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# TRANSFORAMINAL LUMBAR INTERBODY Fusion 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

SSR005

# Unique Marketing through innovation, design and manufacture.

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#### THE TLIF IS DESIGNED TO BE USED UNILATERALLY, MINIMISING THE DESTRUCTION OF THE POSTERIOR ELEMENTS THEREBY MINIMISING THE GROSS DESTABILISATION OF THE SPINE. THIS RESULTS IN RELATIVE INCREASED FUSION STABILITY.

#### AVAILABLE SIZES:

Code	Width	Height			Length
		Anterior	Middle	Posterior	
	(mm)	(mm)	(mm)	(mm)	(mm)
OR050705-D30	8	5	7	5	30
OR060806-D30	8	6	8	6	30
OR070907-D30	8	7	9	7	30
OR081008-D30	8	8	10	8	30
OR091109-D30	8	9	11	9	30
OR101210-D30	8	10	12	10	30
OR111311-D30	8	11	13	11	30
OR121412-D30	8	12	14	12	30

## **OPERATIVE TECHNIQUE**

> Expose the nerve elements adequately and ensure that you have exposure to the superior and inferior pedicles.

> With minimum retraction of the dura, and working within the foramina, perform the necessary annulotomy, discectomy, curettage and distraction.

> Place the pedicle screws (or similar fusion construct) to maintain the distraction through these fusion construct devices.

> Once the end plates have been prepared, ensuring that they are parallel and smoothed, use the spacers to determine the appropriate size of the TLIF to use.

Insert the appropriate TLIF and radiographically check the placement.

The fusion construct can at this stage be compressed to provide lordosis and further stability to the TLIF. A surgeon can achieve between 5 and 10 degrees of lordosis per level and can be used to correct low grade listheses.

\* Retraction can be achieved using laminal spreaders, interbody spreaders, twist spreaders or pedicle screws. (Note: if pedicle screws are to be used to retract, extreme caution must be exercised as there is a possibility that there may be pedicle fractures and loosening of pedicle screws.)

### INDICATIONS

#### Degenerative disc disease

- Low grade spondylolisthesis (Grade 1 or 2)
- When a 360 degree fusion is desired
- Fixation across the lumbosacral junction especially with a long fusion.
- Revision of a previous decompression and/or laminectomy where there is unilateral radiculopathy that could be associated with micro instability.
- For use in patients that are at high risk of pseudoarthrosis (Smoking history; previously failed fusion; osteoporosis; concurred medical illness; etc)

THE ORTHO SOL TLIF IS TO BE USED ONLY BY SURGEONS ADEQUATELY TRAINED IN SPINAL SURGERY