

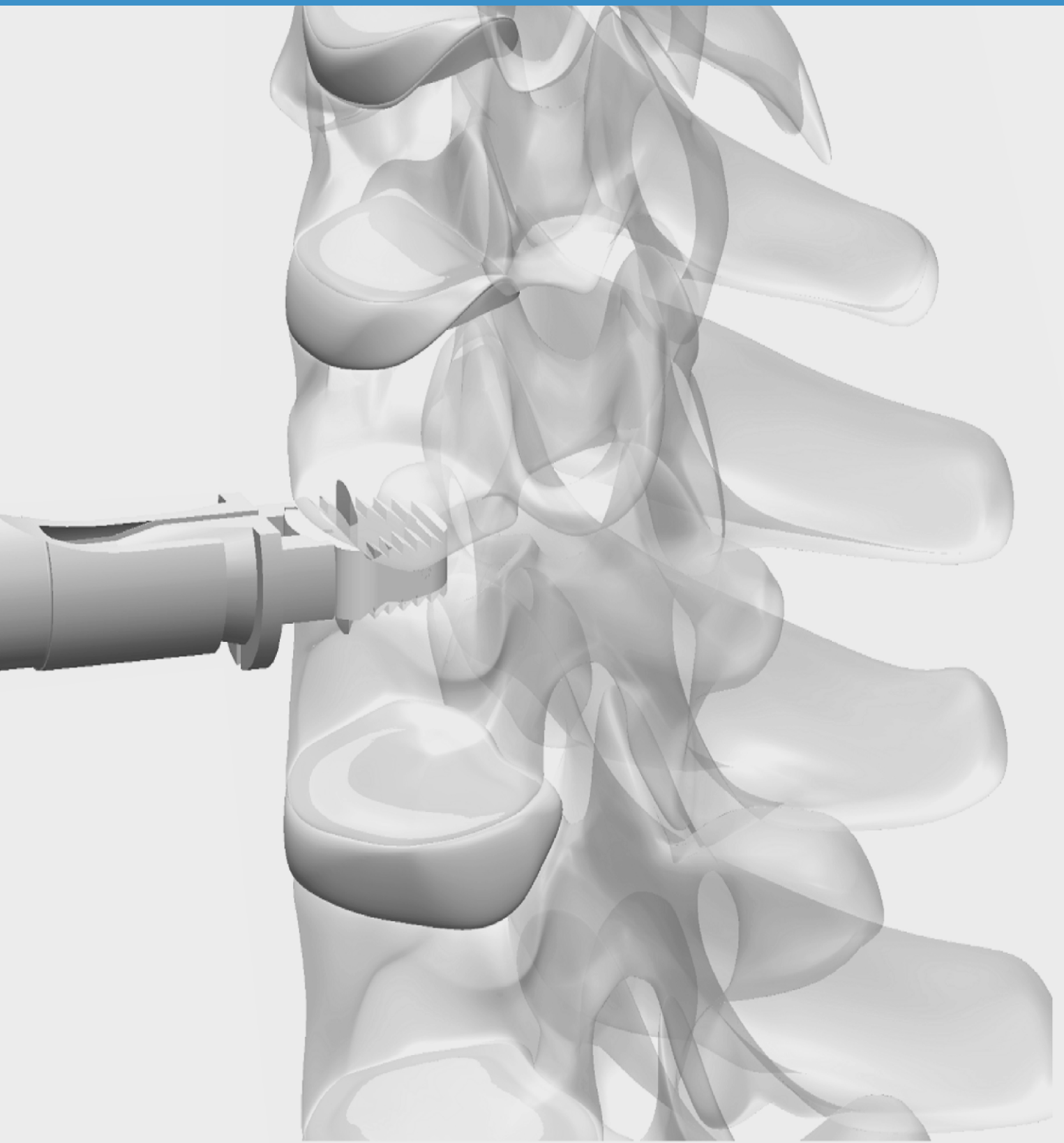
Surgical Technique

KNIFE Cervical Bladed Cage



INTRODUCTION

It is a fusion device intended for stabilization use and bone fusion during normal healing process following surgical corrections of disorders of the spine.



INDICATIONS:

Cervical Cage is indicated for cervical interbody fusion procedures in skeletally mature patients with cervical disc disease at one level from the C2-C3 disc to the C7-T1 disc.

**CONTRAINDICATIONS:**

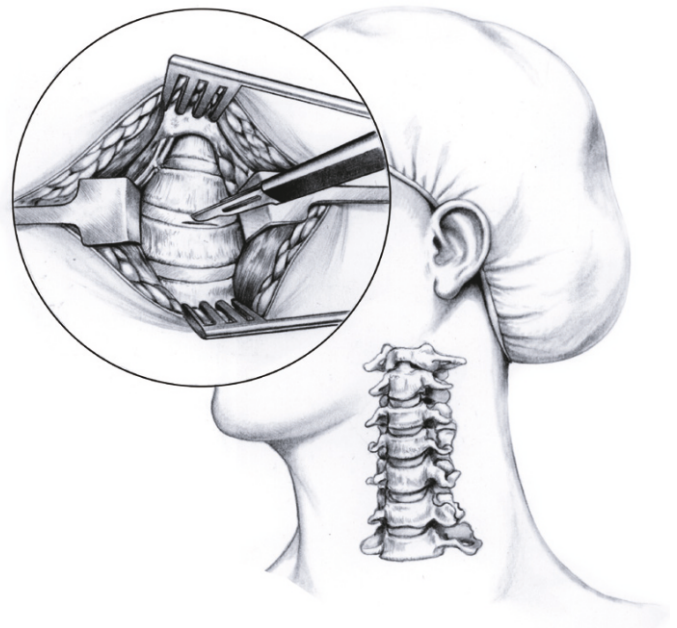
Contraindications include but are not limited to:

1. Any case needing to mix metals from different components.
2. Any case not described in the indications.
3. Any patient unwilling to co-operate with postoperative instructions.
4. Fever or leukocytosis.
5. Infection local to the operative site and/or signs of local inflammation.
6. Morbid Obesity.

SURGICAL APPROACH AND PREPARATION:

The patient is positioned supine on the operative table with a folded towel beneath the intrascapular region to maintain the head in slight extension.

The standard anterior approach to the cervical spine is utilized. This can be through one of several incisions with the exposure typically medial to the carotid sheath and lateral to the trachea and esophagus. Adequate fascial plane release is important for optimal exposure. After identification of the disc space is confirmed with x-ray, preparation for anterior interbody fusion is commenced.

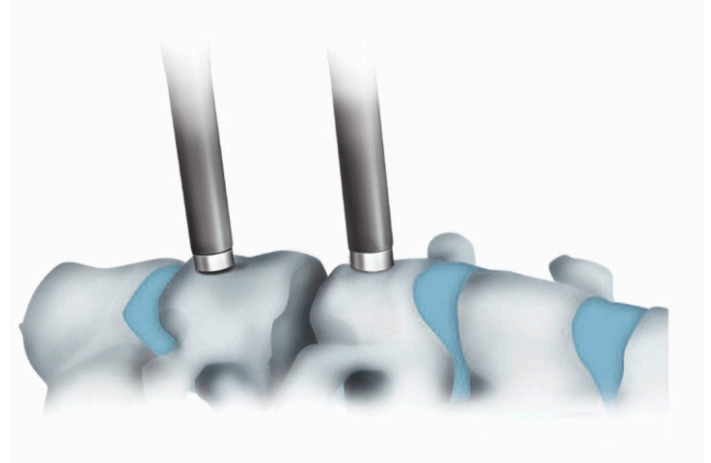


DISTRACTION:

Once the target disc is confirmed, the vertebrae above and below the disc are distracted. Depending on the pathology, single level or multilevel discectomy can be carried out.

DISCECTOMY:

A complete discectomy should leave the adjacent vertebral endplates cleared from all the disc material and the cartilaginous layer.



CAGE SELECTION:

By placing the provided trials one by one in the intervertebral space, verify which size fits. Remove the trial and select the same size cage to implantation.



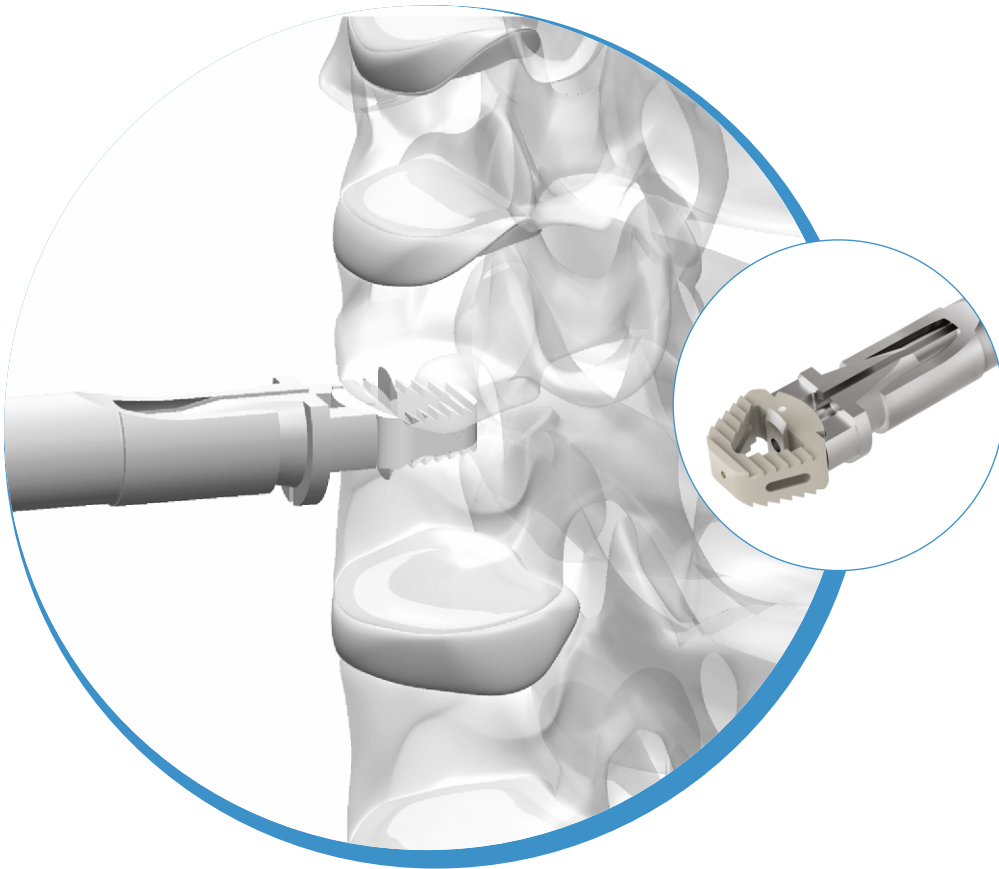
PACKING THE CAGE:

Place the selected cage in the implant support and pack it with graft using graft impactor.

IMPLANT INSERTION:

The packed cage is placed in the disc space under fluoroscopy using Knife Cervical Bladed Cage holder. To facilitate implantation of the cage, additional distraction of 1 mm may be necessary.

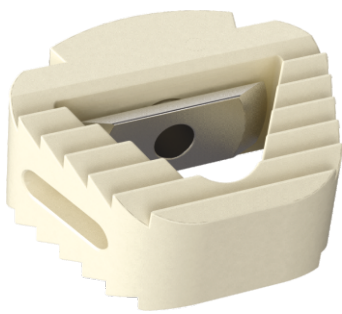
A/P Radiographic view can be used to confirm the final implant placement. Once the placement is confirmed, the handle of cage holder is rotated by 90° which turns the blade by 90° thus locking it in the intervertebral space. Finally the cage holder is disengaged and removed.



KNIFE - Cervical Bladed Cage

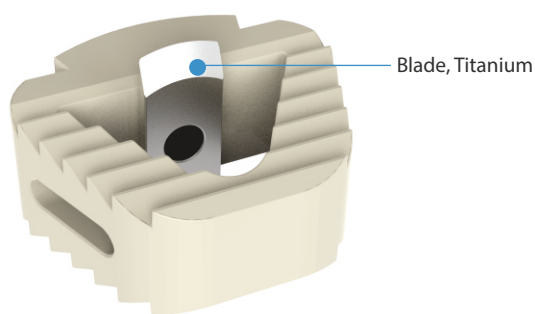
- It provides primary and secondary stability locking mechanism without the need of anterior plate fixation.
- The blade penetrates into the vertebral column and prevents primary and/or secondary micro movements, advancing the fusion of the graft with vertebra.
- Helps in reducing the duration of wearing the Cervical collar.

Fig (A)



Normal Position

Fig (B)



Locking Position

available in: **STERILE R**

KNIFE-Cervical Bladed Cage (PEEK)

Code	Product Specification (mm)
SP-1900	4 x 16 x 13
SP-1901	5 x 16 x 13
SP-1902	6 x 16 x 13
SP-1903	7 x 16 x 13
SP-1904	8 x 16 x 13
SP-1905	9 x 16 x 13
SP-1906	10 x 16 x 13
SP-1907	11 x 16 x 13
SP-1908	12 x 16 x 13

7-052-01 Trial, 4mm for Cervical Cage



SP-042 Trial, 5mm for Cervical Cage



SP-043 Trial, 6mm for Cervical Cage



SP-044 Trial, 7mm for Cervical Cage



SP-045 Trial, 8mm for Cervical Cage



SP-046 Implant Inserter - Long



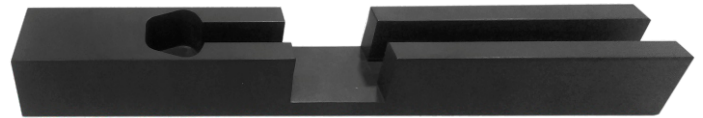
SP-047 Implant Inserter - Short



SP-048 Curve Tamp



SP-049 Implant Support for Cervical Cage



SP-050 Graft Impactor for Cervical Cage



SP-1909 KNIFE- Cervical Bladed Cage Holder





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