

SCARLET® AL-T
SECURED LUMBAR ANTERIOR CAGE



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GENERAL INFORMATION

CONCEPT AND DESIGN

Building on the success and experience acquired with our Posterior Lumbar Titamium range, Spineart developed a new Titanium secured lumbar anterior cage, featuring the Ti-LIFE Technology, a state-of-the-art porous, interconnected structure replicating the trabecular bone geometry.

With each product development, Spineart is relentlessly driven by the same philosophy: Quality, Innovation and Simplicity.



AT A GLANCE

Ti-LIFE Technology
Integrated Screw Channel
High Performance Screw
One Step Cam Lock

INDICATIONS

The SCARLET® AL-T system is indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L2-S1. DDD is defined as discogenic back pain with degeneration of the disc confirmed by patient history and radiographic studies. These DDD patients may also have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s). These spinal implants are to be used with autogenous and/or allogeneic bone graft comprised of cancellous and/or corticocancellous bone graft to facilitate fusion. Patients should have at least six (6) months of non-operative treatment prior to treatment with an intervertebral cage.

When used with the integrated fixation by the mean of the bone screws provided, the SCARLET® AL-T is a stand-alone system and requires no additional supplemental fixation system.

When used as a lumbar intervertebral fusion device (i.e. without the bone screws provided), the SCARLET® AL-T interbody device must be used with supplemental internal spinal fixation system that has been cleared by the FDA for use in the lumbosacral spine.

IMPLANTS





SMALL FOOTPRINT D24 MM X W32 MM LORDOSIS: 10°

HEIGHT	REFERENCE
H10	SCA-LS 10 10-S
H12	SCA-LS 10 12-S
H14	SCA-LS 10 14-S
H16	SCA-LS 10 16-S

SMALL FOOTPRINT D24 MM X W32 MM LORDOSIS: 15°

HEIGHT	REFERENCE
H10	SCA-LS 15 10-S
H12	SCA-LS 15 12-S
H14	SCA-LS 15 14-S
H16	SCA-LS 15 16-S

MEDIUM FOOTPRINT D27 MM X W36 MM LORDOSIS: 10°

HEIGHT	REFERENCE
H10	SCA-LM 10 10-S
H12	SCA-LM 10 12-S
H14	SCA-LM 10 14-S
H16	SCA-LM 10 16-S

MEDIUM FOOTPRINT D27 MM X W36 MM LORDOSIS: 15°

HEIGHT	REFERENCE
H12	SCA-LM 15 12-S
H14	SCA-LM 15 14-S
H16	SCA-LM 15 16-S

LARGE FOOTPRINT D30 MM X W40 MM LORDOSIS: 10°

HEIGHT	REFERENCE
H10	SCA-LL 10 10-S
H12	SCA-LL 10 12-S
H14	SCA-LL 10 14-S
H16	SCA-LL 10 16-S

LARGE FOOTPRINT D30 MM X W40 MM LORDOSIS: 15°

HEIGHT	REFERENCE
H12	SCA-LL 15 12-S
H14	SCA-LL 15 14-S
H16	SCA-LL 15 16-S

IMPLANTS





DIA 5.0 MM

LENGTH	REFERENCE
L25	SJT-LS 50 25-S
L30	SJT-LS 50 30-S
L35	SJT-LS 50 35-S
L40	SJT-LS 50 40-S

DIA 5.5 MM

LENGTH	REFERENCE
L25	SJT-LS 55 25-S
L30	SJT-LS 55 30-S
L35	SJT-LS 55 35-S
L40	SJT-LS 55 40-S

TECHNICAL FEATURES

Ti-LIFE TECHNOLOGY



The structure mimics the bone trabecular geometry and is designed to allow bone in-growth.

This technology is based on a propriety algorithm associated with a unique additive manufacturing process, commonly referred to as 3D printing.

ZERO PROFILE



The screw heads are completely integrated within the cage. Zero-profile implants may limit the risk of damage to vessels and adjacent soft tissues.

SCREW ANTI-BACKOUT SYTEM



The cages feature a channel to ease screw insertion.

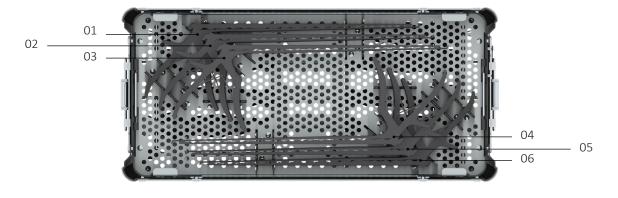
The zero-profile one-step locking mechanism with pre-assembled cam locks prevent screw migration.

COMPREHENSIVE RANGE



10° and 15° lordosis
3 footprints

DISC PREPARATION 1

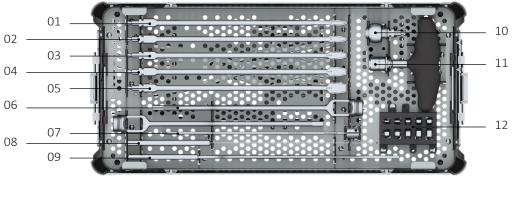


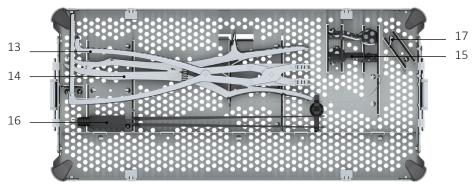


#	DESCRIPTION	REFERENCE
01	PITUITARY RONGEUR, STRAIGHT, 5MM	SCA-IN 21 00-N
02	PITUITARY RONGEUR, STRAIGHT, 3MM	SCA-IN 22 00-N
03	PITUITARY RONGEUR, 3MM, UP	SCA-IN 21 01-N
04	PITUITARY RONGEUR, 5MM, UP	SCA-IN 22 01-N
05	KERRISON RONGEUR, 5MM, 40DEG UP	JLL-IN 14 05-N
06	KERRISON RONGEUR, 3MM, 40DEG UP	SCA-IN 23 00-N

#	DESCRIPTION	REFERENCE
07	STRAIGHT RING CURETTE, 15MM	SCA-IN 09 02-N
08	ANGLED RING CURETTE, 15MM	SCA-IN 09 03-N
09	CUP CURETTE, STRAIGHT, SIZE «2»	SCA-IN 12 00-N
10	CUP CURETTE, ANGLED, DOWN, SIZE «2»	SCA-IN 12 01-N
11	CUP CURETTE, STRAIGHT, SIZE «4»	SCA-IN 24 00-N
12	CUP CURETTE, ANGLED, DOWN, SIZE «4»	SCA-IN 24 01-N
13	FLAT COBB, 30 MM	SCA-IN 10 02-N
14	COBB, 25MM, 10° UP	SCA-IN 10 01-N
15	RASP, STRAIGHT, 14MM	SCA-IN 08 00-N

DISC PREPARATION 2

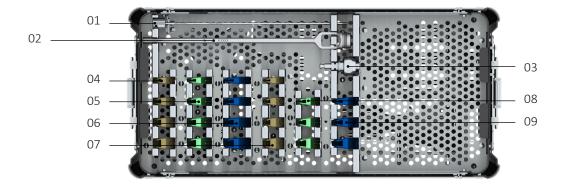




#	DESCRIPTION	REFERENCE
01	DISC SHAVER H08	SCA-IN 14 08-N
02	DISC SHAVER H10	SCA-IN 14 10-N
03	DISC SHAVER H12	SCA-IN 14 12-N
04	DISC SHAVER H14	SCA-IN 14 14-N
05	DISC SHAVER H16	SCA-IN 14 16-N
06	PADDLE DISTRACTOR HOLDER	SCA-IN 15 00-N
07	THREADED SHAFT	SCA-IN 18 00-N
80	BALL TIP PROBE	SCA-IN 20 00-N
09	BLUNT DISSECTOR	JLL-IN 00 01-N
10	HUDSON CONNECTOR	SCA-IN 17 00-N
11	T-HANDLE (HUDSON CONNECTION)	HAN-SI MH TE-N

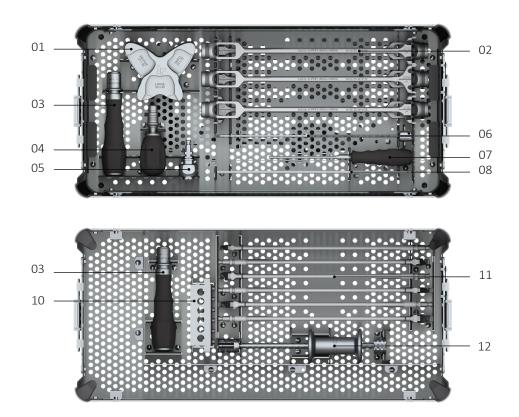
#	DESCRIPTION	REFERENCE
	PADDLE DISTRACTOR H07	SCA-IN 15 07-N
	PADDLE DISTRACTOR H08	SCA-IN 15 08-N
	PADDLE DISTRACTOR H09	SCA-IN 15 09-N
	PADDLE DISTRACTOR H10	SCA-IN 15 10-N
12	PADDLE DISTRACTOR H11	SCA-IN 15 11-N
12	PADDLE DISTRACTOR H12	SCA-IN 15 12-N
	PADDLE DISTRACTOR H13	SCA-IN 15 13-N
	PADDLE DISTRACTOR H14	SCA-IN 15 14-N
	PADDLE DISTRACTOR H15	SCA-IN 15 15-N
	PADDLE DISTRACTOR H16	SCA-IN 15 16-N
13	PARALLEL DISTRACTOR	ELL-IN 01 07-N
14	LEKSELL DOUBLE-ACTION RONGEUR, 8MM	SCA-IN 13 00-N
15	PARALLEL DISTRACTOR / ENDTIP	SCA-IN 01 00-N
16	BIPOLAR FORCEPS	S03-551NS
17	LONG SUCTION	GS 75.9312

IMPLANT TRIALS AND CAGES INSERTION



#	DESCRIPTION	REFERENCE
01	THREADED SHAFT	SCA-IN 18 00-N
02	TRIAL INSERTER	SCA-IN 05 00-N
03	HUDSON CONNECTOR	SCA-IN 17 00-N
04	TRIAL SMALL H10 LORDOSIS 10° TRIAL SMALL H12 LORDOSIS 10° TRIAL SMALL H14 LORDOSIS 10° TRIAL SMALL H16 LORDOSIS 10°	SCA-TS 10 10-N SCA-TS 10 12-N SCA-TS 10 14-N SCA-TS 10 16-N
05	TRIAL MEDIUM H10 LORDOSIS 10° TRIAL MEDIUM H12 LORDOSIS 10° TRIAL MEDIUM H14 LORDOSIS 10° TRIAL MEDIUM H16 LORDOSIS 10°	SCA-TM 10 10-N SCA-TM 10 12-N SCA-TM 10 14-N SCA-TM 10 16-N
06	TRIAL LARGE H10 LORDOSIS 10° TRIAL LARGE H12 LORDOSIS 10° TRIAL LARGE H14 LORDOSIS 10° TRIAL LARGE H16 LORDOSIS 10°	SCA-TL 10 10-N SCA-TL 10 12-N SCA-TL 10 14-N SCA-TL 10 16-N
07	TRIAL SMALL H10 LORDOSIS 15° TRIAL SMALL H12 LORDOSIS 15° TRIAL SMALL H14 LORDOSIS 15° TRIAL SMALL H16 LORDOSIS 15°	SCA-TS 15 10-N SCA-TS 15 12-N SCA-TS 15 14-N SCA-TS 15 16-N
08	TRIAL MEDIUM H12 LORDOSIS 15° TRIAL MEDIUM H14 LORDOSIS 15° TRIAL MEDIUM H16 LORDOSIS 15°	SCA-TM 15 12-N SCA-TM 15 14-N SCA-TM 15 16-N
09	TRIAL LARGE H12 LORDOSIS 15° TRIAL LARGE H14 LORDOSIS 15° TRIAL LARGE H16 LORDOSIS 15°	SCA-TL 15 12-N SCA-TL 15 14-N SCA-TL 15 16-N

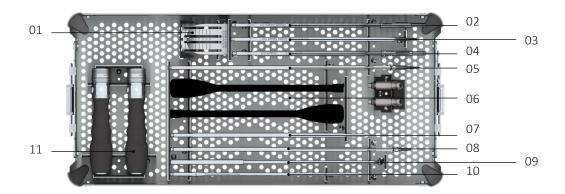
IMPLANT TRIALS AND CAGES INSERTION



#	DESCRIPTION	REFERENCE
01	COMPACTION BASE	SCA-IN 07 00-N
	IMPLANT HOLDERS:	
	SMALL/MEDIUM H10-H12	SCA-IN 01 01-N
	SMALL/MEDIUM H13-H15	SCA-IN 01 02-N
02	SMALL/MEDIUM H16-H18	SCA-IN 01 03-N
	LARGE H10-H12	SCA-IN 02 00-N
	LARGE H13-H15	SCA-IN 02 01-N
	LARGE H16-H18	SCA-IN 02 02-N
03	STRAIGHT HANDLE (HUDSON CONNECTION)	HAN-SI MH SM-N
04	TORQUE LIMITING HANDLE (1NM) (PALM HANDLE)	HAN-SI AO PA-N
05	HUDSON CONNECTOR	SCA-IN 17 00-N
06	THREADED SHAFT	SCA-IN 18 00-N
07	COMPACTOR	SCA-IN 19 00-N
08	CAMLOCKER DRIVER	SCA-IN 06 00-N

#	DESCRIPTION	REFERENCE
10	LATERAL IMPLANT HOLDER SCREW M4X0.7	SCA-IN 16 00-N
11	LATERAL IMPLANT HOLDERS: SMALL/MEDIUM H10-H12 SMALL/MEDIUM H13-H15 SMALL/MEDIUM H16-H18 LARGE H10-H12 LARGE H13-H15 LARGE H16-H18	SCA-IN 03 00-N SCA-IN 03 01-N SCA-IN 03 02-N SCA-IN 04 00-N SCA-IN 04 01-N SCA-IN 04 02-N
12	SLAP HAMMER	JLL-IN 12 00-N

SCREW INSERTION



#	DESCRIPTION	REFERENCE
01	SCREW LOADER	SJT-IN 04 00-N
02	STRAIGHT SQUARE AWL	SJT-IN 01 00-N
03	ANGLED SQUARE AWL	SJT-IN 01 01-N
04	STRAIGHT DRILL	SJT-IN 02 00-N
05	U-JOINT DRILL	SJT-IN 02 01-N
06	UNIVERSAL-JOINT TUBE AND UNIVERSAL JOINT ANGLED PART	SJT-IN 06 00-N
07	STRAIGHT SCREWDRIVER	SJT-IN 03 00-N
08	U-JOINT SCREWDRIVER	SJT-IN 03 01-N
09	U-JOINT GUIDE	SJT-IN 05 00-N
10	REVISION SCREWDRIVER	SJT-IN 03 02-N
11	STRAIGHT HANDLE RATCHET	HAN-SI RA ST-N

DISC PREPARATION

STRAIGHT RING CURETTE, 15MM	SCA-IN 09 02-N	CUP CURETTE, ANGLED, DOWN, SIZE «4»	SCA-IN 24 01-N
Court I			
Orani.			
ANGLED RING CURETTE, 15MM	SCA-IN 09 03-N	FLAT COBB, 30 MM	SCA-IN 10 02-N
		3	-
A second			
CUP CURETTE, STRAIGHT, SIZE «2»	SCA-IN 12 00-N	COBB, 25MM, 10° UP	SCA-IN 10 01-N
		Maria	
		With the second	
CUP CURETTE, STRAIGHT, SIZE «4»	SCA-IN 24 00-N	RASP, STRAIGHT, 14MM	SCA-IN 08 00-N
CUP CURETTE, ANGLED, DOWN, SIZE «2»	SCA-IN 12 01-N	PADDLE DISTRACTOR HOLDER	SCA-IN 15 00-N
	-		
PADDLE DISTRACTORS H07 TO H16	SCA-IN 15 07-N TO SCA-IN 15 16-N	THREADED SHAFT	SCA-IN 18 00-N
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The state of the s
HATE SI MINOS		No.	

DISC PREPARATION

T-HANDLE (HUDSON CONNECTION) HAN-SI MH TE-N



PITUITARY RONGEUR, STRAIGHT, 5MM	SCA-IN 21 00-N
PITUITARY RONGEUR, STRAIGHT, 3MM	SCA-IN 22 00-N
PITUITARY RONGEUR, 3MM, UP	SCA-IN 21 01-N
PITUITARY RONGEUR, 5MM, UP	SCA-IN 22 01-N



BALL TIP PROBE	SCA-IN 20 00-N



KERRISON RONGEUR, 3MM, 40DEG UP	SCA-IN 23 00-N
KERRISON RONGEUR, 5MM, 40DEG UP	JLL-IN 14 05-N



LEKSELL DOUBLE-ACTION	SCA-IN 13 00-N
DONICELID ONAM	







	LONG SUCTION	GS 75.9312
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DISC PREPARATION

PARALLEL DISTRACTOR ELL-IN 01 07-N

BLUNT DISSECTOR JLL-IN 00 01-N







SCA-IN 01 00-N

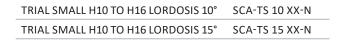
PARALLEL DISTRACTOR / ENDTIP





IMPLANT TRIALS

TRIAL INSERTER SCA-IN 05 00-N









HUDSON CONNECTOR	SCA-IN 17 00-N





TRIAL MEDIUM H10 TO H16 LORDOSIS 10°	SCA-TM 10 XX-N
TRIAL MEDIUM H12 TO H16 LORDOSIS 15°	SCA-TM 15 XX-N

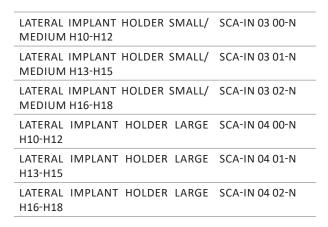


TRIAL LARGE H10 TO H16 LORDOSIS 10°	SCA-TL 10 XX-N
TRIAL LARGE H12 TO H16 LORDOSIS 15°	SCA-TL 15 XX-N



CAGES INSTRUMENTS

IMPLANT HOLDER SMALL/MEDIUM H10-H12	SCA-IN 01 01-N
IMPLANT HOLDER SMALL/MEDIUM H13-H15	SCA-IN 01 02-N
IMPLANT HOLDER SMALL/MEDIUM H16-H18	SCA-IN 01 03-N
IMPLANT HOLDER LARGE H10-H12	SCA-IN 02 00-N
IMPLANT HOLDER LARGE H13-H15	SCA-IN 02 01-N
IMPLANT HOLDER LARGE H16-H18	SCA-IN 02 02-N





-9

LATERAL	IMPLANT	HOLDER	SCREW	SCA-IN 16 00-N
M4X0 7				

COMPACTOR SCA-IN 19 00-N





COMPACTION BASE	SCΔ-INI 07 00-N

CAMLOCKER DRIVER SCA-IN 06 00-N





STRAIGHT HANDLE (HUDSON CONNECTION)

HAN-SI MH SM-N

TORQUE LIMITING HANDLE (1NM) (PALM HANDLE)

HAN-SI AO PA-N





SCREW INSERTION

STRAIGHT SQUARE AWL	SJT-IN 01 00-N	ANGLED SQUARE AWL	SJT-IN 01 01-N
	and the		Wilder Walle Field
si si	action temporaries		
9119			
TRAIGHT DRILL	SJT-IN 02 00-N	U-JOINT DRILL	SJT-IN 02 01-N
	or all the second to de second	and the second	
TRAIGHT SCREWDRIVER	SJT-IN 03 00-N	U-JOINT SCREWDRIVER	SJT-IN 03 01-N
30.00	ancesare sheet.	- 200N Special law Employee	
		6.9	
REVISION SCREWDRIVER	SJT-IN 03 02-N	U-JOINT GUIDE	SJT-IN 05 00-N
	a management of		
	MAN REPORT OF THE PARTY OF THE		
SCREW LOADER	SJT-IN 04 00-N	UNIVERSAL-JOINT TUBE AND UNIVERSAL JOINT ANGLED PART	SJT-IN 06 00-N
STRAIGHT HANDLE RATCHET	HAN-SI RA ST-N	AT MOREA. SHOWING	
		•	

INSTRUMENT ASSEMBLY



TRIALS AND CAGES INSERTION HUDSON CONNECTION HANDLES



SCREWS INSERTION
RATCHET HANDLE



TORQUE LIMITING
HANDLE



HUDSON CONNECTION HANDLE ATTACHMENT

Align parallel flat surfaces of the instrument shaft with corresponding handle recess. Pull the adaptor barrel while inserting the shaft. Release the adaptor barrel.

INSTRUMENT	REFERENCE
STRAIGHT HANDLE (HUDSON CONNECTION)	HAN-SI MH SM-N
T-HANDLE (HUDSON CONNECTION)	HAN-SI MH TE-N



TRIAL INSERTER & IMPLANT HOLDER ASSEMBLY

Insert the threaded Shaft into the implant holder or trial inserter. Align the Hudson connector onto the implant holder or trial inserter and turn clockwise to secure the assembly.

INSTRUMENT	REFERENCE
TRIAL INSERTER	SCA-IN 05 00-N
THREADED SHAFT	SCA-IN 18 00-N
HUDSON CONNECTOR	SCA-IN 17 00-N
IMPLANT HOLDER SMALL/MEDIUM	SCA-IN 01 XX-N
IMPLANT HOLDER LARGE	SCA-IN 02 XX-N
PADDLE DISTRACTOR HOLDER	SCA-IN 15 00-N

INSTRUMENT ASSEMBLY



SLAP HAMMER ATTACHMENT

The Slap Hammer can be used if additional force is needed for instrument removal. Attach instruments per respective connection end:

Hudson Connection

Align and insert the proximal end of the instrument shaft into the Slap Hammer slot. Rotate the slap hammer shaft clockwise 90°.

INSTRUMENT	REFERENCE
SLAP HAMMER	JLL-IN 12 00-N



ASSEMBLY OF THE U-JOINT INSTRUMENTS

- 1. Connect the U-Joint instrument with the universal U joint angled part
- 2. Thread the U joint Tube onto the universal U-Joint angled part using a counter clockwise rotation

_STEP 1



PATIENT POSITIONING AND EXPOSURE

For an anterior approach of the lower lumbar levels, place the patient supine in a slight Trendelenburg position, per surgeon preference.

Locate the operative disc level and incision location via lateral fluoroscopy.

Through a standard retroperitoneal approach, dissect and retract the soft tissue to reach the operative disc level.

Determine surgical approach (anterior or anterolateral) based on the surgeon preference.

Cut an appropriately sized window through the anterior longitudinal ligament and the annulus fibrosus, to access the target disc space.

_STEP 2



DISCECTOMY AND DISTRACTION

Begin discectomy and endplate preparation with a curette.

Use a Cobb elevator to clearly define the endplates.

Distract the discectomy site, using the parallel distractor and/or paddle distractors.

Complete endplate preparation with the rasp and disc shavers. Care must be taken to ensure excessive bone is not removed, which may weaken the endplate.

INSTRUMENT	REFERENCE
STRAIGHT RING CURETTE, 15MM	SCA-IN 09 02-N
ANGLED RING CURETTE, 15MM	SCA-IN 09 03-N
CUP CURETTE, STRAIGHT, SIZE «2»	SCA-IN 12 00-N
CUP CURETTE, STRAIGHT, SIZE «4»	SCA-IN 24 00-N
CUP CURETTE, ANGLED, DOWN, SIZE «2»	SCA-IN 12 01-N
CUP CURETTE, ANGLED, DOWN, SIZE «4»	SCA-IN 24 01-N
FLAT COBB, 30MM	SCA-IN 10 02-N
COBB, 25MM, 10° UP	SCA-IN 10 01-N
PARALLEL DISTRACTOR	ELL-IN 01 07-N
PARALLEL DISTRACTOR / ENDTIP	SCA-IN 01 00-N
PADDLE DISTRACTOR HOLDER	SCA-IN 15 00-N
PADDLE DISTRACTORS H07 TO H16	SCA-IN 15 07-N TO SCA-IN 15 16-N
RASP, STRAIGHT, 14MM	SCA-IN 08 00-N
DISC SHAVERS	SCA-IN 14 08-N TO SCA-IN 14 16-N
BLUNT DISSECTOR	JLL-IN 00 01-N
T-HANDLE (HUDSON CONNECTION)	HAN-SI MH TE-N
BALL TIP PROBE	SCA-IN 20 00-N
PITUITARY RONGEUR, STRAIGHT, 5MM	SCA-IN 21 00-N
PITUITARY RONGEUR, STRAIGHT, 3MM	SCA-IN 22 00-N
PITUITARY RONGEUR, 3MM, UP	SCA-IN 21 01-N
PITUITARY RONGEUR, 5MM, UP	SCA-IN 22 01-N
KERRISON RONGEUR, 3MM, 40DEG UP	SCA-IN 23 00-N
KERRISON RONGEUR, 5MM, 40DEG UP	JLL-IN 14 05-N
LEKSELL DOUBLE-ACTION RONGEUR, 8MM	SCA-IN 13 00-N
BIPOLAR FORCEPS	S03-551NS
LONG SUCTION	GS 75.9312
HUDSON CONNECTOR	SCA-IN 17 00-N
THREADED SHAFT	SCA-IN 18 00-N

_STEP 3



ANTERIOR APPROACH



ANTEROLATERAL APPROACH

SELECTION OF THE IMPLANT SIZE

Straight Anterior Approach:

Thread the trial implant onto the trial inserter using the midline hole of the trial implant.

Anterolateral Approach:

Thread the trial implant onto the trial inserter using the appropriate lateral hole of the trial implant.

Insert the trial implant into the intervertebral space to determine the cage height, footprint and angulation.

If the chosen trial implant is too small, use incrementally larger trials until a tight fit is achieved.

A mallet may be used to gently insert the trial. Verify correct size with AP and Lateral imaging.

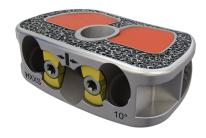
Implant size selection is dependent on the intervertebral space, patient anatomy and technical preparation.

With appropriate size verified, open the corresponding cage footprint and height and thread it onto the implant holder.

INSTRUMENT	REFERENCE
TRIAL INSERTER	SCA-IN 05 00-N
THREADED SHAFT	SCA-IN 18 00-N
HUDSON CONNECTOR	SCA-IN 17 00-N
STRAIGHT HANDLE (HUDSON CONNECTION)	HAN-SI MH SM-N
TRIAL SMALL H10	SCA-TS 10 10-N TO
TO H16 LORDOSIS 10°	SCA-TS 10 18-N
TRIAL SMALL H10	SCA-TS 15 10-N TO
TO H16 LORDOSIS 15°	SCA-TS 15 18-N
TRIAL MEDIUM H10	SCA-TM 10 10-N TO
TO H16 LORDOSIS 10°	SCA-TM 10 18-N
TRIAL MEDIUM H12	SCA-TM 15 12-N TO
TO H16 LORDOSIS 15°	SCA-TM 15 18-N
TRIAL LARGE H10	SCA-TL 10 10-N TO
TO H16 LORDOSIS 10°	SCA-TL 10 18-N
TRIAL LARGE H12	SCA-TL 15 12-N TO
TO H16 LORDOSIS 15°	SCA-TL 15 18-N
SLAP HAMMER	JLL-IN 12 00-N

_STEP 4





CAGE PREPARATION

Please refer to the instrument assembly section of this guide to determine proper instrument selection and assembly instructions based on preferred approach technique of the surgeon.

Tighten the cage onto the implant holder corresponding to the selected footprint and height.

Place the cage onto the compaction base and fill it with bone graft.

INSTRUMENT	REFERENCE
IMPLANT HOLDER SMALL/MEDIUM H10-H12	SCA-IN 01 01-N
IMPLANT HOLDER SMALL/MEDIUM H13-H15	SCA-IN 01 02-N
IMPLANT HOLDER SMALL/MEDIUM H16-H18	SCA-IN 01 03-N
IMPLANT HOLDER LARGE H10-H12	SCA-IN 02 00-N
IMPLANT HOLDER LARGE H13-H15	SCA-IN 02 01-N
IMPLANT HOLDER LARGE H16-H18	SCA-IN 02 02-N
LATERAL IMPLANT HOLDER SMALL/ MEDIUM H10-H12	SCA-IN 03 00-N
LATERAL IMPLANT HOLDER SMALL/ MEDIUM H13-H15	SCA-IN 03 01-N
LATERAL IMPLANT HOLDER SMALL/ MEDIUM H16-H18	SCA-IN 03 02-N
LATERAL IMPLANT HOLDER LARGE H10-H12	SCA-IN 04 00-N
LATERAL IMPLANT HOLDER LARGE H13-H15	SCA-IN 04 01-N
LATERAL IMPLANT HOLDER LARGE H16-H18	SCA-IN 04 02-N
THREADED SHAFT	SCA-IN 18 00-N
LATERAL IMPLANT HOLDER SCREW M4X0.7	SCA-IN 16 00-N
U-JOINT SCREWDRIVER	SJT-IN 03 01-N
STRAIGHT SCREWDRIVER	SJT-IN 03 00-N
COMPACTION BASE	SCA-IN 07 00-N
COMPACTOR	SCA-IN 19 00-N
HUDSON CONNECTOR	SCA-IN 17 00-N
STRAIGHT HANDLE (HUDSON CONNECTION)	HAN-SI MH SM-N

_STEP 5



INSERTION OF THE FINAL IMPLANT

Insert the cage into the intervertebral space, according to preferred approach technique of the surgeon.

A mallet may be used to gently insert the final implant.

At this point the surgeon must decide whether to use integrated screw fixation or a supplemental fixation. The integrated screw fixation technique is described on Step 6 to Step 10.

INSTRUMENT	REFERENCE
IMPLANT HOLDER SMALL/MEDIUM H10-H12	SCA-IN 01 01-N
IMPLANT HOLDER SMALL/MEDIUM H13-H15	SCA-IN 01 02-N
IMPLANT HOLDER SMALL/MEDIUM H16-H18	SCA-IN 01 03-N
IMPLANT HOLDER LARGE H10-H12	SCA-IN 02 00-N
IMPLANT HOLDER LARGE H13-H15	SCA-IN 02 01-N
IMPLANT HOLDER LARGE H16-H18	SCA-IN 02 02-N
LATERAL IMPLANT HOLDER SMALL/MEDIUM H10-H12	SCA-IN 03 00-N
LATERAL IMPLANT HOLDER SMALL/MEDIUM H13-H15	SCA-IN 03 01-N
LATERAL IMPLANT HOLDER SMALL/MEDIUM H16-H18	SCA-IN 03 02-N
LATERAL IMPLANT HOLDER LARGE H10-H12	SCA-IN 04 00-N
LATERAL IMPLANT HOLDER LARGE H13-H15	SCA-IN 04 01-N
LATERAL IMPLANT HOLDER LARGE H16-H18	SCA-IN 04 02-N
THREADED SHAFT	SCA-IN 18 00-N
STRAIGHT HANDLE (HUDSON CONNECTION)	HAN-SI MH SM-N
HUDSON CONNECTOR	SCA-IN 17 00-N
LATERAL IMPLANT HOLDER SCREW M4X0.7	SCA-IN 16 00-N
U-JOINT SCREWDRIVER	SJT-IN 03 01-N
STRAIGHT SCREWDRIVER	SJT-IN 03 00-N

_STEP 6









PREPARATION OF LATERAL SCREW HOLES

The SCARLET® AL-T system offers four instruments for screw hole preparation:

- Straight square awl
- Angled square awl
- Straight drill
- U-Joint drill

NOTE: Straight and angled hole preparation instruments can be used interchangeably according to surgeon preference.

Begin hole preparation with the two lateral screw holes.

Insert preferred instrument into the guide hole of the implant holder to prepare each lateral screw hole.

The U-joint guide may also be used during screw hole preparation to provide correct trajectory.

NOTE: The screw hole preparation instruments have a tip length of 25mm, which represents the shortest length screw available. Lateral imaging during hole creation may assist with determining the appropriate screw length.

INSTRUMENT	REFERENCE
STRAIGHT SQUARE AWL	SJT-IN 01 00-N
ANGLED SQUARE AWL	SJT-IN 01 01-N
STRAIGHT DRILL	SJT-IN 02 00-N
U-JOINT DRILL	SJT-IN 02 01-N
UNIVERSAL-JOINT TUBE AND UNIVERSAL JOINT ANGLED PART	SJT-IN 06 00-N
U-JOINT GUIDE	SJT-IN 05 00-N

_STEP 7



Laser mark should be visible

IMPLANTATION OF THE LATERAL SCREWS

Load the screw into the screw loader. It will facilitate a secure connection between the screw and the screwdriver. It also provides a verification of screw length.

While keeping the implant holder in place, insert the first lateral screw using the straight or U-joint screwdriver.

AP and Lateral images may be used to verify screw position.

Repeat this step to insert the second lateral screw.

For visual confirmation of correct screw depth, a laser mark is positioned within the screw holes. The head of the screw should be inserted beyond this landmark.

INSTRUMENT	REFERENCE
SCREW LOADER	SJT-IN 04 00-N
STRAIGHT SCREWDRIVER	SJT-IN 03 00-N
U-JOINT SCREWDRIVER	SJT-IN 03 01-N
U-JOINT GUIDE	SJT-IN 05 00-N
UNIVERSAL-JOINT TUBE AND UNIVERSAL JOINT ANGLED PART	SJT-IN 06 00-N

_STEP 8



PREPARATION OF THE CENTRAL SCREW HOLE

Remove the implant holder.

Prepare the central screw hole of the vertebra using the preferred instruments of the surgeon. The U-Joint guide may also be used during central screw hole creation to provide correct trajectory of central screw hole.

The screw hole preparation instruments all have a tip length of 25 mm, which represents the shortest length screw available. Lateral imaging during hole creation may assist with determining the appropriate screw length.

NOTE: All screw hole preparation instruments can be used to create holes interchangeably according to surgeon preference.

INSTRUMENT	REFERENCE
STRAIGHT SQUARE AWL	SJT-IN 01 00-N
ANGLED SQUARE AWL	SJT-IN 01 01-N
STRAIGHT DRILL	SJT-IN 02 00-N
U-JOINT DRILL	SJT-IN 02 01-N
UNIVERSAL-JOINT TUBE AND UNIVERSAL JOINT ANGLED PART	SJT-IN 06 00-N
U-JOINT GUIDE	SJT-IN 05 00-N
U-JOINT SCREWDRIVER	SJT-IN 03 01-N
STRAIGHT SCREWDRIVER	SJT-IN 03 00-N

_STEP 9



IMPLANTATION OF THE CENTRAL SCREW

Load the screw into the screw loader. It will facilitate a secure connection between the screw and the self-retaining screwdriver. It also provides a verification of screw length.

Insert the central screw using the straight or U-joint screwdriver.

AP and Lateral images may be used to verify screw position.

INSTRUMENT	REFERENCE
SCREW LOADER	SJT-IN 04 00-N
STRAIGHT SCREWDRIVER	SJT-IN 03 00-N
U-JOINT SCREWDRIVER	SJT-IN 03 01-N
U-JOINT GUIDE	SJT-IN 05 00-N
UNIVERSAL-JOINT TUBE AND UNIVERSAL JOINT ANGLED PART	SJT-IN 06 00-N

STEP 10



Figure 10a

Figure 10b

SECURING OF THE SCREWS

The screws are secured with cam locks.

The cage is delivered with the cams unlocked in the open position (Figure 10a).

Using the cam lock driver with the torque limiting handle the cam locking mechanism is activated by rotating the cams in the direction indicated by the arrows laser marked on the front of the cage. The cams are now locked in the closed position (Figure 10b).

INSTRUMENT	REFERENCE
CAM LOCK DRIVER	SCA-IN 06 00-N
TORQUE LIMITING HANDLE	HAN-SI AO PA-N

_FINAL CONSTRUCT



With integrated screws



REVISION





Without integrated screws
+ supplemental fixation system
(e.g. Posterior spinal fixation sytem)



In the case of a revision, unlock the cam locks using the cam lock driver and torque limiting handle.

Remove the screws using the revision screwdriver.

Connect the corresponding implant holder to remove the implant.

Gently pull the implant out of the vertebral space.

INSTRUMENT	REFERENCE
REVISION SCREWDRIVER	SJT-IN 03 02-N
CAM LOCK DRIVER	SCA-IN 06 00-N
TORQUE LIMITING HANDLE (1Nm) (PALM HANDLE)	HAN-SI AO PA-N
STRAIGHT HANDLE (HUDSON CONNECTION)	HAN-SI MH SM-N
IMPLANT HOLDERS (see page 18 & 19)	

REFERENCE OF THE IFU SCA-IF AL 01-W REVISION OF THE FINAL IFU MAR-2019

STERILITY

The implant is provided sterile.

Implants are double packaged in a PETG blister. Each package is labeled and an IFU is included.

CAUTION

If the implant or its packaging seems to be damaged, if the expiry date is exceeded or if the sterility cannot be guaranteed for any reason, the implant must not be used. Re-sterilization of the gamma sterilized implant is forbidden. The SCARLET® AL-T implants must only be used with SCARLET® AL-T instruments.

US Caution Federal law restricts these devices to be sold by or on the order of a physician.

Based on the dynamic testing result, the physician should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc., which may impact on the performance of the intervertebral body fusion device.

Do not use titanium and stainless-steel components together.

Components of SCARLET® AL-T cage system should not be used with components of any other system or manufacturer.

DESCRIPTION

The SCARLET® AL-T Anterior cage system has been designed to ensure the best possible adaptation to the patient's anatomic variations.

The SCARLET® AL-T Lumbar Anterior intersomatic cage is in Titanium alloy. It is intended to perform fusion between lumbar vertebrae after discectomy. These implants may be implanted via an open or a minimally invasive anterior approach.

INDICATIONS

The SCARLET* AL-T system is indicated for intervertebral body fusion procedures in skeletally mature patients with degenerative disc disease (DDD) of the lumbar spine at one or two contiguous levels from L2-S1. DDD is defined as discogenic back pain with degeneration of the disc confirmed by patient history and radiographic studies. These DDD patients may also have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s). These spinal implants are to be used with autogenous and/or allogeneic bone graft comprised of cancellous and/or corticocancellous bone graft to facilitate fusion. Patients

should have at least six (6) months of non-operative treatment prior to treatment with an intervertebral cage.

When used with the integrated fixation by the mean of the bone screws provided, the SCARLET® AL-T is a stand-alone system and requires no additional supplemental fixation system.

When used as a lumbar intervertebral fusion device (i.e. without the bone screws provided), the SCARLET® AL-T interbody device must be used with supplemental internal spinal fixation system that has been cleared by the FDA for use in the lumbosacral spine.

CONTRAINDICATIONS

- Mental illness.
- Infection.
- Severely damaged bone structures that could prevent stable implantation of the cage.
- Neuromuscular or vascular disorders or illness.
- Inadequate activity.
- Pregnancy
- Bone tumour in the region of implant
- Fractures

SIDE EFFECTS

Operative:

Haemostatic problems, injuries to the nervous system resulting in temporary or permanent weaknesses, pain or functional handicap, fractures.

Post operative:

Venous thrombosis and pulmonary embolism, infection, cardio-vascular disorders, retrograde ejaculation, hematoma and late cicatrisation.

Specific to implant:

Implant migration, adhesion and fibrosis, limited range of movement, secondary fractures.

Potential risks identified with the use of this intervertebral body fusion device, which may require additional surgery, include: device component fracture, loss of fixation, pseudoarthrosis (i.e. non-union), fracture of the vertebra, neurological injury, and vascular or visceral injury.

_CAUTION - PRECAUTIONS FOR USE

An in-depth discussion of all possible complications associated with lumbar interbody fusion is beyond the scope of these instructions. Every surgeon who uses these implants must take each patient's clinical state and medical status into consideration, and be fully familiar with procedures involving the use of this type of implant and the potential complications in each case.

Implants are mechanical devices that can be worn, damaged or broken. An implant site can become infected, painful, swollen, or inflamed.

Significant weight on the implant, an implant of inadequate size, and patient hyperactivity or a misuse will increase the risk of complications, including wear and tear or rupture.

The soft tissue and the adjacent bones may deteriorate over time, or may not be in an adequate state to support the implant, thus causing instability and/or malformation. The benefits of this lumbar interbody fusion procedure may not meet the patient's expectations, thus requiring more surgery to replace or remove the implant, or other types of procedures. Surgeons should therefore take several factors into consideration, in order to achieve optimal results for each patient. It is therefore essential that each patient who must undergo this type of procedure be informed, with the supporting documentation available, of the potential complications.

MRI SAFETY INFORMATION

The SCARLET® AL-T Lumbar Interbody Device has not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration, or image artifact in the MR environment. The safety of SCARLET® AL-T Lumbar Interbody Device in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

HANDLING

Spineart® ensures that only the highest-quality materials and expertise have been deployed in producing each implant. When handling these implants, blunt instruments should be used in order to avoid scratching, cutting, or nicking the device. Sharp-edged, serrated or toothed instruments should not be used.

Careful preparation of the surgical site and choosing an implant of the right size will increase the chances of a successful reconstruction. Metallic trial implants provided can be used to assess disc space and help in making this selection. Surgeons are advised not to remove the device from its sterile packaging until after the implant site has been properly prepared and precise measurements have been taken.

SURGERY METHODS

Precaution: The implantation of a lumbar interbody cage should be performed only by experienced surgeons with specific training in the use of this lumbar interbody cage because this is a technically demanding procedure presenting a risk of serious injury to the patient.

The surgeon is responsible for familiarizing him/herself with the surgical technique used for implanting these devices, by studying the relevant published articles, consulting experienced colleagues, and receiving training in the methods appropriate to the particular implant being used. We strongly recommend that excessive force should not be applied when implanting the SCARLET® AL-T implants.

A handbook on surgical techniques describing the standard implant procedure is available.

_PATIENT CARE FOLLOWING TREATMENT

Detailed instructions on the use and limitations of the device should be given to the patient. Prior to adequate maturation of the fusion mass, implanted spinal instrumentation may need additional help to accommodate full load bearing. External support may be recommended by the physician. The patient should be instructed regarding appropriate and restricted activities during consolidation and maturation for the fusion mass in order to prevent placing excessive stress on the implants which may lead to fixation or implant failure and accompanying clinical problems. Surgeons must instruct patients to report any unusual changes of the operative site to his/her physician. The physician must closely monitor the patient.

_STORAGE CONDITION

It is mandatory that the implants are stored in their original packaging, in a clean, dry location where atmospheric pressure is moderate.

INSTRUMENTATION

The instruments are specifically designed for use with SCARLET® AL-T implants. They are delivered non-sterile. Specific markings are engraved on each instrument to facilitate identification of the corresponding implant size.

_DECONTAMINATION, CLEANING, AND STERILIZATION

Point-of-instruction: The instruments must, immediately after use, be decontaminated, cleaned, and sterilized as described below.

Prior to starting the surgical procedure, all non-sterile reusable instruments must be properly cleaned, decontaminated and sterilized.

The SCARLET® AL-T instruments have been designed in order to avoid disassembly manipulation prior decontamination, cleaning and sterilization processes.

These methods and parameters have been validated following the AAMI TIR 30 Technical Report for reusable instruments and not sterile implants.

Manual disinfection/cleaning protocol

- Rinse soiled devices under running cold tap water for 1
 minute, using soft-bristled brush to assist in the removal of
 gross soil debris. Devices that can be disassembled must be
 disassembled before cleaning.
- Soak devices in a bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and manually clean for 5 minutes using soft-bristled brush, at room temperature (+15/+25°C).
- · Rinse devices under running cold water for 1 minute.
- Use a syringe to flush the devices with cannulation with 2x20 ml of neutral enzymatic cleaner at room temperature (+15/+25°C).
- Soak devices in a freshly prepared bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and clean ultrasonically for 10 minutes at room temperature (+15/+25°C).
- Rinse devices under running cold water for 1 minutes.
 Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Soak devices in a freshly prepared bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and manually clean for 2 minutes using soft-bristled brush at room temperature (+15/+25°C).
- Use a syringe to flush the devices with cannulation with 2x20 ml of deionized water at room temperature (+15/+25°C).

- Rinse thoroughly the devices with deionized water for 2 minutes. Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Visually inspect devices.
- Dry using a soft, lint free cloth.

Automatic disinfection/cleaning protocol

- Rinse soiled devices under running cold tap water for 30 seconds, using soft-bristled brush to assist in the removal of gross soil debris. Devices that can be disassembled must be disassembled before cleaning.
- Soak devices in a bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and manually clean for 1 minute using soft-bristled brush, at room temperature (+15/+25°C).
- Rinse devices under running cold water for 30 seconds.
 Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Soak devices in a freshly prepared bath of neutral enzymatic cleaner (as example: ANIOSYME DD1) and clean ultrasonically for 10 minutes at room temperature (+15/+25°C).
- Rinse devices under running cold water for 1 minute.
 Devices with mobile parts must be manipulated through their full range of motion during rinsing.
- Load devices into the washer-disinfector.
- Visually inspect devices.
- Dry using a soft, lint free cloth.

WASHER-DISINFECTOR PARAMETERS			
Step	Solution	Temperature	Time
Pre-cleaning	Water	<45°	2 minutes
Cleaning	Water + Neutral enzymatic cleaner (as example NEODISHER Mediclean Forte)	55°C	10 minutes
Neutralizing	Water	<45°	2 minutes
Rinsing	Tap water	<45°	2 minutes
Thermal disinfection	Reversed osmosis water	90°C	5 minutes

Sterilization trays cleaning and disinfection

All the trays must be thoroughly cleaned and disinfected after surgery completion.

Cleaning recommendations

- · Remove all the instruments from the trays,
- · Large and visible impurities must be removed from the trays,
- Use running water and rinse thoroughly for at least one minute,
- Use freshly prepared cleaning bath of the specified concentration for the period specified by the manufacturer,
- · Use soft brush until there is no visible contamination,
- Dry trays with lint-free disposable cloths.

Disinfection recommendations

- Use a freshly disinfectant bath of the specified concentration for the period specified by the manufacturer. Rinse thoroughly three times,
- Rinse trays thoroughly with water as specified by the disinfectant manufacturer,
- Dry trays with lint-free disposable cloths.

Trays must be visually clean, if not, repeat the cleaning and disinfection protocol.

Subsequent sterilization in containers is then recommended, using an autoclave and steam, and following a protocol that meets the minimum requirements or more, and is in compliance with current legislation (e.g., 134°C – 18 minutes) to obtain a guaranty of sterility of 10⁻⁶. The validation for sterilization have been done according to overkill/half cycle method as described in the ISO 17664, ISO 17665 standards and of AAMI TIR 12 Technical Report.

Sterilization parameters

Method: Pre-vacuum cycle of Steam sterilization (moist

heat – autoclave)

Cycle 1(EU):

Exposure time: 18 minutes Exposure temperature: 134°C Drying Time: 30 minutes

Cycle 2 (USA):

Exposure time: 4 minutes Temperature: 132°C Drying Time: 30 minutes

This 134°C – 18 minutes sterilization cycle is not considered by the Food and Drug Administration to be a standard sterilization cycle. It is the end user's responsibility to use only sterilizers and accessories (such as sterilization wraps, sterilization pouches, chemical indicators, biological indicators, and sterilization cassettes) that have been cleared by the Food and Drug Administration for the selected sterilization cycle specifications (time and temperature).

"Do not stack trays during sterilization"

PRODUCT USE LIFE

Prior to use all components should be checked for functionality and the absence of defects such as wear, tear, corrosion, pitting and discoloration to ensure that there is no damage.

Damaged components must not be used and should be returned to Spineart[®].

_MAINTENANCE AND REPAIRING

Spineart® instruments that need to be repaired must be decontaminated and cleaned, then sent to the address mentioned in this document.

FURTHER INFORMATION

If further directions for use of this system are needed, please check with the SPINEART Customer Service. If further information is needed or required, please see the addresses on this document.

NOTE



SPINEART

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