

# UNIC STEMLESS

## Anatomic Short Shoulder Prosthesis



# UNIC STEMLESS

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# Context

- Different type of shoulder prosthesis
  - for different clinical indications:
    - Age of patient or activity level
    - Demineralisation status or bone stock
    - Degree and position of cartilage wear
    - State of the rotator cuff / articular stability
    - Degenerative / trauma

# Context

- Different type of shoulder prosthesis
  - from less invasive to more invasive:
    - Humeral resurfacing or stemless humeral implant
    - Hemiarthroplasty
    - Anatomic TSA
    - Reverse TSA
    - Fracture Reverse TSA
    - CTA (cuff tear arthroplasty)
    - Revision Reverse





**UNIC®**  
Anatomic,  
Reverse,  
CTA,  
Primary,  
Reverse,  
Fracture,  
and more...

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The **anatomic** shoulder



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# The **anatomic** shoulder

- What is the challenge?
  - Implant: sufficient number of sizes and diameter/thickness ratio to adapt closely to each situation
  - Instruments: assist and achieve accurate reproduction of
    - Volume of humeral head
    - Orientation of cut // axial humerus
    - Retroversion of cut

# UNIC **anatomic** & UNIC STEMLESS



In 2012, in France, the market shares were:

- Hemiarthroplasties:	2889	26%
- Total Anatomic:	3308	30%
- Total reverse:	4743	43%
- Resurfacing:	0095	01%

UNIC STEMLESS can be indicated in:

- Hemiarthroplasty
- Total Anatomic
- Resurfacing

**57%**



# The **anatomic** shoulder

- Indication:
  - Patients less than 75
  - Good rotator cuff
  - Degenerative omarthrosis
- Requirements:
  - Hemi or total arthroplasty
  - Preservation of the existing cuff
  - Implant replaces the bone in position and volume

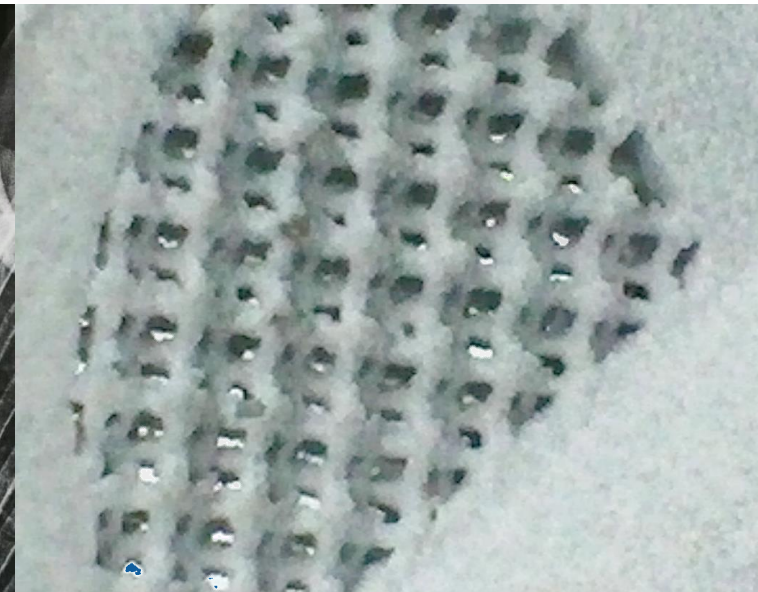
# The **anatomic** shoulder

## Why should we use a STEMLESS implant ?

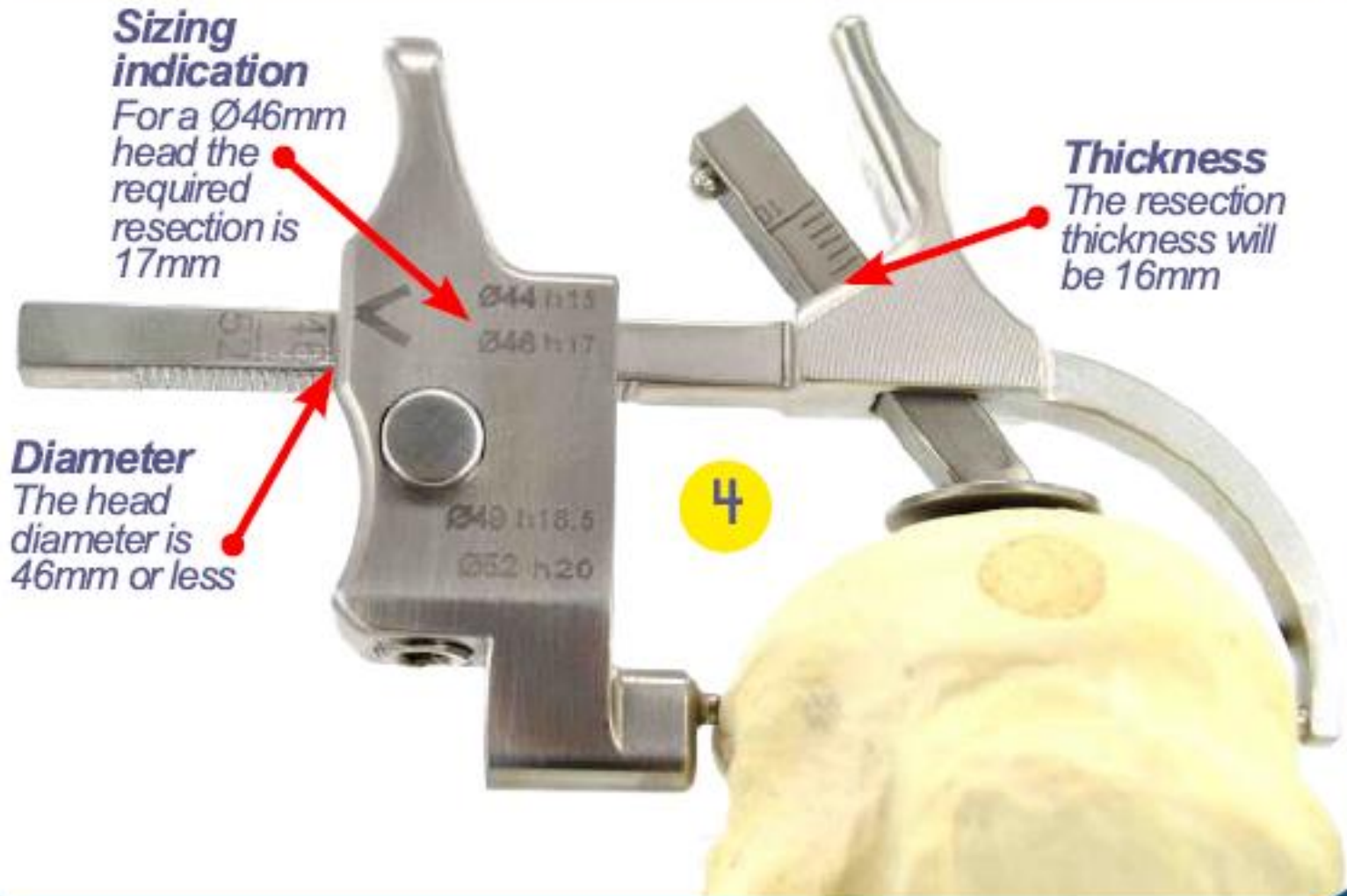
- Humeral head can be positioned independently of the humeral shaft axis, especially important in post traumatic arthritis situations
- Excellent anatomic reconstruction of the humeral head as the prosthesis can be adjusted to the cortical rim of the humeral resection at the anatomical neck
- Potential for less invasive exposure
- Unrestricted approach to the glenoid
- Simplified revision arthroplasty and avoidance of complications associated with humeral shaft osteotomy

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- **5** diameters of **baseplate** 25 to 38mm
- **8** diameters of **humeral head** 35 to 52mm
- Choice of **2 thicknesses** from head 41mm
- **Additive technology** for enhanced bone in-growth
- Instrumentation allows resection plan / diameter / thickness selection in one step

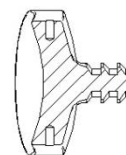
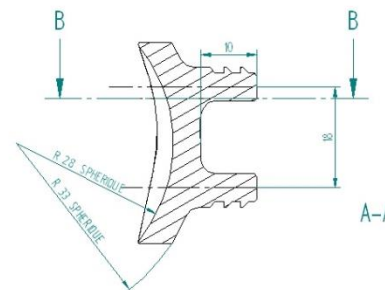
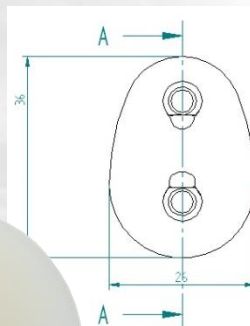


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# Anatomic GLENOID COMPONENT



## Glenoid component

- All PE, bone saving curved contact area with bone
- 2 pegs, bone sparing,
- Cemented only
- avoids keel “rocking” effect,
- allows for revision to reverse
- 2mm mismatch between head and bearing surface to avoid being too congruent



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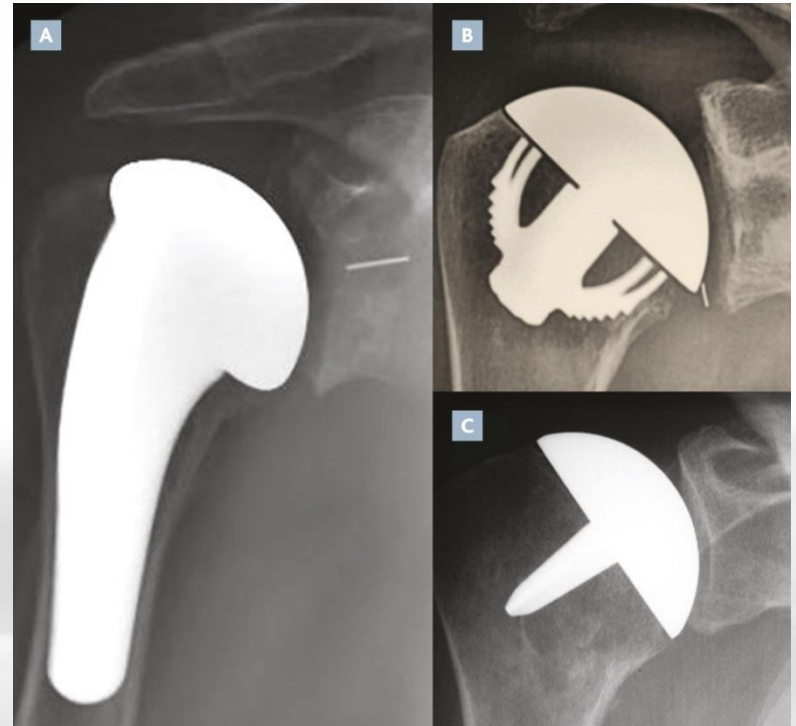
## Competitive Analysis



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# Competition

- Different solutions for an anatomic and bone preserving humeral component:
  - Short stem (Aequalis Ascent)
  - Total Resurfacing (Copeland, Global-Cap)
  - Focal Resurfacing (Hemi-Cap)
  - Epiphyseal stem (Unic Stemless, TESS...)



# Competition (Short stem)



- Less invasive than a conventional humeral stem?: only in the distal intramedullar part.
- Can be retro-converted to a reverse total prosthesis
- Low and high offset humeral heads to adjust to anatomy
- Position of head dependant on the intramedullar axis, may not be more anatomic than a conventional stem



# Competition (Total resurfacing)

- Initiated by Copeland (Biomet – UK)
- Similar concept to hip resurfacing
- Superficial reaming of the humeral head
- Cemented Resurfacing humeral head with central keel and low thickness
- Technically demanding
- VERY DIFFICULT access to the glenoid
- Complications:
  - overstuffing of articular space
  - with anatomic centralization of the implant
  - Concerns about the stress-shielding of the bone stock

Global-Cap (Depuy)



Durom (Zimmer)



Aequalis (Tornier)



# Competition (Focal resurfacing)

- One only diameter of implant (35mm)
- Choice of 10 offsets (6.5mm to 10mm)
- Restores the articular congruity
- High technical skill recommended
- No back-up solution in case of complication
- Indications of hemiarthroplasty only



Hemi-Cap « Arthrosurfaces »

# Competition (Stemless)



**Nano (Biomet)**



(1)

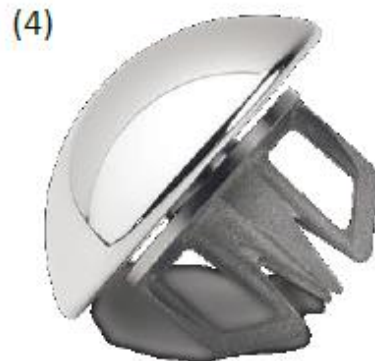


(2)



(3)

*Dispositifs d'épaule à fixation épiphyso-métaphysaire : (1) TESS (Biomet), (2) AFFINIS (Mathys), (3) ECLIPSE (Arthrex), (4) SIDUS (Zimmer), (5) SIMPLICITI (Tornier), (6) UNIC STEMLESS (Evolutis)*



(4)



(5)



(6)



# Competition (Stemless)

- UNIC STEMLESS

- 5 diameters of baseplate 25 to 38mm
- 8 diameters of humeral head 35 to 52mm
- Choice of 2 thicknesses from head 41mm
- Additive technology for enhanced bone in-growth
- Instrumentation allows resection plan / diameter / thickness selection in one step





# Competition (Stemless)

- Biomet TESS (Nano)

- First stemless launched
- With or without intramedullar stem
- Available in Reverse but no compatibility between anatomic and reverse
- TESS is made of Cobalt Chrome with Porous T40 and HA coating.
- It consists of 6 branches, and a taper to fix the anatomical heads.
- Four sizes of corolla, 6 diameters of head, centered and excentric, no thickness adaptation



# Competition (Stemless)

- **Simpliciti TORNIER**

- 5 diameters of head (40 to 56), each in 3 thicknesses (STB version) or 7 diameters of head (39 to 52) with 2 thicknesses for 50 and 52 (standard)
- 3 sizes of « nucleus » (baseplate)
- Free-hands instrumentation : dedicated to expert surgeons



Fig. 4

# Competition (Stemless)

- **Sidus ZIMMER**

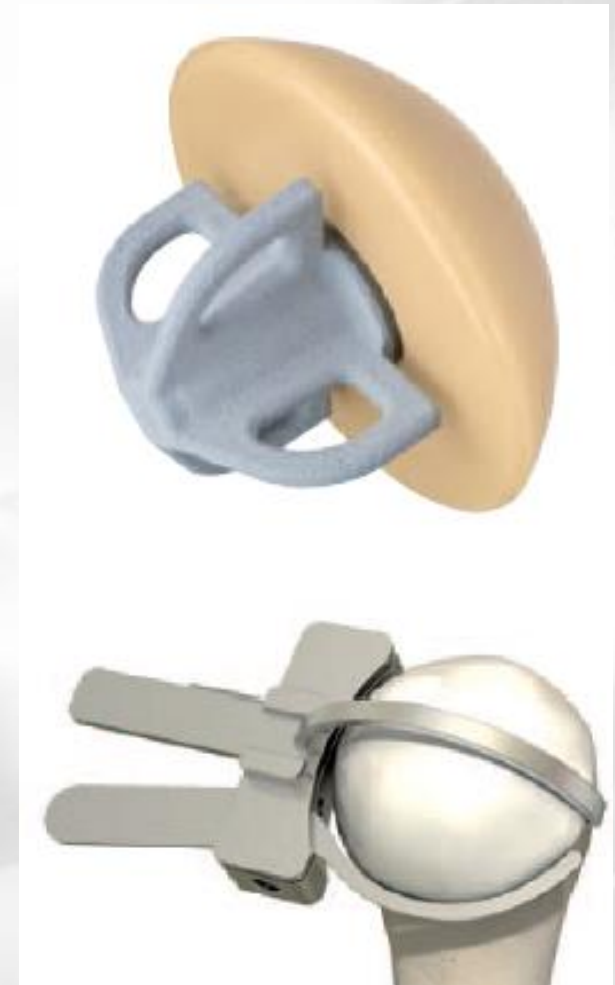
- Similar concept to Evolutis except additive manufacturing
- 8 head diameters 38 to 52
- 2 thickness options for 48, 50 and 52
- 3 baseplates 24 to 32
- Compatibility with different glenoids, including the trabecular metal
- Surgical technique similar to UNIC stemless except for the calibration of the resection level



# Competition (Stemless)

- Affinis MATHYS

- Only Stemless with a alumina ceramic head
- Theoretically better for hemiarthroplasty
- 8 head diameters 39 to 53, no thickness option, increment 1mm/size beginning 13
- Baseplate: 6 sizes
- Baseplate design with no collar: subsidence?
- Resection/orientation guide include a thickness gauge, but choice of 3 only: accuracy ?

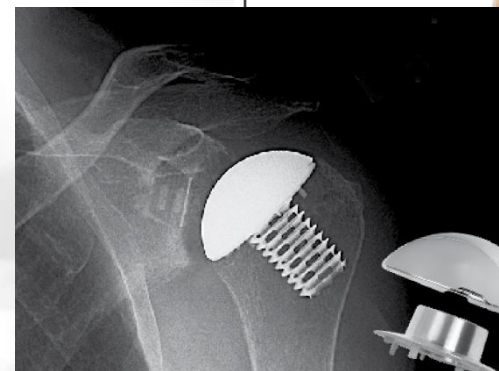




# Competition (Stemless)

## Eclipse ARTHREX

- 8 anatomic head sizes available in 2 mm increments (39 to 53)
- 1 head thickness per diameter
- Fenestrated cage screw for enhanced fixation
- 4 cage screw lengths account for anatomical variations (30 to 45mm)
- Humeral cutting guide : only 2 sizes (small or large)  
no accuracy in resection thickness



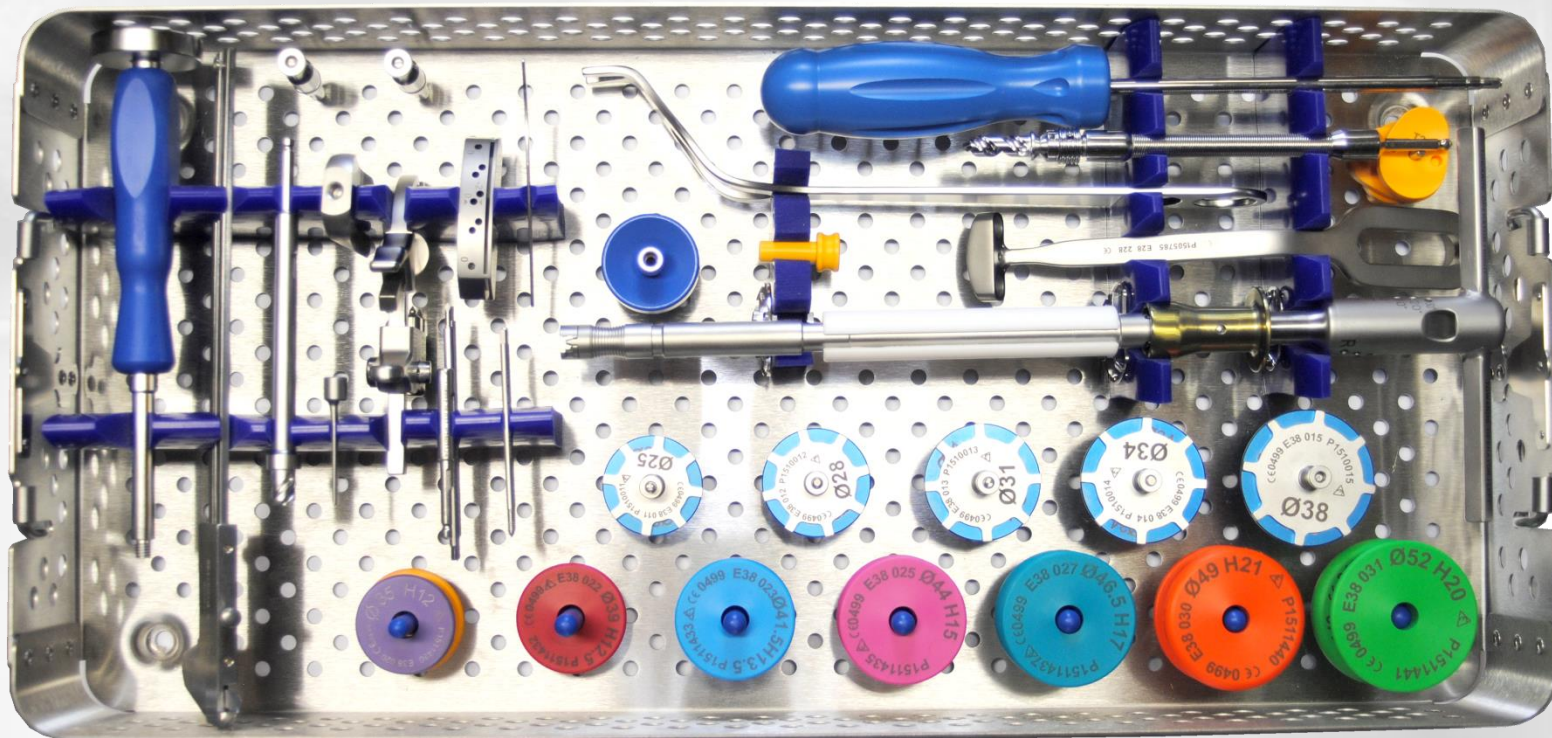
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## Surgical technique



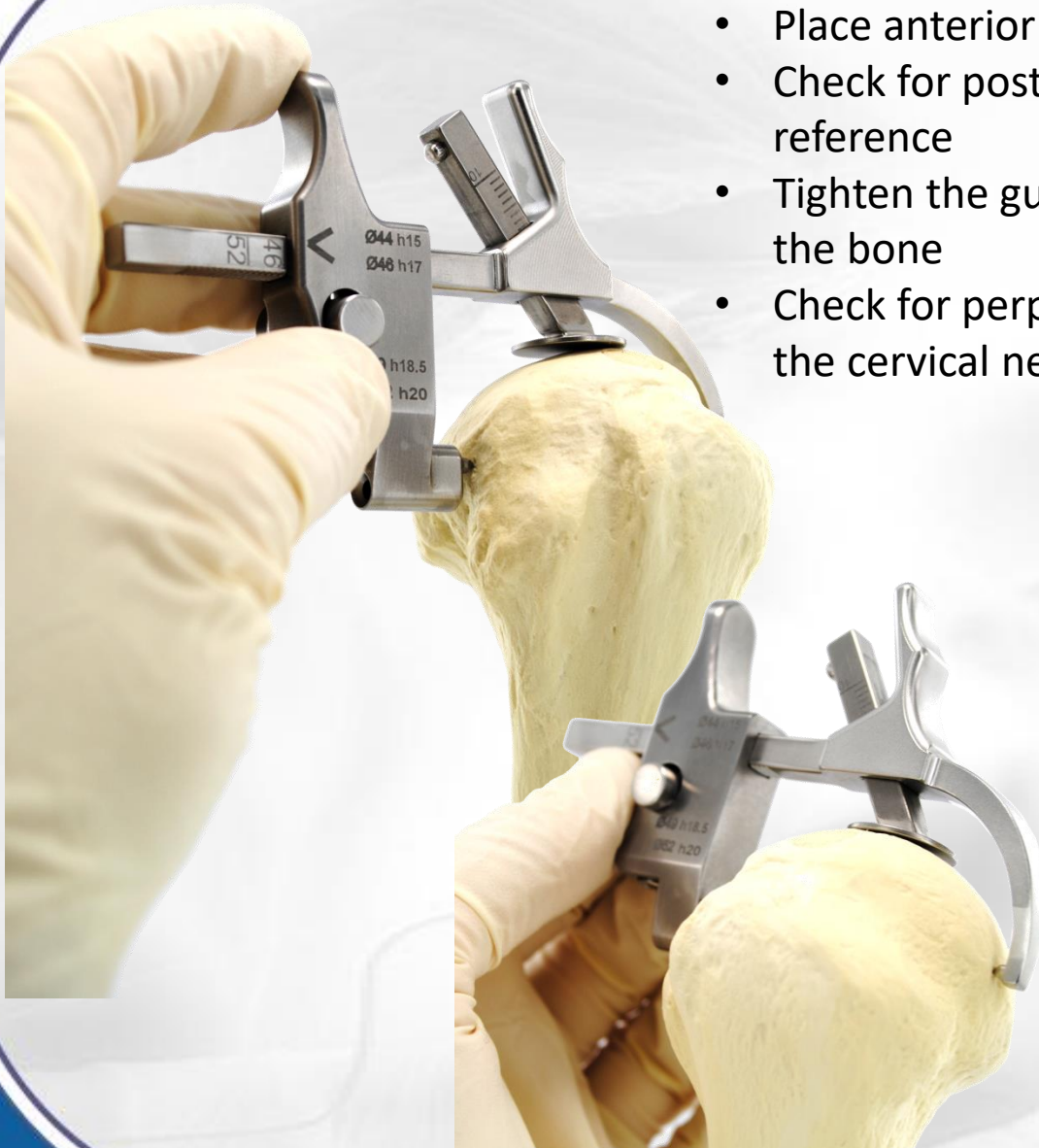
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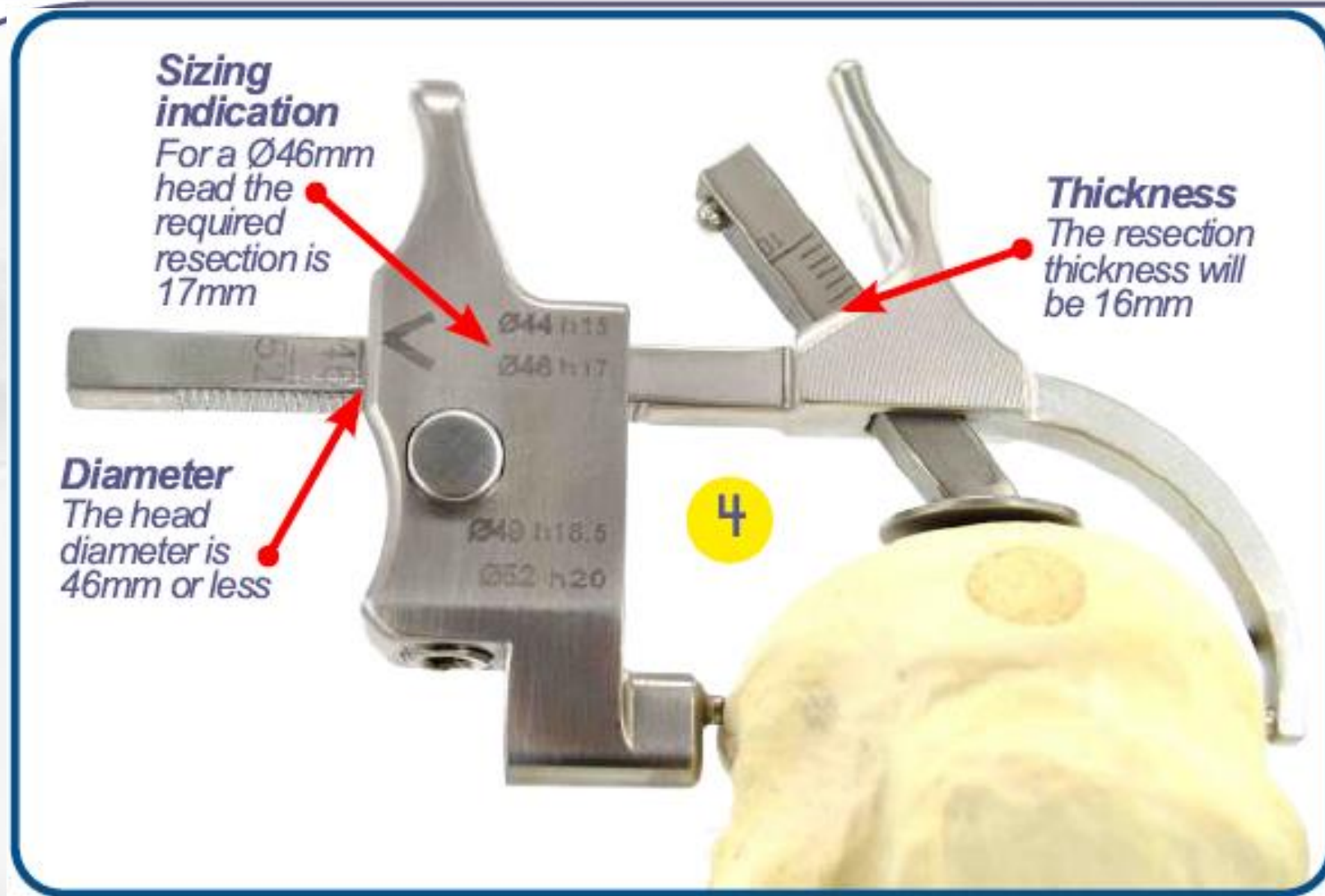
1 instrumentation set for both humeral and glenoid implants.



- Position humeral guide on humerus
- Place anterior spike below the cartilage zone
- Check for posterior spike with same reference
- Tighten the guide for the spikes to penetrate the bone
- Check for perpendicularity of the guide with the cervical neck line

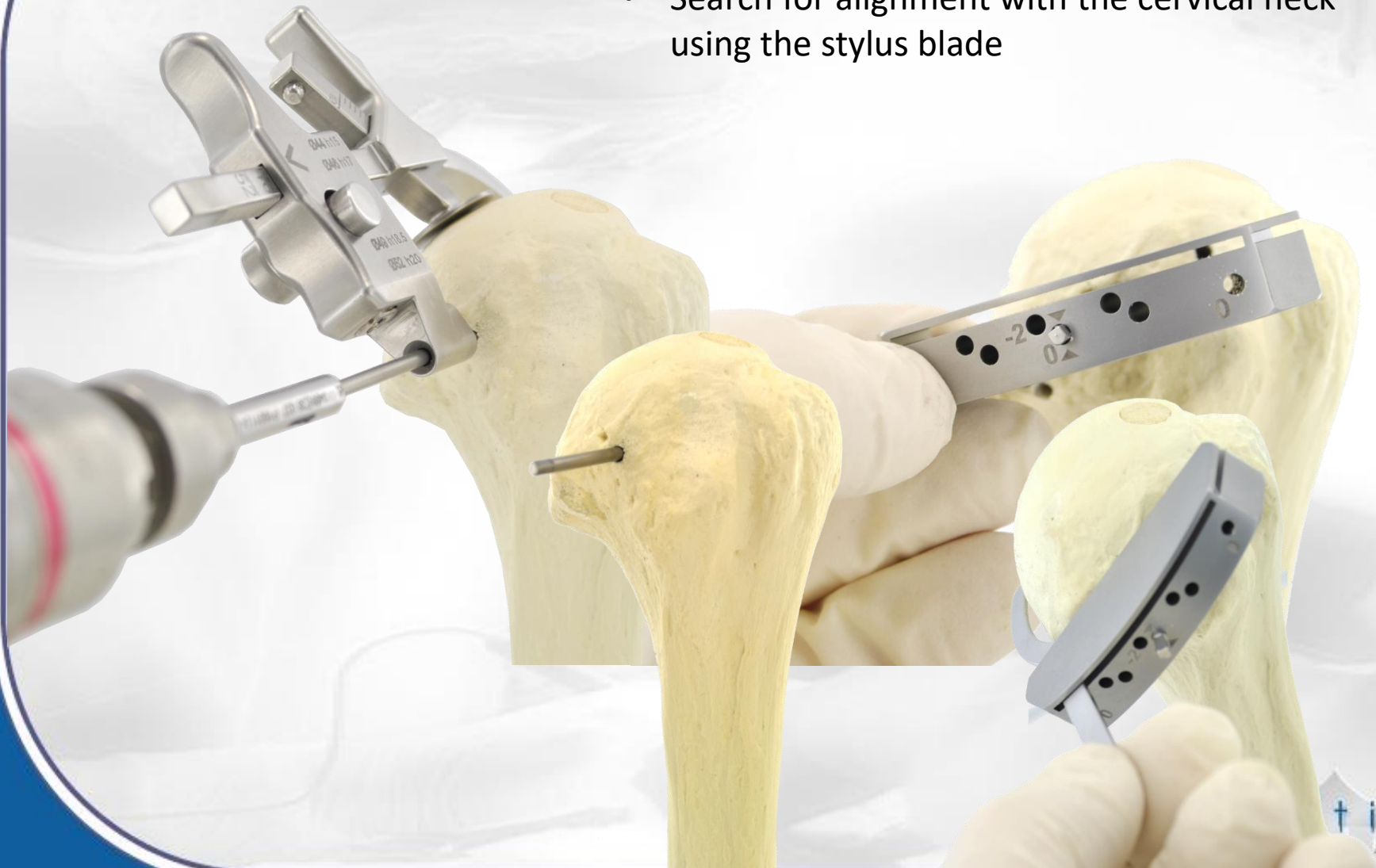






- Check correspondance of diameter/thickness values
- The thickness value on the guide is always the smallest one available
- If uncorrect, modify position of spikes

- Pin the guide in central position
- Remove the guide
- Place the cutting jig on the pin
- Search for alignment with the cervical neck using the stylus blade

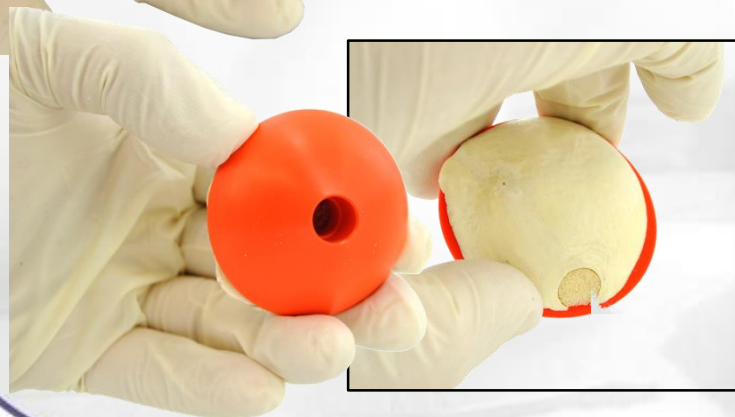


- Pin the guide with 2 pins in the cervical neck position
- Resect the humeral head
- Check the resection thickness





- Select the head size best adapted to the resected head bone
- Place the pin centralizer on the head
- Pin through the centralizer and down to the lateral cortex





- Select the size of the baseplate:
  - Introduce one trial baseplate on the central pin
  - The larger diameter of the trial baseplate (summit of the spigots) should not overhang the cortex bone
  - The smaller diameter of the trial baseplate should remain away from the inner diameter of the cortex bone



- Once the correct size has been selected:
  - Introduce the stop-drill on the central pin
  - Drill the bone with until the stop
  - Remove the drill
  - Identify clearly the weak zones of the bone (bicipital groove and lesser tuberosity)
  - Prepare the conformator with the impaction handle
  - Present the conformator on the central pin
  - Orientate the blades of the conformator away from the weak zones
  - Impact the conformator completely





- Unscrew the impaction handle from the conformator
- Place the trial taper on the conformator
- Place a trial head of selected diameter and thickness, and reduce the shoulder for stability and mobility tests



- Remove the conformator and the pin
- Prepare the implant on the impaction handle
- Check that the fins are aligned with the cancellous shape
- Impact the baseplate until contact with the bone





- Prepare the humeral head
- Place the head on the taper of the baseplate
- Impact thoroughly for taper connection and final positioning of baseplate.



...least but not last :

– If the STEMLESS UNIC needs to be revised:

- Use the Head Extractor E38 038 to separate the humeral head from the Stemless baseplate.
- Prepare Impaction Handle H38 033 with Short Osteotome H38 035 and resect the bone fixation to the 4 wings.
- Attach the Impaction Handle directly to the implant and hammer the implant out.



# UNIC STEMLESS

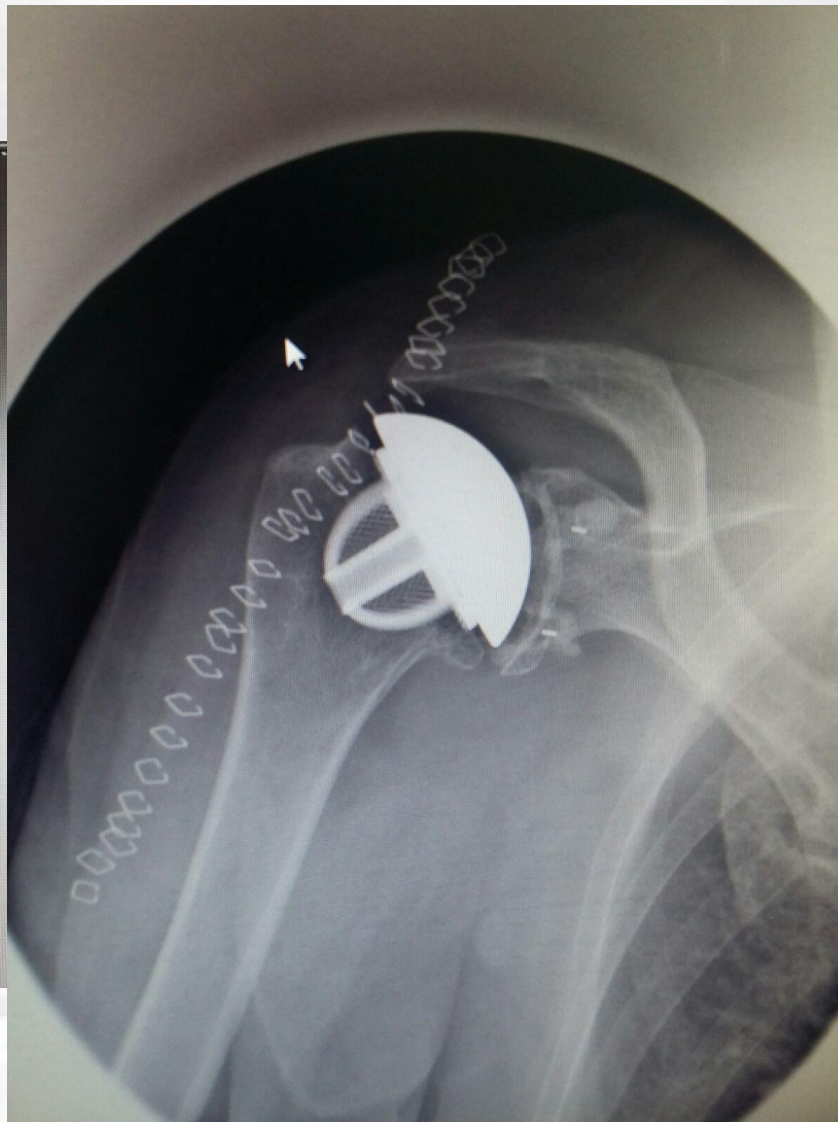
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Post operative  
radiographs



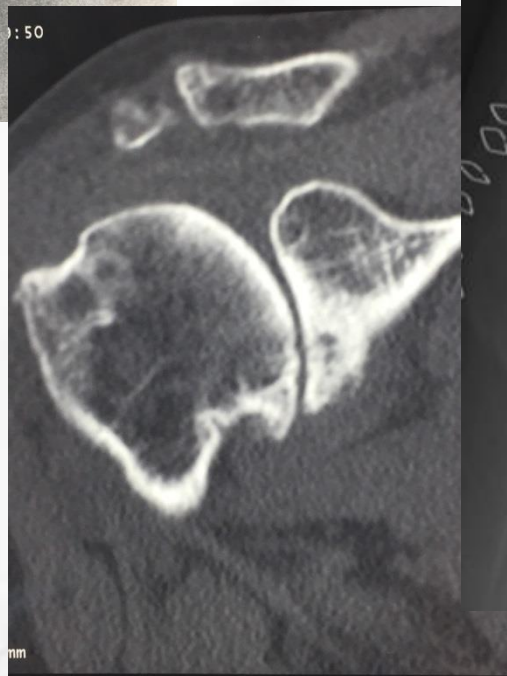
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## Reference List and SNP



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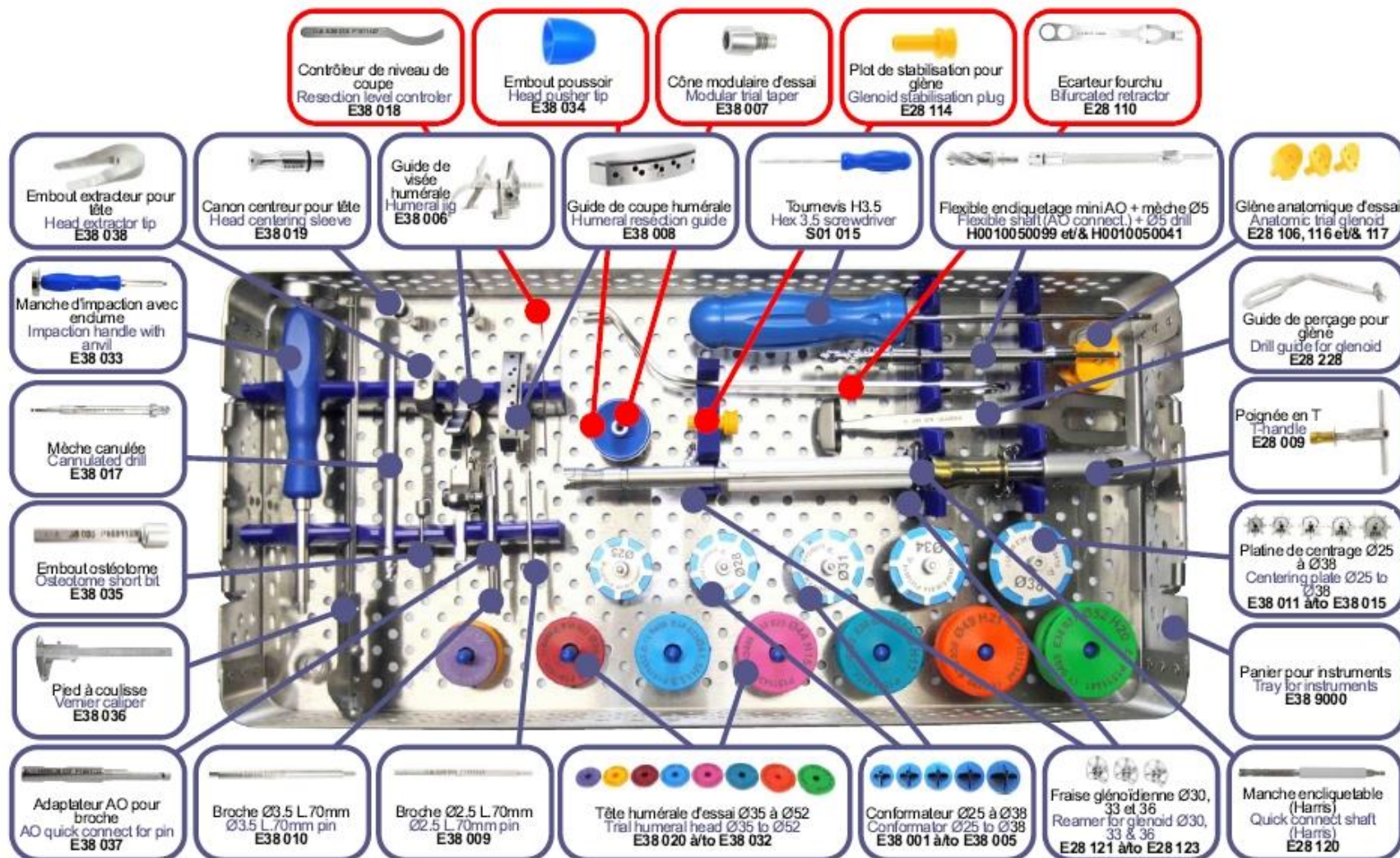


Ref.code	Description		Ø	H. (mm)	Radius (mm)	Mismatch (mm)
E37 001	Short anatomic stem S.25	<i>Tige anatomique courte T.25</i>	Ø25			
E37 002	Short anatomic stem S.28	<i>Tige anatomique courte T.28</i>	Ø28			
E37 003	Short anatomic stem S.31	<i>Tige anatomique courte T.31</i>	Ø31			
E37 004	Short anatomic stem S.34	<i>Tige anatomique courte T.34</i>	Ø34			
E37 005	Short anatomic stem S.38	<i>Tige anatomique courte T.38</i>	Ø38			
E37 M3512	Humeral head S.35/12	<i>Tête humérale T.35/12</i>	Ø35	H.12	21	-7
E37 M3712	Humeral head S.37/12	<i>Tête humérale T.37/12</i>	Ø37	H.12	22	-6
E37 M3912	Humeral head S.39/12	<i>Tête humérale T.39/12</i>	Ø39	H.12	23	-5
E37 M4113	Humeral head S.41/13	<i>Tête humérale T.41/13</i>	Ø41	H.13	24	-4
E37 M4116	Humeral head S.41/16	<i>Tête humérale T.41/16</i>	Ø41	H.16	24	-4
E37 M4415	Humeral head S.44/15	<i>Tête humérale T.44/15</i>	Ø44	H.15	24.5	-3.5
E37 M4418	Humeral head S.44/18	<i>Tête humérale T.44/18</i>	Ø44	H.18	24.5	-3.5
E37 M4617	Humeral head S.46/17	<i>Tête humérale T.46/17</i>	Ø46	H.17	25	-3
E37 M4620	Humeral head S.46/20	<i>Tête humérale T.46/20</i>	Ø46	H.20	25	-3
E37 M4918	Humeral head S.49/18	<i>Tête humérale T.49/18</i>	Ø49	H.18	26	-2
E37 M4921	Humeral head S.49/21	<i>Tête humérale T.49/21</i>	Ø49	H.21	26	-2
E37 M5220	Humeral head S.52/20	<i>Tête humérale T.52/20</i>	Ø52	H.20	27.5	-0.5
E37 M5223	Humeral head S.52/23	<i>Tête humérale T.52/23</i>	Ø52	H.23	27.5	-0.5
E27 130	Cemented anatomic glenoid S.1	<i>Glène anatomique cimentée T.1</i>	Ø30/22		28	
E27 133	Cemented anatomic glenoid S.2	<i>Glène anatomique cimentée T.2</i>	Ø33/24		28	
E27 136	Cemented anatomic glenoid S.3	<i>Glène anatomique cimentée T.3</i>	Ø36/26		28	

# Instrumentation SNAPSHOT

Ref : E38 9100

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# Probably the best shoulder system available !

