

Surgical Technique Guide





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Flexible and Rigid Osteotomes





This System is equipped with 5 flexible, calibrated osteotomes and 5 rigid osteotomes. The uniquely designed handle offers: a robust feel, quick connect blades and two options of impaction and two options of extraction. Blades are 7" and range from 4mm to 8mm in both rigid and flexible options. Used to break the cement interface or bony ingrowth around impants.

- Select the appropriate size and style osteotome. Depress the button on the handle and insert the blade fully until it clicks into place. Interchange blades as often as needed.
- Impaction method 1: (see figure 1) Impact on the heal of the handle. Extract using the distal hammer wings.
- Impaction method 2: (see figure 2) Thread the slap-hammer rod (825-104) into the heal of the handle, slide the 4" Slap-hammer Impactor (306-201) onto slap-hammer rod, and thread the Disc End (825-099) onto the slap-hammer Rod. Impact using controlled downward motions, and extract using upward motions.





Figure 1



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Cement Removal Instrumentation



Various cement chisels and gouges designed to remove cement from the side wall of the humerus. Once the humeral component has been removed, the Flag Splitter (285-530, 5mm or 285-538, 8mm) can be used to fragment cement on the side wall towards the distal cement mantle. The blunt tip allows a guide path along the cortices and helps prevent perforating the humerus. The gouges offer a larger radii of curvature to match the that of the humerus. The 5' handles and proximal strike plate offer comfort and precision when removing cement.

Retrograde Curettes are used to remove cement in an upward motion by hand or with the assistance of a slotted mallet (non included). Three sizes 4mm, 6mm, and 8mm assist with scraping along the humeral cortices. All handles are made of Delrin. 273-504, 273-506, 273-508





Two long cement rongeurs, a heavy pattern and a light pattern, are offered in the set. These are used to remove cement fragments deep within the canal. 273 -400, 273-420

270-102 Implant Extractor can be used to remove the humeral component. The tip has two flanges design to be placed under the collar of certain stems and impacted out. See figure 2



Figure 2



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Cement Mantle Removal Technique





Steps to remove the cement mantle

- Drill in the distal cement mantle using supplied drill bits, 2.5mm (825-095) or 3.5mm (825-096) with the use of the drill sleeve (825-094 Figure 1) under fluoroscopic guidance.
- Tap the drill hole with either the 3.5mm T-Handle Tap (825-111) or 4.5mmT-Handle Tap (825-112)
- The corresponding long screws, 3.5mm (825-108) or 4.5mm (825-109) are placed into the tapped hole using a T25 Torx Driver (not supplied). See figures 2 and 3





- Once the T25 Torx Screw is seated beyond the cement mantle, the slap-hammer can be assembled.
- Attach/Screw the Slap-hammer rod (825-104 13" or 825-105 19") to the foot plate screw holder (825-098).
- Select the size impactor (825-101 1.5lbs or 306-201 700gr) and slide down the shaft to the inline stopper.
- Attach/screw the Disc End (825-999) to the end of the slap-hammer rod.
- Impact cement mantle out using upward impaction strikes.



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Cement Mantle Removal Technique

- Disassemble the Slap-Hammer components in reverse order making sure care is taken when removing the disc end.
- In addition, the drill and taps from the cement mantle system can also be used to remove the poly/cement pegs from the glenoid. The pegs are drilled with the 2.5mm drill, then tapped with the 3.5mm T-Handle Tap, then simply pulled out. Or the 3.5mm Screw can be driven into the drill hole and the poly will rise up and out while drilling







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Suture Passers and Retrievers



Used to pass wire or suture/tape around the bone. This wire passer has a smaller curvature to match the upper extremity better.



A "Hewson" Type Suture Retreiver made with a nitinol wire is used to retrieve suture/tape through the passer. Hewson is a registered trademark of that company.

Ordering Information:

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