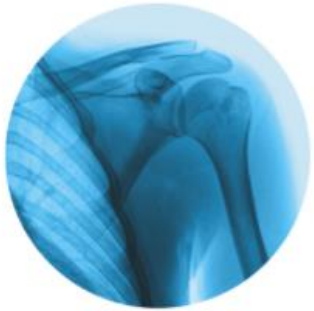


A.R.A.M.I.S.

*Anatomical & Reverse Arthroplasty by
Modular Implant System*

3S
O R T H O





GENERAL

- A common stem for both anatomical and reversed configurations
- Intraoperative choice between anatomical or reversed version
- A medial and posterior offset to fit to the patient's anatomy in both prosthesis
- An ergonomic instrument set

Dr. Nové-
Josserand



Dr. Duport



Dr. Millet



Dr. Zilber

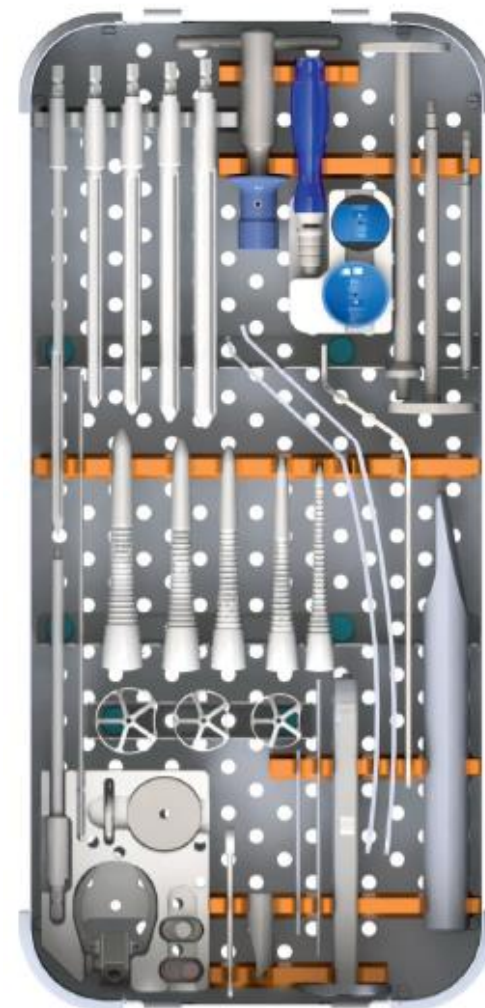
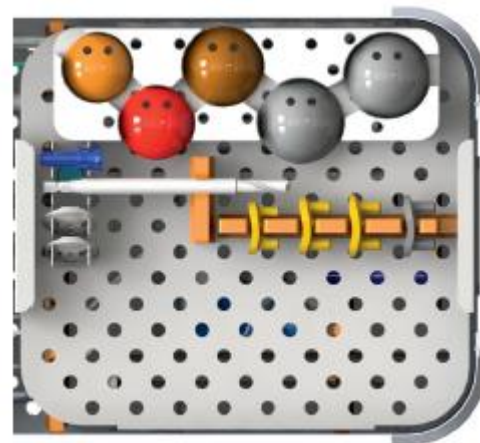
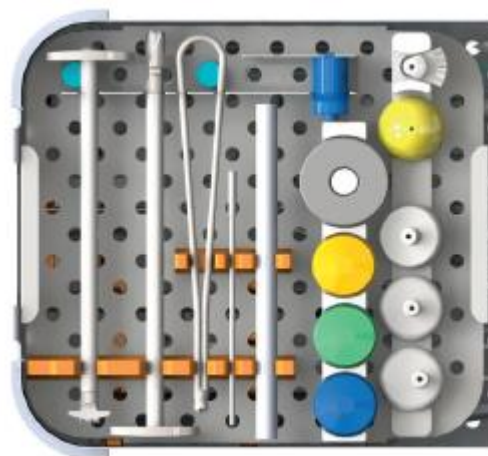


Dr. Courjaud



UNIQUE INSTRUMENT SET

SHOULDER



2 VERSIONS

SHOULDER





ARAMIS

ANATOMICAL VERSION

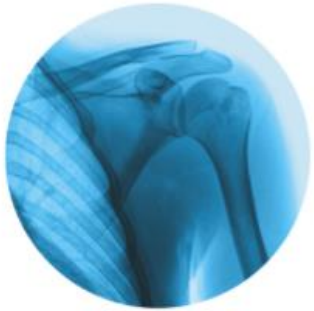


- **Polyethylene glenoid (UHMWPE):**
 - 3 diameters (Ø30 / Ø33 / Ø36mm)
 - 5 mm-mismatch
- **Humeral head in stainless steel (M30NW):**
 - 4 diameters and 5 heights
 - 8 different settings
- **Humeral stem in titanium (TA6VELi):**
 - CCD angle : 132° or 140°
 - Cemented: Ø 7 – 8,5 – 10 – 11,5
 - HAP and Ti coating: Ø8.5 – 10 – 11.5 -13



REVERSED VERSION

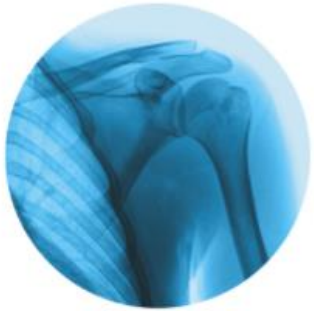
SHOULDER



- **Screws:**
 - Ø5mm – 7 Lengths (15 to 45mm)
- **Helical baseplate (TA6V Eli):**
 - Helix to ensure primary fixation and HAP coating to ensure secondary fixation
- **Glenosphere (M30NW):**
 - Internal screw system : -> no wear of insert by the glenosphere screw
 - Ø38mm

REVERSED VERSION

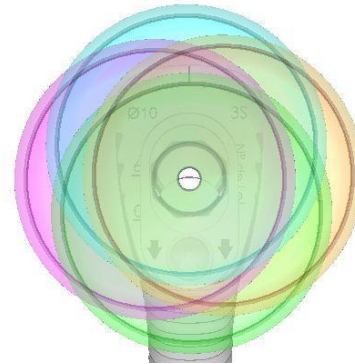
SHOULDER



- **Polyethylene insert (UHMWPE):**
 - 3 thicknesses : +6mm / +9mm / +12mm
- **Humeral cup (M30NW):**
 - 3 sizes : centered / off-centered / cup with a 8° angle to transform a 132° stem into a 140° stem
- **Humeral stem in titanium (TA6VELi):**
 - CCD angle : 132° or 140°
 - Cemented: Ø 7 – 8,5 – 10 – 11,5
 - HAP and Ti coating: Ø8.5 – 10 – 11.5 -13

BICONIC JUNCTION

SHOULDER

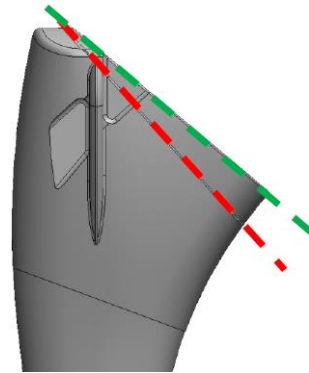


- **Biconic:**
 - Impaction in the highest position (STANDARD) or in the lowest (PARTICULAR) to lateralize the humerus
- **Mechanical tensile strength:**
 - $\approx 1028\text{N}$ (equivalent to 104.8kg with $g=9.81\text{N/kg}$)
- **Humeral head and cups settings:**
 - 8 settings x 2 cone positions = 16 settings available
 - Goal : cover the humeral head resection

SHOULDER



COMMON STEM



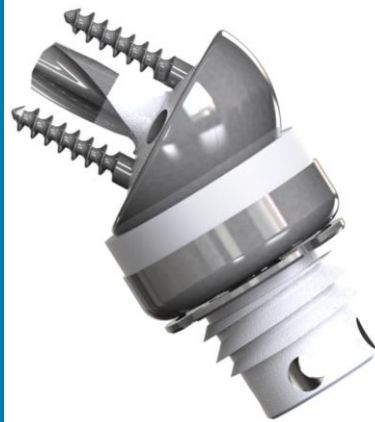
- **CDD angle:**
 - 140° for REVERSED version
 - 132° or 140° for ANATOMICAL version

- **Anti-rotation flanges** →



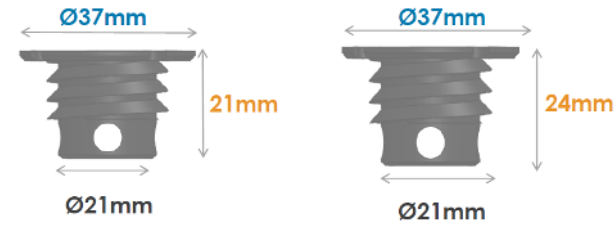
STEMLESS VERSION

SHOULDER



- **Sizes of screw**

- 2 sizes (H21mm/ H24mm)



- 5 sizes of humeral heads

	T1	T2	T3	T4	T5
Ø (mm)	40	43	46	49	49
H (mm)	14	15	17	18	20

CLINICAL CASES

SHOULDER



Publications

SICOT 2016 Roma
Abstract number 44683

Helicoidal blade Ti-HAC coated An original concept of glenoid base fixation for reversed shoulder prosthesis

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International Orthopaedics
<https://doi.org/10.1007/s00264-018-3891-1>

ORIGINAL PAPER



Reverse total shoulder arthroplasty using helical blade to optimize glenoid fixation and bone preservation: preliminary results in thirty five patients with minimum two year follow-up

Sebastien Zilber¹ • Eleonora Camana² • Peter Lapner³ • Emil Haritnian² • Laurent Nove Josserand²

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Abstract

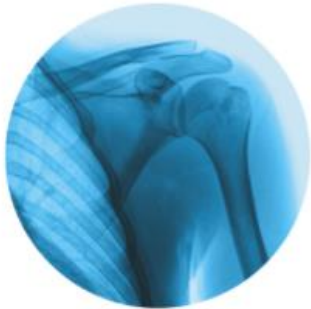
Purpose Glenoid loosening is a common cause of reverse total shoulder arthroplasty (RTSA) failure, and grafting of the glenoid is often required for revision due to bone loss due to the central peg in most glenoid baseplates. Helical blades have been used in the hip to optimize bone fixation in proximal femoral fracture. This study presents the initial results of specifically designed helical blade in the shoulder to optimize glenoid bone fixation and preservation as part of RTSA.

Methods Thirty-five patients underwent RTSA with glenoid helical blade fixation. An uncemented glenoid baseplate was used with a central helical blade partially coated with hydroxyapatite and two or three screws. Outcome analysis was performed pre-operatively and at two years.

Results All patients were satisfied with the results and significant improvement was observed in functional outcome scores between baseline and final follow-up. There was a single intra-operative undisplaced glenoid fracture which did not compromise the baseplate fixation. There was no radiographic evidence of loosening or radiolucencies around the helical blade.

Conclusions The helical blade provides a satisfactory primary fixation. Because of its length (21 mm), care should be taken in cases of pre-existing bone loss or sclerotic bone to avoid glenoid fracture or anterior cortical perforation. Helical blade has the potential to facilitate glenoid implant revision by preserving the glenoid bone stock.

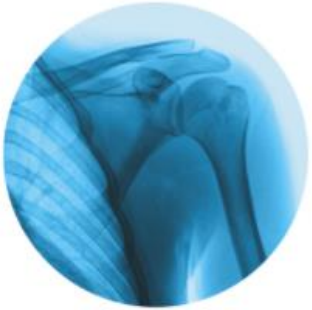
Keywords Reverse shoulder arthroplasty · Glenoid fixation · Helical blade · Shoulder · Arthroplasty · Glenoids



ARAMIS - Future

NEXT RANGE INCREASE

SHOULDER





Thank you
