

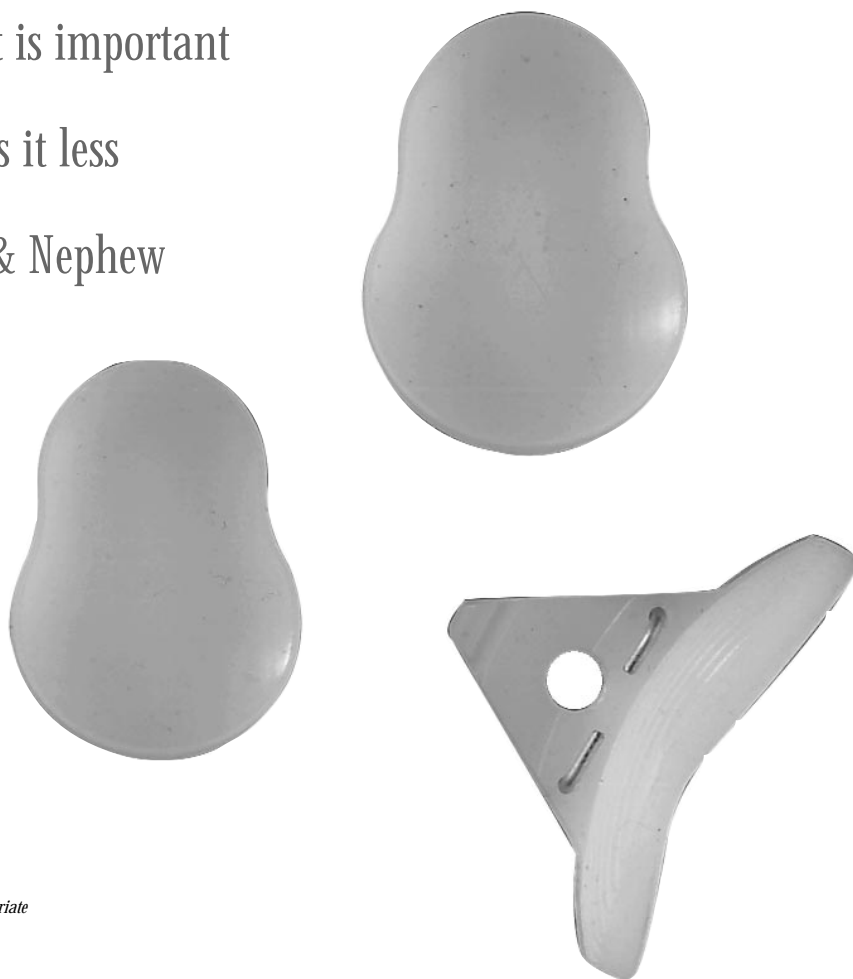
ANATOMIC GLENOID

S u r g i c a l T e c h n i q u e

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The Smith & Nephew anatomic glenoid has been designed to correspond closely to the shape of the patient's glenoid fossa, thus minimizing any overhang. It is important to note that the design makes it less constrained than the Smith & Nephew Neer II™ Glenoid Prosthesis.



Important note: This technique should be used in conjunction with the appropriate Smith & Nephew shoulder techniques for humeral stem implantation.

PREPARATION OF THE GLENOID

It is essential to have adequate exposure of the glenoid face if correct preparation is to be achieved. The use of a folded towel at the medial border of the scapula is one factor in achieving this. An adequate soft tissue release is also required.

The appropriate humeral protector is inserted into the humeral medullary cavity (refer to the appropriate Smith & Nephew shoulder techniques for guidance on humeral component) to protect the cut surface of the humerus (*Figure 1*), and a retractor is then passed over the resected surface of the humerus and posterior to the glenoid. A second retractor is placed beneath the medially retracted subscapularis tendon on the neck of the scapula. The humerus is positioned in the appropriate degree of abduction and external rotation which gives the best access to the glenoid.

Remnants of the labrum and any fragments of synovium or capsule are removed during visualization of the entire glenoid including the base of the coracoid process. It is necessary to determine the extent of the osteophytic ring, particularly inferiorly, to ensure that the implant is not offset in too low a position.

Using the appropriate size of glenoid drill guide, a pilot drill hole is made with the use of the angled reamer driver and glenoid drill bit in the center of the glenoid face (*Figure 2*). Palpation of the anterior glenoid neck gives a good sense of direction. The appropriate reamer is attached to the angled reamer driver and the tip of the reamer is located in the hole on the glenoid face (*Figure 3*). Reaming is carried out with caution. The aim is to achieve a correctly orientated glenoid angle and a smooth surface which will correspond with the posterior surface of the glenoid component.



Figure 1

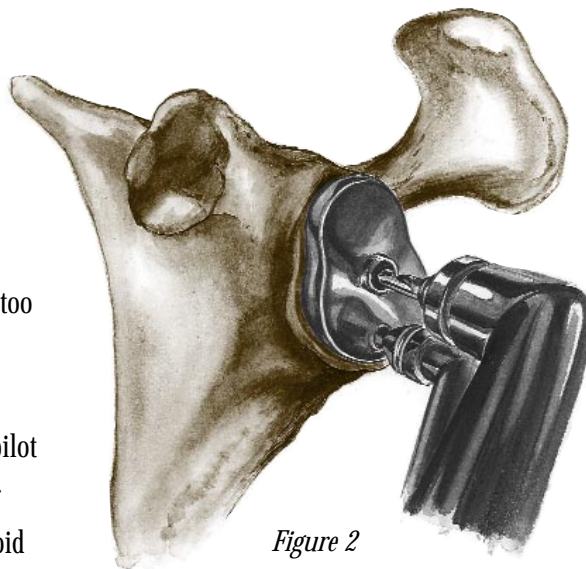


Figure 2

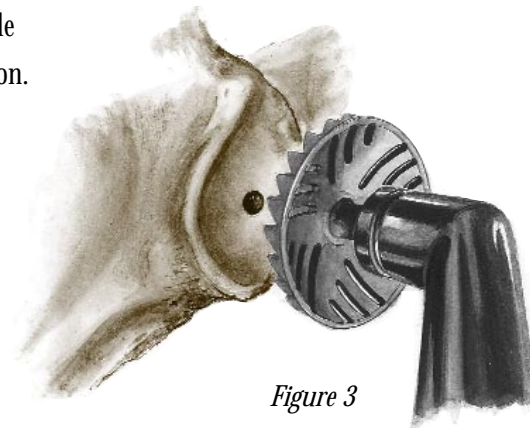


Figure 3

Using the appropriately sized slotted glenoid resection guide (*Figure 4*) two further holes are made using either a burr or drill bit, the first at the superior pole of the glenoid at the base of the coracoid process and the second near to the inferior pole. The three holes are then linked using a burr to outline the length and width of the keel of the glenoid prosthesis. The cavity to accommodate the keel of the glenoid component is then developed using angled curettes (*Figure 5*) attempting to excavate the cancellous bone at the base of the coracoid process and along the lateral border of the scapula. In many instances there is very little cancellous bone and this cavity must be developed cautiously.



Figure 4

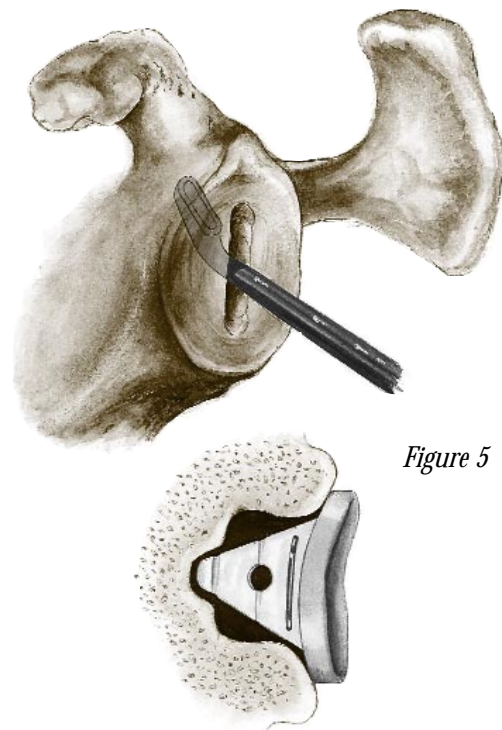


Figure 5

The fit of the glenoid component can then be tested using the trial component. The component must be absolutely stable and fully supported by bone. Minor adjustments can be made until perfect stability is achieved.

Once the glenoid preparation is deemed to be adequate, the glenoid cavity is irrigated with saline. Hemostasis can be achieved by the use of hydrogen peroxide or chilled saline. Bone cement can then be inserted either manually or by injection and then the glenoid component is inserted (*Figure 6*) and held firmly in place with a glenoid pusher. Excess cement is cleared at this stage paying particular attention to the posterior portion of the joint.

Once the cement has set, the fixation of the implant is tested. The joint is further irrigated with saline and any loose fragments of cement are removed. A check is made for any prominent cement.

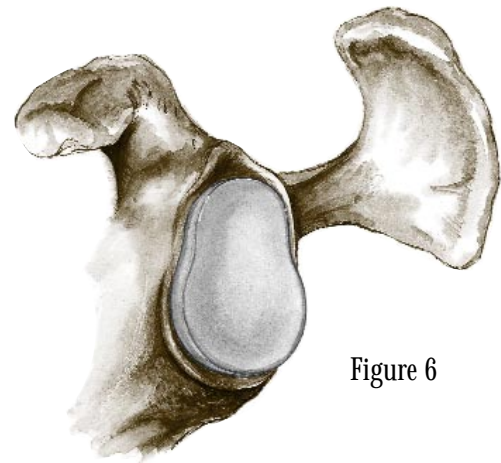


Figure 6

ORDERING INFORMATION

Cat. No.	Description
16001	Anatomic Glenoid – Small
16002	Anatomic Glenoid – Medium
16003	Anatomic Glenoid – Large

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