

# **ALIF** Cage

#### •PEEK OPTIMA®

- User friendly instrumentation
- Titanium Markers for accurate positioning
- •Variety of sizes to suit all your requirements
- •Robotic Finger Type teeth minimize risk of implant movement

# Unique Marketing through innovation, design and manufacture.

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## AVAILABLE SIZES:

Cage Code	Posterior Height (mm)	Anterior Height (mm)	Width (mm)	Depth (mm)	Instrument code
ALIF0406D18W25	4	6	25	18	OS4/6/18/25
ALIF0507D18W25	5	7	25	18	OS5/7/18/25
ALIF0608D18W25	6	8	25	18	OS6/8/18/25
ALIF0709D18W25	7	9	25	18	OS7/9/18/25
ALIF0810D18W25	8	10	25	18	OS8/10/18/25
ALIF0911D18W25	9	11	25	18	OS9/11/18/25
ALIF1012D18W25	10	12	25	18	OS10/13/18/25
ALIF1113D18W25	11	13	25	18	OS11/13/18/25
ALIF0406D21W30	4	6	30	21	OS4/6/21/30
ALIF0507D21W30	5	7	30	21	OS5/7/21/30
ALIF0608D21W30	6	8	30	21	OS6/8/21/30
ALIF0709D21W30	7	9	30	21	OS7/9/21/30
ALIF0810D21W30	8	10	30	21	OS8/10/21/30
ALIF0911D21W30	9	11	30	21	OS9/11/21/30
ALIF1012D21W30	10	12	30	21	OS10/12/21/30
ALIF1113D21W30	11	13	30	21	OS11/13/21/30
ALIF1214D21W30	12	14	30	21	OS12/13/21/30
ALIF1315D21W30	13	15	30	21	OS13/15/21/30

#### **INSTRUMENTS:**

•Easy to use instruments are available, comprising the following:

- •"T" handle to hold the spacer trial. (Code: OSASTH)
- •"T" handle for cage insertion (Code: OSACH)
- •Spacer trials for each of the sizes in the table above (Codes as per table)

### CAGE INSERTION TECHNIQUE

•Insert the trial into the space where the disc has been removed.

•Release the retractors.

•Ensure that the trial fits correctly in the disc space.

•If the fit is correct, prepare the cage size that corresponds to the trial size and prepare it with bone (allograft, or autograft bone). See appendix A.

•Insert the cage into the disc space, ensuring that it is positioned centrally with reference to the lateral aspects.

•The depth of the cage is determined by the stopper on the inserter. (This depth is ideally about 1mm posterior to the anterior cortex.)

### APPENDIX A:

•The cage can be filled with either autograft bone (e.g. from the iliac crest), allograft bone (e.g. lyophilized bone, freeze dried bone), or else bone substitute (e.g. tri-calcium phosphate, bi-calcium phosphate, etc). •The choice of void filler used is the surgeon's preference after the necessary benefits have been carefully considered.

•Void filler should ideally protrude fractionally from both the cephalad and the caudal planes of the cage to allow for the initial resorbtion that occurs