**HYLA**

**Indications:** Implants of the Stand Alone Screws range are intended for fractures fixation, osteotomies and arthrodesis of bones in adults and adolescents, appropriate for the size of the device.

**Contraindications:**
- Serious vascular deterioration, bone devitalization.
- Pregnancy.
- Acute or chronic local or systemic infections.
- Lack of musculo-cutaneous cover, severe vascular deficiency affecting the concerned area.
- Insufficient bone quality preventing a good fixation of the implants into the bone.
- Muscular deficit, neurological deficiency or behavioral disorders, which could submit the implant to abnormal mechanical strains.
- Allergy to one of the materials used or sensitivity to foreign bodies.
- Serious problems of non-compliance, mental or neurological disorders, failure to follow post-operative care recommendations.
- Unstable physical and/or mental condition.

**TECHNICAL FEATURES**

**HYLA** targeting device: positioning guide for Latarjet technique  
Security - Reproducibility - Simplicity

- Controlled and reproducible medio-lateral positioning
- Optimized and compression anchorage
- Controlled screw positioning and parallelism
- Centering of the coracoid process
- Gripping of the coracoid process
- Soft tissue protection
- User-friendly handle for pre-operative use
- Measurement of the coracoid process and screw length

**Ø3.5 mm self-drilling, self-compressive partially threaded screws**  
Length: 28 mm to 42 mm (2 mm increment)

- Cylindrical-conical profile for a progressive entry into the cortex
- Double-thread for an optimized anchorage and compression
- Material: Titanium Alloy TA6V
- Cannulated for a guided insertion using a Ø1.2 mm pin
INSTRUMENTATION COMPATIBLE WITH HYBRID AND OPEN LATARJET TECHNIQUES
for the treatment of shoulder instability

**SYMPTOMS**

- Chronic glenoid-humeral instability
- ISIS > 3
- Bone substance loss on the anterior-inferior glenoid rim > 20/25%

**PRE-OPERATIVE PLANIFICATION EXAMPLE:**

**LATARJET TECHNIQUE** for shoulder instability

The surgical procedure choice is left down to the surgeons discretion and can be orientated by the following pre-planning example:

**PATIENT**

- Risk of failure or recurring shoulder instability after Latarjet
- Hyperlaxity
- Deep off track Hill Sachs lesion
- Patient >35 years old with bicipital or cuff lesions

**HYBRID TECHNIQUE**

**ADVANTAGES**

- Posterior arthroscopic approach
- Associated arthroscopic procedures (Berkart or Hill Sachs remplissage)
- Possibility to easily transition to an open technique at any time

**OPEN TECHNIQUE**

**ADVANTAGES**

- Classic Latarjet technique
- Neurologic protection
- Control and assistance for medio-lateral positioning
- Parallelism of the screws and reproducibility

**OPEN CORACOID PROCESS OSTEOTOMY AND PREPARATION**

- Joint capsule opening

**CORACOID PROCESS FIXATION TO THE GUIDE: HyLa**

- Capsular detachment under arthroscopy
- Positioning of the coracoid process under arthroscopy

**Hill-Sachs remplissage**

**Transition from one technique to the other**

**Complementary gestures**
1. Perform the release and the osteotomy of the coracoid process. Prepare the coracoid process, then measure its width using the double ruler (ANC919).

2. Directly report the width measured to set the intra-articular bracket offset (ANC913) using the screwdriver (ANC917). This step allows an optimized centering of the screws into the coracoid process.

3. Temporarily hold the coracoid process onto the guide by sliding the holding instrument (ANC914) into the double targeting guide (ANC912) to create the clamp. Make sure to position the coracoid process so that the common tendon is in an inferior position by using the "LATERAL" and "MEDIAL" markings.

4. Once the coracoid process is provisionally stabilized, position the "SHORT 3-in-1" (ANC915) and the "LONG 3-in-1" (ANC916) instruments into the guide until they reach the coracoid process. Insert two pins (33.0212.200) into the coracoid process through the two 3-in-1 instruments. The pins must be bi-cortical. We advise to place the "LONG 3-in-1" instrument in the inferior position.

5. Remove the "SHORT 3-in-1" instrument (ANC915) and drill the anterior cortex using the cannulated drill bit (ANC918). The drilling must be unicortical. Completely screw the "SHORT 3-in-1" (ANC915) instrument into the coracoid process to achieve prehension.

6. Remove the "LONG 3-in-1" instrument (ANC916) and drill the anterior cortex for the second screw using the cannulated drill bit (ANC918). The drilling must be unicortical. Completely screw the "LONG 3-in-1" instrument (ANC916) into the coracoid process to achieve prehension.

7. Once both "3-in-1" instruments are completely inserted (they should be in contact with the rear of the double targeting guide). Remove the holding instrument by sliding it backwards. Check that the coracoid process is attached to the instrument and the pins flush with the posterior side.
8. Position the guide-coracoid process assembly against the anterior part of the glenoid rim. For the positioning of the intra-articular bracket (ANC913), it must be:
   - in contact with the articular glenoid surface
   - in sub-equatorial position.

The intra-articular bracket allows to ensure the appropriate medio-lateral positioning of the coracoid process.

Once the appropriate position is achieved, push the pins until they reach the posterior cortex scapula.

9. At the rear of the guide, position the ruler in order to determine the screw length required.
   Directly read the markings at the rear of the pins.
   The ruler can be adjusted to be in a vertical or horizontal position to ease the reading.

10. Remove the "LONG 3-in-1" (ANC916) instrument first. Drill the first cortex of the scapula using the cannulated drill bit (ANC918).
    The drilling must be unicortical.
    Insert the Ø3.5 mm cannulated screw using the screwdriver (ANC917).
    Remove the pin.

⚠️ The «3-in-1» instruments must not be used to insert screws.

11. Remove the "SHORT 3-in-1" instrument (ANC915). Drill the first cortex of the scapula using the cannulated drill bit (ANC918).
    The drilling must be unicortical.
    Insert the Ø3.5 mm cannulated screw using the screwdriver (ANC917).
    Remove the pin.

⚠️ The «3-in-1» instruments must not be used to insert screws.

FINAL RESULT
The information presented in this brochure is intended to demonstrate a NEWCLIP TECHNICS product. Always refer to the package insert, product label and/or user instructions before using any NEWCLIP TECHNICS product. Surgeons must always rely on their own clinical judgment when deciding which products and techniques to use with their patients. Products may not be available in all markets. Product availability is subject to the regulatory or medical practices that govern individual markets. Please contact your NEWCLIP TECHNICS representative if you have any questions about the availability of NEWCLIP TECHNICS products in your area.

### INSTRUMENTATION

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<th>Ref.</th>
<th>Description</th>
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<tbody>
<tr>
<td>ANC350</td>
<td>Ø4.5 mm AO quick coupling handle - Size 1</td>
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<tr>
<td>ANC912</td>
<td>Double targeting device for Latarjet technique</td>
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<tr>
<td>ANC913</td>
<td>Offset intra-articular bracket</td>
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<tr>
<td>ANC914</td>
<td>Holding instrument</td>
<td>1</td>
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<tr>
<td>ANC915</td>
<td>3-in-1 instrument for Latarjet technique - Short</td>
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</tr>
<tr>
<td>ANC916</td>
<td>3-in-1 instrument for Latarjet technique - Long</td>
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<tr>
<td>ANC917</td>
<td>2.5 mm quick coupling hexagonal non prehensor screwdriver - cannula Ø1.3 mm</td>
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<tr>
<td>ANC918</td>
<td>Ø2.5 mm quick coupling drill bit - cannula Ø1.3 mm</td>
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<tr>
<td>ANC919</td>
<td>Double ruler</td>
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<tr>
<td>33.0212.200</td>
<td>Pin Ø1.2 L200 mm</td>
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### IMPLANTS

<table>
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<tbody>
<tr>
<td>H1.25IFT3.5Lxx-ST</td>
<td>Self-drilling self-compressive screw Ø3.5 mm - cannulated Ø1.25 mm - STERILE</td>
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<td>L28 mm to L42 mm (2 mm increment)</td>
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In post-operative x-rays after 2 months, the screws are visible and in proper position.