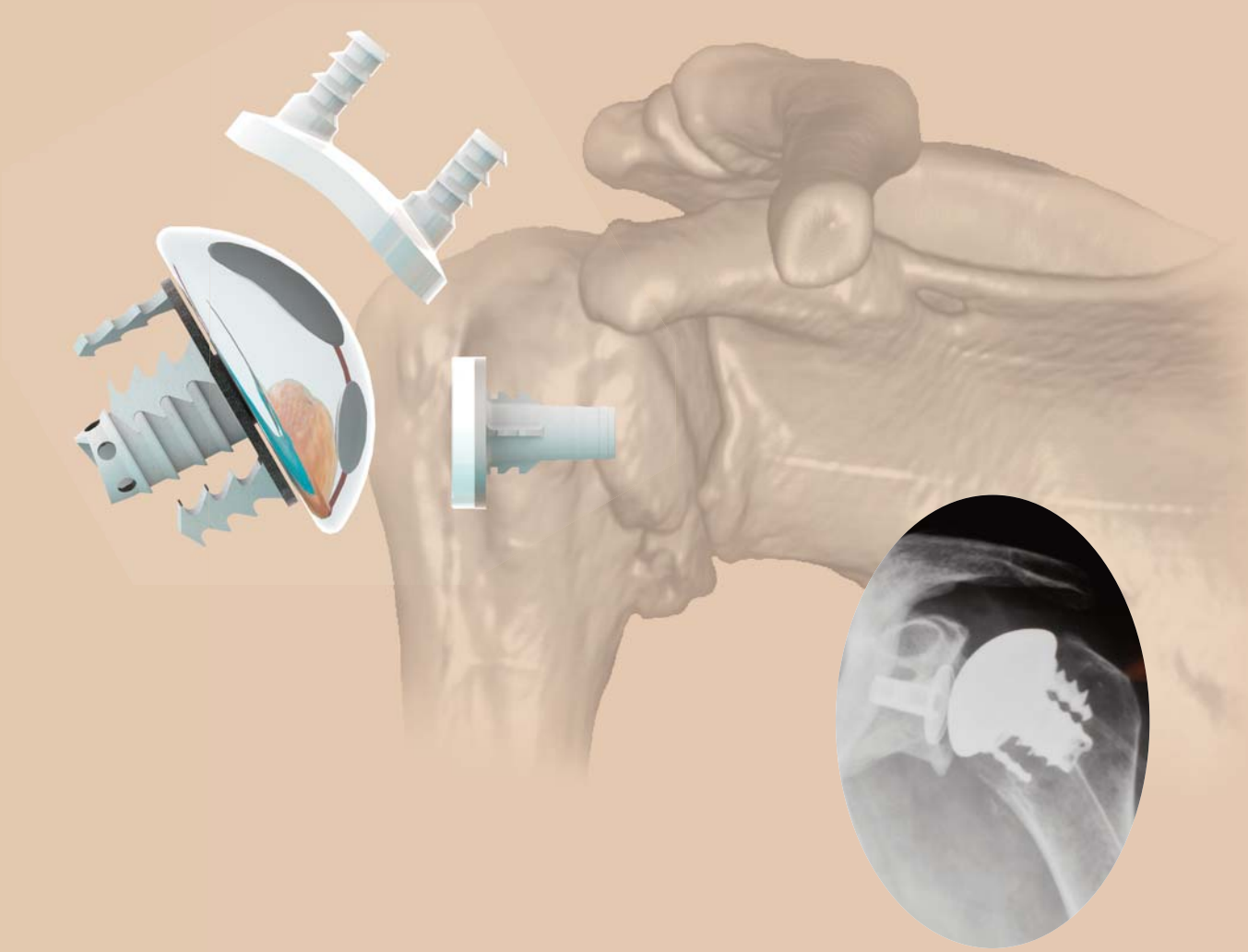
EASYTECH™ ANATOMICAL



SURGICAL TECHNIQUE

FX SOLUTIONS

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		Anchoring base	
Ø39	→	Ø30	
Ø43	→	Ø30 or 34	⟹ 6 possible combinations
Ø46	→	Ø34 or 38	
Ø50	→	Ø38	

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.

Glenoid modularity :

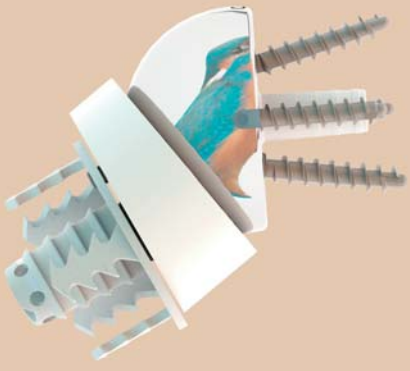
Head		Glenoid
Ø39	→	XS-S mismatch 6.6-9.1mm
Ø43	→	XS-S-M mismatch 5.1-9.2mm
Ø46	→	M-L mismatch 6.8-7.6mm
Ø50	→	L mismatch 5.2-5.8mm

⟹ 8 possible combinations



Reversibility - REVISION :

Metaglene central post identical to the
resurfacing glenoid or to the 3-4 pegs glenoid.
Humeral cup : Thermo-compressed UHMWPE in a
TA6V ELI shell.
3 available heights (+3, +6, +9mm)



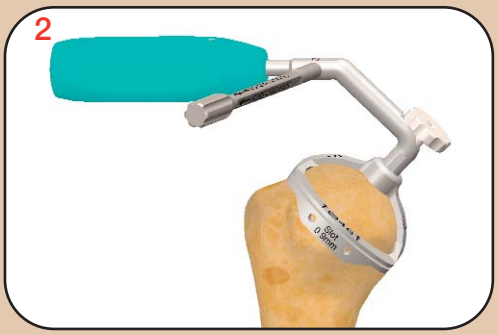
Easytech is not recommended in reversible version for primary arthroplasty.

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.



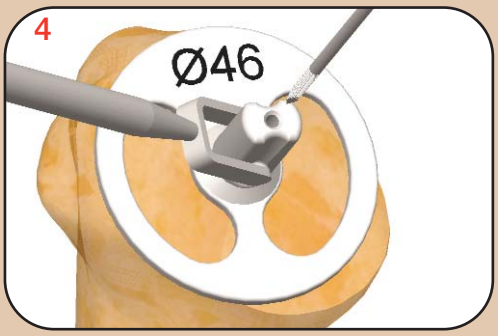
Installing the cutting guide:

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 cortex.

Remove the K-wire guide.



Choice of the anchoring base:

Choose the greatest anchoring base as possible, in order to have a peripherical support.

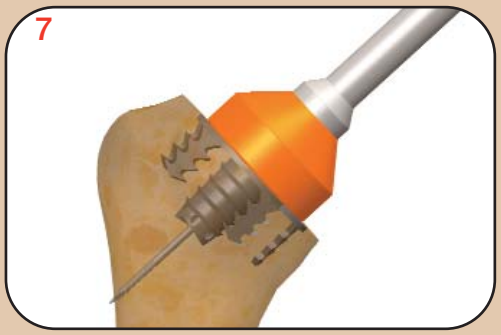
The pins have to be, on average, at 5 mm inside to the cortex.
They do not contact the cortex.
The sizer pin length corresponds to the anchoring base notches length.
Place a pin along the calcar.



Humeral conformation:

Make a central guide-mark for the anchoring base using the cannulated puncher with the same diameter as the anchoring base.
Turn the puncher clockwise until to bottom out on the bony section.

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.

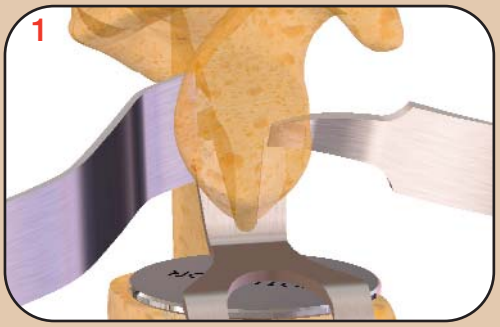
Place a notche along the calcar.



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:

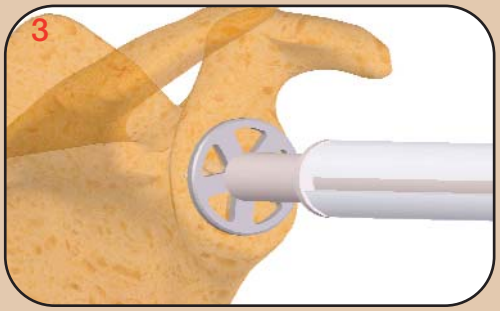
Expose the glenoid completely using the three types of retractor.
- Anterior retractor,
- Superior retractor,
- Inferior retractor.

Excise the glenoid labrum.
Remove potential osteophytes to reveal the bone anatomy.



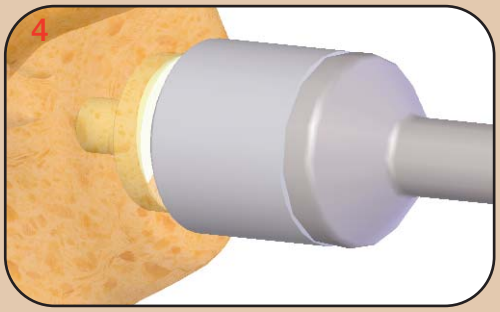
Placing the K-wire:

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.
By default, the threaded K-wire 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.

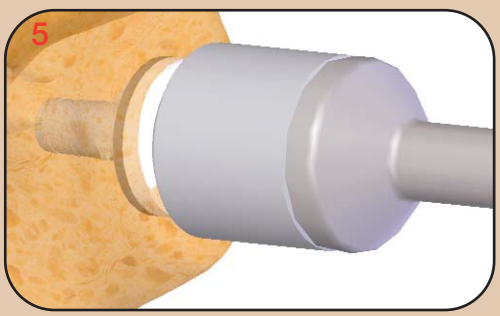


Test implant:

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

Check adjustments and remove it.

The trial must be inlayed to have definitive implant inlayed too.

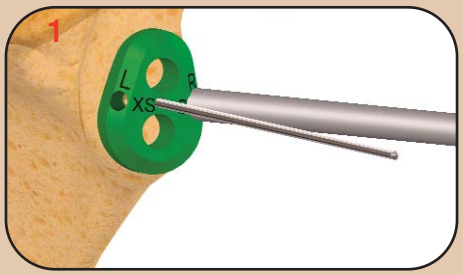


Final implant:

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

Check adjustments.

DOUBLE PEG CEMENTED GLENOID



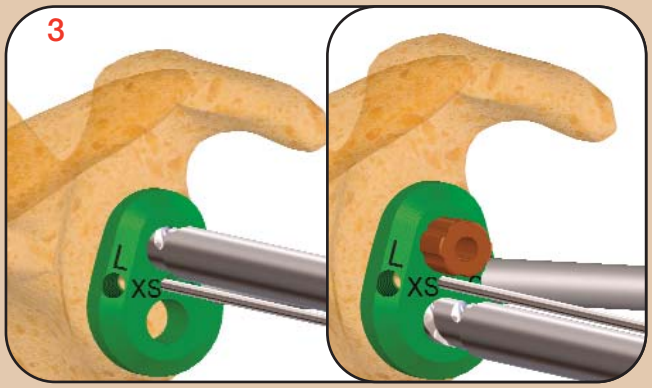
Placing the K-wire:

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.



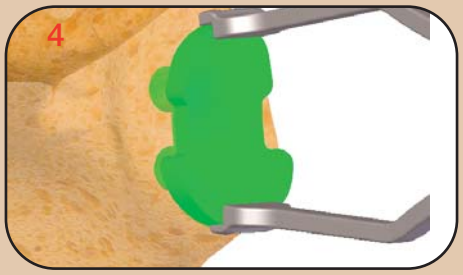
Reaming the glenoid:

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.



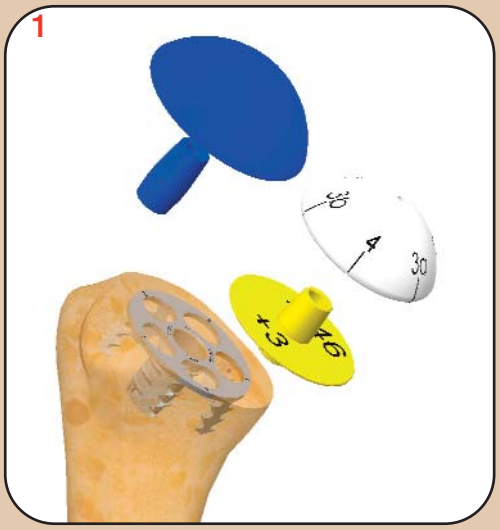
Cementing:

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.



It is also possible to use the 3-4 pegs PE cemented glenoid.
Surgical technique available with Huméris TP12.

TECH. OP. - HUMERUS (2)



Trial:

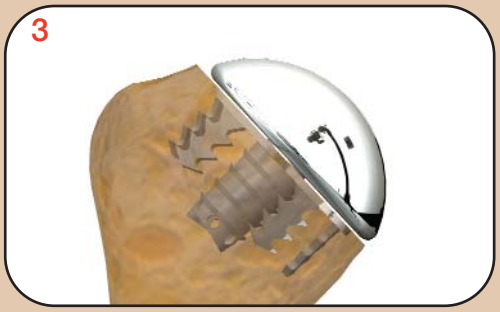
The head diameter is determined by the cutting ring / guide.
The humeral head should cover the cortical bone in an appropriate manner, while being 5 to 8 mm above the trochiter.
If you are not satisfied with the height of the head, select the components:
Trial spacer (height +3, +5 mm) and / or centered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



Final taper:

Check that there are no slivers on the upper extremity of the humeral metaphysis which would hinder the impaction of the morse taper.

Take the definitive double taper and impact it INTO THE ANCHORING BASE (not to the head) using the impactor to start with.



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 anchoring base taper with the same index reference as previously noted.

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