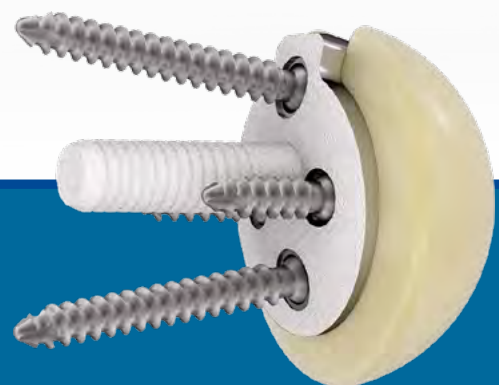




**Surgical technique / Product information**

# Affinis Inverse Metaglène CP

Central peg metaglène for reverse  
shoulder prosthesis



***Preservation in motion***

*Building on our heritage  
Moving technology forward  
Step by step with our clinical partners  
Towards a goal of preserving mobility*



## ***Preservation in motion***

*As a Swiss company, Mathys is committed to this guiding principle and pursues a product portfolio with the goal of further developing traditional philosophies with respect to materials or design in order to address existing clinical challenges. This is reflected in our imagery: traditional Swiss activities in conjunction with continuously evolving sporting equipment.*

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## Remark

Please make yourself familiar with the handling of the instruments, the product-related surgical technique and the warnings, the safety notes as well as the recommendations of the instruction leaflet before using an implant manufactured by Mathys Ltd Bettlach. Make use of the Mathys user training and proceed according to the recommended surgical technique.

# Introduction



Inverse shoulder prostheses have become widely used in recent years. Although new designs have been developed, scapular notching, loosening and therefore high revision rates are still a concern. With its design features as well as inferior positioning of the metaglene, the Affinis Inverse was developed to address these concerns.

The Affinis Inverse Metaglene CP (central peg) was designed to address more challenging bony situations for primary use and revision cases. The Metaglene CP features different peg lengths and a screw system with locking cap. The system is designed for the use in revisions and can be used in combination with bone grafts for complex primary situations.

By using a ceramys inlay, the Affinis Inverse is free of nickel, cobalt and chromium. Moreover, in combination with a vitamys glenosphere, in vitro tests showed a 5.4 times lower wear rate for this combination compared to the standard coupling CoCr with UHMWPE.<sup>1</sup> The vitamys material offers better wear rate, oxidation resistance and aging behaviour than standard UHMWPE.<sup>1</sup>

## Features

- Inlay available in cobalt chrome (CoCr) and ceramys (dispersion ceramic)
- Glenosphere from ultra-high molecular weight polyethylene (UHMWPE) and vitamys, a highly cross-linked polyethylene enriched with vitamin E (VEPE).
- Titanium plasma spray (TiCP) and calcium phosphates (CaP) coated central peg metaglene for primary stability and secondary osseointegration for long-term stability
- Centric reaming but eccentric positioning of the metaglene for inferior overhang

<sup>1</sup> Data on file. Mathys Ltd Bettlach

# Surgeon design team

The Affinis Inverse shoulder prostheses and associated surgical technique provide a proven Grammont style treatment with a simple instrumentation.<sup>1</sup> The system in this surgical technique was developed in cooperation with the following group of European shoulder specialists:

## **Affinis Inverse Metaglène CP** Prosthesis design and surgical technique



Prof. Thomas Gregory  
France



Dr. Simon Lambert  
United Kingdom



Dr. Ulf Riede  
Switzerland



Dr. Falk Reuther  
Germany

<sup>1</sup> Data on file. Mathys Ltd Bettlach

# 1. Indications and contraindications

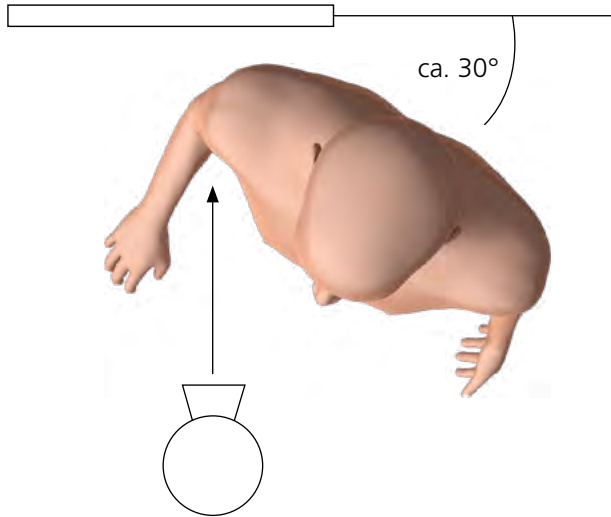
## **Indications**

- Grossly deficient rotator cuff with arthropathy or irreparable functional deformity
- Revision of failed shoulder prosthesis or fracture treatment (conservative or surgical) with an irreparable rotator cuff
- Tumour-related structural defects of the proximal humerus

## **Contraindications**

- Irrecoverable lesion of the axillary nerve; paresis of the deltoid muscle
- Severe soft tissue, nerve or vessel insufficiency that endangers the function and long-term stability of the implant
- Bone loss or insufficient bone substance which cannot provide adequate support or fixation for the implant
- Local, regional or systemic infection
- Hypersensitivity to materials used

## 2. Preoperative planning



It is strongly advised to perform preoperative planning to determine the adequate implant sizes and position.

Digital and transparent templates of the implants are available in the usual scale of 1.10 : 1 for preoperative determination of the implant size (for details see chapter 7).

The following imaging studies of the affected shoulder are recommended:

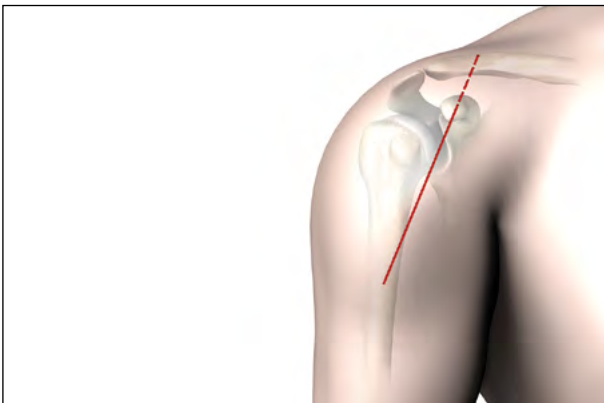
- Anterior-Posterior (a. p.) X-ray centred on the joint cavity
- Axial X-ray
- CT scan or MRI

The recommended orientation is the true a. p. view.

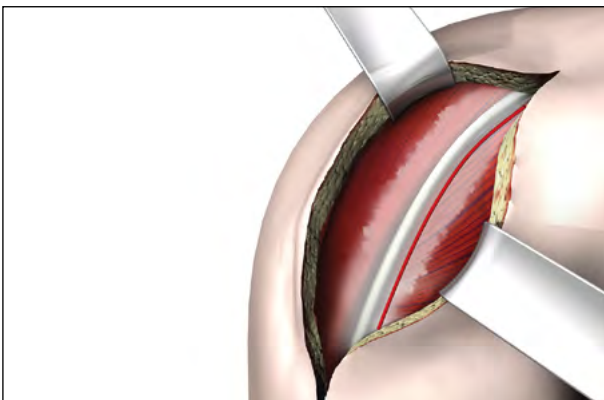
### 3. Surgical technique



**Fig. 1**



**Fig. 2**



**Fig. 3**

#### **3.1 Positioning**

The ideal position of the patient is in a half-sitting position (beach-chair position), with the shoulder that is to be operated upon projecting over the operating table. Make sure that the medial border of the scapula is still supported by the table.

It is important to be able to adduct the arm in extension.

#### **3.2 Approach**

In this surgical technique only the deltopectoral approach is described.

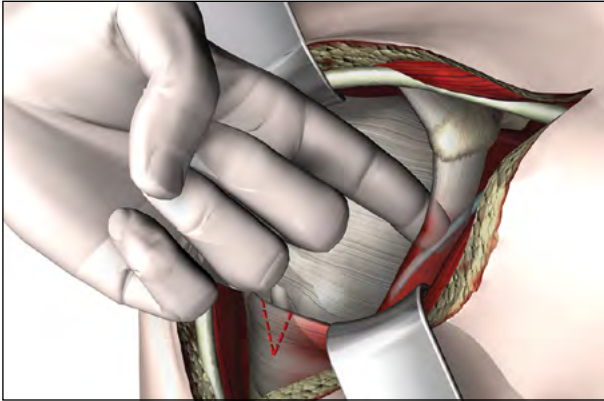
The standard instrumentation for humeral head resection is for the deltopectoral approach. Optional instruments for the lateral approach are also available.

The deltopectoral skin incision should be made from the tip of the coracoid process, along the anterior edge of the deltoid muscle, to the insertion on the shaft of the humerus. If necessary, the skin incision can be extended to the lateral third of the clavicle (as indicated by the broken line).

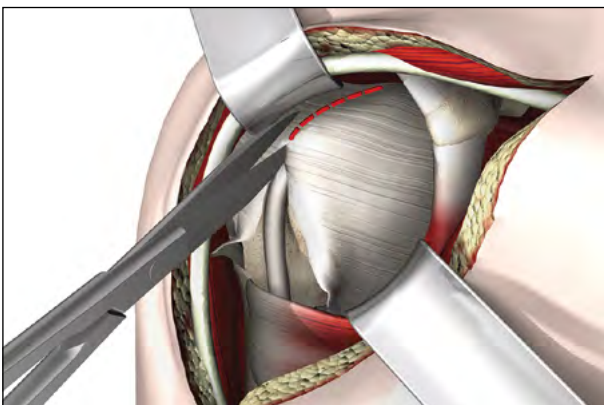
Other approaches are possible at the surgeon's discretion.

The lateral skin flap is mobilised and the fascia is incised over the cephalic vein. This vein is usually retracted laterally, together with the deltoid muscle.





**Fig. 4**



**Fig. 5**

This is followed by the vertical incision of the clavipectoral fascia.

After mobilisation of the coracobrachial tendon group in a medial direction, the musculocutaneous nerve is palpated posteromedial to the tendons. The nerve should be held to the side with the tendons.

For better exposure, the insertion of the pectoralis major muscle can be incised close to the humerus (for a distance of approx. 2 cm). Marking the most proximal point of its insertion beforehand will facilitate its use as a reference point for later reattachment or repair.

Additionally, the coracoacromial ligament can be incised.

Split the rotator cuff (if present) in the interval up to the base of the coracoid process.

The biceps tendon may be tenotomised and/or tenodesed on the proximal shaft (sulcus area). The intra-articular stump is resected.

After that, the axillary nerve can be palpated at the anterior and lower side of the subscapularis. Identification can be difficult in the case of revisions, older fractures or adhesions.

The axillary nerve must be protected throughout the entire operation.

The subscapularis tendon is tenotomised approximately 1 cm from its insertion and is marked with stay sutures. In shoulders with contracted musculature, the tendon and muscle can be released distally when the joint capsule is released from the humerus (calcar).

Good exposure of the humeral head can be reached through anterosuperior dislocation by externally rotating the extended and adducted limb. Make sure that the humerus is displaced cranially during the next step to avoid traction injury of the brachial plexus.



**Fig. 6**

### **3.3 Humeral head resection**

Standard humeral resection without bone graft harvesting from the humeral head:

For further information about the humeral head resection, please consult the appropriate Affinis Inverse surgical technique (336.020.045/336.020.037/336.020.019).



**Fig. 7**

If a bone graft from the humeral head is needed:  
Follow the chapter 3.4 below.

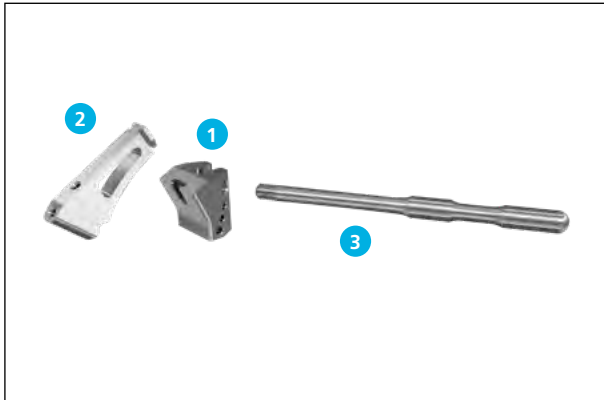


**Fig. 8**

### **3.4 Bone graft harvesting**

Open the medullary cavity using the Affinis Intramedullary Guide Rod 3 mm (61.34.0280) at the highest point of the humeral head, centred and parallel to the shaft axis. Leave the guide rod in place.

In case of sclerotic bone, where the opening of the medullary cavity can be difficult use a sharp instrument to carefully open the cortex without interfering with the press fit of the intramedullary guide rod.



**Fig. 9**

Assemble the Affinis Inverse Holder K-wire Guide (61.34.0281) and the Cantilever K-wire Guide (61.34.0282) with the Affinis Alignment Rod, Gen 2 (61.34.0210) for the right or left side.

No.	Item no.	Description
1	61.34.0281	Affinis Inverse Holder K-wire Guide
2	61.34.0282	Affinis Inverse Cantilver K-wire Guide
3	61.34.0210	Affinis Alignment Rod, Gen 2



**Fig. 10**

Place the holder on the intramedullary guide rod.

If needed, place a Kirschner wire into the holes indicating the desired retrotorsion. Adjust the desired retrotorsion by aligning the Alignment Rod or the Kirschner Wire to the forearm. The alignment rod locks the holder to the intramedullary guide rod.

Insert the Kirschner Wire 2.5/250 (KW-2.5x250-T/R) into the cantilever. By adjusting the height of the holder, the entry point can be adapted. Insert the Kirschner wire until it contacts the opposite subcortex.

The superior hole should be used for a humeral resection with a neck-shaft angle of 155°. In case of a more complex bony anatomy of the proximal humerus the inferior hole offers a more anatomical neck-shaft angle of 135°.

Remove the cantilever by sliding it over the Kirschner wire. Remove the intramedullary guide rod and holder. Keep the Kirschner wire in place.



**Fig. 11**



**Fig. 12**

Slide the Reamer Flat (61.34.0283) over the Kirschner wire. Ream the bone flat to the desired depth. Remove the reamer and keep the Kirschner wire in place. While reaming, irrigate with saline solution to prevent heat build-up, which may lead to thermal damage of the surrounding bone.



**Fig. 13**

Once the surface is prepared select the core drill with the desired drill depth (8 mm or 14 mm) (61.34.0284 & 61.34.0285). Check that the proximal humerus suits the volume of the desired core drill.

Advance the drill until the stop touches the flat surface of the bone.

Remove the core drill and the Kirschner wire.



**Fig. 14**

After the bone has been prepared insert the Holder Graft Cutting Block (61.34.0286) corresponding to the drill depth and slide the Graft Cutting Block (61.34.0287 & 61.34.0288) over the sliding post.

Predrill two 3.2 mm pinholes through the holes of the cutting block. Insert two 3.2mm pins through the prepared holes.



**Fig. 15**

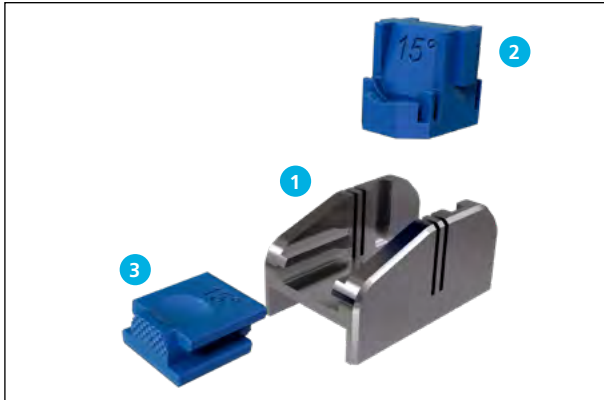
Resect the humeral head utilising the upper surface of the cutting block as guidance. Avoid cutting posteriorly into the rotator cuff.

After preparation of the bone graft, the graft may be wrapped in a compress moistened with saline solution.

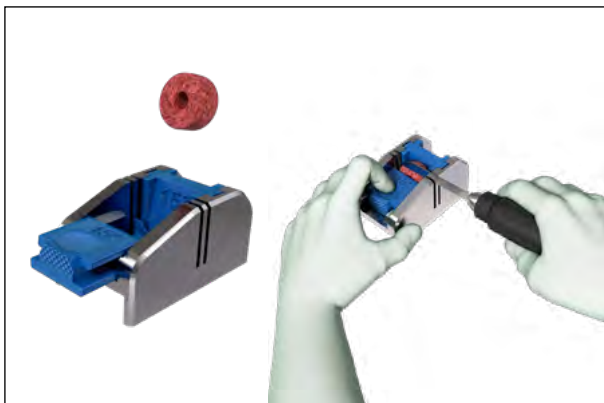


**Fig. 16**

As needed, use the graft removal tool (61.34.0298) to remove the bone graft from the holder graft cutting block.



**Fig. 17**



**Fig. 18**

#### **Optional step for angulated graft:**

The insert and the holder of the cutting guide have two side/angles for the desired bone graft angle (7.5° and 15°) preparation. Prior the assembly make sure that the desired angle indicated on the instruments face the bone graft.

Slide the Cutting Guide Insert (61.34.0290) into the Graft Cutting Guide (61.34.0289) and slide the Cutting Guide Holder (61.34.0291) into the guide as well.

No.	Item no.	Description
1	61.34.0289	Affinis Inverse graft cutting guide
2	61.34.0290	Affinis Inv cutting guide insert 7.5/15°
3	61.34.0291	Affinis Inv cutting guide holder 7.5/15°

Place the cylindrical bone graft into the cutting guide and make sure it seats in the preformed shape of the insert. Use the holder to lock the graft towards the insert.

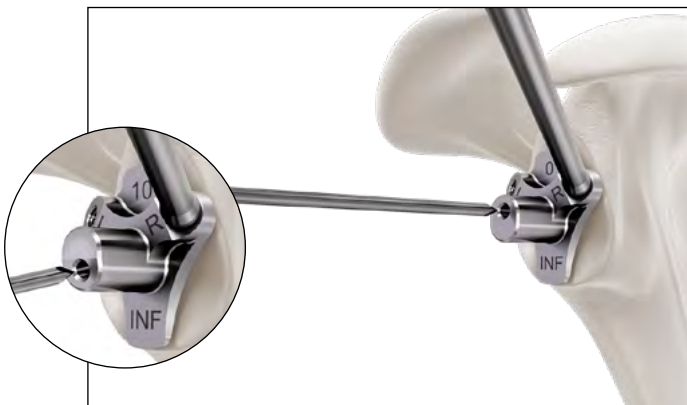
Cut the cylinder by using the saw. The two slots of the graft cutting guide allow to vary the graft thickness between 8 mm or 14 mm.



**Fig. 19**

### 3.5 Humeral preparation

For further information about the humeral preparation, please consult the appropriate Affinis Inverse surgical technique (336.020.045/336.020.037/336.020.019).

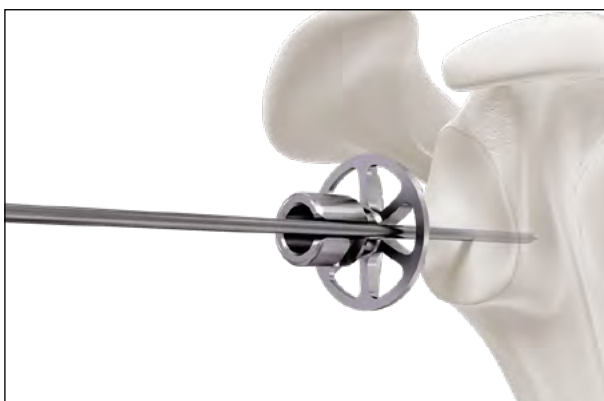


**Fig. 20**

### 3.6 Glenoid preparation

Assemble the Handle Long on the relevant side of the Metaglene K-Wire Guide 0°. Align the k-wire guide with the inferior border of the glenoid and insert the  $\varnothing$  2.5 mm Kirschner Wire.

The Metaglene K-Wire Guide 10° can be used in cases of superior erosion or to achieve an inferior tilt of the metaglene.

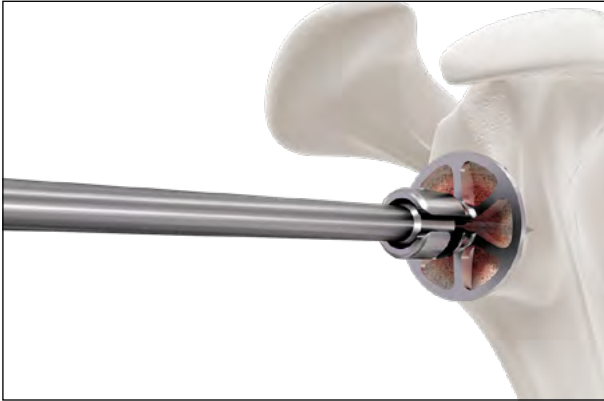


**Fig. 21**

The Kirschner wire serves as a guide for the Glenoid vitamys Reamer 1.

The modularity of the reamer allows inserting it even in very narrow situations without removing or bending the Kirschner wire.

Insert the reamer eccentrically over the Kirschner wire and centre it on the face of the glenoid.



**Fig. 22**

Slide the Holder Glenoid Reamer over the Kirschner wire and connect it with the Glenoid vitamys Reamer 1.

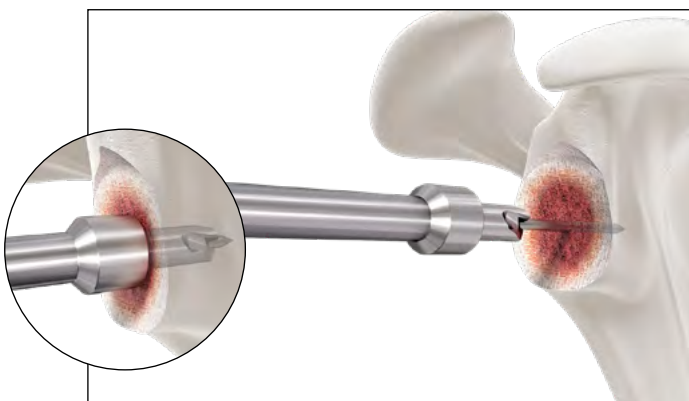
Ream the glenoid. Stay in the subchondral bone. It is recommended to avoid reaming into the cancellous bone.

While reaming, irrigate with saline solution to prevent heat build-up, which may lead to thermal damage of the surrounding bone.



**Fig. 23**

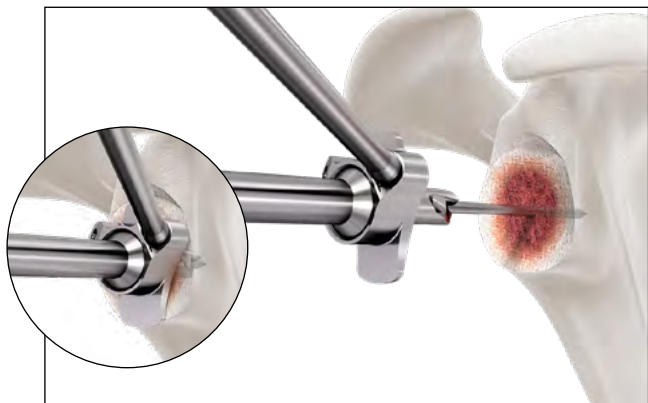
Ream the glenoid with the Glenoid Reamer 42, Gen 2. The use of this reamer is required to avoid conflicts between the Inverse glenosphere and any tissue behind it. Make sure that the rim of the glenoid does not have any bony prominences or other tissue that could interfere with the glenosphere.



**Fig. 24**

According to the determined peg length select the relevant Metaglene CP Drill. Slide the drill over the Kirschner wire and drill the peg hole until the stopper contacts the glenoid surface. Stay in line with the Kirschner wire and do not try to alter the direction while drilling. Remove the instruments.





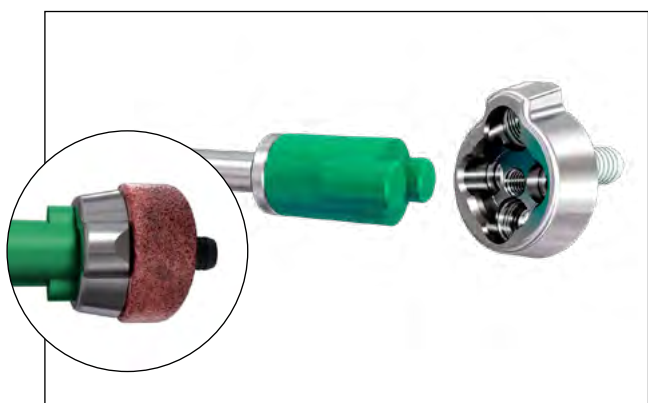
**Fig. 25**

### **Optional step**

In case of deficient bone, where the stopper of the drill may not be sufficient, use the Metaglene CP Drill Guide.

Attach the Handle Long to the appropriate side of Metaglene CP Drill Guide and insert the relevant Metaglene CP Drill.

Slide the assembly over the Kirschner wire and drill the peg hole until the assembly sits flush on the bone. Stay in line with the Kirschner wire and do not try to alter the direction while drilling. Remove the instruments.



**Fig. 26**

### **3.7 Metaglene CP implantation**

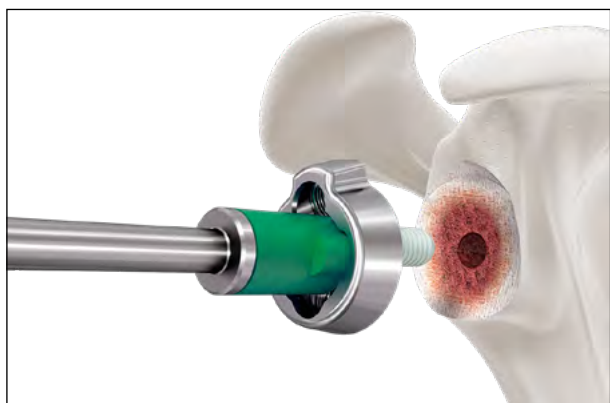
If a bone graft is required, position the graft over the central peg prior to implantation.

For implantation of the Affinis Inverse Metaglene CP, use the Adaptor Impactor Metaglene CP.

Screw the adaptor onto the Impactor and place the metaglene on it.



*Impacting the metaglene without the adaptor provided for this purpose may result in fracturing of the glenoid.*



**Fig. 27**

Prior to impaction, orientate the metaglene to the desired position. Insert the metaglene into the peg hole of the glenoid. By application of carefully controlled axial hammer strokes onto the Impactor, the metaglene is implanted until it rests in complete contact with the reamed glenoid surface.



*Ensure that the metaglene is impacted parallel to the peg hole to avoid the risk of fracturing the glenoid. Use a hook or other curved instrument to check the back surface of the metaglene and make sure it rests in complete contact with the glenoid.*



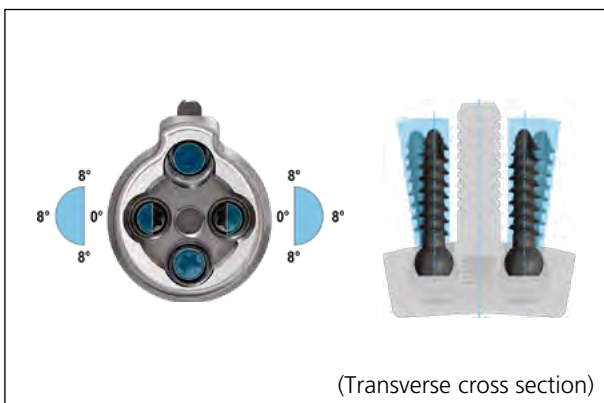
**Fig. 28**

### **Anterior and posterior screw fixation**

Hold the Drill-Guide 3.0 into the screw holes in the metaglene. Insert the Drill Bit 3.0 and drill the holes.



*To prevent breakage of the drill bit, avoid bending and excessive axial pressure. Particular attention should be taken when the drill bit reaches the far cortex to avoid deflection of the tip.*



**Fig. 29**

The anterior/posterior screws should be directed parallel to the peg. If needed, the screws can be directed with an angular freedom as illustrated in the graphics.



*Avoid convergent drilling to exclude conflict of the drill or screws with the central peg.*



**Fig. 30**

Measure the depth of the holes with the Depth Gauge LC to determine the appropriate screw length. Insert and tighten the two screws with the Screwdriver T20 in alternating mode.



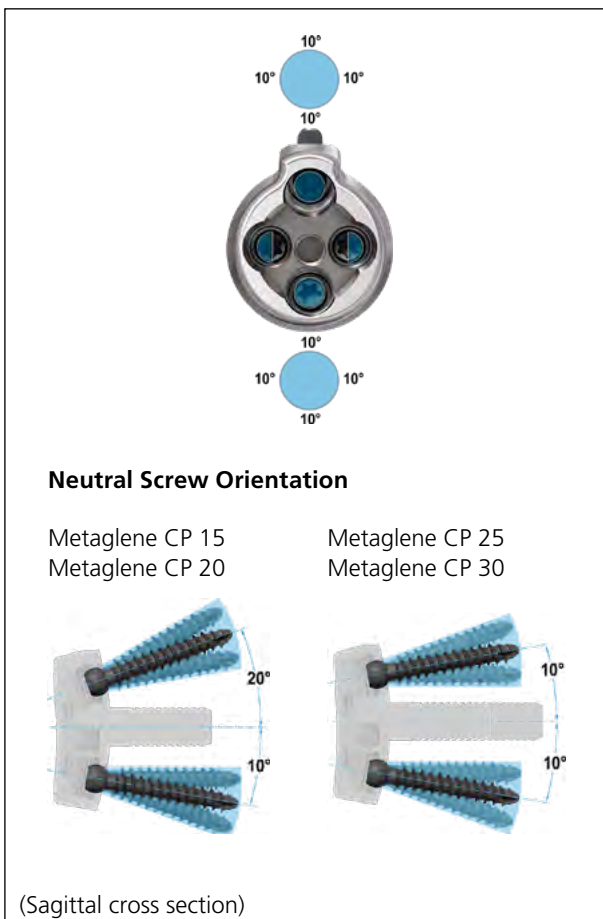
**Fig. 31**

### Inferior and superior screw fixation

Hold the Drill-Guide 3.0 against the screw holes. The inferior/superior screws can be directed with an angular freedom of  $\pm 10^\circ$  from the neutral axis. Insert the Drill Bit 3.0 and drill the holes for the screws.



*To prevent breakage of the drill bit, avoid bending and excessive axial pressure. Particular attention should be taken when the drill bit reaches the far cortex to avoid deflection of the tip.*



**Fig. 32**



*Make sure to position the drill guide flush and central into the screw hole. Exceeding the angular freedom ( $\pm 10^\circ$ ) impairs the screw and locking cap fixation.*



**Fig. 33**

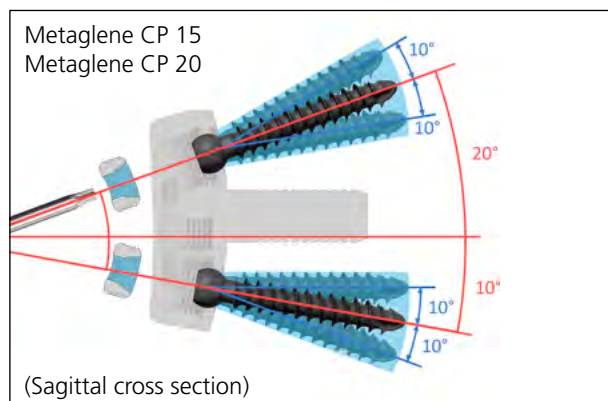
Measure the depth of the holes with the Depth Gauge LC to determine the appropriate screw length. Insert and tighten the two screws with the Screwdriver T20 in alternating mode.



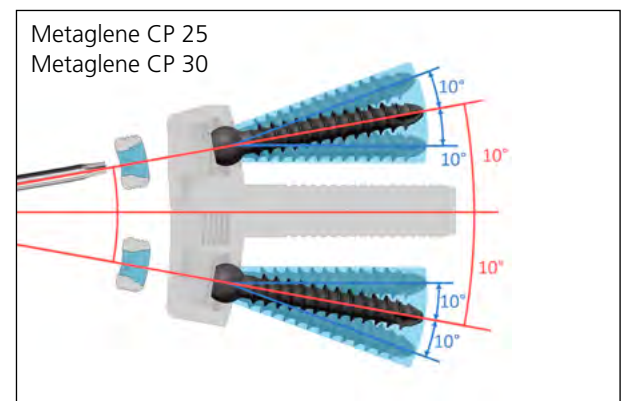
**Fig. 34**

The inferior/superior screws must be fixed with the cap to lock the desired screw angle. Assemble the Screwdriver T20 With Quick Coupling with the Torque Handle.

Align the locking cap with the neutral screw orientation (see Fig. 35a & 35b) and the concave side facing the screw, then insert it. Tighten the caps with the torque limiter until it clicks (tactile feedback).



**Fig. 35a**



**Fig. 35b**



**Fig. 36**

### 3.8 Reverse trials

#### Optional step

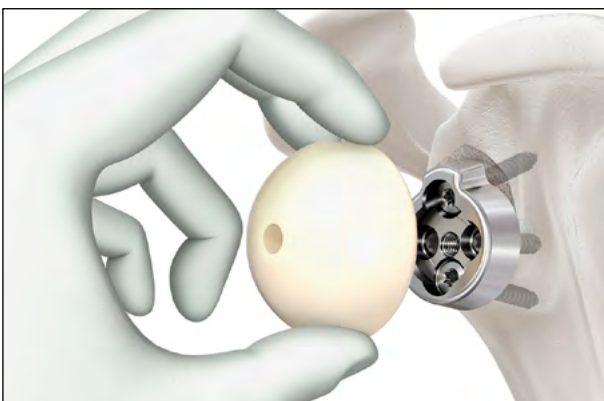
The Trial Glenosphere can be mounted and secured to perform trial reduction.



**Fig. 37**

#### Optional step

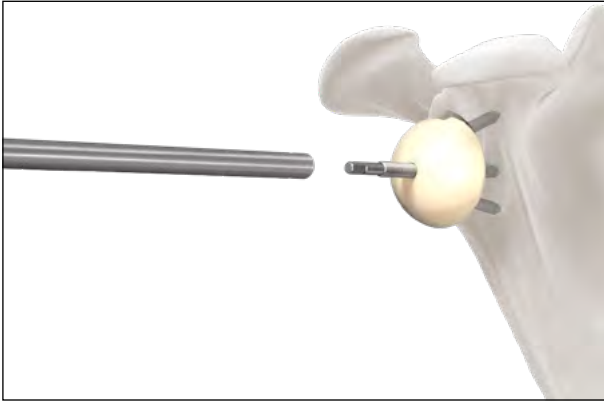
For further information of the humeral preparation, please consult the appropriate Affinis Inverse surgical technique (336.020.045/336.020.037/336.020.019)



**Fig. 38**

### 3.9 Glenosphere implantation

After having chosen the glenosphere and Inlay sizes, place the definitive Affinis Inverse glenosphere (e.g. 62.34.0060) onto the metaglene.



**Fig. 39**

Screw in the Metaglene Assembly Rod. Secure it with either the Assembly Rod Holder or the handle of the Glenosphere Pusher.

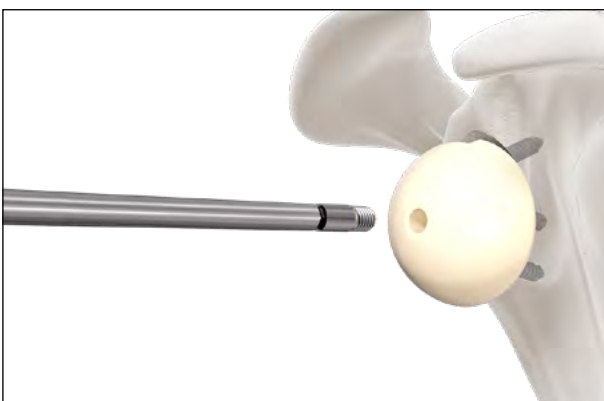
Slide, and then screw the Glenosphere Pusher over the Metaglene Assembly Rod. This will snap the glenosphere onto the metaglene.

Screw the Glenosphere Pusher until an increased force is felt. A firm resistance indicates that the glenosphere is seated on the metaglene. Turn back the pusher, remove the Assembly Rod and check if the glenosphere is fully seated on the metaglene. The glenosphere will come off easily, if not fully seated.



**Fig. 40**

Check the complete connection between glenosphere and metaglene. The superior cut out of the glenosphere needs to be flush with the metaglene.



**Fig. 41**

Finally, screw in the fixation screw with the Screw-driver 3.5 to secure the glenosphere.



*If the screw cannot be fixed completely, the glenosphere may not be fully fixed on the metaglene and the seating has to be checked again.*

## 4. Revision

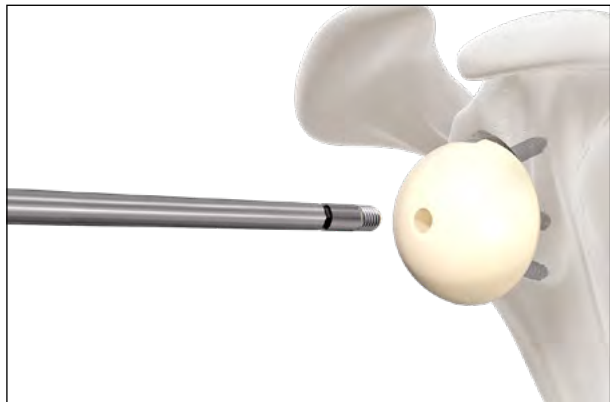


Fig. 42

### 4.1 Glenosphere removal

Remove the fixation screw with the Screwdriver 3.5 of the glenosphere.

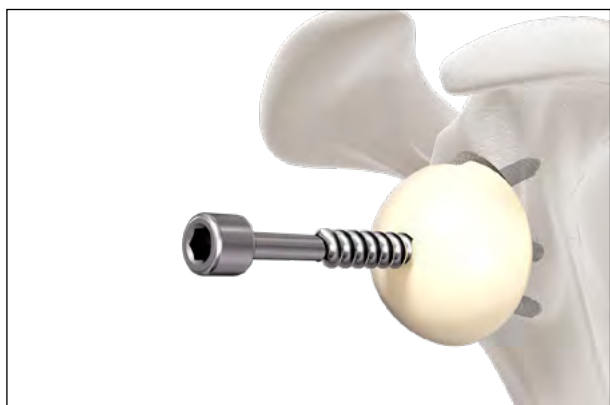


Fig. 43

Screw the Glenosphere Extractor with the Screwdriver 5.0 into the glenosphere. The Glenosphere Extractor removes the glenosphere from the metaglene.

Providing there remains

1. firm stability,
2. no visual damage,
3. or evidence of other functional deficits of the metaglene,

a new glenosphere can be implanted. Otherwise, the metaglene must also be revised.

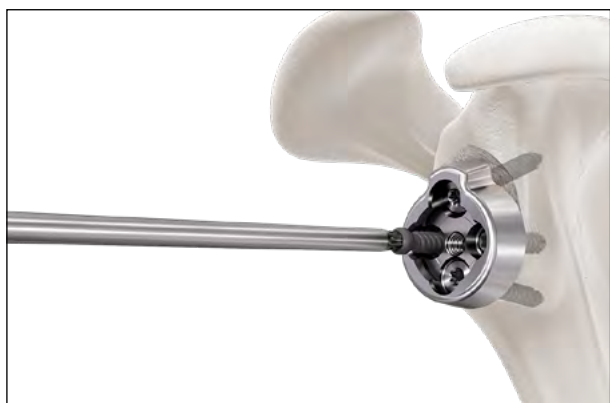


Fig. 44

### 4.2 Metaglene removal

After removing the glenosphere, remove all the Affinis Inverse Locking Caps and Screws with the Screwdriver T20.





**Fig. 45**

To facilitate loosening and removal of the metaglene, attach the Metaglene Extractor and use the Slide Hammer.



*Ensure that the metaglene is extracted parallel to the peg hole to reduce the risk of fracturing the glenoid.*



## 5. Implants



### Affinis Inverse glenosphere

Item no.	Description
60.30.3036	Affinis Inverse glenosphere 36
60.30.3039	Affinis Inverse glenosphere 39
60.30.3042	Affinis Inverse glenosphere 42

**Material:** UHMWPE, FeCrNiMoMn, Ti6Al4V



### Affinis Inverse Glenosphere vitamys

Item no.	Description
62.34.0060	Affinis Inverse Glenosphere vitamys 36
62.34.0061	Affinis Inverse Glenosphere vitamys 39
62.34.0062	Affinis Inverse Glenosphere vitamys 42

**Material:** Vitamin E highly cross-linked polyethylene (VEPE), FeCrNiMoMn, Ti6Al4V



### Affinis Inverse metaglene CP

Item no.	Description
62.34.0164	Affinis Inverse metaglene CP 15
62.34.0165	Affinis Inverse metaglene CP 20
62.34.0166	Affinis Inverse metaglene CP 25
62.34.0167	Affinis Inverse metaglene CP 30

**Material:** Ti6Al4V, TiCP + CaP coated



### Affinis Inverse screws with locking cap

Item no.	Description
62.34.0168	Affinis Inverse screw w/cap 4.5x15
62.34.0169	Affinis Inverse screw w/cap 4.5x18
62.34.0170	Affinis Inverse screw w/cap 4.5x21
62.34.0171	Affinis Inverse screw w/cap 4.5x24
62.34.0172	Affinis Inverse screw w/cap 4.5x27
62.34.0173	Affinis Inverse screw w/cap 4.5x30
62.34.0174	Affinis Inverse screw w/cap 4.5x33
62.34.0175	Affinis Inverse screw w/cap 4.5x36
62.34.0176	Affinis Inverse screw w/cap 4.5x39
62.34.0177	Affinis Inverse screw w/cap 4.5x42
62.34.0178	Affinis Inverse screw w/cap 4.5x45
62.34.0179	Affinis Inverse screw w/cap 4.5x48
62.34.0180	Affinis Inverse screw w/cap 4.5x51

**Material:** Ti6Al4V





Item no.	Description
61.34.0267	Affinis Inverse impactor metaglene CP



Item no.	Description
62.34.0155	Affinis Inv. Impactor, Gen 2



Item no.	Description
61.34.0299	Affinis Inverse drill bit 3.0



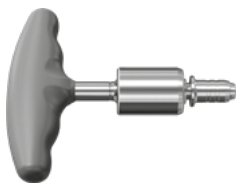
Item no.	Description
61.34.0269	Affinis Inverse drill guide 3.0



Item no.	Description
61.34.0270	Affinis Inverse depth gauge sleeve LC



Item no.	Description
61.34.0271	Affinis Inverse depth gauge scale LC



Item no.	Description
14.780-RAL5010	Torque handle with quick coupling



Item no.	Description
99-23078-00046	Screwdriver T20 with quick coupling



Item no.	Description
99-23078-00045	Screwdriver T20



Item no.	Description
292.250	Kirschner wire 2.5/150



Item no.	Description
61.34.0165	Affinis Glenoid vitamys Reamer 1



Item no.	Description
61.34.0155	Affinis Holder Glenoid Reamer



Item no.	Description
61.34.0208	Affinis Inverse Glenoid Reamer 42, Gen 2



Item no.	Description
61.34.0187	Affinis Inverse Screwdriver 3.5, Gen 2



Item no.	Description
61.34.0005	Affinis Inverse metaglene assembly rod



Item no.	Description
61.34.0209	Affinis Inv Assembly Rod Holder, Gen 2



Item no.	Description
61.34.0006	Affinis Inverse glenosphere pusher

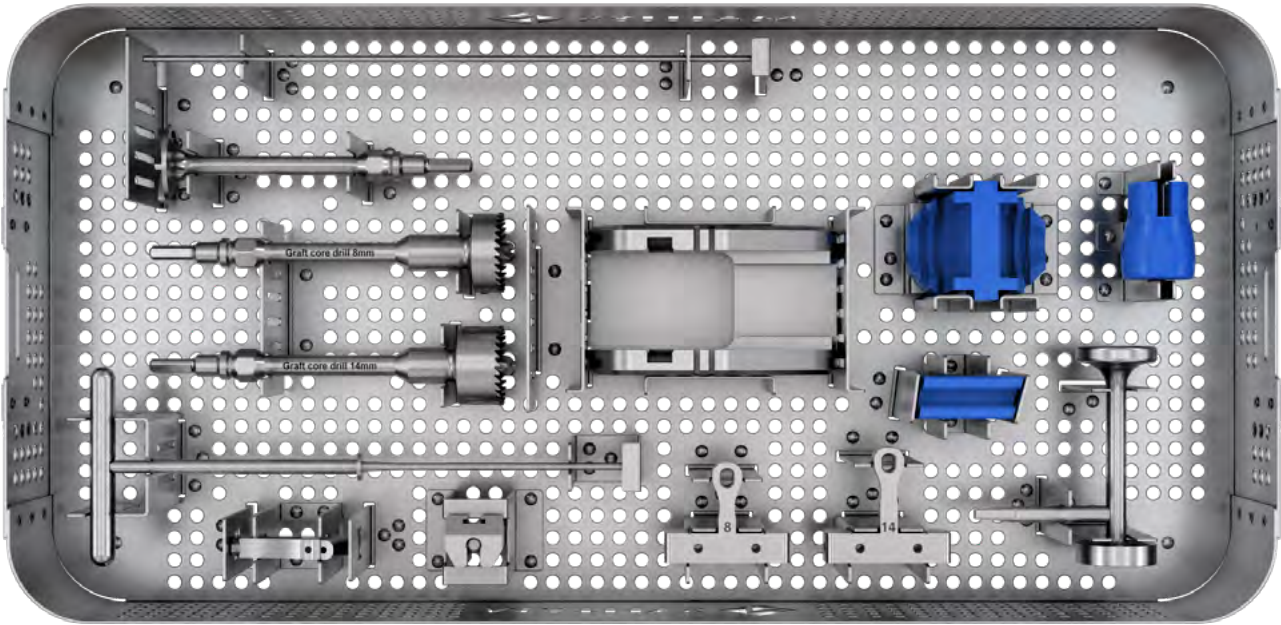


Item no.	Description
61.34.0011	Affinis Inverse trial glenosphere 36
61.34.0012	Affinis Inverse trial glenosphere 39
61.34.0013	Affinis Inverse trial glenosphere 42



Item no.	Description
61.34.0024	Affinis Inverse Glenosphere extractor

Affinis Inverse Bone Grafting SMarT Instrument Set 61.34.0294A



Item no.	Description
61.34.0292	Affinis Inverse bone grafting tray
51.34.1105	Mathys Lid

Item no.	Description
61.34.0280	Affinis intramedullary guide rod 3 mm

Item no.	Description
61.34.0281	Affinis Inverse holder k-wire guide

Item no.	Description
61.34.0282	Affinis Inverse cantilever k-wire guide

Item no.	Description
61.34.0283	Affinis Inverse reamer flat



Item no.	Description
61.34.0284	Affinis Inverse graft core drill 8 mm
61.34.0285	Affinis Inverse graft core drill 14 mm



Item no.	Description
61.34.0286	Affinis Inv holder graft cutting block



Item no.	Description
61.34.0287	Affinis Inverse graft cutting block 8 mm
61.34.0288	Affinis Inverse graft cutting block 14 mm



Item no.	Description
61.34.0289	Affinis Inverse graft cutting guide



Item no.	Description
61.34.0290	Affinis Inv cutting guide insert 7.5/15°



Item no.	Description
61.34.0291	Affinis Inv cutting guide holder 7.5/15°



Item no.	Description
61.34.0298	Affinis Inverse graft removal tool

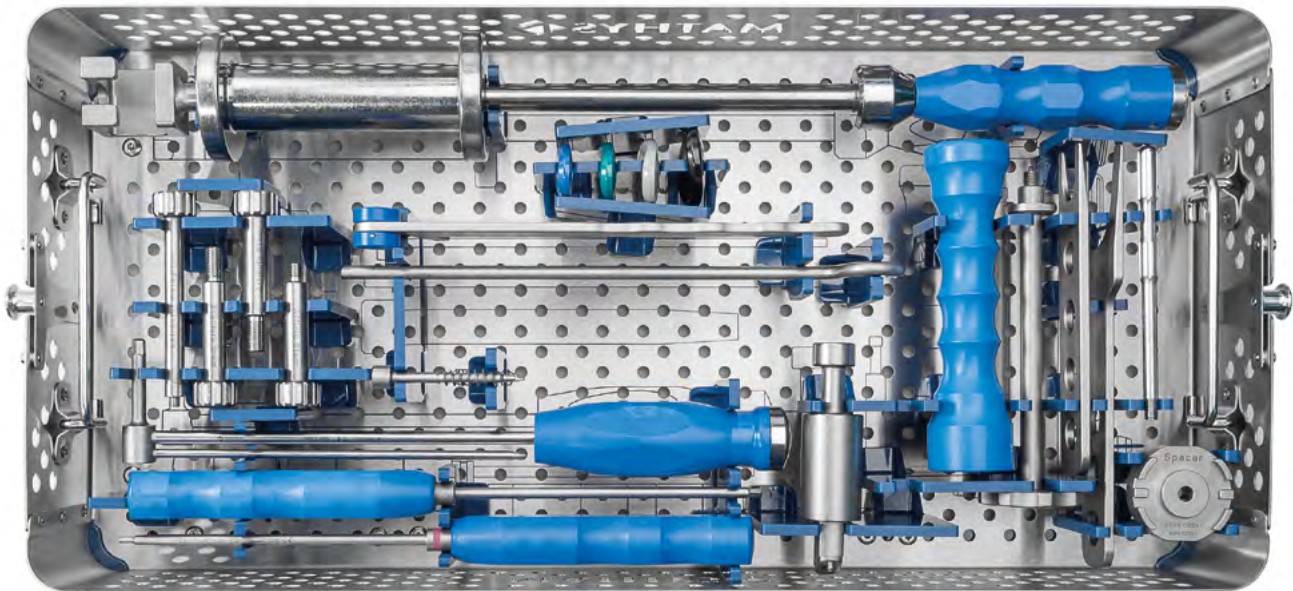


Item no.	Description
KW-2.5X250-T/R	Kirschner wire 2.5/250



# 6.2 Revision instrument

## Affinis Revision Instrument Set 61.34.0250A



Item no.	Description
61.34.0239	Affinis Revision Tray
61.34.0227	Affinis Lid



Item no.	Description
61.34.0187	Affinis Inverse Screwdriver 3.5, Gen 2



Item no.	Description
61.34.0024	Affinis Inverse glenosphere extractor



Item no.	Description
61.34.0055	Affinis Inverse Metaglene extractor



Item no.	Description
61.34.0050	Affinis slide hammer



Item no.	Description
61.34.0147	Affinis Inverse Inlay Extractor



Item no.	Description
61.34.0054	Affinis Inverse stem adapter



Item no.	Description
60.02.2011	Affinis Inverse positioner screw

Item no.	Description
61.34.0034	Affinis Inv. adapter spacer + head adapter

Item no.	Description
61.34.0210	Affinis Alignment Rod, Gen 2

Item no.	Description
6020.00	Torque wrench

Item no.	Description
502.06.03.00.0	Affinis head impactor

Item no.	Description
504.99.04.00.0	Affinis Screwdriver 5.0



## 6.3 Sawblades

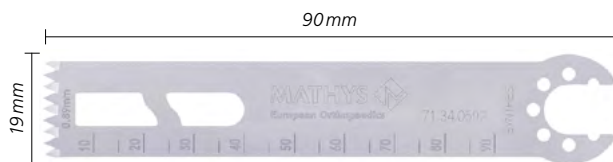
The following sawblades are compatible with the **Affinis** instruments:

### Standard Sawblades (Single use)



#### Sawblade sterile 90x22x0.89

Item no.	Connection	Dimension
71.02.3111	DePuy Synthes	90x22x0.89



#### Sawblade sterile 90x19x0.89

Item no.	Connection	Dimension
71.34.0692	DePuy Synthes	90x19x0.89

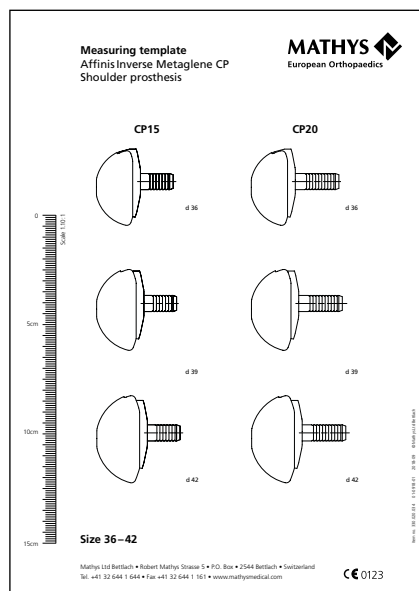


#### Reciprocating saw blade 89x1.2x1.4

Item no.	Connection	Dimension
71.34.0069	DePuy Synthes	89x1.2x1.4

The shoulder sawblades are all sterile and individually packed.

## 7. Measuring template



The item code for the four part Affinis Inverse Metaglene CP template is 330.020.034

Item no.	Description
330.020.034	Affinis Inverse Metaglene CP Measuring Template

## 8. Symbols



Manufacturer



Caution

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