the plug is large (more than 3mm) or well fixed, continue with this step. If the plug is smaller than 3mm or not well fixed, skip to **Step 34**.

For larger and more well fixed cement plugs, the plug can be fractured using surgeon preference of the Straight Pick (SOS101-16), Angled Pick (SOS101-17), Pointed X-Tip (SOS101-14), 6mm Gouge (SOS101-03), 9mm Gouge (SOS101-04), or the 9mm Gouge Splitter (SOS101-05). Impact the chosen component into the cement plug to break up and remove the cement plug. Once the cement plug has been removed, skip to **Step 37**.



Pointed X-Tip

STEP 34

For smaller sized or less well fixed cement plugs, the Tap Extractor can be used.

It is best to start with the smaller size Tap Extractor. Using the 6mm Drill (SDL001), create a pilot hole for the 8mm Tap Extractor (SXT220) to engage with (Image 28). If the 8mm Tap Extractor pulls through the cement plug, the 10mm Tap Extractor (SXT221) can be threaded into the same hole. If instead starting with the 10mm Tap Extractor, the 7mm Drill (SDL002) must be used for the pilot hole. Continue to **Step 35**.

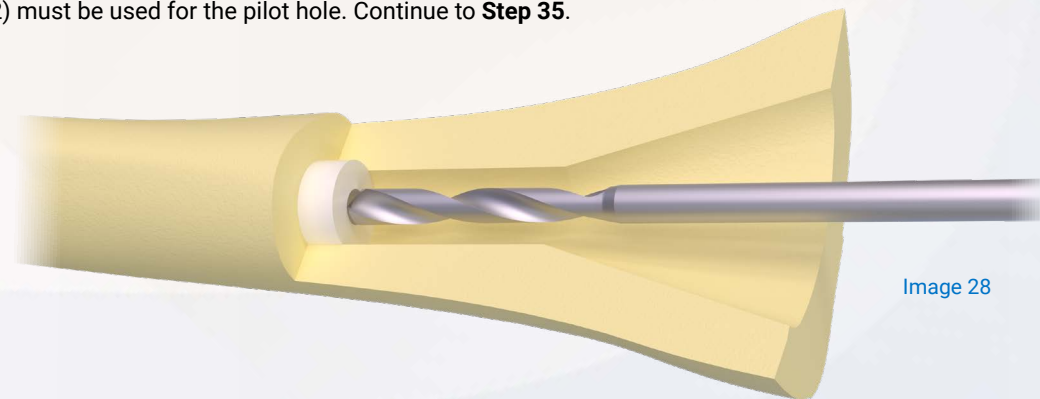


Image 28

TIP: The Drills (SDL001 & SDL002) have a Hudson backend and can be chucked into any standard orthopaedic drill.

STEP 35

Once a hole is drilled in the center of the plug, the Tap Extractor can be threaded into it using the T-Handle to apply torque by hand. (Image 29) Continue to **Step 36**.

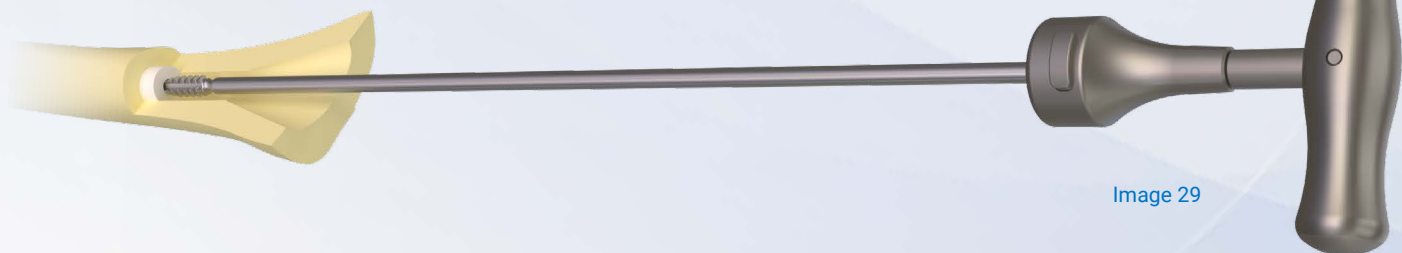


Image 29

STEP 36

Once the tap is fully engaged with the cement plug, the Tap Extractor can be disengaged with the T-Handle and attached to the Slide Hammer (SIN012). The Slide Hammer can then be used to impact out the cement plug. (Image 30) Continue to **Step 37**.

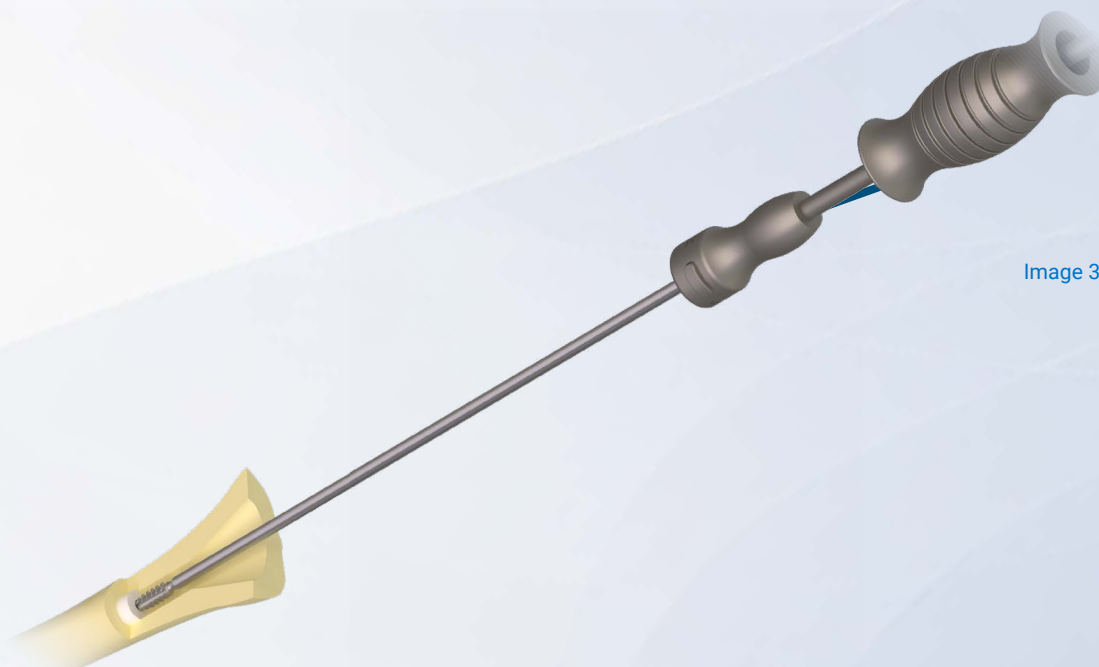


Image 30

STEP
37

Removing Cement Restrictor

If the cement restrictor was not removed at the same time as the cement plug, then the Drill Tap (SXT204 & SXT205) can be inserted into an orthopaedic drill and used to drill and self tap into the restrictor for extraction. (Image 31) Once the Drill Tap is fully engaged in the restrictor, the Slide Hammer can be attached to impact the restrictor out of the canal. (Image 32) Proceed to **Step 38**.

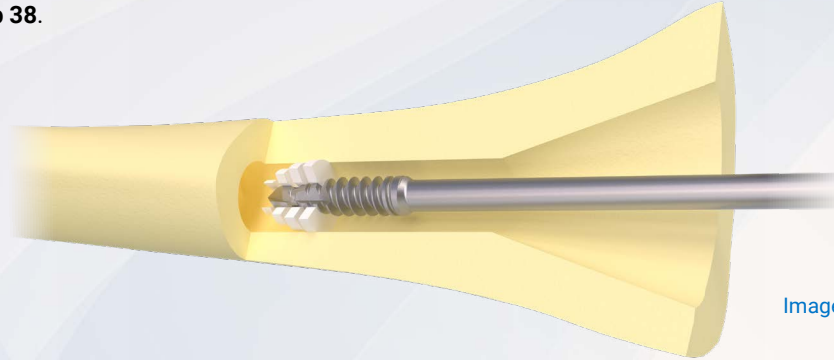


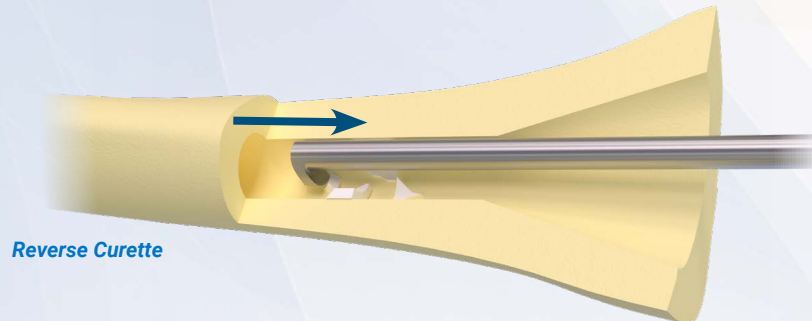
Image 31



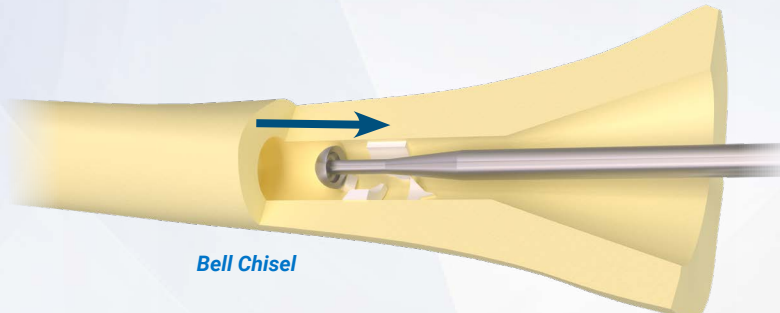
Image 32

STEP
38

Once the restrictor has been removed, the Reverse Curette (SOS101-06) or the Bell Chisels (SOS101-07 & SOS101-08) can be used to clean up any remaining cement as well as canal debridement. The Reverse Curette has a larger offset and is stronger, making it ideal for any remaining large or well fixed cement fragments. The Bell Chisels are an effective option for general debridement and can be moved up and down the canal until the canal has been cleaned.



Reverse Curette



Bell Chisel

Note: Take caution when using the Reverse Curette or Bell Chisels, as their sharp cutting edge can accidentally remove more tissue than intended if used too aggressively.

- For smaller cement plugs, the Drill Tap can be used to drill through the cement plug and into the restrictor, allowing for simultaneous removal of both components.
- The Small Hook may be used to remove cement that has been accidentally perforated proximally. The hook allows you to engage with the piece of cement distally without following the perforation into the bone.
- The Cement Splitter guide is placed against the bone while impacting into the cement to help prevent accidental bone perforation.
- Bell Chisels do not require specific orientation and feature a 360-degree cutting edge, making them particularly useful when visibility is difficult.
- Both the Bell Chisel and Reverse Curette are effective for debriding infected canals. Their design allows for thorough, circumferential cleaning, helping ensure complete removal of infected material.

6 CLEANING & STERILIZATION

SHUKLA Cement

All Shukla Medical surgical instruments require manual cleaning with a neutral pH cleanser. Open and disassemble all instruments, making sure to remove all contamination during cleaning. Instruments must be reassembled prior to sterilization. Maintenance and care using an autoclaveable lubricant on movable parts is required to preserve the life of the instrument. For more cleaning, inspection, maintenance, and care tips, contact Shukla Medical directly.

For detailed cleaning and sterilization instructions, please visit www.ShuklaMedical.com/Sterilization



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S9CEMENT



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FOR USE



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8 COMPONENTS LIST

Component List			
Std Qty	Part Number	Description	
1	SCS091-01	Case 1, Instruments, Cement System	CASE 1
1	SCS091-02	Tray, Case 1, Instruments , Cement System	
2	SCS011	Lid, Universal, Standard	
1	SAD016	Adapter, Hub, Male to Male	
1	SHN031	T-Handle, Female Chuck	
2	SHN103	Handle, Impact	
1	SIN012	Slide Hammer, Adapter Cap, Female Chuck	
1	SIN014	Graspers, Cement	
2	SMS066	Strike Plate, Flanged	
1	SMT003	Mallet, Slotted	
1	SCS092-01	Case 2, Chisels, Cement System	CASE 2
1	SCS092-02	Tray, Case 2, Chisels, Cement System	
2	SDL001	Drill, 6mm	
2	SDL002	Drill, 7mm	
2	SOS101-01	Chisel, Flat, 6mm	
2	SOS101-02	Chisel, Flat, 12mm	
2	SOS101-03	Chisel, Gouge, 6mm	
2	SOS101-04	Chisel, Gouge, 9mm	
2	SOS101-05	Chisel, Gouge Splitter, 9mm	
2	SOS101-06	Chisel, Curette, Reverse	
2	SOS101-07	Chisel, Bell, 9mm	
2	SOS101-08	Chisel, Bell, 12mm	
2	SOS101-09	Chisel, Cement Splitter	
2	SOS101-10	Chisel, Hook, Retrograde	
2	SOS101-11	Chisel, Cupped	
2	SOS101-12	Chisel, Rounded Point	
2	SOS101-13	Chisel, V-Tip	
2	SOS101-14	Chisel, X-Tip, Pointed	
2	SOS101-15	Chisel, Cement Saw	
2	SOS101-16	Chisel, Pick, Straight	
2	SOS101-17	Chisel, Pick, Angled	
2	SXT204	Extractor, Drill Tap, 6mm, Single Use	
2	SXT205	Extractor, Drill Tap, 8mm, Single Use	
2	SXT220	Extractor, Tap, 8mm	
2	SXT221	Extractor, Tap, 10mm	

Single-use Only: Always use new Drill Taps in every procedure. Discard any used Drill Taps at the conclusion of the case.



THE EXTRACTION EXPERTS

Shukla Medical designs and manufactures instrumentation for orthopedic implant extraction at our headquarters in St. Petersburg, Florida, USA. We are proud to be an *ISO 13485:2016* Certified company.

In 1998, aerospace component manufacturer S.S. White Technologies, Inc. acquired the Medical Products Division of Snap-On. S.S. White rebranded the medical division in 2007 to create Shukla Medical.

Today, Shukla Medical is the industry leader in orthopedic implant extraction tools. We are the only company to offer a comprehensive, truly universal orthopedic revision line for removing IM nails, hip and knee implants, spine hardware, and broken or stripped screws. Surgeons and industry leaders know: **If Shukla can't get it out, no one can.**

Contact us to learn more

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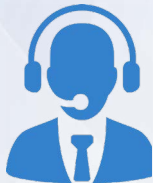


NON-STERILE
PRODUCT



Above CE marks are not valid unless it is present on the product label. For EU class 1 devices, the CE mark will not include the four digit notified body number.

For the most up-to-date version of this literature, please refer to our website at <https://shuklamedical.com/Products>



SHUKLA Surgical Tech Support
24 hours a day, 7 days a week
727-626-2771

When you have tried all known techniques to extract an implant or remove a screw but determine you need suggestions for alternate techniques, help is only a phone call away. We will quickly put you in touch with our Technical Experts who will suggest other solutions to use our tools.



SHUKLA Medical offers the best warranty in the industry. Every component in a SHUKLA extraction system is designed and manufactured by us. Every component in our extraction systems that is not a single-use* or a wear* component is warranted against manufacturing defects for the life* of the system. All other parts are covered for as long as the purchased version of the system is actively marketed by SHUKLA Medical.

*Please see our website for the complete explanation of these terms and full details on our warranty.