



Precautionary Statement (01-50-0945)

Biomet Orthopedics, Inc. 01-50-0945

P.O. Box 587

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56 East Bell Drive

Warsaw, Indiana 46581 USA

Biomet Shoulder Joint Replacement Prostheses

Attention Operating Surgeon

DESCRIPTION

Biomet manufactures a variety of shoulder joint replacement prostheses intended for partial or total shoulder joint arthroplasty for use in cemented applications. Shoulder joint replacement components include humeral stems, humeral heads, and glenoid components. Components are available in a variety of designs and size ranges for both primary and revision applications. Specialty components include glenoid screws, centering sleeves and bipolar heads.

Materials

Humeral stems	CoCrMo Alloy or Titanium Alloy
Humeral Head	CoCrMo Alloy
Glenoid Components	Ultra-High Molecular Weight Polyethylene (UHMWPE) / Titanium Alloy/ 316 LVM Stainless Steel
Glenoid Screws	Titanium Alloy
Centering Sleeves	Polymethylmethacrylate (PMMA)
Bipolar Heads	CoCrMo Alloy / UHMWPE / Titanium Alloy
Porous Coating	Titanium Alloy

INDICATIONS

1. Non-inflammatory degenerative joint disease including osteoarthritis and avascular necrosis.
2. Rheumatoid arthritis
3. Revision where other devices or treatments have failed
4. Correction of functional deformity
5. Treatment of acute fracture of the humeral head unmanageable using other treatment methods.

Patient selection factors to be considered include: 1) need to obtain pain relief and improve function, 2) ability and willingness of the patient to follow instructions, including control of weight and activity levels, 3) a good nutritional state of the patient and 4) the patient must have reached full skeletal maturity.

Biomet shoulder joint replacement prosthesis can also be used for cuff tear arthropathy in primary applications. Proximal shoulder replacement prostheses can be used for oncology applications.

CONTRAINDICATION

Absolute contraindications include infection, sepsis, and osteomyelitis. Relative contraindications include: 1) uncooperative patient or patient with neurologic disorders who are incapable of following directions, 2) osteoporosis, 3) metabolic disorders which may impair bone formation, 4) osteomalacia, 5) distant foci of infections which may spread to the implant site, 6) rapid joint destruction, marked bone loss or bone resorption apparent on roentgenogram.

WARNINGS

Improper selection, placement, positioning, alignment and fixation of the implant components may result in unusual stress conditions which may lead to subsequent reduction in the service life of the prosthetic components. Malalignment of the components or inaccurate implantation can lead to excessive wear and/or failure of the implant or procedure. Inadequate preclosure cleaning (removal of surgical debris) can lead to excessive wear. Use clean gloves when handling implants. Laboratory testing indicates that implants subjected to body fluids, surgical debris or fatty tissue have lower adhesion strength to cement than implants handled with clean gloves. Improper preoperative or intraoperative implant handling or damage (scratches, dents, etc.) can lead to crevice corrosion, fretting, fatigue fracture and/or excessive wear. Do not modify implants. The surgeon is to be thoroughly familiar with the implants and instruments, prior to performing surgery. Porous coated shoulder joint replacement prostheses have not been approved for non-cemented application (USA). The KII-C™, Modular II-C™, Atlas® Modular and Atlas®-C Modular humeral components are intended for cemented use only, as are all of the glenoid components. The Neer II™ humeral components are intended for use with or without bone cement.

1. Once the Atlas® proximal component and distal stems have been assembled, they should not be unscrewed and reassembled. Doing so may compromise the secondary locking function of the polyethylene plug inserted in the screw threads of the stem. Should disassembly become necessary, a new distal stem extension must be used.
2. Disassociation of the humeral head component from the humeral stem component has been reported. Failure to properly align and completely seat the components together can lead to disassociation. Thoroughly clean and dry tapers prior to attachment of modular head component to avoid crevice corrosion and improper seating.
3. Dislocation of the bipolar shoulder component has been reported. Closed reduction should be attempted with caution to prevent disassociation of the bipolar component. Do not use excessive force during closed reduction. The bipolar component may be impinged against the glenoid.
4. Care is to be taken to assure complete support of all parts of the device embedded in bone cement to prevent stress concentrations that may lead to failure of the procedure. Complete preclosure cleaning and removal of bone cement debris, metallic debris and other surgical debris at the implant site is critical to minimize wear of the implant articular surfaces. Implant fracture due to cement failure has been reported.

Biomet joint replacement prostheses provide the surgeon with a means of reducing pain and restoring function for many patients. While these devices are generally successful in attaining these goals they cannot be expected to withstand the activity levels and loads of normal healthy bone and joint tissue.

Accepted practices in postoperative care are important. Failure of the patient to follow postoperative care instructions involving rehabilitation can compromise the success of the procedure. The patient is to be advised of the limitations of the reconstruction and the need for protection of the implants from full load bearing until adequate fixation and healing have occurred. Excessive activity, trauma and excessive weight and excessive weight bearing have been implicated with premature failure of the implant by loosening, fracture, and/or wear. Loosening of the implants can result in increased production of wear particles, as well as accelerate damage to bone making successful revision surgery more difficult. The patient is to be made aware and warned of general surgical risks, possible adverse effects as listed, and to follow the instructions of the treating physician including follow-up visits.

PRECAUTIONS

Specialized instruments are designed for Biomet joint replacement systems to aid in the accurate implantation of the prosthetic components. The use of instruments or implant components from other systems can result in inaccurate fit,

sizing, excessive wear and device failure. Intraoperative fracture or breaking of instruments has been reported. Surgical instruments are subject to wear with normal usage. Instruments, which have experienced extensive use or excessive force, are susceptible to fracture. Surgical instruments should only be used for their intended purpose. Biomet recommends that all instruments be regularly inspected for wear and disfigurement.

Do not reuse implants. While an implant may appear undamaged, previous stress may have created imperfections that would reduce the service life of the implant. Do not treat patients with implants that have been, even momentarily, placed in a different patient.

POSSIBLE ADVERSE EFFECTS

1. Material sensitivity reactions. Implantation of foreign material in tissues can result in histological reactions involving various sizes of macrophages and fibroblasts. The clinical significance of this effect is uncertain, as similar changes may occur as a precursor to or during the healing process. Particulate wear debris and discoloration from metallic and polyethylene components of joint implants may be present in adjacent tissue or fluid. It has been reported that wear debris may initiate a cellular response resulting in osteolysis or osteolysis may be a result of loosening of the implant.
2. Early or late postoperative, infection, and allergic reaction.
3. Intraoperative bone perforation or fracture may occur, particularly in the presence of poor bone stock caused by osteoporosis, bone defects from previous surgery, bone resumption, or while inserting the device.
4. Loosening or migration of the implants can occur due to loss of fixation, trauma, malalignment, bone resorption, excessive activity.
5. Periarticular calcification or ossification, with or without impediment of joint mobility.
6. Inadequate range of motion due to improper selection or positioning of components.
7. Undesirable shortening of limb.
8. Dislocation and subluxation due to inadequate fixation and improper positioning. Muscle and fibrous tissue laxity can also contribute to these conditions.
9. Fatigue fracture of component can occur as a result of loss of fixation, strenuous activity, malalignment, trauma, non-union, or excessive weight.
10. Fretting and crevice corrosion can occur at interfaces between components.
11. Wear and/or deformation of articulating surfaces.
12. Accelerated wear of glenoid articular cartilage.
13. Intraoperative or postoperative bone fracture and/or postoperative pain.

STERILITY

Prosthetic components are sterilized by exposure to a minimum dose of 25 kGy of gamma radiation. Do not resterilize. Do not use any component from an opened or damaged package. Do not use implants after expiration date.

Caution: Federal law (USA) restricts this device to sale by or on the order of a physician.

Authorized Representative: Biomet Merck, Ltd.
Waterton Industrial Estate,
Bridgend, South Wales
CF31 3XA, U.K.