stryker

Tornier Perform®
Anatomic Glenoid

Operative technique

Disclaimer

This publication sets forth detailed recommended procedures for using Stryker devices and instruments. It offers guidance that you should heed, but, as with any such technical guide, each surgeon must consider the particular needs of each patient and make appropriate adjustments when and as required.

Important

The patient should be advised that the device cannot and does not replicate a normal healthy bone, that the device can break or become damaged as a result of strenuous activity or trauma and that the device has a finite expected service life.

- Removal or revision of the device may be required sometime in the future.
- Cleaning and sterilization information is provided in the applicable instructions for use.
- Non-sterile devices, including implants and instruments, must be cleaned and sterilized prior to use, in accordance with validated methods.
- Devices that are able to be disassembled should be disassembled prior to point-of-use processing.
- Additionally, devices with movable components that do not facilitate disassembly should be manually articulated during the point-of-use processing step in order to evacuate additional soils.
- Please remember that the compatibility of different product systems has not been tested unless specified otherwise in the product labeling.
- Consult Instructions for Use (ifu.stryker.com) for a complete list of potential adverse effects and adverse events, contraindications, warnings and precautions.
- The surgeon must advise patients of surgical risks, and make them aware of adverse effects and alternative treatments.
- An implant whose packaging is open or damaged or whose expiration date has passed must not be used. Every precaution must be taken to ensure sterility when opening the packaging of the implant and during implantation.

Tornier Perform

Anatomic Glenoid

Contents

1. Surgical flow 4

2. Indications and contraindications 5

3. System compatibility 6

4. Common techniques 7

Keeled glenoid 7

Pegged and CortiLoc glenoid 7

5. Operative technique 8

Articular curvate overview 8

Determining articular curvate 9

6. Cannulated approach 10

Conforming the glenoid size 10

Resurfacing the glenoid 11

Drilling the central hole 13

7. Standard approach 14

Select the glenoid size 14

Drilling the central hole 15

Resurfacing the glenoid 16

8. Implantation of the keeled glenoid 18

Preparing the keel slot 18

Positioning the keeled glenoid component 19

9. Implantation of the pegged glenoid 21

Preparing the peg holes 21

Positioning the pegged glenoid trial component 22

10. Implantation of the CortiLoc pegged glenoid 23

Preparing the peg holes 23

Positioning the CortiLoc pegged glenoid trial component 24

11. System components 26

Common tray upper level 26

Common tray lower level 29

Keeled tray 30

Pegged tray 31

CortiLoc pegged tray 32

Keeled glenoid 33

Pegged glenoid 34

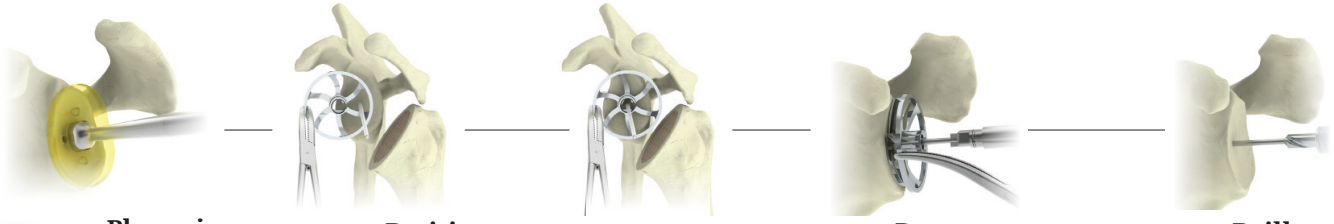
CortiLoc pegged glenoid 35

Miscellaneous order information 36

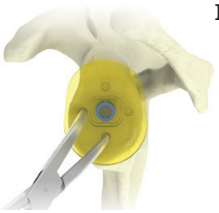
Surgical flow

Common preparation surgical flow

Cannulated technique



Place pin — Position reamer — Ream — Drill

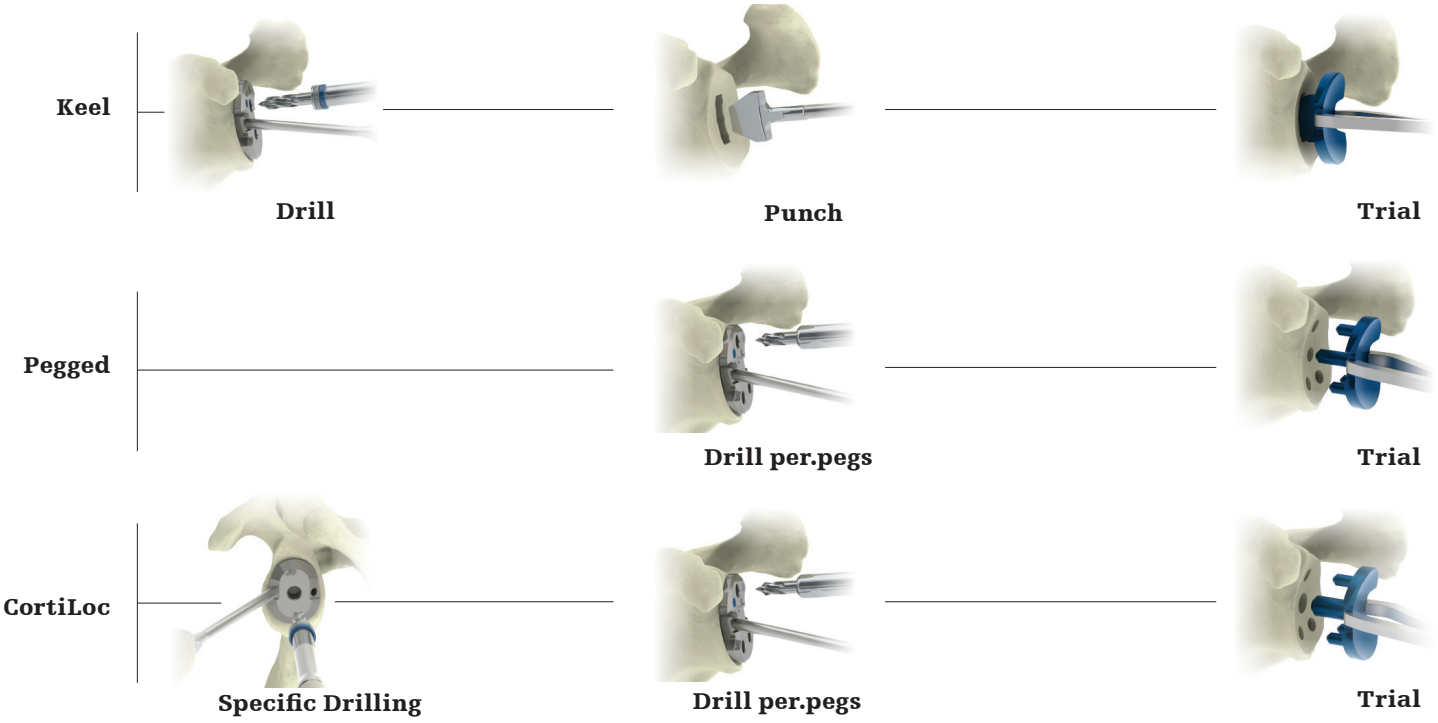


Determination of the size and the appropriate radius of curvature

Non-cannulated technique

Drill — Ream

Anchorage specific surgical flow



Keel: Drill — Punch — Trial

Pegged: Drill per.pegs — Trial

CortiLoc: Specific Drilling — Drill per.pegs — Trial

Indications and contraindications

Indications for use

Prosthetic replacement with this device (Tornier Perform Anatomic Glenoid component) may be indicated to relieve severe pain or significant disability caused by:

- Degenerative pathologies: primary arthrosis, secondary arthrosis such as post-traumatic arthrosis or primary and secondary necrosis of the humeral head.
- Inflammatory disease such as rheumatoid arthritis.
- Displaced 4-part upper humeral fracture.
- Humeral head fracture.
- Other pathologies where arthrodesis is not acceptable (tumor, correction of functional deformity)[1].
- Revisions when other treatments or devices have failed[2]
- Revision of anatomic hemiarthroplasty procedure to anatomic total shoulder arthroplasty when other treatments or devices have failed

The Tornier Perform Anatomic Glenoids are intended for cemented use only.

[1] *Tumor, correction of functional deformity is indicated for all markets except for European and Australian markets*

[2] *Revisions when other treatments or devices have failed is indicated for all markets except European and Australian Markets*

Known contraindications to date

- Systemic infection.
- Fever and/or local inflammation.
- Rapid joint destruction or bone resorption apparent on roentgenograms.
- Elevation of sedimentation rate not linked with rheumatoid arthritis, increase of WBC count.
- Distant foci of infection from genitourinary, pulmonary, skin and other sites, dental focus infection that may cause haematogenous spread to the implant site.
- Use of this implant is contraindicated in the presence of significant injury to the upper brachial plexus.
- Poor quality and/or insufficient quantity of glenoid bone stock (pre- or intraoperative glenoid fracture…).
- Nonfunctional deltoid or external rotator muscles.
- Important and nonreparable rupture of the rotator cuff,
- Neuromuscular disease (e.g. joint neuropathy).
- Known allergy to one of the materials.
- Pregnant female.

System compatibility

The Tornier Perform Anatomic Glenoid has been designed to be compatible with the Tornier Simpliciti, Aequalis and Flex humeral head systems in certain combinations. For more information on the cleared combinations refer to the mismatch charts listed below.

(All models are not cleared in all countries; please contact your Stryker Representative for information about the availability).

Mismatch chart

Tornier Perform Anatomic Glenoids (keeled, pegged and CortiLoc) with Aequalis / Flex humeral heads and Tornier Simpliciti.

Combinations heads/glenoids - diametrical mismatch in mm.

Size	Heads	37x13.5	39x14	41x15	43x16	46x17	48x18	50x16	50x19	52x19	52x23	54x23	54x27
Glenoid	Diameter of curvature	39	41.2	43	45	48	50	55	52	54.6	52.4	54.7	54
Small	55.4	16.4	14.2	12.4	10.4	7.4	5.4	0.4	3.4	0.8	3	0.7	1.4
Medium	59.6	20.6	18.4	16.6	14.6	11.6	9.6	4.6	7.6	5	7.2	4.9	5.6
Large	63.6	24.6	22.4	20.6	18.6	15.6	13.6	8.6	11.6	9	11.2	8.9	9.6
XL	67.8	28.8	26.6	24.8	22.8	19.8	17.8	12.8	15.8	13.2	15.4	13.1	13.8

X,X: Cleared mismatches - The cleared range for this combination is 1 to 24.8mm

Pre-operative planning

A careful analysis of X-rays and axial CT scan views is recommended before surgery to evaluate the following parameters: osteophytes, articular curvature, anterior and, more importantly, posterior wear of the glenoid, as well as the location, orientation and depth of the glenoid vault.

Common techniques

Common operative techniques for the keeled, pegged & CortiLoc glenoid

Exposure

With the arm abducted and internally rotated, a posterior glenoid retractor is placed on the posterior glenoid border as the proximal humerus is dislocated posteriorly and inferiorly. An angled retractor placed above the glenoid and an angled Kolbel retractor placed in the subscapular fossa are used to complete the exposure (fig. 1).

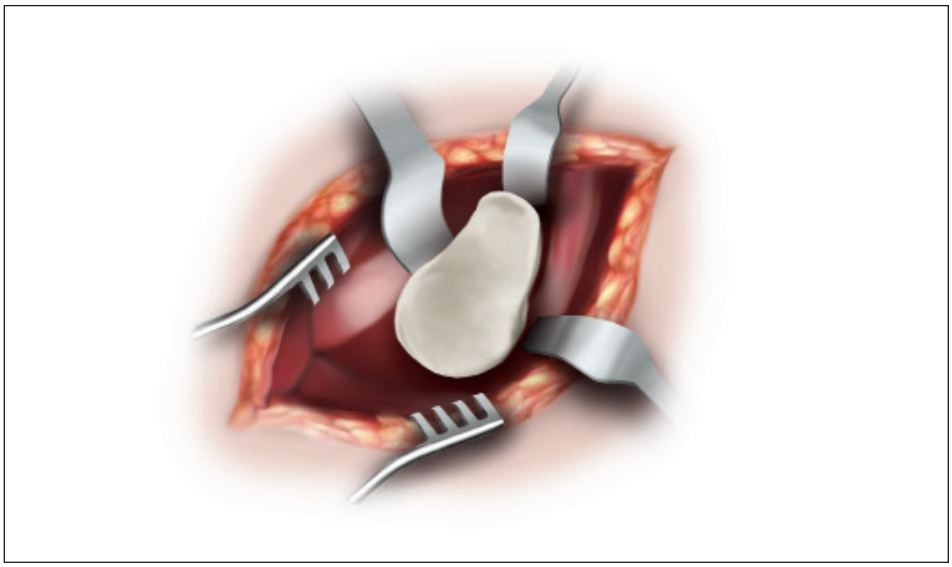


Fig. 1

If preoperatively the humerus rests in a fixed posteriorly subluxed position, then the posterior capsule may be stretched out sufficiently so that a posterior capsular release for exposure may not be necessary.

If, after releasing the entire anterior capsule down to 6 o'clock on the glenoid face the shoulder is still tight, then additional capsule is released around the posterior inferior corner and up the posterior side until the humerus can be adequately retracted for exposure (fig. 2).

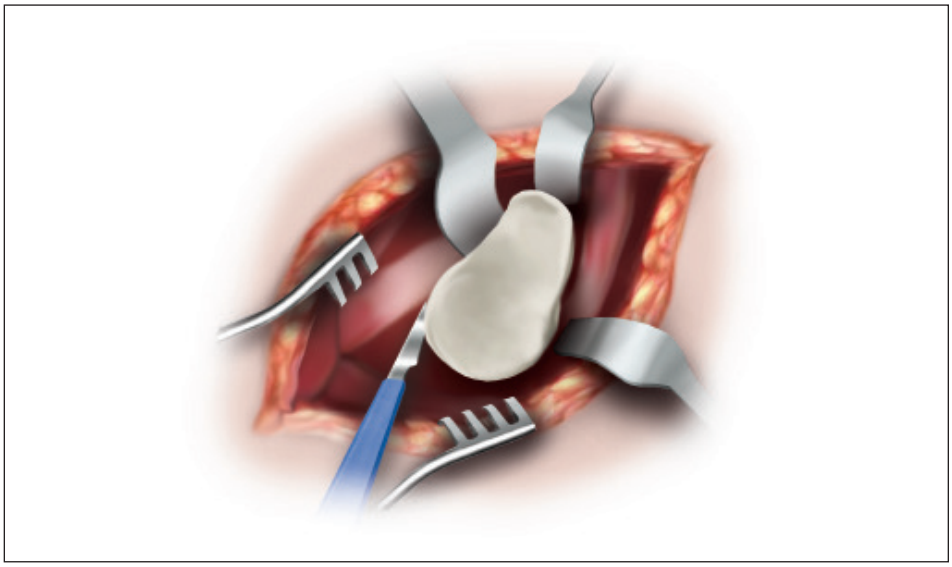


Fig. 2

The glenoid retractor then can be moved upward if more of the posterior release needs to be completed.

Operative technique

Articular curvate overview

The chart below demonstrates the multiple backside curvatures for each of the four glenoid sizes.

Backside Radius	Small	Medium	Large	Extra Large
30	S 30	M 30		
35	S 35	M 35		
40	S 40	M 40	L 40	XL 40
50			L 50	XL 50
60			L 60	XL 60

Color coding

The Tornier Perform Anatomic Glenoid instrumentation has been color coded by implant size. Please refer to the chart below to see different associated colors.

Operative technique

Determining articular curvate

Five radius gauges are provided to assist in determining the general size and curvatures of the glenoid. Each radius gauge is marked with the size (S-M / L-XL) and the radius (R30, R35, R40, R50, R60) (fig. 3).

The large end of the sizer is used to measure the best fit of the glenoid superiorly/inferiorly, while the smaller opposite end of the sizer is used to measure the best fit of the glenoid anteriorly/posteriorly.

To determine the curvature of the glenoid, place a radius gauge against the center of the glenoid.

Select the gauge that most precisely fits the native glenoid. This radius will be a determining factor in which instruments are used in subsequent steps. Evaluate the fit of the radius gauge to the face of the glenoid in multiple planes keeping the gauge centered in the glenoid at all times (fig. 4-5).

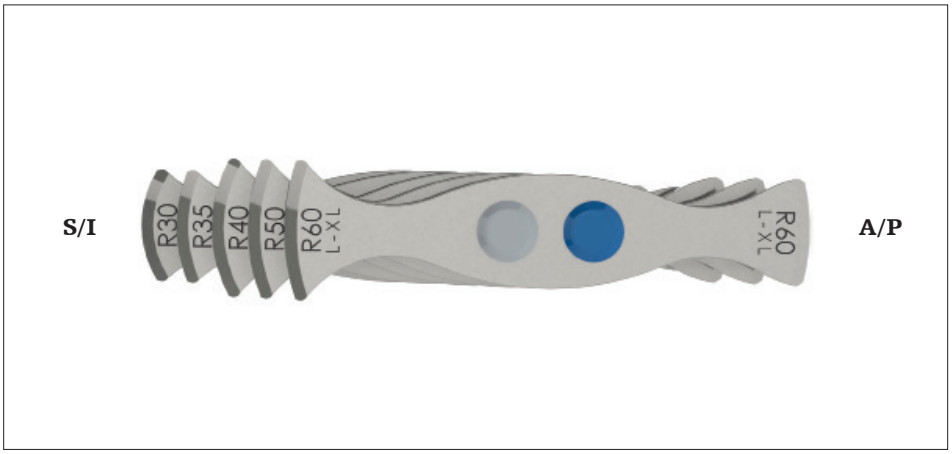


Fig. 3

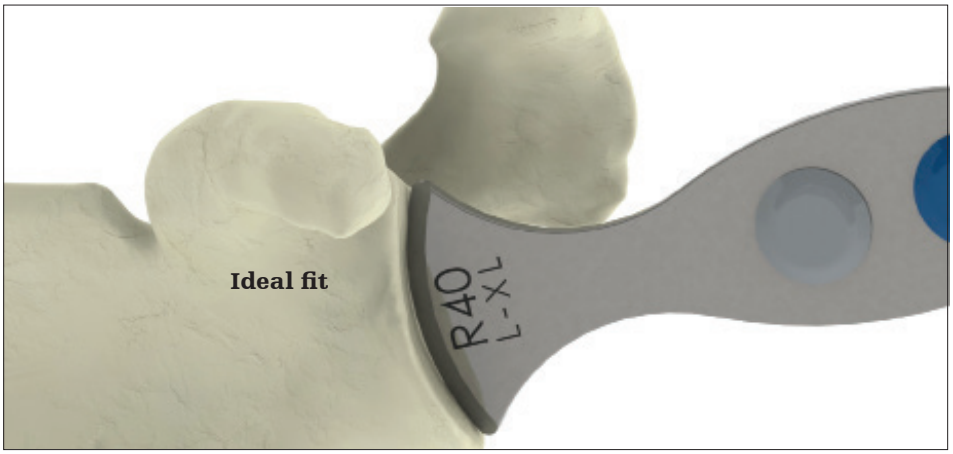


Fig. 4

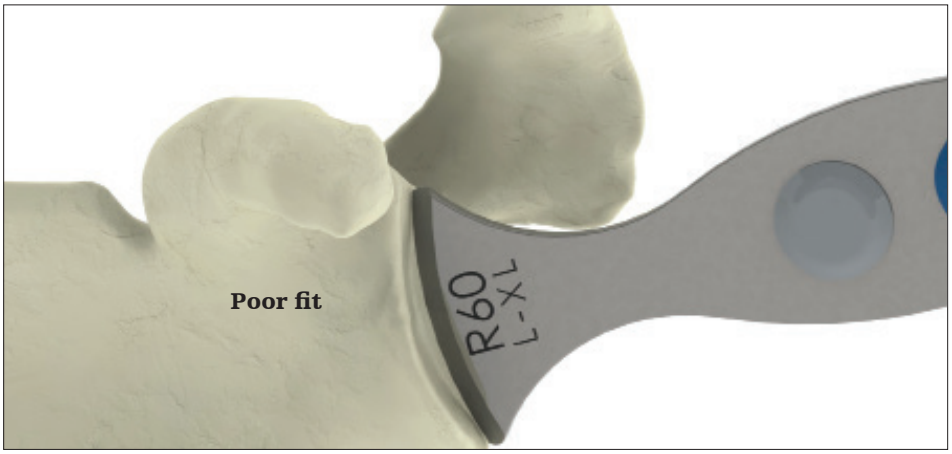


Fig. 5

Cannulated approach

Conforming the glenoid size

The glenoid size and curvature can be confirmed with the sizer. This is done by applying pressure to the sizer and evaluating the contact area between the bone and sizer. The sizer that has the best match will determine the size and the curvature (fig. 6). When using the cannulated approach, three cannulated pin guides are available that can be attached to the sizer via the rectangular shaped groove. This allows for easy manipulation of the sizer (fig. 7). Additionally, the guides are cannulated in 0°, 5° and 10° to allow for version correction based upon preoperative planning. It is important to note that the pin guides can be placed only in the anterior or posterior direction due to the rectangular shape. This allows for the sizer to be placed on the native surface or within the worn defect of the glenoid when placing the guide pin. Once the pin guide is centered on the glenoid, a threaded pin of dia 2.5mm and length 200mm (delivered sterile with the implants) is inserted through the guide until bi-cortical fixation is achieved. Then slide the assembly off the guide pin to prepare for reaming (fig. 8-9).

NOTICE

If the cannulated pin bends or appears to be bent in any step of the procedure, it must be removed and replaced by a new pin.

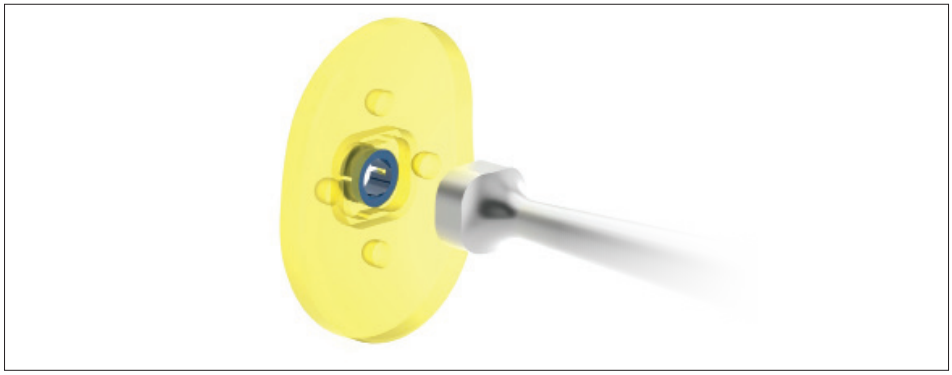


Fig. 6

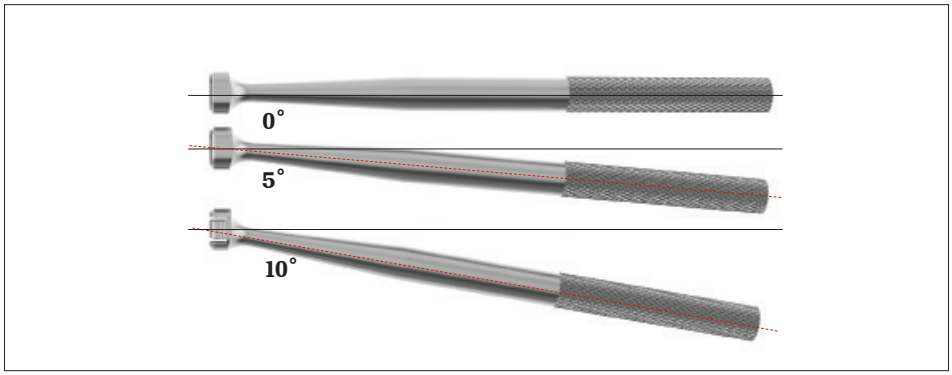


Fig. 7

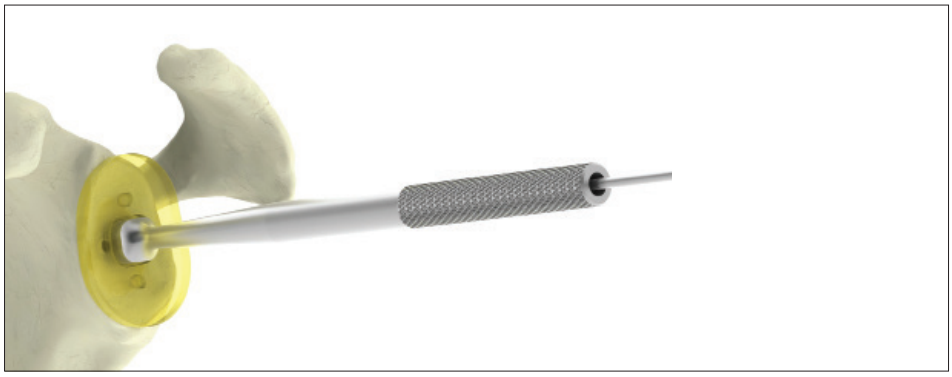


Fig. 8

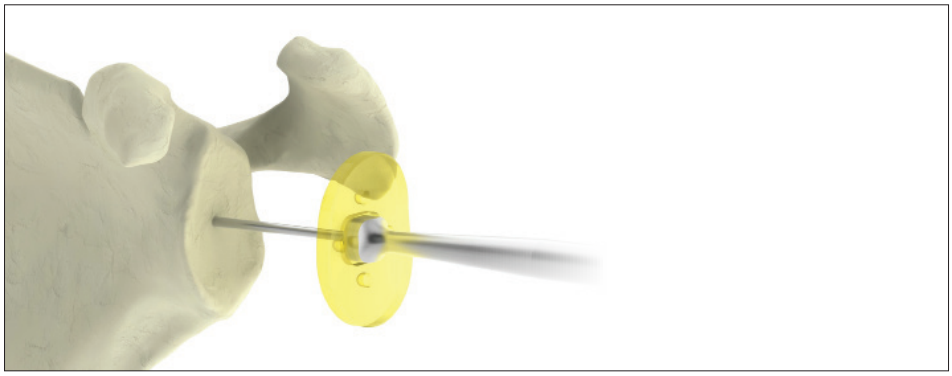


Fig. 9

Operative technique

Resurfacing the glenoid

If the exposure is sufficient to place the reamer down the pin without interference, select the reamer that corresponds with the size and curvature determined in previous steps and attach it to the cannulated reamer driver.

If exposure is difficult, a special slot in the internal ring of the reamer will allow the reamer to easily be slided down the pin and past the humerus before the handle is attached to the reamer (fig. 10).

To begin, identify which section of the reamer includes the slot and then pass the guide pin through this section, out of the joint. Then slide the cutter along the pin until it reaches the gleno-humeral joint. (fig. 11) Once the reamer has been introduced into the joint space, slide the central portion of the reamer onto the pin (fig. 12).

Then insert the cannulated reamer driver by sliding the guide pin and connect it to the reamer by clicking, aligning the angles of the reamer with those of the handle.

This manipulation avoids bending the guide pin when inserting the handle (fig. 13).

NOTICE

It is recommended to irrigate with saline solution while reaming and drilling.

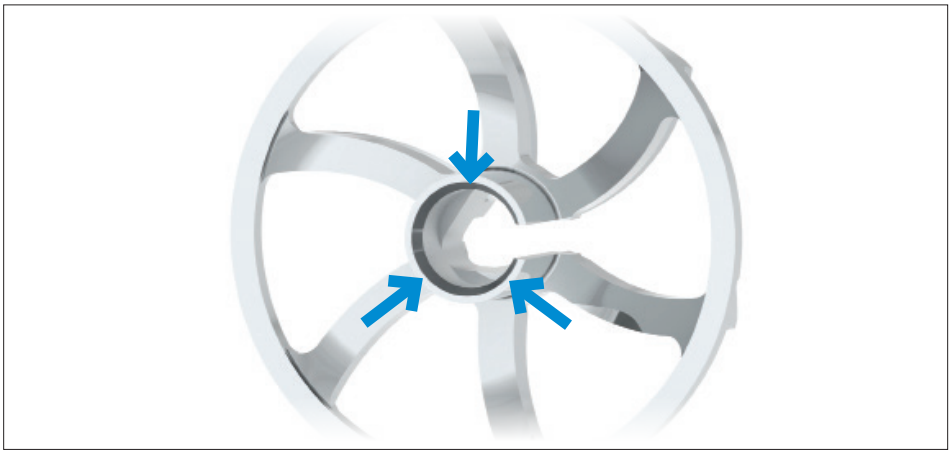


Fig. 10

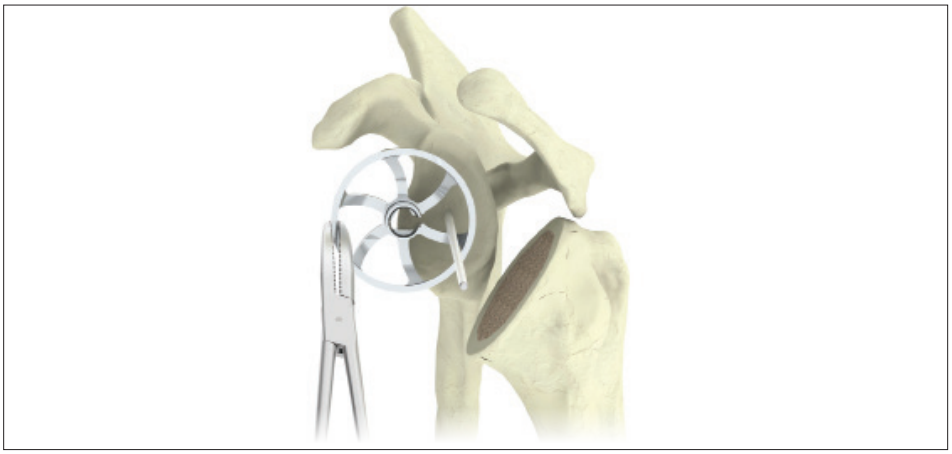


Fig. 11

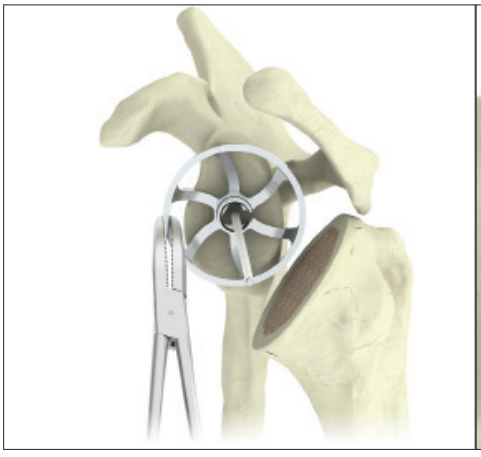


Fig. 12

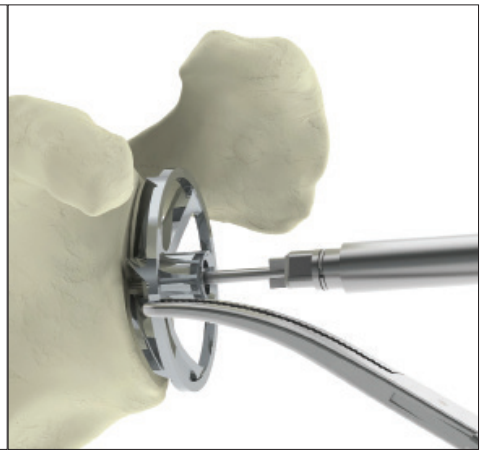


Fig. 13

Operative technique

Always begin by hand reaming and advance to power reaming only if necessary. If power is used, engage the reamer prior to contacting the glenoid surface and apply light pressure. This will help to reduce the risk of fracture (fig. 14). The goal of reaming is to obtain a bony surface that matches the backside of the glenoid component while removing as little bone as possible. The fit between the glenoid component and the bony surface can be evaluated utilizing the sizer from previous steps. It is not advisable to ream down to cancellous bone. Overaggressive reaming should be avoided to prevent possible glenoid fracture and the future risk of component shift or subsidence. Once reaming is complete, remove the assembly by sliding it off the pin (fig. 14). It is also possible to detach the reamer from the driver using the quick release handle. To do so, place the tip of the quick release handle onto the shaft of the driver and slide it down until it sits on the reamer. Apply downward pressure with the handle while pulling up on the driver to detach the reamer. This maneuver allows the reamer handle to be removed individually, then the reamer along the guide pin (fig. 15).

Remove the individual parts in the reverse order that they were assembled.

NOTICE

If the cannulated pin bends or appears to be bent in any step of the procedure, it must be removed and replaced by a new pin.

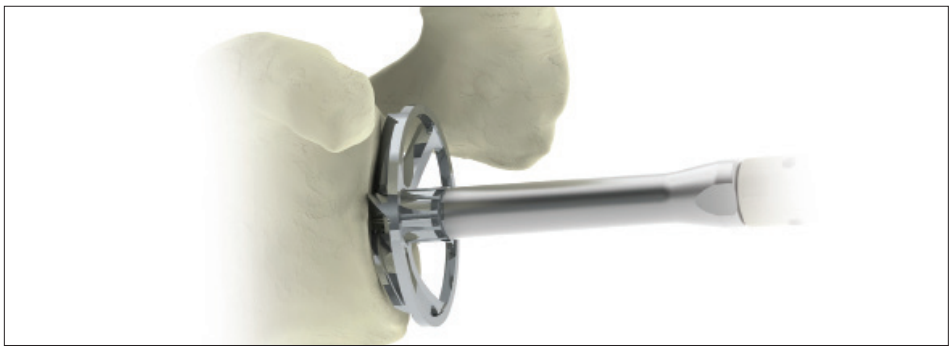


Fig. 14

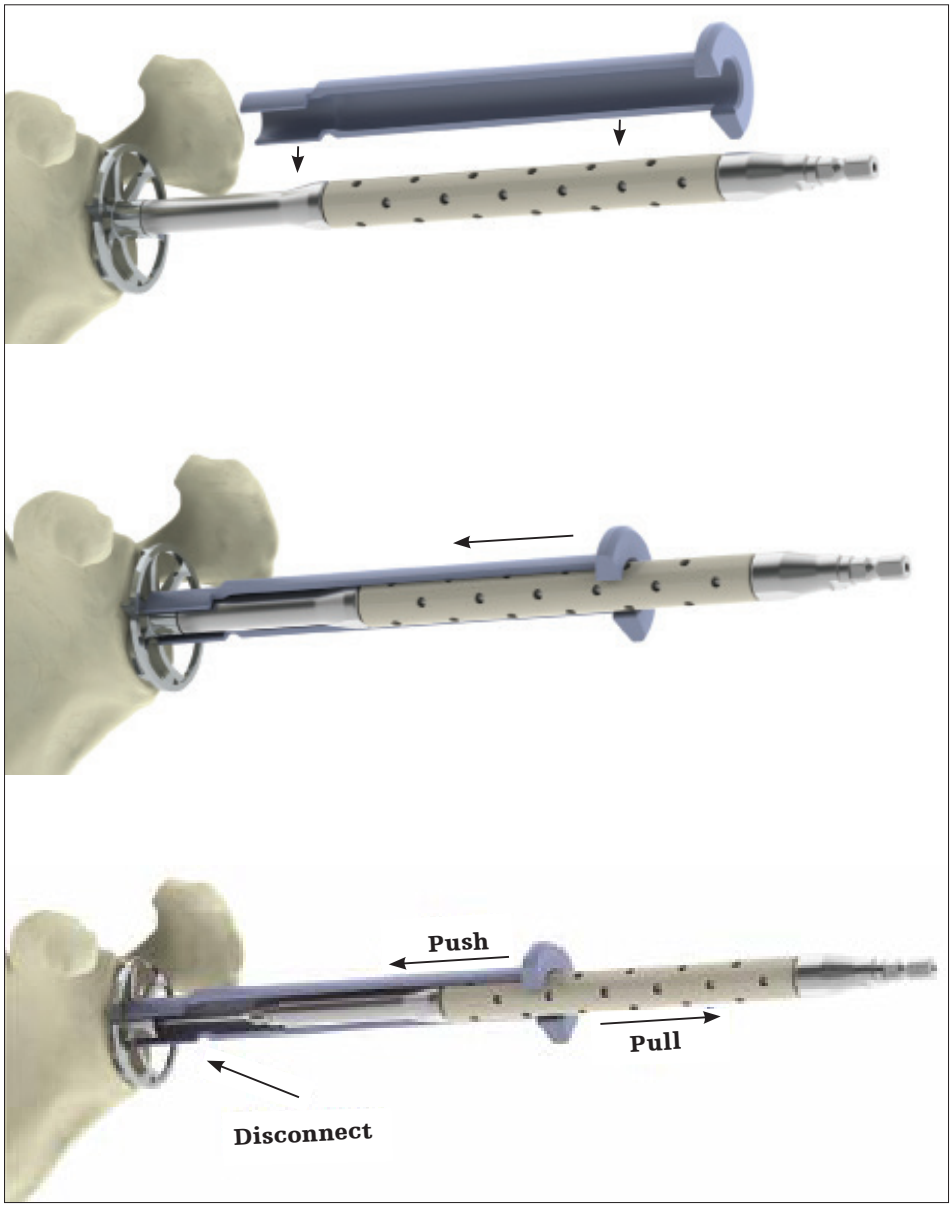


Fig. 15

Operative technique

Drilling the central hole

Two drill bit lengths are available, one for the S/M and one for the L/XL size glenoid. To drill the central hole, select the appropriate length (S/M or L/XL) 6mm cannulated central drill bit and attach it to the drill/reamer driver. Place the assembly over the pin and drill until the collar of the bit is flush with the glenoid. (fig. 16).

Remove the assembly over the guide pin and then remove the guide pin before proceeding to the next step (fig. 17).

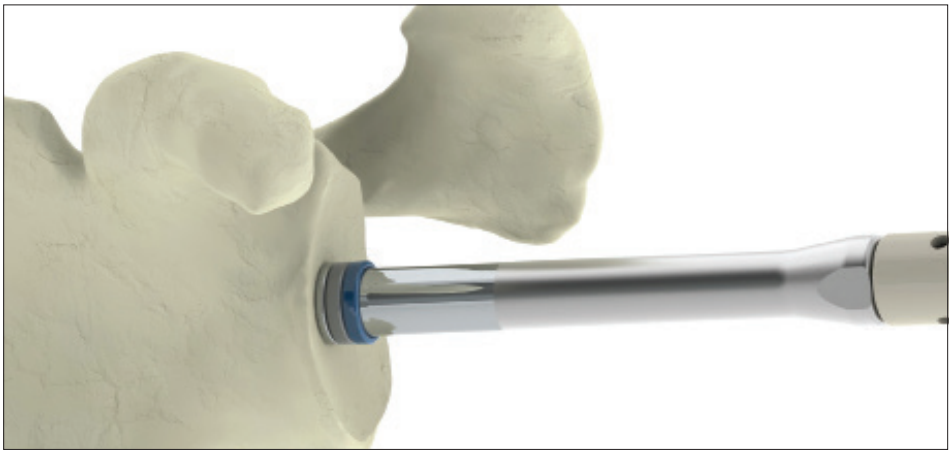


Fig. 16

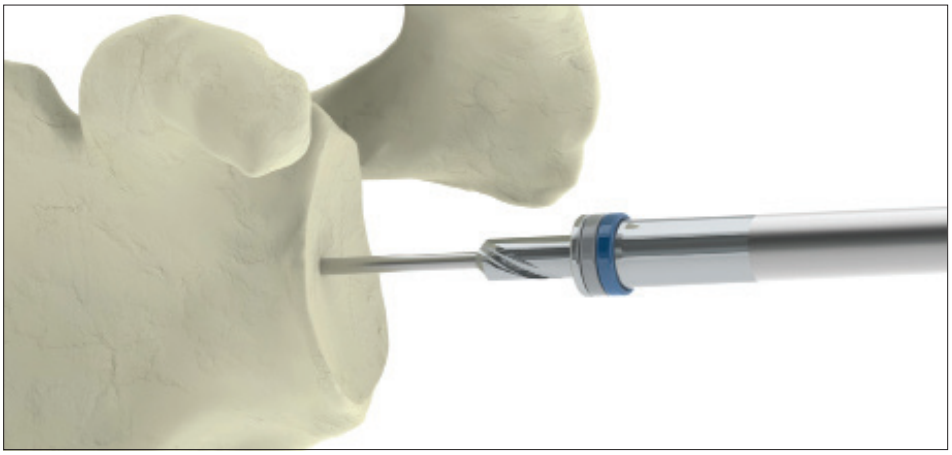


Fig. 17

Standard approach

Select the glenoid size

Enter the sizer corresponding to the size and radius of curvature determined previously with the radius gauges with the clamp provided for this purpose. Attach the sizer to the clamp via the small holes in the sizer (fig. 18).

Place the sizer into the surface of the glenoid to confirm the appropriate size. The calibrator whose size best corresponds to the contour and radius of curvature of the native glenoid allows the size of the final implant to be selected (fig. 19).

The position of the central hole can be marked through the calibrator using an electrosurgical unit.

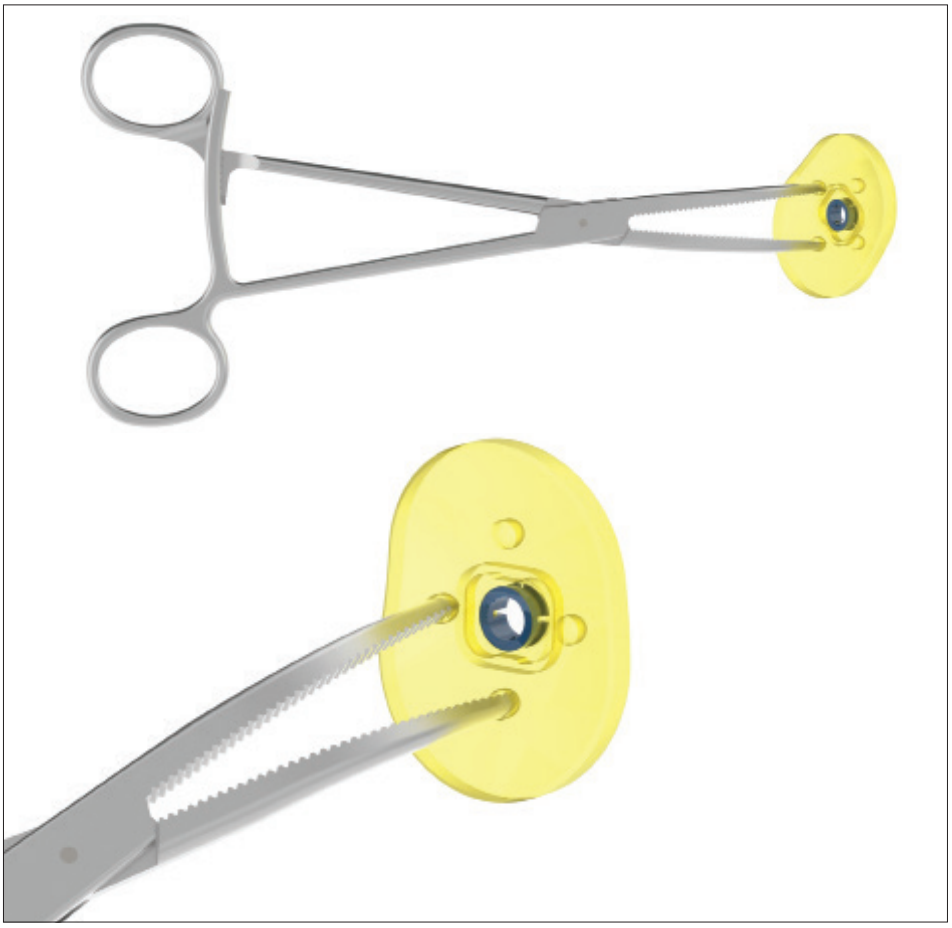


Fig. 18

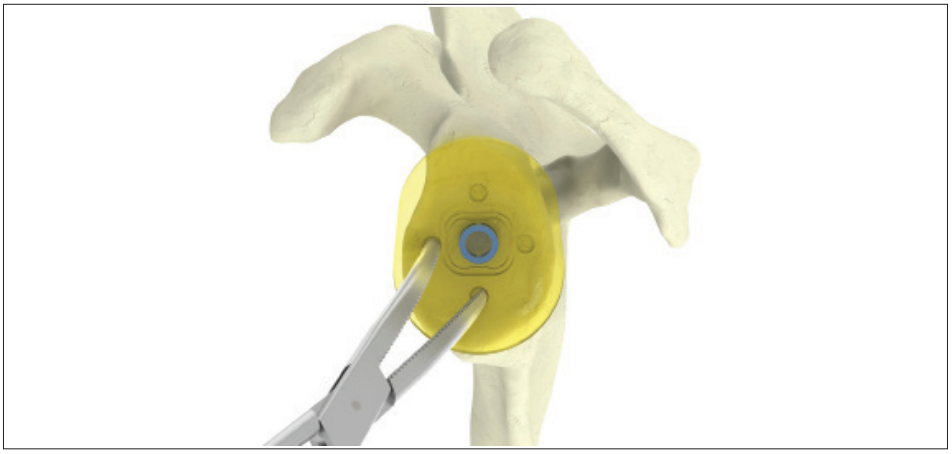


Fig. 19

Operative technique

Drilling the central hole

Begin by attaching the drill guide handle to the central hole drill guide. Then select the appropriate length (S/M or L/XL) 6mm central hole drill bit and attach it to the drill/reamer driver via the quick connect mechanism.

Once the instruments are assembled, align the guide with central mark that was made when using the sizer (fig. 20) and drill the central hole until the drill bit collar bottoms out on the drill guide. The drilling of the central hole can also be carried out by freehand. The appropriate drilling depth is then indicated by laser marking on the drill (fig. 21).

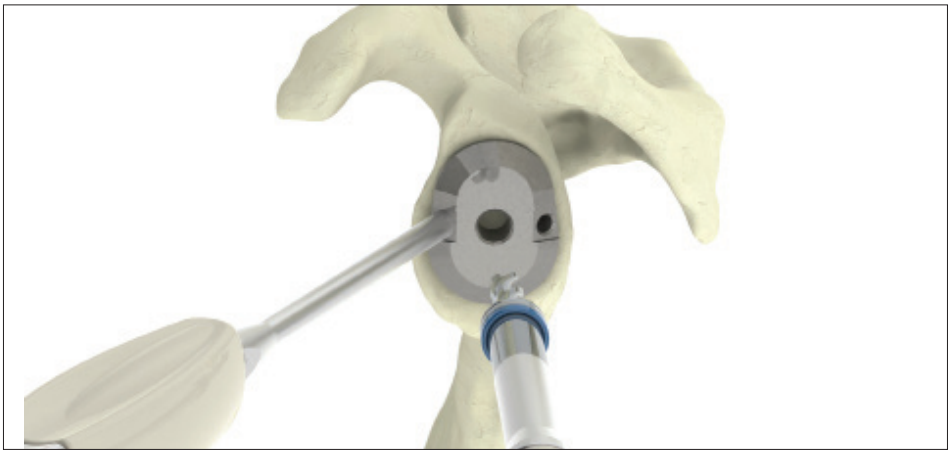


Fig. 20

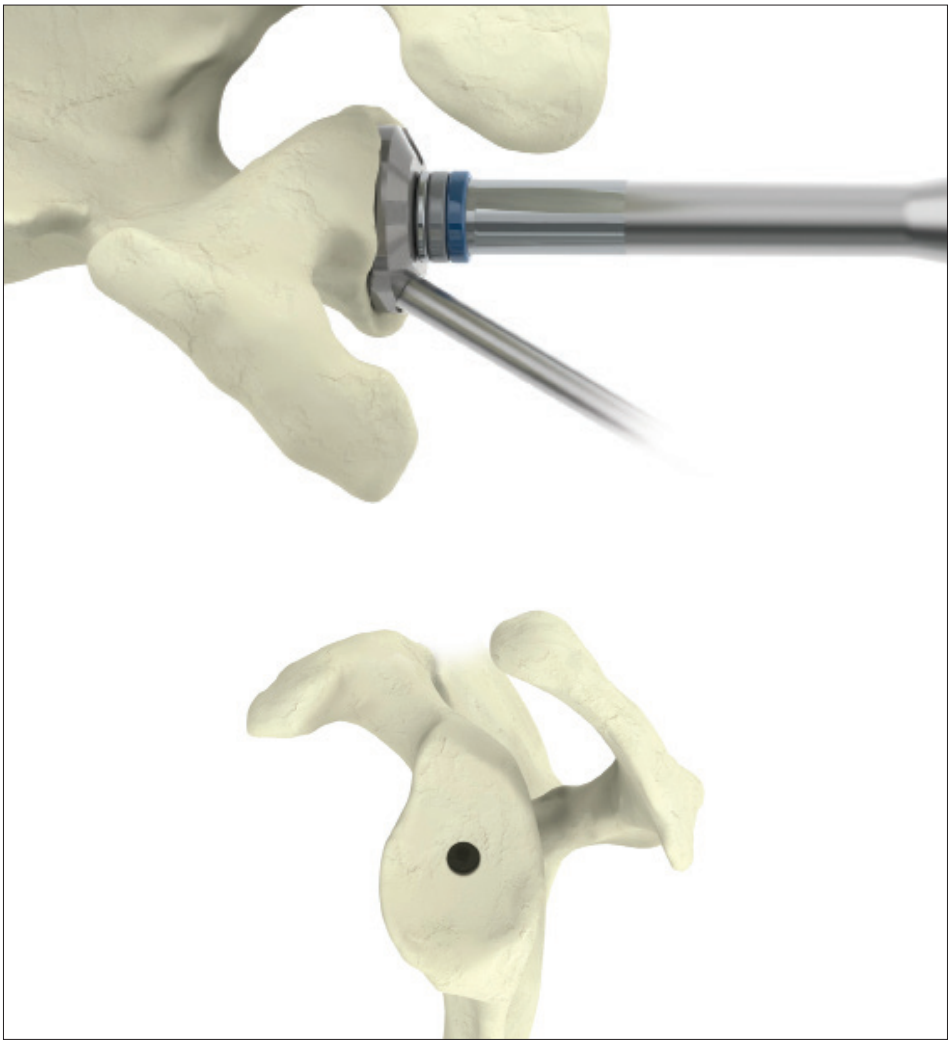


Fig. 21

Operative technique

Resurfacing the glenoid

If resurfacing of the glenoid is necessary, select the reamer that corresponds with the size and curvature determined in previous steps. Attach the reamer to either the drill/reamer driver or the articulated driver.

Using the articulated driver

1. If the articulated driver is used, the reamer must be assembled on the driver in the unlocked and pivotable position (fig. 22).
2. Once attached, the reamer is presented opposite the glenoid and the tip of the reamer is inserted into the central hole of the glenoid (fig. 23).
3. Once the reamer is positioned on the glenoid and the reamer tip is seated, use the articulated handle as a lever and retract the reamer shaft until it is perfectly aligned with the tip (fig. 24). Slide the outer sleeve into the locked position (fig. 24-25).

NOTICE

It is recommended to irrigate with saline solution while reaming and drilling.

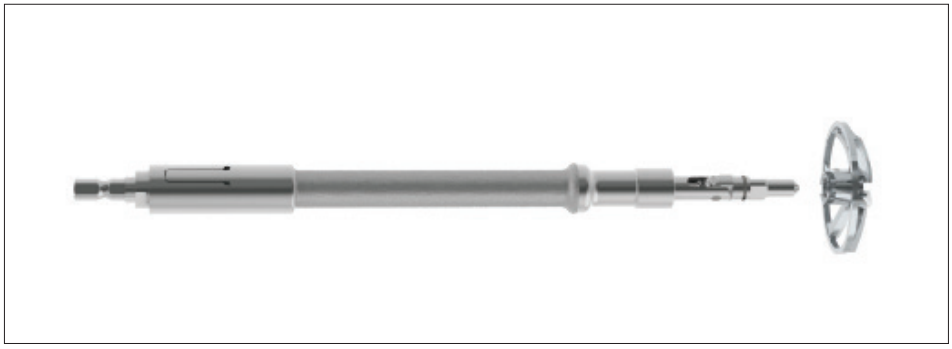


Fig. 22

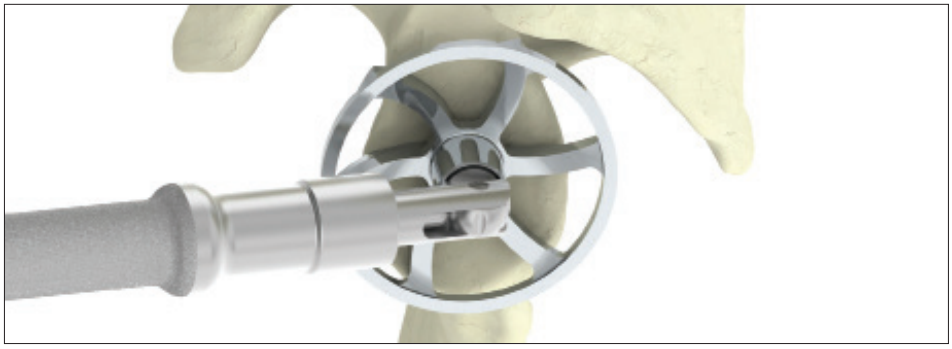


Fig. 23

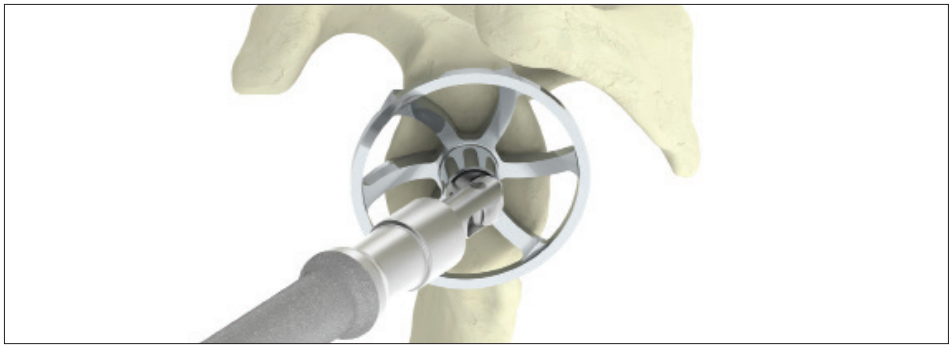


Fig. 24

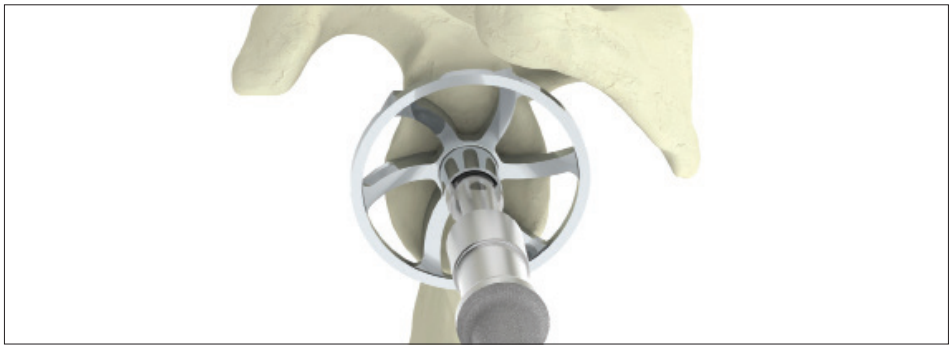


Fig. 25

Operative technique

Always begin by hand reaming and advance to power reaming only if necessary. If power is used, engage the reamer prior to contacting the glenoid surface and apply light pressure. This will help to reduce the risk of fracture.

The goal of reaming is to obtain a bony surface that matches the backside of the glenoid component while removing as little bone as possible.

⚠CAUTION

The articulated driver can only be used in the straight locked position.

NOTICE

It may be helpful to remove any posterior retractors prior to inserting the articulated driver. The handle will then in essence become the retractor.

The fit between the glenoid component and the bony surface can be evaluated utilizing the sizer from previous steps.

It is not advisable to ream down to cancellous bone. Overaggressive reaming should be avoided to prevent possible glenoid fracture and the future risk of component shift or subsidence.

Keeled glenoid

Implantation of the keeled glenoid

Preparing the keel slot

To prepare the keel slot, begin by selecting the appropriate size (S/M or L/XL) keeled peripheral drill guide.

Attach the drill guide to the drill guide handle and insert the post on the backside of the guide into the central hole (fig. 26).

Align the superior and inferior holes with the supero-inferior axis of the native glenoid (rotation adjustment) (fig. 26).

With the drill guide in place, select a drill bit, either the 5mm drill bit for the S/M size or the 6mm drill bit for the L/XL and attach the bit to the drill/reamer driver. Drill the superior hole until the collar of the drill bit contacts the guide (fig. 27).

Using the stabilization peg clamp, place the appropriate size stabilization peg into the superior hole and then drill the inferior hole (fig. 28).

The stabilization peg can then be removed along with the guide (fig. 28-29).

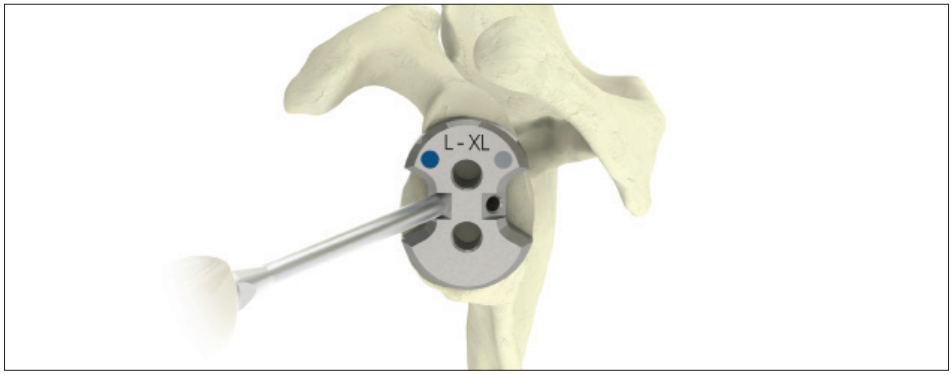


Fig. 26

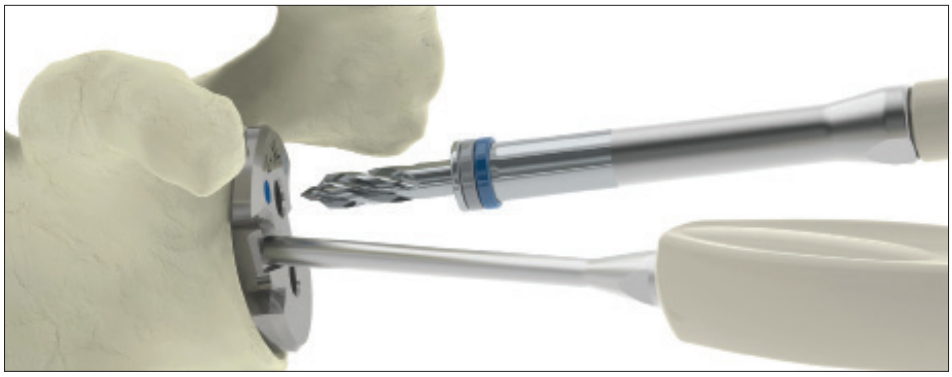


Fig. 27

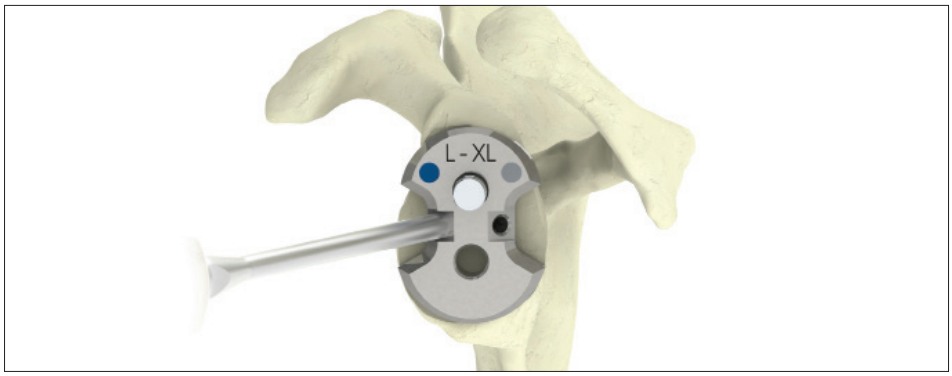


Fig. 28

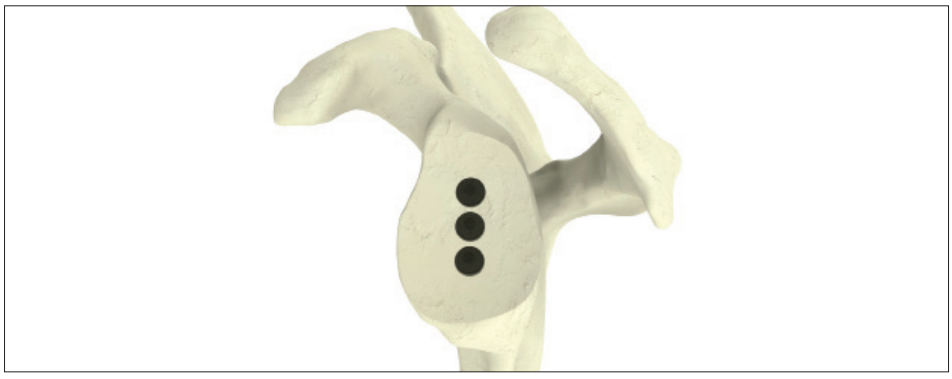


Fig. 29

Keeled glenoid

The bony bridges between the three holes are broken with a rongeur or small osteotome.

Then select the appropriate sized keel punch (S-M or L-XL) which is used to compact the cancellous bone (fig. 30-31). The shape of the keel is then prepared by impacting the keel punch up to the laser mark. Compaction of the cancellous bone is a preferred technique to improve glenoid component fixation.

Positioning the keeled glenoid component

Once the keel slot has been fully prepared, select the appropriate size trial glenoid corresponding to the size and radius of curvature determined previously. The trial is inserted into the keel slot using the trial grasper and can be seated with the impactor (fig. 32).

Two windows, anterior and posterior, allow visualization of the bone to trial interface. If the trial has acceptable backside support, remove the trial with the grasper (fig. 33).

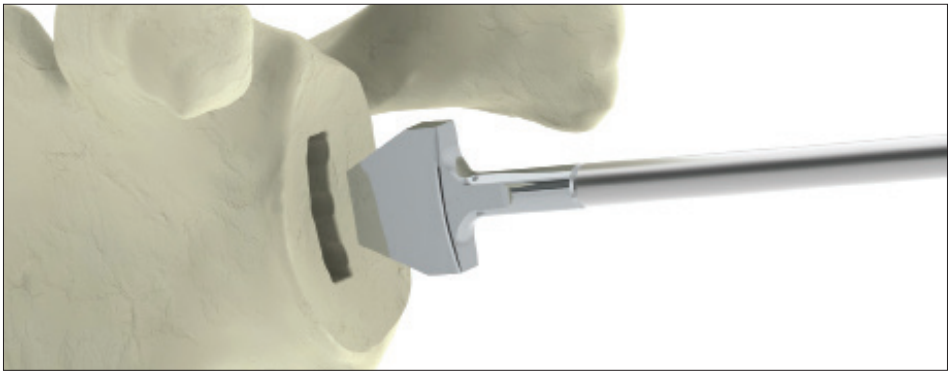


Fig. 30

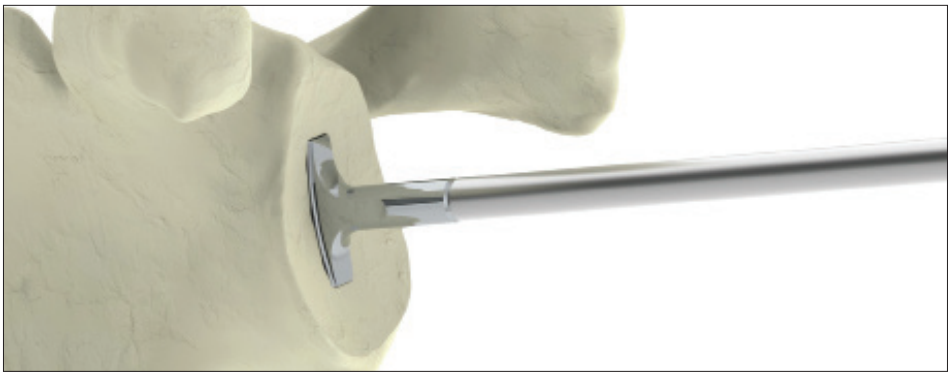


Fig. 31

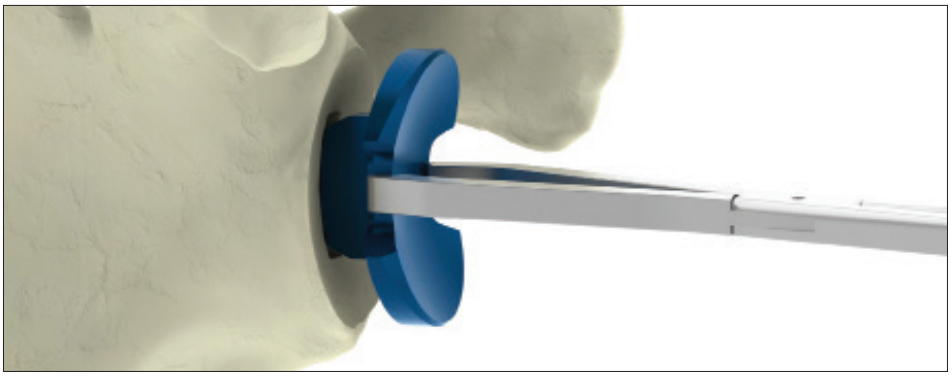


Fig. 32

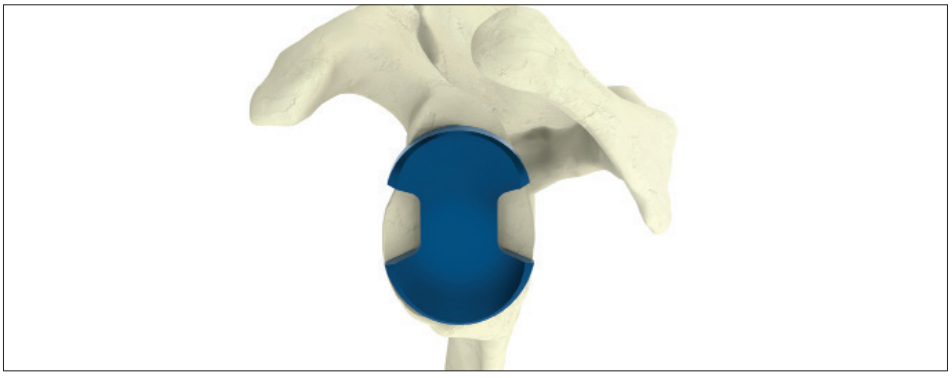


Fig. 33

Keeled glenoid

It is recommended to carefully clean and dry the glenoid surface and keel slot prior to cementing.

Then introduce the cement into the keel. The final implant is then mounted on the implant holder and introduced into the keel prepared beforehand (fig. 34-35). The implant holder is then removed to allow the impact of the final implant using the specific impactor (fig. 36).

It is imperative to maintain pressure on the face of the glenoid with the impactor while the cement hardens. It is not recommended to cement the back face of the glenoid. The cement mantle, at the face, should be less than 1mm.*

NOTICE

The keel should not be altered in any manner prior to implantation.

NOTICE

Once a specific anchorage size (S/M or L/XL) has been prepared, it is not advisable to upsize or downsize the implant.

Fig. 34

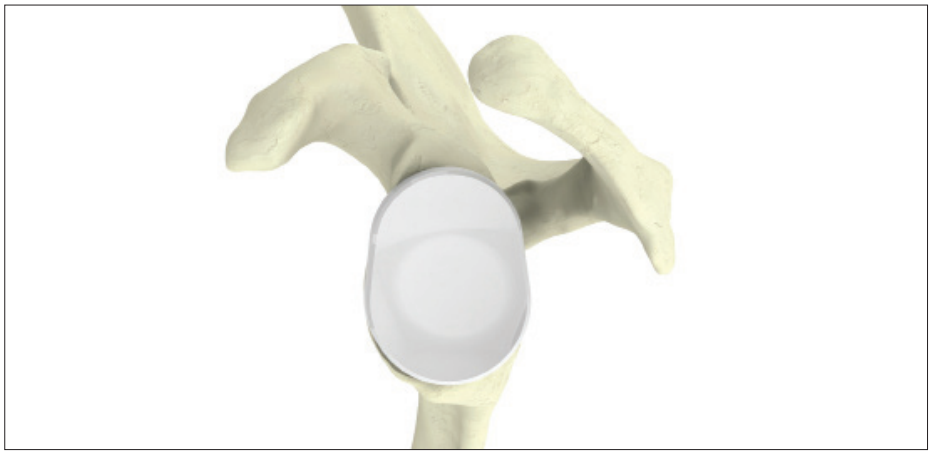


Fig. 35

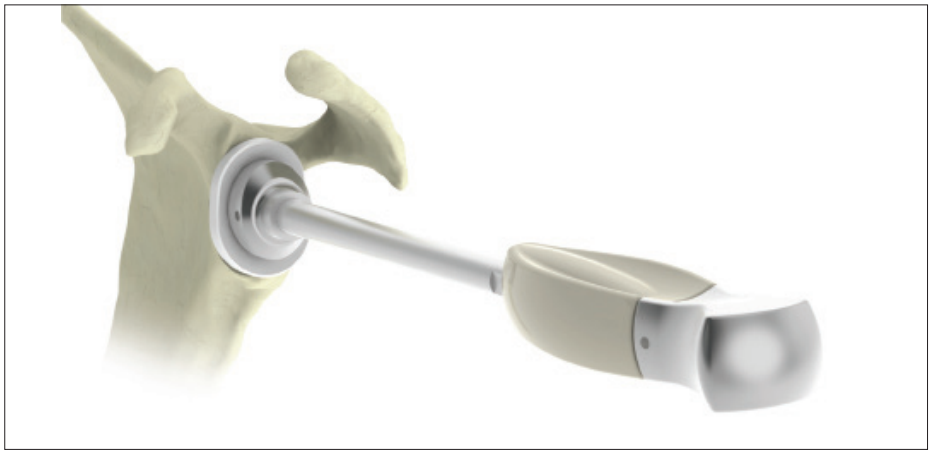


Fig. 36

*Long-term results of cancellous compaction technique for glenoid replacement in total shoulder arthroplasty for primary osteoarthritis. O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.

Pegged glenoid

Implantation of the pegged glenoid

Preparing the peg holes

To prepare the peripheral holes, begin by selecting the S/M or L/XL pegged peripheral drill guide.

Attach the drill guide to the drill guide handle and insert the post on the backside of the guide into the central hole (fig. 37).

Adjust the rotation of the drill guide. Attach the peripheral drill bit to the drill/reamer driver. Drill the superior hole until the collar of the drill bit contacts the guide (fig. 38).

Using the stabilization peg clamp, place the stabilization peg into the superior hole and then drill the anterior hole (fig. 39-40).
A second stabilization peg can be inserted for addition stability and the posterior hole is then drilled (fig. 40).

The stabilization pegs can then be removed along with the guide.

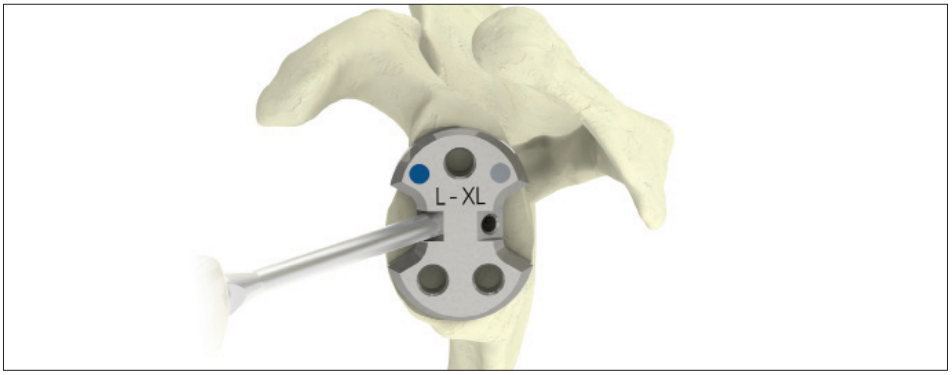


Fig. 37

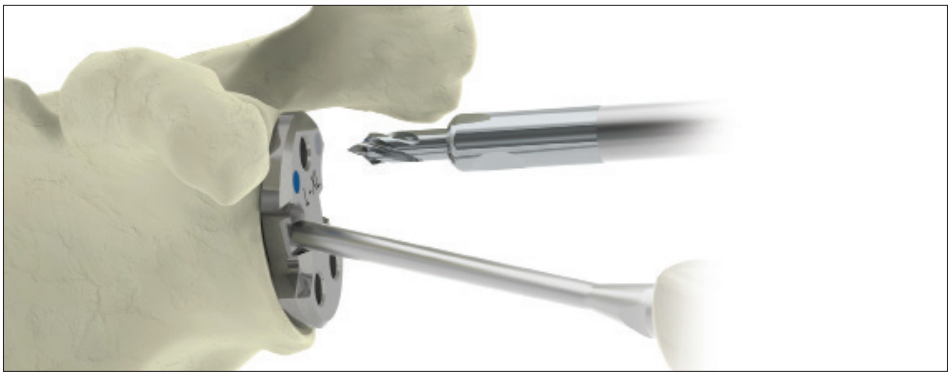


Fig. 38

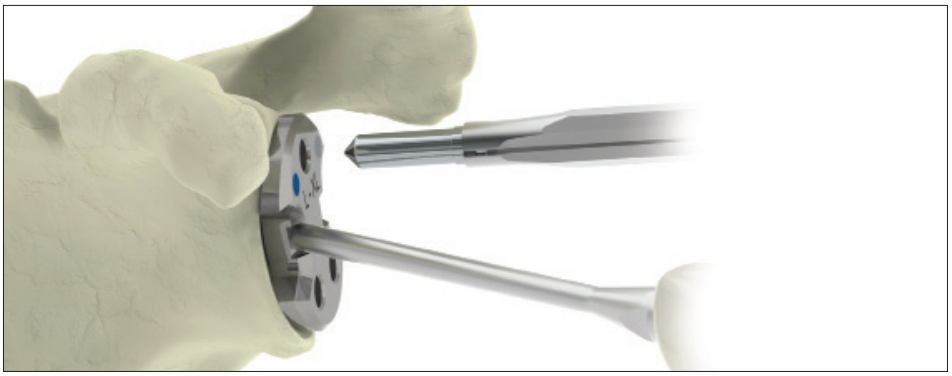


Fig. 39

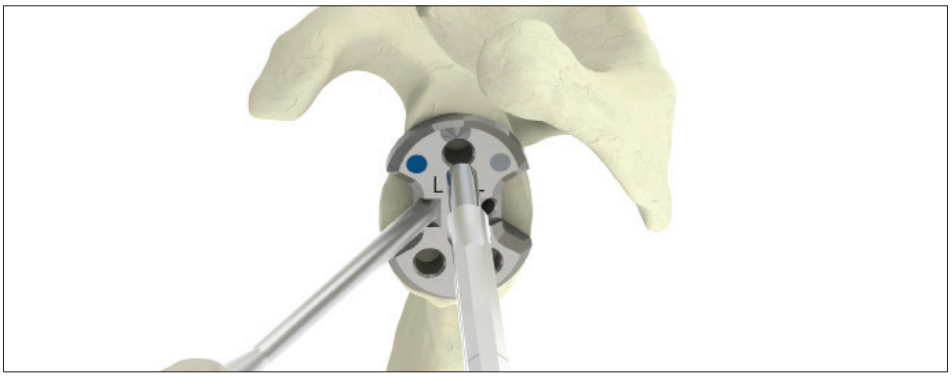


Fig. 40

Pegged glenoid

Positioning the pegged glenoid trial component

Once the peripheral holes have been fully prepared, select the appropriate size trial glenoid. The trial is inserted into the glenoid using the trial grasper and can be seated with the impactor (fig. 41). Two windows, anterior and posterior, allow visualization of the bone to trial interface (fig. 42).

If the trial has acceptable backside support, remove the trial with the grasper.

It is recommended to carefully clean and dry the glenoid surface and peg holes prior to cementing. Once the glenoid is clean and dry, introduce the bone cement into the peg. The final implant is then mounted on the implant holder and introduced into the holes of the previously prepared pegs (fig. 43).

The implant holder is then removed to allow the impact of the final implant using the specific impactor (fig. 44). It is not recommended to cement the back face of the glenoid. It is imperative to maintain pressure on the face of the glenoid with the impactor while the cement hardens.*

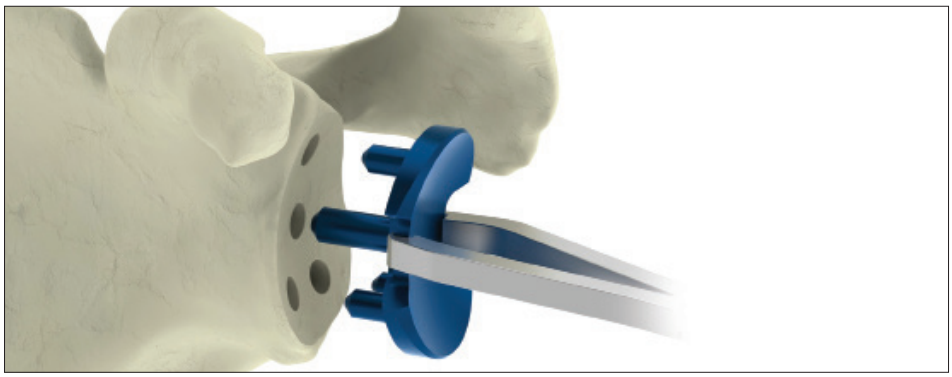


Fig. 41

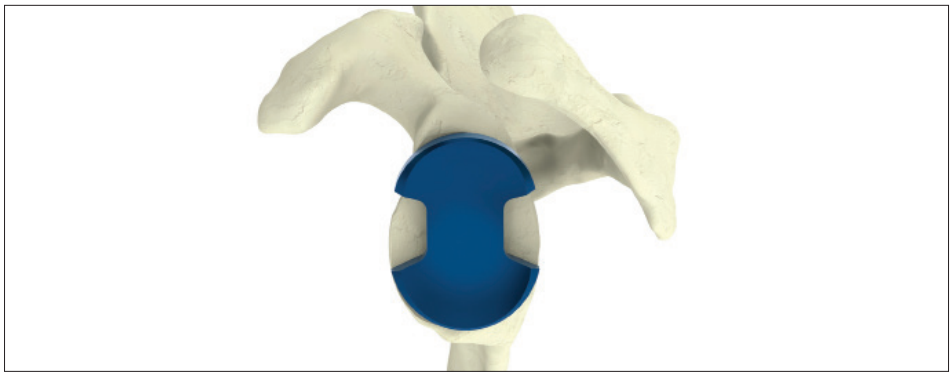


Fig. 42

Fig. 43

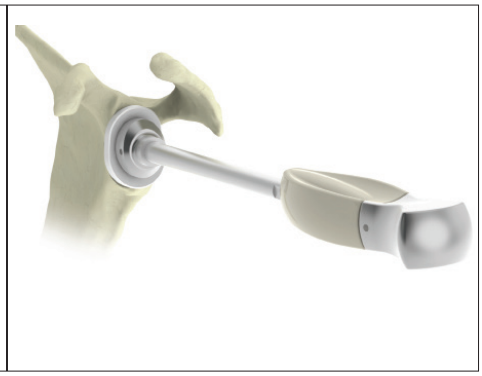


Fig. 44

NOTICE

The pegs should not be altered in any manner prior to implantation.

NOTICE

Once a specific anchorage size (S/M or L/XL) has been prepared, it is not advisable to upsize or downsize the implant.

*Long-term results of cancellous compaction technique for glenoid replacement in total shoulder arthroplasty for primary osteoarthritis. O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.

CortiLoc pegged glenoid

Implantation of the CortiLoc pegged glenoid

Preparing the peg holes

If not completed in a previous step, the central hole should be enlarged at this time.

In case of implantation of the CortiLoc Pegged Glenoid, the central hole should be enlarged at this time with 8.4mm CortiLoc drill bit.

Place the drill guide on the reamed glenoid. Drill until the collar of the bit contacts the guide (fig. 45).

(The 8.4mm CortiLoc drill bit is provided with a laser etch line which represents the depth to be drilled for those who prefer not to use the drill guide).

NOTICE

If a cannulated preparation is preferred, the CortiLoc Pegged Glenoid instrumentation also has a CortiLoc 8.4mm cannulated drill bit, to be mounted on a guide pin when preparing the central peg.

Once completed, remove the drill guide and prepare the peripheral holes. To prepare the peripheral holes, begin by selecting one of the S/M or L/XL CortiLoc drill guides. Attach the drill guide to the drill guide handle and insert the tip post on the backside of the guide into the central hole. Align the drill guide on the glenoid. With the drill guide in place, attach the peripheral drill bit to the drill/reamer driver.

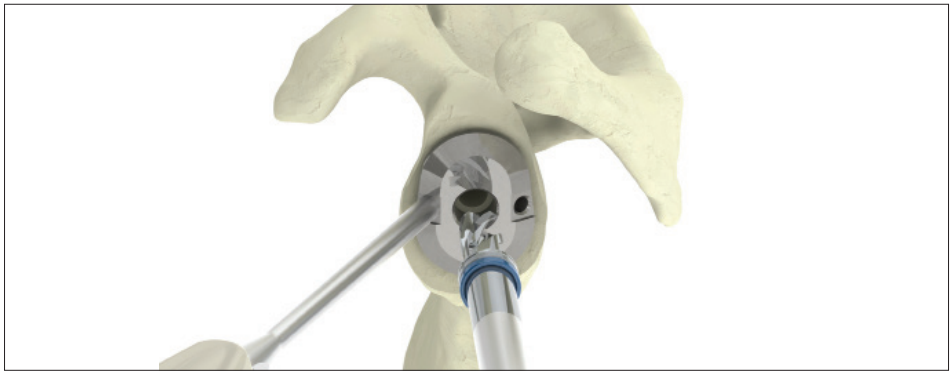


Fig. 45

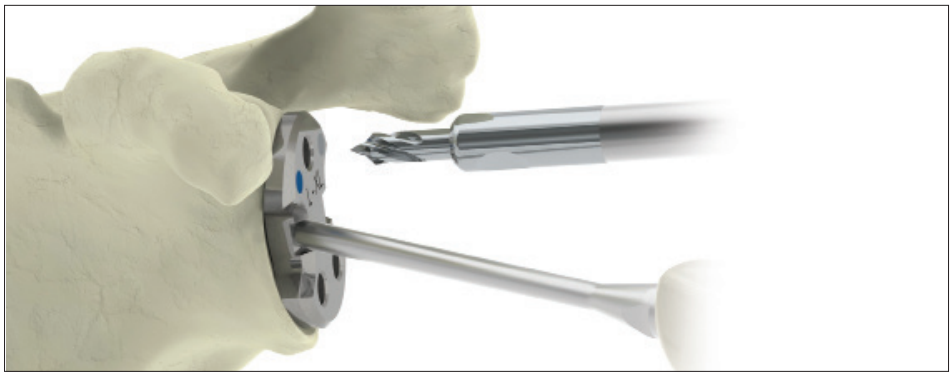


Fig. 46

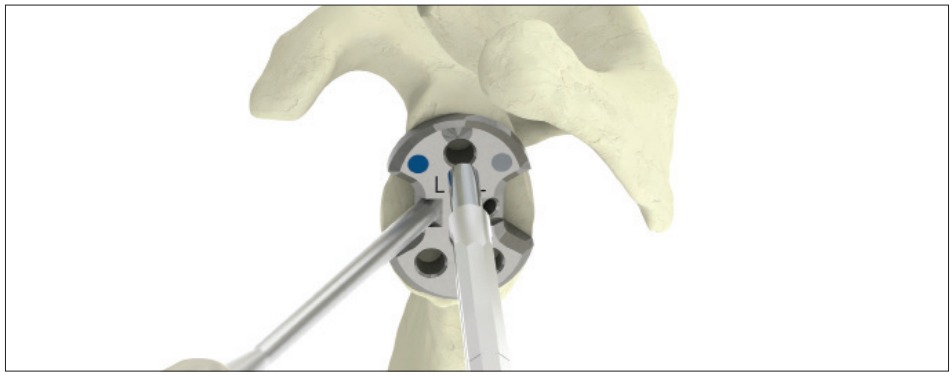


Fig. 47

Drill the superior hole until the collar of the drill bit contacts the guide (fig. 46). Using the stabilization peg clamp, place the stabilization peg into the superior hole and then drill the anterior hole (fig. 47).

A second stabilization peg can be inserted for additional stability and the posterior hole is then drilled.

The stabilization pegs can then be removed along with the guide.

CortiLoc pegged glenoid

Positioning the CortiLoc pegged glenoid trial component

Once the peripheral holes have been fully prepared, select the appropriate size trial glenoid. The trial is inserted into the glenoid using the trial grasper and can be seated with the impactor (fig. 48).

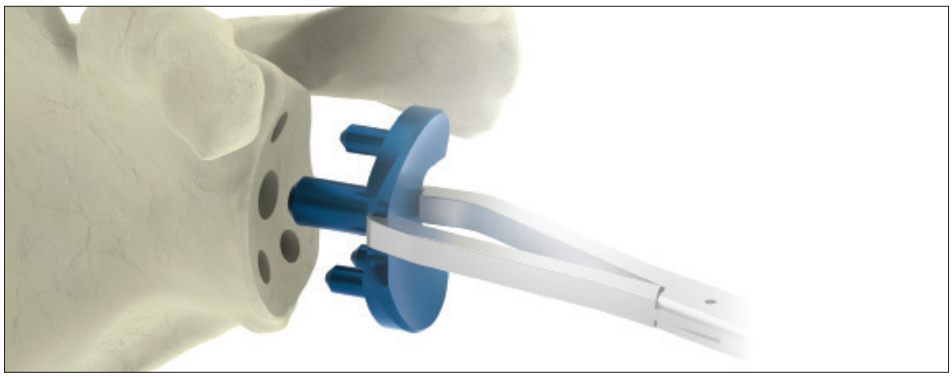


Fig. 48

Two windows, anterior and posterior, allow visualization of the bone to trial interface (fig. 49). If the trial has acceptable backside support, remove the trial with the grasper. It is recommended to carefully clean and dry the glenoid surface and peg holes prior to cementing.

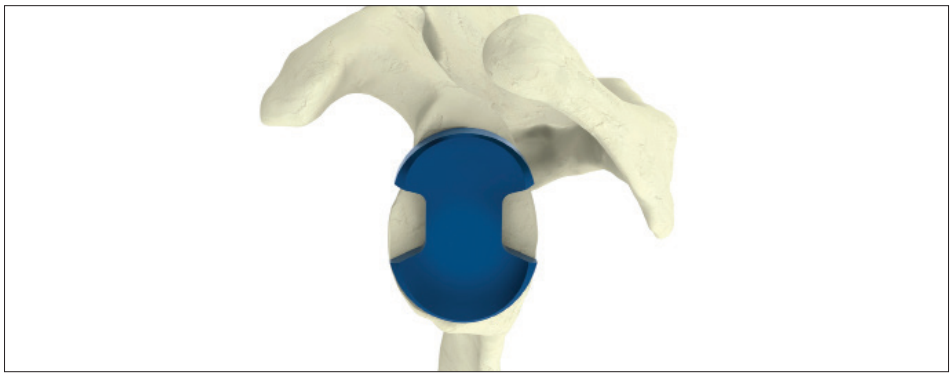


Fig. 49

Once the glenoid is clean and dry, introduce the bone cement into the peg. The final implant is then mounted on the implant holder and introduced into the holes of the previously peripheral prepared pegs. On CortiLoc pegged glenoid, it is not necessary to cement the central peg of the implant. The implant holder is then removed to allow the impact of the final implant using the specific impactor (fig. 50). It is not recommended to cement the back face of the glenoid. It is imperative to maintain pressure on the face of the glenoid with the impactor while the cement hardens.*

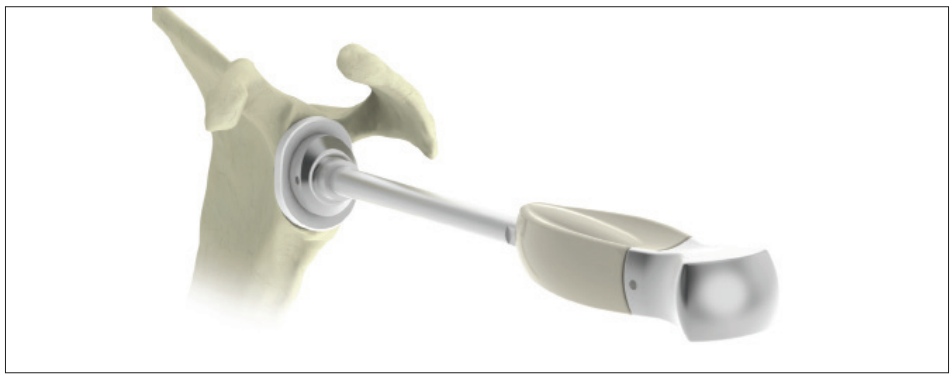


Fig. 50

*Long-term results of cancellous compaction technique for glenoid replacement in total shoulder arthroplasty for primary osteoarthritis. O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.

NOTICE

The pegs should not be altered in any manner prior to implantation.

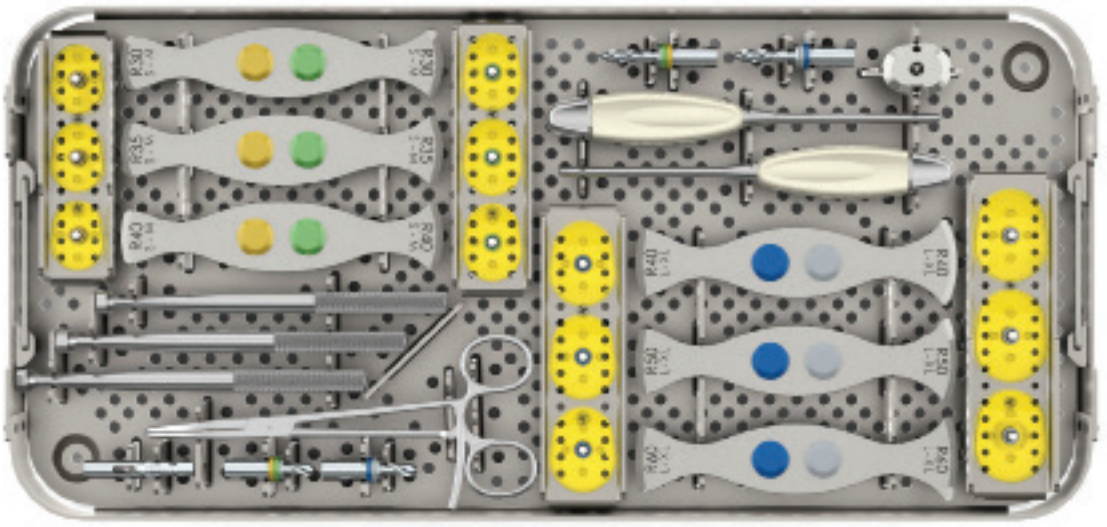
NOTICE

Once a specific anchorage size (S/M or L/XL) has been prepared, it is not advisable to upsize or downsize the implant.

Reduction testing and closure

The reduction of the joint, testing of mobility and stability and closure is described in detail in the humeral operative technique.

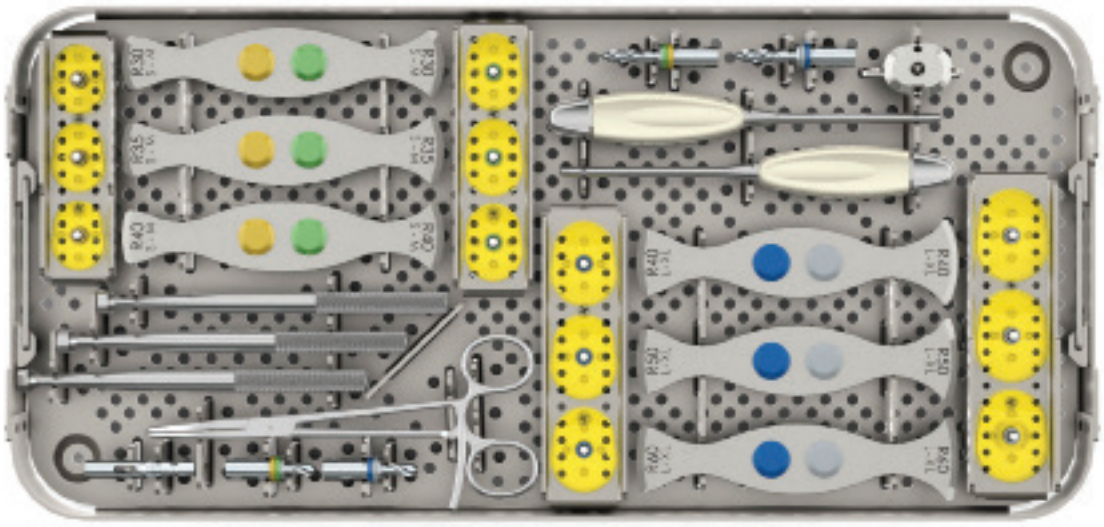
System components



Common tray upper level YKAD210A (circular reamer) YKAD210B (crescent reamer)

Ref #	Description
MWE011	S30 sizer
MWE012	S35 sizer
MWE013	S40 sizer
MWE014	M30 sizer
MWE015	M35 sizer
MWE016	M40 sizer
MWE017	L40 sizer
MWE018	L50 sizer
MWE019	L60 sizer
MWE020	XL40 sizer
MWE021	XL50 sizer
MWE022	XL60 sizer
MWE031	Radius gauge – small/medium 30mm
MWE032	Radius gauge – small/medium 35mm
MWE033	Radius gauge – small/medium 40mm
MWE034	Radius gauge – large/extra large 40mm
MWE035	Radius gauge – large/extra large 50mm
MWE036	Radius gauge – large/extra large 60mm
MWE040	Central hole drill guide – Ø6mm
MWE111	Pin guide 0°
MWE112	Pin guide 5°
MWE113	Pin guide 10°
MWE042/MWE042A	Drill guide handle drill guide handle (Including threaded rod MWE042AZ2)
MWB253	Pin driver

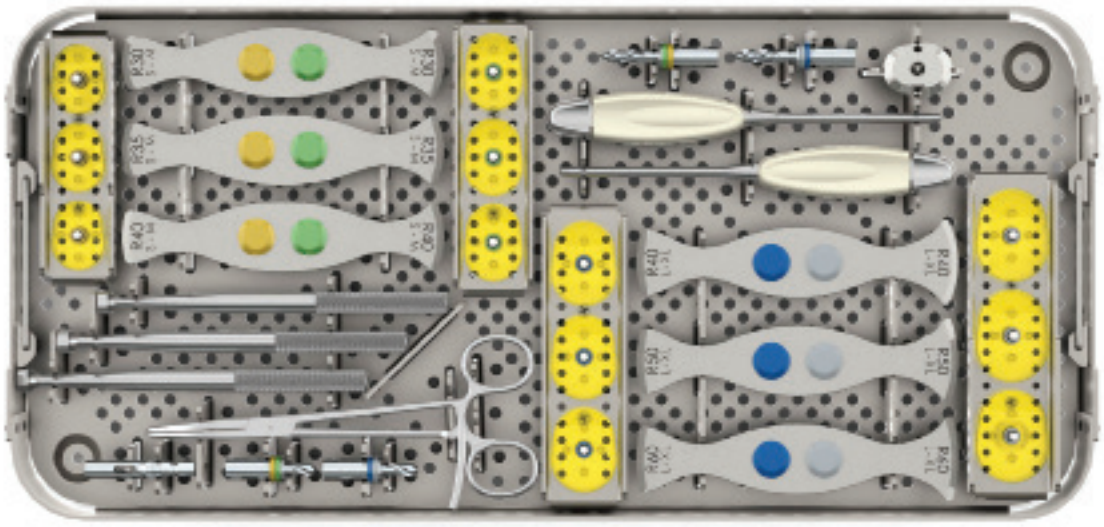
System components



Common tray upper level YKAD210A (circular reamer) YKAD210B (crescent reamer)

Ref #	Description
MWE153	Cannulated central hole drill bit – Ø6mm small/medium
MWE154	Central holed drill bit – Ø6mm small/medium
MWE155	Cannulated central hole drill bit – Ø6mm large/extra large
MWE156	Central holed drill bit – Ø6mm large/extra large
MWE260	S30 crescent reamer
MWE261	S35 crescent reamer
MWE262	S40 crescent reamer
MWE263	M30 crescent reamer
MWE264	M35 crescent reamer
MWE265	M40 crescent reamer
MWE266	L40 crescent reamer
MWE267	L50 crescent reamer
MWE268	L60 crescent reamer
MWE269	XL40 crescent reamer
MWE270	XL50 crescent reamer
MWE271	XL60 crescent reamer

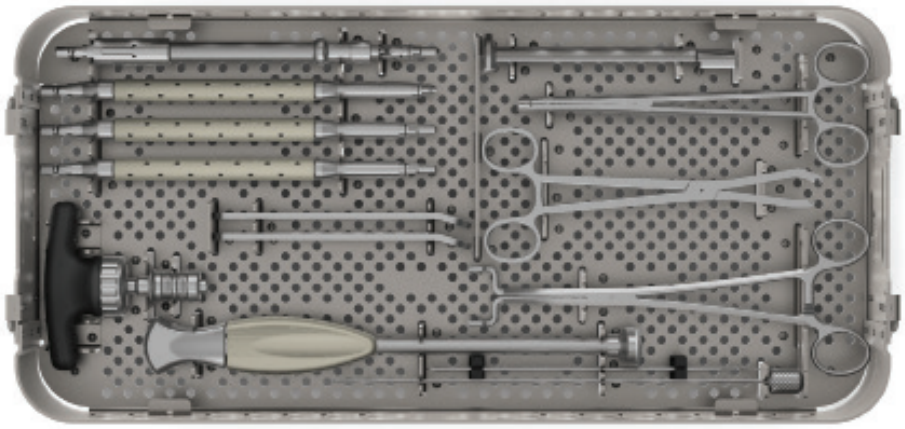
System components



Common tray upper level YKAD210A (circular reamer) YKAD210B (crescent reamer)

Ref #	Description
MWE160	S30 reamer
MWE161	S35 reamer
MWE162	S40 reamer
MWE163	M30 reamer
MWE164	M35 reamer
MWE165	M40 reamer
MWE166	L40 reamer
MWE167	L50 reamer
MWE168	L60 reamer
MWE169	XL40 reamer
MWE170	XL50 reamer
MWE171	XL60 reamer
MWE110	Sizer clamp

System components

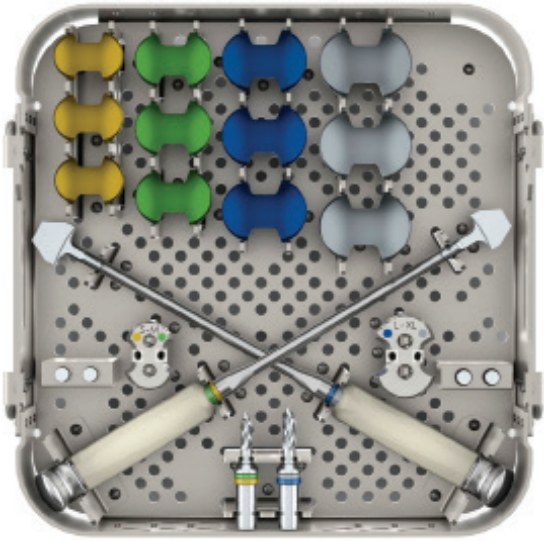


Common tray-lower level YKAD210A or YKAD210B

Ref #	Description
MWE044	Stabilization peg remover
MWE046	Glenoid impactor
MWD552	12mm wrench
MWE150	Articulated driver
MWE151	Cannulated reamer driver
MWE152	Cannulated drill/reamer driver with tip
MWE080 (T16659) ***or MWE180*	T-handle ratchet – SZH
MWB236	Cleaning rod
MWE114	Glenoid grasper
MWA652	Glenoid trial grasper
MWE157**	Alignment pin L=200mm
MWE158	Quick release handle

* Available upon request
** If not available in the instrumentation, product available for single use in the implant kit
***CE marked product under the responsibility of the legal manufacturer MPS PRECIMED
Legal Manufacturer:
MPS PRECIMED
Chemin du long-champ 95
2504 Biel-Bienne
Switzerland

System components



Keeled tray (Ref. YKAD213)

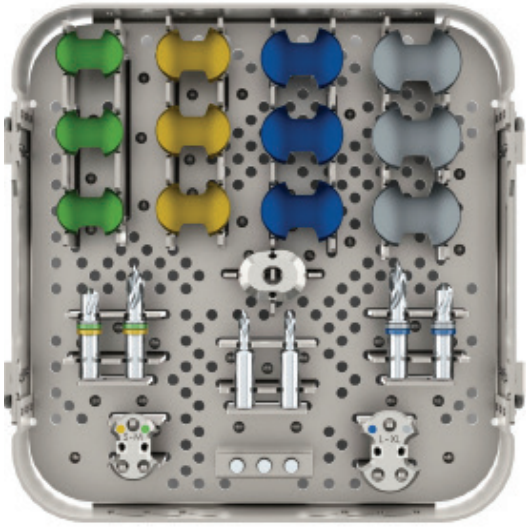
Ref #	Description
MWE095	Keeled peripheral drill guide - small/medium
MWE096	Keeled peripheral drill guide - large/extra large
MWE097	Stabilization peg - Ø5mm
MWE098	Stabilization peg - Ø6mm
MWE199	Peripheral drill bit - Ø5mm
MWE201	Peripheral drill bit - Ø6mm
MWE101	Keeled punch - small/medium
MWE102	Keeled punch - large/extra large
MWE501	S30 keeled glenoid trial
MWE502	S35 keeled glenoid trial
MWE503	S40 keeled glenoid trial
MWE511	M30 keeled glenoid trial
MWE512	M35 keeled glenoid trial
MWE513	M40 keeled glenoid trial
MWE521	L40 keeled glenoid trial
MWE522	L50 keeled glenoid trial
MWE523	L60 keeled glenoid trial
MWE531	XL40 keeled glenoid trial
MWE532	XL50 keeled glenoid trial
MWE533	XL60 keeled glenoid trial

System components

Pegged tray (Ref. YKAD212)

Ref #	Description
MWE090	Pegged peripheral drill guide - small/medium
MWE091	Pegged peripheral drill guide - large/extra large
MWE083	Stabilization peg - Ø5.4mm
MWE200	Peripheral drill bit dia - Ø5.4mm
MWE301	S30 pegged glenoid trial
MWE302	S35 pegged glenoid trial
MWE303	S40 pegged glenoid trial
MWE311	M30 pegged glenoid trial
MWE312	M35 pegged glenoid trial
MWE313	M40 pegged glenoid trial
MWE321	L40 pegged glenoid trial
MWE322	L50 pegged glenoid trial
MWE323	L60 pegged glenoid trial
MWE331	XL40 pegged glenoid trial
MWE332	XL50 pegged glenoid trial
MWE333	XL60 pegged glenoid trial

System components



CortiLoc pegged tray (Ref. YKAD211)

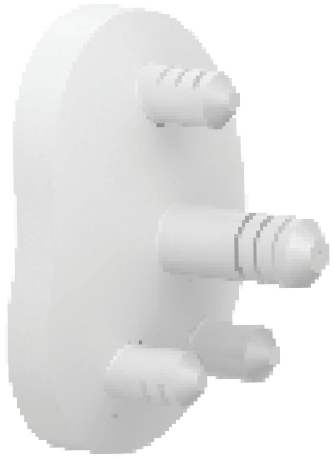
Ref #	Description
MWE081	CortiLoc peripheral drill guide - small/medium
MWE082	CortiLoc peripheral drill guide - large/extra large
MWE083	Stabilization peg - Ø5.4mm
MWE200	Peripheral drill bit dia - Ø5.4mm
MWE085	CortiLoc central drill guide
MWE202	CortiLoc cannulated central drill bit - small/medium
MWE203	CortiLoc cannulated central drill bit - large/extra large
MWE204	CortiLoc central drill bit - small/medium
MWE205	CortiLoc central drill bit - large/extra large
MWE401	S30 CortiLoc pegged glenoid trial
MWE402	S35 CortiLoc pegged glenoid trial
MWE403	S40 CortiLoc pegged glenoid trial
MWE411	M30 CortiLoc pegged glenoid trial
MWE412	M35 CortiLoc pegged glenoid trial
MWE413	M40 CortiLoc pegged glenoid trial
MWE421	L40 CortiLoc pegged glenoid trial
MWE422	L50 CortiLoc pegged glenoid trial
MWE423	L60 CortiLoc pegged glenoid trial
MWE431	XL40 CortiLoc pegged glenoid trial
MWE432	XL50 CortiLoc pegged glenoid trial
MWE433	XL60 CortiLoc pegged glenoid trial

System components

Keeled glenoid

Ref #	Description
DWE501	S30 keeled glenoid
DWE502	S35 keeled glenoid
DWE503	S40 keeled glenoid
DWE511	M30 keeled glenoid
DWE512	M35 keeled glenoid
DWE513	M40 keeled glenoid
DWE521	L40 keeled glenoid
DWE522	L50 keeled glenoid
DWE523	L60 keeled glenoid
DWE531	XL40 keeled glenoid
DWE532	XL50 keeled glenoid
DWE533	XL60 keeled glenoid

System components



Pegged glenoid

Ref #	Description
DWE301	S30 pegged glenoid
DWE302	S35 pegged glenoid
DWE303	S40 pegged glenoid
DWE311	M30 pegged glenoid
DWE312	M35 pegged glenoid
DWE313	M40 pegged glenoid
DWE321	L40 pegged glenoid
DWE322	L50 pegged glenoid
DWE323	L60 pegged glenoid
DWE331	XL40 pegged glenoid
DWE332	XL50 pegged glenoid
DWE333	XL60 pegged glenoid

System components

CortiLoc pegged glenoid

Ref #	Description
DWE401	S30 CortiLoc pegged glenoid
DWE402	S35 CortiLoc pegged glenoid
DWE403	S40 CortiLoc pegged glenoid
DWE411	M30 CortiLoc pegged glenoid
DWE412	M35 CortiLoc pegged glenoid
DWE413	M40 CortiLoc pegged glenoid
DWE421	L40 CortiLoc pegged glenoid
DWE422	L50 CortiLoc pegged glenoid
DWE423	L60 CortiLoc pegged glenoid
DWE431	XL40 CortiLoc pegged glenoid
DWE432	XL50 CortiLoc pegged glenoid
DWE433	XL60 CortiLoc pegged glenoid

System components

Miscellaneous order information

Ref #	Description
MWE157 (1)	Alignment pin L=200mm *non-sterile pin – Ø2.5 X 200mm*
DWD063 (2)	Alignment pin *sterile single use pin – Ø2.5 X 200mm*
MWB319 (2)	Pin *non-sterile pin – Ø2.5 X 200mm*
DWD168 (1)	Alignment pin – smooth *sterile single use pin – Ø2.5 X 200mm*

(1) Smooth tip pin
(2) Threaded tip pin

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