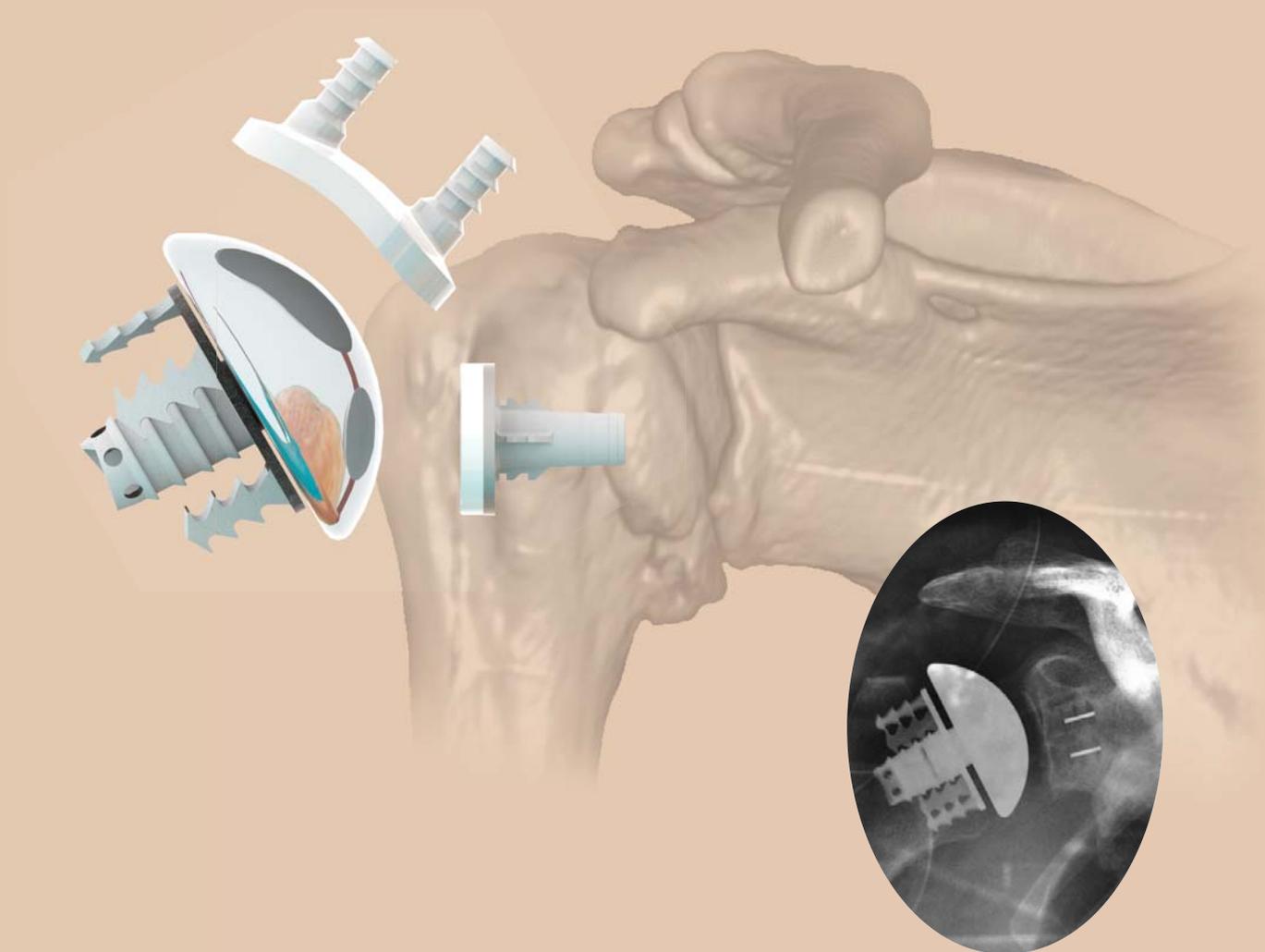




TM

# EASYTECH

Keep It Simple & Smart



SURGICAL TECHNIQUE

# CHARACTERISTICS, TIPS AND TRICKS



3 sizes of anchoring base:

Ø30, 34 and 38mm

Primary stability from central retaining peg and peripheral notches.

Secondary stability provided by a double layer Ti + HA coating.



Anti-rotation from alternating notches positioned in different axes / angles.



Female conical fitting can be reversed.



Double taper with extraction system.



CrCo cephalic head:

4 centered heads + 4 eccentric heads

Ø39, 43, 46 and 50mm.

Modular system of prosthesis:

Head

Ø39



Anchoring base

Ø30

Ø43



Ø30 or 34

Ø46



Ø34 or 38

Ø50



Ø38

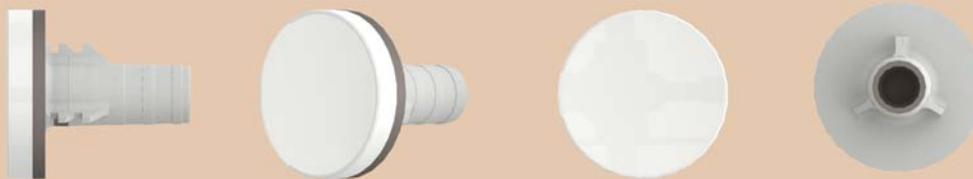
⇒ 6 possible combinations



### Resurfacing glenoid (Ø20mm):

Fits all anatomies

Thermo-compressed UHMWPE inside a TA6V ELI shell, coated with Ti+HA  
2 extension pegs +6 and +10 mm for the possibility of longer anchoring.

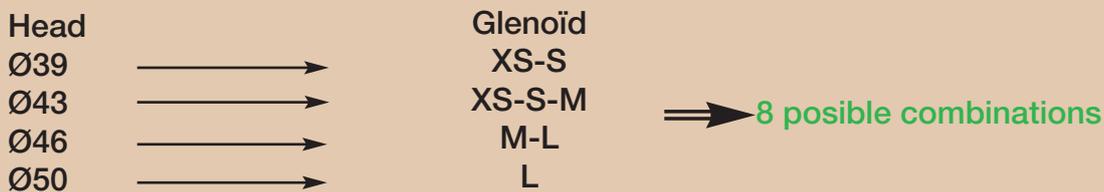


3 anti-rotation fins.  
Extraction system.

### Poly glenoid:

4 sizes XS, S, M, L made from UHMWPE with radio-opaque marker made from tantalum, 2 retaining pegs with 2 different inter-axis sizes XS-S / M-L  
Mismatch included between 5 and 9  
Convex, rough base for better adhesion with cement.

### Modular system of glenoid:

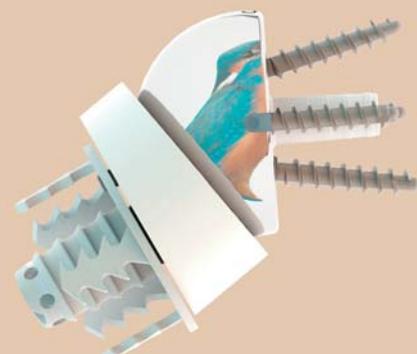


### Reversibility - Revision:

Glenoid retaining taper identical to the Humelock Reversed metaglene.

Humeral cups : Thermo-compressed UHMWPE in a TA6V ELI shell

3 available heights (+3, +6, +9mm)



# SURG. TECHNIQUE - HUMERUS (1)

## Cutting guide assembly:



Place the handle of the operated side onto the preselected cutting ring / guide. Lock the guide in place with the screw.



## Installing the cutting guide:

Resect osteophytes to improve mounting the cutting guide on the head.

The cutting guide should follow the anatomical neck.

Handle horizontal = cutting angle at 135°.

Retroversion (20°) is determined by screwing the stem into the handle.

Place two pins, with pre-drilling if necessary, using the Ø3.2 mm drill bit.



## Installing the cutting guide:

Remove the handle by unscrewing the wheel.

Make the cut through the slot with a saw blade, maximum thickness 0.9 mm.



## Placing the K-wire:

Place the K-wire guide by centring it on the cut surface.



Insert the threaded K-wire through the guide. Do not go further than the second cortex.

Remove the K-wire guide.



### Choice of the anchoring base:

An anchoring base can hold 2 heads, so there is the possibility of more or less peripheral anchorage.

Head		Anchoring base
Ø39	—————→	Ø30
Ø43	—————→	Ø30 ou 34
Ø46	—————→	Ø34 ou 38
Ø50	—————→	Ø38

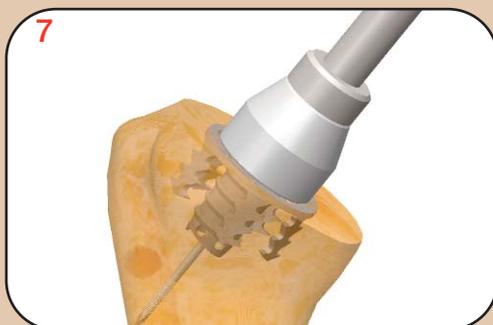


### Humeral conformation:

Make a central guide-mark for the anchoring base using the cannulated puncher with the same diameter as the anchoring base. The flat side should be inlayed.



The K-wire must be at right angles to the anchoring base.



### Installation of the anchoring base:

Seat the appropriate final anchoring base using the cannulated impactor.

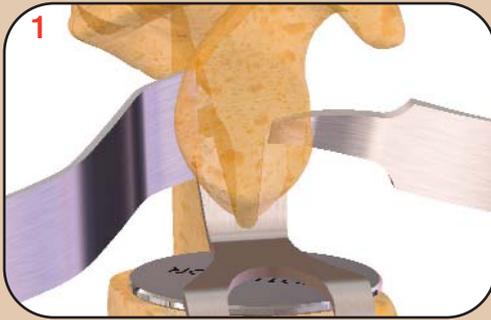
The flat side of the anchoring base should be inlayed inside the bone.



### Protecting the final anchoring base:

Protect the humerus using a protector by inserting it during the glenoid step.

# SURG. TECHNIQUE - RESURFACING GLENOID



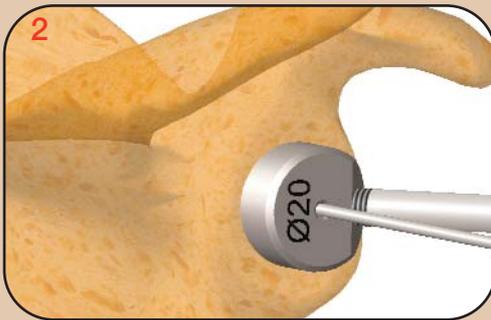
## Exposing the glenoid:

Expose the glenoid completely using the three types of retractor.

- Anterior retractor,
- Superior retractor,
- Inferior retractor.

Excise the glenoid labrum.

Remove potential osteophytes to reveal the bone anatomy.



## Placing the K-wire:

Place the K-wire guide pattern onto the glenoid.

The K-wire should be centered in the antero-posterior plane.

The direction of the K-wire guide influences the tilt of the glenoid and should be set at 90°.

The position should be adapted to the patient's anatomy and planned according to the pre-operative X ray.

This element should be determined by pre-operative planning. By default, the threaded K-wire (Ø2.0 L 150) is at right angles to the average plane of the glenoid.

Insert the K-wire with power tool.

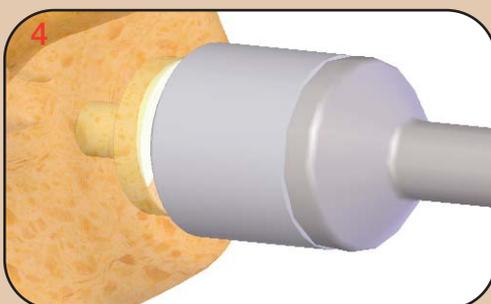


## Reaming the glenoid:

Ream the glenoid using the K-wire as a guide.

Ream until it will go no further.

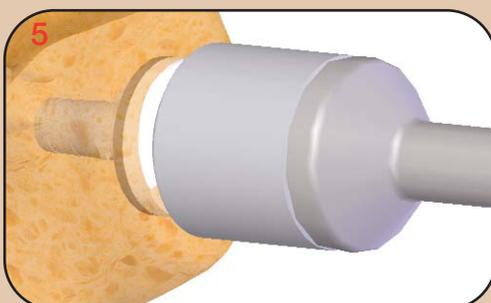
This stage can be carried out with power or by hand if the glenoid is porotic.



## Test implant:

Take the trial glenoid component and impact it into the glenoid.

Check adjustments and remove it..



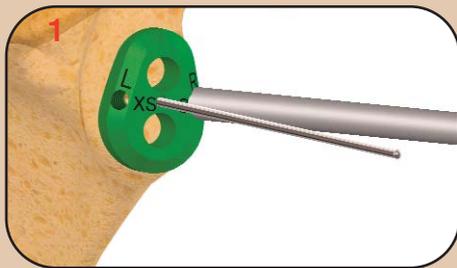
## Final implant:

Take the final glenoid component and impact it into the glenoid.

Check adjustments.



# DOUBLE PEG CEMENTED GLENOID



## Placing the K-wire:

Place one of the two guides onto the glenoid and locate the fixing pegs.

Small pattern (green) = XS or S implant

Large pattern (orange) = M or L implant

Define orientation of the guide and insert the K-wire.

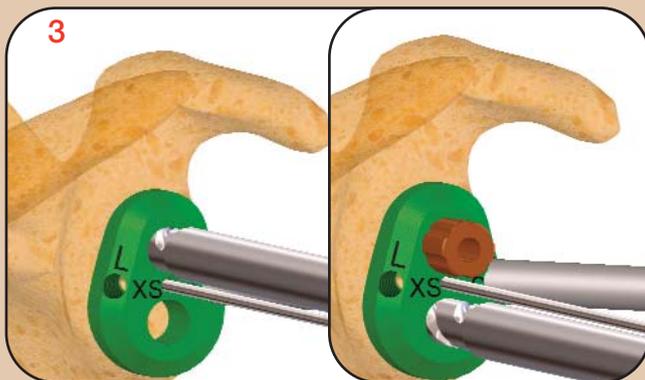


## Reaming the glenoid:

Ream the glenoid using one of the cannulated reamers.

Green reamer = XS or S implant

Orange reamer = M or L implant



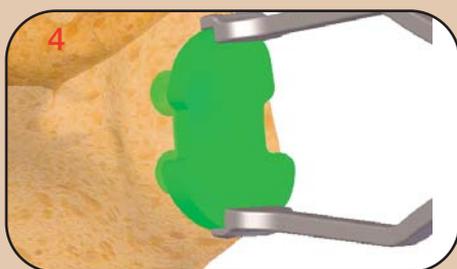
## Drilling the pegs:

Insert the drilling guide along the K-wire.

Drill the first hole till stops.

Stabilize the assembly with the stabilizing peg.

Drill the second hole.



## Test implant:

Insert the trial using the glenoid holder.

Green guide = XS or S trial implants.

Orange guide = M or L trial implants.

Carry out mobility testing with the trial.



## Cementing:

Take the final implant.

Make up the cement.

Apply cement to each hole.

Insert the implant with the glenoid holder.

Maintain pressure on the glenoid with the impactor.

# TECH. OP. - HUMERUS (2)



## Trial:

The head diameter is determined by the cutting ring / guide. The humeral head should cover the cortical bone in an appropriate manner, while being 5 to 8 mm above the trochiter. If you are not satisfied with the height of the head, select the components: Trial spacer (height +3, +5 mm) and / or centered or eccentric head. If using an eccentric head, mark its index references.



## Final taper:

Take the final double taper or spacer and impact it into the base using the impactor. Check that there are no slivers on the upper extremity of the humeral metaphysis which would hinder the impaction of the morse taper.



## Final head:

Select the appropriate final head and impact it onto the taper using the head impactor. Check that there are no slivers on the upper extremity of the humeral metaphysis which would hinder the impaction of the morse taper. If using an eccentric head, insert it into the taper with the same index reference as previously noted.

