Surgical Technique

Total Elbow Prosthesis

Latitude®

TORNIER
SURGICAL IMPLANTS

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The Latitude® surgical technique has been developed in conjunction with:
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1. DESIGN RATIONALE

The Latitude® Total Elbow is the first 3rd generation elbow prosthesis. It features a true **anatomical** reconstruction of the joint, **modular** components, and is **adaptable** to a wide range of indications.

The Latitude® Total Elbow is designed to reproduce the patient's anatomy; thus to restore the natural kinematics of the elbow. Its unique instrumentation facilitates a step by step procedure that now makes **elbow arthroplasty accurate, precise and reproducible**.

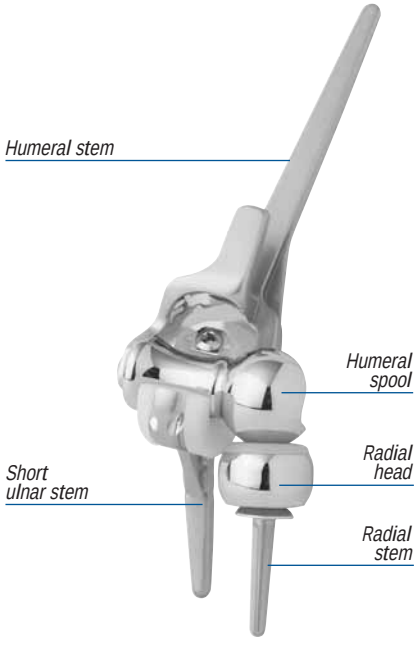
The Latitude® Total Elbow offers maximum flexibility in elbow reconstruction.

DESIGN GOALS

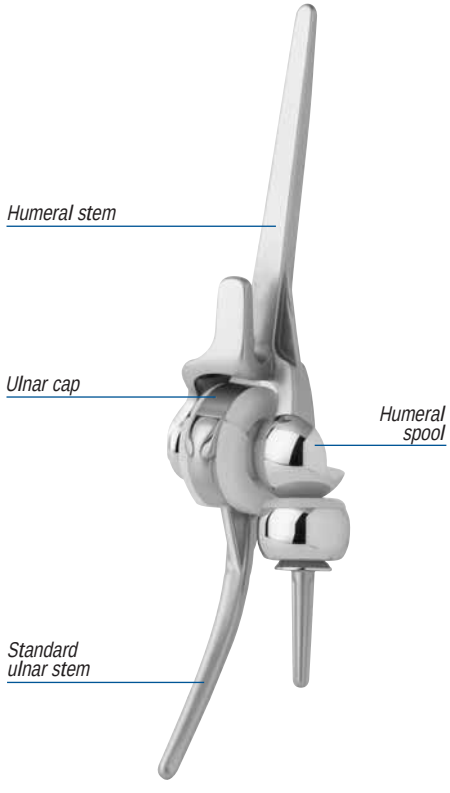
- Distinctive right and left anatomical components.
- Precision instrumentation.
- Intraoperative flexibility to utilize linked or unlinked.
- Accurate implant positioning referenced on the flexion-extension axis.
- Ease of assembly.
- Optimal bone preservation.
- Anatomic distribution of loads on polyethylene.

CLINICAL OBJECTIVES

- Latitude for use in a wide range of indications.
- Latitude to reproduce patient flexion-extension axis.
- Latitude to use either unlinked or linked.
- Latitude to reconstruct the radio-humeral joint.



unlinked configuration



linked configuration

2. ANATOMICAL DESIGN VALIDATION

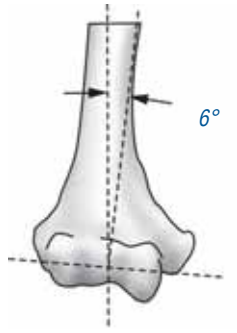
A comprehensive review of the literature, as well as a morphological study on a large number of cadaver specimens, was conducted. Osseous structures were digitized to obtain:

- Geometry of articular surfaces.
- Location of diaphyseal axis compared to these surfaces.
- Key parameters such as epicondyle diameter, condyle and trochlear distance, offset and flexion-extension axis.
- Anatomical size.

STUDY RESULTS

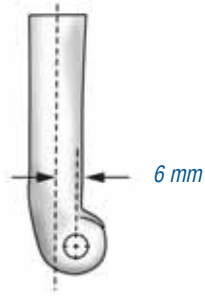
1 Humerus

- The capitellum is spherical and the center axis of the trochlea is aligned with the center of the capitellum. The mean flexion axis is 6° of valgus (range 2° to 9°) (fig. 01).



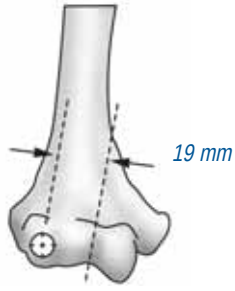
(fig. 01)

- The flexion-extension axis has a variable offset relative to the axis of the diaphysis, varying between 4 and 8 mm with a mean of 6 mm (fig. 02). This variability necessitates a modular design with different articular offsets.



(fig. 02)

- There is a consistent relationship between the distance from the center of the capitellum to the trochlear groove and the diameter of the capitellum. The distance varies from 15 mm to 22.4 mm with a mean of 19 mm (fig. 03).

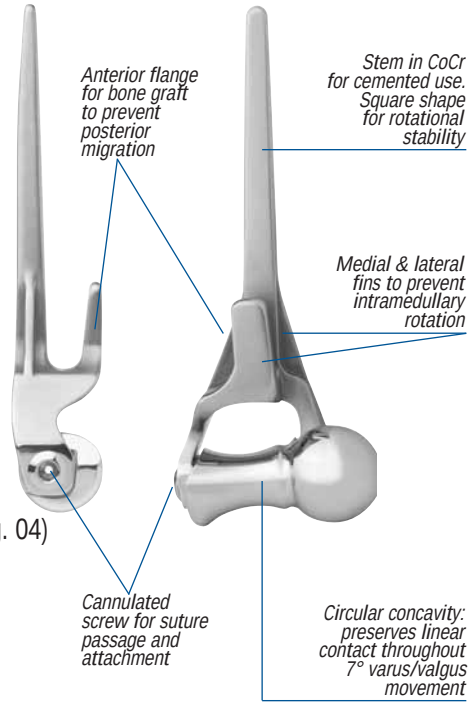


(fig. 03)

- The placement of the Latitude elbow is based on the normal flexion-extension axis.
- 3 sizes of stem and 4 sizes of spool (small, medium, large, large +).
- Different articular offsets (anterior, posterior and centered) with respect to the humeral diaphysis.

2. ANATOMICAL DESIGN VALIDATION

The humeral stem has medial and lateral fins to prevent intramedullary rotation. The anterior flange accepts bone graft to help prevent posterior migration. The posterior aspect of the flange has a textured surface to enhance bone ongrowth (fig. 04). The spool is secured to the stem with a cannulated screw that allows for the passage of sutures to attach soft tissues for initial stabilization.



(fig. 04)

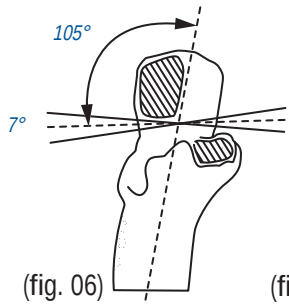
Humeral spools have been designed with a concave barrel shaped trochlea to preserve linear contact throughout 7° of valgus/varus movement with the ulnar component (fig. 05).

(fig. 05)

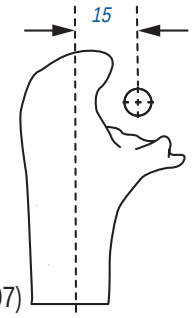
2. ANATOMICAL DESIGN VALIDATION

2 Ulna

- The morphology of the sigmoid facets provide congruent surface contact around the flexion axis in full valgus. The average position of the elbow flexion axis is at 105° from the ulnar diaphyseal centerline (fig. 06).
- The flexion-extension axis is located between 12 mm to 17 mm anterior to the diaphyseal axis with a mean of 15 mm (fig. 07).



(fig. 06)



(fig. 07)

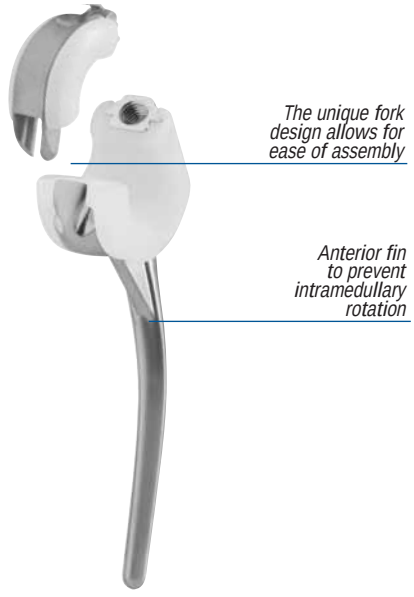
- The placement of the Latitude ulnar component is based on the flexion-extension axis.
- 3 sizes of stems and 2 lengths (standard and short figs 08 and 09).
- The Latitude ulnar stem is designed with an optional cap so that the components can be unlinked or linked.

The geometry of the standard stem has been designed to replicate the natural bow of the ulna thus diminishing stresses on the cortical wall. (fig. 08).

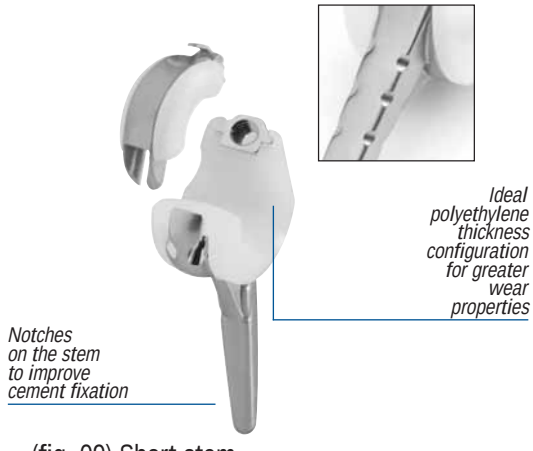
The polyethylene surfaces of the ulnar components have been designed to facilitate an anatomic distribution of joint reactive forces.

The Latitude® Total Elbow offers intraoperative flexibility. The decision to use the implant in a “linked” or “unlinked” mode is made following the examination of the surrounding soft tissues. The ulnar cap has been designed to capture the humeral component to convert the implant to a linked semi-constrained device.

In the event that an unlinked construct was initially performed and a linked revision is desired to correct instability, a complete elbow revision is not required. The surgeon can easily add the ulnar cap through a minimally invasive incision transforming the prosthesis from unlinked to linked.



(fig. 08) Standard ulnar stem



(fig. 09) Short stem

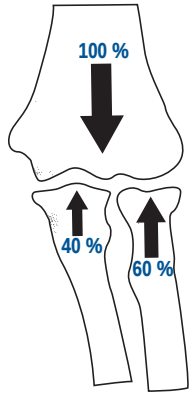
2. ANATOMICAL DESIGN VALIDATION

3 Radial head

- The radial head is a key anatomical structure of the elbow. Sixty percent of compressive loads are transferred across the radio-humeral joint (fig. 10) Morrey et al, JBJS 70-A 1988.

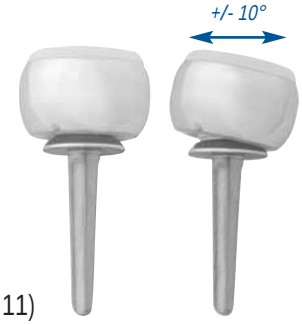
- Without the radio-humeral joint, loading on the ulno-humeral joint is increased contributing to the risk of instability and premature wear.

- The placement of the Latitude elbow radial component is based on the flexion-extension axis.
- 4 sizes of heads (Ø 18, 20, 22 and 24 mm) and 2 stem diameters (5.0 mm and 6.5 mm).



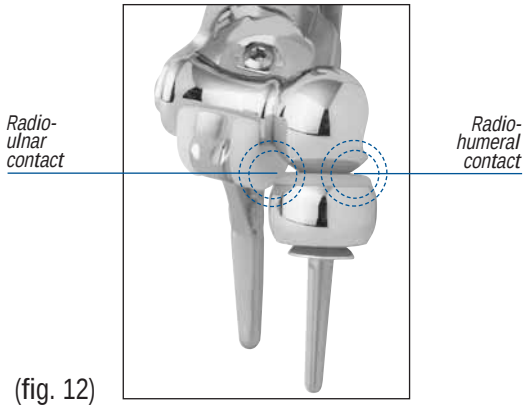
(fig. 10)

The Latitude® Total Elbow radial component enables the surgeon to maintain the radio-humeral joint when anatomical alignment is adequate.
The radial component has been designed to replicate the radio-ulnar articulation.
The radial component is a bipolar design with +/- 10° of motion to balance load transfer (fig. 11).



(fig. 11)

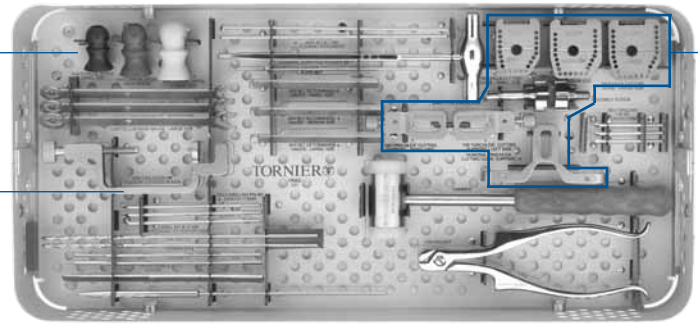
The cobalt chrome ring of the radial head component articulates with the polyethylene of the ulnar component (fig. 12).

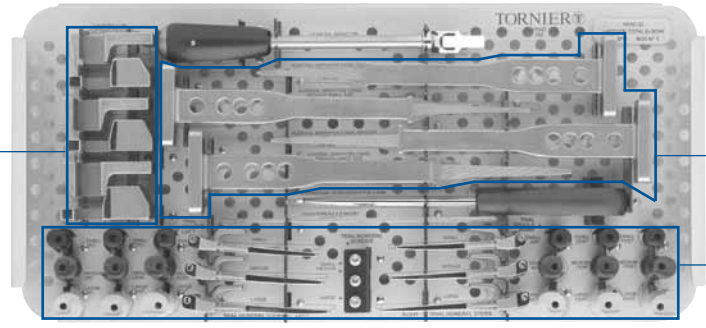


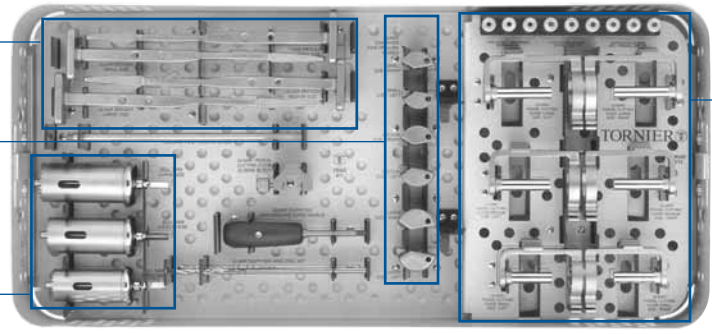
(fig. 12)

3. PRECISION INSTRUMENTATION

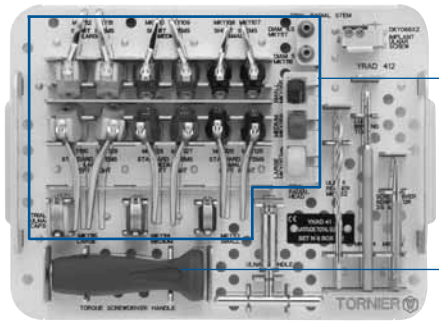
The Latitude® Total Elbow instruments bring precision and reproducibility to elbow arthroplasty in the setting where there has been some preservation of normal anatomy.
The instruments are designed to offer a reproducible step-by-step procedure. Each jig uses anatomic landmarks to insure replication of the natural anatomy. The flexion-extension axis is easily determined. The humeral, radial and ulnar surgical steps are based on this reference point.

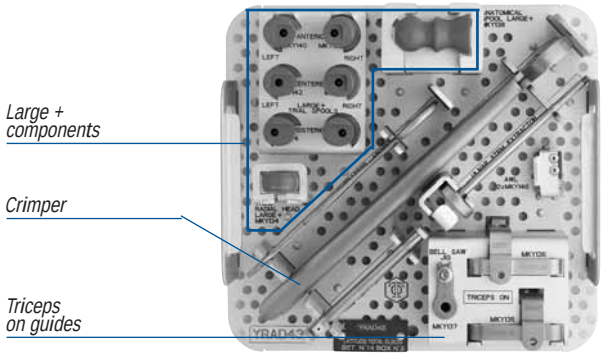






3. PRECISION INSTRUMENTATION





INDICATIONS AND CONTRAINDICATIONS

4. INDICATIONS AND CONTRAINDICATIONS

1 Indications for use

The Tornier Elbow Prosthesis is intended for total elbow arthroplasty. Prosthetic replacement with this device may be indicated to relieve severe pain or significant disability following the effects of primary or secondary osteoarthtitis and rheumatoid arthritis; correction of functional deformities; revision procedures where other treatments or devices have failed; treatment of fractures that are unmanageable using other techniques.

2 Contraindications

- Candidate for an alternative procedure eg. Debridement or synovectomy.
- Recent or active infection.
- Inadequate soft tissue envelope.
- Inadequate bone stock.
- Inability of the patient to comply with postoperative restrictions of an elbow arthroplasty.

The Tornier Elbow Prosthesis is intended for cemented use only.

5. EXPOSURE

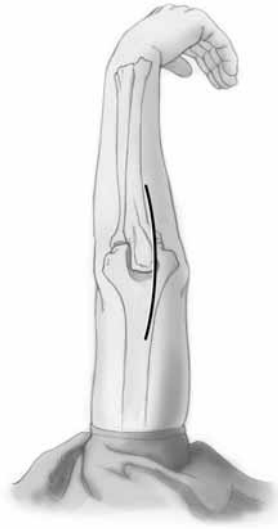
Patient position

The patient may be positioned in a lateral decubitus position or a supine position based upon surgeon preference. It is important to have full mobility of the elbow during the procedure. A sterile tourniquet is employed.

Incision

A straight incision is made approximately 15 centimeters in length and centered just lateral to the medial epicondyle and just medial to the tip of the olecranon (fig. 13a).

(fig. 13a)



Full thickness medial and lateral flaps are elevated on the deep fascia (fig. 13b).

(fig. 13b)

Ulnar Nerve transposition

The medial aspect of the triceps mechanism is identified and the ulnar nerve is isolated using loupe magnification (fig. 13c). The medial intermuscular septum is excised.

(fig. 13c)

The ulnar nerve is mobilized and transposed anteriorly into the subcutaneous tissue (fig. 13d).
It is carefully protected throughout the remainder of the procedure.

(fig. 13d)

5. EXPOSURE

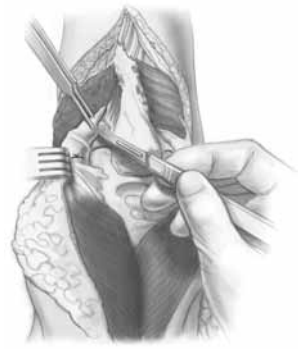
Triceps Management

Management of the triceps mechanism is at the surgeons discretion.
Common procedures include splitting the triceps centrally, elevating it from medial to lateral, or from lateral to medial. The triceps attachment to the ulna is released by dividing Sharpey's fibers.

Alternative approaches include dividing the triceps tendon proximal to the olecranon. The continuity of the triceps tendon can be maintained when the distal humerus is bone deficient using a triceps sparing approach.

Triceps splitting approach

The triceps tendon is split centrally ascending 8 cm proximal from the tip of the olecranon.
The tendon is then reflected medially and laterally off the olecranon by dividing Sharpey's fibers.
The medial and lateral portions of the tendon are kept in continuity with the flexor carpi ulnaris and anconeus respectively.
The humeral attachments of the medial and lateral collateral ligaments and their overlying flexor and extensor muscle origins are sharply divided off the medial and lateral epicondyles to facilitate joint subluxation. The ligament origins are marked with a colored suture to facilitate subsequent reattachment.



(fig. 13e)

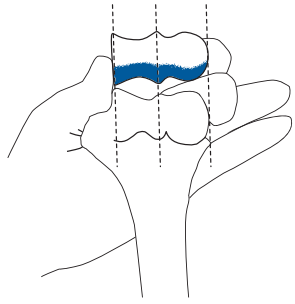
(fig. 13f)

(fig. 13g)

6. HUMERAL PREPARATION

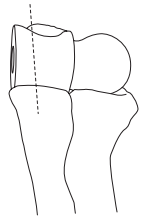
Size the humeral condyle with colored anatomical spools and gauges (small, medium, large, large +).

- Start by comparing the anatomical spool to the patient's capitellum (fig. 14a).



(fig. 14a) Anterior view

- Then verify that the spool fits exactly into the ulna and is perfectly aligned with the radial head (fig. 14b).



(fig. 14b)

- The size of the capitellum may be confirmed with the gauge (fig. 14c).

(fig. 14c)

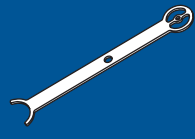
Choose the final implant size based on these measurements. This determination will be used throughout the procedure.

TIP

Should the patient's humeral condyle size fall between two anatomical sized trial spools, pick the smaller one for the remainder of the procedure.

Instruments to use

Anatomical spool



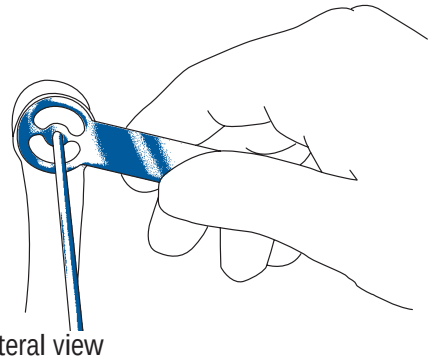
Capitellum radii gauge

6. HUMERAL PREPARATION

1 Flexion-extension axis determination

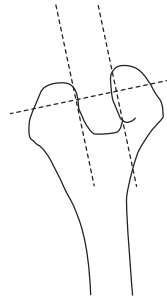
Mark the center of the flexion-extension axis on the capitellum side with the capitellum radii gauge with the 3 mm self-drilling pin to reference the proper position of the drilling guide on the flexion-extension axis (fig. 15).
The location of the axis is typically at the site of attachment of the lateral ligaments to the lateral epicondyle.
If the capitellum is imagined to be a circle when viewed from the lateral side, the flexion-extension axis is located at the center point of this circle.
The circular gauge is a useful tool to visually estimate this location.

Note
The key to a successful outcome is the accurate determination of the flexion-extension axis.



(fig. 15) Lateral view

Remove the central portion of the distal humerus (trochlea, sulcus and lateral ridge) to the proximal aspect of the olecranon fossa with either an oscillating saw or large rongeur (fig. 16).



(fig. 16)

Instruments to use

Stabilization pin

Drilling guide

6. HUMERAL PREPARATION

Position the flexion-extension axis drill guide on the distal humerus. It should sit with an approximate angle of 45° anteriorly (fig. 17a & 17b).

TIP
The assembled drill guide should appear to be pointed approximately 45° anterior to the coronal plane. (fig. 17b).

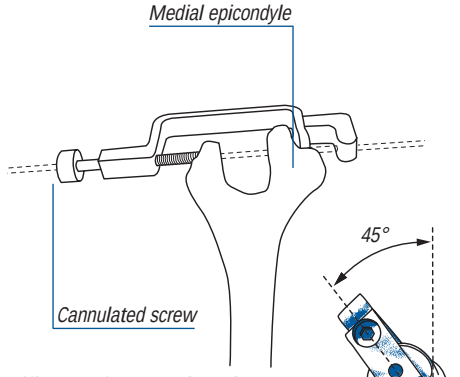
The cannulated screw should be placed over the drill hole previously marked on the capitellum.

The medial notch of the guide assembly is placed on the anterior and inferior portion of the medial epicondyle at approximately 45° anteriorly.

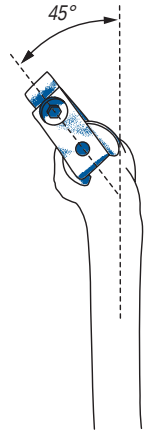
The center of the medial notch should be roughly at the center of the medial ridge of the trochlea such that an axis pin would appear to exit at the anterior and inferior edge of the medial epicondyle's intersection with the trochlea (fig. 17a).

Drill the flexion-extension axis and then remove the guide (fig. 17c).

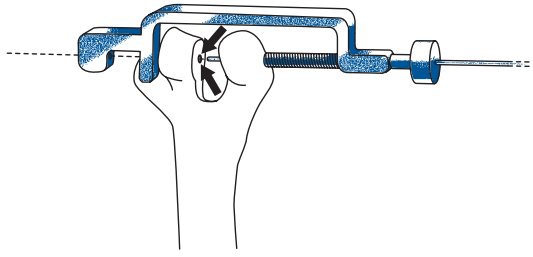
As a check, reinsert the flexion-extension pin to confirm correct alignment (fig. 18).



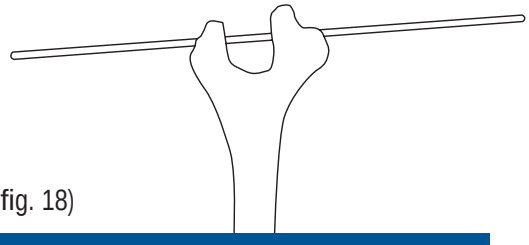
(fig. 17a) Posterior view



(fig. 17b) Medial view

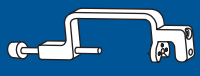


(fig. 17c) Posterior view

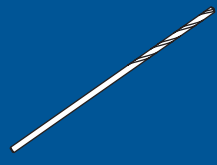


(fig. 18)

Instruments to use



Drilling guide



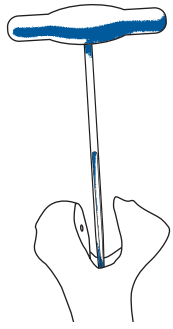
Drill bit

Axis pin

6. HUMERAL PREPARATION

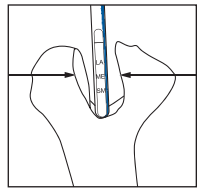
Open the medullary canal with a high speed burr.

After burring, use the T-handle reamer to shape the medullary canal (fig. 19).



(fig. 19)

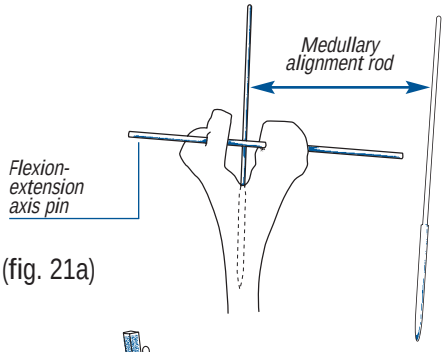
The T-handle reamer should be inserted up to the intersection of the predetermined implant size marked on the shaft and the flexion-extension axis (fig. 20).



(fig. 20)

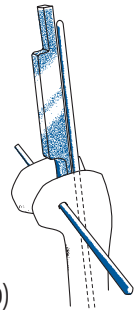
2 Humeral Offset Determination

Insert the pointed intramedullary alignment rod into the shaft of the humerus.
Anterior to the rod, insert the flexion-extension axis pin through the previously drilled holes (fig. 21a).



(fig. 21a)

Select the offset gauge of the previously determined humeral size (small, medium, large). Determine spool offset by placing offset gauge between the flexion-extension axis pin and the intramedullary alignment rod (fig. 21b).



(fig. 21b)

Instruments to use

Humeral diaphysis reamer | Burr | Flexion/extension axis pin | Medullary alignment rod | Offset determining gauge

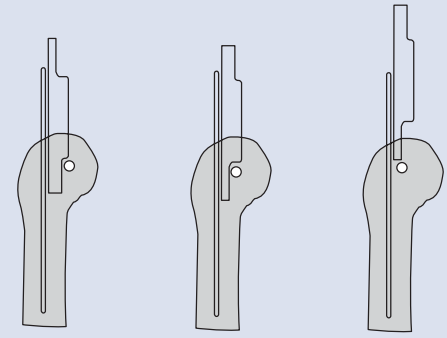
6. HUMERAL PREPARATION

Using and interpreting the offset gauge

Starting with the thickest portion of the offset gauge, slide it along the intramedullary alignment rod. If this portion can be inserted in between the flexion-extension axis pin and the alignment rod, then the offset is ANTERIOR (fig. I).

If the thickest portion cannot be inserted, rotate the gauge and try inserting the thinnest portion of the gauge.
If it fits in between the axis and the alignment rod, then the offset is CENTERED (fig. II).

If the thinnest portion of the gauge cannot be inserted, then the offset is POSTERIOR (fig. III).



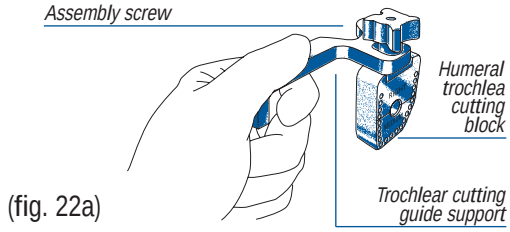
(fig. I) *Anterior offset*

(fig. II) *Centered offset*

(fig. III) *Posterior offset*

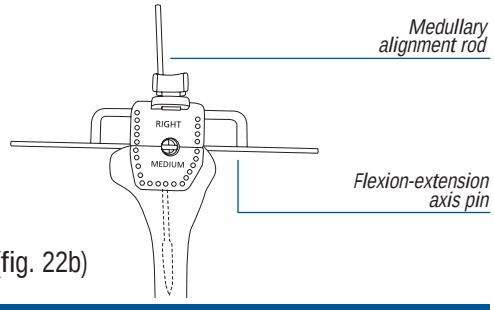
3 Humeral Distal Preparation

Assemble the appropriate size humeral trochlea cutting block to the trochlear cutting guide support with the assembly screw. Do not fully tighten the assembly screw at this time (fig. 22a).



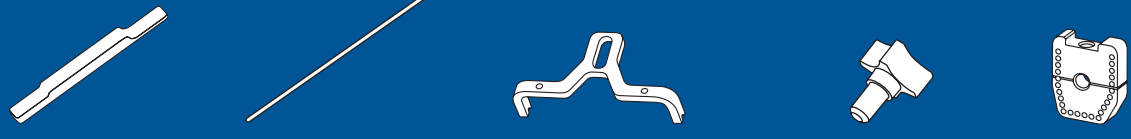
(fig. 22a)

Position the cutting guide on the flexion-extension axis pin and align with the medullary alignment rodas shown (fig. 22b).



(fig. 22b)

Instruments to use

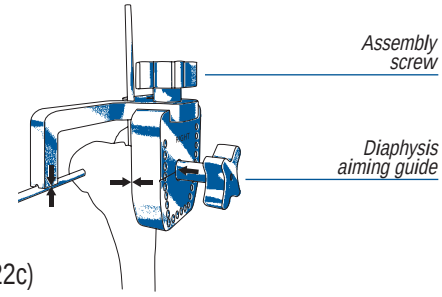


Offset determining gauge | Flexion/extension axis pin | Humeral trochlea cutting guide support | Assembly screw | Humeral trochlea cutting block

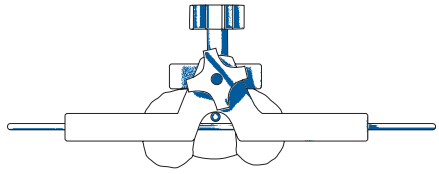
6. HUMERAL PREPARATION

Adjust the cutting guide by sliding the distal humeral cutting block to make firm contact with the posterior humerus and then firmly tighten the assembly screw (fig. 22c).

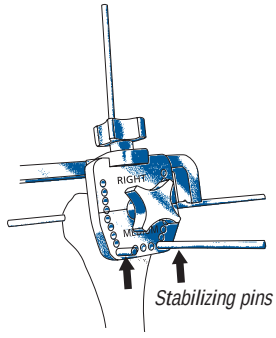
Medial-lateral placement of the humeral trochlea cutting block is completed by inserting the diaphysis aiming guide through the block and engaging it onto the medullary alignment rod.



(fig. 22c)



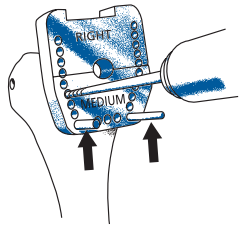
Using the 3 mm diameter drill bit, drill 2 holes at the inferior portion of the humeral trochlea cutting block and place 2 stabilizing pins as shown (fig. 23).



(fig. 23)

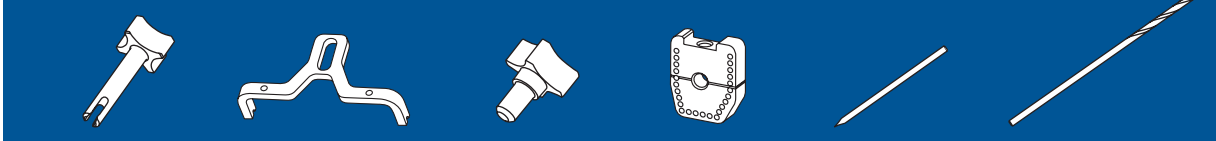
TIP
Size and side designations on all instruments always face the surgeon.

Remove the cutting support, the flexion-extension axis pin and the intramedullary alignment rod. Drill with the 3 mm drill bit through the remaining holes on the cutting block as shown (fig. 24). Take care to avoid damaging anterior structures.



(fig. 24)

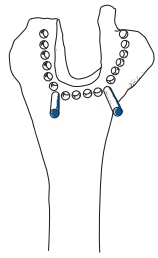
Instruments to use



Diaphysis aiming guide | Humeral trochlea cutting guide support | Assembly screw | Humeral trochlea cutting block | Stabilization pin | Drill bit

6. HUMERAL PREPARATION

Slide the cutting block off the stabilizing pins and remove them with the pin puller (fig. 25).



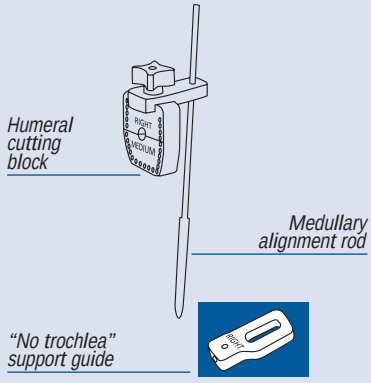
(fig. 25)

Lack of anatomical landmark

In the absence of anatomical landmarks on the trochlea, use the modified humeral cutting guide.

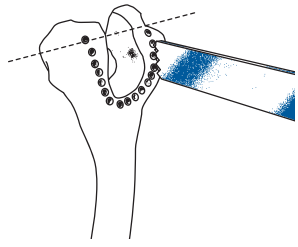
Assemble the cutting block to the “No trochlea” support noting either right or left with the assembly screw.

Slide the completed assembly over the medullary alignement rod until the flexion/extension line figured on the block is correctly positioned.



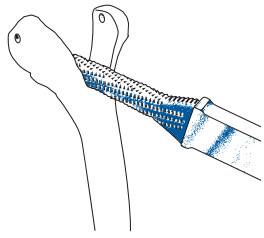
Remove the bony bridge between the drill holes with a straight osteotome, microsaggital saw or rongeur as necessary (fig. 26).

If the medial trochlea has been excised, mark where the flexion-extension axis was, using a marking pen.



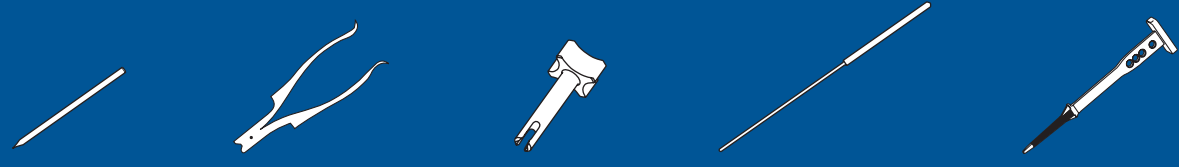
(fig. 26)

Smooth the cut surface with a humeral broach or burr (fig. 27).



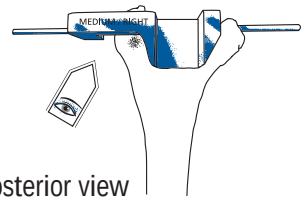
(fig. 27)

Instruments to use



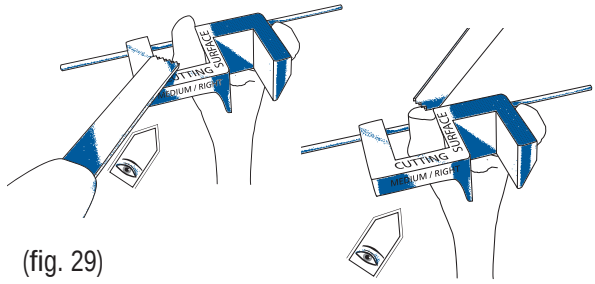
6. HUMERAL PREPARATION

Using the correct size and side capitellum cutting guide, position it in the trochlear cut as shown (fig. 28).



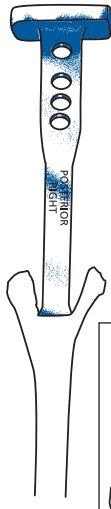
(fig. 28) Posterior view

Insert the flexion-extension axis pin through both the axis and the cutting guide to stabilize and align the jig. Make distal and anterior capitellar cuts with an oscillating saw on the marked surface as shown (fig. 29).



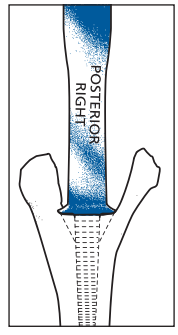
(fig. 29)

Broach the humeral canal with the starting broach and then proceed sequentially to the selected size of the humeral component (fig. 30a).



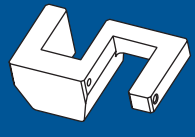
(fig. 30a)

TIP
The indication of side right or left should point posteriorly so that it can be read by the surgeon (fig. 30b).



(fig. 30b)

Instruments to use



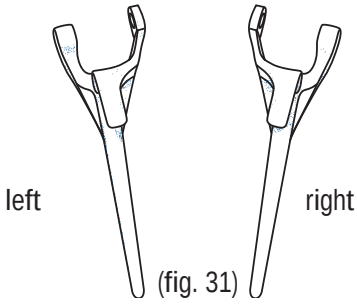
Capitellum cutting guide

Flexion/extension axis pin

Humeral diaphysis canal broach

6. HUMERAL TRIAL STEM

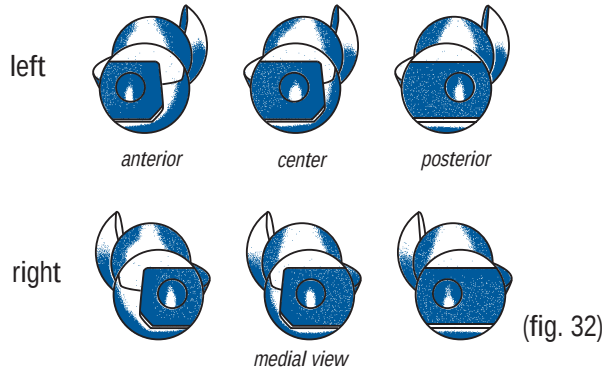
1 Select the appropriate size humeral trial stem either right or left (fig. 31).



(fig. 31)

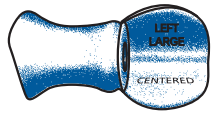
		SPOOL			
		SMALL	MEDIUM	LARGE	LARGE PLUS
HUMERAL STEMS	SMALL				
	MEDIUM				
	LARGE				

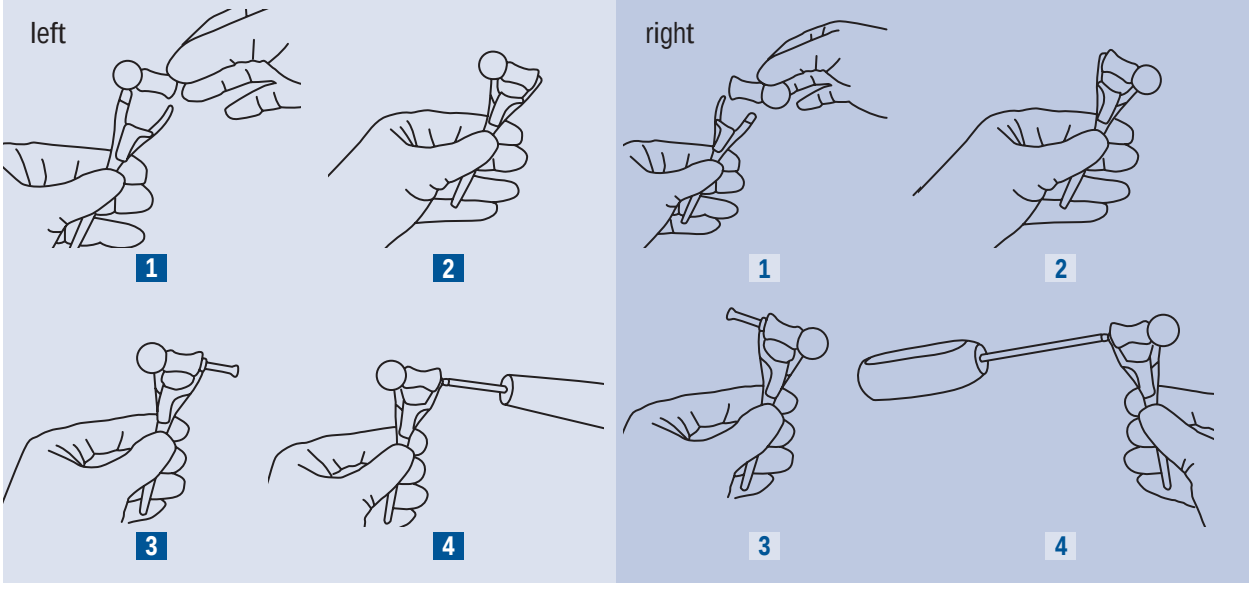
2 Select the corresponding spool (side, size and offset) according to the following table (fig. 32).



(fig. 32)

SMALL	**=**	**BLACK**
MEDIUM	**=**	**RED**
LARGE	**=**	**YELLOW**
LARGE PLUS	**=**	**GREEN**





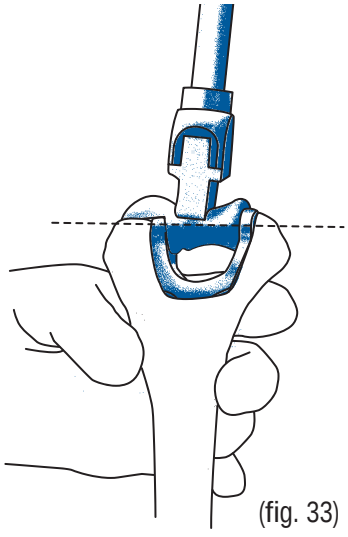
Position the round part (capitellum) of the spool on the left for a left trial/on the right for a right trial stem.
Place the appropriate size trial humeral screw from medial to lateral. Tighten using the 4.5 mm hex screwdriver.

TIP: The large+ spool is assembled with only the large humeral stem.

6. HUMERAL TRIAL STEM

Position the trial stem assembly in the humeral shaft.

Use the impactor to seat the implant flush with the bone (fig. 33).



(fig. 33)

Instruments to use

Trial humeral stem | Trial spool | Trial humeral screw | Impactor | 4.5 hexagonal screwdriver

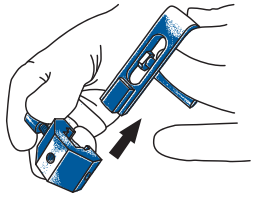
ASSEMBLY

7. RADIO-ULNAR CUTTING GUIDE

Note
In cases where the triceps has been preserved, refer to page 37 for ulnar preparation with the triceps on jig.

- Components required to assemble the ulnar cutting guide:
  - Cutting guide.
  - Sliding block.
  - Forearm axis guide.
  - 3 locking screws: flat/trochar/cannulated (Ø 2 mm).
- Choose the appropriate size and side cutting guide.
- Assemble the cutting guide as shown (see assembled cutting guide fig. (34a-d)).

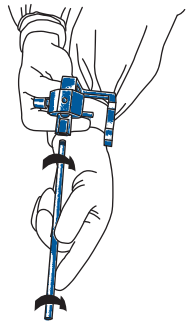
1



Slide the block onto the cutting guide.

(fig. 34a)

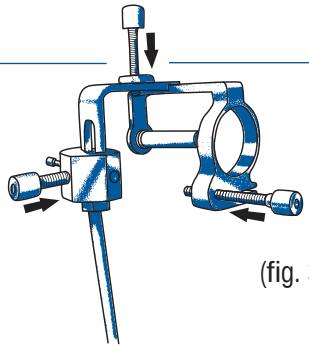
2



Screw the forearm axis guide into the cutting guide.

(fig. 34b)

3



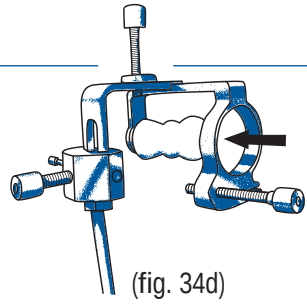
Screw the desired type screws (cannulated, trochar or flat) into the cutting guide.

(fig. 34c)

TIP: A flat screw is preferred for the sliding block to sit on the flat spot of the ulna.

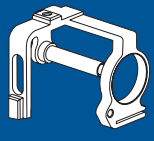
4

Insert the selected spool on the cutting axis.



(fig. 34d)

Instruments to use

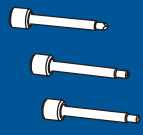


Ulnar/radial cutting guide

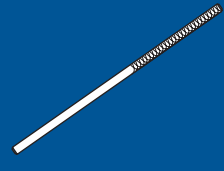
Ulnar/radial cutting guide sliding block

Anatomical spool

Locking screw



Tightening screws



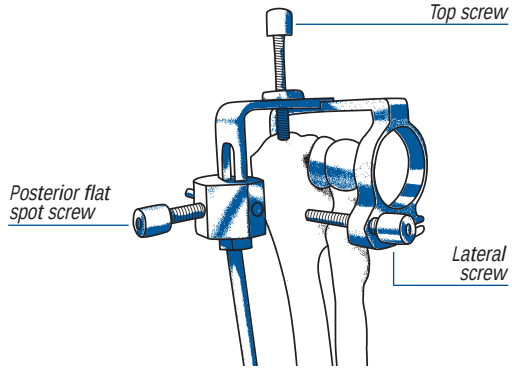
Forearm positioning guide

7. ULNAR PREPARATION (triceps splitting approach)

1 Radio-Ulnar Cutting guide Positioning

Position the cutting guide on the ulna and radial head (fig. 35). The correct positioning of the guide is secured with the three stabilizing screws.

Screws are positioned:
- on the proximal olecranon.
- on the flat posterior surface.
- on the lateral side of the ulna.



(fig. 35) Postero-lateral view

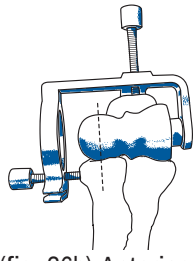
Tighten the 3 stabilizing screws with the 4.5 mm hex screwdriver.

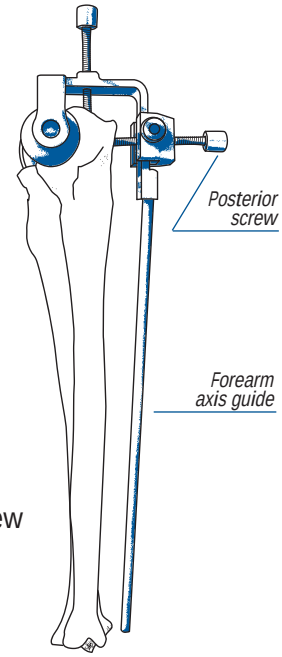
First, tighten the posterior screw on the flat spot of the ulna to ensure that the spool will sit correctly in the sigmoid cavity of the olecranon.

Then tighten the remaining two screws.

Make sure that the forearm axis guide points towards the ulnar styloid (fig. 36a).

Make sure that the anatomical spool seats properly into the ulna and is anatomically aligned with the radial head (fig. 36b).


(fig. 36b) Anterior view

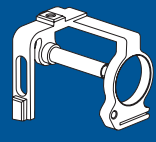


(fig. 36a) Medial view

TIP
The correct positioning of the jig is essential to ensure proper radial head and ulnar resection.

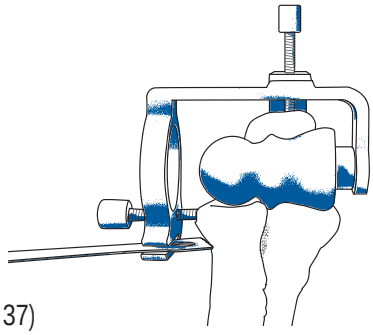
Instruments to use


Anatomical spool

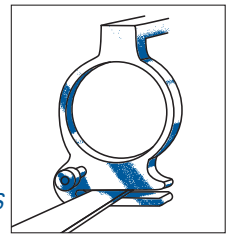

Ulnar/radial cutting guide

7. ULNAR PREPARATION (triceps splitting approach)

Resect the radial head with an oscillating saw (fig. 37). From lateral to medial.

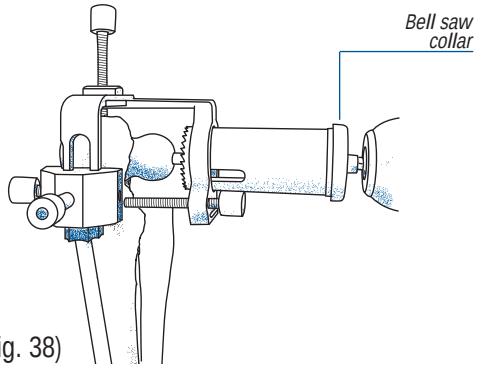


(fig. 37)



Note
Slot thickness is 1.4 mm.

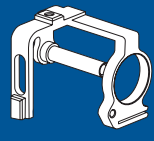
With the appropriate size bell saw, cut the ulna. The cut is completed when the collar of the saw sits on the lateral ring (fig. 38). Ensure the ulnar nerve is protected.



(fig. 38)

Instruments to use

Anatomical spool



Ulnar/radial cutting guide

Bell saw

7. ULNAR PREPARATION (triceps splitting approach)

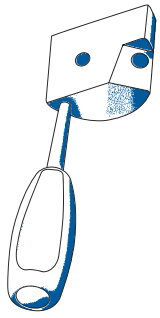
The jig is removed.

Lateral view after all cuts have been completed (fig. 39)

TIP
Irrigate the bell saw continuously while cutting to prevent overheating.

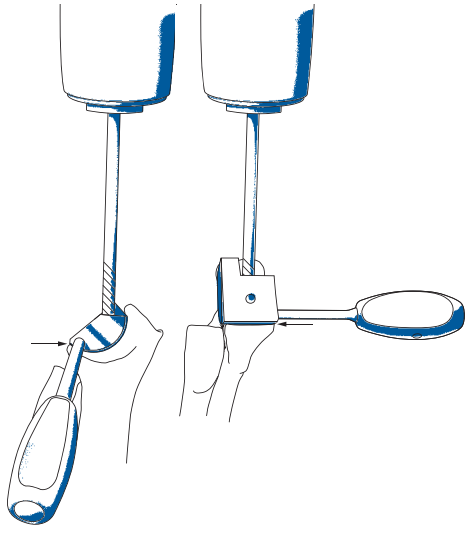

(fig. 39)

Attach the handle to the appropriate size (S/M/L) and side (R/L) ulnar diaphysis drill guide (fig. 40a).


(fig. 40a)

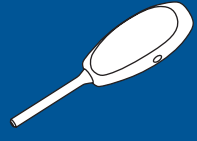
Place the drill guide in the sigmoid cut and drill the ulnar canal with the 4.5 mm drill bit to the depth of the mark corresponding to the size of the implant (fig. 40b).
The tip of the olecranon can be removed with a rongeur if necessary.

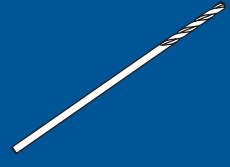
Note
The position of the guide should be aligned as shown with reference to the tip of the coranoid and olecranon.


(fig. 40b)

Instruments to use


Ulnar diaphysis axis drill guide

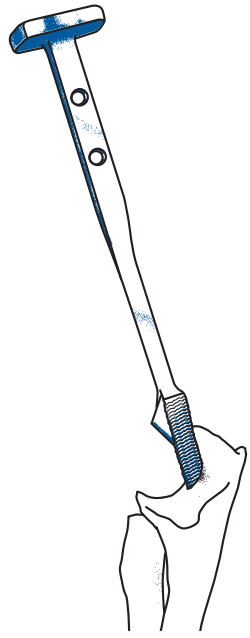

Ulnar diaphysis axis drill guide handle


Ulnar diaphysis axis drill bit

7. ULNAR PREPARATION (triceps splitting approach)

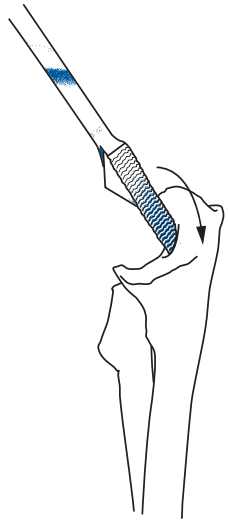
2 Ulnar canal Broaching

Broach the ulnar diaphysis canal beginning with the starting broach and broach sequentially to the desired size (fig. 41).



(fig. 41)

Insert the broach in the ulnar canal respecting the radial inclination of the shaft. (fig. 42). Use the orientation of the flat spot on the posterior surface of the ulna to assist in correctly rotating the ulnar broach.



(fig. 42)

Instruments to use

Ulnar broaches

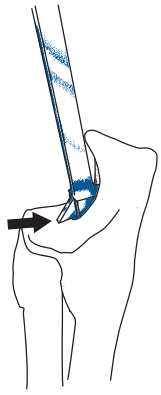
7. ULNAR PREPARATION (triceps splitting approach)

Broach until the apex of the fin is in contact with the bone (fig. 42a).

Note
Do not broach beyond this point.

Burr slightly the olecranon to facilitate seating of the trial and implant (fig. 42b).

Should a standard ulnar stem be desired, ream the canal for the final implant (fig. 42c).



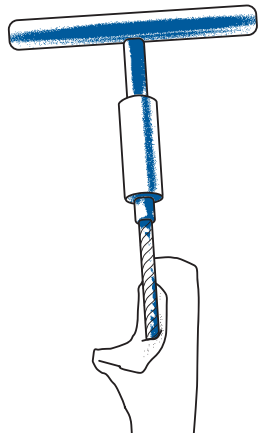
(fig. 42a)

(fig. 42b)

3 Ulnar canal reaming for standard stem

Assemble the reamer to the handle.

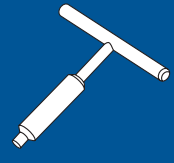
Gently ream the canal making sure not to penetrate the lateral or dorsal cortex (fig. 42c). Flexible reamers (not included), can be used if preferred.



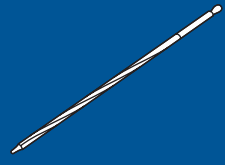
(fig. 42c)

Instruments to use

Ulnar broaches



Ulnar reamer handle



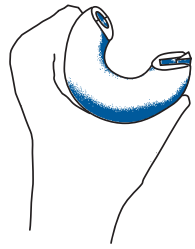
Ulnar reamer

8. ULNAR TRIAL AND RADIUS PREPARATION

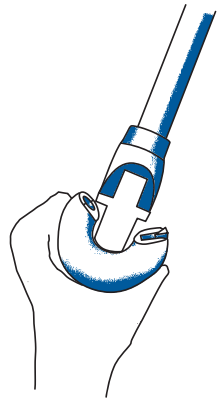
ULNAR TRIAL

Select the appropriate ulnar trial according to side, size and desired length.

Position the trial stem in the ulnar canal and then seat it flush with the ulna using the impactor (fig. 43a-b).

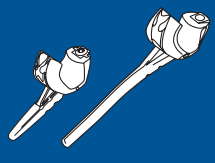


(fig. 43a)

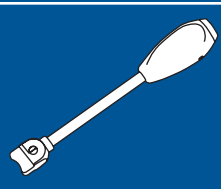


(fig. 43b)

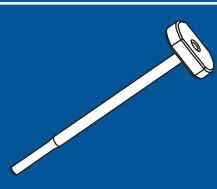
Instruments to use



Trial ulnar stems



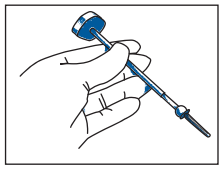
Impactor



Trial radial stem impactor

8. ULNAR TRIAL AND RADIUS PREPARATION

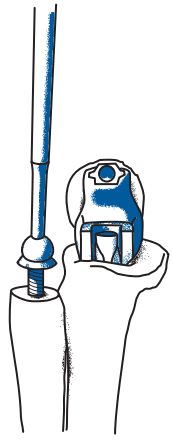
RADIUS PREPARATION AND TRIAL



Screw the trial handle to the radial broach/trial stem (fig. 44).

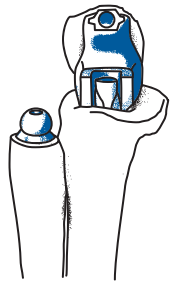
(fig. 44)

Starting with the 5 mm radial broach, tap the handle until the collar of the broach seats on the resected surface. If a larger stem is desired, broach next with the 6.5 mm broach (fig. 45).



(fig. 45)

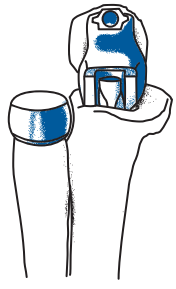
Upon completion, unscrew the handle leaving the broach seated in the canal (fig. 46a).



(fig. 46a)

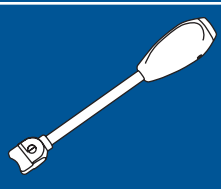
Using the same color code, select the appropriate size trial radial head and place the trial head on the stem (fig. 46b).

TIP
The radial head trial seats freely on the stem and is not a snap fit.

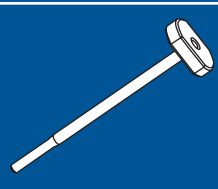


(fig. 46b)

Instruments to use



Impactor



Trial radial stem impactor

Trial radial stem

Trial radial head

9. TRIAL AND REDUCTION

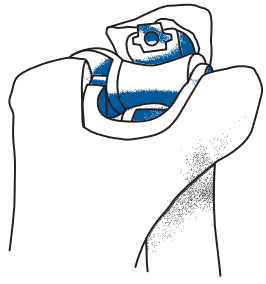
The trial components can be placed unlinked or linked.

1 Unlinked

Reduce the humeral and ulnar components (fig. 47).
Perform the initial trial reduction by placing the triceps in its anatomic position. The elbow should articulate through a full ROM, testing for stability, articular tracking, axis of rotation and range of motion.

If the trial reduction is satisfactory, remove the trial components and prepare the elbow for the final implants. If the trial reduction is not satisfactory, check that the trial implants are correctly positioned and that no soft tissue impingement has occurred.
In case of an unstable elbow, use the trial cap to link the implant.

(fig. 47)



2 Linked

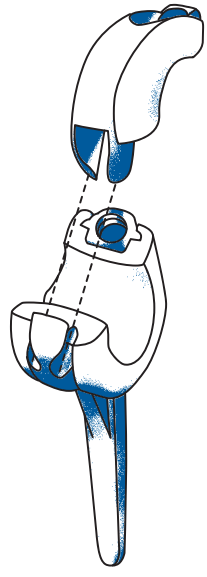
Assemble the trial ulnar cap as shown (fig. 48a-d) to the ulnar stem and tighten the trial locking screw. Confirm appropriate component placement and perform another trial reduction.

Perform the initial trial reduction by placing the triceps in its anatomic position. The elbow should articulate through a full ROM, testing for stability, axis of rotation and range of motion.

If the trial reduction is satisfactory, remove the trial components and prepare the elbow for the final implants.

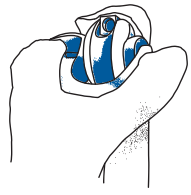
If the trial reduction is not satisfactory,
check that the trial stems sit properly on the bone
and that no soft tissue impingement has occurred.

(fig. 48a)

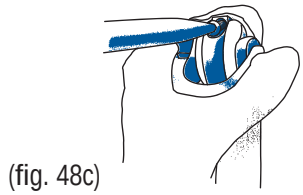


9. TRIAL AND REDUCTION

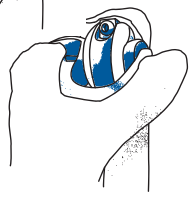
If the radial head articulates congruently with the capitellum, a radial head component should be employed.
If maltracking of the radial head is evident, component positioning should be adjusted. If maltracking persists, a radial head replacement should not be performed.



(fig. 48b)



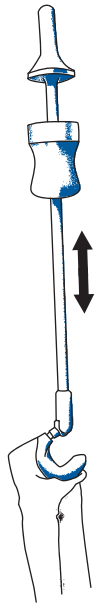
(fig. 48c)



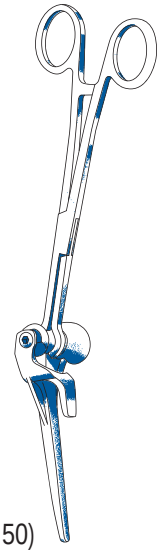
(fig. 48d)

After the trial reduction is complete, remove the trial stems.
To remove the trial radial stem, screw the radial trial handle into the screw hole of the radial trial stem.
Gently tap with a mallet to extract the stem. Remove the ulnar trial stem using the ulnar stem extractor tool (fig. 49).

To remove the humeral component, grasp the humeral trial spool with the humeral extractor clamp (fig. 50).
Then gently tap retrograde and remove the component.



(fig. 49)

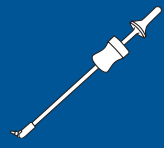


(fig. 50)

Instruments to use

Optional trial ulnar screw

Humeral component extractor



Ulnar stem extractor

10. FINAL IMPLANT ASSEMBLY

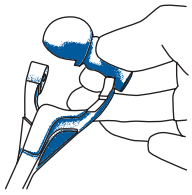
After all trial components have been removed, lavage and dry all medullary canals.
Cement restrictors should be considered.

ASSEMBLY OF FINAL COMPONENTS

Check that the spool sits properly on the humeral component.

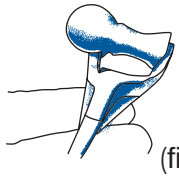
The humeral stem (side and size) is assembled to the appropriate spool (side, size and offset).
The implant humeral screw (cannulated) is firmly tightened with the 4.5 mm hex screwdriver (fig. 51a-c).
The humeral implant screw is then further secured with the crimping tool as shown (fig. 52a-b).

1



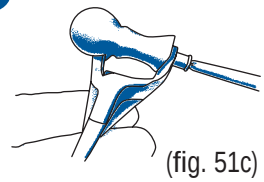
(fig. 51a)

2



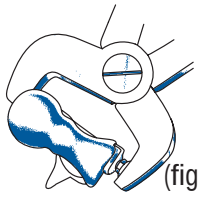
(fig. 51b)

3

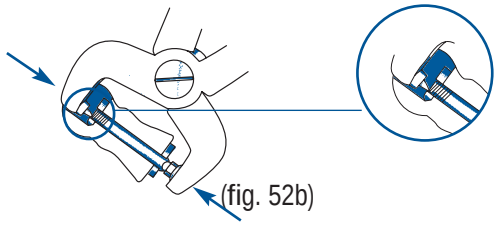


(fig. 51c)

The crimper is intended to be used after the humeral screw insertion inside the spool and before the humeral stem cementation. The round side of the crimper is inserted inside the screw head and the pointed side (the awl) is positioned in between the shaft of the screw and the humeral yoke.
Firmly squeeze the crimper to deform the screw implant interface.



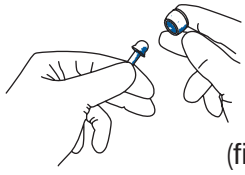
(fig. 52a)



(fig. 52b)

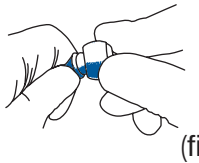
Note
If the awl is dull and will not crimp properly the screw, then refer to page 42 for awl changeout instructions.

4



(fig. 53a)

5



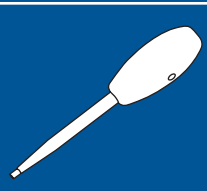
(fig. 53b)

(fig. 53c)

Note
Do not remove and reapply head on stem as repeated assembly reduces the disassembly force.

Assemble the radial components by snapping the head onto its stem prior to implantation (fig. 53 a-b).

Instruments to use



4.5 hexagonal screwdriver

Humeral screw crimping clamp

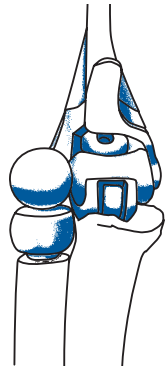
11. CEMENT TECHNIQUE AND BONE GRAFT

CEMENT TECHNIQUE

Using a cement gun, antibiotic laden bone cement is injected retrograde into the humeral canal, and antegrade into the ulnar and radial canals. The stems of the ulnar and radial components are precoated with cement to improve the implant cement bond. The components are placed into position, removing all excess cement, particularly around the bipolar radial head component. Depending on preference, the radial and ulnar components can be cemented first and then the humerus or all three can be cemented simultaneously.

TIP

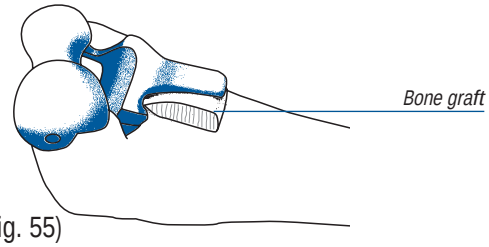
When using the radial head component, cement both radial head and ulnar stem at the same time. To ensure that both components are seated at the same level, use the trial humeral stem and spool as a visual guide to correct insertion (fig. 54).



(fig. 54)

Anterior Flange Bone Graft

A cancellous bone fragment from the resected bone of the distal humerus is fashioned to fit between the humeral shaft and the anterior flange of the humeral component.
The bone graft is wedged firmly in place (fig. 55).



(fig. 55)

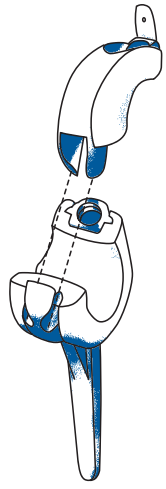
Unlinked

- The supplied ulnar screw is left in the ulnar component.
- Proceed with ligament repair and closure.

11. CEMENT TECHNIQUE AND BONE GRAFT

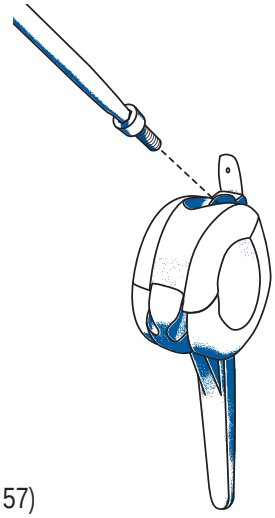
Linked

- Cement each component according to the technique described. Wait until cement has set. Leave protecting ulnar screw in its component to prevent cement from coming in contact with the threads. Avoid any movement of the elbow while the cement is setting as movement decreases the bond of cement to the components.
- Assemble the 2.5 mm screwdriver with the torque handle.
- When cement has completely set, remove the protecting ulnar screw with the 2.5 mm hex screw driver and discard.
- Reduce humeral and ulnar components to approximately 140° of flexion, insert ulnar cap into the ulnar stem (fig. 56).



(fig. 56)

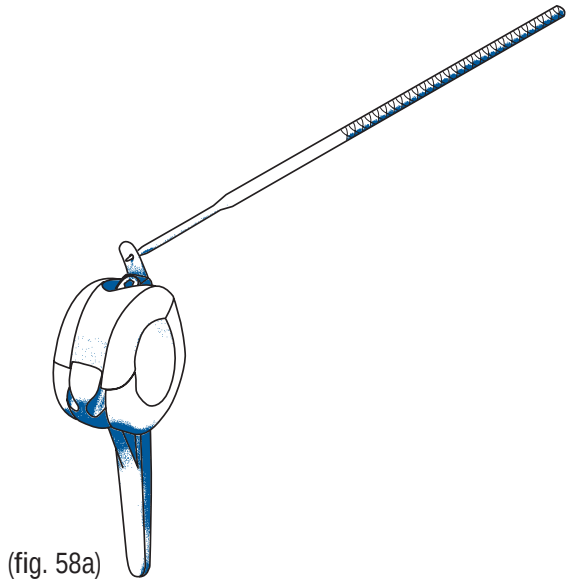
- Tighten the screw until the torque release is reached (fig. 57).



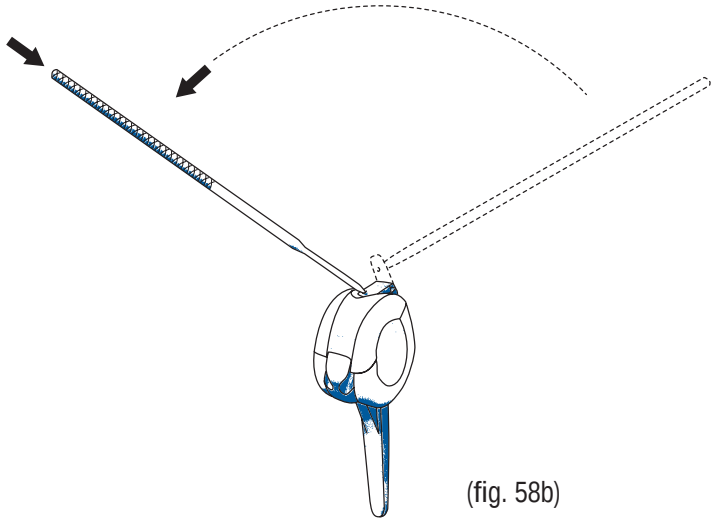
(fig. 57)

11. CEMENT TECHNIQUE AND BONE GRAFT

- Using the tab bending tool and a mallet (fig. 58a), bend the cap tab over the screw (fig. 58b).

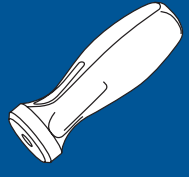


(fig. 58a)

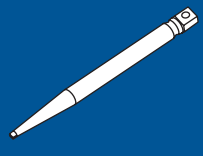


(fig. 58b)

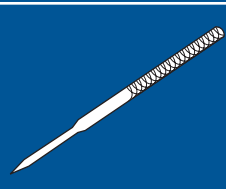
Instruments to use



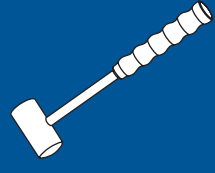
Torque handle



Torgue screwdriver adaptator



Ulnar cap lug bending tool



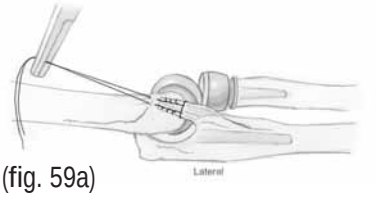
Mallet

SUTURE TECHNIQUE AND CLOSURE

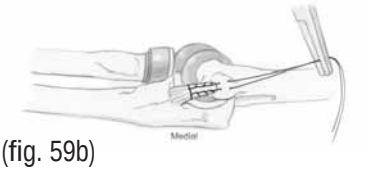
12. SUTURE TECHNIQUE AND CLOSURE

1 Suture technique

Using #1 Fiberwire™, Krackow sutures are placed in the medial and lateral collateral ligaments and common flexor and extensor origins respectively. Utilizing suture passer, the sutures are drawn through the cannulated humeral screw in the implant and tied. The suture ends are passed around the ulna and tied to prevent elbow subluxation in the postoperative period.
The triceps is repaired to the olecranon using #5 Ethibond™ suture with locking Krackow technique. Drill holes are placed in the ulna to ensure a strong postoperative repair.



(fig. 59a)



(fig. 59b)

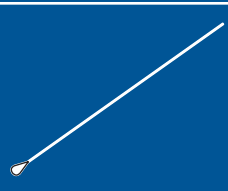

(fig. 60)

2 Postoperative recommendations

• Unlinked TEA
The elbow is splinted at 60° in a well padded splint for 24-48 hours depending on skin quality. Active flexion and gravity assisted extension is performed with forearm in neutral rotation. Active extension is avoided for 6 weeks to protect the triceps repair. Prosupination is performed with the elbow in flexion.
A collar and cuff or sling is used between exercises for the first 6 weeks. Extension splinting at night may be used to assist in regaining elbow extension after four weeks. Light strengthening is initiated 10 weeks postoperatively.

• Linked TEA
The elbow is splinted in full extension with a well padded splint for 24-48 hours. Active flexion and prosupination is performed without restriction. Gravity assisted extension is used to protect the triceps repair for 6 weeks. If a triceps sparing approach was used, active extension is permitted immediately postoperatively. Light strengthening is initiated 10 weeks postoperatively.
Night extension splinting is initiated immediately postoperatively to maximize elbow extension.

Instruments to use

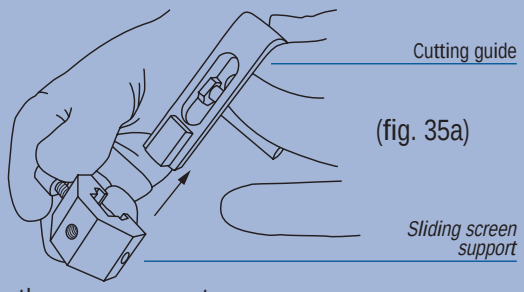

Suture passer

Fiberwire™ is a trademark from Arthrex, FL.
Ethibond™ is a trademark from Johnson & Johnson, NJ.

12. RADIO-ULNAR TRICEPS ON CUTTING GUIDE

- Components required to assemble the triceps on ulnar cutting guide:
  - Triceps on cutting guide.
  - Sliding screw support.
  - Forearm axis guide.
  - 4 locking screws: flat/trochar/cannulated (Ø 2 mm).
- Choose the appropriate side cutting guide, one size fits all.
- Assemble the cutting guide as shown (see assembled cutting guide fig. (35a-d).

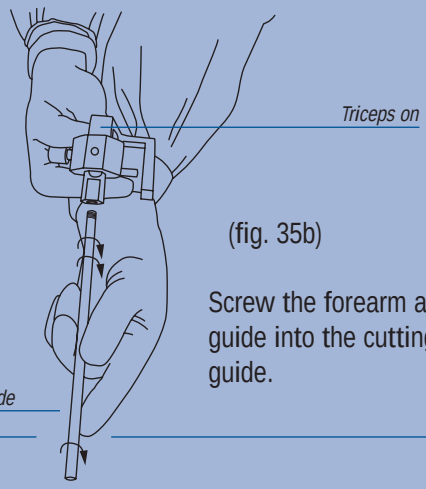
1



(fig. 35a)

Slide the screw support onto the cutting guide.

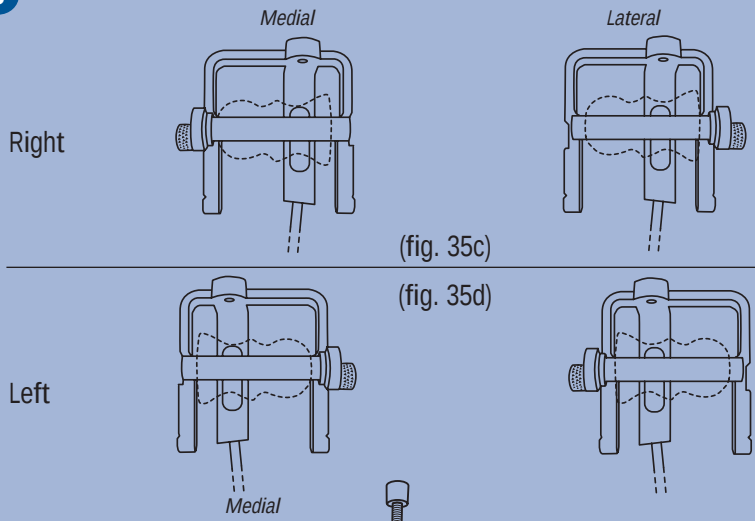
2



(fig. 35b)

Screw the forearm axis guide into the cutting guide.

3

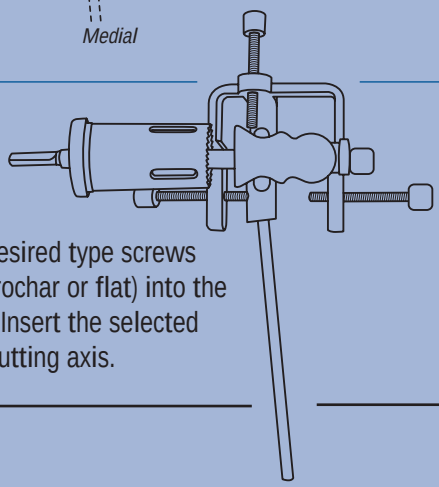


(fig. 35c)

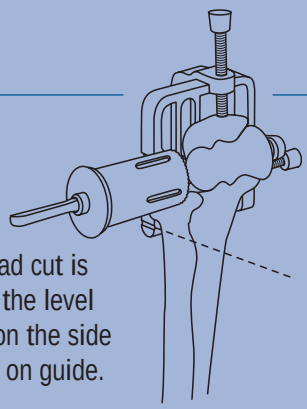
(fig. 35d)

Assemble the spool support to the jig on either side depending on whether the ulnar cut is to be made from lateral or medial.

4



Screw the 4 desired type screws (cannulated, trochar or flat) into the cutting guide. Insert the selected spool on the cutting axis.



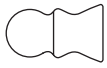
The radial head cut is performed at the level of the notch on the side of the triceps on guide.

INSTRUMENTATION

Drilling of flexion / extension axis

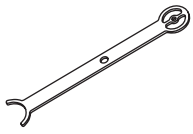
Anatomical spool

Small size	Ref. MKY032
Medium size	Ref. MKY034
Large size	Ref. MKY036
Large +	Ref. MKY138



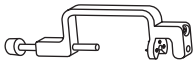
Capitellum radii gauge

Small size	Ref. MKY002
Medium size	Ref. MKY004
Large size	Ref. MKY006



Drilling guide of flexion/extension axis

Ref. MKY001



Medullary alignment rod

Ref. MKY119

Stabilization pin length 110 mm - Ø 3

Ref. MJU051

Drill bit for flexion/ extension axis - Ø 3

Ref. MKY061

Reamer - Ø 3

Ref. MDS460

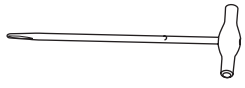
Humeral diaphysis drilling

Burr - Ø 6

Ref. MKY058

Humeral diaphysis reamer - Ø 6

Ref. MKY007



Offset determination

Axis - Ø 2,8 L180 flexion/extension

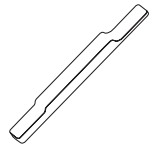
Ref. MKY018

Humeral diaphysis axis

Ref. MKY019

Offset determining gauge

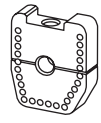
Small size	Ref. MKY008
Medium size	Ref. MKY009
Large size	Ref. MKY010



Humeral trochlea cut

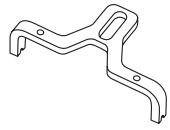
Humeral trochlea cutting block

Small size	Ref. MKY012
Medium size	Ref. MKY013
Large size	Ref. MKY014



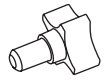
Humeral trochlea cutting guide support

Ref. MKY015



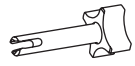
Assembly screw for humeral trochlea cut

Ref. MKY016



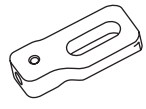
Diaphysis aiming guide

Ref. MKY017



"No trochlea" humeral cutting guide support

Right side	Ref. MKY059
Left side	Ref. MKY060

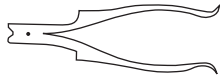


Stabilization pin Ø 3 - Length 55 mm

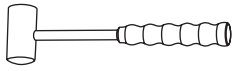
Ref. MKY062

INSTRUMENTATION

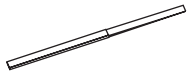
Pin puller
Ref. MCI511



Mallet
Ref. MWA122



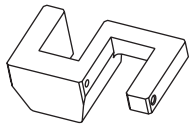
Osteotome
Ref. MDU500



Humeral capitellum cut

Capitellum cutting guide

Small, right	Ref. MKY020
Small, left	Ref. MKY021
Medium, right	Ref. MKY022
Medium, left	Ref. MKY023
Large, right	Ref. MKY024
Large, left	Ref. MKY025



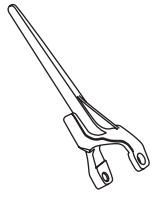
Humeral diaphysis canal broach

Starting size	Ref. MKY063
Small	Ref. MKY026
Medium	Ref. MKY028
Large	Ref. MKY030

Humeral trial parts

Trial humeral stem

Small, right	Ref. MKY080
Small, left	Ref. MKY081
Medium, right	Ref. MKY082
Medium, left	Ref. MKY083
Large, right	Ref. MKY084
Large, left	Ref. MKY085



Trial spool anterior offset

Small size, right	Ref. MKY086
Small size, left	Ref. MKY089
Medium size, right	Ref. MKY087
Medium size, left	Ref. MKY090
Large size, right	Ref. MKY088
Large size, left	Ref. MKY091
Large + size, right	Ref. MKY139
Large + size, left	Ref. MKY140

Trial spool centered offset

Small, right	Ref. MKY098
Small, left	Ref. MKY101
Medium, right	Ref. MKY099
Medium, left	Ref. MKY102
Large, right	Ref. MKY100
Large, left	Ref. MKY103
Large +, right	Ref. MKY141
Large +, left	Ref. MKY142

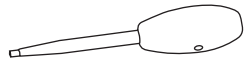
Trial spool posterior offset

Small, right	Ref. MKY092
Small, left	Ref. MKY095
Medium, right	Ref. MKY093
Medium, left	Ref. MKY096
Large, right	Ref. MKY094
Large, left	Ref. MKY097
Large +, right	Ref. MKY143
Large +, left	Ref. MKY144

Trial humeral screw

Small size	Ref. MKY104
Medium size	Ref. MKY105
Large size	Ref. MKY106

Hexagonal screwdriver
Ø 4,5 mm
Ref. MHG001



INSTRUMENTATION

Impactor
Ref. MKY064

Suture passer
Ref. MKY079

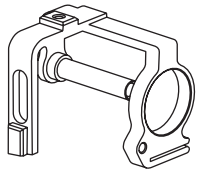
Base	Ref. YRAD321
Insert	Ref. YRAD322

Box lid
Ref. NCR001

Ulnar/radial cut

Ulnar/radial cutting guide

Small size, right	Ref. MKY040
Small size, left	Ref. MKY041
Medium size, right	Ref. MKY042
Medium size, left	Ref. MKY043
Large size, right	Ref. MKY044
Large size, left	Ref. MKY045



Tightening screw Ø M5 - triangular tip
Ref. MKY071

Tightening screw Ø M5 - flat tip
Ref. MKY072

Cannulated tightening screw Ø M5
Ref. MKY052

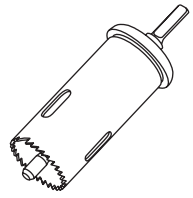
Forearm positioning guide
Ref. MKY046

Ulnar/radial cutting guide sliding block
Ref. MKY047

Locking screw
Ref. MKY054

Bell saw

Small size	Ref. MKY037
Medium size	Ref. MKY038
Large size	Ref. MKY039

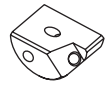


Ulnar diaphysis drilling

Ulnar diaphysis drill guide handle
Ref. MKY048

Ulnar diaphysis drill guide

Small size, right	Ref. MKY051
Small size, left	Ref. MKY069
Medium size, right	Ref. MKY050
Medium size, left	Ref. MKY067
Large size, right	Ref. MKY049
Large size, left	Ref. MKY065



Ulnar diaphysis axis drill bit
Ref. MKY070

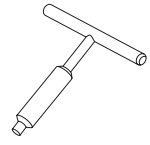
Ulnar broaches

Ulnar broach

Starting size,	Ref. MKY074
Small size	Ref. MKY075
Medium size	Ref. MKY076
Large size	Ref. MKY077

Ulnar reamer - standard stems
Ref. MKY132

Ulnar reamer handle
Ref. MKY131



INSTRUMENTATION

Radial broaches

Trial radial stem - Ø 5 mm
Ref. MKY116

Trial radial stem - Ø 6,5 mm
Ref. MKY117

Ulnar/radial trial parts

Trial ulnar short stem

Small size, right	Ref. MKY107
Small size, left	Ref. MKY108
Medium size, right	Ref. MKY109
Medium size, left	Ref. MKY110
Large size, right	Ref. MKY111
Large size, left	Ref. MKY112

Trial ulnar standard stem

Small size, right	Ref. MKY125
Small size, left	Ref. MKY126
Medium size, right	Ref. MKY127
Medium size, left	Ref. MKY128
Large size, right	Ref. MKY129
Large size, left	Ref. MKY130

Torque handle
Ref. MKY121

Torque screwdriver adaptor (hexagon 2,5 mm)
Ref. MKY122

Trial ulnar cap

Small size	Ref. MKY113
Medium size	Ref. MKY114
Large size	Ref. MKY115

Spare M5 ulnar screw implant
Ref. DKY066

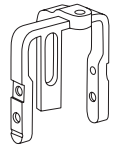
Ulnar cup lug bending tool
Ref. MKY124

Trial radial head

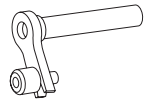
Small size	Ref. MKY055
Medium size	Ref. MKY056
Large size	Ref. MKY057
Large + size	Ref. MKY134

Triceps on jig

Right size	Ref. MKY135
Left size	Ref. MKY136



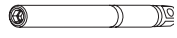
Triceps on bell saw jig
Ref. MKY137



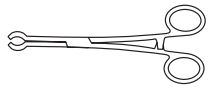
Humeral screw crimping clamp
Ref. MKY133

Crimping clamp - Awl
Ref. MKY146

Crimping clamp - Awl adaptator
Ref. MKY145

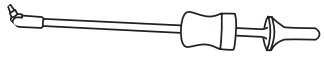


Humeral component extractor
Ref. MKY147



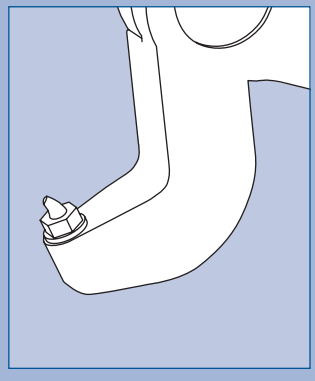
Trial radial head impactor
Ref. MKY118

Ulnar stem extractor
Ref. MWA118

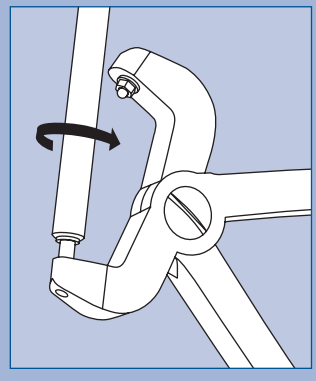


INSTRUMENTATION

AWL CHANGE OUT INSTRUCTIONS



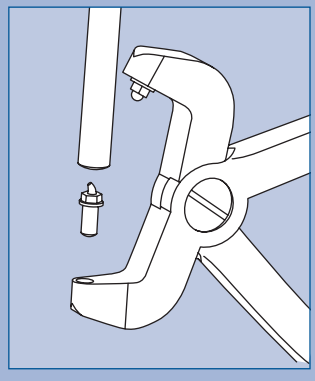
1



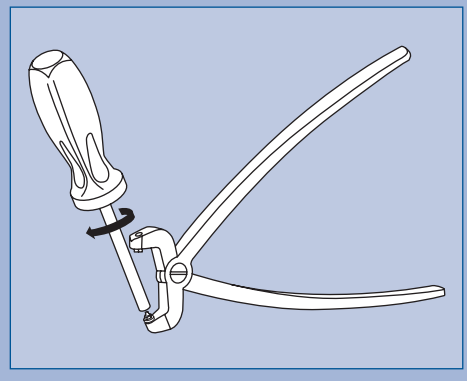
2

Assemble the awl adaptor (MKY145) to the torque handle (MKY121).

Unscrew the dull awl with the assembled screwdriver.
Take a new awl and screw it on the clamp until the release torque of the screwdriver is reached.



3



4

NOTES

ELBOW PROSTHESIS

Latitude Total Elbow Prosthesis

TOTAL ELBOW PROSTHESIS

Humeral Components

Ref.	Component information
DKY181	Humeral component small right
DKY183	Humeral component medium right
DKY185	Humeral component large right
DKY182	Humeral component small left
DKY184	Humeral component medium left
DKY186	Humeral component large left

Spool

Ref.	Component information
DKY201	Spool small anterior offset right
DKY203	Spool medium anterior offset right
DKY205	Spool large anterior offset right
DKY207	Spool large + anterior offset right
DKY202	Spool small anterior offset left
DKY204	Spool medium anterior offset left
DKY206	Spool large anterior offset left
DKY208	Spool large + anterior offset left
DKY221	Spool small posterior offset right
DKY223	Spool medium posterior offset right
DKY225	Spool large posterior offset right
DKY227	Spool large + posterior offset right
DKY222	Spool small posterior offset left
DKY224	Spool medium posterior offset left
DKY226	Spool large posterior offset left
DKY228	Spool large + posterior offset left
DKY211	Spool small centered offset right
DKY213	Spool medium centered offset right
DKY215	Spool large centered offset right
DKY217	Spool large + centered offset right
DKY212	Spool small centered offset left
DKY214	Spool medium centered offset left
DKY216	Spool large centered offset left
DKY218	Spool large + centered offset left

Anterior

Posterior

Centered

Standard Ulnar Stem

Ref.	Component information
DKY071	Standard ulnar stem small right
DKY072	Standard ulnar stem medium right
DKY073	Standard ulnar stem large right
DKY075	Standard ulnar stem small left
DKY076	Standard ulnar stem medium left
DKY077	Standard ulnar stem large left

Short Ulnar Stem

Ref.	Component information
DKY081	Ulnar stem small right
DKY082	Ulnar stem medium right
DKY083	Ulnar stem large right
DKY085	Ulnar stem small left
DKY086	Ulnar stem medium left
DKY087	Ulnar stem large left

Ulnar Cap

Ref.	Component information
DKY067	Ulnar cap small
DKY068	Ulnar cap medium
DKY069	Ulnar cap large

Radial Components

Ref.	Component information
DKY056	Radial head small
DKY057	Radial head medium
DKY058	Radial head large
DKY059	Radial head large +
DKY061	Radial stem diam. 6.5 mm
DKY062	Radial stem diam. 5 mm

For more information, call toll free 1-888-TORNIER (867-6437)
or contact your local representative

TORNIER
SURGICAL IMPLANTS

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