

# **IVA<sup>TM</sup> TLIF** (Bullet Type)

**Interbody Fusion Cage**



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Images may not look the same as the actual product.

This surgical tech guide alone may not offer all information, or knowledge, required to perform spinal surgery, thus additional instruction, or performance, of an experienced surgeon is recommended.

# IMPLANT OVERVIEW

## FEATURES & BENEFITS - PEEK

- PEEK material for postoperative visualization of fusion mass
- Anatomical design for optimal vertebral body contact
- Large graft windows for bone void filler
- Anti-migration teeth to prevent expulsion
- Streamlined instrumentation for reduced procedure steps
- 2 Tantalum markers for radiographic identification



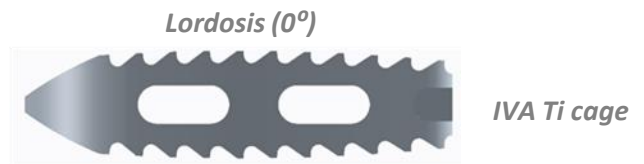
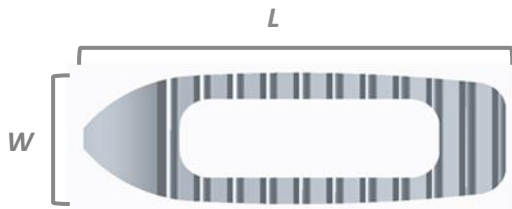
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# IMPLANT OVERVIEW

## FEATURES & BENEFITS - TITANIUM

- Titanium material for enhanced postoperative bone attachment to implant surface
- Anatomical design for optimal vertebral body contact
- Large graft windows for bone void filler
- Anti-migration teeth to prevent expulsion
- Streamlined instrumentation for reduced procedure steps



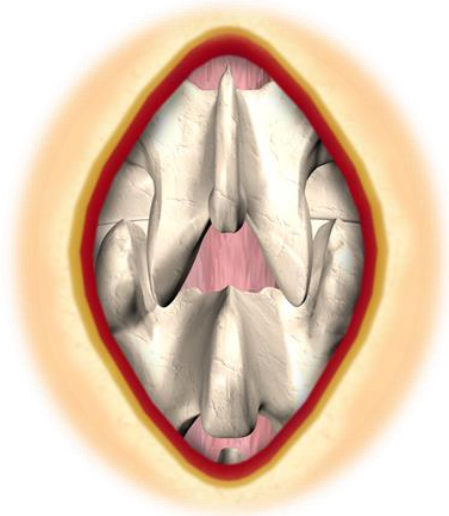
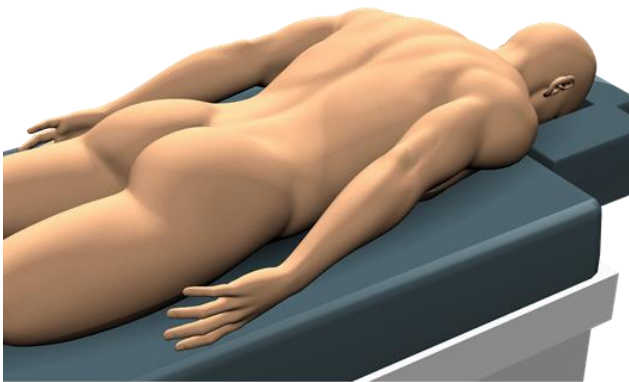
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# SURGICAL TECHNIQUE

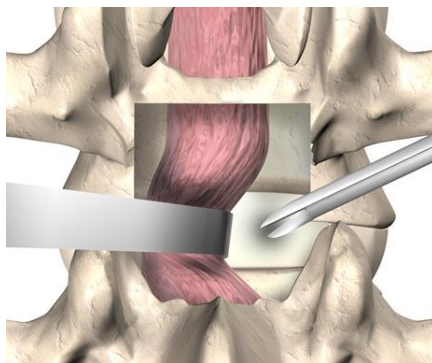
## STEP 1: PATIENT POSITIONING and EXPOSURE

The patient is carefully placed in the prone position on the operating table following the induction of anesthesia. A/P fluoroscopy can be used to better visualize the lumbar spine. Create the appropriate incisions to access to the target disc space. A transforaminal approach is recommended for TLIF system, and the surgical approach determines the implant type.



## STEP 2: Creating Access

Create a transforaminal access window to the disc performing facet resection at the appropriate level. Use an osteotome and a laminectomy punch to remove the inferior facet of the cephalad vertebrae and the superior facet of the caudal vertebrae of the appropriate level(s) to create a working access window to the disc.



## STEP 3: DISCECTOMY and ENDPLATE PREPARATION



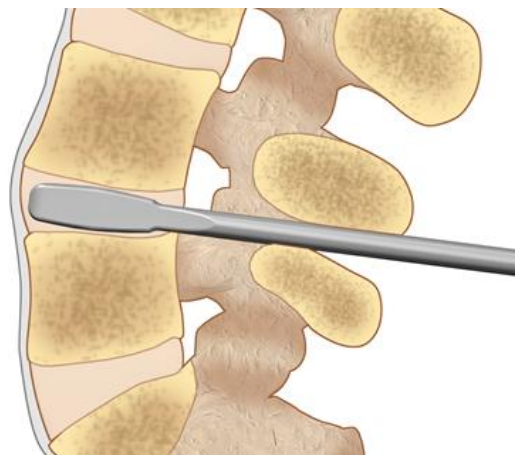
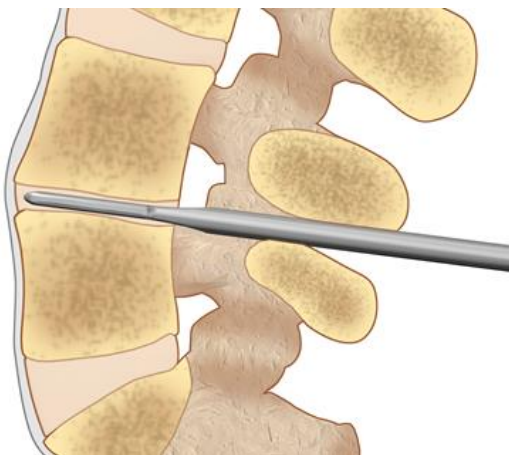
Discectomy is performed using curettes or other preparation instruments as needed. The curettes can be used to remove superficial layers of endplates for the exposure of bleeding bone, and to remove osteophytes as needed.

*Note: Avoid excessive endplate preparation as this may weaken the vertebral endplates and result in postoperative subsidence.*

## STEP 4: DISTRACTION

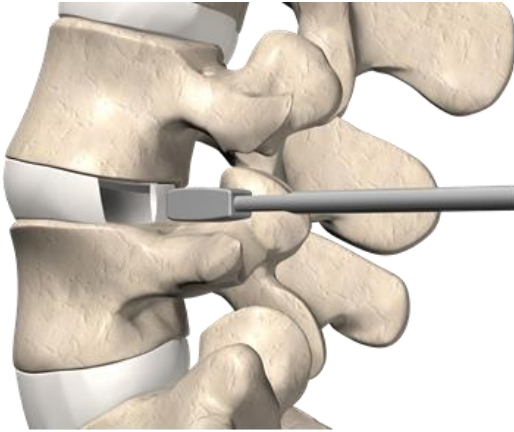
After discectomy, distraction of the disc space can be achieved using a disc shavers (variable sizes; H: 6-16mm). Insert the shaver horizontally into the intervertebral space and rotate 90° to distract to the selected height. An alternate distraction method is using a Paddle distractor.

*Note: Be cautious not to damage the endplate during using shaver and also not to over-distract.*



## STEP 5: IMPLANT SIZING (TRIALING) AND IMPLANT SELECTION

Choose a Trial dependent upon the height and depth of the intervertebral space, the individual patient anatomy, and disc preparation. The bullet shaped Trial tip allows for self-distraction and easy insertion, and when fully inserted also helps in implant sizing. Insert the smallest permissible Trial (starting at 8mm) into the disc space first, moving to the larger Trial as needed. The Trial should be oriented 30~40° from the midline. The Trial is 0.5 mm undersized.



## STEP 6: GRAFT FILLING

Attach carefully the selected IVA cage TLIF to the cage holder and place it in a bone packing block. Pack autogenous grafted material into graft hole of the implant with a bone packing bar.

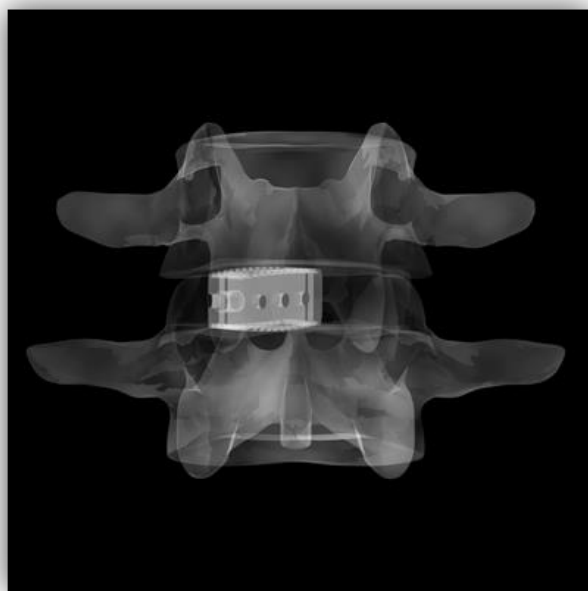
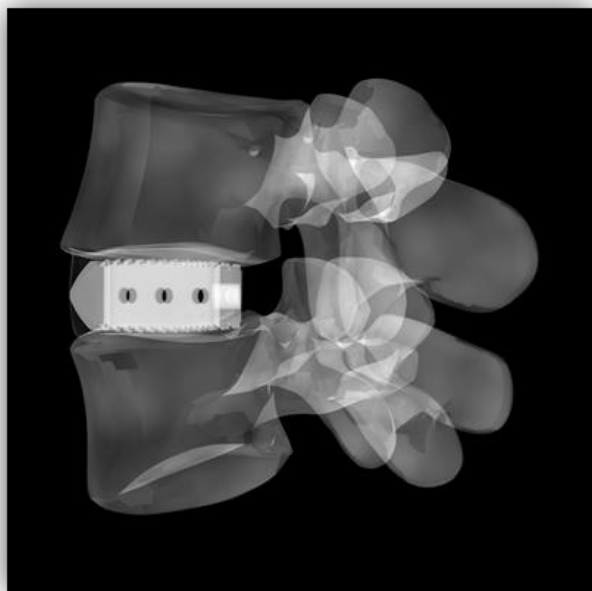
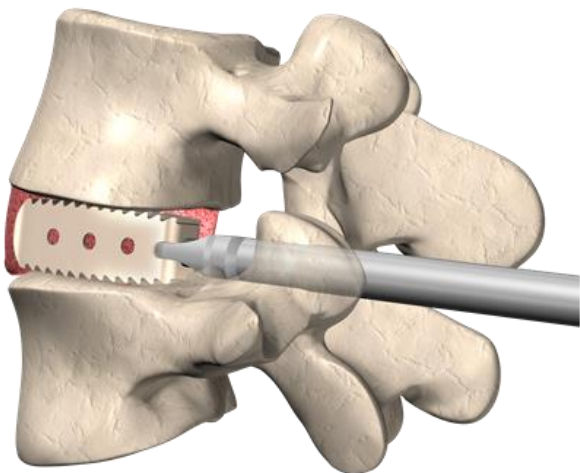


## STEP 7: IMPLANT INSERTION

Insert the IVA cage into the prepared disc space up to the appropriate depth. The cage holder shaft should be oriented 30~40° from the midline. Confirm the final position of the implant according to the two radiographic pins under fluoroscopy imaging.

(Radiographic pins are only for IVA PEEK cage)

*Note: IVA cage is intended to be used with supplemental fixation.*





## **STEP 8: CLOSURE**

The operative site should be closed per hospital protocol and the surgeon's discretion.

## **STEP 9: POSTOPERATIVE CARE**

Following are few of the recommended steps:

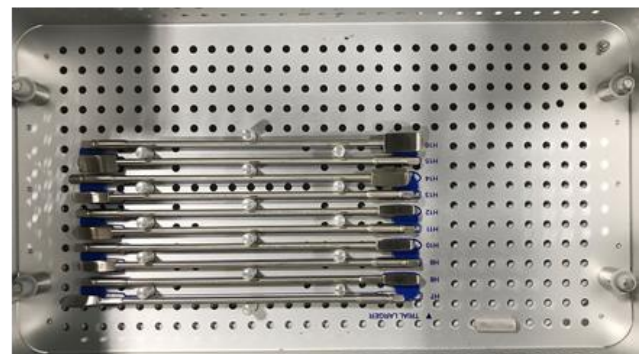
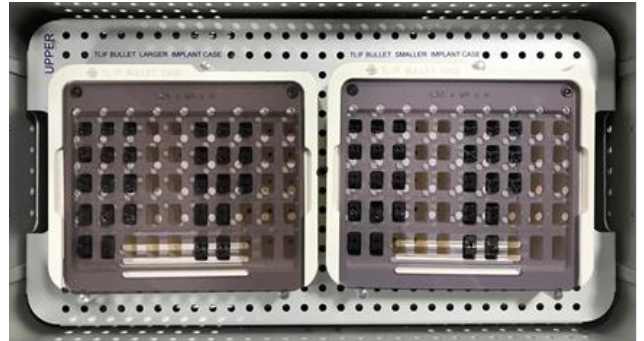
- Prior to adequate fusion, the physician may prescribe additional external support (e.g. braces) to accommodate full load bearing.
- Take anteroposterior and lateral X-rays to ensure correct positioning of the cages and pedicle screws before mobilization of the patient.
- Routine monitoring of the vital signs, and of the hemodynamic and neurologic status of the patient should be done per hospital protocol and the surgeon's discretion.
- Pain Medication per hospital protocol and the surgeon's discretion.
- Diet is restricted to small amounts of liquids until return of bowel function per hospital protocol and the surgeon's discretion. The patient is encouraged to ambulate as soon as possible based on the activity level determined by the surgeon.

## **STEP 10: IMPLANT REMOVAL (OPTIONAL)**

The insertion instruments can be used to engage the implant securely. The implant can then be extracted by following the implantation process in the reverse order. Optionally, forceps or other manual surgical instruments may be used to grasp and extract the implant. If necessary, distract the vertebrae inferior and superior to the implant for removal.

# INSTRUMENT LIST

- TI.0100 Bone packing bar
- TI.0200 Bone packing block L28xW9, L32xW9, L36xW9,
- TI.0300 Impactor
- TI.0400 Cage holder
- TI.0401 Cage holder inner Shaft
- TI.2001 TRIAL L28xW9xA0°xH7
- TI.2002 TRIAL L28xW9xA0°xH8
- TI.2003 TRIAL L28xW9xA0°xH9
- TI.2004 TRIAL L28xW9xA0°xH10
- TI.2005 TRIAL L28xW9xA0°xH11
- TI.2006 TRIAL L28xW9xA0°xH12
- TI.2007 TRIAL L28xW9xA0°xH13
- TI.2008 TRIAL L28xW9xA0°xH14
- TI.2009 TRIAL L28xW9xA0°xH15
- TI.2010 TRIAL L28xW9xA0°xH16
- TI.2011 TRIAL L32xW9xA0°xH7
- TI.2012 TRIAL L32xW9xA0°xH8
- TI.2013 TRIAL L32xW9xA0°xH9
- TI.2014 TRIAL L32xW9xA0°xH10
- TI.2015 TRIAL L32xW9xA0°xH11
- TI.2016 TRIAL L32xW9xA0°xH12
- TI.2017 TRIAL L32xW9xA0°xH13
- TI.2018 TRIAL L32xW9xA0°xH14
- TI.2019 TRIAL L32xW9xA0°xH15
- TI.2020 TRIAL L32xW9xA0°xH16
- TI.0801 Shaver H7
- TI.0802 Shaver H8
- TI.0803 Shaver H9
- TI.0804 Shaver H10
- TI.0805 Shaver H11
- TI.0806 Shaver H12
- TI.0807 Shaver H13
- TI.0808 Shaver H14
- TI.0809 Shaver H15
- TI.0810 Shaver H16
- TI.1000 RASP straight
- TI.1100 T-handle
- TLIF Bullet Cage Caddy Case\_L28 x W9
- TLIF Bullet Cage Caddy Case\_L32 x W9
- TLIF Bullet Case



# INSTRUCTION FOR USE

## Indications For Use

The IVA (ALIF, PLIF, DLIF, TLIF, Ti ALIF, Ti PLIF, Ti DLIF, Ti TLIF) Cage is indicated for intervertebral body fusion of the lumbar spine, L2 to S1, in skeletally mature patients who have had six months of non-operative treatment. The device is intended for use at one or two contiguous levels for the treatment of degenerative disc disease (DDD) with up to Grade 1 spondylolisthesis. DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The device system is designed for use with supplemental fixation and with autograft to facilitate fusion.

## Contraindications

Contraindications may be relative or absolute. The choice of a particular device must be carefully weighed against the patient's overall evaluation. Circumstances listed below may reduce the chances of a successful outcome:

- IVA cage (ALIF, PLIF, DLIF, TLIF, Ti ALIF, Ti PLIF, Ti DLIF, Ti TLIF) should not be implanted in patients with an active infection at the operative site.
- IVA cage (ALIF, PLIF, DLIF, TLIF, Ti ALIF, Ti PLIF, Ti DLIF, Ti TLIF) are not intended for use except as indicated.
- Marked local inflammation.
- Any abnormality present which affects the normal process of bone remodeling including, but not limited to, severe osteoporosis involving the spine, bone absorption, osteopenia, primary or metastatic tumors involving the spine, active infection at the site or certain metabolic disorders affecting osteogenesis.
- Any mental or neuromuscular disorder which would create an unacceptable risk of fixation failure or complications in postoperative care.
- Open wounds.
- Pregnancy.
- Inadequate tissue coverage over the operative site.
- Any neuromuscular deficit which places an unsafe load level on the device during the healing period.
- Obesity. An overweight or obese patient can produce loads on the spinal system which can lead to failure of the fixation of the device or to failure of the device itself. Obesity is defined according to the W.H.O. standards.
- A condition of senility, mental illness, or substance abuse. These conditions, among others, may cause the patient to ignore certain necessary limitations and precautions in the use of the implant, leading to failure or other complications.
- Foreign body sensitivity. Where material sensitivity is suspected, appropriate tests must be made prior to material selection or implantation.

Other medical or surgical condition which would preclude the potential benefit of spinal implant surgery, such as the presence of tumors, congenital abnormalities, elevation of sedimentation rate unexplained by other diseases, elevation of white blood cell count (WBC), or marked left shift in the WBC differential count.

Prior fusion at the levels to be treated

These contra-indications can be relative or absolute and must be taken into account by the physician when making his decision. The above list is not exhaustive. Surgeons must discuss the relative contraindications with the patients.

## Caution

- This device is NOT intended to be used without the pedicle screw provided. Should removal of the pedicle screw be necessary during the surgery, the IVA cage (ALIF, PLIF, DLIF, TLIF, Ti ALIF, Ti PLIF, Ti DLIF, Ti TLIF) should NOT be implanted alone, without the support of the pedicle screw.
- Instruments designed for use with implantation of the IVA cage (ALIF, PLIF, DLIF, TLIF, Ti ALIF, Ti PLIF, Ti DLIF, Ti TLIF) System are provided non-sterile and must be sterilized prior to use.
- Based on the fatigue testing results, the physician/surgeon must consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc. which may impact the performance of the intervertebral body fusion device.
- The implantation of the intervertebral body fusion device must be performed only by experienced spinal surgeons with specific training in the use of this device because this is a technically demanding procedure presenting a risk of serious injury to the patient.
- 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 vertebrae, neurological injury, and vascular or visceral injury.
- Patients with previous spinal surgery at the level(s) to be treated may have different clinical outcomes compared to those without a previous surgery.
- The components of the system should not be used with components of any other system or manufacturer. Any such use will negate the responsibility of Huvexel for the performance of the resulting mixed component implant.
- Rx only, Federal law restricts this device to sale by or on the order of a physician.

# INSTRUCTION FOR USE

## Pre-Operative Precautions

The surgical indication and the choice of implants must take into account certain important criteria such as:

- Patients involved in an occupation or activity that applies excessive loading upon the implant (e.g., substantial walking, running, lifting, or muscle strain) may be at increased risk for failure of the fusion and/or the device.
- Surgeons must instruct patients in detail about the limitations of the implants, including, but not limited to, the impact of excessive loading through patient weight or activity, and be taught to govern their activities accordingly. The procedure will not restore function to the level expected with a normal, healthy spine, and the patient should not have unrealistic functional expectations.
- A condition of senility, mental illness, chemical dependence or alcoholism. These conditions among others may cause the patients to ignore certain necessary limitations and precautions in the use of the implant, leading to failure and other complications.
- Foreign body sensitivity. Where material sensitivity is suspected appropriate tests should be made prior to material implantation.
- Surgeons must advise patients who smoke have been shown to have an increased incidence of non-unions. Such patients must be advised of this fact and warned of the potential consequences.
- Care must be taken to protect the components from being marred, nicked, or notched as a result of contact with metal or abrasive objects.

## Intra-Operative Precautions

- The insertion of the implants must be carried out using instruments designed and provided for this purpose and in accordance with the specific implantation instructions for each implant. Those detailed instructions are provided in the surgical technique brochure supplied by Huvexel.
- Discard all damaged or mishandled implants.
- Never reuse an implant, even though it may appear undamaged.

## Adverse Effects

Include but are not limited to:

- Late bone fusion or no visible fusion mass and pseudarthrosis;
- While the expected life of spinal implant components is difficult to estimate, it is finite. These components are made of foreign materials which are placed within the body for the potential fusion of the spine and reduction of pain. However, due to the many biological, mechanical and physicochemical factors which affect these devices but cannot be evaluated in vivo, the components cannot be expected to indefinitely withstand the activity level and loads of normal healthy bone;

- Superficial or deep-set infection and inflammatory phenomena;
- Allergic reactions to the implanted materials, although uncommon, can occur;
- Peripheral neuropathies, nerve damage, heterotopic bone formation and neurovascular compromise, including paralysis, loss of bowel or bladder function, or foot-drop may occur.
- Cessation of growth of the fused portion of the spine;
- Loss of proper spinal curvature, correction, height and/or reduction;
- Delayed Union or Nonunion: Internal fixation appliances are load sharing devices which are used to obtain alignment until normal healing occurs. In the event that healing is delayed, does not occur, or failure to immobilize the delayed/nonunion results, the implant will be subject to excessive and repeated stresses which can eventually cause loosening, bending or fatigue fracture. The degree or success of union, loads produced by weight bearing, and activity levels will, among other conditions, dictate the longevity of the implant. If a nonunion develops or if the implants loosen, bend or break, the device(s) must be revised or removed immediately before serious injury occurs;
- Neurological from surgical trauma;
- Early loosening may result from inadequate initial fixation, latent infection, premature loading of the device or trauma. Late loosening may result from trauma, infection, biological complications or mechanical problems, with the subsequent possibility of bone erosion, or pain.
- Serious complications may occur with any spinal surgery. These complications include, but are not limited to, genitourinary disorders; gastrointestinal disorders; vascular disorders, including thrombus; bronchopulmonary disorders, including emboli; bursitis, hemorrhage, myocardial infarction, infection, paralysis or death.
- Inappropriate or improper surgical placement of this device may cause distraction or stress shielding of the graft or fusion mass. This may contribute to failure of an adequate fusion mass to form.
- Intraoperative fissure, fracture, or perforation of the spine can occur due to implantation of the components.
- Postoperative fracture of bone graft or the intervertebral body above or below the level of surgery can occur due to trauma, the presence of defects, or poor bone stock.

Adverse effects may necessitate reoperation or revision. The surgeon must warn the patient of these adverse effects as deemed necessary.



## Indications

The IVA Cage (PLIF, TLIF, DLIF, ALIF, Ti PLIF, Ti TLIF, Ti DLIF and Ti ALIF) are indicated for intervertebral body fusion of the lumbar spine, from L2 to S1, in skeletally mature patients who have had six months of non-operative treatment. The device is intended for use at one level of two continuous levels for the treatment of degenerative disc disease (DDD) with up to Grade 1 spondylolisthesis. DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The device system is designed for use with supplemental fixation and with autograft to facilitate fusion.

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