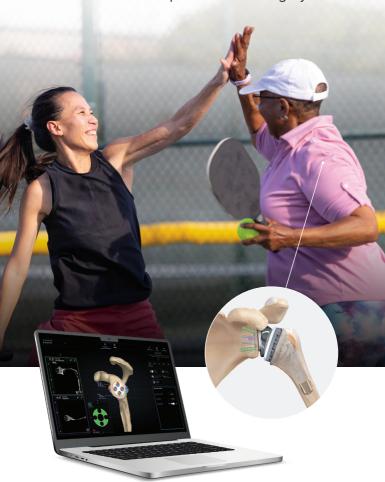
# A Preoperative Surgical Plan for Your Shoulder Replacement Procedure

Virtual Implant Positioning

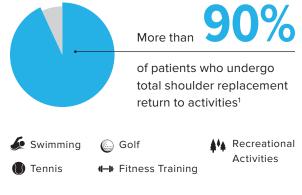
Preoperative Planning System





### Get Back to Living Life Fully

Your surgeon has recommended shoulder replacement surgery to treat your shoulder disease/degeneration. This brochure provides information about the cutting-edge technology that will be used to carefully plan your procedure. Precision surgical planning with the VIP™ system can help relieve pain and get you back to performing everyday activities and living the active, healthy lifestyle you love.





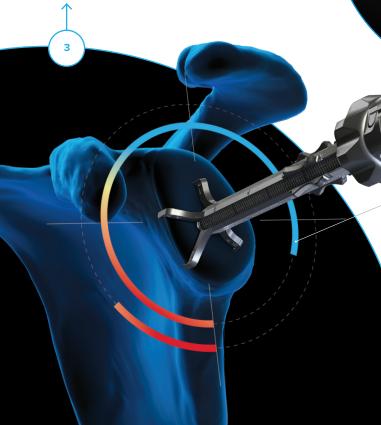
# How Does the VIP™ System Work?



A CT scan is taken to get detailed pictures of your shoulder.

Your personalized surgical plan is developed by your surgeon.

In the operating room, your surgeon uses instrumentation with settings specific to your shoulder to place your preselected implant.



Similar to a pilot relying on an accurate flight plan for a smooth journey, your surgeon can depend on your personal VIP plan for a smooth surgical operation. They choose to partner with the VIP system to help give you the best chance of relieving pain and getting back to the activities you love.



### **Aiming for Success**

Your surgeon's expertise combined with using the VIP system may reduce complications such as unusual postoperative pain, improper implant positioning, decreased range of motion, and the potential for long-term implant failure.<sup>2-8</sup>

# **Reverse Shoulder**





# Anatomic Shoulder







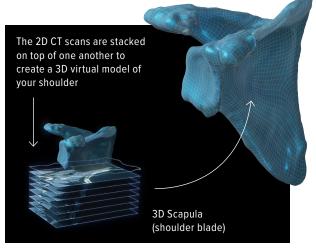
### What Is the VIP™ System?

### **CT Scan**

Before surgery, your surgeon will request a CT scan to get detailed, two-dimensional pictures of your shoulder.



They will then use an advanced software, the Virtual Implant Positioning™ (VIP) system, to create a three-dimensional image of your shoulder and virtually perform your operation. This exercise helps ensure your diagnosis is accurate and the best implant for your specific shoulder is selected.



Your virtual surgical plan is then transferred to your procedure with instrumentation settings specific to your shoulder, which helps your surgeon place the implant as accurately as possible.

# Visit **ShoulderReplacement.com** for more information about the VIP™ system

### References

1. Garcia GH, Gowd AK, Liu JN, Malaret MR, Cabarcas BC, Romeo AA. Return to sport following hemiarthroplasty with concentric reaming versus total shoulder arthroplasty: a matched pair analysis. Orthopedics. 2019;42(5):276-284. doi:10.3928/01477447-20190627-05 2. Keener JD, Patterson BM, Orvets N, Aleem AW, Chamberlain AM. Optimizing reverse shoulder arthroplasty component position in the setting of advanced arthritis with posterior glenoid erosion: a computer-enhanced range of motion analysis. J Shoulder Elbow Surg. 2018;27(2):339-349. doi:10.1016/j.jse.2017.09.011 3. lannotti J. Baker J, Rodriguez E, et al. Three-dimensional preoperative planning software and a novel information transfer technology improve glenoid component positioning. J Bone Joint Surg Am. 2014;96(9):e71. doi:10.2106/JBJS.L.01346 4. Arthrex, Inc. CC1-000004en-US\_ A. Naples, FL; 2019. 5. Arthrex, Inc. CC1-000005-en-US\_ A. Naples, FL; 2019. 6. Yian E, Chan PH, Navarro RA, Singh A, Dillon MT. Surgeon-controllable risk factors for periprosthetic infection: an analysis of 8,056 shoulder arthroplasties. J Shoulder Elbow Surg. 2017;26(5):PE160. doi:10.1016/j.jse.2016.12.035 7. Virani NA, Cabezas A, Gutiérrez S, Santoni BG, Otto R, Frankle M. Reverse shoulder arthroplasty components and surgical techniques that restore glenohumeral motion. J Shoulder Elbow Surg. 2013;22(2):179-187. doi:10.1016/j.jse.2012.02.004 8. Gutiérrez S, Walker M, Willis M, Pupello DR, Frankle MA. Effects of tilt and glenosphere eccentricity on baseplate/bone interface forces in a computational model, validated by a mechanical model, of reverse shoulder arthroplasty. J Shoulder Elbow Surg. 2011;20(5):732-739. doi:10.1016/j.jse.2010.10.035

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