Multiple Targets. Same Results.

*Signature™* Personalized Patient Care for *Comprehensive Total* and *Reverse Shoulder Systems*

Product Brochure
SPECIFICALLY CREATED FOR YOUR PATIENTS

With each patient-specific Signature™ guide, the surgeon will receive a bone model created from each patients’ unique anatomy. The bone model allows for preoperative surgeon evaluation and intraoperative verification.

THE SIGNATURE™ GLENOID SYSTEM
SURGEON DESIGNED. PATIENT MATCHED.

The Signature™ Glenoid system is a patient-specific surgical positioning guide which offers a unique and tailored approach to shoulder arthroplasty. Using three dimensional CT imaging technology, these guides are created and based upon each patients’ unique anatomy, offering personalized patient care and pin-point accuracy for both anatomic and reverse shoulder arthroplasty.

DEMONSTRATED RESULTS

-1.6 degrees
0.9 degrees
1.4 millimeters

Average Version
Average Inclination
Average Insertion Point

*negative reflects retroversion, positive reflects superior tilt

** Data on file at Biomet. Bench testing is not necessarily indicative of clinical performance.
INTERACTIVE PREOPERATIVE PLANNING

- Patient-specific images are featured for both anatomic and reverse procedures.

- The planning suite details the suggested position, orientation and size of each implant.

- Preoperative changes can be made by the surgeon and updated by the Biomet Signature™ team to create a customized plan for every patient.
The information and images shown below detail the trajectories for both anatomic TSA and reverse TSA as determined by the planning algorithm and surgeon preferences (if applicable). Please keep in mind that the final guide does not control ream depth, but for reference, the TSA glenoid implant, reverse TSA baseplate, and central screw are shown at an estimated ream depth along the indicated trajectory. Please review the trajectories and indicate any changes before approving and submitting to Biomet.

Based on the CT scan provided, the below data and implant sizes were determined:

**Anatomic Shoulder Arthroplasty**
- The glenoid guide will be used to place the Steinmann pin for Anatomical Shoulder Arthroplasty.
- **WARNING**: Implant size overhangs glenoid fossa and perforates the glenoid vault.

**Reverse Shoulder Arthroplasty**
- The glenoid guide will be used to place the Steinmann pin for Reverse Shoulder Arthroplasty.
- **Implant Size**: LG
- **Baseplate Size**: 25mm
- **Central Screw Size**: 20mm

Planned Adjustments:
- **A/P Shift (mm)**: 0 0
- **I/S Shift (mm)**: 0 0
- **Version Adj (°)**: 0 0
- **Inclination Adj (°)**: 0 0

Transverse View

**Signature Personalized Patient Care Approval Summary**

**Patient ID**: LWNielso-0730LSA-JWS
- **Surgery Date**: 2013-Dec-27
- **Operative Side**: Left

**Implant Size**:
- **Anatomic**: LG
- **Reverse**: LG

**Baseplate Size**:
- **Anatomic**: 25mm
- **Reverse**: 25mm

**Central Screw Size**:
- **Anatomic**: 20mm
- **Reverse**: 20mm

**Planned Adjustment Approved**:
- **A/P Shift (mm)**: 0 0 0
- **I/S Shift (mm)**: 0 0 0
- **Version (°)**: 0 0 0
- **Inclination (°)**: 0 0 0

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For product information, including indications, contraindications, warnings, precautions and potential adverse effects, see the package insert and Biomet’s website.
Glenoid Sizer
Low-profile design facilitates insertion into the joint, allowing for visualization and accurate placement.
STREAMLINED 4-STEP APPROACH

Cannulated, compact and low-profile, the Comprehensive Access glenoid instruments are designed to simplify glenoid preparation, while providing surgeons unmatched visibility to the joint.

Peripheral Peg Guide
The hex-shaped quick connection provides multiple handle placement options

2-in-1 Regenerex Post Reamer
Prepares the glenoid boss and post in one simple motion

Glenoid Reamer
Reduced geometry reamer for improved visualization and easy entry into the joint

REDUCING COMPLEXITY WITH IMPROVED DESIGN

Eliminate the need for anti-rotation pegs. The quick-connect drill bits attach magnetically, streamlining peripheral peg preparation.
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