



Reverse shoulder prosthesis



BIOSIS
GRUP





Table of contents

1. SURGICAL PLANNING	5
2. INSTALLATION OF THE PATIENT	5
3. APPROACHES	5
3.1. Deltpectoral approach	5
3.2. Superolateral approach (transdeltoid)	6
4. HUMERAL PREPARATION	6
4.1. Installation of the reamers	6
4.2. Installation of the cutting guide and its baseplate	7
4.3. Resection of the head	7
4.4. Epiphyseal preparation	8
4.5. Proximal humeral preparation	8
4.6. Humeral stem trials	9
5. GLENOID PREPARATION	10
5.1. Exposure	10
5.2. Drilling of the central hole	10
5.3. Glenoid reaming	11
5.4. Preparation of the glenoid base peg imprint	11
5.5. Base impaction	11
5.6. Base fixation	12
5.7. Trial glenoid sphere installation	12

7.	INSTALLATION OF THE FINAL IMPLANTS	13
7.1.	Glenoid sphere installation	13
7.2.	Stem impaction	14
7.3.	Insert impaction	14
8.	REDUCTION OF THE PROSTHESIS	15
9.	REPLACING THE GLENOID BASEPLATE WITH A REVISION BASEPLATE (SCULTRA II REVISION)	15
9.1.	Removal of the existing glenoid component	15
9.2.	Preparation of the implant	16
9.3.	Implantation of the glenoid implant	16
10.	REPLACEMENT OF THE REVERSE PROSTHESIS WITH A HOODED HUMERAL HEAD (SCULTRA II REVISION)	17
10.1.	Removal of the humeral insert	17
10.2.	Removal of the existing glenoid component	17
10.3.	Assembly	18
10.4.	Trials	19
10.5.	Implantation of the definitive implants	19
	APPENDIX INSTRUMENT SET	20

1. SURGICAL PLANNING

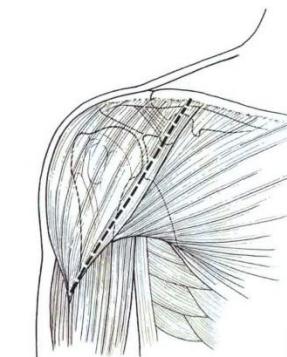
- X-rays of the shoulder
- Arthrosanner



1

2. INSTALLATION OF THE PATIENT

- Position semi-seated
- The shoulder is outside of the table
- The arm rests on a holder and is free



2

3. APPROACHES

3.1. Deltpectoral approach

Incision :

- Start the incision at the clavicular.
- Extend it along the deltopectoral fold to the distal attachment of the deltoid muscle.

Exposure :

- Open the deltopectoral space.
The cephalic vein may be left either outside or inside.
- Perform an external release with approach through the whole acromial vault and to the rotator cuff.
- Release the infraspinatus, detached from the coracohumeral ligament up to its trochinian attachment.
- Perform a vertical section of the infra-scapularis with the anterior capsule.
- Perform a full excision of the remaining supraspinatus up to the anterior edge of the infraspinatus.
- Perform a tenodesis or tenotomy of the biceps if it is still present.
- Expose the humeral head through a movement of combined adduction-external retropulsion-rotation.

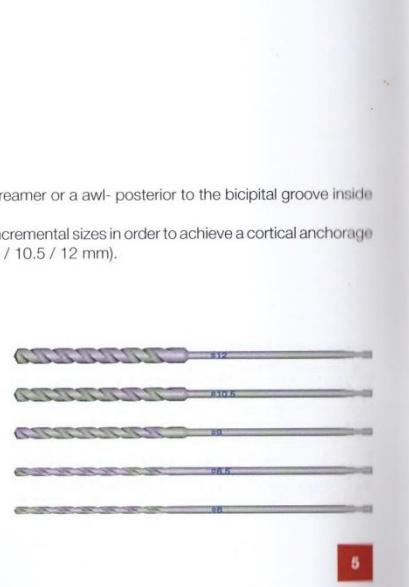
3.2. Superolateral approach (transdeltoid)

Incision :

- 10 mm posterior to the anterior edge of the acromio-clavicular joint.
- It runs down the arm's axis.

Exposure :

- Incision of the deltoid between the middle and anterior bundles.
- Detachment of the deltoid and of the acromio-coracoid ligament from their acromial attachment
- Resection of the subacromial bursa.
- Head dislocation: arm in retropulsion and external rotation.
- To achieve a better exposure: resection of the anterior edge of the acromion and of the remaining rotator cuff; preservation of the middle and superior 1/3 of the remaining infraspinatus and supraspinatus.



4. HUMERAL PREPARATION

4.1. Installation of the reamers

The entry point can be made - using the smallest reamer or a awl- posterior to the bicipital groove inside the medullary canal.

Perform the diaphyseal reaming using reamers of incremental sizes in order to achieve a cortical anchorage that matches the diameter of the stem (6 / 6.5 / 7 / 7.5 / 8 mm).

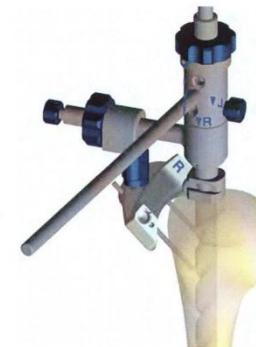
4.2. Installation of the cutting guide and its baseplate

Perform a primary osteophytectomy if necessary to locate the anatomical neck. The cutting guide that corresponds to the approach and the cutting plate that correspond to the side shall be used to determine the cutting angle and to select the retroversion.



6

• Cutting guide for the deltopectoral approach

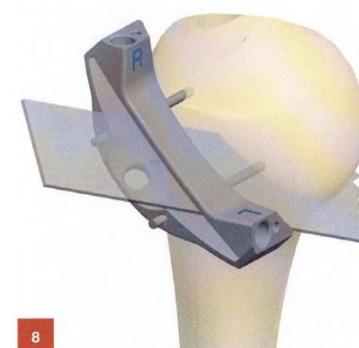


7

• Cutting guide for the superolateral approach

4.3. Resection of the head

Resect the head along the anatomical neck that determines the cutting height.



8

• Deltopectoral approach



9

• Superolateral approach

4.4. Epiphyseal preparation

- Remove the cutting guide and prepare the metaphysis.
- Create the entry point of the implant using the humeral osteotome.

Imprint of the metaphyseal zone and ream

- The reamer must be flush with the cutting plane (compact reamer specific to the superolateral approach).
- A straight or curved handle may be used as a function of the exposure.



4.5. Proximal humerus preparation

Impactor + cône

The cone enables the imprint of the reamer to be reproduced and the broach to be guided inside the epiphyseal axis with the required retroversion.



Three broaches are available (\varnothing 6.5 mm and \varnothing 9 mm, with a common broach for the \varnothing 10.5 mm and \varnothing 12 mm). The universal cone shall be used to set the proper direction of the stem.



4.6. Humeral stem trials

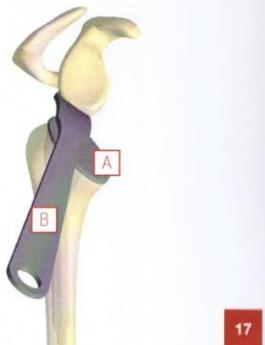
It is possible to extend the trial stems using a 60 mm keel except for the trial stem \varnothing 10.5 mm for which there is no final long stem.



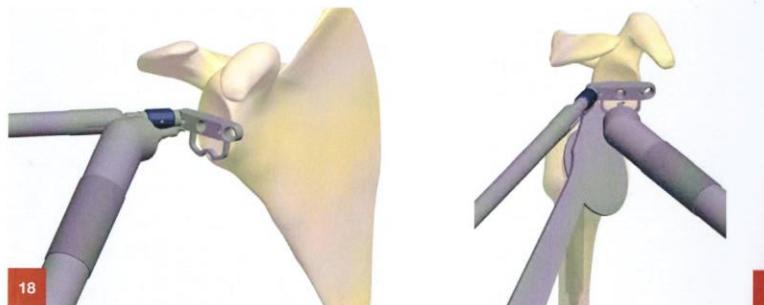
LENOID PREPARATION

5.1. Exposure

- Install the humeral shield **A** on the trial stem to protect the epiphyseal cutting plane.
- Expose using a retractor **B** which bears on the scapula pillar, in order to clear the humerus.
- Perform a full periglenoid arthrolysis. It is important to restore the anatomical shape of the glenoid: resect the capsule and the peripheral osteophytes.



5.2. Drilling of the central hole



Place the centering guide free on the glenoid and fix it using the locking knob located at the end of the handle.

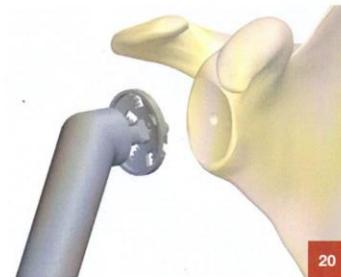
The straight or flexible motor handle can be used.

The hole is finished without the guide to bring the drilling bit to a stop.

Position the centering guide to achieve the best possible bearing for the glenoid base. The lower part of the guide must be flush with the lower rim of the glenoid.

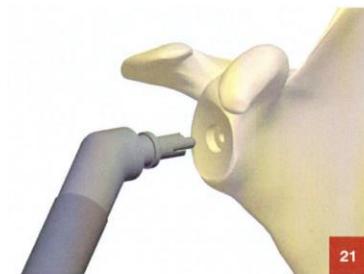
5.3. Glenoid reaming

Position the axis of the reamer inside the central hole made beforehand.
On completion of the reaming, the subchondral bone must be free of its cartilage.



5.4. Preparation of the glenoid base peg imprint

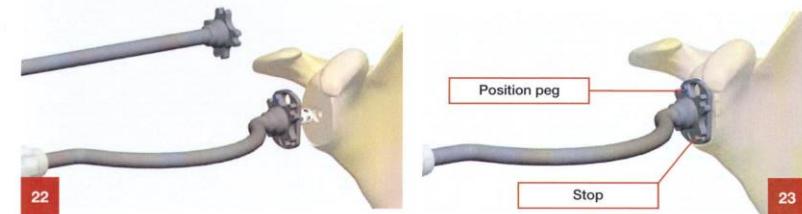
Collapse the cortical wall with the trephine fitted on the straight or curved handle. Drive the trephine to a stop.



5.5. Base impaction

Impaction and primary fixation of the glenoid base

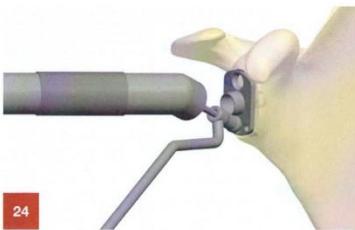
The base must be correctly positioned to enable the glenoid sphere to be eccentric distally if necessary. A position peg has been provided for this purpose on the upper pole of the implant.



5.6. Base fixation

Glenoid base fixation

- Hole drilling: drill the hole lower in the pillar of the scapula and higher in the foot of the coracoid; then fix with two screws.
- The flexible handle may be used.



24

- Use screws diameter 4.5 or 6.5 mm as a function of the bone quality.
- Select the length: 25, 30, 35, 40, 45 mm.
- Hexagonal tip screwdriver : 3.5 mm.

25



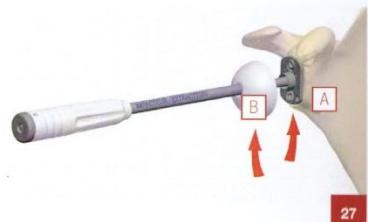
5.7. Trial glenoid sphere installation

If required, a test can be performed to determine whether or not an eccentric sphere can be used; else, install the final sphere.



26

The positioning of the sphere is made easier by the presence of the indexer **A** on the base, which must correspond to the hole in the sphere **B**.

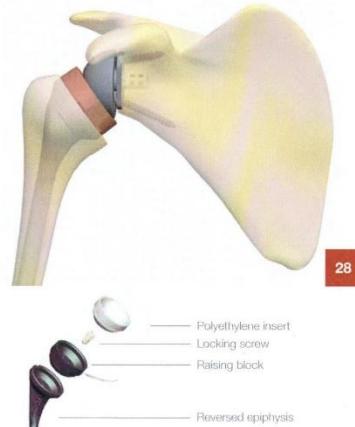


27

To install the sphere, rotate it until it matches the indexer.

6. TRIAL WITH REDUCTION

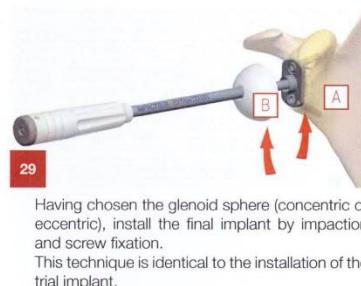
- Choose the final insert
- Reduce and test the stability and tension of the deltoid. Put the arm :
 - In traction: absence of "piston" effect and correct coaptation.
 - In abduction: absence of stop effect.
 - In internal and external rotation : correct stability and ability to perform routine actions.
 - In adduction: absence of impingement between the humeral implant and the scapula pilar.
- The raising block can be inserted between the stem and the polyethylene insert. The addition of the raising block allows to extend the range of inserts for a shift of :
 - +9 mm with an insert 0
 - +12 mm with a 3 mm insert
 - +15 mm with a 6 mm insert
- It connects to the SCULTRA II REVERSE stem by screwing (the screw is packaged with the connector).
- The insert is clicked in the same way that it can be snapped into the stem.



28

7. INSTALLATION OF THE FINAL IMPLANTS

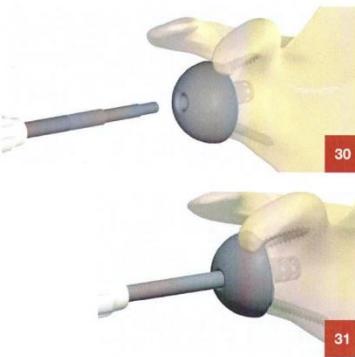
7.1. Glenoid sphere installation



29

Having chosen the glenoid sphere (concentric or eccentric), install the final implant by impaction and screw fixation.

This technique is identical to the installation of the trial implant.



30

The trial sphere, or if necessary the final sphere, can be removed using the same extractor.

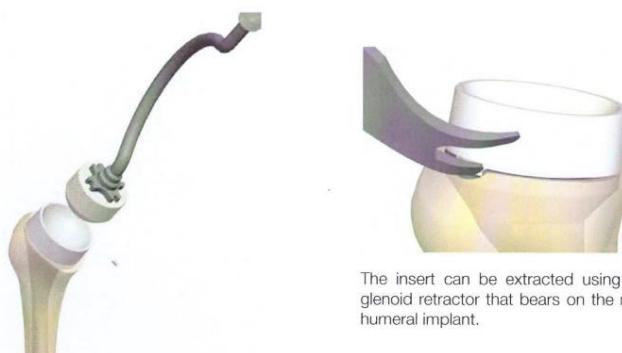
31

7.2. Stem impaction



32

7.3. Insert impaction



33

The insert can be extracted using an anterior glenoid retractor that bears on the notch of the humeral implant.

34

8. REDUCTION OF THE PROSTHESIS



35

9. REPLACING THE GLENOID BASEPLATE WITH A REVISION BASEPLATE (SCULTRA II REVISION)

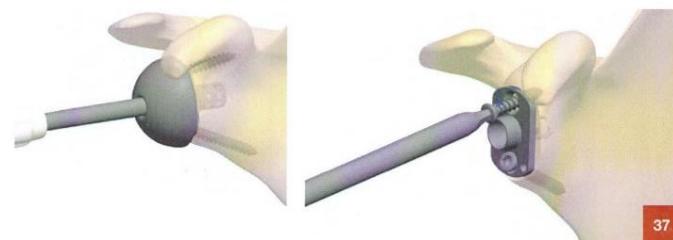
Indications:

Shoulder prosthesis revision surgery is clearly increasing.

- Glenohumeral instability
- Poor quality bone
- Glenoid fracture
- Loosening of the glenoid implant

9.1. Removal of the existing glenoid component

- Unscrew the locking screw then remove the sphere using the extractor.
- Unscrew the baseplate screws.



36

37

9.2. Preparation of the implant

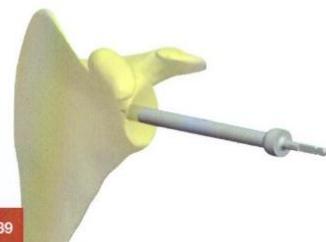
- Choice of right or left implant.
- Bend the arms of the glenoid baseplate to the desired shape using pliers.
- If necessary, cut the arms using the cutting pliers.



38

9.3. Implantation of the glenoid implant

- Drill the glenoid with the 8 mm diameter drill-bit using the existing hole as a guide.
- Position the baseplate using the impactor.



39



40

- Fixation with Ø 4.5 mm or Ø 6.5 mm screws
- Position the screws on the different attachment areas using the screwdriver then position the glenoid sphere and follow the surgery technique from paragraph 5.7.



41

10. REPLACEMENT OF THE REVERSE PROSTHESIS WITH A HOODED HUMERAL HEAD (SCULTRA II REVISION)

Indications for the lateral-overhang humeral head:

- Failure of the reverse arthroplasty
- Revision surgery for the SCULTRA II REVERSE with deterioration of the glenoid bone volume

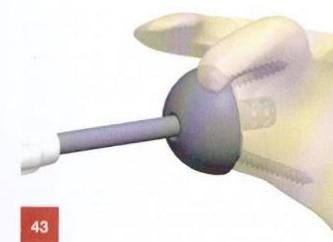
10.1. Removal of the humeral insert



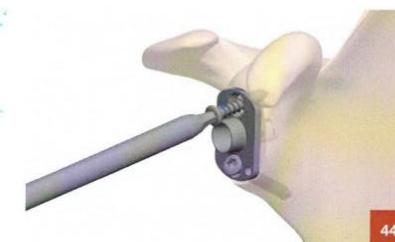
42

10.2. Removal of the existing glenoid component

- Unscrew the locking screw then remove the sphere using the extractor.
- Unscrew the baseplate screws.



43



44

The aim is to create a new articulation with the glenoid and the inferior aspect of the acromion.

These implants have an anatomical size but a lateral-overhang covers the greater tubercle. This therefore increases the contact surface of the humerus with the acromion and the glenoid without increasing the offset and produces excellent clinical results.



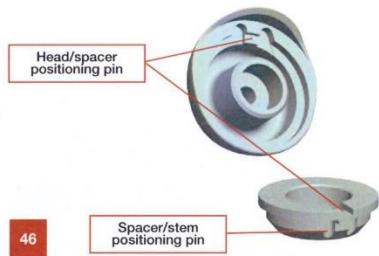
45

10.3. Assembly

The implant consists of:

- A range of heads so the implant with the best fit in the acromion-glenoid space can be chosen
- A range of spacers for adjusting the height of the head
- A locking screw

Use the positioning pin for assembly:



46



47

10.4. Trials

The definitive implant is chosen from trials:

- Choose the trial lateral-overhang humeral head which is the most appropriate for the acromion-glenoid space.
- Adjust the height of the head by choosing the appropriate spacer.

The trial implants are completely identical to the definitive implants apart from the following points:

- The pieces are sandblasted Ta6V and yellow anodised to prevent confusion with the definitive implant.
- The pieces are engraved with size indications (diameter and height) as well as «TRIAL-DO NOT IMPLANT» on the spherical section.



48

10.5. Implantation of the definitive implants

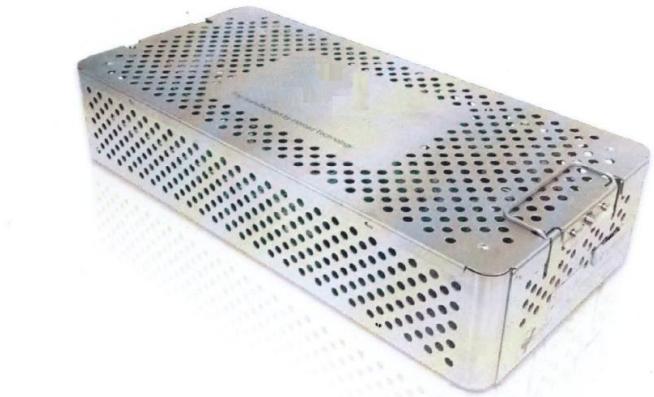
- Remove the trial implants and replace them with the corresponding implants.
- Lock the assembly using the provided screw with the spacer.
- Perform the reduction.



49

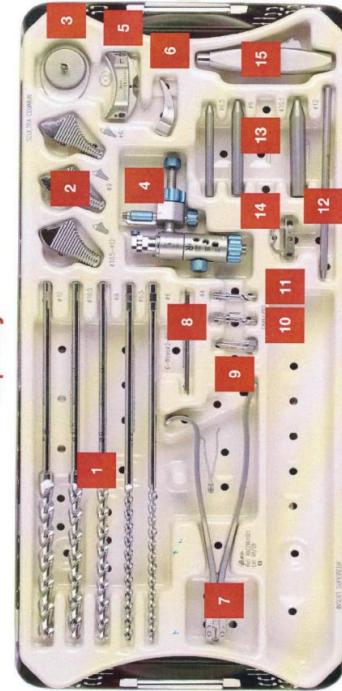
ATTENTION

For every hooded head implantation surgery, it is essential to have the standard and reverse instrument sets available.



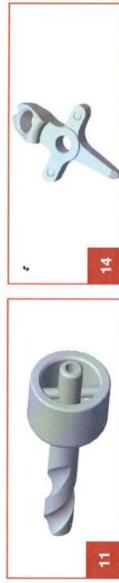
INSTRUMENT SET

Top tray



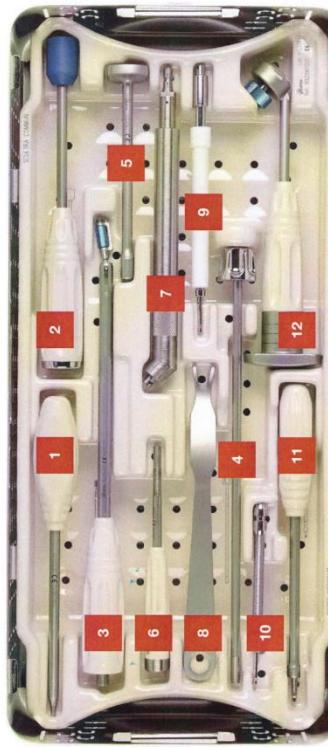
Nº	Reference	Instrument	Nº	Reference	Instrument
1	B228301101	Humeral drill Ø 6 mm	7	B234131	Nail-claw forceps
1	B228301141	Humeral drill Ø 9 mm	8	B228511	Pin Ø 2 mm, Length 80 mm (x2)
1	B228301191	Humeral drill Ø 10.5 mm	8	B22830191	Pin Ø 2 mm, Length 80 mm (x2)
1	B228301171	Humeral drill Ø 12 mm	9	13700300	Headed pin, Length 80 mm (short) (x2)
2	B228306511	Humeral drill Ø 12 mm	10	B22800212	Glenoid centering drill Ø 4 mm
2	B228301411	Rasp Ø 6.5 mm	11	B22830231	Hole centering drill Ø 4 mm
2	B228305271	Rasp Ø 6.5 mm	12	B2284121	Retroversion control pin
2	B228301421	Rasp Ø 9 mm	12	B22800771	Trial keel Ø 6.5 mm
2	B228305331	Rasp Ø 10.5/12 mm	13	B22800211	Trial keel Ø 9 mm
3	B228521	Humeral protection	13	B22800231	Trial keel Ø 12 mm
4	B22830311	Guide holder	14	B22830222	Glenoid centering guide
5	B22830321	Humeral cutting guide	15	B1581021	T handle
6	B22830331	Removable nozzle			

Some of the instruments may be replaced by:



Nº	Reference	Instrument
11	B2290231	Holed centering drill Ø 4 mm
14	B2290223	Glenoid centering guide

Bottom tray



Nº	Reference	Instrument
1	B250231	3.5 mm Hexagonal screwdriver
2	B229441	Sphere impactor
3	B22890331	Sphere impactor
4	B2294A11	Guide holder
5	B2294A21	Osteotome
6	B229441	Impactor extractor
7	B2294211	Bend 3/4° 42.5°
8	B229651	3.5 mm Ball joint hexagonal screwdriver
9	B22940231	Forked retractor
10	B229431	Cannulated straight handle
11	B280241	Flexile shaft
12	B2294111	3.5 mm Ball joint hexagonal screwdriver
	B228903171	Epiphysis holder impactor
		Epiphysis holder impactor

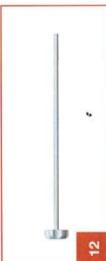
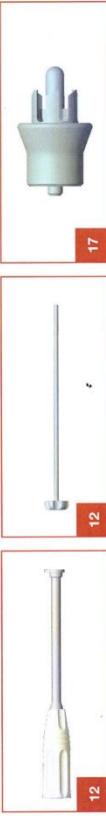
Some of the instruments may be replaced by:



Nº	Reference	Instrument
12	B2294112	Epiphysis holder impactor

Nº	Reference	Instrument	Nº	Reference	Instrument
1	B22920111	Reversed trial stem Ø 6.5 mm	11	B229471	Drilling guide for glenoid base screw
1	B22920121	Reversed trial stem Ø 9 mm	11	B22950231	Drilling guide for glenoid base screw
1	B22920141	Reversed trial stem Ø 10.5 mm	12	B2294921	Straight glenoid base impactor
1	B22920131	Reversed trial stem Ø 12 mm	13	B2294911	Curved glenoid base impactor
2	146309	Kpin Ø 1.5 mm, Length 300 mm	14	B22920542	Trial centred glenoid sphere
2	B2293221	Drill bit Ø 3.2 mm	15	B22920552	Trial off-centred glenoid sphere
3	B22940251	Drill bit Ø 3.2 mm	16	B2294931	Impaction lip reamer
3	B22932251	Drill bit Ø 3.2 mm for flexible	17	B22950212	Glenoid sphere impactor-extractor
4	B2293611	Humeral reamer	18	B22950241	Glenoid sphere impactor-extractor
5	B2293611	Humeral reamer guide	18	B22920241	Trial insert Ø neutral
6	B2293612	Depth gauge	19	B22920221	Trial insert + Ø neutral
7	319.04	Depth gauge	19	B22920231	Trial insert + Ø neutral
7	KM47.936	Depth gauge	19	B22920241	Trial insert + Ø retentive
8	B2294131	Adapter for reverse rasp	19	B22920251	Trial insert + Ø retentive
8	B229301731	Adapter for reverse rasp	19	B22920261	Trial insert + Ø retentive
9	B2293141	Flat glenoid reamer	19	B22920271	Trial insert + Ø retentive
10	B2294221	Glenoid sphere rod guide			
10	B22950271	Glenoid sphere rod guide			

Some of the instruments may be replaced by:



Some instruments are available upon request:



N°	Reference	Instrument
12	B2294922	Straight glenoid base reamer
12	B2294923	Prehearse rod
17	B22940213	Baseplate tip reamer
20	B2293151	Glenoid half reamer

Instruments used for the Hooded Humeral Head:



Instruments used for the Revision Glenoid Baseplate:



N°	Reference	Instrument
1	B22960111	Hooded humeral head Ø 42 mm Thickness 18 mm
2	B22960121	Hooded humeral head Ø 45.5 mm Thickness 20 mm
3	B22960131	Hooded humeral head Ø 45 mm Thickness 22 mm
4	B22960201	Spacer 0 mm
5	B22960231	Spacer +3 mm
6	B22960251	Spacer +6 mm
7	B22960281	Spacer +9 mm
8	B22950221	Revision baseplate tip reamer
9	LX164R PI 320.03	Cutting pliers Cutting pliers