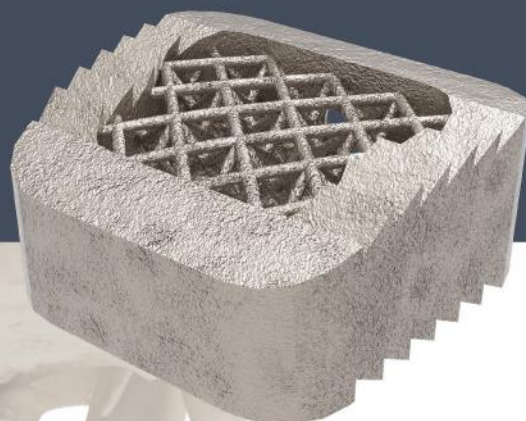


SURGICAL TECHNIQUE



Tra-Ti

Cervical Cage



Tra-Ti
Cervical Cage

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Tra-Ti

Cervical Cage

INTRODUCTION

Tra-Ti Cervical Cage **Features**



- Not lesion persistent that produced by peek material compatible with MR
- Best fit with anatomic structure
- Tantalum marker
- Implantable with Smith-Robinson Technic
- Strong fixation by superior and inferior area with threaded surface and two titanium pins

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Cervical Cage

INTRODUCTION



Indications

-SL anterior cervical intersomatic fusion cages are designed for the treatment of soft and hard disc degenerative conditions, in combination with anterior cervical plates. Traumatic disc lesions and revision surgery for pseudarthrosis can also be addressed.

Contraindications

a) Absolute contra indications:

1. Infection or inflammation of the cervical spine
2. Distant infection sites, with potential hematogenous spread to the implant
3. Metastases of the cervical spine
4. Patients with an immature skeleton
5. Patients with neuromuscular diseases, limited available bone at the cervical spine

b) Conditions that increase the risk of failure:

1. Patients with poor compliance
2. Severe osteoporosis: additional posterior cervical fixation may be required
3. Metabolic disorders of bone
4. Osteomalacia
5. Pathological obesity
6. Pregnancy
7. Senility, mental illness, alcoholism or drug abuse
8. Poor health conditions with regard to wound healing (e.g., skin ulceration, terminal diabetes mellitus, alcoholism, drug abuse, or malnutrition)

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SURGICAL TECHNIQUE

1

Patient positioning



Position the patient in a restored physiological lordosis.

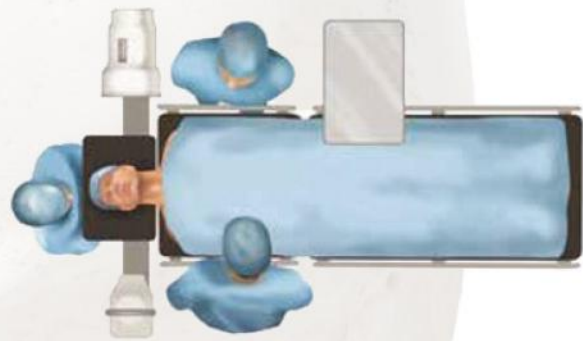


Figure 1a

2

Exposure



Patient positioning is critical to ensure proper orientation and alignment of the device. The position should be maintained throughout the surgery, and rotation of the head should be prevented.

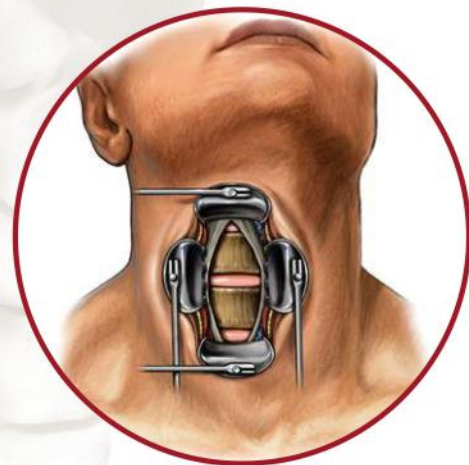


Figure 2a

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SURGICAL TECHNIQUE

3

Caspar Pin Placement

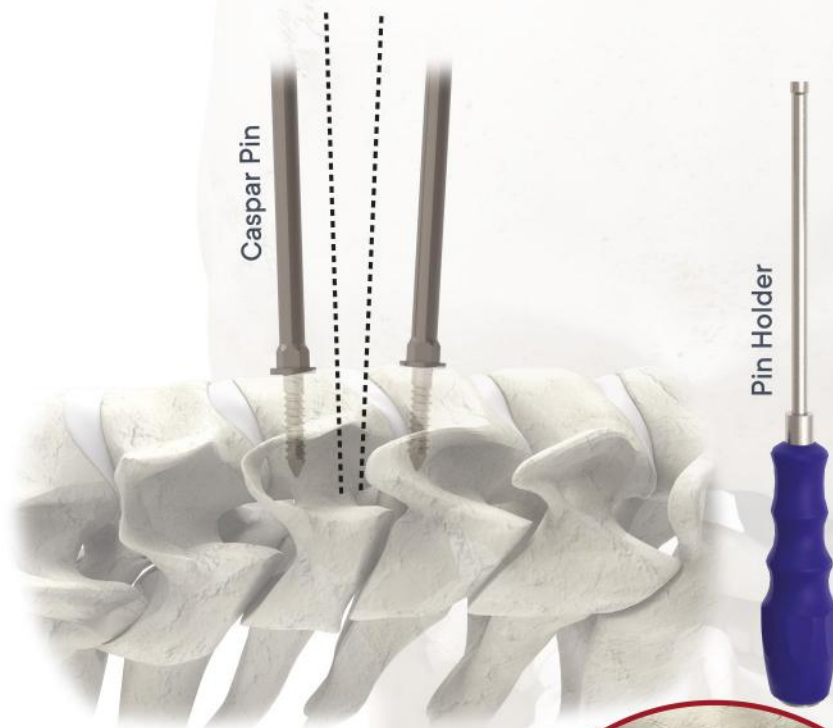


Figure 3a



Figure 3b



Insert the **Caspar Pin (CPC010)** using the **Pin Holder (CPC008)**. It is important to place the pins in the following manner:

- No less than 5 mm from each endplate so as not to interfere with future instrumentation
- Centered on midline in the coronal plane
- Parallel with the vertebral endplates to ensure parallel distraction
- Under fluoroscopy to confirm proper positioning

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SURGICAL TECHNIQUE

4

Caspar Retractor Placement



Rotate the knob on the **Caspar Retractor (CPC009)** to distract to the desired height for performing the discectomy; ratcheting mechanism maintains height.

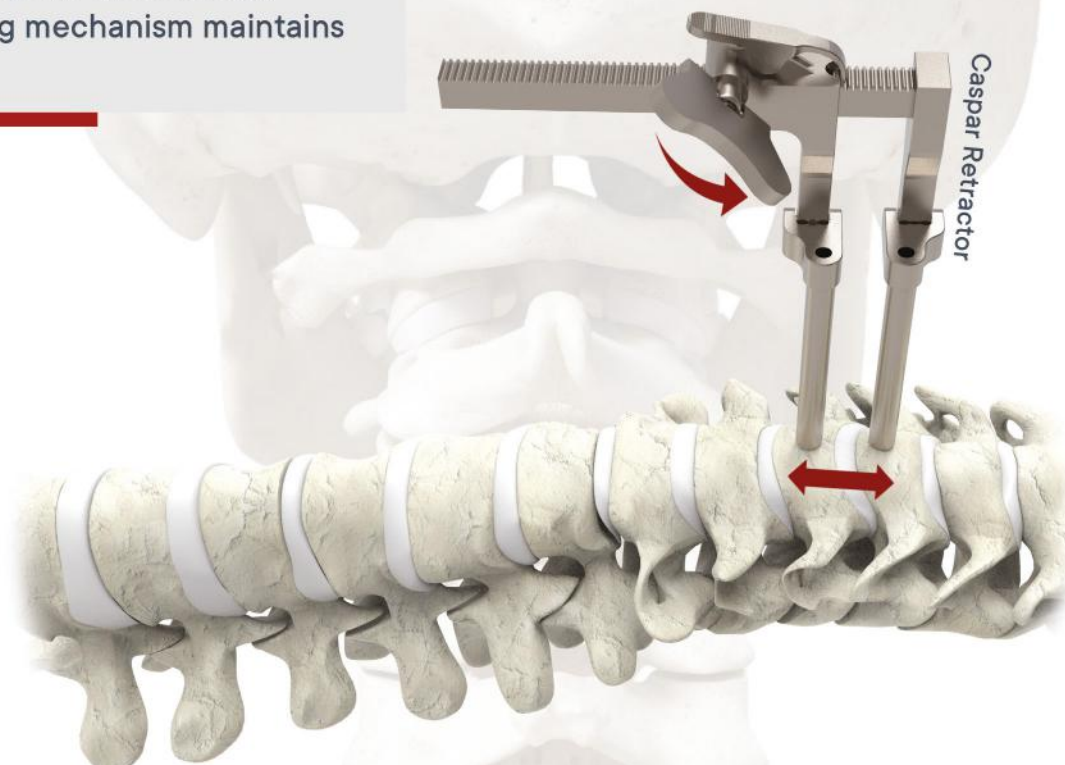


Figure 4a

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SURGICAL TECHNIQUE

4

Caspar Retractor Placement



Perform a complete discectomy of the disc space between the unciniate processes and back to the posterior ligament. Take care to decompress the foramen bilaterally and respect the bony endplates. **Caspar Retractor (CPC009)**

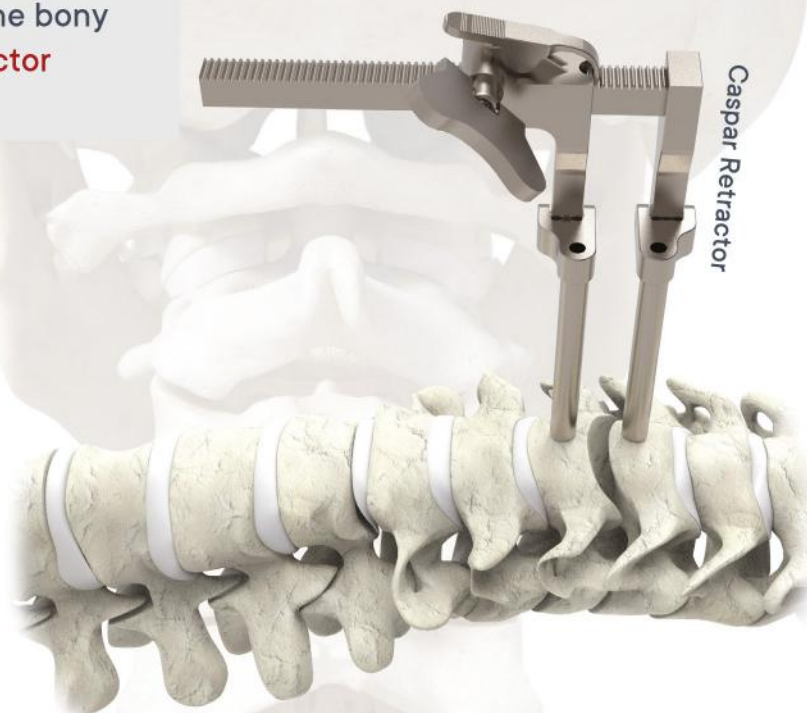


Figure 4a

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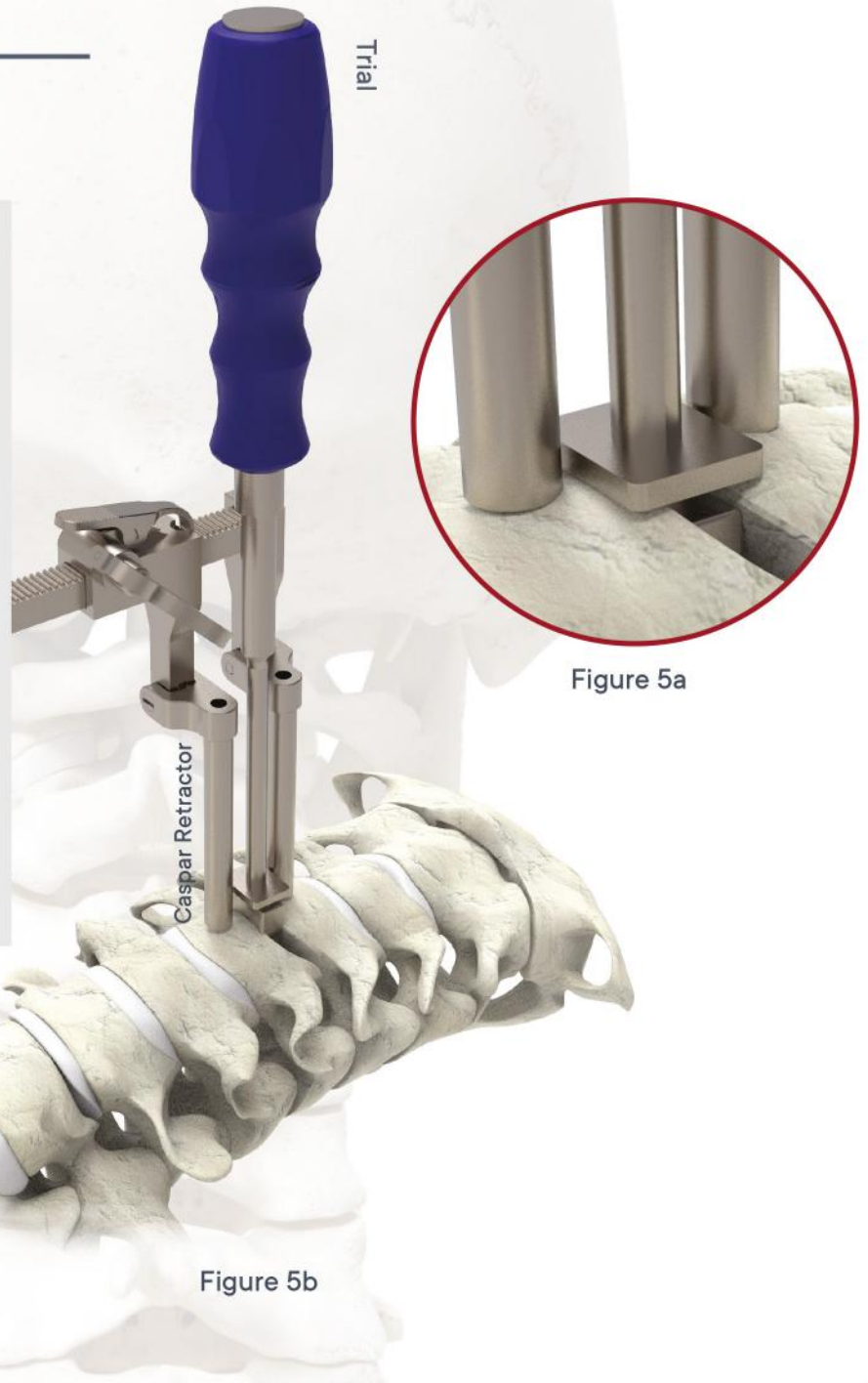
SURGICAL TECHNIQUE

5

Trialing



Trials, 4 mm (CPC002), 5 mm (CPC003), 6 mm (CPC004), 7 mm (CPC005), 8 mm (CPC006) are placed into the disc space intra-operatively to determine the appropriate implant height and size of footprint. The goal is to select the largest footprint possible and the smallest height necessary. The implant should cover the majority of the vertebral body end plate. Undersized implants lead to increased risk of implant subsidence.



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SURGICAL TECHNIQUE

6

Implant Insertion



These systems are offered in multiple sizes and lordotic angles, with a central opening that allows for increased graft volume. **Holder (CPC001)**

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SURGICAL TECHNIQUE

6

Implant Insertion



Implant is inserted into the disc space under fluoroscopy. The **Holder (CPC001)** has a preset depth feature to allow the surgeon placed the implant properly into the disc space. **Hammer (CPC011)**, **Caspar Retractor (CPC009)**



Holder

Caspar Retractor



Figure 6b



Figure 6c

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SURGICAL TECHNIQUE

6

Implant Insertion



A lateral x-ray may be used to confirm placement of the implant. Once the implant is positioned appropriately, the **Holder** (CPC001) can be disengaged.

7

Removal



If the implant needs to be removed from the patient for any reason, removal of the implant should be done with the appropriate handpiece. Removal of the implant must be done by the responsible doctor. The responsibility for removal belongs to the doctor.



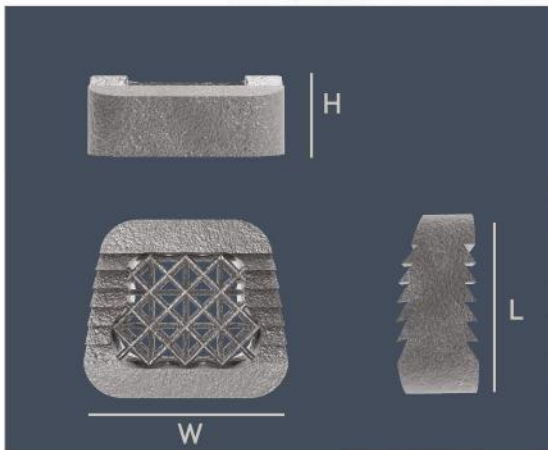
Figure 6d

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SIZES

Information



Tra-Ti

Cervical Cage

Catalogue No.	Width	Length	Height
NM-TTC041214	14	12	4
NM-TTC041216	16	12	4
NM-TTC041414	14	14	4
NM-TTC041416	16	14	4
NM-TTC051214	14	12	5
NM-TTC051216	16	12	5
NM-TTC051414	14	14	5
NM-TTC051416	16	14	5
NM-TTC061214	14	12	6
NM-TTC061216	16	12	6
NM-TTC061414	14	14	6
NM-TTC061416	16	14	6
NM-TTC071214	14	12	7
NM-TTC071216	16	12	7
NM-TTC071414	14	14	7
NM-TTC071416	16	14	7
NM-TTC081214	14	12	8
NM-TTC081216	16	12	8
NM-TTC081414	14	14	8
NM-TTC081416	16	14	8

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INSTRUMENT CONTAINER

Container



This container is made of wiremesh stainless steel. It has a high stability, low weight and good sterilization feature.

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INSTRUMENT CONTAINER

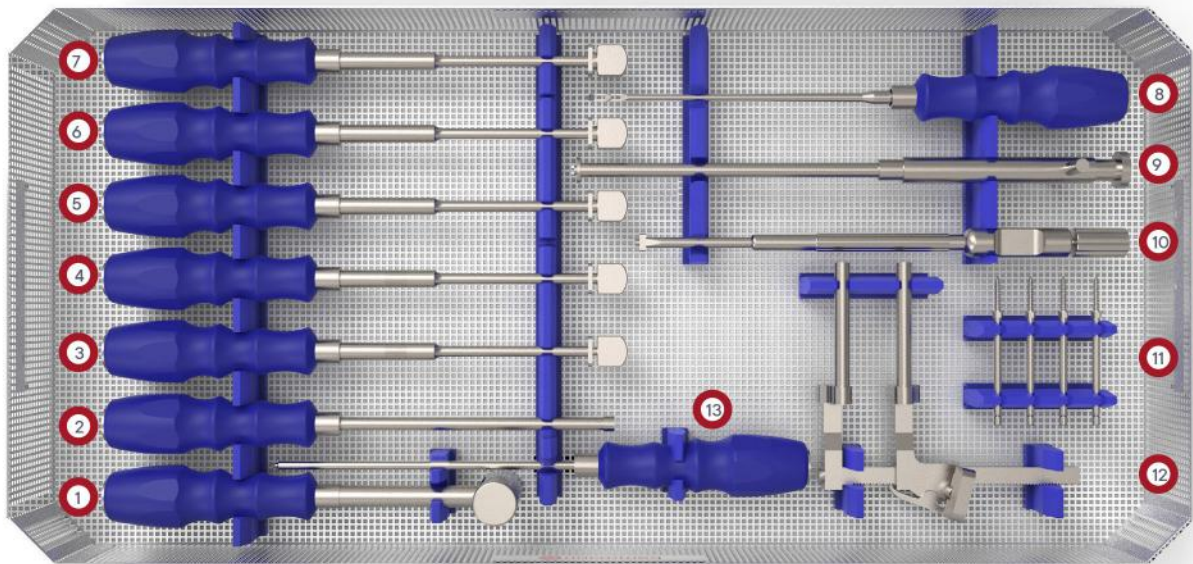
Container



This container is made of wiremesh stainless steel. It has a high stability, low weight and good sterilization feature.

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INSTRUMENT TYPES



Set No.	Catalogue No.	Description	Piece
01	CPC011	Hammer	1
02	CPC008	Pin Holder	1
03	CPC002	Trial 4 mm	1

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INSTRUMENT TYPES

	Set No.	Catalogue No.	Description	Piece
	04	CPC003	Trial 5 mm	1
	05	CPC004	Trial 6 mm	1
	06	CPC005	Trial 7 mm	1
	07	CPC006	Trial 8 mm	1
	08	CPC007	Cervical Reamer	1
	09	BCPC001	Polar-b Holder	1
	10	CPC001	Holder	1
	13	CPC010	Caspar Pin	4
	13	CPC009	Caspar Retractor	1
	13	CPC011	Cervical Awl	1

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CONTACT



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