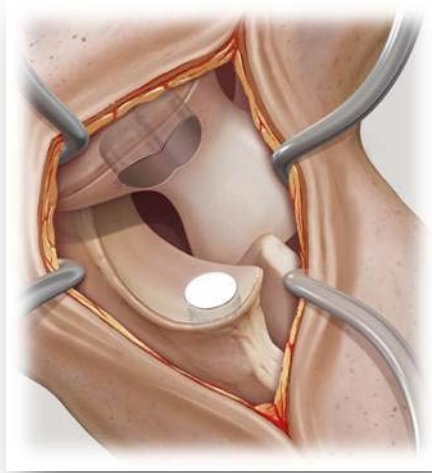


CUE – Canine *U*nicompartmental *E*lbow

Complete bone loss at the weightbearing articular surface of the canine medial elbow is described by Medial Compartment Disease (MCD). By offering CUE, Arthrex provides a revolutionary less invasive and bone-sparing option for resurfacing the medial compartment.



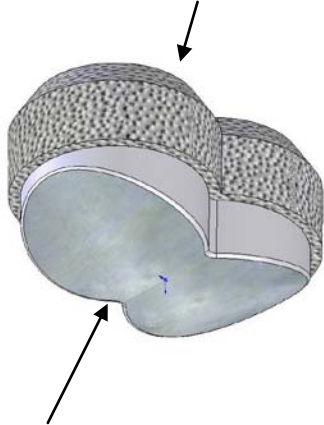
Features

Best possible friction characteristics are achieved by articulating implants made of cobalt-chrome (humerus) and ultra-high molecular weight polyethylene (ulna). We are happy to offer you the CUE system being the only prosthetic solution on the market with these numerous advantages:

- ✓ **Unicompartmental**
- ✓ **Bone sparing**
- ✓ **Luxation not required**
- ✓ **Cementless**
- ✓ **Limb alignment not a factor**
- ✓ **Safe with low morbidity**
- ✓ **Simple technique and instrumentation**
- ✓ **Continuous implant contact throughout the gait range of motion**

Humerus

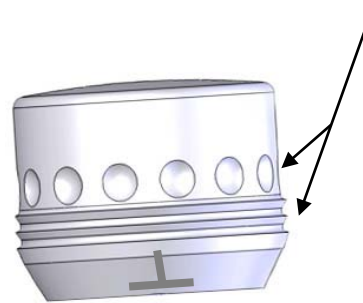
Titan mesh with open porosity for better ingrowth



Cobalt-Chrome articulating surface

Ulna

Barbed & dimpled implant for safe fixation

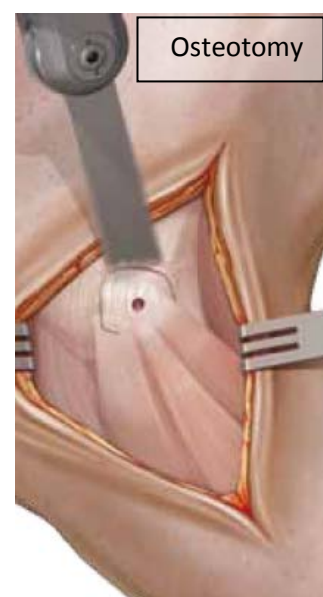


X-ray marker

Surgical Pearl

Tenotomy and **Osteotomy**: Two options for medial approach. Performing **tenotomy** the medial flexor muscles are cut nearby their origin. Refixation is done by using a CorkScrew FT II (AR-1928SF-3) with 3 FiberWires. Insertion of CorkScrew is in the mid of the medial epicondyle. A Nitinol suture passer (VAR-1255-08) simplifies passing of FiberWire.

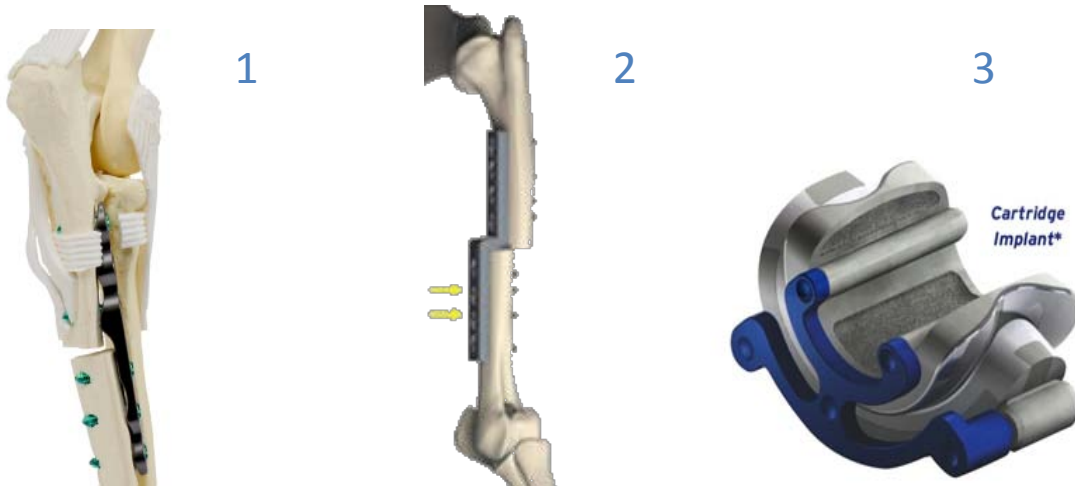
Exact **osteotomy** can be achieved by cutting a trapezoidal shaped section of bone with a depth of 5 mm (e.g. using V300 sawblade AR-300-402S). Before doing the osteotomy a 2.5 mm drill (VAR-4160-25) tunnel is made in the mid of the medial epicondyle. For refixation a 3.5 mm titanium screw is used (see ordering information).



Competition

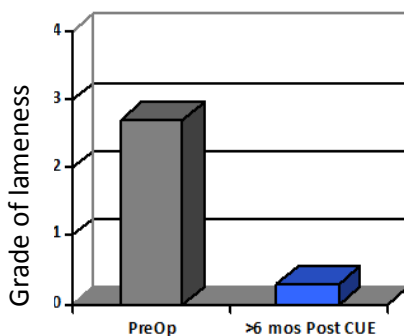
There is no system on the market for treating the defect of MCD itself in a bone-sparing way. Some competitors use osteotomies cutting humeral or ulnar bone to unload the medial compartment and change elbow kinematics. Others use total elbow arthroplasty to renew articulating surface. Osteotomies stay for lifetime and can cause lots of collateral damage as smooth tissue irritation or acute fracture postoperatively. A total elbow arthroplasty is a highly complicated surgery and causes a restriction of range of motion (ROM) in all degrees of freedom.

	Product	Feature
	Arthrex CUE	Resurfacing Inlay
1	Kyon PAUL	Radial Osteotomy
2	NGD SHO	Humeral Osteotomy
3	BioMedtrix TATE	Total Elbow Arthroplasty



Study

First clinical data of 42 dogs that have been assessed ≥ 6 months after CUE show a success rate of $>90\%$. Degree of lameness was significantly less at 6 months after CUE (see diagram). Radiographic assessments revealed no evidence of implant displacement, subsidence, or loosening except in one dog which had ulnar implant loosening. Arthroscopic assessment (n=10) at 3-14 months after CUE showed stable implants with new tissue ingrowth adjacent to the implants, no evidence for inappropriate implant wear, and no evidence for lateral compartment progression of pathology.



Availability

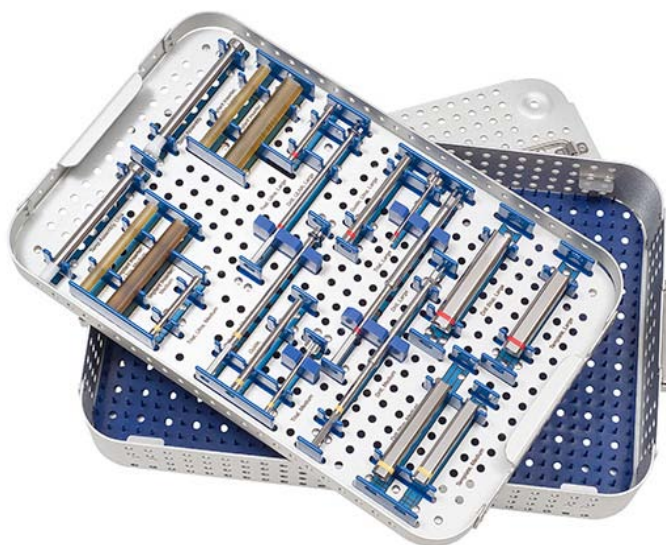
5 workshop sets + 3 demo loan sets + several sets on stock



! To verify multi use of the implants for workshops please use chisels for non-destructive removal !

CUE workshops

Special certification workshops give veterinarians access to the revolutionary CUE system. In 1-day courses theoretical and practical issues are described and trained. For information please contact Kerstin Lübke (Kerstin.Luebke@arthrex.de).



Odering information

CUE Instrument Set (VAR-7020S)	
VAR-7001-L	CUE Humerus Template, L
VAR-7001-M	CUE Humerus Template, M
VAR-7002-L	CUE Humerus Trial, L
VAR-7002-M	CUE Humerus Trial, M
VAR-7003-L	CUE Humerus Implant Holder, L
VAR-7003-M	CUE Humerus Implant Holder, M
VAR-7004	CUE Humerus Tamp
VAR-7006-L	CUE Ulna Trial, L
VAR-7006-M	CUE Ulna Trial, M
VAR-7007-L	CUE Ulna Implant Holder, L
VAR-7007-M	CUE Ulna Implant Holder, M
VAR-7011-L	CUE Humerus Drill, L
VAR-7011-M	CUE Humerus Drill, M
VAR-7012-L	CUE Humerus Drill Stop, L
VAR-7012-M	CUE Humerus Drill Stop, M
VAR-7014-L	CUE Ulna Drill, L
VAR-7014-M	CUE Ulna Drill, M
VAR-7015-L	CUE Ulna Guide, L
VAR-7015-M	CUE Ulna Guide, M
VAR-7016	CUE Ulna Tamp
VAR-7020C	CUE Instrument Set Case
Accessories	
VAR-13221AOC	Cannulated Driver Handle with AO Connector
VAR-8941DH	T15 Hexalobe Driver
VAR-4160-25	Drill Bit, 2.5 mm
Implantats	
VAR-7000-L	CUE Humerus Implant, L
VAR-7000-M	CUE Humerus Implant, M
VAR-7005-L	CUE Ulna Implant, L
VAR-7005-M	CUE Ulna Implant, M
AR-1928SF-3	CorkScrew FT II, 5.5 mm x 16 mm, w/three #2 FiberWire
AR-8935-24	Low Profile Screw, 3.5 mm x 24 mm, titanium
AR-8935-26	Low Profile Screw, 3.5 mm x 26 mm, titanium
AR-8935-28	Low Profile Screw, 3.5 mm x 28 mm, titanium
AR-8935-30	Low Profile Screw, 3.5 mm x 30 mm, titanium
AR-8935-32	Low Profile Screw, 3.5 mm x 32 mm, titanium
AR-8935-34	Low Profile Screw, 3.5 mm x 34 mm, titanium
AR-8935-36	Low Profile Screw, 3.5 mm x 36 mm, titanium
AR-8935-38	Low Profile Screw, 3.5 mm x 38 mm, titanium
AR-8935-40	Low Profile Screw, 3.5 mm x 40 mm, titanium
Disposables	
AR-1250L	Drill Tip Guide Pin, 2.4 mm
VAR-5000	Curved Cruciata Needle