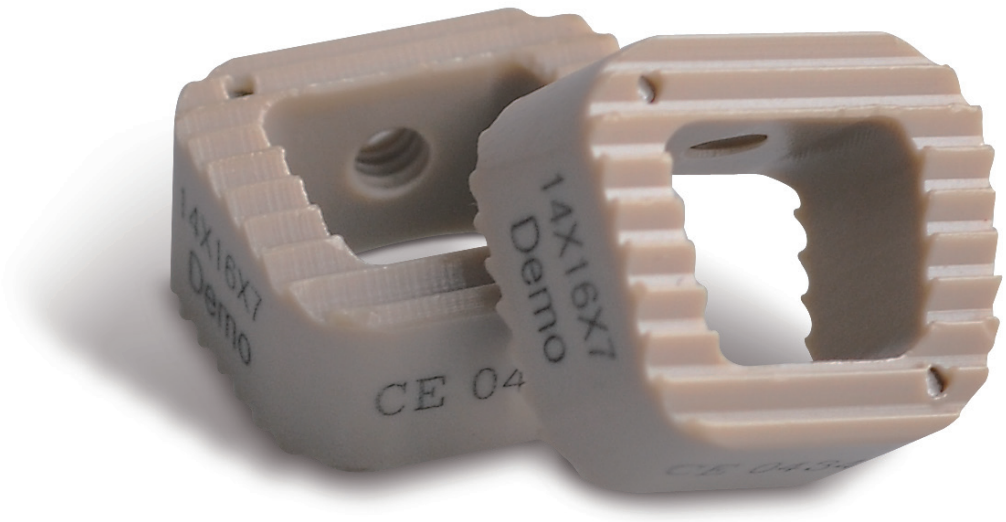
Medyssey

Surgical Technique

Medyssey™ C7 Cage

Anterior Cervical PEEK Cage



INNOBIZ 기술혁신형중소기업 CE 0434 ISO 13485 GMP U.S.FDA APPROVED

Contents

Introduction

C7 Cage is an interbody fusion device intended to be used in anterior cervical discectomy and fusion procedures designed to optimize bone fusion from C3 to C7 levels.

Indications

- Ruptured and herniated discs
- Degenerative disc disease and instabilities
- Pseudarthrosis or failed spondylodesis

Contraindications

- Active or suspected latent infection
- Bone stock compromised by disease, infection or prior implantation which cannot provide adequate support
- Bony abnormalities preventing safe screw fixation
- Open Wounds
- Bone absorption, osteopenia and/or osteoporosis
- Excessive local inflammation and/or inadequate tissue coverage

C7 Cage Competitive Advantage

Excellent Stability

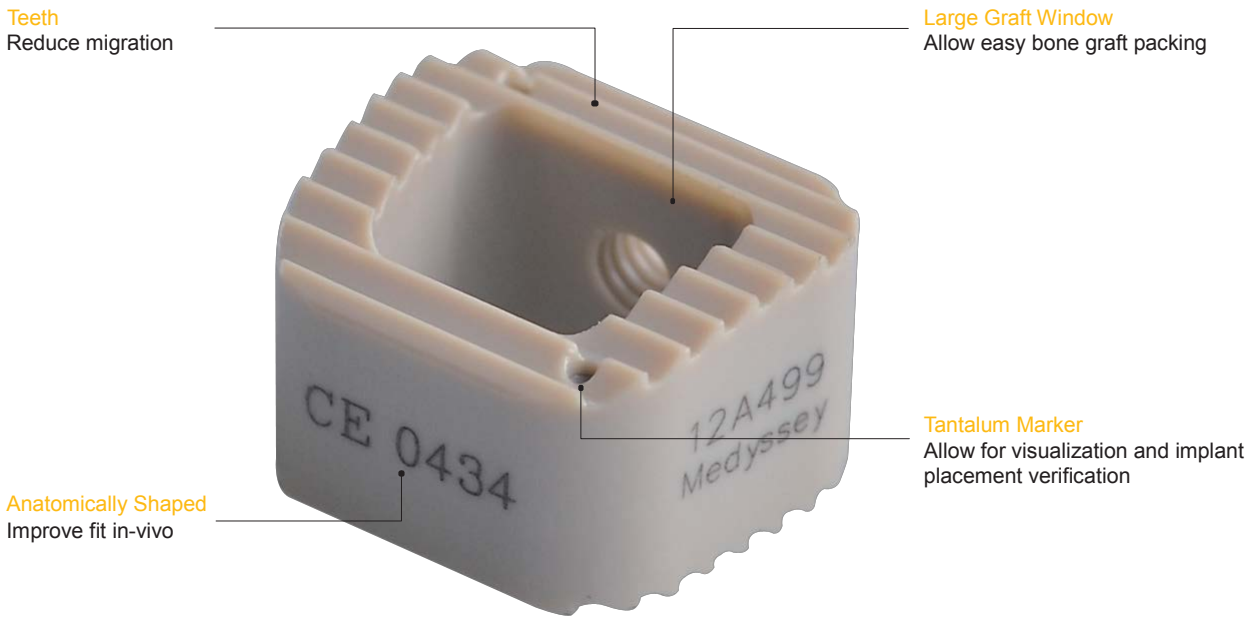
- Inferior and superior teeth to reduce migration.
- Anatomic shape improves in-vivo fit, provides proper load sharing, and minimizes subsidence.

Optimized Fusion

- Wide open design to optimize graft space for easy and complete packing.

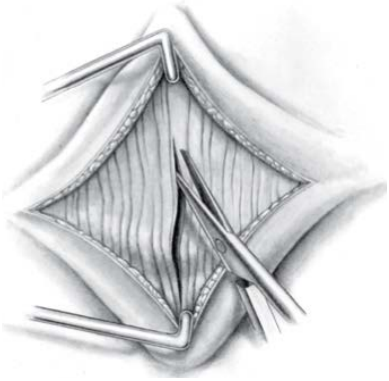
Radiolucency

- The PEEK Optima® facilitates radiographic assessment of fusion, while reducing the risk of endplate penetration and bone damage.
- Two tantalum markers allow accurate visualization and implant placement.



STEP 1 EXPOSITION AND PREPARATION

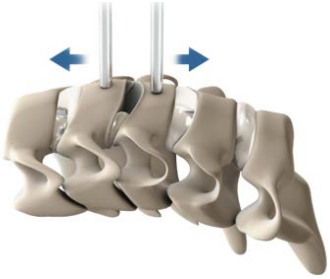
The patient is placed in a supine position. An aterior approach to the cervical spine is used through a right or left cervictomy according to surgeon's preference. The anterior aspect of the vertebral bodies cephalad and caudal to the segment involved are exposed.



The longus colli muscles are bluntly dissected from deep adherence then retracted laterally. The surgeon incise the annuls with a scalpel and completely excise the disc by means of a pitutary rongeur until the posterior longitunal ligament is reached.

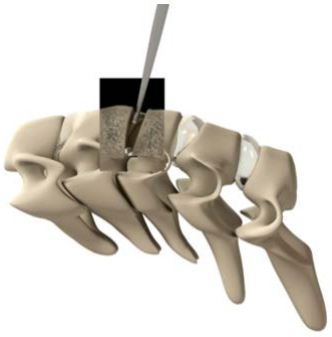
STEP 2 DISTRACTION

Once the target area is confimed with the image intensifier, Distractor Pin are screwed in with the Pin Holder in the vertebrae above and below the disct to be removed.



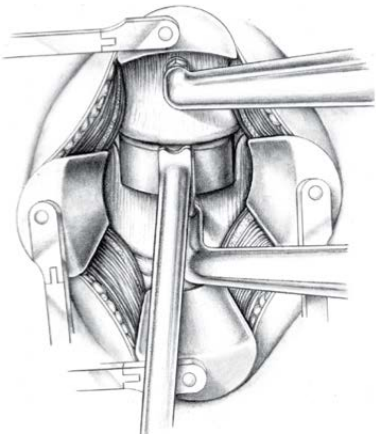
STEP 3 DISCECTOMY AND DECOMPRESSION

After decompressing the spinal cord and nerve roots, the surgeon freshens the endplate using the curette without damaging the underlying cortical bone. All disc material and catilaginous layer should be cleared.



STEP 4 CAGE SELECTION

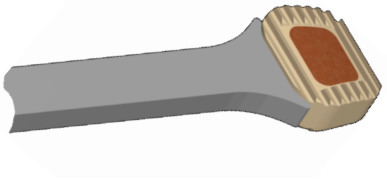
Connect the appropraite Trial to the Holder. Choose trial implant based on the prepratively estimated implant height. There are two types of Holder: 1) with stopper and 2) without stopper. Choose according to surgeon's prefrence.
Slowly introduce the Trial into the intervertebral space and then, use an image intensifier to check the position of the trial implant. Select the Cage corresponding to the trial implant.



NOTE: Trail size correspond to C7 Cage without fixation teeth.
The trial should never be left in situ.

STEP 5 CAGE PREPARATION

Connect the selected C7 Cage into Implant Holder and place it on the Packing Block. Use Bone Impactor to fill the C7 Cage completely with bone graft material. Make sure the C7 Cage is completely filled.



STEP 5 CAGE INSERTION

Orient C7 Cage and holder in the correct cranial/caudal alignment and carefully insert the implant into the distracted segment. The Holder with a Stopper allow surgeon to place the C7 Cage properly into the former disc space.

NOTE: An additional disctration of 1mm may be necessary to facilitate implantation of C7 Cage. Use a Hammer if needed, but only by gentle impaction.

STEP 7 CAGE POSITION AND VERIFICATION

Under normal circumstances, the cage should be 1mm to 2mm from the anterior cortex. Use image intensifier to verity position of implant. After the implant is verified with appropriate position, disengage the holder.

STEP 8 COMPRESSION AND CLOSURE

Absolute hemostasis must be achieved prior to closure. The vertebral distractor is removed along with the long shank distraction screw and bone waz is placed in the screw holes. The anesthetist is asked to move the cervical spine through a range of flexion and extension positions, to ensure that stability has been achieved. An anterior cervical stabilization device can be applied if less than optimum stability is observed. A small drain is placed deep in the wound. The self-retaining retractors are removed and the tissue layers closed. The platysma is usually the only layer-requiring suture. Subcutaneous or subcuticular sutures are placed and steri-strips applied to the skin. A soft cervical collar may be applied.

POST-OPERATIVE PROCEDURES

- Patients are required to wear a spinal brace which limits flexion in the cervical region
- Chairback braces are not recommended because they affort insufficient immobilization
- Patients are allowed to get out of bed only after they are fitted the brace
- Establishment of a postoperative rehabilitation schedule that includes an exercise program for the patient is recommended

C7 Cage Instrument List

Bone Impactor N7BI-001

Distraction pin

L-13mm	N7DP-013
L-17mm	N7DP-017

Packing Block N7PB-001

Trial

12x14x4	N7TR-124
12x14x5	N7TR-125
12x14x6	N7TR-126
12x14x7	N7TR-127
14x16x5	N7TR-145
14x16x6	N7TR-146
14x16x7	N7TR-147
14x16x8	N7TR-148

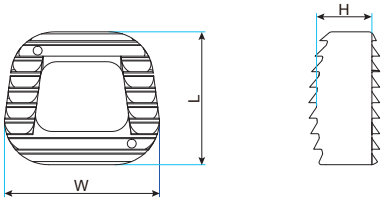
Distractor N7DS-101

Implant / Trial Holder

Stopper	N7IT-116
Standard	N7IT-216

Pin Holder N7PH-001

C7 Cage Product List



H:Height L:Length W:Width

Product Code	Specification		
	Height (mm)	Width(mm)	Length(mm)
CP0412	4	14	12
CP0512	5	14	12
CP0612	6	14	12
CP0712	7	14	12
CP0514	5	16	14
CP0614	6	16	14
CP0714	7	16	14
CP0814	8	16	14

Other Sizes Available Upon Request as Special Order

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At the Helm of Medical Technology™

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Products shown are protected by Korea Patent Numbers : 20-0399039, 20-0410476, 10-2007-0011197, 20-0299664, 20-0208706
by U.S. Patent Numbers : US6.723.128.B2
by Japan Patent Numbers : 3148465
as well as other pending U.S. and foreign patent applications.

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