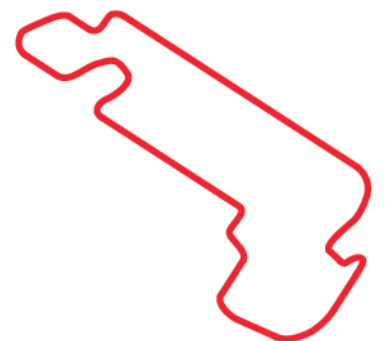




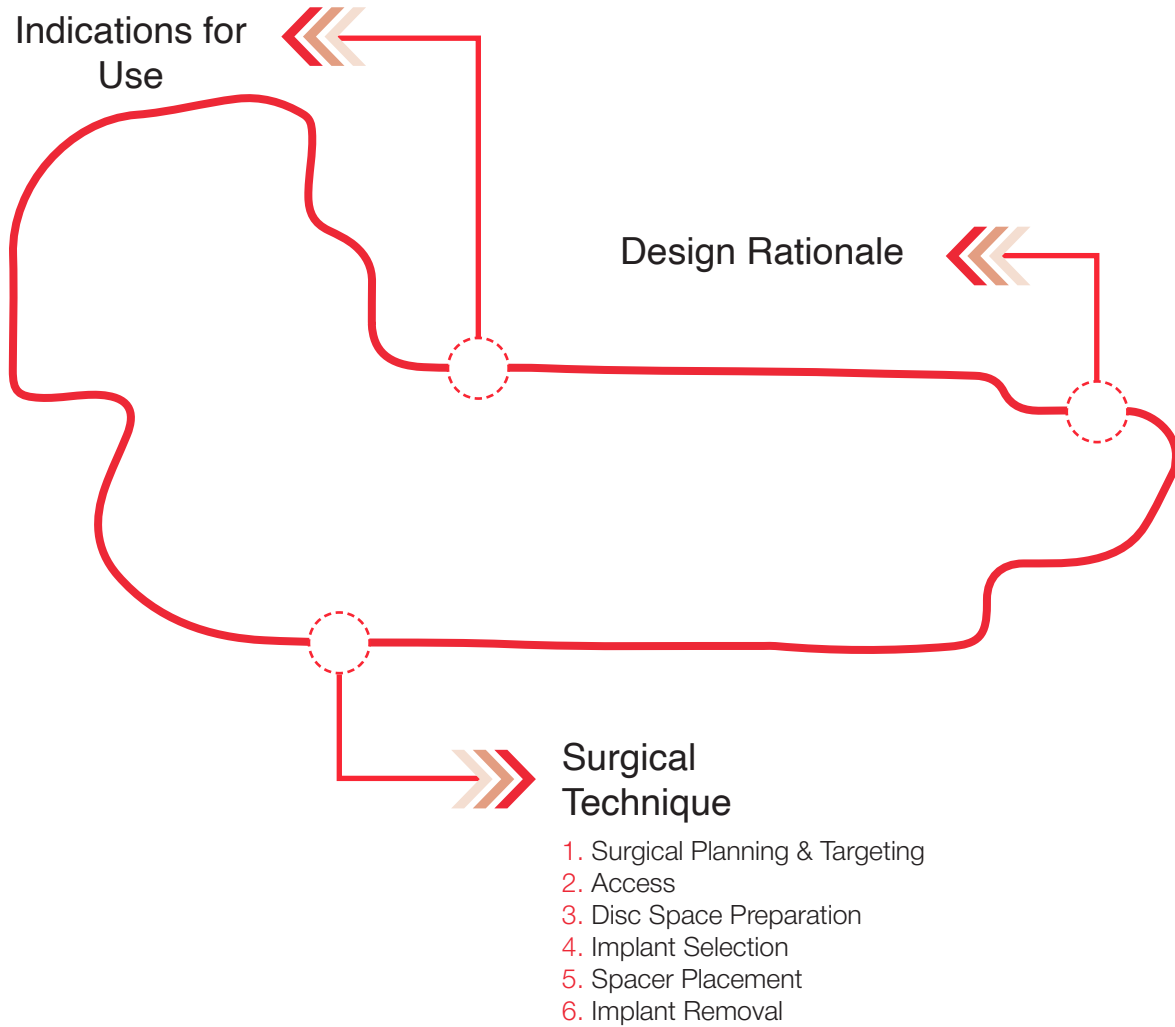
Brickyard ALIF Surgical Technique



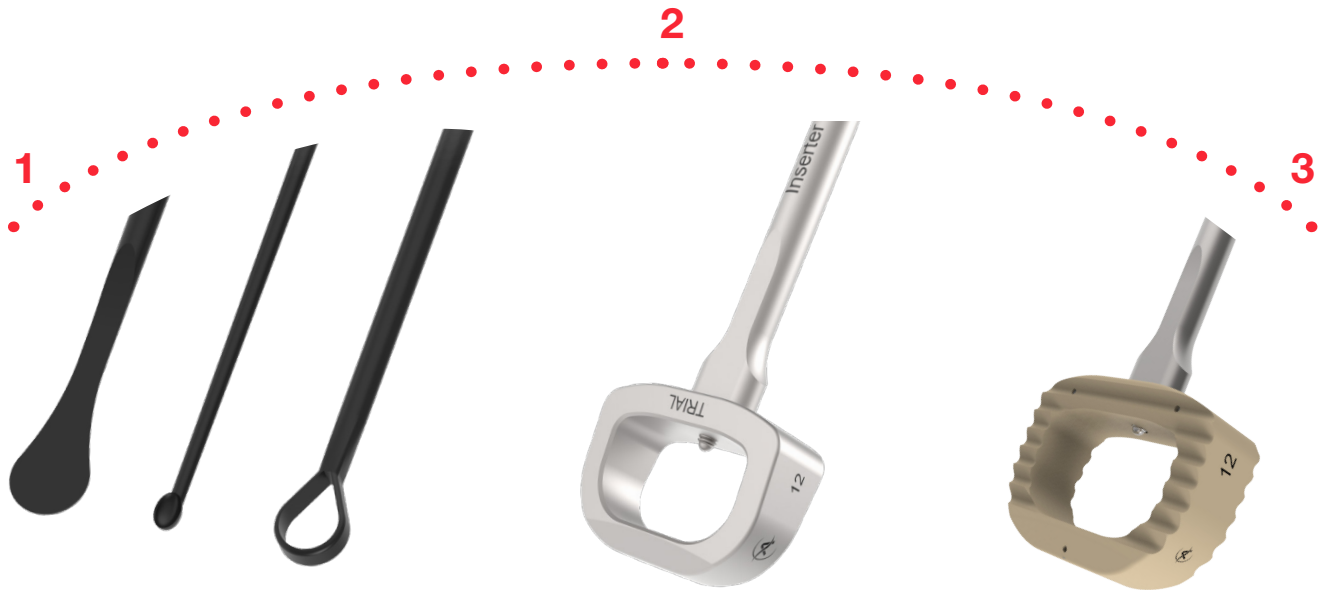


INDIANAPOLIS SPEEDWAY

TABLE OF CONTENTS



DESIGN RATIONALE



Available Footprints:

32mm x 24mm

38mm x 27mm

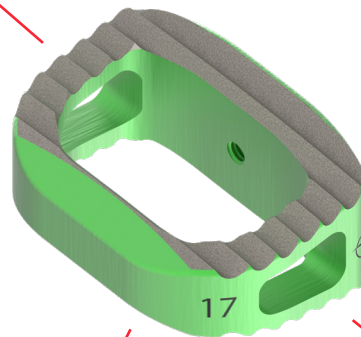
42mm x 30mm

Tapered,
self-distracting
leading edge

Available in PEEK
and Titanium

Large Axial
Graft Window

Available Heights:
9mm to 19mm in
2mm increments



INDICATIONS FOR USE

The Altus Spine Lumbar Interbody Fusion System is indicated for use with autogenous bone graft in skeletally mature patients with degenerative disc disease (“DDD”) at one or two contiguous spinal levels from L2-S1. DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. These patients should have completed six months of non-operative treatment. These DDD patients may have had a previous non-fusion spinal surgery at the involved spinal level(s), and may have up to Grade 1 spondylolisthesis or retrolisthesis at the involved level(s).

Reference product insert (PI-009) for complete system indications for use, description, contraindications, warnings, and precautions.

1. SURGICAL PLANNING & TARGETING

TARGETING THE SURGICAL SITE

The patient will be positioned supine. Once the operative level(s) are confirmed using fluoroscopy, the initial incision and exposure is completed.

A fluoroscopic lateral image of the lumbar spine with a straight metal instrument will ensure that the incision and exposure allows for direct visualization of the operative level(s).



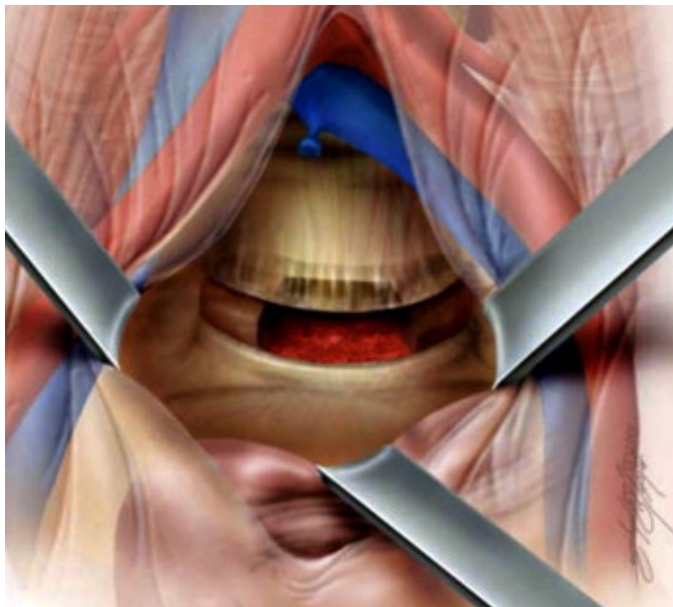
2. ACCESS

ACCESSING THE ANTERIOR COLUMN & DISC SPACE

The exposure can be completed using a standard retroperitoneal approach or via a mini-open retroperitoneal approach which is supported by Brickyard ALIF System's instrumentation.

The surgeon(s) will gain general access to the anterior lumbar spinal column using standard techniques.

Retraction should be placed directly over the disc spaces previously identified.

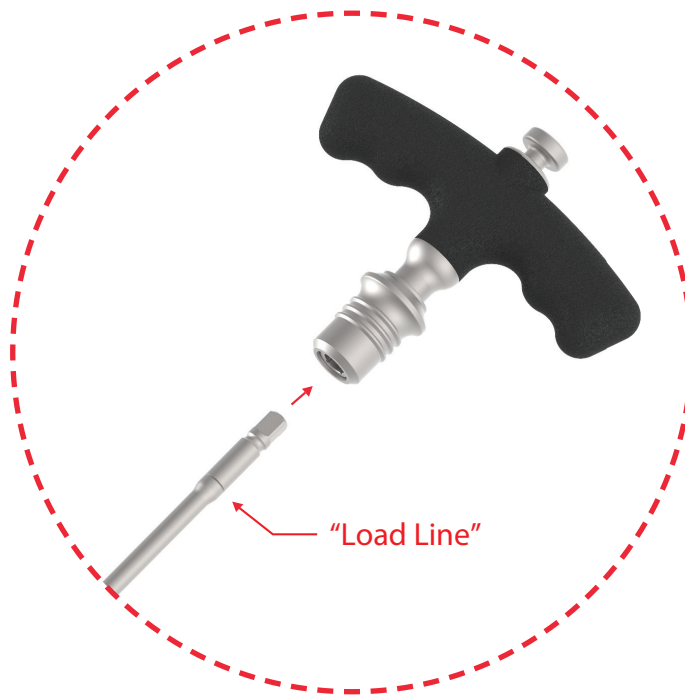


3. DISC SPACE PREPARATION

DEFINING THE WIDTH OF THE ANNULOTOMY

Center the annulotomy on the midline and make it large enough to fit the Spacer width. A Trial may be used to define the minimum width of the annulotomy.

For loading all quick connect instruments, pull back the plunger on the handle and insert the shaft until the “load line” is flush with the plunger, and then release.



3. DISC SPACE PREPARATION (CONT.)

COMPLETING THE DISCECTOMY

A thorough discectomy must be completed, ensuring the posterolateral corners of the disc space are free of disc tissue. Remove cartilaginous endplates to bleeding bone using the Altus Spine Anterior Lumbar Disc Prep Instruments.

**Note: One must be careful not to remove excessive subchondral bone as it may weaken the vertebral endplates. Excessive removal of the subchondral bone could result in subsidence, loss of stability, or pseudarthrosis.*

If additional remobilization or distraction is needed, the Trials, Distractors, or ALIF Disc Space Distractor can be used.



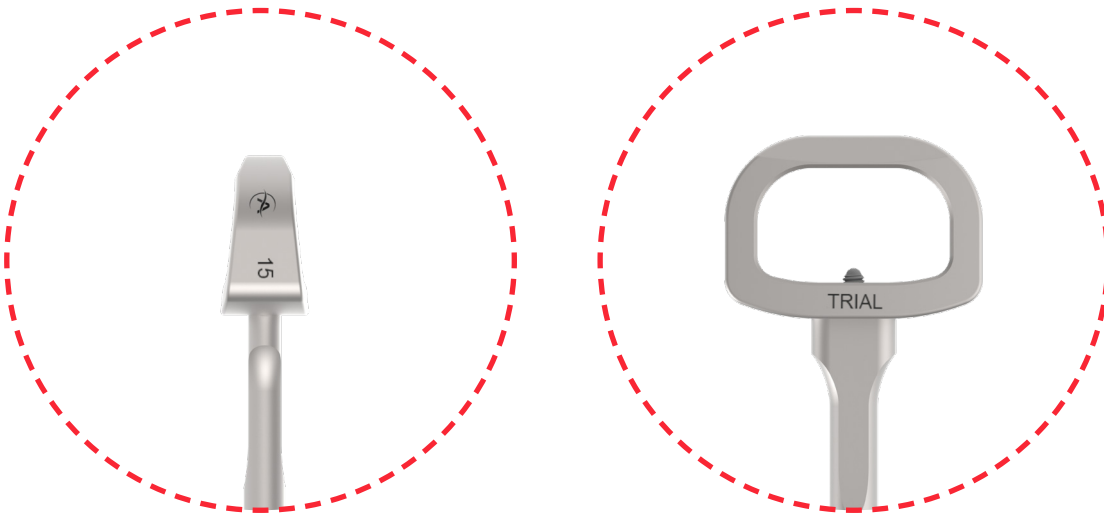
4. IMPLANT SELECTION



TRIAL USAGE

Select an appropriately sized Spacer Trial in the desired footprint based on preoperative measurements and imaging.

Assemble the appropriate height Spacer Trial to the Implant Inserter. Insert the trial assembly into the disc space; gently impact the trial assembly as necessary. Use fluoroscopy to confirm the position and fit of the Trial and the intended correction it contributes.



TRIAL REMOVAL

As needed, a Slap Hammer is available to aid in removing the trial assembly from the disc space.

Attach the Slap Hammer to the proximal end of the trial assembly.



5. SPACER PLACEMENT

ASSEMBLE IMPLANT TO INSERTER

Assemble the Implant Inserter with the inner shaft

Select an appropriately sized Implant in the desired footprint

Engage the forks of the Inserter into the female threaded portion of the Implant.

Pack the central lumen (and lateral windows in the Titanium Spacers) with autograft.

Use the Graft Packing Block if necessary to adequately pack the Spacer(s).

Insert the Implant into the disc space by striking the Inserter impaction surface with a mallet until the implant is seated in the disc space as desired.

REMOVE THE INSERTER

Rotate the thumbwheel of the Inserter in a counterclockwise motion to release the Implant from the Inserter.

Utilize the Tamp for further Implant manipulation.



6. IMPLANT REMOVAL

USING IMPLANT INSERTER

Thread the Implant Inserter to the Implant.

Attach the Slap Hammer to the proximal end of the Implant Inserter.

Remove the assembly from the disc space.

