



The Comprehensive® Reverse Shoulder

Thoughts from an Early Evaluator

Ben Joseph, Product Manager

Before the full US release of the Comprehensive® Reverse Shoulder, an extensive early evaluator program was established as a way to make sure we captured the broadest spectrum of opinions and feedback possible from surgeons across the country. This, in reality, was a gut-check. A way for us to ensure we were ready to hit the market in full force with the best reverse shoulder system possible. Being last to market, we had to nail the release of the Comprehensive® Reverse Shoulder. To make sure we captured the voice of our customers, we sought surgeons with varying degrees of reverse shoulder arthroplasty experience with various competitive devices. From those who had never done a reverse arthroplasty to those who were experts in that procedure, approximately 25 surgeons were on this team. While we expected minor instrumentation changes as part of this evaluation program, it was certainly our hope that nothing beyond that surfaced. It became clear early on in this evaluation program that we were on the verge of something bigger than anything we expected, something market-shifting, and a rare opportunity to create our own space in a crowded reverse market.

“The key to the reverse [arthroplasty] is fixation of the baseplate into the glenoid,” explains Dr. Marion Herring, a shoulder specialist from Richmond, VA, and a part of the early evaluator team, in an interview in April. Dr. Herring has used nearly every system on the market, and was previously using a reverse system that relies on a central peg alone with four peripheral

screws. The Comprehensive® Reverse Shoulder baseplate was designed to offer unmatched fixation within the glenoid vault, and certainly stronger compressive strength than competitive devices that don't have central screws. Dr. Herring agrees and continues, “...fixation of the baseplate is excellent with the 6.5mm central screw and peripheral locking screws.”

Fixation of the baseplate is one thing, and we are confident we have that addressed. However, a huge reported complication which can lead to clinical complications is scapular notching. Scapular notching is described as essentially impingement between the humeral tray and/or bearing with the inferior part of the glenoid in adduction. Over time, this impingement can lead to the erosion of bone inferiorly on the glenoid and potentially to mechanical failure of both the inferior peripheral screw and baseplate itself. There has always been a tradeoff for surgeons attempting to achieve the best fixation possible while minimizing the potential for scapular notching...until now. Using proven Versa-Dial® technology in our glenospheres, complete surgeon choice is now possible. Dr. Herring said it very well, “...the offset glenosphere allows for ideal baseplate placement in the best glenoid bone, knowing that the glenosphere can be shifted inferiorly and laterally (if needed).” The lateral shift (of Center of Rotation) Dr. Herring referred to is made possible by multiple thicknesses of Versa-Dial® glenosphere. There are truly infinite options available with our glenoid baseplate and glenospheres.

“...we were on the verge of something bigger than anything we expected, something market-shifting...”

A huge advantage of our design is the seamless integration with the Comprehensive® portfolio of products, specifically the humeral stems. All Comprehensive® stems are part of the reverse offering, resulting in nearly 70 choices. All cleared for uncemented or cemented use, in primary or conversion applications. The beauty of our instrumentation is that it truly is seamless. The humeral instruments are the exact same for either a total shoulder or reverse, and the reverse glenoid instruments are extremely straight-forward. Without intuitive and easy-to-use instrumentation, the best implants are deemed unusable by surgeons. Dr. Herring agrees on the importance, “...I am very comfortable with the instrumentation and implants offered [in the Comprehensive® Reverse Shoulder System], and the system allows for the identified version and inferior tilt to be maintained while using a cannulated system to ream and plane the surface of the glenoid.”

While Dr. Herring is on the highly-experienced end of the spectrum concerning reverse arthroplasty experience, he does offer some very good suggestions for all reverse shoulder surgeons. “[Reverses] take careful pre-op planning with

CT or MRI to know the version and the bone stock available to seat the glenoid portion of the implant.” With this information in hand, surgeons can account for, and correct in most cases, the unique wear characteristics caused by cuff tear arthropathy. Dr. Herring seems very pleased with his early clinical results thus far, stating, “I am happy with my use of the Biomet Comprehensive® Reverse TSA system so far, as it has several great features. I look forward to continued use and plan to use this prosthesis for rotator cuff tear arthropathy, complex revisions, and some proximal humeral fractures.”

The Comprehensive® Reverse Shoulder System was designed to capitalize on the shortcomings of other competitive systems. We’ve created our own space in the reverse market...the space that allows surgeons true flexibility in the placement of all implants. The Comprehensive® Reverse Shoulder...this is our Oxford® knee.

Dr. Herring is neither a designing surgeon nor a paid consultant with Biomet. He can be reached at mherring@aocortho.com.



Rep Spotlight

Chad Alvarez, Biomet Stephan & Associates, Inc.

Distributor: Hibbard / Stephan

Employed with Biomet: Since 2003

Hobbies: Scrapbooking, playing the harp, and attending monster truck rallies

So far in 2009, Chad has experienced an increase in sales of over 170 percent for all bone cement and accessories with an impressive increase of almost 200 percent in bone cement alone. Chad was asked a series of questions to help determine why his numbers were so impressive this year:

Q: During this past year, you have shown a significant increase in Cobalt™ Bone Cement sales.

What did you do to increase your numbers by almost 200 percent this year?

A: “I worked with Kristen Martin to assure that Cobalt™ had consistent handling characteristics and set time independent of what mixing system or gun was utilized. I also made Cobalt™ part of my sales pitch when presenting our StageOne™ hip and knee molds.”

Q: What are the reactions of your surgeons to the re-processed Cobalt™ Bone Cement?

A: “Excellent!”

Q: What feature(s) of Cobalt™ do you emphasize when you are discussing the product with surgeons?

A: “Handling characteristics and the easy to identify color.”

Q: What kind of advice can you give to the rest of the field about selling Cobalt™ Bone Cement?

A: “I would really stress the advantages of Cobalt™. The extra working time, improved handling characteristics, and easy to identify color are a huge benefit to physicians learning the Oxford®. I have found that the physicians were as likely to use Cobalt™ as they were to use the Oxford® leg holder and ‘toothbrush’ saw blade.”

Way to go Chad, keep up the **great work** and intensity that you put into bone cement!