

Designed for the spine





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Introduction

The Idys™-PLIF cage has been designed by a team with extensive experience in the development of spinal instrumentation. Made of PEEK, the Idys™-PLIF cage is specially designed for lumbar and lumbo-sacral interbody fusion via a bilateral posterior approach.

The design team focused on creating a PLIF cage suited to the vertebral endplates anatomy that would maintain disc height, restore lumbar lordosis and stabilize the treated segment. Thus, $Idys^{TM}$ -PLIF creates the most favorable conditions to optimize bone fusion.

Its complete and ergonomic instrumentation meets the spine surgeon's need for reliability, safety and ease of use during surgical practice.

Indications:

Lumbar degenerative discopathies and instabilities

Grade I or II spondylolisthesis, with or without stenosis

Pseudarthrosis or fusion failure

Caution: The use of the IdysTM-PLIF cage must be systematically associated with a posterior fixation device (ErismaTM-LP). For greater convenience, the pedicle screws can be inserted before or after the IdysTM-PLIF cages are implanted.

Features & Benefits

Anatomical shape

The convex shape of the Idys™-PLIF cage is perfectly adapted to the anatomy of the vertebral endplates. This shape allows restoration of the chosen disc height as well as lumbar lordosis of the treated segment. Close contact with the vertebral endplates provides effective integration and excellent stability of the implant within the intervertebral space.



Self-distracting tip

The self-distracting tip of the Idys[™]-PLIF cage allows progressive distraction of the vertebral endplates in order to facilitate insertion and offer excellent penetration of the cage in the intervertebral space.



Grafting space maximized

The size of the fusion chamber is optimized to offer maximal contact between vertebral endplates and grafts. Bone fusion is thereby promoted and fusion spaces are larger. Lateral side holes enable good graft vascularization.



X-ray markers (Tantalum)

> X-ray markers allow verification of the cage position during surgery and postoperative clinical follow-up. Fusion can be assessed and controlled during clinical follow-up thanks to the radioluency of the PEEK material.



Ergonomic instrumentation

The simple, intuitive and ergonomic instrumentation of the Idys™-PLIF cage guarantees accurate, quick and safe maneuvers to surgeons.



Versatile instrumentation

Instrumentation is adaptable and can be used with different types of surgical techniques, including PLIF or PTLIF.



Surgical Technique

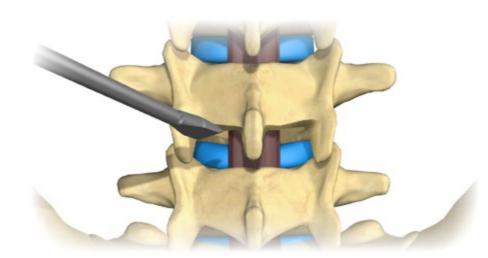
1	Disc exposure
2	Distraction
3	Discectomy
4	Endplate preparation
5	Implant sizing
6	Implant preparation
7	Implant insertion
8	Insertion of the second cage
9	Final positioning
10	Supplementary posterior fixation

In line with all necessary safety protocols, the patient is positioned on the operating table in the prone position. The final positioning of the patient and surgical approach are based on known techniques, routinely used by

Disc exposure

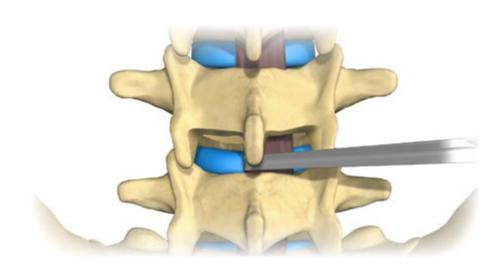
Access to the disc space is obtained by performing a bilateral lamino-facetectomy using the osteotome.

Resection must be sufficient to allow access of the instruments and insertion of the cage into the disc space.



It is advisable to preserve the facet joints in order to guarantee the stability of the treated segment and minimize disruption to adjacent segments.

The nerve root retractor is used to protect the surrounding nerve structures throughout the surgical procedure.

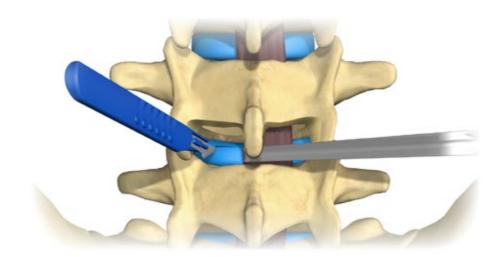


Distraction

Progressive distraction tension is applied in accordance with the surgeon's habits and preferences. This maneuver temporarily opens the posterior disc space and promotes increased exposure for discectomy, decompression and delivery of the implant.

Discectomy

A window is created in the intervertebral disc using a scalpel.









HANDLES

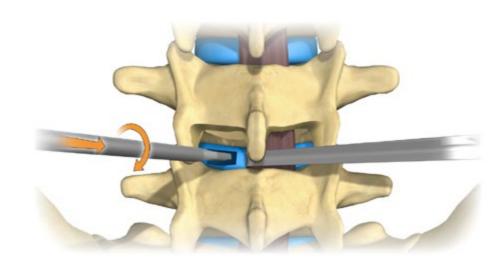


047070XX SHAVER



06708001 STRAIGHT DISC RONGEUR

Shavers are used in rotation to start the discectomy and gradually restore the disc height. Shavers come in sequential heights from 6mm to 14mm, increasing in 1 mm increments.

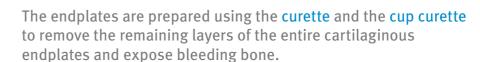


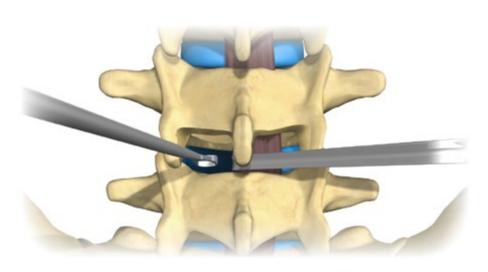
The disc material is removed using the disc rongeur.



When possible, the anterior and lateral walls of the annulus are preserved in order to provide additional stability for the two Idys™-PLIF cages.

Endplate preparation





Thorough cleaning of the endplates is important for the vascular supply of the bone graft. The structural integrity of the endplates must be preserved to allow for structural support of the cage.

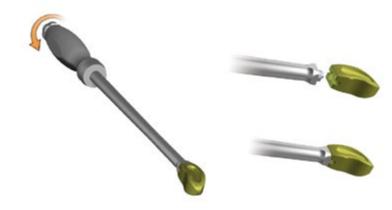


Implant sizing



The size and height of the final implant are determined by selecting the trial that restores the desired disc height and lumbar lordosis of the treated segment.

The trial is connected and secured to the PLIF cage holder by turning the locking knob clockwise.





04704015 CURETTE



04704005 CUP CURETTE

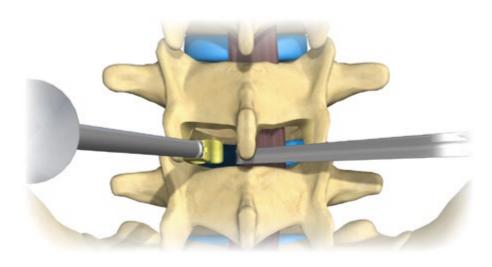


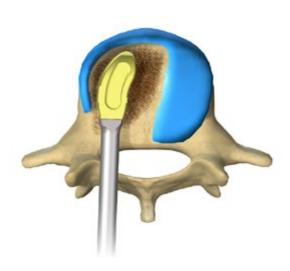
04714XXX PLIF TRIAL



04715002 PLIF CAGE HOLDER

The trial is then inserted in the intervertebral space using a surgical mallet. The trial is not dissociated from the PLIF cage inserter.





Distraction is momentarily released and an X-ray check is performed to verify the trial position and validate the size and height of the final implant.

Distraction is re-established and the trial is removed using the slap hammer.

The PLIF cage holder is disconnected from the trial by completely turning the locking knob.

Implant preparation

o completely fill the implent cay

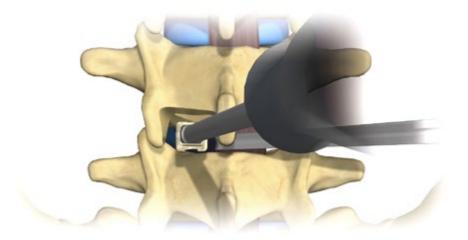
It is important to completely fill the implant cavity in order to ensure optimal contact between the graft material and the vertebral endplates.

The selected cage is connected to the PLIF cage holder and placed into the PLIF filling block.



Implant insertion

The prepared cage is inserted into the intervertebral space with light impactions. When inserting the cage, the PLIF cage holder must be turned medially to ensure that the tip of the cage is facing the entry point. During cage impaction, the PLIF cage holder must be held straight so that the implant is inserted into the disc space laterally.





04715002 PLIF CAGE HOLDER



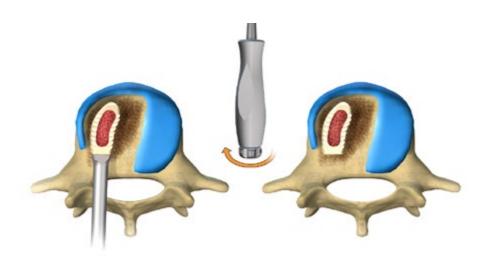
04717003 PLIF FILLING BLOCK



0476100X PLIF GRAFT IMPACTOR

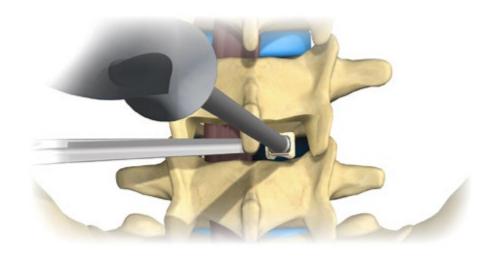


An X-ray check is performed and the cage is disconnected.



Insertion of the second cage

The opposite side is prepared as described in steps 2 to 5 and the second cage is inserted similarly.





Prior insertion of the second cage, graft can be inserted between the two implants.

Final positioning

If needed, the PLIF cage pusher may be used to adjust the position and the depth of the cage within the intervertebral space.



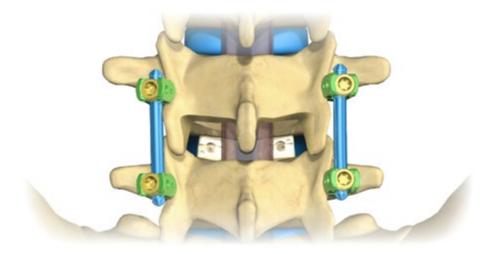
Distraction is released and a final X-ray check is performed.



Supplementary posterior fixation



Posterior fixation (ErismaTM-LP) is required to place the treated segment under compression and to enhance the stability of the IdysTM-PLIF cages.





04716001 PLIF CAGE PUSHER

Product Catalogue







Ø 8mm

Ø 10mm Ø 11mm

Ø 12mm









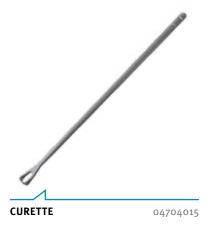










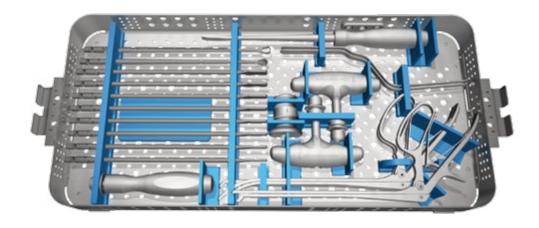






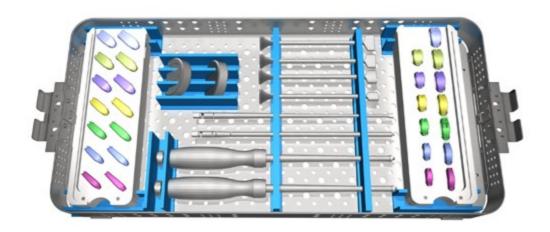


Product Catalogue



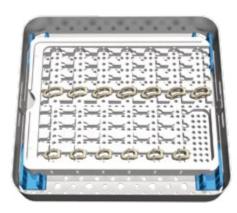
IDYS COMMON INSTRUMENTS TRAY

04990010



IDYS PLIF / PTLIF INSTRUMENTS TRAY LID FOR IDYS PLIF / PTLIF INSTRUMENTS TRAY PTLIF TRIALS TRAY PLIF TRIALS TRAY

04990011 04990013 04990016 04990015



IDYS PLIF / PTLIF IMPLANTS TRAY LID FOR IDYS PLIF / PTLIF IMPLANTS TRAY

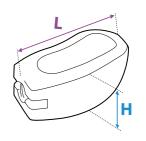
04990020 04990027



/	
TRIALS	L 20 MM
H o8 mm	04714208
H og mm	04714209
H 10 mm	04714210
H 11 mm	04714211
H 12 mm	04714212
H 13 mm	04714213
TRIALS	L 25 MM
H o8 mm	04714308
H o9 mm	04714309
H 10 mm	04714310
H 11 mm	04714311
H 12 mm	04714312

H 13 mm

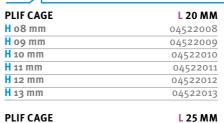
H 14 mm



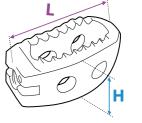


04714313

04714314



PLIF CAGE	L 25 MI
H o8 mm	0452250
H o9 mm	0452250
H 10 mm	0452251
H 11 mm	0452251
H 12 mm	0452251
H 13 mm	0452251
H 14 mm	0452251



The surgical technique shown is for illustrative purposes only. The technique actually employed in each case will always depend upon the medical judgment of the surgeon exercised before and during surgery as to the best mode of treatment for each patient. It is recommended to see the package insert for the complete list of indications, warnings, precautions, and other medical information.



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