

# Evolutis

CREATEUR FABRICANT

UNIC<sup>®</sup>  
STEMLESS



*Surgical technique*

Evolutis  
**MOTION INSIDE**

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## Disclaimer

*This document is intended to be read only by experienced orthopaedic surgeons familiar with the surgical implantation of shoulder arthroplasty, and by individuals related to or acknowledged by the Evolutis company.*

*This publication is intended as the recommended procedure for using the Evolutis UNIC STEMLESS shoulder implants. It offers guidance only. Evolutis is the manufacturer of the device. As such and claiming no medical skill, Evolutis does not recommend a specific use of a product or a technique, therefore each surgeon should consider the particular needs of the patient and make appropriate adjustments where necessary. For any additional information related to the products, the indications and contra indications, the warnings and precautions of use, and the adverse effects, please refer to the INSTRUCTION FOR USE leaflet included in the packaging of implants. For further advice please contact your local representative.*

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## Indications

The UNIC STEMLESS implantable device is designed to treat osteoarthritis and osteonecrosis of the humeral joint when associated with an efficient rotator cuff for active patients.

The UNIC STEMLESS implantable device is specially designed for fixation in the cancellous bone of the proximal humerus. It can be used as an hemi-arthroplasty of the shoulder joint, or associated with a glenoid anatomic resurfacing with the anatomic glenoid components of the conventional UNIC system.

The UNIC STEMLESS humeral component is designed for cancellous fixation without cement. The humeral component is made out of additive printing technology and results in nano-structured porous and interconnected trabeculae intended to favour in-depth osseointegration. The additional proximal HA coating enhances the secondary fixation process.



Should the UNIC STEMLESS be revised, the implant has been designed to facilitate the introduction of bone chisels along the 4 intra-osseous flanges, leaving the humeral bone near-genuine for the implantation of a conventional stemmed primary humeral implant.



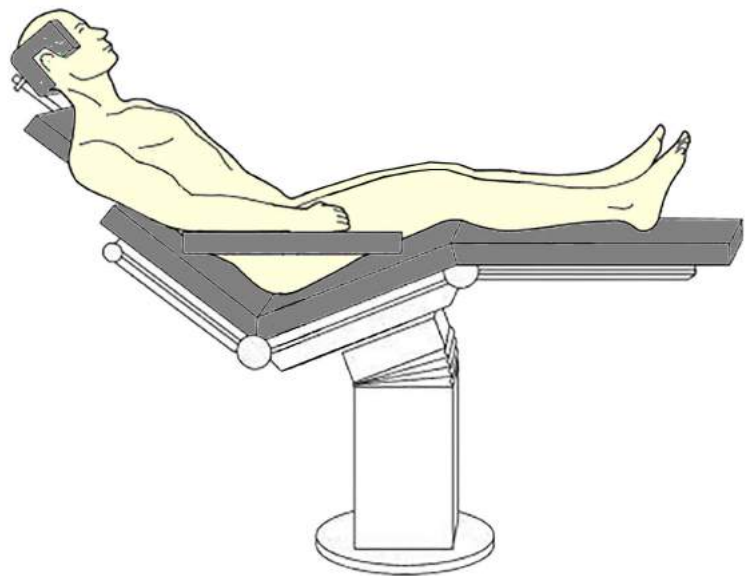
## Patient positioning

The patient should be positioned in a beach chair position

The body of the patient on the table must allow for the operated arm to be free of the table edge and to be manipulated freely in extension and adduction without hindrance

Ideally the whole shoulder should be free and not hindered

A lateral support could be installed to support the arm alongside the body



## Surgical approaches

The selection of the surgical approach to the shoulder joint is left to the surgeon's preferences.

In cases of hemi-arthroplasty of the shoulder or in cases of total anatomic shoulder, the most commonly used approach is the delto-pectoral approach.

The delto-pectoral approach offers generally:

- + familiarity, hence most common approach
- + respect of the deltoid muscle and of the supra-spinatus
- + exposure of the axillary nerve possible
- + humeral preparation
- subscapularis cut & repaired: increased risk of subscap rupture
- exposure of the glenoid may be compromised

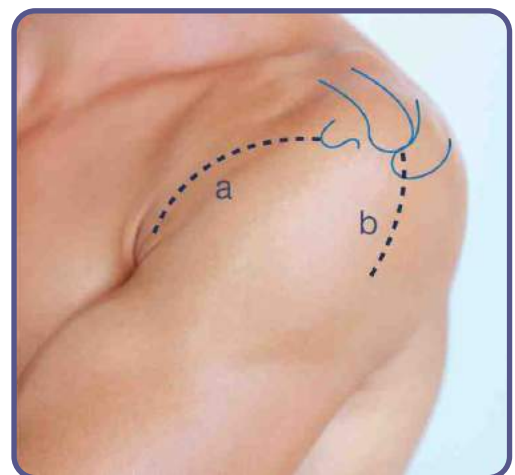
### Course of action regarding the subscapularis: tenotomy or osteotomy?

For a STEMLESS humeral component, prefer tenotomy to osteotomy as the tenotomy will preserve the bone stock at the anterior part of the cephalic border. The tenotomy will spare the bicipital groove and the lesser tuberosity.

The tenotomy should be made 1cm away from the lesser tuberosity in the tendinous structure as it will facilitate a solid repair with a few stitches at the end of the surgery.

In case the osteotomy of the lesser tuberosity is preferred, the bone resection should remain superficial in order not to fragilize the bone stock.

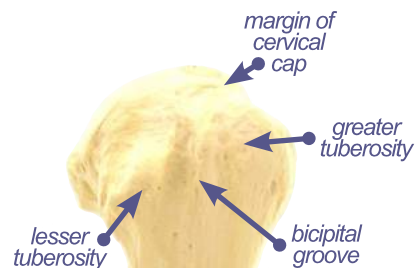
In both cases, the suture or osteosynthesis of the subscapularis should thoroughly be realized.



a : delto-pectoral approach  
b : deltoid split (McKenzie) approach

## Positioning of the humeral jig

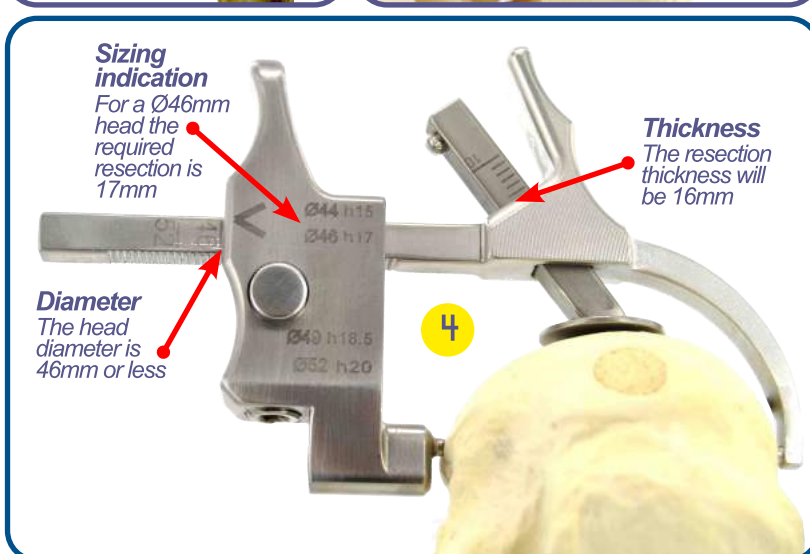
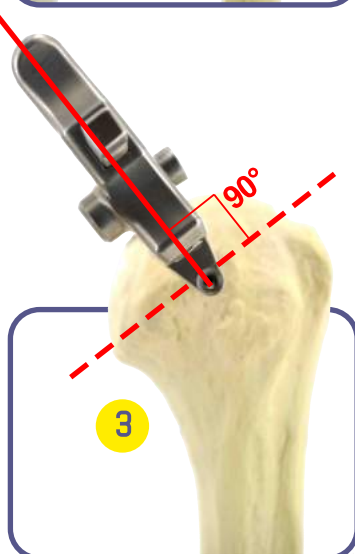
The instruments used in this chapter are  
Humeral jig E38 006



Place the humeral jig on the proximal humerus. Check for the positioning of both anterior (1) and posterior (2) teeth of the humeral jig at the margins of the cervical cap and at the limits of the cuff and the cartilage.

Lock the humeral jig in this position.

Turn humeral jig perpendicular to the cervical neck line (3) and read resection values (4) on the jig. Check that resection height is consistent with the A/P value.





## Introduction of central pin for fixation of the resection guide

*The instruments used in this chapter are*

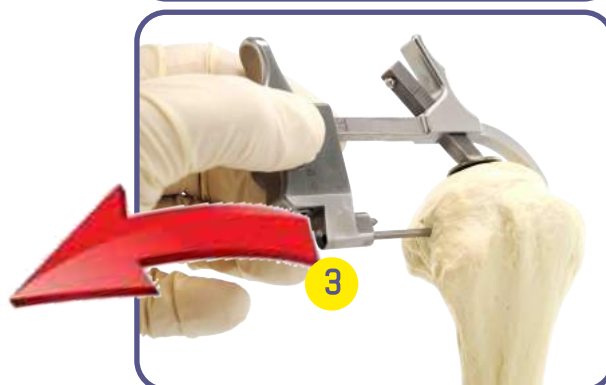
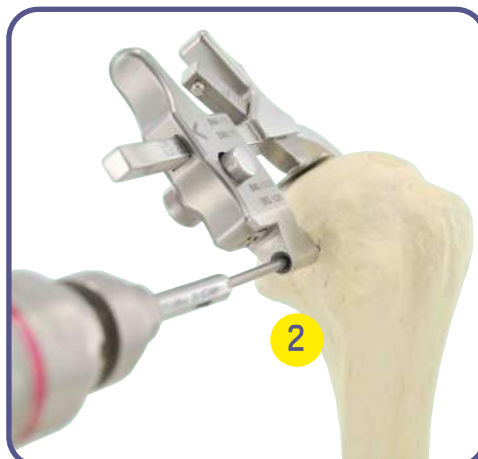
AO quick connect for pin E38 037  
Ø2.5 L.70mm pin E38 009



Place the AO quick connect for pin on the power tool.

Introduce one pin (Ø2.5 L.70mm) on the AO quick connect (1).

Introduce the pin into the humeral jig (2).  
Press the lateral knob on the humeral jig, and pull the humeral jig out of the pin (3).



## Resection of the humeral cap

The instruments used in this chapter are

Humeral resection guide	E38 008
Resection level controller	E38 018
AO quick connect for pin	E38 037
Ø2.5 L.70mm pin	E38 009



Introduce the humeral resection guide on the center pin (1) in the center hole marked "0". Hold manually the humeral guide parallel to the humeral neck line.

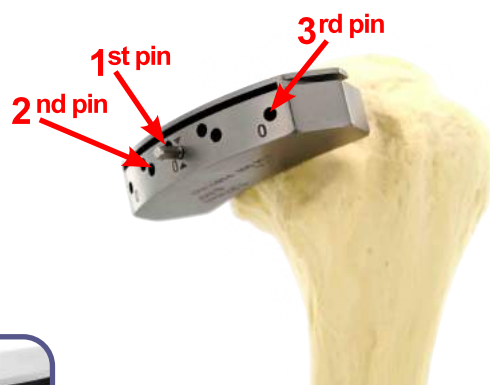
Introduce the resection level controller into the slot of the resection guide and check for the medial (2) and lateral (3) levels of resection.

**The level of resection must be flush with with the medial border of the footprint** (junction between the cartilage and the supra-spinatus tendon). If required, modify the orientation of the resection guide.

Once the guide is in the correct "anatomic" position, introduce a second Ø2.5 L.70mm pin into the more medial "0" hole of the resection guide and drill into the humerus.

Lock the position of the resection guide with a third Ø2.5 L.70mm pin introduced in the more lateral and convergent hole of the resection guide.

Resect the humeral cap (4).



### Correction of the resection level

In case a correction of the resection level is necessary to match the thickness of the prosthetic humeral head, it is possible to achieve an additional 2mm resection.

Remove the lateral convergent pin, re-position the resection guide on the 2 remaining pins and in the holes of the resection guide marked "2".

Place a convergent pin to stabilize the cutting guide. Resect an additional 2mm of bone.

## Size selection of the humeral head

The instruments used in this chapter are

Vernier caliper E38 036

Humeral head trials E38 020 to E38 032



Select the humeral head trials corresponding to the initial measures (in our example 44 and 46.5), and position the humeral head trial on the resected humeral cap and/or on the resected humeral epiphysis. The humeral epiphysis will usually show a larger size than the humeral cap. Taking into consideration that the humeral cap may not be spherical, the surgeon needs to assess the best overall size adaptation, but **a slightly smaller head is to be preferred to a slightly larger head.**

In our example, the size 46.5 (blue trial) appears to have a better adaptation to both the cap and the epiphysis than the size 44 (pink trial). The larger size 49 (orange trial) is obviously too large and overhangs around the cap too much.



### Head size selection

If there is any doubt between 2 sizes **always prefer the smaller one.**

Control the thickness of the resected humeral cap with the Vernier caliper.

**For the real value** of the resection, use the sum of the value read on the Vernier caliper plus the thickness of the saw blade (1.3mm).  
In illustration (1) the real resection value is: 13.3mm (caliper) + 1.3mm (saw blade) = 14.6mm

The thickness of the humeral head of size 46.5 is 17mm. If the size 46.5 is finally selected than a correction of the humeral cut may be necessary (see page 6: *Correction of the resection level*).

### Important : Head Resection Measure

In addition to the physical thickness of the resected head, the surgeon needs to take into consideration the cartilage wear in arthritis, or the bone defect in osteonecrosis, and estimate the total resected thickness of the humeral head.



## Preparation of the humeral epiphysis

The instruments used in this chapter are

Humeral head trials E38 020 to E38 032

Head centering sleeve E38 019  
AO quick connect for pin E38 037  
Ø3.5 L.88mm pin E38 010



Introduce a head centering sleeve into the selected humeral head trial (1).

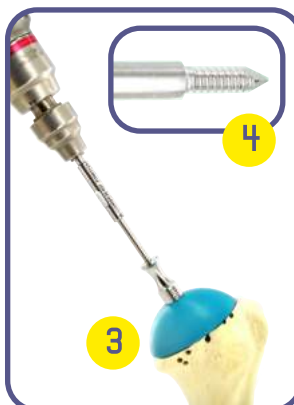
Place the humeral head trial at best on the humeral epiphysis (2).

Adjust the AO quick connect for pin on the power tool.

Introduce the specific (dual diameter Ø3.5/2.5 L.88mm) guiding pin on the AO quick connect.

Drill into the centering sleeve until contact with the lateral cortex of the humerus (3). The guiding pin has a smaller diameter tip (Ø2.5mm) which creates an hilt immediately below the threads (4). The smaller diameter tip should be drilled down to the lateral cortex, the hilt will protect the drill from piercing through the cortex. **Important: at this step pay additional attention in cases of osteoporotic bone.**

Remove the centering sleeve and the humeral head trial.



## Sizing of the STEMLESS component

The instruments used in this chapter are

Centering plates E38 011 to E38 015



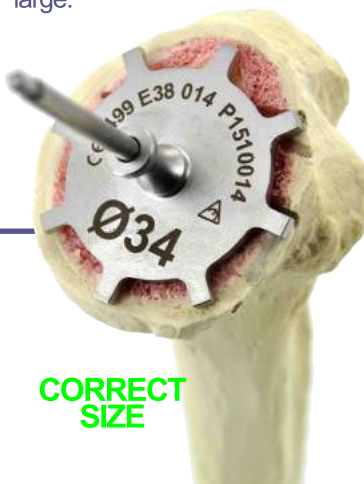
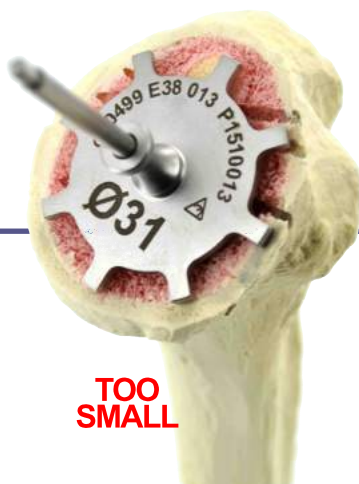
Select a centering plate of diameter 10 to 12mm less than the selected humeral head.

Introduce the centering plate on the Ø3.5 L.70mm pin.

The centering plate is crenelled to show 2 dimensions:

- the inner diameter (bottom of crenels) of the centering plate shows the overall diameter of the final implant. This dimension should remain at distance of the cortical bone.

- the outer diameter (top of crenels) of the centering plate provides an information regarding the necessary distance between the implant and the cortex : if one of the top sides of the crenels overhangs outside the humeral cortex, than the size is too large.



TOO SMALL

CORRECT SIZE

TOO LARGE



## Preparation of the humeral fixation

The instruments used in this chapter are

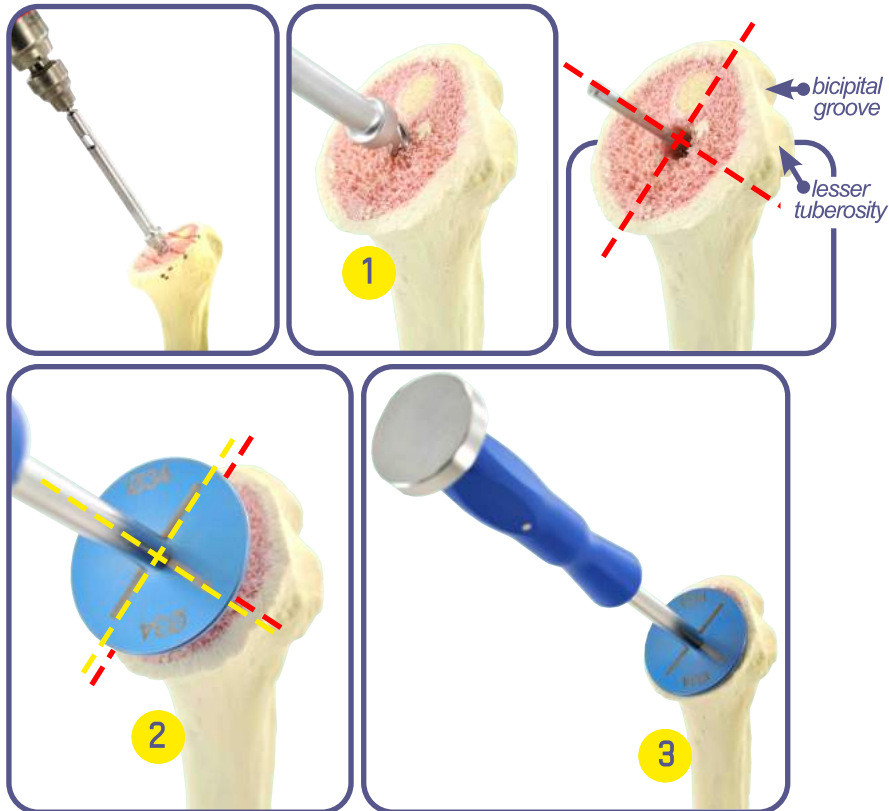
Cannulated drill — E38 017  
 Conformators Ø25 to Ø38 E38 001 to E38 005  
 Impaction handle with anvil E38 033

Adapt the cannulated drill to the power tool (*small AO connect*) and drill the center imprint (1) up to the hilt of the reamer.  
 Remove the drill.  
 Select the conformator of the size selected at the previous step.

Assemble the conformator with the impaction handle.



Introduce the conformator on the guiding pin and search for proper orientation of the flanges: **the flanges ("X" marks on the conformator) are to be oriented away from the bicipital groove and the lesser tuberosity (2).**  
 Impact firmly until the conformator comes in contact with the humeral cut (3).



## Trial and reduction with trial implants

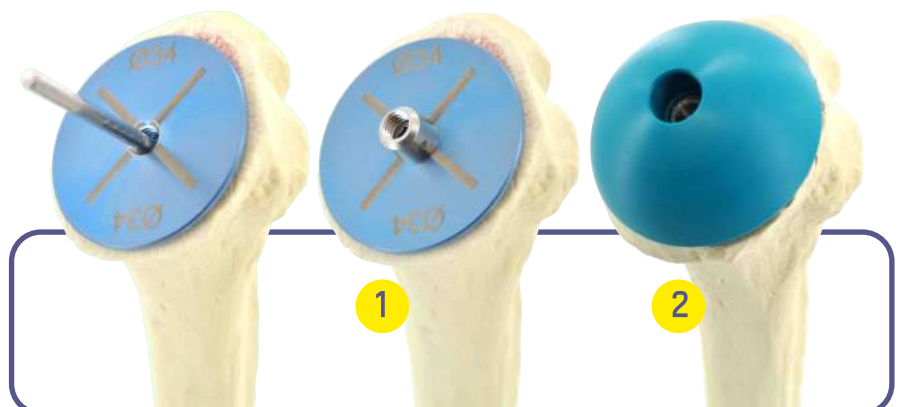
The instruments used in this chapter are

Modular trial taper — E38 007  
 Humeral head trials E38 020 to E38 032

Remove the impaction handle and the centering pin.

*Note: if total shoulder arthroplasty, leave the conformator on the humerus and proceed to the glenoid preparation.*

Adapt the modular trial taper on the conformator (1).  
 Position the trial humeral head on the taper (2).  
 Reduce the shoulder joint and assess the mobility and stability.  
 In case of joint laxity, from humeral head of size 44, 2 thicknesses are available.



## Implantation of the final implant

*The instruments used in this chapter are*

Impaction handle with anvil E38 033



Adapt the impaction handle on the trial taper and remove both the taper and the conformator.

Ask for the final STEMLESS implant to be given and thoroughly check the size before opening (1).

Open the sterile pack and leave the STEMLESS implant in the packaging foam.

Screw the impaction handle directly on the STEMLESS implant (2).

Position the implant on the humeral epiphysis and check for the proper orientation of the flanges (3).

Impact the STEMLESS implant until the proximal ring of the implant comes in contact with the cut.

**At this stage, do not impact the ring below the level of the cut (4).**



## Implantation of the final humeral head

*The instruments used in this chapter are*

Impaction handle with anvil E38 033  
Head pusher tip E38 034



Ask for the final humeral head implant to be given and thoroughly check the size before opening.

Open the sterile pack and seize the implant by hand (1).

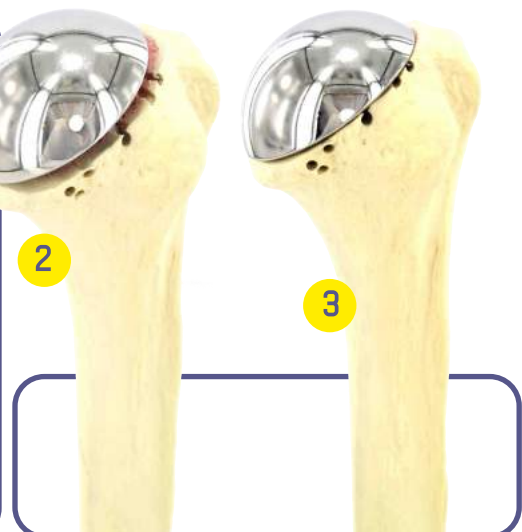
Position the implant directly on the taper of the STEMLESS implant.

Assemble the head pusher tip on the impaction handle.

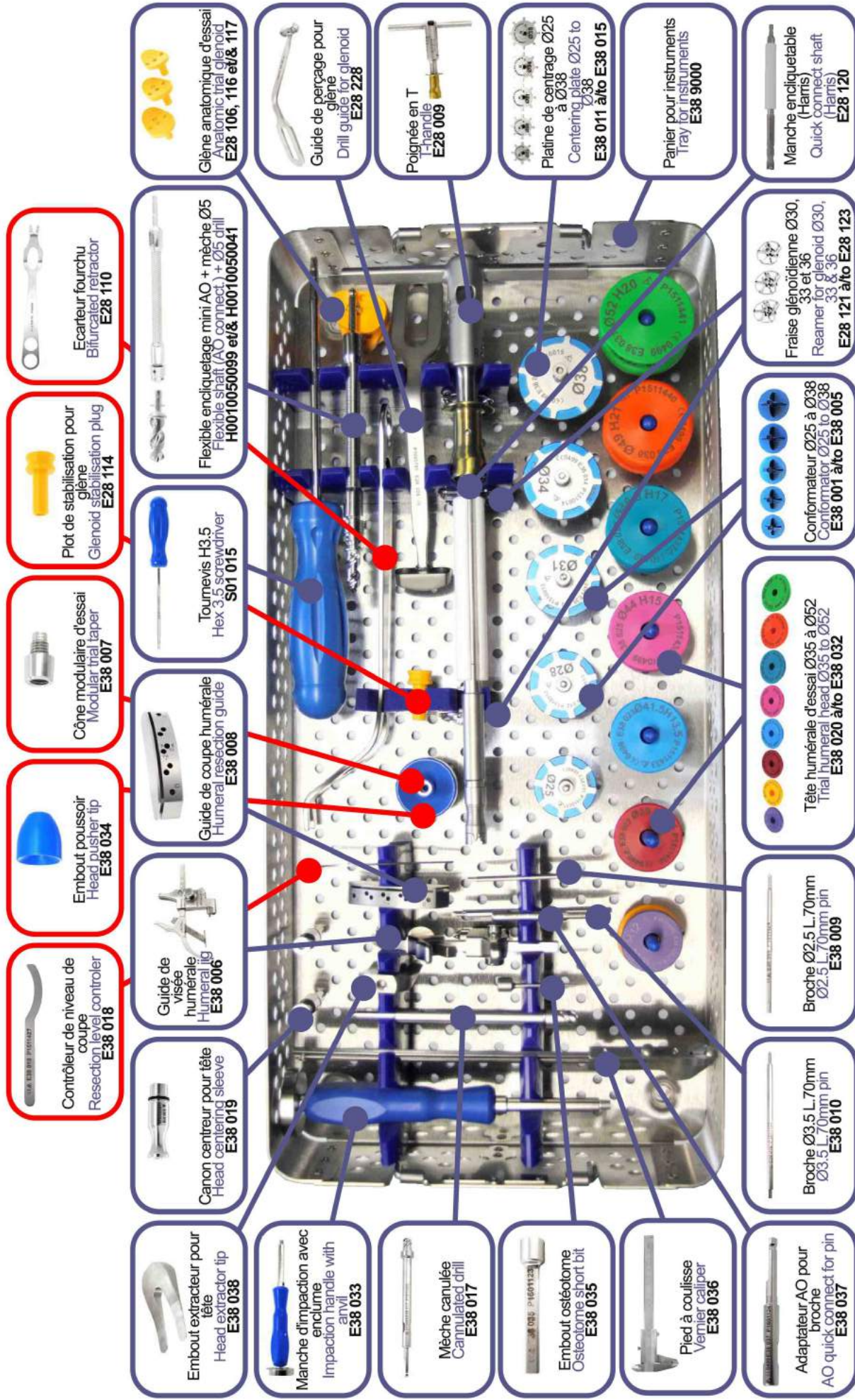


Impact the humeral head (2).

Impact firmly until the lower edge of the head comes in contact with the humeral edge (3).







Contrôle de niveau de coupe  
Resection level controller  
E38 018

Embout poussoir  
Head pusher tip  
E38 034

Cône modulaire d'essai  
Modular trial taper  
E38 007

Plot de stabilisation pour glène  
Glenoid stabilisation plug  
E28 114

Ecarteur fourchu  
Bifurcated retractor  
E28 110

Embout extracteur pour tête  
Head extractor tip  
E38 038

Canon centreur pour tête  
Head centering sleeve  
E38 019

Guide de visée humérale  
Humeral lig  
E38 006

Guide de coupe humérale  
Humeral resection guide  
E38 008

Tournevis H3.5  
Hex 3.5 screwdriver  
S01 015

Flexible endiquetage mini AO + mèche Ø5  
Flexible shaft (AO connect.) + Ø5 drill  
H0010050099 et/ H0010050041

Glène anatomique d'essai  
Anatomic trial glenoid  
E28 106, 116 et/ E38 117

Manche d'impaction avec enclume  
Impaction handle with anvil  
E38 033

Mèche canulée  
Cannulated drill  
E38 017

Embout ostéotome  
Osteotome short bit  
E38 035

Pied à coulisse  
Vernier caliper  
E38 036

Adaptateur AO pour broche  
AO quick connect for pin  
E38 037

Guide de perçage pour glène  
Drill guide for glenoid  
E28 228

Poignée en T  
T-handle  
E28 009

Platine de centrage Ø25 à Ø38  
Centering plate Ø25 to Ø38  
E38 011 a to E38 015

Panier pour instruments  
Tray for instruments  
E38 9000

Manche endiquetable (Harris)  
Quick connect shaft (Harris)  
E28 120

Fraise glénoïdienne Ø30, 33 et 36  
Reamer for glenoid Ø30, 33 & 36  
E28 121 a to E28 123

Conformateur Ø25 à Ø38  
Conformator Ø25 to Ø38  
E38 001 a to E38 005

Tête humérale d'essai Ø35 à Ø52  
Trial humeral head Ø35 to Ø52  
E38 020 a to E38 032

Broche Ø2.5 L.70mm  
Ø2.5 L.70mm pin  
E38 009

Broche Ø3.5 L.70mm  
Ø3.5 L.70mm pin  
E38 010

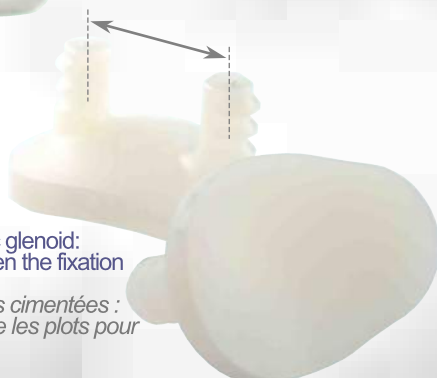


# References

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



Dimensions of anatomic head:  
choice of 2 heights from Ø 41 to 52  
Dimensions des têtes anatomiques :  
choix de 2 hauteurs du Ø 41 au 52



Cemented anatomic glenoid:  
constant gap between the fixation  
pegs for all 3 sizes  
Glènes anatomiques cimentées :  
écartement fixe entre les plots pour  
les 3 tailles



Humeral stem Ø 25 to 38,  
humeral head Ø 35 to 52  
Tige humérale Ø 25 à 38,  
tête humérale Ø 35 à 52

## Evolutis MOTION INSIDE

### Mentions légales :

Les implants articulaires d'épaule UNIC sont des dispositifs médicaux implantables de classe III indiqués pour les arthroplasties primaires partielles (Hémiarthroplastie) ou totales (PTE) de l'épaule.

Les implants UNIC sont pris en charge par l'assurance maladie.

Le chirurgien est expressément invité à lire attentivement les instructions mentionnées sur la notice d'utilisation incluse dans le conditionnement du DMI, ainsi que le manuel de technique opératoire délivré à la mise en place du produit ou disponible en téléchargement sur le site [www.evolutisfrance.com](http://www.evolutisfrance.com).

### Materials / Matériaux :

Humeral stem: Titanium alloy according ISO 5832-3 and Calcium Hydroxyapatite coating

Cemented glenoid: UHMWPE according ISO 5834-1 & 2

Humeral head: Cobalt-chromium alloy according ISO 5832-12

Packaging: Sterilized under Gamma irradiation, VacUpac packaging

Tige humérale : Alliage de titane selon ISO 5832-3 revêtu Hydroxyapatite de Calcium

Glène cimentée : UHMWPE selon ISO 5834-1 et 2

Tête humérale : Alliage de chrome-cobalt selon ISO 5832-12

Conditionnement : Stérilisé sous rayonnement Gamma, conditionnement VacUpac



Designed and  
Manufactured in  
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