TORNIER

AEQUALIS™ PerFORM Glenoid System

SURGICAL TECHNIQUE

WRIGHT
FOCUSED EXCELLENCE

Tornier Upper Extremities

Contents

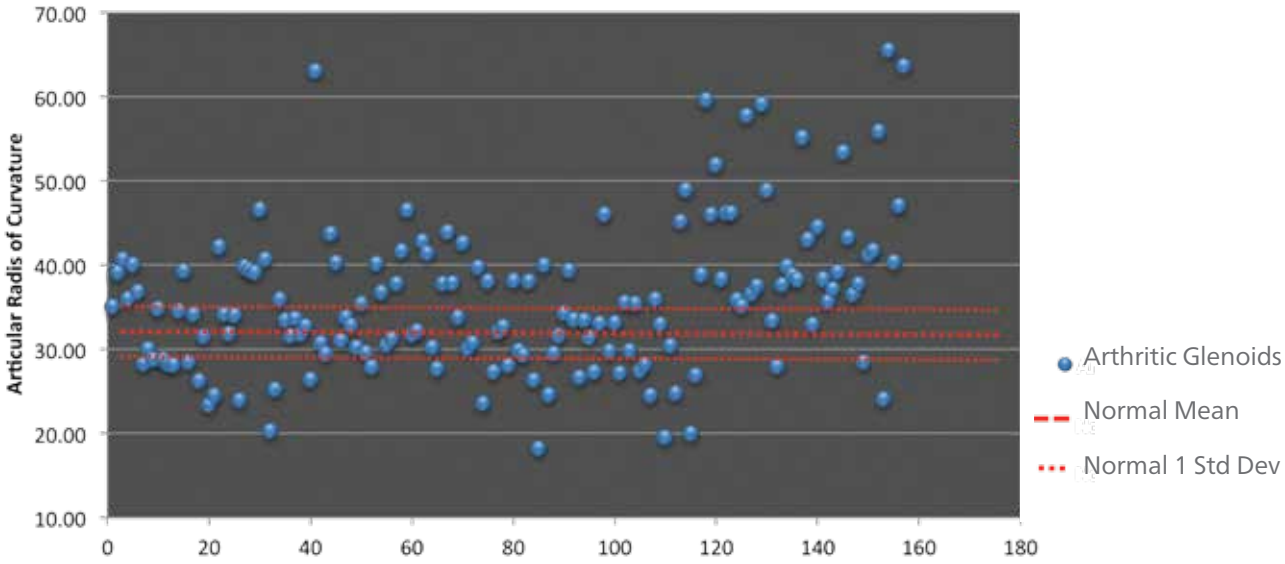
Implant Rational

chapter 1

"With current shoulder arthroplasty systems using a unique glenoid backside radius of curvature, there is a risk to perform excessive reaming to "adapt the bone to the prosthesis" resulting in sacrifice of the subchondral bone. Future implant design should consider including a range of backside radius of curvatures adapted to the arthritic glenoid that may avoid excessive reaming and bone sacrifice by "adapting the prosthesis to the bone."

DR. GILLES WALCH

Glenoid Articular Curvature Comparison



Conclusion

The average arthritic articular curvature is 39 mm with a range of 10 standard deviation while the average normal articular curvature is 32 mm with a range of 3 standard deviation.

	End Point	5 Year	10 Year	15 Year
Study 1	Revision	99,8 %	96,0 %	77,5 %
	Radiological	99,0 %	70,1 %	25,8 %
Study 2	Revision	99,7 %	98,3 %	N/A
	Radiological	99,7 %	51,5 %	N/A

Study 1: Pattern of Loosening of Polyethylene Keeled Glenoid in Primary OA (A Multi-Centered Study with >5 Year Follow-Up) G. Walch; A. Young; P. Boileau; M. Loew; D. Gazielly; D. Molé

Study 2: "Results of a Convex-back Cemented Keeled Glenoid Component in Primary Osteoarthritis: Multicenter Study with Follow-up Greater than 5 Years" G. Walch, A. Young, B. Melis, D. Gazielly, M. Loew, P. Boileau

Surgical Flow

chapter 2

Common preparation surgical flow

Cannulated Technique

Place Pin — Position Reamer — Ream — Drill

Size

Non-Cannulated Technique

Drill — Ream

Anchorage specific surgical flow

Keel — Drill Per.Pegs — Punch — Trial

Pegged — Drill Per.Pegs — Trial

CORTILOC™ — Drill Enlarging Hole — Drill Per.Pegs — Trial

System Compatibility

chapter 3

The AEQUALIS™ PerFORM glenoid has been designed to be compatible with the SIMPLICITI™, AEQUALIS™ and AEQUALIS ASCEND™ 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 Tornier representative for information about the availability.)

Mismatch Chart
AEQUALIS™ PerFORM Glenoids (Keeled, Pegged, and CORTILOC™) with AEQUALIS™/SIMPLICITI™ and AEQUALIS ASCEND™ Flex Heads

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		3.4		3		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			24.8	22.8	19.8	17.8	12.8	15.8	13.2	15.4	13.1	13.8

123: **Cleared Mismatches -** The cleared range for this combination is 1 to 24.8 mm

Mismatch Chart
AEQUALIS™ PerFORM Glenoids (Keel, Cemented, and CORTILOC™) with AEQUALIS ASCEND™ Heads

Combinations Heads/Glenoids - Diametrical Mismatch in mm

Size	Heads	38	40	42	44	46	48	50	52	54
Glenoid	Diameter of Curvature	39.2	41.4	43.4	45.4	47.6	49.6	51.6	53.8	55.8
Small	55.4	16.2	14	12	10	7.8	5.8		1.6	
Medium	59.6	20.4	18.2	16.2	14.2	12	10	8	5.8	3.8
Large	63.6	24.4	22.2	20.2	18.2	16	14	12	9.8	7.8
XL	67.8			24.4	22.4	20.2	18.2	16.2	14	12

123: **Cleared Mismatches -** The cleared range for this combination is 1 to 24.8 mm

Preoperative 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

chapter 4

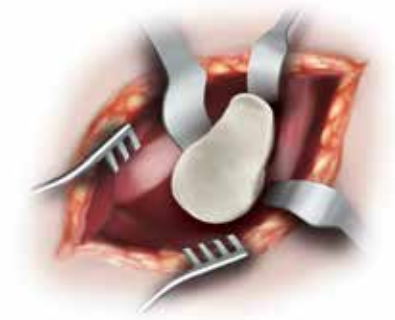


Figure 1

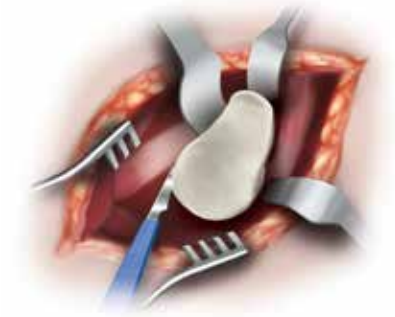


Figure 2

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. (Figure 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 (labrum and posterior capsule). (Figure 1)

The glenoid retractor then is moved upward if more of the posterior release needs to be completed. (Figure 2)

Surgical Technique

chapter 5

Articular Curvate Overview

Recent studies have demonstrated that the articular curvature of arthritic glenoids is much different than that of normal glenoids. In particular, one recent study reported the average arthritic glenoid articular curvature as 40 mm with a range of 11 standard deviations, while the average normal glenoid articular curvature is 32 mm with a range of 3 standard deviations (*Internal data on file*).

The AEQUALIS™ PerFORM glenoid system is the first system to incorporate these new finding by offering multiple backside curvatures of each size glenoid to preserve as much cortical bone as possible.
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

To improve operative efficiency, the AEQUALIS™ PerFORM instrumentation has been color coded by size. Please refer to the chart below to see which colors are associated with which colors.

Small | Medium | Large | X-Large

Figure 3

Determining Articular Curvate

Five radius gauges are provided to assist in determiningthe 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). (Figure 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. (Figure 4 - 5)

Figure 4

Figure 5

Optional : BLUEPRINT™ 3D Planning Software

chapter 6

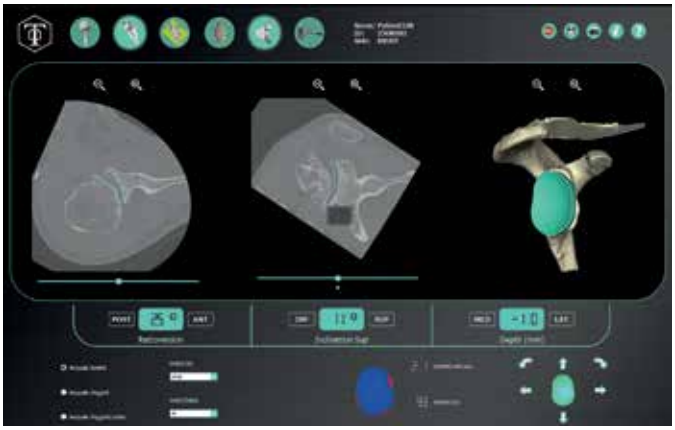
BLUEPRINT™
3D PLANNING + PSI

If pre-operative planning is desired, the BLUEPRINT™ Planning Software may be used prior to the procedure to visualize the anatomy in 3-dimensional space (automated 3D reconstruction) and perform a virtual implantation of the AEQUALIS™ PerFORM glenoid. The software allows the surgeon to virtually position the various implants and understand the optimal path of treatment based on the patient's anatomy. The software creates a visual aid when making important treatment decisions, including:

» Identification of glenoid wear patterns
» Visualization of humeral head subluxation & migration
» Planning correction of glenoid version
» Ensuring full implant seating
» Analyzing bone removal required for various implant options (reaming max)
» Assuring implant containment within the glenoid vault (size & radius curvature)

The BLUEPRINT™ Planning Software also provides information about the patient's glenoid as well as the virtual implant, including:

» Glenoid & Implant Version
» Glenoid & Implant Inclination
» Scapula Planes (Scapular plane, Transversal scapular plane and glenoid fossa plane)
» Glenoid bone removal measurements
» Implant seating coverage



For complete details on BLUEPRINT™ 3D Planning Software, please refer to the user manual and visit the website www.tornierblueprint.com

Cannulated Approach

chapter 7

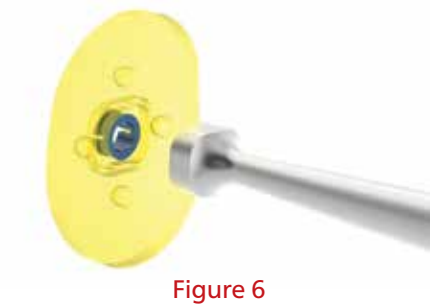


Figure 6

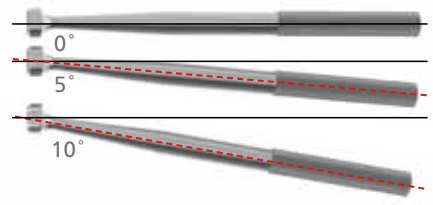


Figure 7

Conforming the Glenoid System

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. (Figure 6)

When using the cannulated approach, three pin guides are available that can be attached to the sizer via the rectangular shaped groove. This allows for easy manipulation of the sizer on the face of the glenoid. (Figure 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 place in either 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.

With the appropriate sizer and pin guide assembled, center the sizer on the glenoid and advance the guide pin until bi-cortical fixation is achieved. Then slide the assembly off the guide pin to prepare for reaming. (Figure 8 - 9)

Figure 8

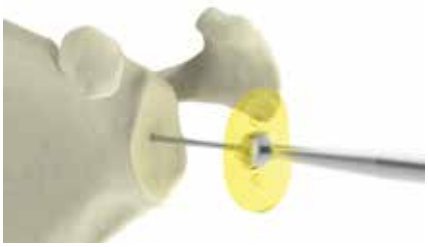


Figure 9

Note: *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.*

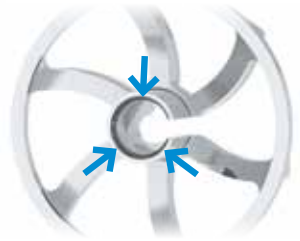


Figure 10

Figure 11

Figure 12

Resurfacing the Glenoid

If the exposure is sufficient to place the reamer down the pin without interference, select the reamer tha 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. (Figure 10)

To begin, identify which section of the reamer includes the slot and then place this section over the guide pin. This will allow the reamer to be easily maneuvered past the humerus and retractors. Once the reamer has been introduced into the joint space, slide the central portion of the reamer onto the pin. (Figure 11)

Next, place the cannulated reamer driver over the pin. Align the flats on the tip of the driver with those on the reamer and apply pressure to attach the driver to the reamer. (Figure 12)

Note: *It is recommended to irrigate with saline solution while reaming and drilling to prevent heat buildup which can lead to necrosis of the surrounding bone.*

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. (Figure 13)

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. (Figure 14)

Figure 13

Figure 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. (Figure 15)

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

Note: *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.*

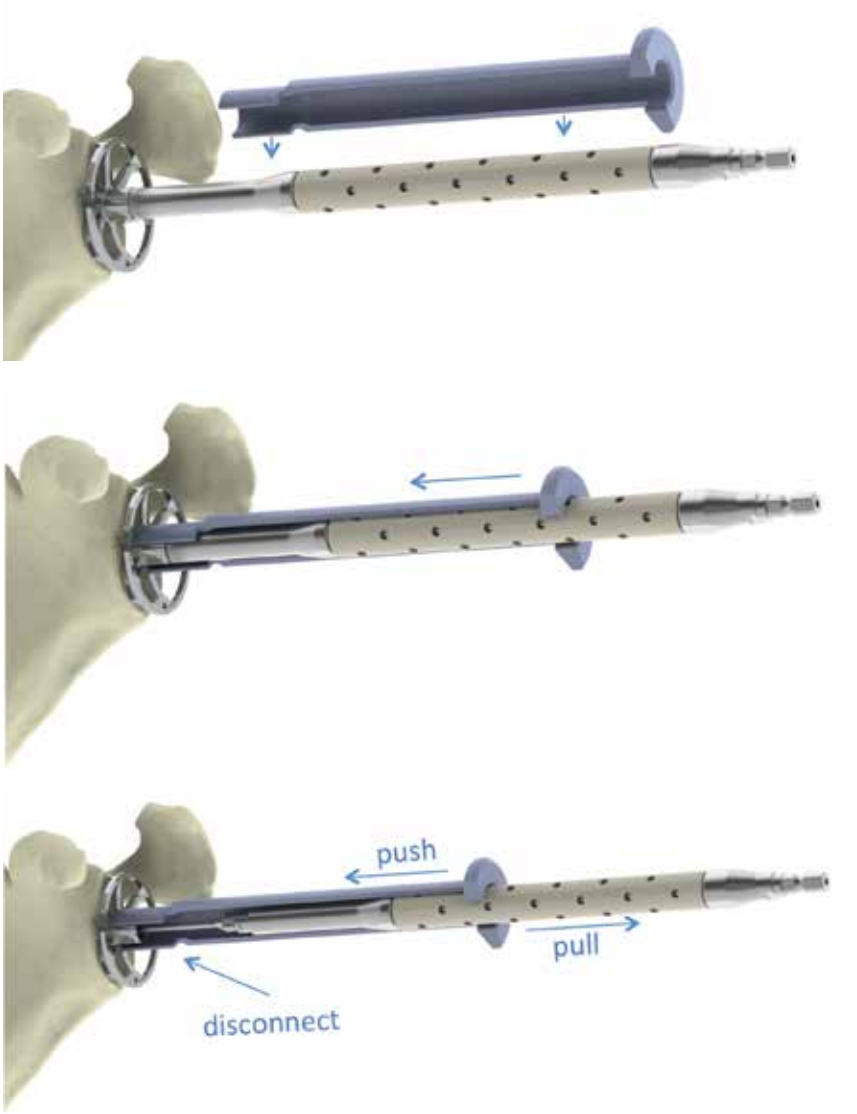


Figure 15

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) 6 mm 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. (Figure 16)

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

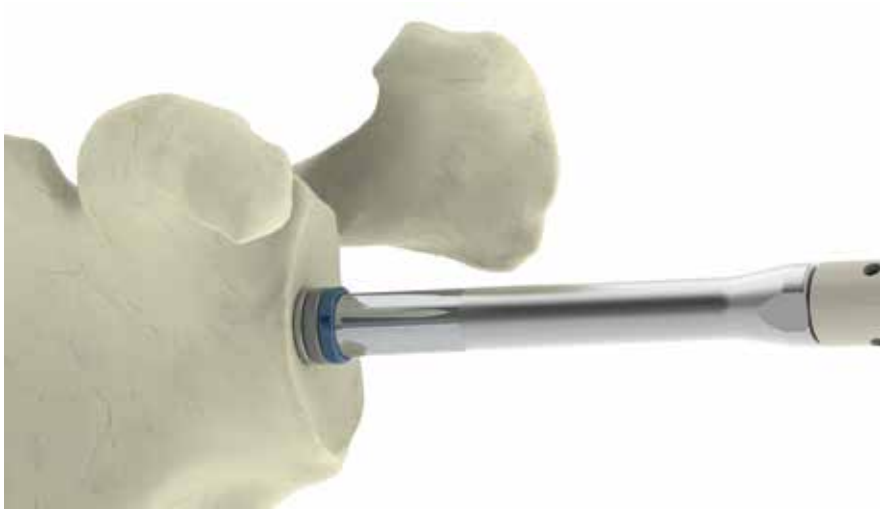


Figure 16

Figure 17

Standard Approach

chapter 8

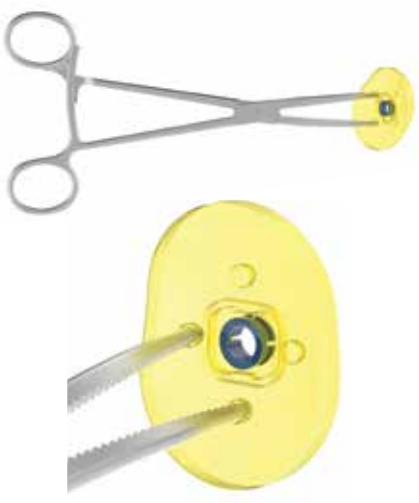


Figure 18

Select the Glenoid Size

To select the glenoid size, select the sizer that best matches the peripheral rim of the glenoid.

Attach the sizer to the clamp via the small holes in the sizer (Figure 18). Place the sizer onto the glenoid and select the sizer that best matches the peripheral rim of the glenoid. The central location can then be marked through the sizer.

The transparent sizers can also be utilized to confirm the curvature of the glenoid. This is done by applying pressure to the sizer and evaluating the contact area between the bone and sizer (Figure 19). The sizer that has the best match will confirm the curvature.

Figure 19

Drilling the Central Hole

When using the standard approach, begin by attaching the drill guide handle to the central hole drill guide. Then select the appropriate length (S/M or L/XL) 6 mm 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 (Figure 20) and drill the central hole until the drill bit collar bottoms out on the drill guide. (The 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.) (Figure 21)

Figure 20

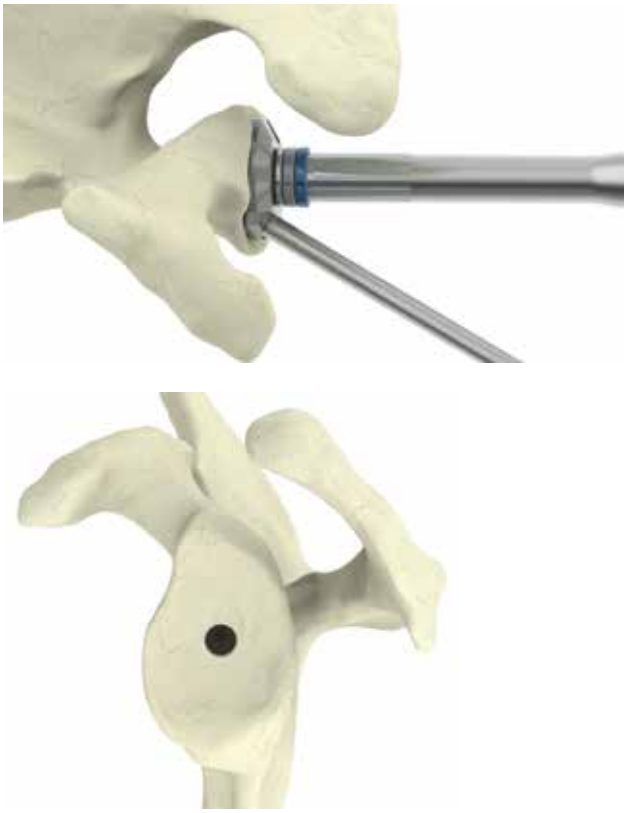


Figure 21

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. Attach the reamer in the pivoted unlocked position. (Figure 22)

Figure 22

2. Once attached, insert the tip of the reamer into the central hole of the glenoid. (Figure 23)

Figure 23

3. Once the reamer tip is seated, use the handle as a lever and retract the reamer shaft into the straight position. Slide the outer sleeve into the locked position. (Figure 24-25)

Figure 23

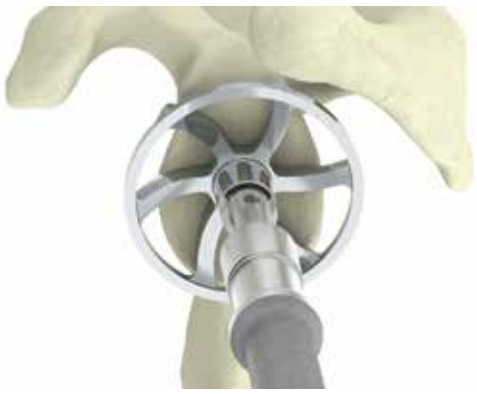


Figure 23

Note: *It is recommended to irrigate with saline solution while reaming and drilling to prevent heat buildup which can lead to necrosis of the surrounding bone.*

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. 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 on subsidence.

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

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

Keeled Glenoid

chapter 9

Figure 26

Implantation of the AEQUALIS™ PerFORM 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. (Figure 26)

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

Figure 27

With the drill guide in place, select a drill bit, either the 5 mm drill bit for the S/M size or the 6 mm 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. (Figure 27)

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

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

Figure 28

Figure 29

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 (Figure 30-31). The shape of the keel is then prepared by compacting the cancellous bone using the selected keel punch. Compaction of the cancellous bone is a preferred technique to improve glenoid component fixation.

Figure 30

Figure 31

Positioning the Keeled Glenoid Component

Once the keel slot has been fully prepared, select the appropriate size trial glenoid. The trial is inserted into the keel slot using the trial grasper and can be seated with the impactor. (Figure 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. (Figure 33)

Figure 32

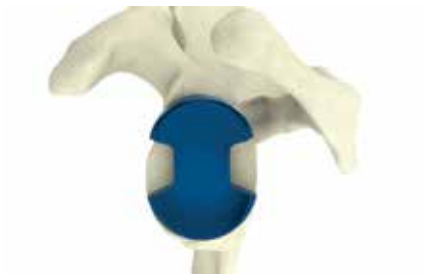


Figure 33

Figure 34

Figure 35

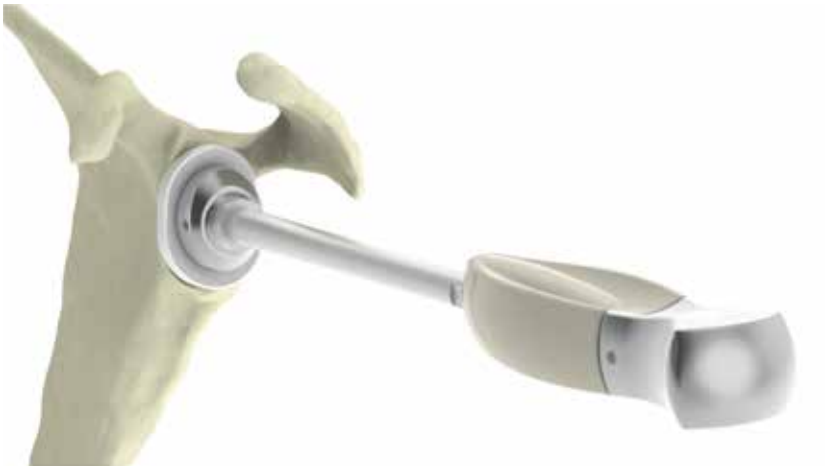


Figure 36

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

Once the glenoid is clean and dry, introduce the bone cement and impact the final implant (Figure 34-36).

It is recommended 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 1 mm.*

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

Note: *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.

Pegged Glenoid

chapter 10

Figure 37

Figure 38

Implantation of the AEQUALIS™ PerFORM 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. (Figure 37)

Align the drill guide on the glenoid. With the drill guide in place, attach the peripheral drill bit to the drill/reamer driver. Drill the superior hole until the collar of the drill bit contacts the guide. (Figure 38)

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

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

Figure 39

Figure 40

Positioning the Pegged Glenoid 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. (Figure 41)

Figure 41

Two windows, anterior and posterior, allow visualization of the bone to trial interface (Figure 42). If the trial has acceptable backside support, remove the trial with the grasper.

Figure 42

It is recommended to carefully clean and dry the glenoid surface and peg holes prior to cementing.

Figure 43

Once the glenoid is clean and dry, introduce the bone cement and impact the final implant. It is not recommended to cement the back face of the glenoid. (Figure 43-44) It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens.*

Figure 44

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

Note: *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™ Glenoid

chapter 11

Figure 45

Figure 46

Figure 47

Implantation of the AEQUALIS™ CORTILOC™ Glenoid

Preparing the Peg Holes

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

To enlarge the hole, attach the appropriate length (S/M or L/XL) 8.4 mm CORTILOC™ drill bit to the drill/reamer driver. Then assemble the CORTILOC™ central drill guide to the drill guide handle.

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

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. Drill the superior hole until the collar of the drill bit contacts the guide. (Figure 46)

Using the stabilization peg clamp, place the stabilization peg into the superior hole and then drill the anterior hole. (Figure 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.

Figure 48

Figure 49

Figure 50

Positioning the CORTILOC™ Glenoid 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. (Figure 48)

Two windows, anterior and posterior, allow visualization of the bone to trial interface. (Figure 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.

Once the glenoid is clean and dry, introduce the bone cement and impact the final implant. It is not recommended to cement the back of the glenoid. (Figure 50) It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens.*

The final implant can then be inserted with the trial grasper and seated using the impactor. It is recommended to maintain pressure on the face of the glenoid with the impactor while the cement hardens.

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

Note: *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 surgical technique.

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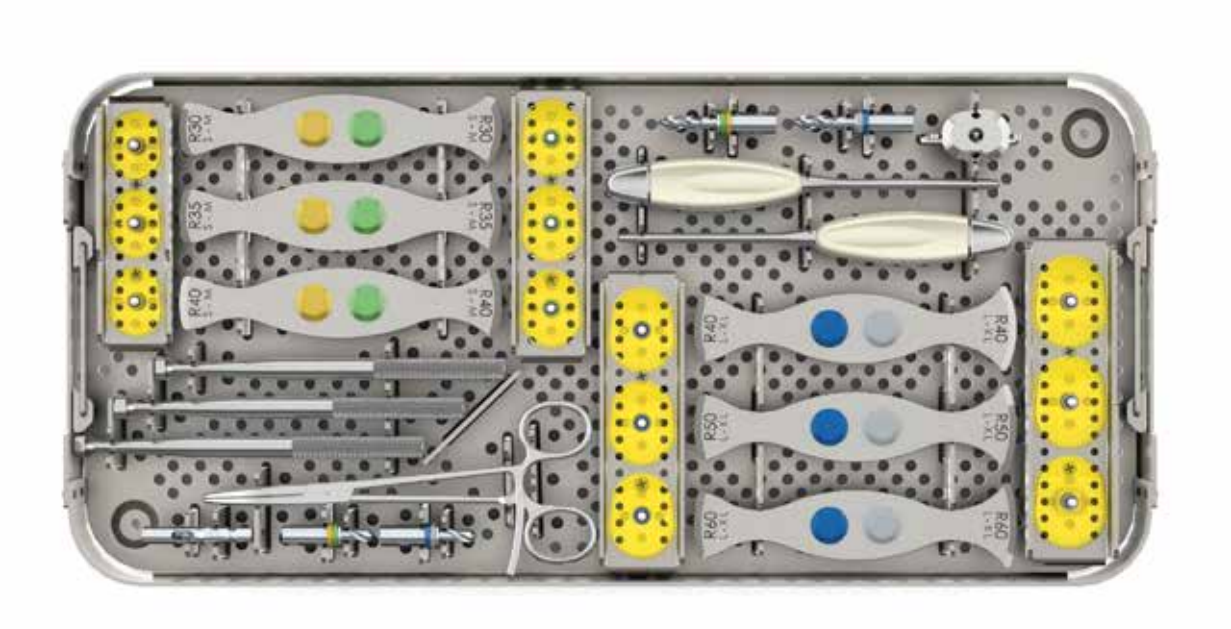
O. Verborgt, G. Walch, V. Belloti, and D. Gazielly.

Components

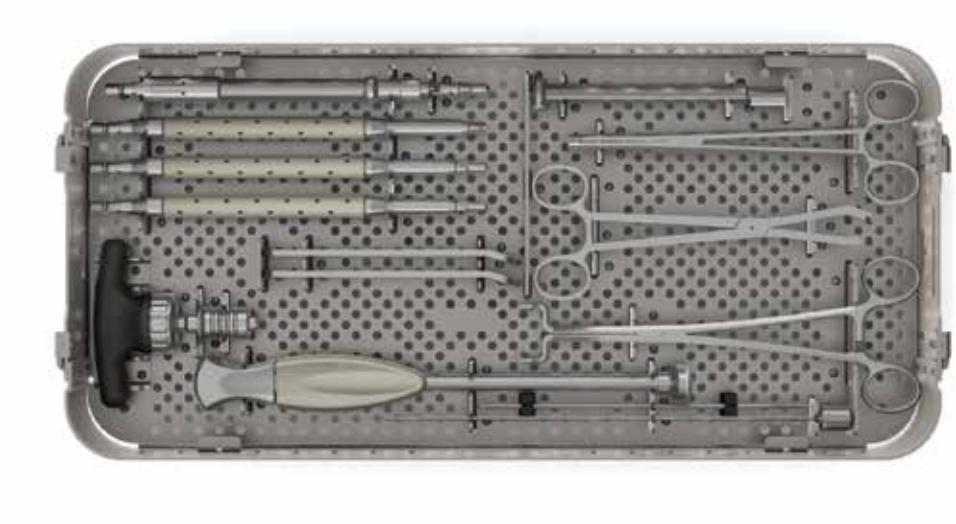


Common Tray
Upper Level (Ref. YKAD210) YKAD210A (Circular Reamer) YKAD210B (Crescent Reamer)

Description	References
S30 Sizer	MWE011
S35 Sizer	MWE012
S40 Sizer	MWE013
M30 Sizer	MWE014
M35 Sizer	MWE015
M40 Sizer	MWE016
L40 Sizer	MWE017
L50 Sizer	MWE018
L60 Sizer	MWE019
XL40 Sizer	MWE020
XL50 Sizer	MWE021
XL60 Sizer	MWE022
Radius Gauge – Small/Medium 30 mm	MWE031
Radius Gauge – Small/Medium 35 mm	MWE032
Radius Gauge – Small/Medium 40 mm	MWE033
Radius Gauge – Large/Extra Large 40 mm	MWE034
Radius Gauge – Large/Extra Large 50 mm	MWE035
Radius Gauge – Large/Extra Large 60 mm	MWE036
Central Hole Drill Guide – Ø 6 mm	MWE040
Pin Guide 0°	MWE111
Pin Guide 5°	MWE112
Pin Guide 10°	MWE113
Drill Guide Handle	MWE042
Pin Driver	MWB253

Description	References
Cannulated Central Hole Drill Bit – Ø 6 mm Small/Medium	MWE153
Central Holed Drill Bit – Ø 6 mm Small/Medium	MWE154
Cannulated Central Hole Drill Bit – Ø 6 mm Large/Extra Large	MWE155
Central Holed Drill Bit – Ø 6 mm Large/Extra Large	MWE156

Description	Circular	Crescent
S30 Reamer	MWE160	MWE260
S35 Reamer	MWE161	MWE261
S40 Reamer	MWE162	MWE262
M30 Reamer	MWE163	MWE263
M35 Reamer	MWE164	MWE264
M40 Reamer	MWE165	MWE265
L40 Reamer	MWE166	MWE266
L50 Reamer	MWE167	MWE267
L60 Reamer	MWE168	MWE268
XL40 Reamer	MWE169	MWE269
XL50 Reamer	MWE170	MWE270
XL60 Reamer	MWE171	MWE271
Sizer Clamp	MWE110	--



Common Tray - Lower Level (Ref. YKAD210)

Description	References
Stabilization Peg Remover	MWE044
Glenoid Impactor	MWE046
12 mm Wrench	MWD552
Articulated Driver	MWE150
Cannulated Reamer Driver	MWE151
Cannulated Drill/Reamer Driver w/Tip	MWE152
T-Handle – SZH	MWE080 or MWE180*
Cleaning Rod	MWB236
Glenoid Grasper	MWE114
Trial Grasper	MWA652
Alignment Pin	MWE157
Quick Release Handle	MWE158

* Available upon request.

Keeled Tray (Ref. YKAD213)

Description	References
Keeled Peripheral Drill Guide - Small/Medium	MWE095
Keeled Peripheral Drill Guide - Large/Extra Large	MWE096
Stabilization Peg - Ø 5 mm	MWE097
Stabilization Peg - Ø 6 mm	MWE098
Peripheral Drill Bit - Ø 5 mm	MWE199
Peripheral Drill Bit - Ø 6 mm	MWE201
Keeled Punch - Small/Medium	MWE101
Keeled Punch - Large/Extra Large	MWE102
S30 Keeled Glenoid Trial	MWE501
S35 Keeled Glenoid Trial	MWE502
S40 Keeled Glenoid Trial	MWE503
M30 Keeled Glenoid Trial	MWE511
M35 Keeled Glenoid Trial	MWE512
M40 Keeled Glenoid Trial	MWE513
L40 Keeled Glenoid Trial	MWE521
L50 Keeled Glenoid Trial	MWE522
L60 Keeled Glenoid Trial	MWE523
XL40 Keeled Glenoid Trial	MWE531
XL50 Keeled Glenoid Trial	MWE532
XL60 Keeled Glenoid Trial	MWE533

Pegged Tray (Ref. YKAD212)

Description	References
Pegged Peripheral Drill Guide - Small/Medium	MWE090
Pegged Peripheral Drill Guide - Large/Extra Large	MWE091
Stabilization Peg - Ø 5.4 mm	MWE083
Peripheral Drill Bit Dia - Ø 5.4 mm	MWE200
S30 Pegged Glenoid Trial	MWE301
S35 Pegged Glenoid Trial	MWE302
S40 Pegged Glenoid Trial	MWE303
M30 Pegged Glenoid Trial	MWE311
M35 Pegged Glenoid Trial	MWE312
M40 Pegged Glenoid Trial	MWE313
L40 Pegged Glenoid Trial	MWE321
L50 Pegged Glenoid Trial	MWE322
L60 Pegged Glenoid Trial	MWE323
XL40 Pegged Glenoid Trial	MWE331
XL50 Pegged Glenoid Trial	MWE332
XL60 Pegged Glenoid Trial	MWE333

CORTILOC™ Pegged Tray (Ref. YKAD211)

Description	References
CORTILOC™ Peripheral Drill Guide - Small/Medium	MWE081
CORTILOC™ Peripheral Drill Guide - Large/Extra Large	MWE082
Stabilization Peg - Ø 5.4 mm	MWE083
Peripheral Drill Bit Dia - Ø 5.4 mm	MWE200
CORTILOC™ Central Drill Guide	MWE085
CORTILOC™ Cannulated Central Drill Bit - Small/Medium	MWE202
CORTILOC™ Cannulated Central Drill Bit - Large/Extra Large	MWE203
CORTILOC™ Central Drill Bit - Small/Medium	MWE204
CORTILOC™ Central Drill Bit - Large/Extra Large	MWE205
S30 CORTILOC™ Pegged Glenoid Trial	MWE401
S35 CORTILOC™ Pegged Glenoid Trial	MWE402
S40 CORTILOC™ Pegged Glenoid Trial	MWE403
M30 CORTILOC™ Pegged Glenoid Trial	MWE411
M35 CORTILOC™ Pegged Glenoid Trial	MWE412
M40 CORTILOC™ Pegged Glenoid Trial	MWE413
L40 CORTILOC™ Pegged Glenoid Trial	MWE421
L50 CORTILOC™ Pegged Glenoid Trial	MWE422
L60 CORTILOC™ Pegged Glenoid Trial	MWE423
XL40 CORTILOC™ Pegged Glenoid Trial	MWE431
XL50 CORTILOC™ Pegged Glenoid Trial	MWE432
XL60 CORTILOC™ Pegged Glenoid Trial	MWE433

Keeled Glenoid

Description	References
S30 Keeled Glenoid	DWE501
S35 Keeled Glenoid	DWE502
S40 Keeled Glenoid	DWE503
M30 Keeled Glenoid	DWE511
M35 Keeled Glenoid	DWE512
M40 Keeled Glenoid	DWE513
L40 Keeled Glenoid	DWE521
L50 Keeled Glenoid	DWE522
L60 Keeled Glenoid	DWE523
XL40 Keeled Glenoid	DWE531
XL 50 Keeled Glenoid	DWE532
XL 60 Keeled Glenoid	DWE533

Pegged Glenoid

Description	References
S30 Pegged Glenoid	DWE301
S35 Pegged Glenoid	DWE302
S40 Pegged Glenoid	DWE303
M30 Pegged Glenoid	DWE311
M35 Pegged Glenoid	DWE312
M40 Pegged Glenoid	DWE313
L40 Pegged Glenoid	DWE321
L50 Pegged Glenoid	DWE322
L60 Pegged Glenoid	DWE323
XL40 Pegged Glenoid	DWE331
XL 50 Pegged Glenoid	DWE332
XL 60 Pegged Glenoid	DWE333

CORTILOC™ Pegged Glenoid

Description	References
S30 CORTILOC™ Glenoid	DWE401
S35 CORTILOC™ Glenoid	DWE402
S40 CORTILOC™ Glenoid	DWE403
M30 CORTILOC™ Glenoid	DWE411
M35 CORTILOC™ Glenoid	DWE412
M40 CORTILOC™ Glenoid	DWE413
L40 CORTILOC™ Glenoid	DWE421
L50 CORTILOC™ Glenoid	DWE422
L60 CORTILOC™ Glenoid	DWE423
XL40 CORTILOC™ Glenoid	DWE431
XL 50 CORTILOC™ Glenoid	DWE432
XL 60 CORTILOC™ Glenoid	DWE433

Miscellaneous Order Information

Description	References
Pressurization Kit Peg Glenoid	DWD014
Cement Scraper	DWD013
Peg Nozzle	DWD015
Pressurization Kit Keeled Glenoid	DWD011
Keel Nozzle	DWD012
Cement Scraper	DWD013
Non-Sterile Pin – Ø 2.5 X 200 mm	MWE157 (1)
Sterile Single Use Pin – Ø 2.5 X 200 mm	DWD063 (2)
Non-Sterile Pin – Ø 2.5 X 200 mm	MWB319 (2)
Sterile Single Use Pin – Ø 2.5 X 200 mm	DWD168 (1)

(1) Smooth Tip Pin

(2) Threaded Tip Pin

Notes

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