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## **Features and benefits**

- Biocompatible radiolucent PEEK allows clear assessment of bony fusion;
- Tantalum markers provide better visualization than titanium alloy;
- Large central canal and lateral windows to allow fusion to occur through the implant;
- Sharp teeth provides resistance to implant migration;
- Anatomic shape to maintain lumbar lordosios.

#### **Indications**

The implant is designed to be adapted to the anatomy of vertebral bodies in order to re-establish lordosis for reliable normalization of the alignment of the spinal column and to provide stability and optimum conditions for fusion with the following indications:

- Herniated discs
- Calcified herniated discs.
- Calcification of the posterior longitudinal ligament

- Osteochondrosis
- Mechanical instabilities
- Spinal canal stenosis

#### Contraindications

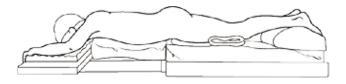
- Spinal fracture
- Multi-segment spinal instability

- Spinal tumor
- Primary spinal deformities

# Surgical technique

### 1. Patient positioning and exposure

Position the patient in a restored physiological lordosis, locate the correct operative level with fluoroscopic views.



Make a standard posterior open incision, retract the muscle layer to view the desired segment.



Insert pedicle screws to maintain distraction and prepare space for implant insertion.



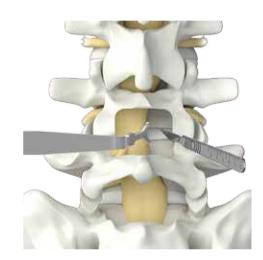


#### 2.Decompression

The spinal canal is opened by excision of the laminae and the articular process. The laminectomy is extended laterally until reaching the level of the medial edge of the pedicle. The excision also includes half of the inferior articular process of the superior vertebra.



Once the lamina is removed bi-laterally, the dura sac and never root can be retracted by root retractor. The disc fragments are removed with the rongeur in a routine fashion. Carefully release any adhesions from the dura over the disc space with spatula. The scraper can initially be used to ream out disc material and moderate distraction.



## 3.Segment distraction

Segment distraction can be achieved via the pedicle screws or scrapers. Distraction is crucial for the restoration of the intervertebral disc height and facilities access to the disc space for subsequent optimal preparation of the endplates.



#### 4. Disc space preparation

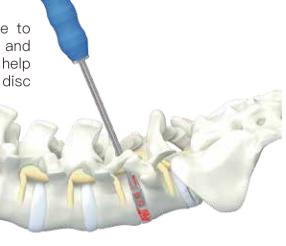
Remove the superficial cartilaginous layers of the endplates to expose bleeding bone by using rectangular curette and curette.



The surgeon may prefer to place additional fusion materials in the anterior aspect of the disc space. The Cancellous bone funnel and Cancellous bone impactor can be used for fast and efficient graft placement. There are two kinds of bone impactors available.

5.Implant size determination

Insert the trial spacer into the intervertebral space to determine the implant size. If necessary, controlled and light hammering with the mallet can be used to help advance the trial implant into the intervertebral disc space.





#### 6.Implant preparation

Attach the implant to the inserter and fill the cage with autologous bone or bone graft substitute. The cancellous bone impactor can be used to firmly pack the autologous or bone graft substitute into the implant cavity.



The link stopper can be used to avoid bone leakage from the cage.



## 7.Implant insertion

Confirm the implant is securely attached. Carefully insert the implant into the distracted segment, if necessary, controlled and light hammering with the mallet can be used to help advance the implant into the intervertebral disc space. The cage should be counter-sunk at least 3-5mm deep to the posterior rim of the vertebral body.



## Peek Cage, MSC-P

- Material: Peek.

- Height: 7mm -15mm.

- Length: 22/26/32/36mm.

- Tilt: 0° and 5°.

- Straight bullet-shaped design, with at least 2 Tantalum radiopaque lines to accurately locate the position of the disc in Plif surgery.

- High molecular weight compound, biologically compatible with the body.

- Serrated surface prevents the disc from slipping. There is 1 bone graft cavity.



# **Implant**

#### MSC-P Peek Cage

Product Code	L	Н
991512207	22	7
991512208	22	8
991512209	22	9
991512210	22	10
991512211	22	11
991512212	22	12
991512213	22	13
991512214	22	14
991512215	22	15
991512607	26	7
991512608	26	8
991512609	26	9
991512610	26	10
991512611	26	11
991512612	26	12
991512613	26	13
991512614	26	14
991512615	26	15

Product Code	L	Н
991513607	32	7
991513608	32	8
991513609	32	9
991513610	32	10
991513611	32	11
991513612	32	12
991513613	32	13
991513614	32	14
991513615	32	15
991513607	36	7
991513608	36	8
991513609	36	9
991513610	36	10
991513611	36	11
991513612	36	12
991513613	36	13
991513614	36	14
991513615	36	15





# **Instruments**

Product Code	Parts Description	Pieces	Picture
12008001	Spatula-flat	1	
12008002	Spatula-ball	1	
12008003	Root Retractor	1	
12008004	Osteotome	1	
12008005	Hammer	1	
12008006	Scraper 8mm	1	
12008007	Scraper 10mm	1	
12008008	Scraper 12mm	1	
12008009	Scraper 14mm	1	
12008010	Quick Handle	1	
12008011	Rectangular Curette	1	

## EROS-P Cage Systems

Product Code	Parts Description	Pieces	Picture
12008012	Curette	1	
12008013	Trial Spacers-8×22	1	
12008014	Trial Spacers-10×22	1	
12008015	Trial Spacers-12×22	1	_
12008016	Trial Spacers-14×22	1	_
12008017	Trial Spacers-8×26	1	_
12008018	Trial Spacers–10×26	1	_
12008019	Trial Spacers-12×26	1	_
12008020	Trial Spacers-14×26	1	-
12008021	Trial Spacers-8×32	1	_
12008022	Trial Spacers-10×32	1	_
12008023	Trial Spacers-12×32	1	_
12008024	Trial Spacers-14×32	1	_
12008025	Trial Spacers-8×36	1	_
12008026	Trial Spacers-10×36	1	_
12008027	Trial Spacers-12×36	1	_
12008028	Trial Spacers-14×36	1	_
12008029	Implant Support	1	
12008030	Graft Impactor	1	



Product Code	Parts Description	Pieces	Picture
12008031	Implant Inserter	1	
12008036	Link stopper,H=8 (option)	1	
12008037	Link stopper,H=10 (option)	1	
12008038	Link stopper,H=12 (option)	1	
12008039	Link stopper,H=14 (option)	1	
12008032	Implant Coalignment	1	
12008033	Funnel for Cancellous Bone Graft	1	
12008034	Cancellous Bone Impactor–straight	1	
12008035	Cancellous Bone Impactor–curved	1	
12008991	Instrument Case	1	



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