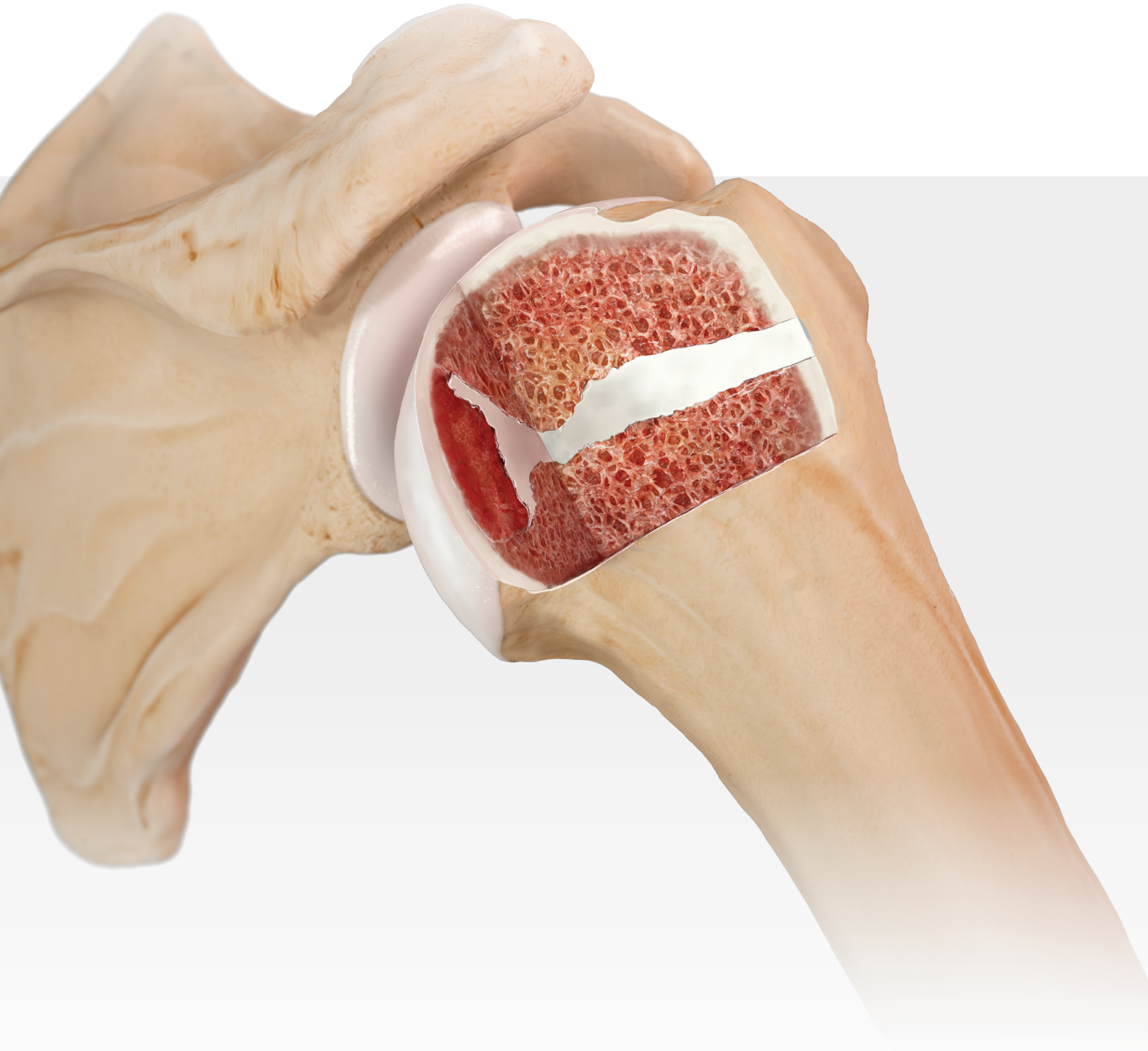
Decompression Cannula for Hill-Sachs Lesion

Surgical Technique



Arthrex®

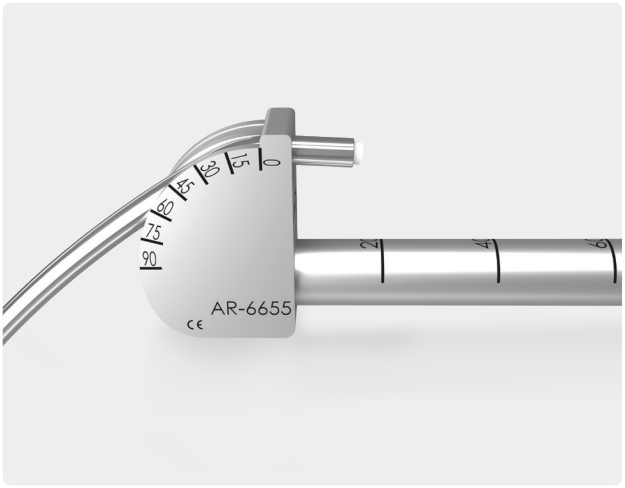
Decompression Cannula for Hill-Sachs Lesion

Depressed fractures such as Hill-Sachs lesions are challenging to treat.[1] The surgical management includes percutaneous anatomic reduction and stable fixation to ensure early mobilization and minimal surgical trauma. The Arthrex decompression cannula enables convenient reduction of depressed fractures.

Key Features

Decompression Cannula

- Diameter 8 G—allows minimally invasive procedure
- Bended shape—provides convenient access and reduction of the compression
- Luer lock connection—allows universal attachment to syringes and dosing cartridges
- Flexible trocar—atraumatic reduction and eliminates lost injection volume



Bending Tool

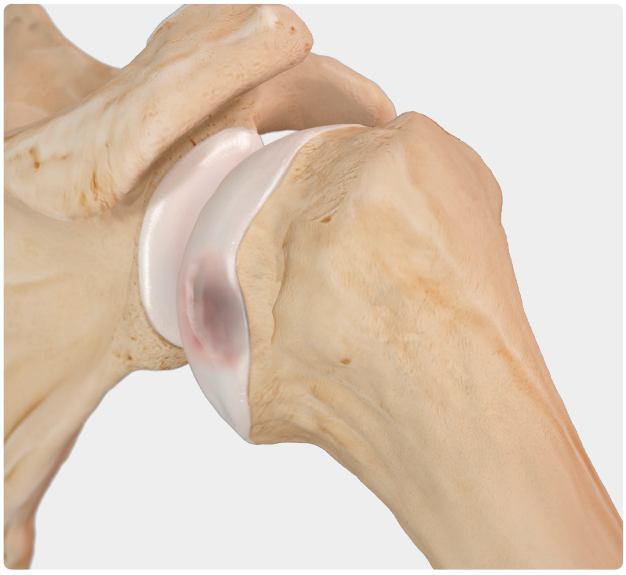
- May be used with 8 G (external diameter 4.3 mm) and 10 G (external diameter 3.5 mm) cannulas
- Allows reshaping (from a distance of 1 cm from the cannula tip) of up to 45°
- Angle scale: 0°-90° for estimation of the bending angle
- Length scale: 20 mm-100 mm for estimation of the distance between the bend and cannula tip

Quickset™ Macroporous, Injectable, Hardening Resorbable Calcium Phosphate Cement

- Closed mixing system
- Easy application
- Radiopaque*
- Compressive strength of 24 MPa

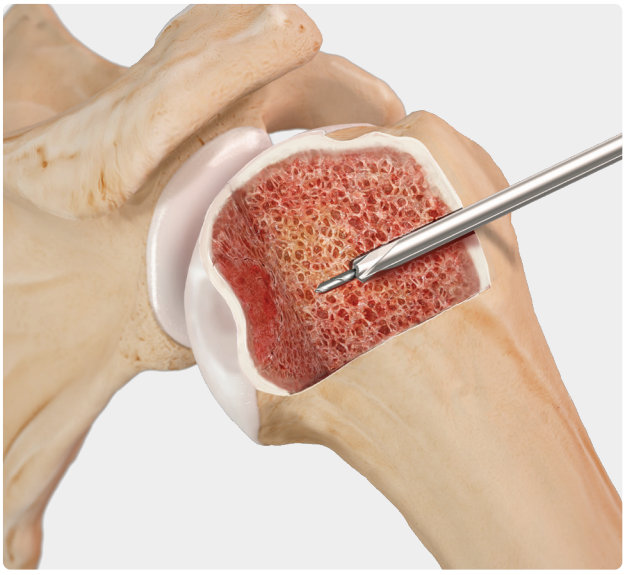
*The radiopacity of Quickset is slightly higher than the trabecular bone and must be taken into account during radiographic analysis.

Surgical Technique



1

Use intraoperative flouroscopy and a guidewire to determine the ideal entry point on the lateral aspect of the proximal humerus. Typically, the entry point can be found 1.5 cm-2 cm below the greater tuberosity and posterior to the bicipital groove. Make a short incision in the area of drilling and then advance a 2.4 mm guide pin through the cortical bone.

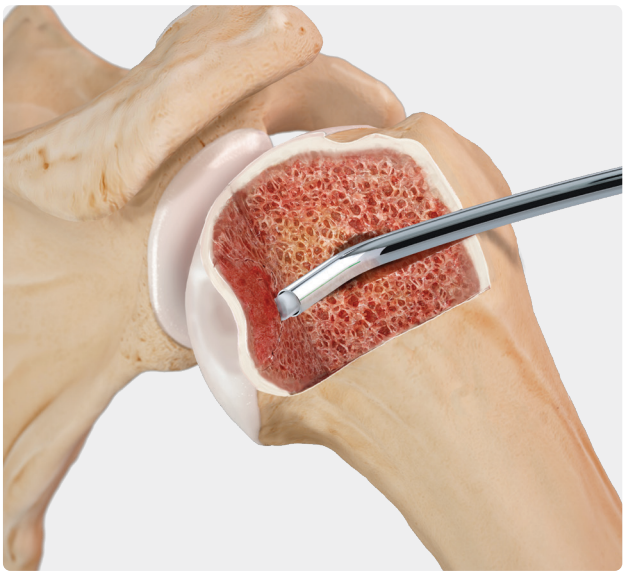


2

Place an appropriate tissue protector over the guide pin and use the 5 mm cannulated reamer to drill through the cortical bone (approximately 1 cm).

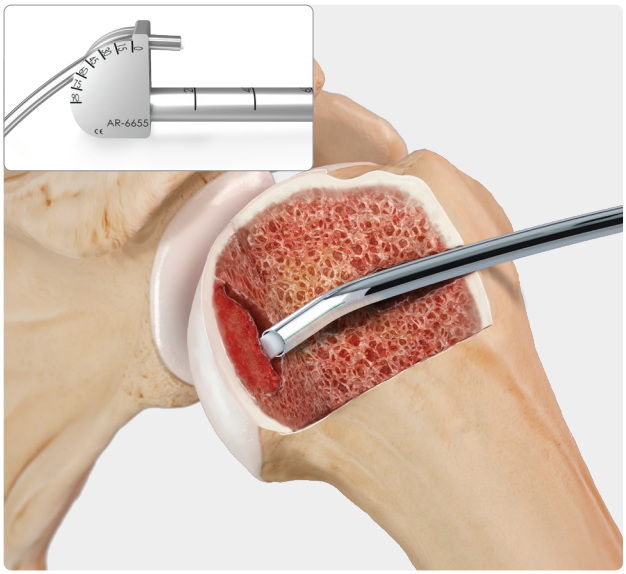
3

While retaining the position of the reamer, replace the 2.4 mm drill pin with a 1.1 mm guidewire. Remove the trocar of the decompression cannula. Following the removal of the reamer, advance the decompression cannula over the 1.1 mm guidewire to approximate the pilot hole.



4

Remove the 1.1 mm guidewire, then assemble the trocar with the decompression cannula.



5

Under fluoroscopic guidance, engage the cannula by slightly turning and pushing until it is positioned under the compressed part of the Hill-Sachs lesion. Reduce the compression frature by elevating the depressed region. Apply the elevating force at the center of the depression.

Optional: The cannula bending can be reduced by using the cannula bending tool (AR-6655.)

Note: The cannula is provided in the maximum bend.

6

For injection purposes, remove the trocar of the compression fracture cannula by turning the inner part of the handle 90˚ and then pull slowly. While removing the trocar, make sure the cannula stays in place under the reduced Hill-Sachs lesion.

7

During delivery of autologous, allograft, or synthetic bone graft materials, fluoroscopy may be used to assure that there is no leakage into the joint.

Ordering Information

Decompression cannula	ABS-3300
Quickset™ calcium-phosphate cement, 8 cc	ABS-3008
Optional Accessories	
Drill tip guide pin, 2.4 mm × 311 mm	AR-1250L
Cannulated headed reamer, 5 mm-11 mm	AR-1405 to AR-1411
Slotted mallet	AR-9231-21
Cannula bending tool	AR-6655
Guide pin wire, 1.1 mm	AR-1249

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.

Reference

1. Garcia GH, Degen RM, Bui CNH, McGarry MH, Lee TQ, Dines JS. Biomechanical comparison of acute Hill-Sachs reduction with remplissage to treat complex anterior instability. *J Shoulder Elbow Surg.* 2017;26(6):1088-1096. doi:10.1016/j.jse.2016.11.050

This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level or outcomes.

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