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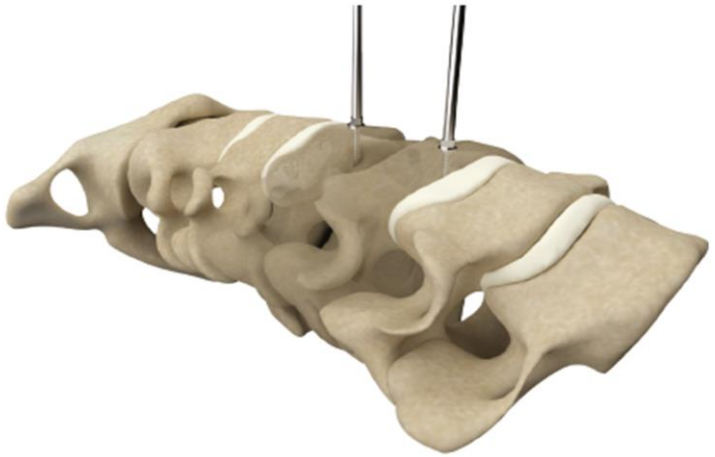
Spine Restoration Technology

PAN CERVICAL DISC PROSTHESIS SURGICAL TECHNIQUE

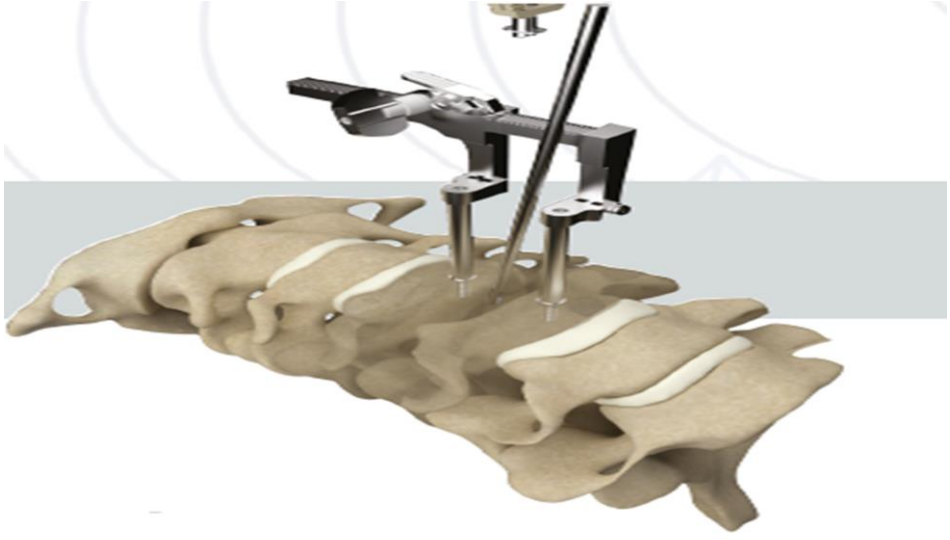
Distraction

The pins may be selected to widen interbody disk space. If possible, drive 2 pins into the middle of superior and inferior vertebrae in each using pin driver. It is recommended that pins should be driven at least 5.00mm aparted from the endplates. Then put the 2 holes of Casper retractor into the pins driven into the vertebrae. The disk space can be prepared by turning a knob prior to discectomy.



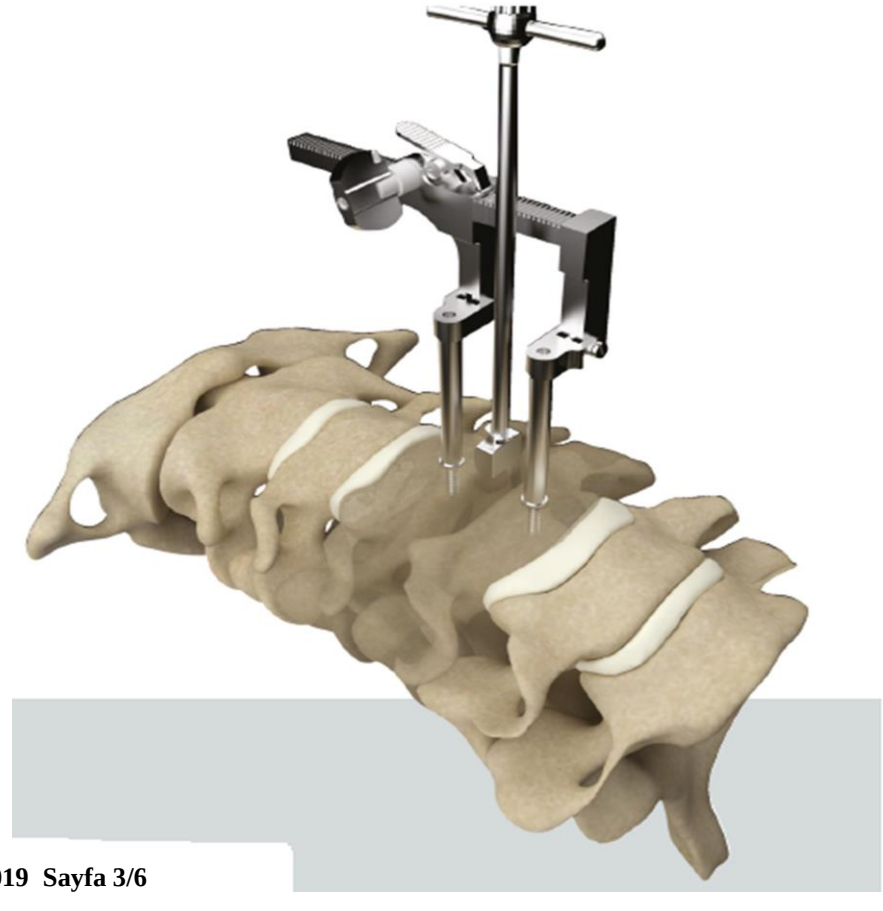
Distraction & Endplate Preparation

Following decompression of the disk space and neural elements ,
a freehand technique can be used to prepare the end plates for space insertation. The goal of endplate preperation when using free hand technique is to create a combination of cansellous bone and cortical bone by drilling the anterior inferior edge of the rostral vertebral body and posterior superior edge of the caudal vertebra body. Cortical bone prevents graft subsidence, wheras the exposed cansellous bone enhances fusion.



Prosthesis Size Selection

The trial prosthesis is designed for use with prosthesis holder in any cervical instrument. Starting with the smallest trial, sequentially larger trials are tamped completely into the disk space. The trial that procedures the most satisfactory fit in the disk space is selected. Successful trial selection confirms parallel endplate preparation. The trial should fit flush and produce a tight fit in the disk space. If this is not possible, a larger trial should be attempted, or the end plates should be more adequately prepared, or both.



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Prosthesis Preperation

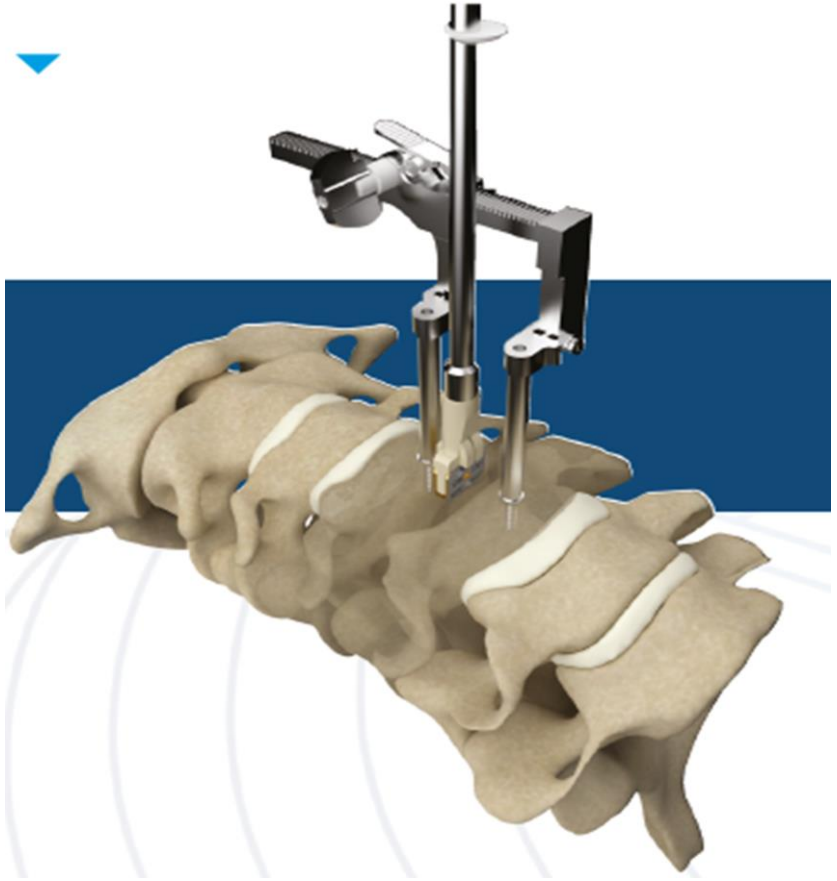
Cervical Disk Prosthesis is supplied that corresponds to the final trial chosen and gently place into the disk space using prosthesis holder. The implant taped into the disk space using tamp and mallet. The 2 windows of implant may be filled with bone dust from the end plate drilling or with the surgeon's choice of osteoinductive material by using Bone impactor and graft holder.

Prosthesis Insertation

Position the implant and holder in the correct cranial/caudal aligment and carefully insert them into the distracted segment.

The Disc Prosthesis is impacted using the mallet or hammer while distraction of the interbody space is maintained.

Release the caspar retractor and remove all instruments.



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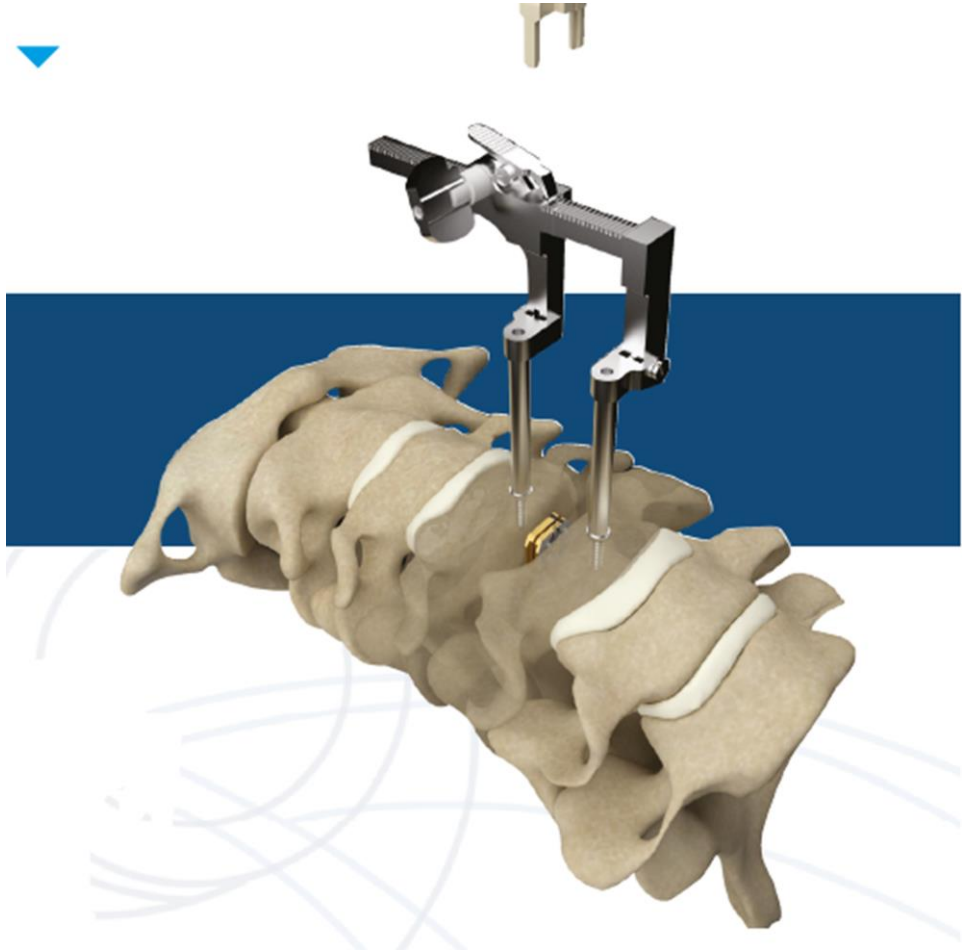
Verifying Cervical Disc Prosthesis Position

The optimal position of the disk prosthesis centered within periphery of the vertebral endplates. Depending on the size of the vertebrae, the anterior edge of the disk prosthesis will be approximately 2mm behind the anterior edge of the adjacent vertebra.

A cross-table lateral X-ray is obtained after implantation to confirm adequate placement.



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HEADQUARTER

OSIMPLANT Medical Materials

Mustafa Kemal Mah. 2133. Sk. No:4/2 Royale Office Çankaya/ Ankara 06510

P: +90 312 473 82 80 – 473 22 80

F: +90 312 473 81 90

sales@osimplant.com.tr

FACTORY

BONIMPLANT Medical Technologies

İkitelli O.S.B. Mutfakçılar Sanayi Sitesi M4 BLOK NO:47, 34490 Başakşehir/İstanbul

P: +(90) 212 485 40 32

F: +(90) 212 485 40 34

info@bonimplant.com.tr