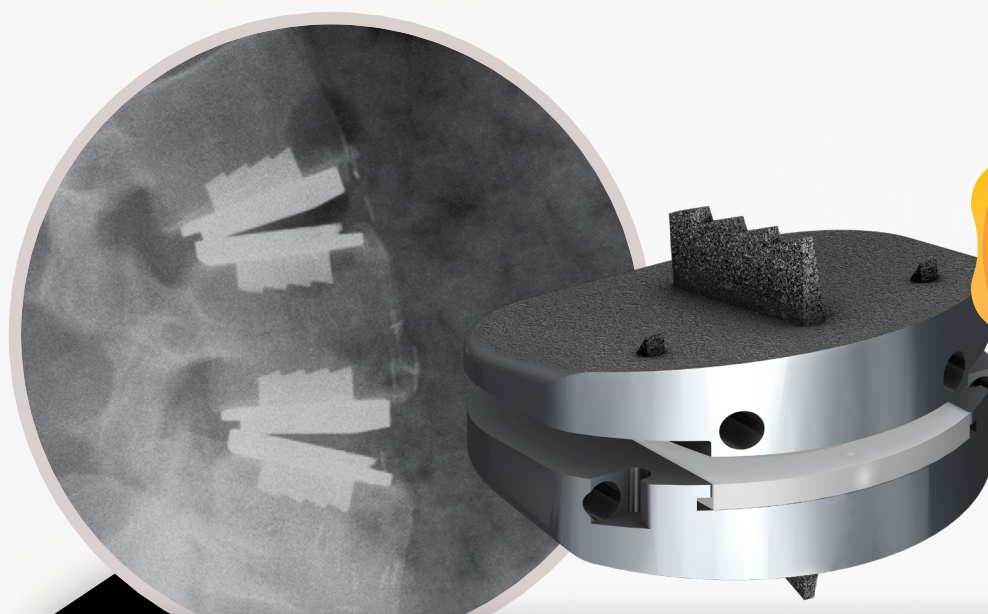


CENTINEL SPINE®

prodisc® L

Clinically Proven Motion Preservation for the Lumbar Spine



NOW WITH **ADDITIONAL ENDPLATE OPTIONS**

PROVEN
DESIGN

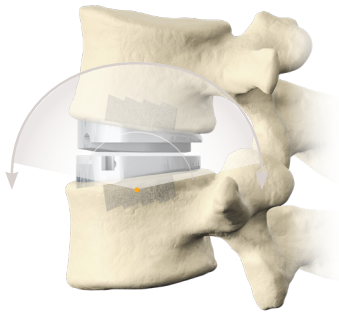
PREDICTABLE
MOTION

CLINICALLY
SUPPORTED



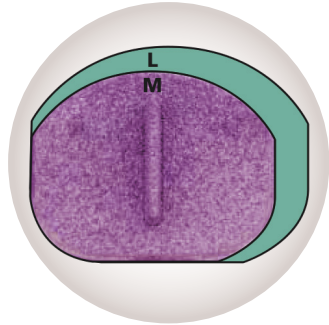
THE MOST CLINICALLY PROVEN TOTAL DISC REPLACEMENT SYSTEM— NOW WITH ADDITIONAL ENDPLATE OPTIONS

PROVEN DESIGN



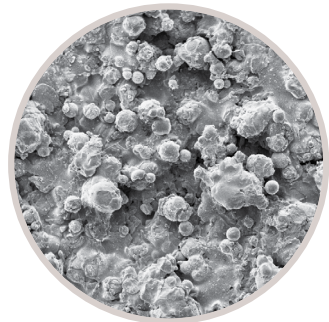
Fixed Center of Rotation

- Allows translation only when coupled with rotation, mimicking the natural movements of the lumbar spine.
- Motion is in-line with facets, resisting shear forces.



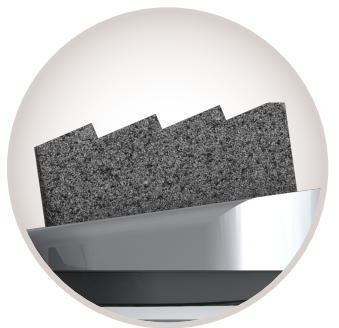
Anatomic Sizing

- 2 footprints, 2 lordotic options, & 3 heights of implants to maximize matching patient anatomy.



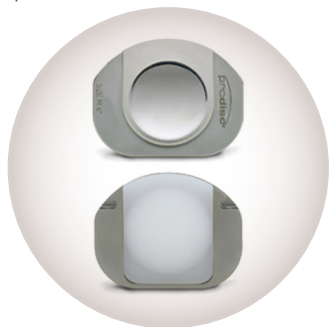
Porous Titanium Surfaces

- Covers all bone contacting surfaces, promoting bony ongrowth, further securing the implant.



Patented Midline Keel

- Provides immediate stability in three planes
- Keel provides additional surface area to enhance the potential for bony in-growth.



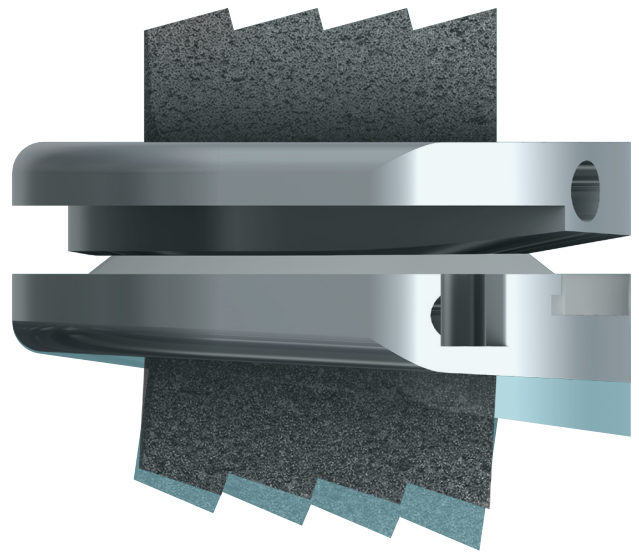
Mechanism of Action

- Allows for controlled and predictable segmental motion

prodisc has become the most widely used total disc replacement in the world with almost 225,000 implantations and the most frequently studied, with over 540 published papers.¹

ADDITIONAL ENDPLATE OPTIONS

- Six additional endplates—including inferior endplates in 3° and 8° and superior endplates in 3°—shift the lordotic angle to the inferior plate



CLINICAL EVIDENCE

RE-OPERATIONS
RELATED TO ALD

**2x
FEWER**

with prodisc L
vs. fusion²

CHANGES IN
ADJACENT LEVEL
DISEASE

**3.5x
FEWER**

with prodisc L
vs. fusion for patients with
no preoperative ALD²

¹ Search performed on Pubmed 08/2019.
² Zigler J, Glenn J, Delamarter R, Five-year adjacent-level degenerative changes in patients with single-level disease treated using lumbar total disc replacement with ProDisc-L versus circumferential fusion, JNS, 17:504-511, 2012.