



1. What implants have been added with Rev II?

In general, the implant additions include:

- New $\varnothing 25$ mm baseplate with standard and long post options
- New sphere options (Eccentric & 10° Tilt) for the $\varnothing 25$ and $\varnothing 29$ mm baseplates
- New poly insert options (Eccentric, Constrained & 36/42 Combo)

Note: Nothing has been changed on the stem or metaphysis

2. What instrument options have been added with Rev II?

In general, the instrument additions include:

- Articulating (hinged) reamer for glenoid preparation
- Cannulated glenoid preparation instruments
- Instruments specific to supero-lateral approach
- Pie shaped reamers for easier glenoid preparation

3. With all the new implant options, are there any limitations when combining the various spheres and poly inserts?

No. However, the surgeon should always have an understanding of what the combination means for the specific patient's situation. For example, the eccentric insert is intended to be used with an eccentric sphere. Due to the eccentricity of the design, there may be the risk of acromial impingement of the greater tuberosity when the eccentric poly is used with a centrally placed centered sphere. However, if a centered sphere has been placed inferior on the glenoid, this combination may be possible if the trial reduction doesn't generate impingement between the greater tuberosity and the acromion.

4. In what situations could my surgeon use the eccentric poly?

The eccentric poly is generally used with the eccentric sphere to relieve deltoid tension that may result from distalizing the humerus by 2 mm. However, the eccentric poly is not exclusive to the eccentric sphere. It may be used in situations of very tight shoulders where reduction is difficult. The eccentric insert may help to relieve some of the tension.

5. My surgeon wants to place the baseplate in the center of the glenoid and use the +2 mm eccentric sphere. Is this possible?

It is possible, however, this will require the use of the standard reamers in addition to burring or rongeurs to remove any bone on the inferior glenoid that may prevent impaction of the eccentric sphere onto the baseplate. When the baseplate is positioned inferior (as recommended in the surgical technique), the reamers will remove the bone past the inferior edge of the glenoid. However a centrally placed glenoid will leave some bone remaining on the inferior edge that will impede the impaction process due to the eccentric shape of the sphere.

6. Which direction should the notch be oriented on the eccentric spheres?

For the eccentric sphere, the notch should be oriented in the 12 o'clock (superior) position during impaction. This will ensure the overhang is created inferior on the glenoid.

7. What is the 10° tilt sphere and how is it used?

The 10° Tilt sphere is essentially a sphere that has been lateralized by approximately 4 mm. It can be used if the surgeon wishes to achieve a lateralized prosthesis or account for excessive superior glenoid wear. Lateralization may also be achieved through the use of the BIO-RSA instrumentation.



8. Are there any technique differences I should be aware of with the smaller ø25 mm baseplate?

Due to the smaller dimension of 25 mm baseplate, the distance between the screw holes and the central peg is reduced. This will limit the angulation of the screws towards the post, which should be taken account while drilling.

9. What is the difference between the constrained and centered poly insert?

The constrained poly insert has the same lateralization as the centered poly insert. The only difference is that the constrained insert has an additional 2 mm of material to increase the overall height of the insert. Be aware that the increased wall height may lead to earlier incidence of scapular impingement and will limit the overall range of motion. Therefore, it is only necessary to use this option in instances of chronic instability during a revision procedure.

10. Can the +9 mm spacers be double-stacked when using the Rev II implants?

Yes. In instances where 21 mm (9 mm spacer & 12 mm poly) of lateralization is not sufficient, two +9 mm spacers can be combined using the 18 mm tightening screw (DWD160). This screw is not included with the spacer and must be ordered separately. It is recommended to only use a centered poly insert with double-stacked spacers.

11. My surgeon only uses a cannulated (or non-cannulated) glenoid preparation technique. Can I get rid of the instrumentation tray containing the unused instruments?

Yes. The Reversed II Instrument kit is modular and can be assembled according to whether the surgeon uses a cannulated, non-cannulated, or both techniques. If only one of the techniques is preferred, the technique-specific instruments are in separate trays within the kit and can be removed and replaced by a general instrument tray (YKAD985). This general tray will fill the space of the removed instrument tray.

12. Can the surgeon switch between the cannulated and non cannulated techniques when preparing the glenoid?

The surgeon may switch from the canulated to the non-cannulated technique at any point. However, it will not be possible to switch from a non-cannulated to a cannulated technique once the 6 mm hole has been drilled, as stable and accurate placement of the guide pin will no longer be possible.

13. My surgeon only has Rev I instrumentation, but wants the options of the Rev II implants. Can the new Rev II implants be used with the Rev I instruments?

Without the Rev II instruments, you will not have the capability to provide the ø25 mm baseplate option or any spheres that assemble to the ø25 mm baseplate. However, any of the ø29 mm implant options can be used without the Rev II instruments. This includes the eccentric and tilted spheres for the ø29 mm baseplate, in addition to any of the poly insert options (constrained, eccentric and 36/42 Combo). For trialing, it should be noted that you will only have the centered trial spheres and centered poly inserts that come in the Rev I instruments. The constrained poly inserts are available through separate order (YKAD96).



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