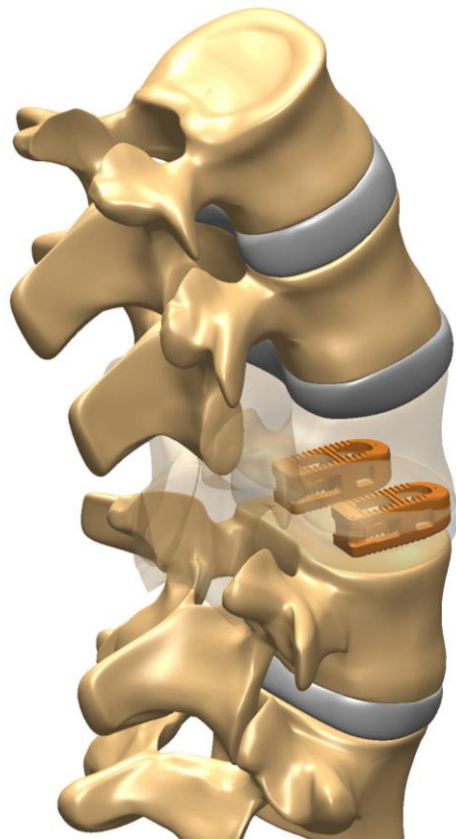


ROMD

Royal Oak IBFD System
Surgical Technique
Posterior Lumbar Interbody Fusion (PLIF)



Preoperative Planning

Preoperative planning is necessary for the correct selection of lumbar interbody fusion devices. The implant must be seated firmly with a tight fit between the endplates when the segment is fully distracted. It is essential to use the tallest possible implant to maximize segmental stability.

Device Description

The Royal Oak IBFD System is 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 either one level or two contiguous levels for the treatment of degenerative disc disease (DDD) with up to Grade I spondylolisthesis or retrolisthesis at the involved level(s). 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.

The PLIF implants are bullet shaped blocks in wedged and parallel configurations of various heights (8mm – 16mm, in 2mm increments), which are available in two footprints (22mm length x 10mm width, 26mm length x 10mm width). The PLIF implants are provided with and without lateral windows, and a cross-bar feature is utilized to minimize buckling during insertion. The device contains three (3) tantalum markers to assist the surgeon with proper placement of the device.

The PLIF device has large bone graft windows to allow for placement of autograft bone and facilitation of fusion. The superior and inferior surfaces of the device have a pattern of teeth to provide increased stability and inhibit movement of the implants. The nose of the implant is tapered to facilitate insertion.

The figure below provides illustrations of the PLIF implants.



With Lateral Windows



Without Lateral Windows

Position Patient

Place patient in a prone position on a lumbar frame that promotes suitable exposure and restores lordotic curvature of the lumbar spine. Radiographic equipment is utilized to assist in confirming the precise intraoperative position of the implant.



Spinal Frame Table



Expose and Incise Disc

Using a midline incision, incise and dissect the skin and muscles laterally and locate the spinous process. Confirm location of the affected disc with fluoroscopy. After confirmation, begin laminotomy and retract the dura, and nerve roots of the appropriate level(s). Preserve as much of the facets as possible because they provide stability to the intervertebral segment. The laminotomy should be performed medial to the facet. Retract the dura to expose an approximately 13 mm window to the disc space.

Prepare Disc and Endplates

Using the instruments in the Royal Oak IBFD System Case 1 and Case 2, remove the disc through the window until only the anterior and lateral annuli remain. Shavers, rasps, and curettes, handles & screws (listed below) are provided to assist in the removal of the nucleus pulposus and the superficial layers of the cartilaginous endplates.

Note: The superficial layers of the entire cartilaginous endplates are removed to expose bleeding bone.

Adequate preparation of the endplates is important to facilitate vascular supply to the bone graft. Excessive cleaning and/or removal of the entire endplate may result in subsidence and loss of segmental stability.

- #1 Serrated (2401027)
- #1 Oval Gouge (2401030)
- 45° Double Sided Rasp (2401023)
- 30° Left Serrated (2401028)
- 30° Left Fenestrated (2401025)
- 19mm (2401032)
- 25mm (2401033)
- 30° Right Serrated (2401029)
- 30° Right Fenestrated (2401026)
- Straight Fenestrated (2401024)
- 9mm x 10mm (2401031)
- 9mm x 11mm (2401034)



- 10" Handle (2401135)
- 10" Handle Screw (2401036)
- 6" Handle (2133000)
- 6" Handle Screw (2132001)

Distraction of the Disc Space

If a surgeon is utilizing pedicle screws for increased stabilization and correction of spinal alignment, the Lateral Distraction Technique can be used.

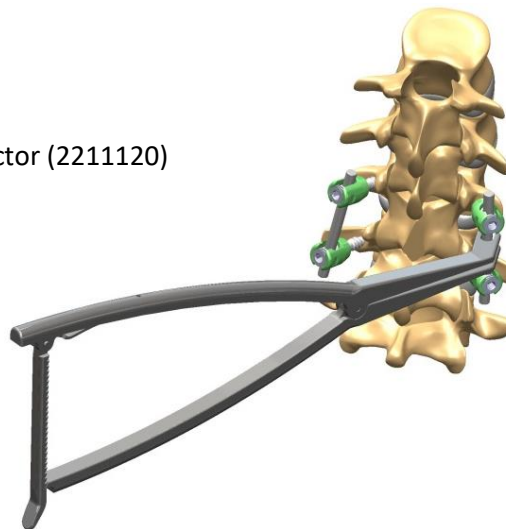
Lateral Distraction (to be used with pedicle screw fixation)

Engage the Lateral Distractor (2211120) to the tulip head of the screws and between the heads of the pedicle screws previously inserted. Once inserted, grasp the ratchet handle and close the handle to distract the disc space. This method prevents potential for fracturing the spinous or endplates.

This maneuver temporarily opens the posterior disc space and promotes increased exposure for both decompression and delivery of the implant. To avoid inducing a kyphotic curve, care should be taken to ensure proper longitudinal distraction.

Note: Proper distraction is essential to restore the disc height and to decompress the neural elements.

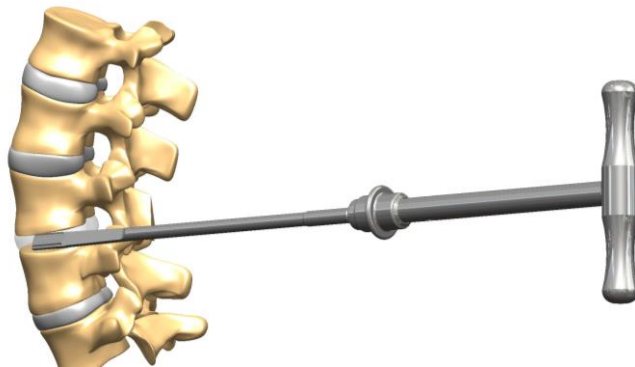
- Distractor (2211120)



Sizing

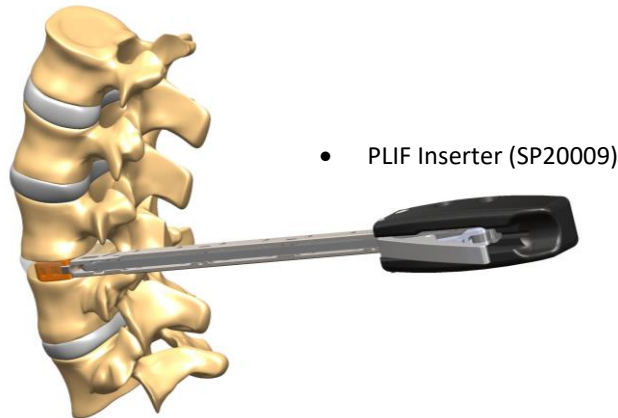
After distraction, insert the spacer/shaver instrument (listed below) into the T-Handle (2501032), and insert into the disc space to determine the appropriate size and length. Use fluoroscopy and tactile feedback to confirm the fit. Select the implant corresponding to the correct size. The spacer/shaver should move in and out of the disc space w/ slight give, but should not need significant force or move freely within the disc space.

- Disk Shaver 6mm (2501026)
- Disk Shaver 8mm (2501027)
- Disk Shaver 10mm (2501028)
- Disk Shaver 12mm (2501029)
- Disk Shaver 14mm (2501030)
- Disk Shaver 16mm (2501031)
- T-Handle (2501032)



Insert Implant

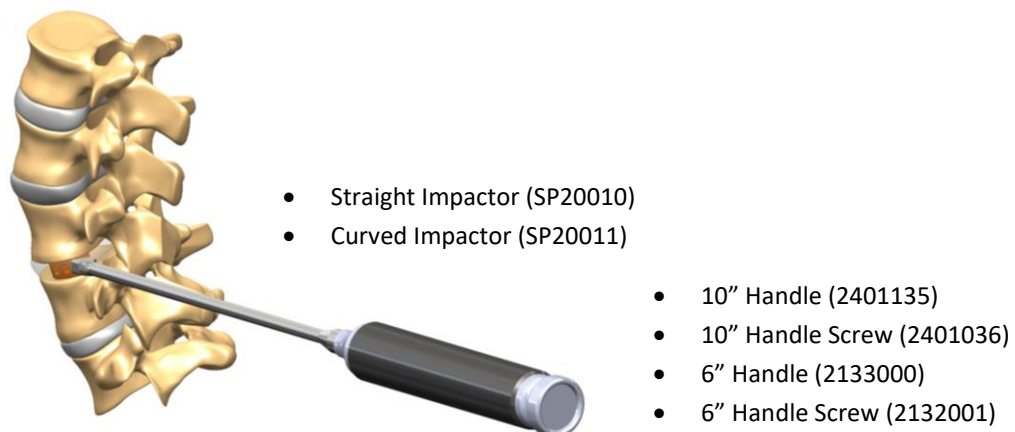
Using the inserter, grasp the chosen size implant by clamping the implant onto the PLIF Inserter (SP20009), which will hold the implant firmly and allow for control during insertion. Pack the window(s) of the implant with autograft bone. Introduce the correctly oriented implant into the disc space. Slight impaction may be necessary.



Note: Prior to placement of a second implant, autogenous bone may be placed in the anterior and medial aspect of the vertebral disc space.

Final Seating and Fluoroscopy Verification Step

Release and remove the inserter instrument. Using an impactor loaded into a handle and screw (listed below), gently tap the implant into final position. Confirm positioning of the implant utilizing fluoroscopy.



Supplemental Fixation

Supplemental fixation cleared for use in the thoracolumbar spine should be used in addition to the implant. Failure to provide supplemental fixation may result in failure to fuse, loosening, displacement or expulsion of the implant.

Revision/Removal Step

No specific instruments are provided with the Royal Oak IBFD System relative to revision surgery. The standard procedure for exposing the lumbar spine during initial insertion of the Royal Oak IBFD System is to get down to the appropriate level for removal of the device. Debridement of scar tissue and osteophytes can be performed with rongeurs and other instrumentation within the Standard Orthopedic Instrument Kit. Once exposure has been obtained, the implant may be loosened from the endplates with the use of a Cobb Elevator or Osteotome. Care should be given to prevent fracture of the implant and vertebral endplates.

Postoperative Management Step

The surgeon should advise the patient to be careful not to place significant loads on the spine for the first three months after surgery. The surgeon may advise the patient to limit their activity or wear a brace. Careful management of the load will enable the fusion mass to heal and reduce the likelihood of non-union. Radiographic confirmation of a mature fusion mass may be used as a guide in the lifting of these restrictions.

Indications

When used as an intervertebral body fusion device, the Royal Oak IBFD System is 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 either one level or two contiguous levels for the treatment of degenerative disc disease (DDD) with up to Grade I spondylolisthesis or retrolisthesis. 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

Active systemic infection or infections localized to the site of the proposed implantation are contraindications to implantation. Known sensitivity to PEEK material.

Severe osteoporosis is a relative contraindication because it may result in implant subsidence and loss of fixation.

Any condition that significantly affects the likelihood of fusion may be relative contraindication (e.g. cancer, diabetes, osteomalacia, heavy smoker, morbid obesity) and the surgeon must evaluate the relative risks and benefits individually with each patient.

Other relative contraindications may include mental illness, drug abuse or alcoholism as these may cause the patient to be non-compliant with post-operative guidance (e.g. bracing and physical therapy).

Prior fusions at the levels to be treated.

Any condition not described in the indications for use.

This product is NOT provided sterile and is for single use only.

See also the Warnings, Precautions and Possible Adverse Effects sections of the Royal Oak IBFD System product insert.

Caution: Federal (U.S.A) law restricts this device to sale by or on the order of a physician.



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For product information, questions pertaining to sales and service, or to obtain a copy of the instructions for use, please contact your local sales representative or ROMD, LLC customer service.

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