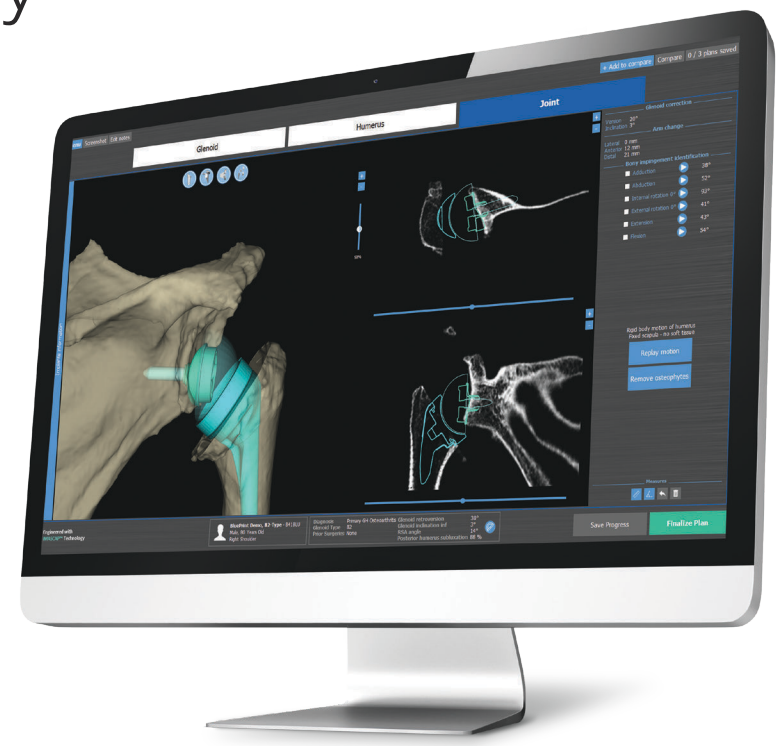
stryker

Blueprint®

Elevating shoulder arthroplasty



Elevated by Blueprint

Blueprint is a surgeon-controlled 3D planning software for shoulder arthroplasty cases, from an A1 glenoid to a revision case, and everything in between. Whether you're just starting out, aren't seeing many shoulder replacements, or are a shoulder expert, Blueprint aids your clinical decision making. Together, with an industry leader and backed by a clinically proficient sales force and a team of experts, Blueprint makes it possible to visualize and plan your cases in a new way.

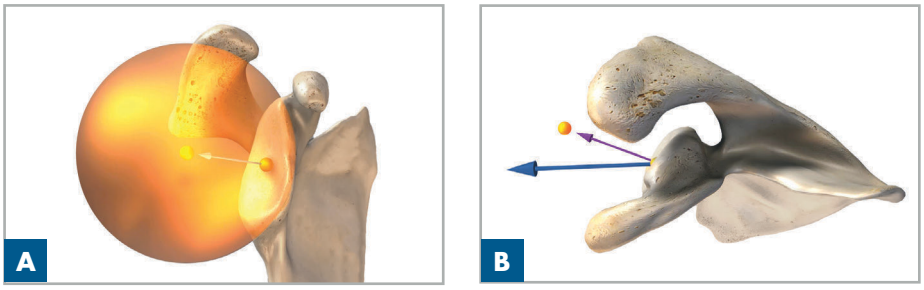
The power of planning

Blueprint helps surgeons better understand glenoid, humeral and soft tissue deformities while learning their patients' pathology[1], anticipating challenges and evaluating the range of implant types that could be used before walking into the OR.

Primary planning

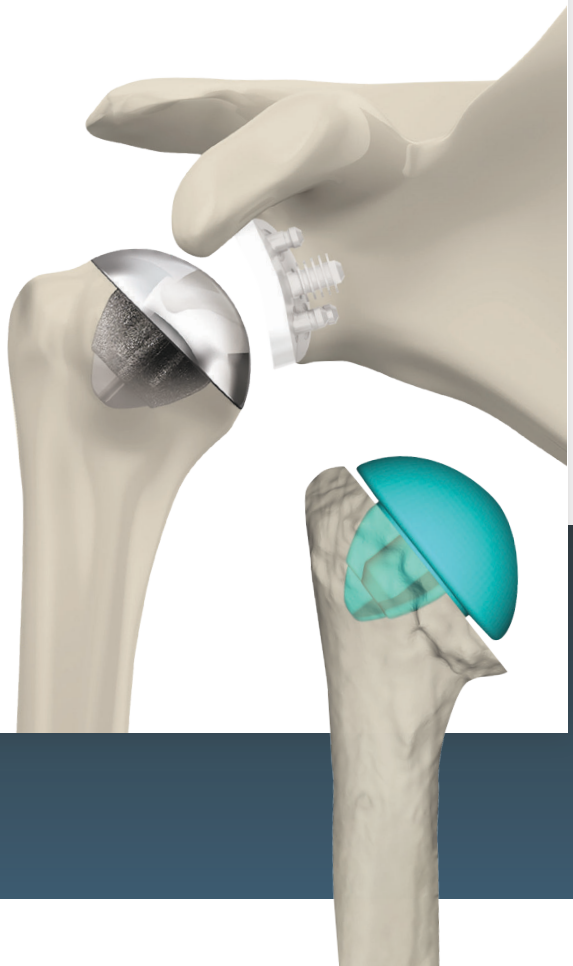
Reproducible 3D virtual implantation

Blueprint's automated 3D measurements* have been proven to be both precise and reproducible.[1] For primary shoulder cases, Blueprint is not dependent on third party manual segmentation or reference point selection, measurements and reconstructions are independent of surgeon experience.[1]



Blueprint uses thousands of data points from the glenoid face and scapular body to create a best fit glenoid sphere, (A) automatically calculate glenoid version and inclination (B).[1]

Planning in Blueprint allows you to select implant type, size and position virtually. Easily switch between an anatomic or reverse procedure and choose which Wright/Tornier shoulder implant is best for your patient. In either procedure, when the entire scapula is used as a reference, glenoid vault perforation is less frequent and implant accuracy is improved.[1]

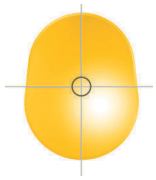
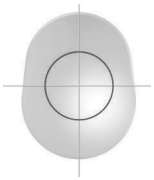
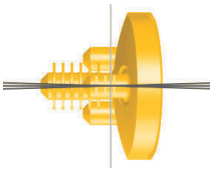
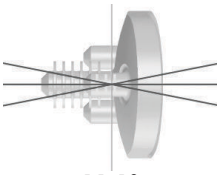
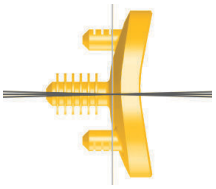
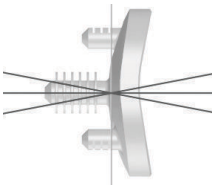


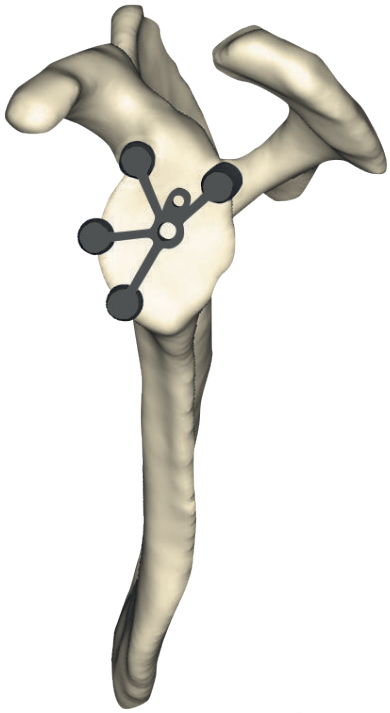
*Automated measurements and PSI are currently unavailable for revisions and complex primaries.

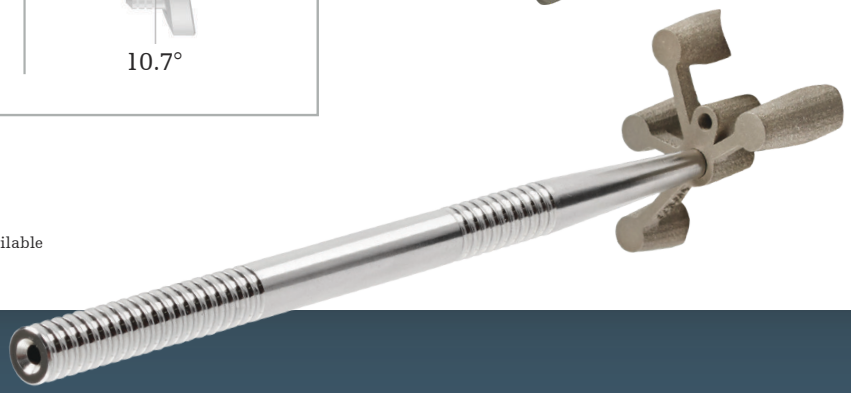
Patient-specific accuracy

Glenoid guide

Using a Blueprint patient-specific instrumentation (PSI)* glenoid guide enables the surgeon to more accurately position the glenoid implant and replicate the pre-operative surgical plan compared to standard techniques.[1,2] Patient-specific instrumentation guides can be manufactured and delivered in as little as two weeks.

	Blueprint	Standard instrumentation
Entry point	 1.05 mm	 2.9 mm
Version	 1.64°	 11.1°
Inclination	 1.42°	 10.7°





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Revision planning

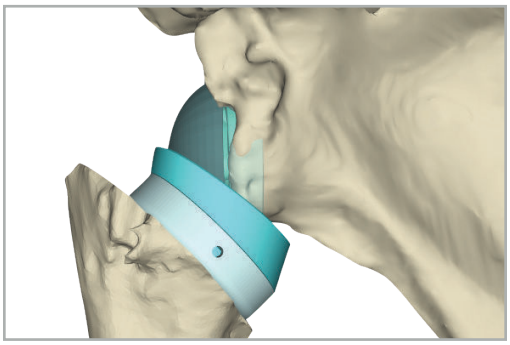
What's your plan?

Planning for a challenging shoulder case is as unique as a patient's anatomy. Elevate even your complex shoulder arthroplasty cases with digitally driven hardware, designed with you in mind.

Plan optimization

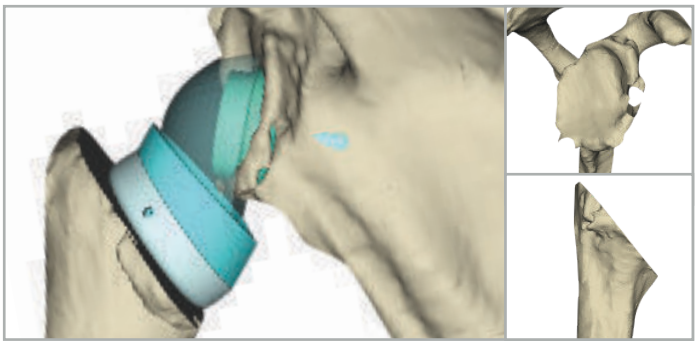
Blueprint generates a real-time glimpse into how factors such as implant selection, placement and osteoarthritc osteophytes may affect post-operative ROM.[1]

1. ROM and boney impingement identification



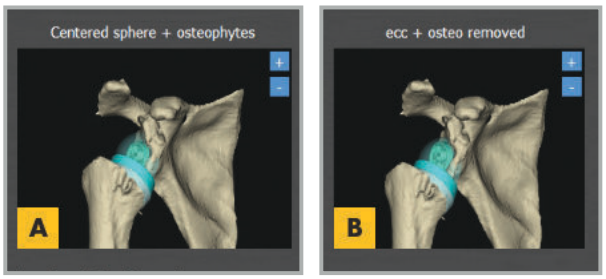
For all primary reverse procedures, Blueprint measures post-operative ROM values based off surgeon implant selection and positioning.

2. Modify plan



Modify your plan using the Blueprint's osteophyte removal tool and eccentric baseplates to achieve greater ROM measurements.

3. Optimize plan



Prosthesis Configuration		
Glenoid implant type	PERFORM Reversed	PERFORM Reversed
Humerus implant type	FLEX Reversed	FLEX Reversed
ROM Values		
Adduction	12°	24°
Abduction	77°	83°
Extension	36°	120°
Flexion	39°	70°
Internal Rotation 0°	44°	79°
External Rotation 0°	49°	75°

Blueprint allows for comparison of up to three plans side-by-side to identify which implant combinations increase postoperative ROM.

References

1. Gilles Walch, MD, Peter S. Vereridis, MD, Pascal Boileau, MD, Pierric Deransart, M. Eng, Jean Chaoui, PhD. Three-dimensional planning and use of patient-specific guides improve glenoid component position: an in vitro study.
2. Joseph Iannotti, MD, PhD, Justin Baker, PhD, Eric Rodriguez, BS, John Brems, MD, Eric Ricchetti, MD, Mena Mesiha, MD, and Jason Bryon, MS. Three-dimensional preoperative planning and a novel information transfer technology improve glenoid component positioning.

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Manufacturer:

Tornier SAS
161 Rue Lavoisier
38330 Montbonnot Saint Martin
France
stryker.com

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