Zimmer
PSI Shoulder

for the Bigliani/Flatow® and Trabecular Metal™ Glenoid

Surgical Technique

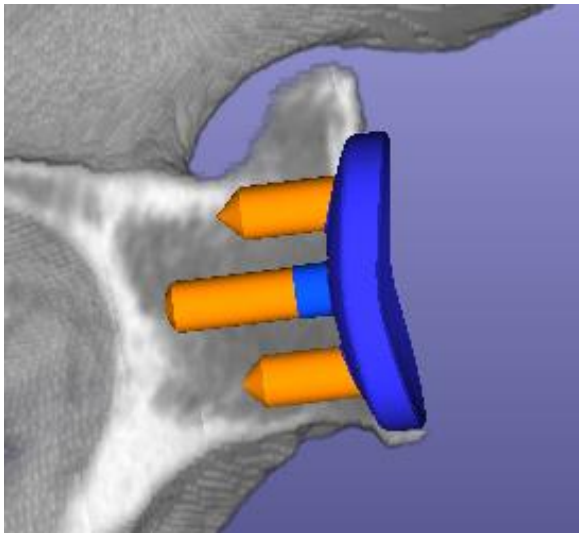


Table of Contents

Introduction

Zimmer PSI Shoulder is a system including preoperative planning and patient-specific surgical guides based on a pre-operative CT scan and designed to assist in the placement of given glenoid components for Shoulder Arthroplasty. This technique is specifically for the Zimmer® Bigliani/Flatow™ and the Zimmer® Trabecular Metal™ Total Shoulder glenoid components and compliments the corresponding implant techniques: the Zimmer® Bigliani/Flatow™ The Complete Shoulder Solution Surgical Technique (97-4301-102-00) Cannulated Instruments Surgical Technique (97-4301-106-00); and the Zimmer® Trabecular Metal™ Glenoid Surgical Technique (97-4301-204-00).

Indications & Compatibility

INDICATIONS

The Zimmer PSI Shoulder is indicated, based on patient-specific radiological images with identifiable placement anatomical landmarks, to assist in pre-operative planning and/ or intra-operative guiding of surgical instruments for shoulder replacement surgical procedures on patients not precluded from being radiologically scanned.

The Zimmer PSI Shoulder is to be used with the glenoid components of the following shoulder implant systems in accordance with their indications and contraindications: Zimmer® *Bigliani/Flatow®* Complete Shoulder Solution, Zimmer® *Trabecular Metal™* Glenoid, and Zimmer® *Trabecular Metal™* Reverse Shoulder.

The Zimmer PSI Shoulder instrument guides and bone model are intended for single use only.

CONTRAINDICATIONS

The Zimmer PSI Shoulder should not be used when the patient has metallic devices implanted that interfere with the CT scan quality. Additionally, the Zimmer PSI Shoulder should not be used in cases where native bone is absent, or where a custom bone augment/graft will be used, on surfaces intended to mate with the PSI Shoulder instrument guides.

COMPATIBILITY

Zimmer PSI Shoulder is compatible for use with the Zimmer Bigliani/Flatow® pegged and keeled glenoid implants as well as the Zimmer Trabecular Metal™ glenoid implant. See the applicable package inserts and surgical technique for implantation instructions, indications and contraindications specific to the selected implant.

In addition, Zimmer PSI Shoulder is compatible for use with the Zimmer Trabecular Metal™ glenoid baseplate in the context of Reverse Shoulder Arthroplasty. Please see the corresponding separate surgical technique (97-4309-028-00).

Pre-Operative Planning

A precursor to using the PSI guides is to undergo a Pre-Operative Planning process using the PSI Shoulder Planner software. See the *Zimmer* PSI Shoulder Planner software User Guide (803.122) for usage instructions. The surgeon review and approval of the plan will initiate the manufacture of PSI instrument guides. The output of this process will be the Pre-Operative Report and the manufacturing specifications of the PSI Guides and Bone Model.

Pre-Operative Report

A copy of the Pre-Operative Report (20-8015-016-00) is provided in the PSI Shoulder Instrument Guides and Bone Model packaging. This report includes key case information regarding the planned selection and orientation of the glenoid implant components. This document provides visual cues to the surgeon to help ensure that the surgery follow the pre-operative plan.

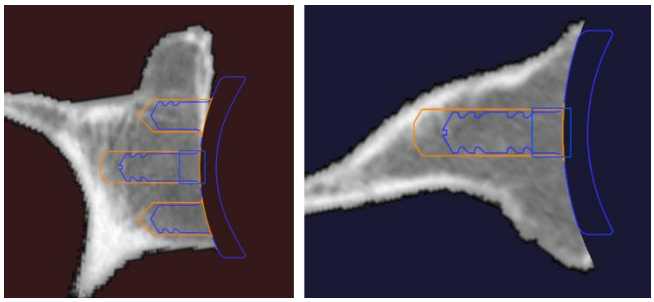


Figure 1: Preoperative Planning session is used to place the implant in 3D relative to the preoperative CT. Note that for a cemented glenoid the drilling depth for cement mantle is depicted relative to the glenoid vault.

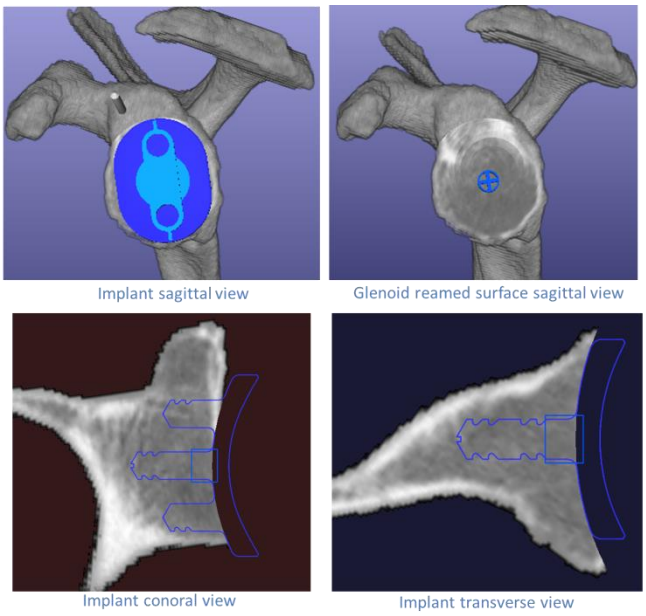


Figure 2: Preoperative Report contains key case information and images from the planning session including component selection and positioning, images depicting the planned reaming and placement of pegs / keel within the bone.

Notes

- Federal (U.S.) law restricts this device to sale by or on the order of a physician.
- Zimmer recommends formal PSI Shoulder training prior to use of the system. Contact your local Zimmer representative or the Zimmer Institute (1-855-ZSurgeon, or 1-855-978-7436) for more information.
- The PSI Shoulder Instrument Guides and Bone Model are provided non-sterile and must be cleaned and sterilized before use per instructions provided in this Surgical Technique.
- The PSI Shoulder Instrument Guides and Bone Model are patient specific and single use and should be discarded after surgery.
- The Zimmer PSI Shoulder instrument guides and Bone Model have a limited shelf life of 6 months after the manufacturing date, as indicated on the package label. The surgeon should consider the potential for patient morphological changes over time, and if bony changes take place between CT scan and surgery, the Zimmer PSI Shoulder instrument guides and bone model must not be used.

Trays and Instruments


Patient Specific Instrument
Shoulder Pre-op Report
General Information
Glenoid Component Planning

Preoperative Report

• If you experience difficulty with the PSI Shoulder Instrument Guides during surgery, stop using the PSI Instrument guides and revert to the standard surgical technique and instrumentation.

PSI Case Identifier

Before surgery, ensure that the PSI Shoulder guides match the patient by comparing the Case ID markings on the PSI guides, bone model, preoperative report and labelling to the patient case information, as shown in Figure 3. Use PSI Shoulder only if the PSI Case ID markings are legible and positively match the intended patient.

The PSI Case ID can be either 8 or 15 characters, based on region. Figure 4 shows an example patient with a first initial S and the first two letters of the last name AM, and who is being operated on the left side. The marking on the guides and bone models will be abbreviated on the guides due to space as shown.

Figure 3: Before handling the guides in the OR, compare the PSI Case ID found on the preoperative plan report and the PSI Guides to the patient.

IMPORTANT: *If the PSI Case ID markings on the PSI Guides and Preoperative Report do not match the patient, do not use the PSI Shoulder Guides and Bone Model on that patient. Notify your Zimmer representative.*

Example PSI Case ID with 15 Characters:

S	AM	123	L	50	DD	13	US
First letter of patient first name	First 2 letters of patient last name.	Unique number assigned by Zimmer	Operated side (L/R)	Last two digits of the Year of patients DOB	Surgeon initials	Year the case was created	Region where the case ID was created

Case ID printed on PSI Preoperative Report: **SAM123L50DD13US**
Abbreviated form printed on PSI Ream Guide: **SAM123L**
Abbreviated form printed on other PSI Guides and Bone Model: **123**

Example PSI Case ID with 8 Characters:

S	AM	1234	L
First letter of patient first name	First 2 letters of patient last name.	Unique number assigned by Zimmer	Operated side (Left/Right)

Case ID printed on PSI Preoperative Report: **SAM1234L**
Case ID printed on PSI Ream Guide: **SAM1234L**
Abbreviated form printed on other PSI Guides and Bone Model: **123**

Figure 4: Zimmer PSI Shoulder Case ID

Preoperative report

Glenoid Preparation

EXPOSURE

Straight-on exposure of the glenoid is necessary for proper reaming and component insertion. It is recommended to use the delto-pectoral approach since the supero-lateral approach may not provide adequate exposure. If the delto-pectoral approach is chosen, the proximal humerus is retracted posteriorly and inferiorly.

If exposure is limited, re-check the humeral osteotomy level and ensure inferior capsular releases were thorough. This approach requires circumferential exposure of the glenoid with labral excision. The long head of the biceps tendon must be excised completely. Inferiorly, the glenoid must be exposed to allow palpation of the inferior glenoid pillar and positioning of the glenoid implant.

Use the Glenoid Scraper to clean the glenoid face of any remaining articular cartilage or scar tissue. Take care not to deform the cortical surface. Use caution with the sharp edges of the scraper to prevent subchondral gouges, which may prevent proper use of the PSI Pin Guide by precluding proper seating. Pay particular attention to the portion of the glenoid that corresponds to the footprint of the PSI Pin Guide as demarked on the PSI Bone Model with a dashed line. (See Figure 5)

Since the PSI guides are based on CT, leave osteophytes in place.

RETRACTOR POSITIONING

While preparing the glenoid, the retraction of the proximal humerus and provisional along with other retractors to obtain glenoid access should be carefully considered. A Fukuda style retractor may be useful for posterior and inferior subluxation of the proximal humerus. A pointed Darrach style retractor can be placed anteriorly. Take care to avoid interference with the PSI Pin Guide where it is intended to mate with the anterior glenoid edge.

NOTE: *Compare the exposed glenoid bone with the PSI Bone Model provided to ensure that all of the soft tissue has been removed and that the PSI Pin Guide will have a good fit on the glenoid (Fig. 5). This may be done with direct finger palpation along the entire glenoid surface and coracoid base. This area must be free of interfering soft tissue to allow seating of the PSI Pin Guide.*

Figure 5: Compare the exposed glenoid to the bone model. Note that the Pin Guide contact area may include surface area on the base of coracoid.

Trays and Instruments

Glenoid Scraper

PSI Bone Model

Position Guide Pins

Insert the two metal bushings into the PSI Pin Guide ensuring they are completely seated and stable within the Pin Guide. The intended position and fit of the Pin Guide can be assessed using the PSI Bone Model. Place the PSI Pin Guide on the glenoid. The hook should be on the anterior-superior quadrant of the glenoid and the opening along the bushing should face the posterior side of the glenoid (Figure 6).

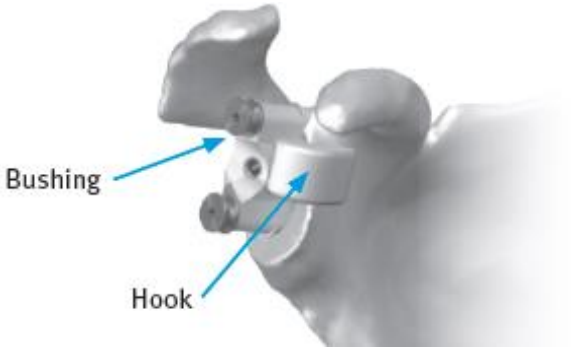


Figure 6: PSI Pin Guide with Anterior Hook

If the wound is deep, the Threaded Alignment Rod from the Zimmer Trabecular Metal™ Reverse Shoulder system may be used as a handle to aid in the insertion of the PSI Pin Guide. Thread the Alignment Rod into the insert between the two metal bushings.

The PSI Pin Guide fit is best assessed by holding the guide by hand. Press the guide firmly against the glenoid surface using a finger on the Hook as shown in Figure 7. The guide should be stable when positioned and held correctly. Confirm Guide position matches plan by comparing with the engraved outline of the Guide and Pins on the PSI Bone Model (Fig. 8).

Figure 7: Assess fit of the Pin Guide by hand. Apply Pressure against the Anterior Hook while placing pins

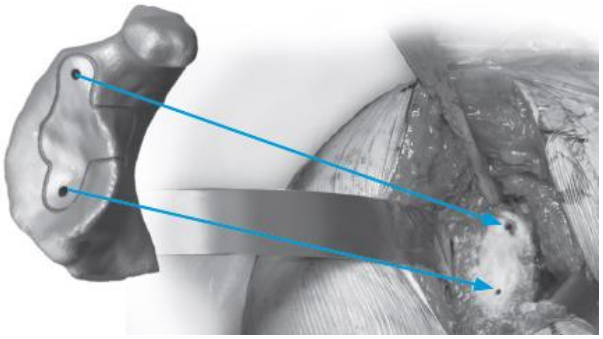


Figure 8: Compare Pin Guide position on patient to the footprint outlined on the bone model.

If a discrepancy is observed, remove additional soft tissue as necessary to correctly position the guide, and re-verify that guide is accurately positioned before driving the pins.

CAUTION: Do not use electro-cautery to outline the contour of the PSI Pin Guide on the glenoid face as the nylon instrument guide may melt.

TIP: Insufficient removal of soft tissue on the anterior glenoid rim may cause the guide pins to be shifted anteriorly.

TIP: To verify pin entry points you may provisionally mark bone surface with pin tip or surgical ink and compare to bone model.

Trays and Instruments

Threaded Alignment Rod (OPTIONAL, from the TM Reverse Tray)

PLACE GUIDE PINS

Before inserting the Pins, ensure that the bushings are stable and completely inserted into the PSI Pin Guide.

Each 2.5mm Pin has two etched depth markings. Consult the preoperative plan report to identify the planned insertion depth.
Maintain pressure PSI Pin Guide and drive the first 2.5mm Pin through the superior Bushing until the desired etch mark on the Pin meets the top of the Bushing. Palpation and/ or visualization along the anterior scapular neck may identify early scapular violation and thus improper PSI Pin Guide placement (i.e. penetration of the anterior glenoid vault less than 5-10mm deep).

Figure 9: Insert pins to align etch mark with the top of the bushing. Do not exceed planned insertion depth of the superior pin.

Maintain finger pressure on the PSI Pin Guide to ensure that the Guide does not change position or rotate between pins or during drilling. Release the Superior Pin from the driver, and drive the second Pin through the inferior Bushing to the planned depth. Remove each Bushing with a Kocher or other grasping tool and sliding it laterally along the Pin. Remove the PSI Pin Guide from the glenoid leaving the two 2.5mm Pins in place. The Pins should be parallel and stable.

Compare the positioning of the Pins to the PSI Bone Model provided. Assure accurate placement of the two Pins before proceeding. If unable to replicate planned pin position, fall back to standard technique for the remainder of the procedure.

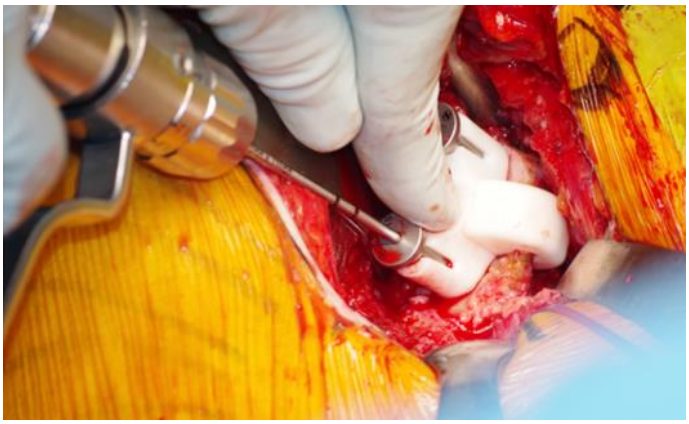


Figure 10: Apply pressure on the PSI Pin Guide during pin placement. Do not allow the guide to move between pins. The Pins should be parallel.

Trays and Instruments

2.5 mm Pin with Dual Etch marks.
(Quantity of 2 Pins are Required)

2.5mm Pin Sterile

Reaming Options: Two Methods

Two methods of guided reaming are supported depending on surgeon preference and tightness of exposure: Cannulated and Non-Cannulated. If exposure permits, the Cannulated method is generally preferred to maximize the stability and accuracy of the reaming. The two methods are described step by step.

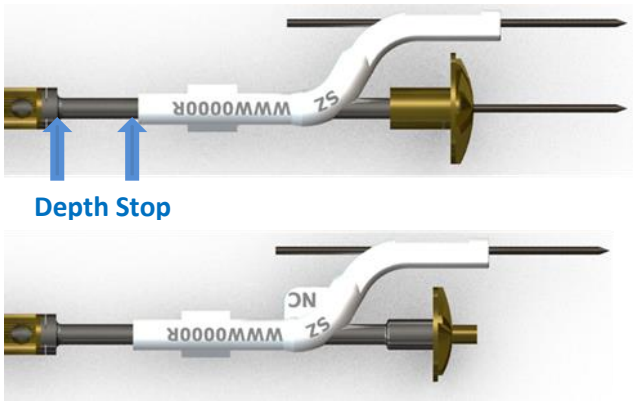


Figure 11: TOP: Cannulated Reaming method incorporates both guide pins. For tighter exposure, a Non Cannulated version is available (marked "NC").

CANNULATED REAMING

- Select the Ream Guide which does not have the "NC" Flag. Slide over the superior 2.5mm pin until guide tip contacts the glenoid bone.
- Select the Cannulated Glenoid Reamer of the pre-planned implant size. Connect to driver handle and Slide down inferior 2.5mm pin.
- Rotate the Ream Guide about the superior 2.5mm pin such that it engages and clips over the shaft of the Straight Driver. (See Fig 11a)
- Hand ream until depth stop is reached, and compare to preoperative plan to confirm reaming depth.
- After reaming, drill a 6mm central peg hole using the Cannulated 6mm drill about the inferior 2.5mm pin until the stop bottoms out on the surface and then remove the inferior pin.

NON-CANNULATED REAMING

In the event that the exposure does not permit the Cannulated method described in the last section, an alternative "non-cannulated" method is supported, as follows:

- Before reaming, use the 6mm Cannulated Drill about the inferior pin to create central pilot hole until the stop bottoms out on the surface and then remove the inferior pin
- Select the Ream Guide with the "NC" flag. Slide the Ream Guide onto superior pin (See Fig 11.)
- Select the corresponding Glenoid Pegged Reamer (Non Cannulated) and connect to the Straight Driver.
- Navigate the reamer anteriorly around the humerus and insert the reamer nose into the pilot hole.
- Align the handle to be parallel to the superior pin and snap the Ream Guide onto the Straight Driver
- Ream until the depth stop is reached, and compare to the preoperative plan to verify that reaming matches plan.

TIP: For Cannulated reaming it may be helpful to slide the cannulated reamer down the guide pin by itself first to get it around the proximal humerus before interconnecting with the Straight Driver handle and PSI Ream Guide.
TIP: In the Non-Cannulated reaming method there is more potential for the single superior Pin to flex. To avoid this, periodically pull reamer back and take the weight off the pin to observe the trajectory indicated by the pin.
CAUTION: You must use the correct size and type of reamer for the PSI Ream Guide to reproduce the planned reaming depth. The planned reamer size is printed in the curved portion of the ream guide.

Trays and Instruments

Glenoid Pegged Reamers (Non-Cannulated)

Cannulated Glenoid Reamers

REAMING DETAIL

The following details are applicable to both Cannulated and non-Cannulated reaming:

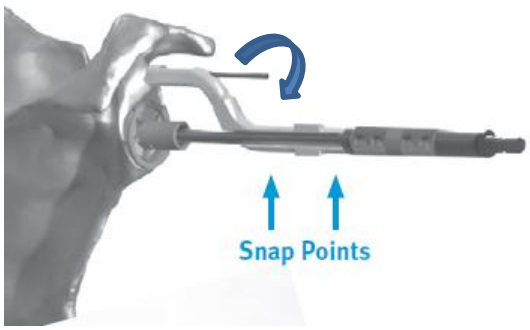


Fig. 11a: First insert the PSI Ream Guide by itself over the superior 2.5mm pin. Then introduce the reamer and straight driver and rotate the PSI Ream Guide about the pin to connect and snap guide onto driver shaft.

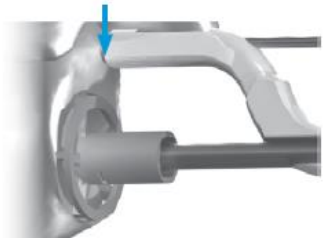


Fig. 11b: Ensure that proximal tip of the Ream Guide makes contact with glenoid bone as planned.

CAUTION: *Do not pull on the end of the Ream Guide to remove it from the straight driver, or the guide may break. (Use the tabs as in Fig 11e.)*

TIP: *The Preoperative Plan Report contains images to confirm the Ream Guide contact point, and to verify the character of the planned reaming.*

NOTE: *In small patients the superior pin may be placed on the Coracoid Base. In such a case, surgeon should take care to scrape and clean this area completely free of soft tissues so that the Pin Guide and the Ream / Roll guides can fully seat to the bone, and accurately perform their function. Compare the Ream guide contact area with the picture provided in preop report.*

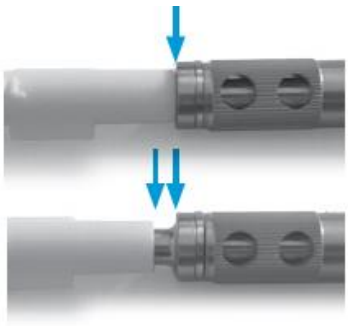


Fig. 11c: Ream until the straight driver makes contact with the distal end of the PSI Ream Guide (Depth Stop)

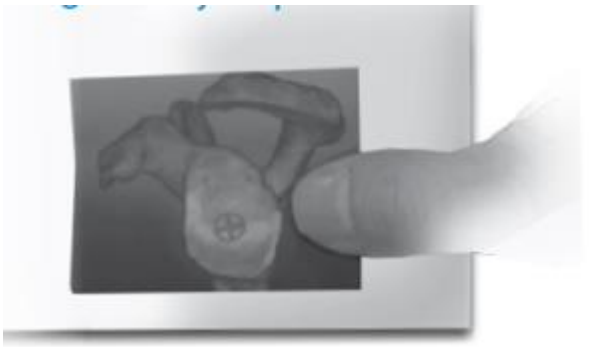


Fig. 11d: Compare the reamed glenoid with the plan image shown in the Preoperative Report

Fig. 11e: Use thumb pressure on the tabs to unclip and release the PSI Ream Guide from the straight driver shaft.

Implant "Clock" Orientation

- There is no PSI instrument guide to control clocking orientation however visual guidance of the planned orientation is provided in the Preoperative Plan Report. (Fig 12)
- Markings have been added to the opposite ends of the drill guide to help depict the clock orientation. The location of the superior pin relative to the top of the drill guide may serve as a visual reference.
- Select the appropriate drill guide corresponding to the selected glenoid implant type and size.
- Attach the 6mm (non-Cannulated) Drill to the straight driver.
- Align the drill guide rotation visually to match the orientation depicted in the preoperative plan report and use the standard instrumentation to drill the peg hole or keel slot per the standard technique.
- Drill the inferior hole first, then use a 6mm Drill or one of the Drill Bushings in the inferior hole as an anti-rotation pin to maintain alignment of the Glenoid Drill Guide while the third hole (superior) is drilled. Remove the anti-rotation pin and Drill Guide.
- At this point the superior pin can be removed.

Complete the Procedure

Complete the surgery from this point using the technique corresponding to the implant selected. For a **Bigliani/Flatow Glenoid**, resume the Zimmer® Bigliani/Flatow™ Surgical Technique (97-4301-102-00), "*For Keeled Glenoid Component*". For a **Trabecular Metal™ Glenoid**, resume the Zimmer® Trabecular Metal™ Glenoid Surgical Technique (97-4301-204-00) "*Create Trabecular Metal Slot Opening*".

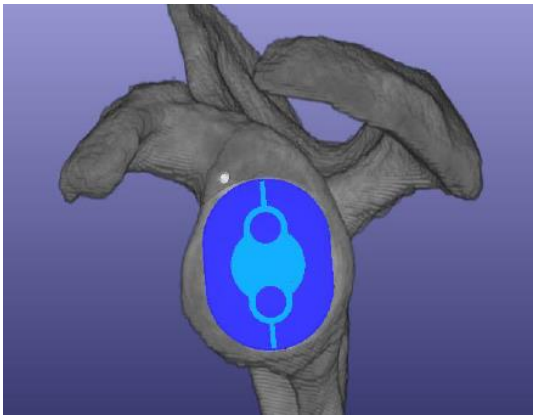


Fig. 12 An image showing the clock orientation of the glenoid implant and drill guide is provided. Use this to set the orientation of the drill guide when preparing the Superior and Inferior holes.

Fig. 13: Drill the inferior hole first. Then use an Antirotation pin or 6mm drill in the inferior hole to prevent rotation of the drill guide while drilling the superior hole.

CAUTION: Use tactile feedback when drilling for pegs to avoid perforation of the medial wall.

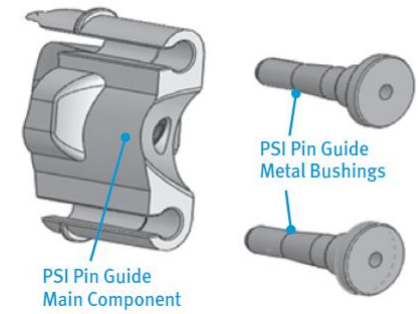
IMPORTANT: If cementing the glenoid implant, take care that excessive cement does not cause misalignment of the component.

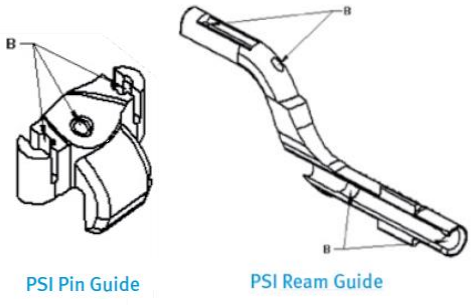
Cleaning and Sterilization

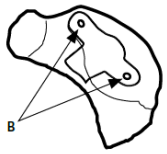
Zimmer PSI System Instrument Guides (including the Bone Model) are provided non-sterile and are single use. They must be cleaned and sterilized by the end-user before the surgery.

If, after end-user cleaning and sterilization, the sterility has been compromised (without introduction of blood, protein or any other bio-contaminants), the Zimmer PSI System Instrument Guides can only be re-cleaned and re-sterilized once.

IMPORTANT: *Before every surgery, the surgical team must verify that all PSI instrument guides have been cleaned and sterilized.*







CLEANING

1. Disassemble the Bushings from the Main Component of the PSI Pin Guide (see top right image).
2. Pre-soak all Instrument Guide Components (including the Bone Model) in an enzyme solution.
3. Scrub all Instrument Guide Components (including the Bone Model) with a soft bristle brush to remove all visible soil.
4. Use a water jet to flush difficult to access areas and surfaces (see areas labeled “B” in the images in the next column).
5. Ultrasound clean (Sonication) all Instrument Guides (including the Bone Model) in an enzyme solution with a minimum cycle time of five minutes.
6. Thoroughly rinse and dry all Instrument Guides (including the Bone Model).

STERILIZATION PARAMETERS

All Zimmer PSI Shoulder Instrument Guides components (including the Bone Model) required Steam Sterilization before use per the Sterilization (Autoclave) method provided below. All PSI Shoulder components should not be sterilized in the packaging supplied with them. All sterilizations should be performed using standard and regularly maintained equipment

Sterilization (Autoclave)

Cycle type	Temperature[1]	Exposure Time[1]	Minimum Dry Time[2]	Minimum Cool Time[3]
Pre-Vacuum	132°C (270°F)	4 minutes	30 minutes	30 minutes

1 Both the given cycle temperature and time can be increased to 134°C + 3°C (273.2°F+5.4°F) and 18 minutes according to local requirements outside of the United States such as in the European Union.2 Drying times vary according to load size and should be increased for larger loads.
3 Cooling times vary according to the type of sterilizer used, device design, temperature and humidity of ambient environment, and type of packaging used. Cooling process should comply with ANSI/AAMI ST79.

Required Instruments

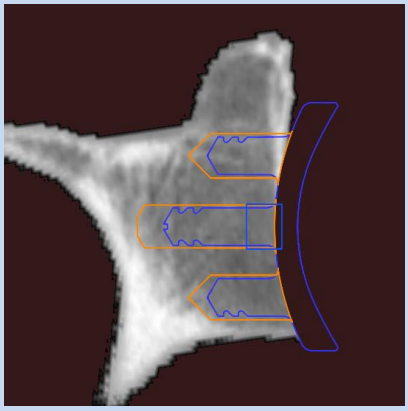
1. The **Cannulated 6mm Drill** is used for the central hole in both the "Cannulated" and "Non-Cannulated" techniques outlined on page 9. Make sure this is always in the tray.

2. The **Non-Cannulated 6mm drill** is used for the non-central holes.

3. The **Threaded Alignment Rod** is from the TM Reverse Tray. This rod is optionally used as a handle for inserting the PSI Pin Guide into the surgical site and can be particularly useful in the case of a deep wound

4. Make sure the **2.5mm Pins** are the current version which has dual laser etch marks. You need two of these pins for each case.

Required Item	Zimmer Item #
Trabecular Metal Glenoid 6mm Drill Cannulated w/Stop	47-4307-031-00
Glenoid Drill w/ Stop	47-4301-031-00
Threaded Alignment Rod	00-4309-009-00
2.5mm Pin with Dual Etch Marks (Quantity of 2)	47-4309-046-01

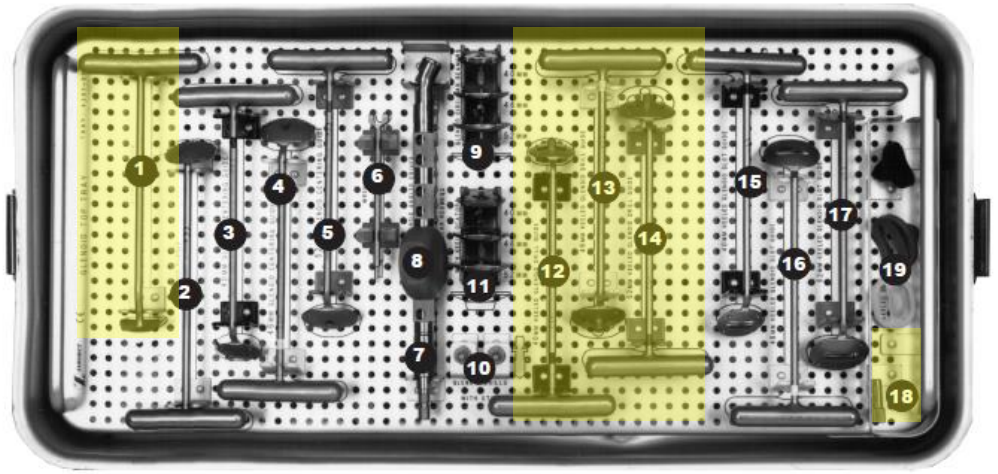


NOTE: A cannulated 6mm Drill is used for the central hole, regardless of reaming method used. The non-Cannulated drills (with point) are used for the other peg holes. The preoperative Plan Report depicts in Orange the tooling and resultant space created for Cement in the case of the B/F Pegged and Keeled implant.

NOTE: The "Circular Reamers" in the B/F Glenoid Top Tray (Items #9 and #11) are not supported with the PSI Shoulder. The reamers that are supported are Gold in color and found in the Trabecular Metal Glenoid Instrument Set (Kit 4327-000-02) and pictured on page 16.

Instrument Tray Detail

KT-4300-000-01 Bigliani/Flatow The Complete Shoulder Solution Glenoid Top Tray Instruments



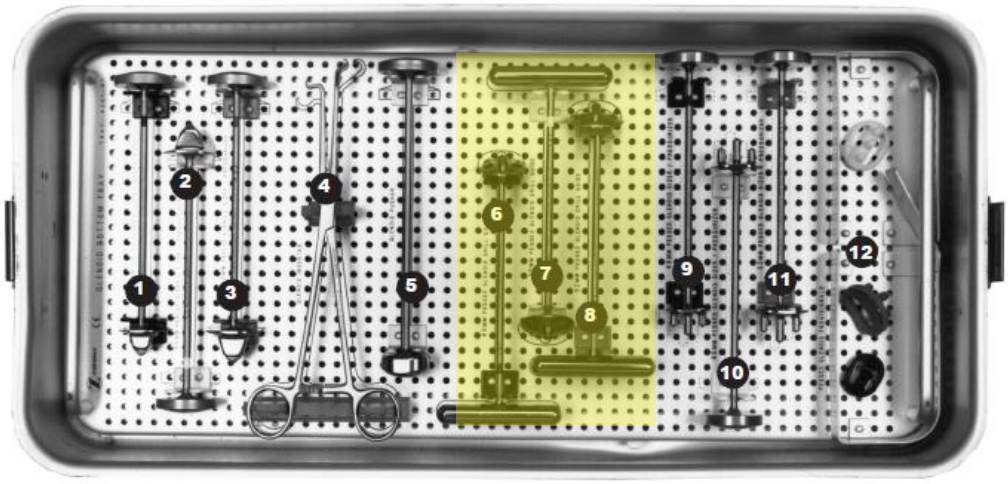
No.	Prod. No.	Description
1 ❑	00-4301-018-00	Glenoid Scraper
2 ❑	00-4301-025-00	Glenoid Planer
3 ❑	00-4301-039-40	Glenoid Centering Guide, 40mm
4 ❑	00-4301-039-46	Glenoid Centering Guide, 46mm
5 ❑	00-4301-039-52	Glenoid Centering Guide, 52mm
6 ❑	00-4301-033-00	Wrench
7 ❑	00-4301-027-00	Angled Driver
8 ❑	00-4301-073-01	Palm Grip Assist
9 ❑	00-4301-028-40	Glenoid Circular Reamer, 40mm
	00-4301-028-46	Glenoid Circular Reamer, 46mm
	00-4301-028-52	Glenoid Circular Reamer, 52mm

No.	Prod. No.	Description
10 ❑	47-4301-031-00	Glenoid Drills w/Stop, Sterile
11 ❑	00-4301-029-40	Glenoid Circular Reamer, Keel Locator, 40mm
	00-4301-029-46	Glenoid Circular Reamer, Keel Locator, 46mm
	00-4301-029-52	Glenoid Circular Reamer, Keel Locator, 52mm
12 ❑	00-4301-030-40	Keeled Glenoid Drill Guide, 40mm
13 ❑	00-4301-030-46	Keeled Glenoid Drill Guide, 46mm

No.	Prod. No.	Description
14 ❑	00-4301-030-52	Keeled Glenoid Drill Guide, 52mm
15 ❑	00-4301-026-40	Keeled Glenoid Slot Guide, 40mm
16 ❑	00-4301-026-46	Keeled Glenoid Slot Guide, 46mm
17 ❑	00-4301-026-52	Keeled Glenoid Slot Guide, 52mm
18 ❑	00-4301-031-01	Antirotation Pin
19 ❑	00-4301-063-00	Keeled Glenoid Provisional, 40mm
	00-4301-064-00	Keeled Glenoid Provisional, 46mm
	00-4301-065-00	Keeled Glenoid Provisional, 52mm

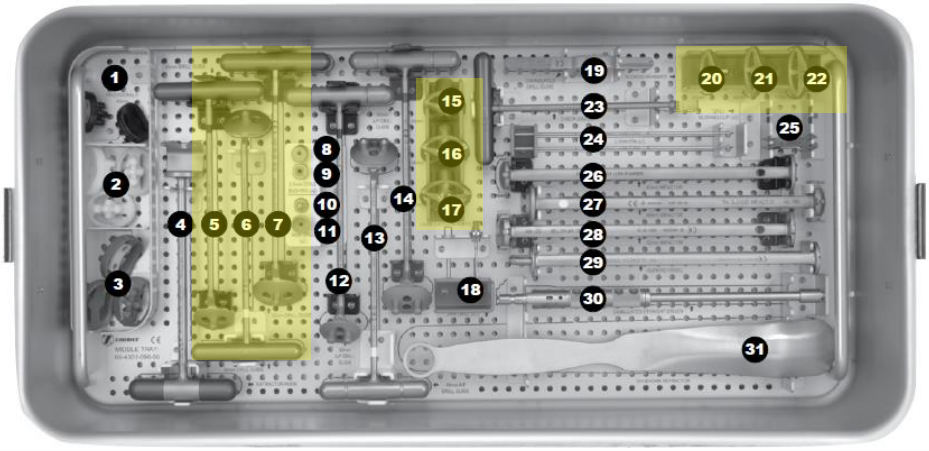
No.	Prod. No.	Description
	00-4301-040-46	Keeled Glenoid Provisional, 40mm x 46mm Articular Surface
	00-4301-046-40	Keeled Glenoid Provisional, 46mm x 40mm Articular Surface
	00-4301-046-52	Keeled Glenoid Provisional, 46mm x 52mm Articular Surface
	00-4301-052-46	Keeled Glenoid Provisional, 52mm x 46mm Articular Surface
	00-4301-052-56	Keeled Glenoid Provisional, 52mm x 56mm Articular Surface

KT-4300-000-01 Bigliani/Flatow The Complete Shoulder Solution Glenoid Bottom Tray Instruments



No.	Prod. No.	Description
1	❑ 00-4301-032-40	Keeled Glenoid Sizer/ Pressurizer, 40mm
2	❑ 00-4301-032-46	Keeled Glenoid Sizer/ Pressurizer, 46mm
3	❑ 00-4301-032-52	Keeled Glenoid Sizer/ Pressurizer, 52mm
4	❑ 00-4301-037-00	Glenoid Inserter
5	❑ 00-4301-038-00	Glenoid Pusher
6	❑ 00-4301-077-40	Pegged Glenoid Drill Guide, 40mm
7	❑ 00-4301-077-46	Pegged Glenoid Drill Guide, 46mm
8	❑ 00-4301-077-52	Pegged Glenoid Drill Guide, 52mm
9	❑ 00-4301-036-40	Pegged Glenoid Sizer/ Pressurizer, 40mm
10	❑ 00-4301-036-46	Pegged Glenoid Sizer/ Pressurizer, 46mm
11	❑ 00-4301-036-52	Pegged Glenoid Sizer/ Pressurizer, 52mm
12	❑ 00-4301-066-00	Pegged Glenoid Provisional, 40mm
	00-4301-067-00	Pegged Glenoid Provisional, 46mm
	00-4301-068-00	Pegged Glenoid Provisional, 52mm
	00-4303-040-46	Pegged Glenoid Provisional, 40mm x 46mm Articular Surface
	00-4303-046-40	Pegged Glenoid Provisional, 46mm x 40mm Articular Surface
	00-4303-046-52	Pegged Glenoid Provisional, 46mm x 52mm Articular Surface
	00-4303-052-46	Pegged Glenoid Provisional, 52mm x 46mm Articular Surface
	00-4303-052-56	Pegged Glenoid Provisional, 52mm x 56mm Articular Surface
	❑ 00-4301-095-00	Glenoid Instrument/Provisional Case (empty) (includes lid, two tray inserts, and base)

Kit 00-4327-000-02 Zimmer Trabecular Metal Glenoid Instrument Set



No.	Prod. No.	Description
1 ❑	00-4327-040-00	Trabecular Metal Glenoid 40mm Prov
	00-4327-040-46	Trabecular Metal Glenoid 40mm Prov w/46mm Art Surface
2 ❑	00-4327-046-00	Trabecular Metal Glenoid 46mm Prov
	00-4327-046-40	Trabecular Metal Glenoid 46mm Prov w/40mm Art Surface
	00-4327-046-52	Trabecular Metal Glenoid 46mm Prov w/52mm Art Surface
3 ❑	00-4327-052-00	Trabecular Metal Glenoid 52mm Prov
	00-4327-052-46	Trabecular Metal Glenoid 52mm Prov w/46mm Art Surface
	00-4327-052-56	Trabecular Metal Glenoid 52mm Prov w/56mm Art Surface
4 ❑	00-4327-044-00	Trabecular Metal Glenoid Extractor Hook
5 ❑	00-4307-032-40	Trabecular Metal Glenoid 40mm Drill Guide
6 ❑	00-4307-032-46	Trabecular Metal Glenoid 46mm Drill Guide
7 ❑	00-4307-032-52	Trabecular Metal Glenoid 52mm Drill Guide
8 ❑	00-4307-043-00	Trabecular Metal Glenoid 2.5mm Offset Drill Bushing
9 ❑	00-4307-042-00	Trabecular Metal Glenoid 2.5mm Drill Bushing
10 ❑	47-4307-031-00	Trabecular Metal Glenoid 6mm Drill w/Stop Sterile
11 ❑	47-4307-061-00	Trabecular Metal Glenoid 6mm Drill Cannulated w/Stop Sterile
12 ❑	00-4327-032-40	Trabecular Metal Glenoid A/P Drill Guide (40mm)
13 ❑	00-4327-032-46	Trabecular Metal Glenoid A/P Drill Guide (46mm)
14 ❑	00-4327-032-52	Trabecular Metal Glenoid A/P Drill Guide (52mm)
15 ❑	00-4307-066-40	Trabecular Metal Glenoid Cannulated Reamer 40mm
16 ❑	00-4307-066-46	Trabecular Metal Glenoid Cannulated Reamer 46mm
17 ❑	00-4307-066-52	Trabecular Metal Glenoid Cannulated Reamer 52mm
18 ❑	47-4307-041-00	Trabecular Metal Glenoid 2mm Drill w/Stop Sterile
19 ❑	00-4307-062-00	Trabecular Metal Glenoid Cannulated Drill Guide
20 ❑	00-4307-030-40	Trabecular Metal Glenoid 40mm Reamer
21 ❑	00-4307-030-46	Trabecular Metal Glenoid 46mm Reamer
22 ❑	00-4307-030-52	Trabecular Metal Glenoid 52mm Reamer
23 ❑	00-4307-064-00	Trabecular Metal Glenoid Check Gauge
24 ❑	00-4307-063-00	Trabecular Metal Glenoid Pin 2.5mm x 150mm
25 ❑	00-4307-038-00	Trabecular Metal Glenoid Drill Bushing Clip
26 ❑	00-4307-035-40	Trabecular Metal Glenoid Impactor 40mm
27 ❑	00-4307-035-46	Trabecular Metal Glenoid Impactor 46mm
28 ❑	00-4307-035-52	Trabecular Metal Glenoid Impactor 52mm
29 ❑	00-4307-033-00	Trabecular Metal Glenoid Chisel
30 ❑	00-4307-074-00	Straight Driver Cannulated
31 ❑	00-4309-070-00	Zimmer Shoehorn Retractor
❑	00-4301-098-50	Trabecular Metal Glenoid Instrument Tray (empty)
❑	00-5967-001-50	5" Generic Base

Notes

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Fax: 1 (514) 878-3801

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EC Representative

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Customer Support

Phone: 1 (866) 336-7846

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CE 0413

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