

stryker

Tornier Flex

Shoulder System



Embrace life with
shoulder replacement

Lift my arm
patient education

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Is shoulder pain

keeping you from your active lifestyle?

**You don't have to suffer.
There is a reliable, effective solution.**

Shoulder replacement (also called shoulder arthroplasty) can offer hope for patients suffering from chronic shoulder pain. Shoulder replacement is the third most common type of joint replacement, after knees and hips.

Today, orthopaedic surgeons who specialize in shoulders are using advanced bone preservation technologies and implants to relieve pain and restore mobility in patients with compromised shoulder function.

Is it time for **shoulder replacement**?

This is a question only you and your orthopaedic surgeon can answer together. If you've tried and failed to get relief from non-surgical treatments it may be time to consider total shoulder replacement.

Some of the topics you and your surgeon may discuss to determine if total shoulder replacement is the right option for you include, but are not limited to:

- Current function of your rotator cuff
- Your age
- Your activity level
- Your everyday living expectations
- Your overall health

Like any surgery, total shoulder replacement surgery has risks and benefits. Your orthopaedic surgeon will carefully review the potential benefits and risks with you. Ask your surgeon about the risks and benefits of shoulder replacement surgery.

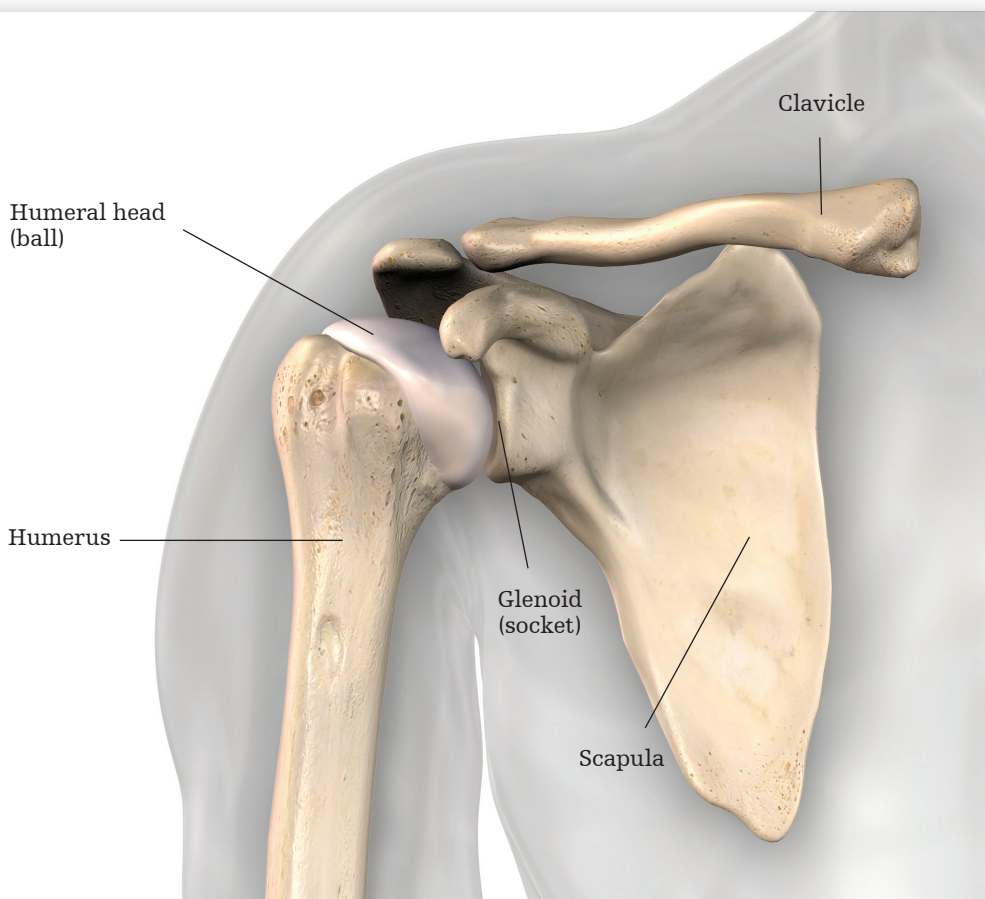


Shoulder anatomy and conditions

Shoulder arthritis

Healthy shoulder

Your shoulder is a ball-and-socket joint. The ball (humeral head) is on the top of the humerus, the long bone in your arm that runs from your elbow to your shoulder. The ball fits into a socket (glenoid) which is formed by your shoulder blade (scapula) and your collar bone (clavicle). The surface of the ball and socket are covered with a smooth tissue called articular cartilage, which allows for pain-free movement of the joint.



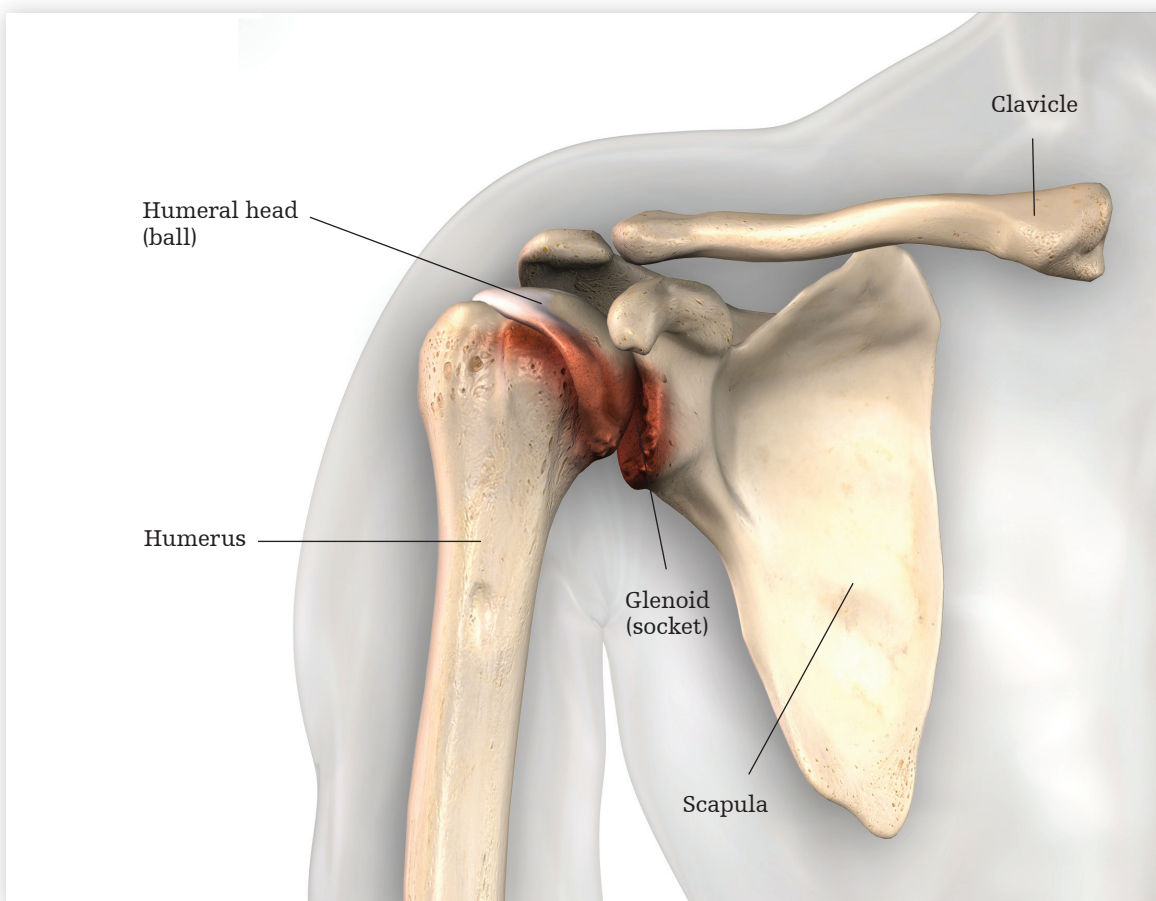


For more information on shoulder replacement, speak with your surgeon and visit:

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Shoulder with arthritis

Arthritis causes the cartilage—the smooth tissue covering bones—to break down. When the cartilage breaks down, the ball and socket of the shoulder joint rub against each other, which is painful, causes swelling and limits your range of motion. There are many types of arthritis, the most common types affecting the shoulder are osteoarthritis, rheumatoid arthritis and post-traumatic arthritis. When pain and lack of mobility reaches an advanced stage, shoulder replacement may be recommended.

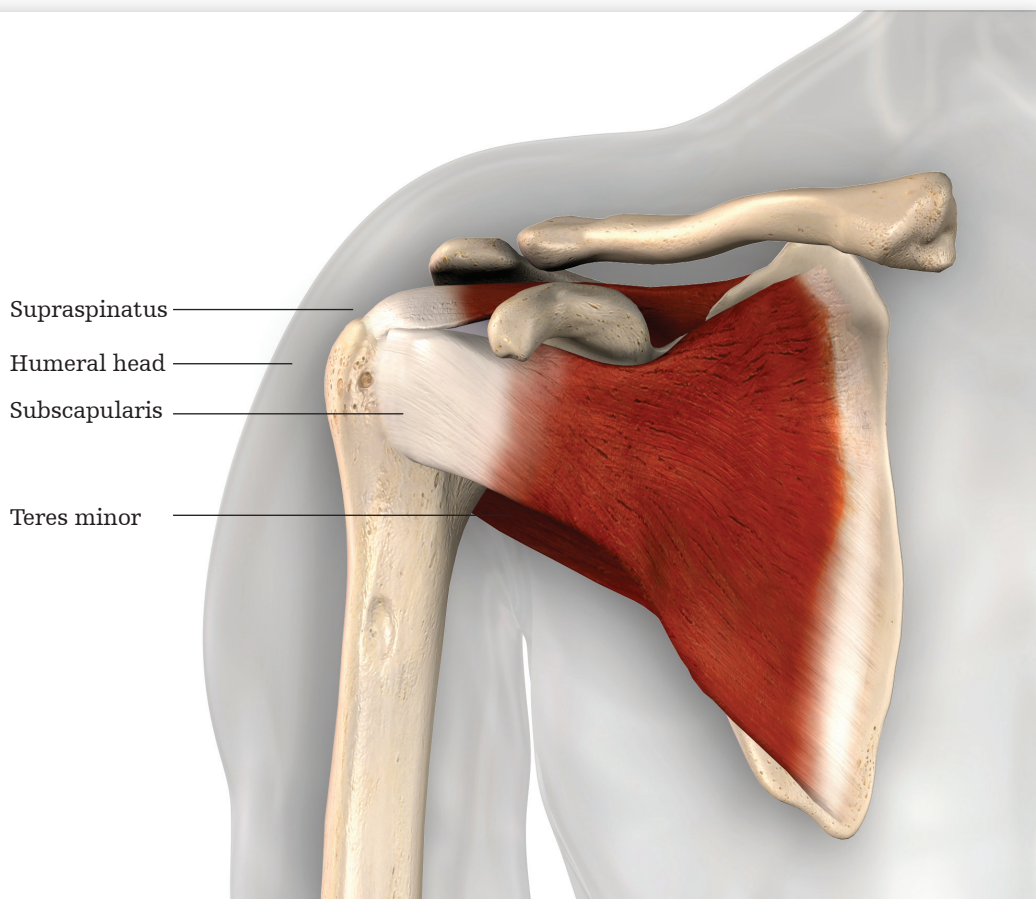


Shoulder anatomy and conditions

Torn rotator cuff and cuff tear arthropathy

Healthy rotator cuff

Your rotator cuff is made up of four muscles that connect as a tendon cuff over the humeral head. A healthy rotator cuff allows you to raise and rotate your arm, move your shoulder in different directions and helps the ball (humeral head) stay centered in the socket (glenoid).





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Torn rotator cuff

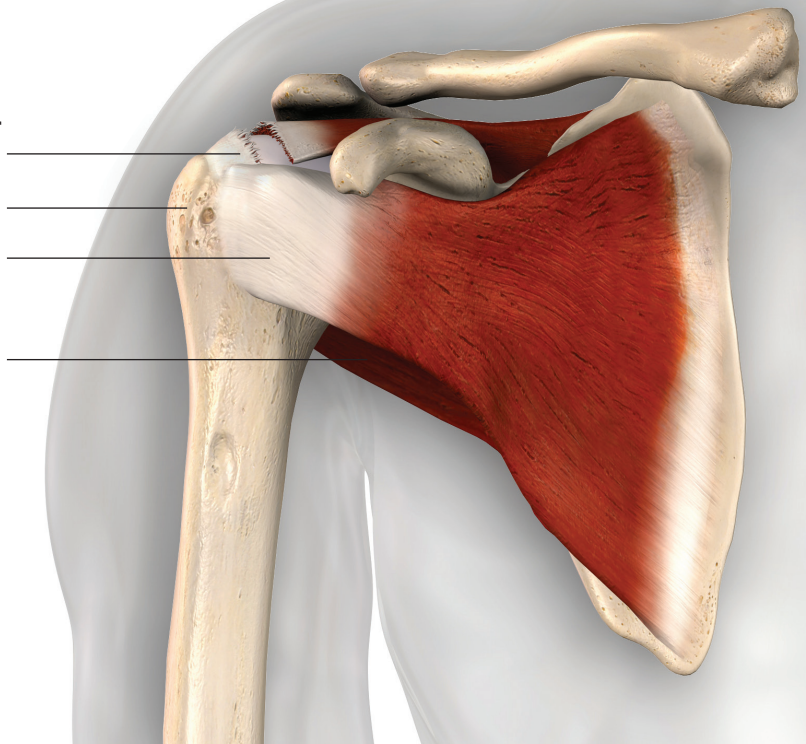
Rotator cuff tears are common, and are more likely to occur after age 40. The tendons that make up the rotator cuff weaken with age and are more likely to tear during a fall, when pulling or lifting with force, or during repetitive overhead activity such as painting, swimming and weightlifting. When a torn rotator cuff is not repaired, the shoulder doesn't move the way it should which causes wear and tear on the joint. Over time, arthritis develops and all rotator cuff function may be lost, resulting in a condition called **cuff tear arthropathy**. A reverse total shoulder replacement may be recommended for large rotator cuff tears that can't be repaired and for rotator cuff tear arthropathy.

Rotator cuff tear
supraspinatus

Humeral head

Subscapularis

Teres minor

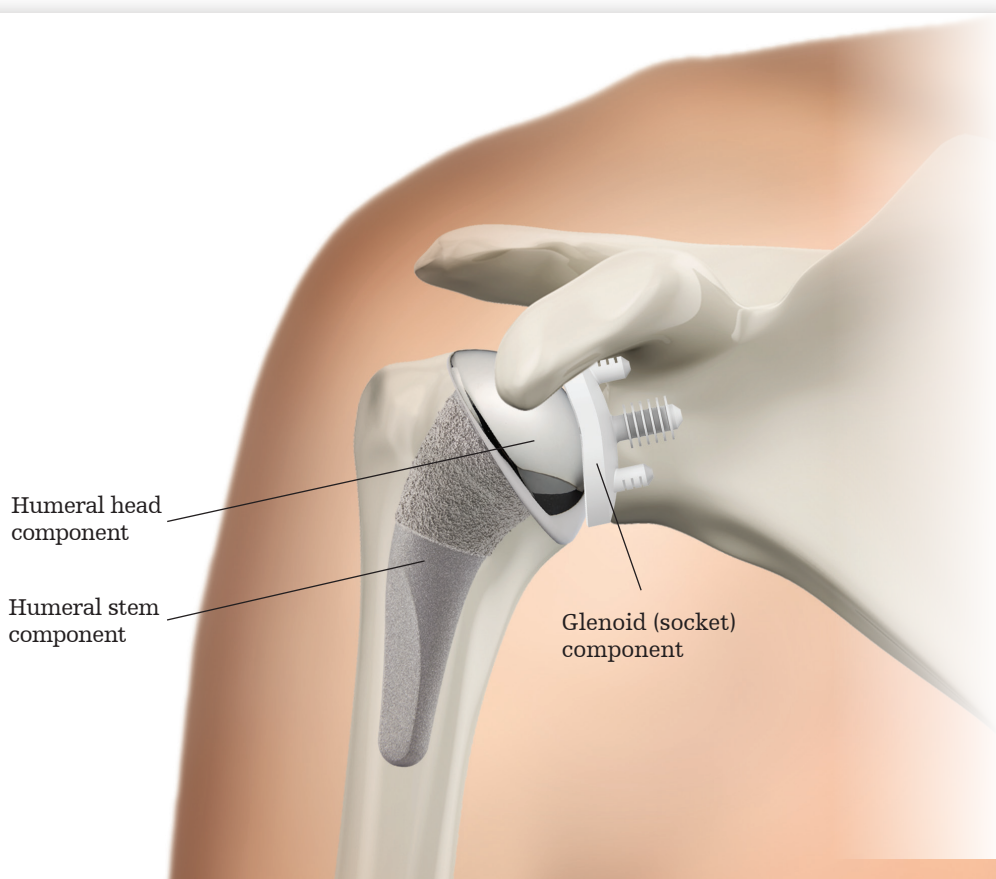


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Primary total shoulder

During a primary total shoulder replacement, the ball (humeral head) of the shoulder joint is replaced with an implant that includes a short stem with a smooth, rounded metal head. The socket (glenoid) is replaced with a smooth, rounded plastic cup that fits the head of the ball. Primary total shoulder replacement mimics the natural ball and socket anatomy of the shoulder joint and may be recommended for patients with advanced arthritis of the shoulder joint and a healthy, intact rotator cuff.



Your surgeon will discuss your specific condition and explain the potential benefits, risk and considerations of any surgical or non-surgical treatment option to manage your shoulder condition.

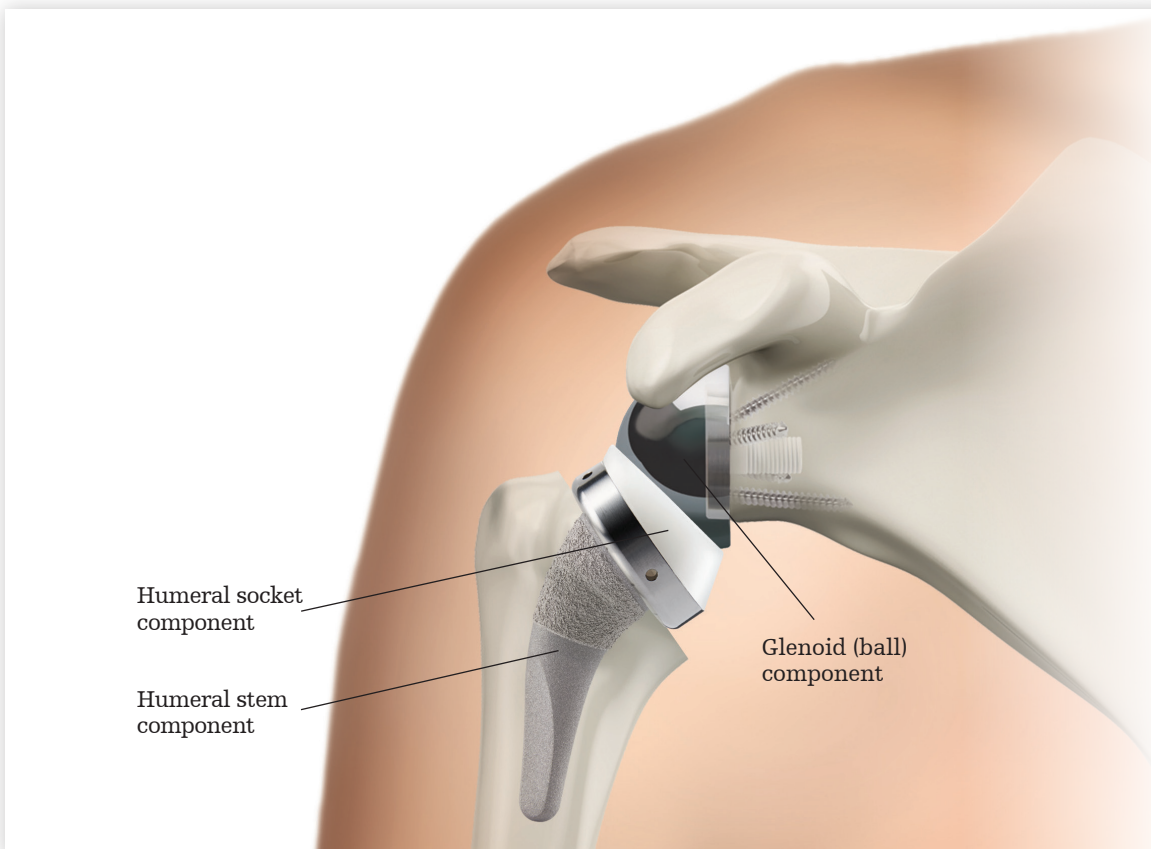
There are two types of total shoulder replacements —primary and reverse total shoulder replacement. Both procedures replace the “total” shoulder joint, meaning implants replace both the “ball” and “socket” of the shoulder joint. The procedures differ in the positioning of the ball and socket implants and the muscle groups used for movement after surgery.

Reverse total shoulder

During a reverse total shoulder replacement, the ball (humeral head) of the shoulder joint is replaced with an implant that includes a short stem with a curved plastic tray. The socket (glenoid) is replaced with a rounded metal head. Reverse total shoulder replacement reverses the natural ball and socket anatomy of the shoulder joint which allows the stronger deltoid muscles to take over for strength and function.

Reverse total shoulder replacement may be recommended for patients with:

- Completely torn or irreparable rotator cuff tendons
- Cuff tear arthropathy (shoulder arthritis with a large rotator cuff tear)
- Severe shoulder fracture
- Shoulder dislocation and a large rotator cuff tear



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Offering options and peace of mind

In a well-documented study, 90% of all shoulder replacement implants were still in place at ten years and 81% at twenty years.¹ Natural thinning of the rotator cuff, injury to the shoulder, implant wear or loosening may occur, which might require a revision surgery or conversion from a primary to a reverse total shoulder replacement. The length of time your implant lasts is highly dependent upon many factors including your age, weight, activity level, sustained injury, healing rate, infection, rotator cuff function, overall health, and other factors. Talk to your surgeon about ways to maximize the life of your shoulder replacement implant.



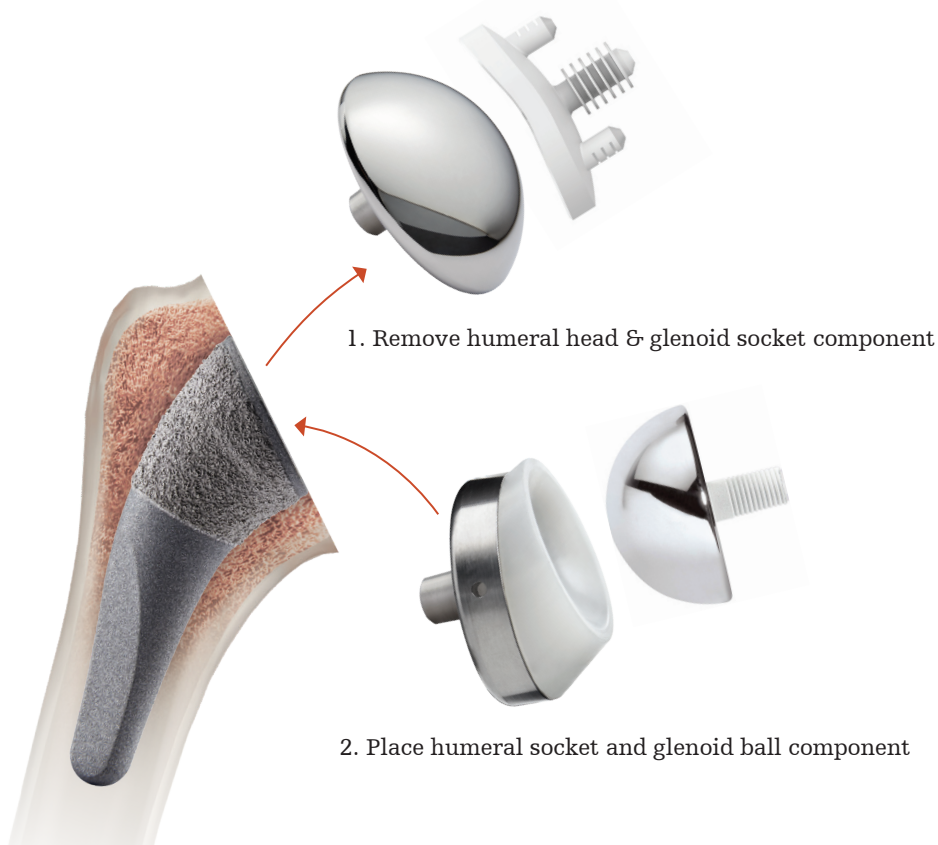


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Flexibility in action

Should a conversion from a primary total shoulder to a reverse total shoulder be required, Tornier Flex features a convertible stem which allows for a simplified conversion, the already well-fixated stem remains in place while the components on top of the stem are exchanged. Other shoulder replacement systems often require complete removal of the stem, which can potentially lead to increased blood loss, bone loss and anesthesia time during surgery.²



Tornier Flex is an innovation in shoulder replacement design that gives your orthopaedic surgeon the flexibility to address your current shoulder condition while considering potential future conditions.

References

1 J.A. Singh, MBBS, MPH, J.W. Sperling, MD, et al, Revision surgery following total shoulder arthroplasty, Journal of Bone & Joint Surgery, Nov 2011, vol 93-B no. 11 1513-1517.

2 Jacob M. Kirsch, MD, Moin Khan, MD, et al, Platform shoulder arthroplasty: a systematic Review, Journal of Shoulder Elbow Surgery, Apr 2018, vol. 27, issue 4, 756–763.

For more information and to find a shoulder surgeon near you, please visit:

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The information presented in this brochure is for educational purposes only. Stryker is not dispensing medical advice. Please speak to your doctor to decide if joint replacement surgery is right for you. Only your doctor can make the medical judgment which products and treatments are right for your own individual condition. As with any surgery, joint replacement carries certain risks. Your surgeon will explain all the possible complications of the surgery, as well as side effects. Additionally, the lifetime of a joint replacement is not infinite and varies with each individual. Also, each patient will experience a different post-operative activity level, depending on their own individual clinical factors. Your doctor will help counsel you about how to best maintain your activities in order to potentially prolong the lifetime of the device.

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