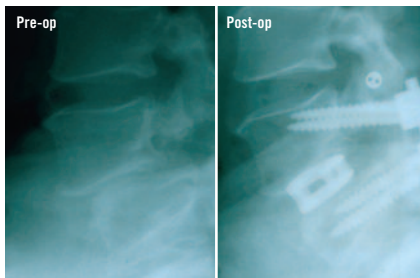
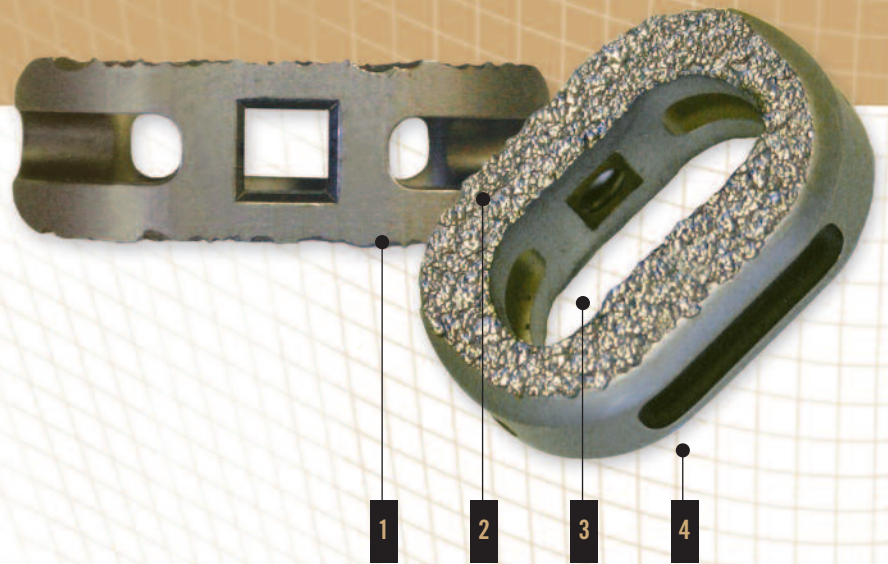


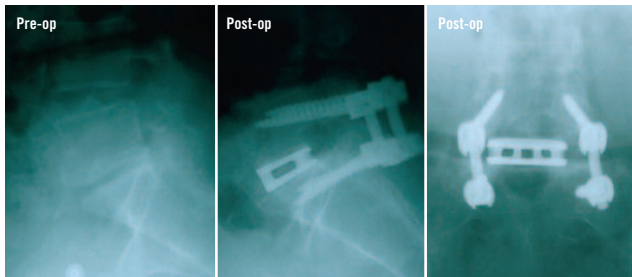
INTRODUCING

ENDOSKELETON® TA

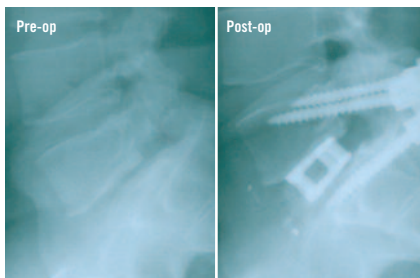
Anterior Interbody Fusion Device for Lumbar Spine



PATIENT A



PATIENT B



PATIENT C

Results-Oriented Cage

Unique Features and Benefits

1] Apophyseal Fixation and Endplate Sparing

The Endoskeleton® TA sits on the strongest portion of the endplate yielding excellent resistance to subsidence. Maintains hoop stress of the inferior and superior endplates allowing the transfer of stress through the apophysis.

2] Fixation to Bone by Acid-Etched Titanium Surface

Dual Acid-Etched Titanium surface provides a strong press fit and boney ingrowth. Binding to bone with mechanical friction and a bio-chemical bond.

3] Large Open Area for Bone Graft

Large open area allows for significant autograft bone packing. Large open windows for outstanding radiographic visualization.

4] Easy, Straightforward Surgical Technique

With 24 different sizes its smooth leading posterior edge allows for easy insertion.

Surgical Technique



STEP 1

- A] Approach to disc space provided by standard mini-open retroperitoneal laparotomy.
- B] Center of disc space located by AP fluoroscopy, making sure pedicles are equidistant from spinous process.
- C] Disc space is incised — 28, 32, or 36mm window needed in annulus for device insertion (width is 4mm smaller than the ML width of the implant).
- D] Endplates cleaned of all cartilage with curette.
- E] Either 32, 36, or 40mm rasp then used.



STEP 2

- A] Lateral C-arm fluoroscopy used to follow insertion of rasp to posterior disc space.
- B] Smallest height rasp that touches both endplates is chosen first.
- C] After disc space is cleared of all soft tissue and cartilage, distraction is then accomplished by using distractors. The distractors are designed to have very smooth surfaces, so as not to damage the boney endplate.
- D] Can usually distract 2-5mm higher than the rasp that is initially used



STEP 3

- A] Distractor is left in disc space and centering location is checked by placing C-arm back into the AP position.
- B] If location is confirmed correct then the C-arm is turned back into lateral position
- C] The size of the last distraction is the size of the Endoskeleton® TA implant to be implanted. The implant may be upsized by 1mm in height, if tighter fit is desired.
- D] The Endoskeleton® TA implant is packed with autograft bone.
- E] The Endoskeleton® TA implant is easily inserted under C-arm fluoroscopic visualization.

24 Different Sizes Give Physicians More Options and a Better Fit



- 2107-0110 / 10mm Standard
- 2107-0111 / 11mm Standard
- 2107-0112 / 12mm Standard
- 2107-0113 / 13mm Standard
- 2107-0114 / 14mm Standard
- 2107-0115 / 15mm Standard
- 2107-0116 / 16mm Standard
- 2107-0117 / 17mm Standard



- 2107-0210 / 10mm Large
- 2107-0211 / 11mm Large
- 2107-0212 / 12mm Large
- 2107-0213 / 13mm Large
- 2107-0214 / 14mm Large
- 2107-0215 / 15mm Large
- 2107-0216 / 16mm Large
- 2107-0217 / 17mm Large



- 2107-0310 / 10mm X-Large
- 2107-0311 / 11mm X-Large
- 2107-0312 / 12mm X-Large
- 2107-0313 / 13mm X-Large
- 2107-0314 / 14mm X-Large
- 2107-0315 / 15mm X-Large
- 2107-0316 / 16mm X-Large
- 2107-0317 / 17mm X-Large

Endoskeleton® TA Device Sizes (mm)

Standard: 32 width x 21 depth x 10, 11, 12, 13, 14, 15, 16, 17 height = 8 sizes

Large: 36 width x 24 depth x 10, 11, 12, 13, 14, 15, 16, 17 height = 8 sizes

X-Large: 40 width x 27 depth x 10, 11, 12, 13, 14, 15, 16, 17 height = 8 sizes

For reimbursement questions and to receive a surgical technique DVD, please consult your local representative



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