ST/107A



INTERVERTEBRAL CERVICAL LOCKING CAGE

- IMPLANTS
- INSTRUMENT SET 15.0917.102
- SURGICAL TECHNIQUE



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SYMBOLS DESCRIPTION

	Caution - pay attention to a special procedure.
	Perform the activity under X-Ray control.
i	Information about the next stages of a procedure.
	Proceed to the next stage.
\bigcirc	Return to the specified stage and repeat the activity.
	Before using the product, carefully read the Instructions for Use. It contains, among others, indications, contraindications, side effects, recommendations and warnings related to the use of the product.
	The above description is not a detailed instruction of conduct. The surgeon decides about choosing the operating procedure.

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The manufacturer reserves the r	right to introduce design changes.
Updated INSTRUCTIONS FOR U	SE are available at the following website: ifu.chm.eu

	I.1. INDICATION	1
11. IM	PLANTS	6
	II.1. AVAILABLE SIZES AND VARIANTS OF PEEK CAGES	-
	II.2. AVAILABLE SIZES AND VARIANTS OF 3D-TI CAGES	8
III. IN	ISTRUMENT SET	11
IV. SI	JRGICAL TECHNIQUE (WITHOUT USE OF CASPAR CERVICAL DISTRACTOR)	14
	IV.1. PATIENT POSITIONING AND SURGICAL APPROACH	14
	IV.2. DISCECTOMY	14
	IV.3. IMPLANT SELECTION	15
	IV.4. IMPLANT PREPARATION	18
	IV.5. IMPLANT INSERTION	20
	IV.6. HOLES DRILLING AND SCREWS INSERTION	22
	IV.7. SCREWS INSERTION	23
		2.
V. SL	IRGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR)	27
V. SL	IRGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH	27
 V. SL	IRGICAL TECHNIQUE <i>(WITH USE OF CASPAR CERVICAL DISTRACTOR)</i> V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR	27 27 27 27
V. SL	URGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY	27 27 27 27 29
V. SL	URGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION	27 27 21 21 21 30
V. SL	URGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION V.5. IMPLANT PREPARATION	27 27 21 20 30 31
 V. SL	URGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION V.5. IMPLANT PREPARATION V.6. IMPLANT INSERTION	27 27 21 22 30 33 33
 V. SL	URGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION V.5. IMPLANT PREPARATION V.6. IMPLANT INSERTION V.7. HOLES DRILLING AND SCREWS INSERTION	27 27 29 30 33 35 38
V. SL	V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION V.5. IMPLANT PREPARATION V.6. IMPLANT INSERTION V.7. HOLES DRILLING AND SCREWS INSERTION V.8. SCREWS INSERTION	27 27 29 30 33 39 38 38
V. SL	URGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION V.5. IMPLANT PREPARATION V.6. IMPLANT INSERTION V.7. HOLES DRILLING AND SCREWS INSERTION V.8. SCREWS INSERTION WPLANT REMOVAL	27 27 29 30 33 35 38 39 38 39
V. SU V. SU	IRGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR) V.1. PATIENT POSITIONING AND SURGICAL APPROACH V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR V.3. DISCECTOMY V.4. IMPLANT SELECTION V.5. IMPLANT PREPARATION V.6. IMPLANT INSERTION V.7. HOLES DRILLING AND SCREWS INSERTION V.8. SCREWS INSERTION V.1. LOCKING SCREWS REMOVAL	27 27 27 30 33 35 38 39 43

I. SYSTEM DESCRIPTION

I.1. INDICATION

Cervical intervertebral cage, together with instrument set, is designed for the surgical treatment of the cervical spine diseases at the levels from C3 to C7, where spinal arthrodesis is advisable. Cervical spine diseases include:

- hernias,
- Degenerative Disc Diseases (DDD),
- vertebrae instability,
- re-operations,
- degenerative scoliosis.

(The above list is not exhaustive.)

It is not recommended to use the system in case of:

- spine tumors,
- bad physical and mental state of the patient,
- osteoporosis,
- allergy or intolerance to polyetheretherketone (PEEK Optima), titanium alloy or tantalum,
- spine infections,
- vertebral fractures.

(The above list is not exhaustive).

CHM CHARSPINE system 2

II. IMPLANTS

ChM implants have been designed for best fit to the anatomical shapes of the cervical bodies, to maximize their safe use.

The arc-shaped anterior wall of the implant imitates the curvature of the anterior part of the vertebral body maximizing the contact surface of the implant with the endplates and eliminating the risk of protruding the cage beyond the line of the bodies.

The posterior concavity also ensures the maximum contact surface of the implant with the endplates, minimizing the danger of the pressure being exerted by the cage on the spinal cord.

The concave arches of the side walls prevent the vertebral bodies from resting only on the side edges of the cage.

Dedicated locking screws are used with the intervertebral cage to immobilize the implant and eliminate the need for additional stabilization.

Cervical intervertebral cages are made of highly biocompatible materials: PEEK, titanium and tantalum alloys. Locking screws are made of titanium alloy.

PEEK

- Stiffness approximates the host bone, which provides ideal load sharing attributes.
- Radiolucency of PEEK polymer offers an accurate visualization and assessment of the fusion.
- Radioopaque tantalum markers facilitate intraoperative X-Ray visualization of inserted implant.
- Open design to maximize the volume of bone tissue.

Titanium alloy

- Facilitated X-Ray imaging for precise determination of the implant position.
- High osseointegration with bone structures.
- High strength enables the use of bone locking screws compatible with the cage.



- Made entirely of biocompatible titanium for high osseointegration with bone structures.
- Made in 3D printing technology.
- With a spatial trabecular structure, for optimal conditions for bone tissue ingrowth.





(i)

For quick identification, each implant is marked with the size and shape.

(HARSPINE system 2

II.1. AVAILABLE SIZES AND VARIANTS OF PEEK CAGES

PEEK-OPTIMA



Ster Non Ster

Angular cervical intervertebral cage				
H		н		
Size 15	x12 [mm]	Size 17x	13 [mm]	
Catalogue no.	Height H [mm]	Catalogue no.	Height H [mm]	
8.6970.505	5	8.6971.505	5	
8.6970.506	6	8.6971.506	6	
8.6970.507	7	8.6971.507	7	
8.6970.508	8	8.6971.508	8	
8.6970.509	9	8.6971.509	9	
8,6970,510	10	8,6971,510	10	

Ster Non Ster

Convex cervical intervertebral cage Н Size 15x12 [mm] Size 17x13 [mm] Catalogue no. Height H [mm] Catalogue no. Height H [mm] 8.6972.005 5 8.6973.005 5 6 6 8.6972.006 8.6973.006 7 7 8.6972.007 8.6973.007 8 8 8.6972.008 8.6973.008 9 9 8.6972.009 8.6973.009 8.6972.010 10 8.6973.010 10

II.2. AVAILABLE SIZES AND VARIANTS OF 3D-TI CAGES

CHARSPINE system 3D-T

Overall dimensions [mm]			
	15x12	17	′x13
15		17	13
	Height si	izes H [mm]	
5	6 7	8	9 10
	Va	riants	
Angular c	ervical intervertebral cage	Convex cervical i	ntervertebral cage
5°		5°	Ster
	Angular cervical	intervertebral cage	
н		H	
Catalogue no	Height H [mm]	Size 17 Catalogue no	Height H [mm]
3.6986.0055	5	3.6987.0055	5
3.6986.0065	- 6	3.6987.0065	6
3.6986.007S	7	3.6987.007S	7
3.6986.0085	8	3.6987.0085	8
3.6986.0095	9	3.6987.0095	9
3.6986.010S	10	3.6987.010S	10
Н	Convex cervical	intervertebral cage	Ster
<u> </u>	Size 15x12 [mm]	Size 17	(13 [mm]
Cataloguo no		Size 17	
3 6988 0055	neigint n (mini) ج	3 6989 0055	۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲. ۲.
3 6988 0065	6	3 6989 0065	5

7

8

9

10

3.6989.0075

3.6989.0085

3.6989.0095

3.6989.0105

7

8

9

10

3.6988.0075

3.6988.0085

3.6988.0095

3.6988.0105

IMPLANTS

Cervical locking screw 4.0 (self-drilling - emergency)



Diameter	Length [mm]	Colour	Catalogue no.
4	10		3.6975.010
4	12		3.6975.012
4	14		3.6975.014
4	16		3.6975.016

Diameter	Length [mm]	Colour	Catalogue no.
3.5	10		3.6974.010
3.5	12		3.6974.012
3.5	14		3.6974.014
3.5	16		3.6974.016

Cervical locking screw 3.5 (self-drilling)

ala

Material:

Stand for implants - set	Name	Catalogue No.	Pcs
	Container lid 4x4	14.0917.103	1
I in the second	Stand for implants - Cervical intervertebral cages 4x2 1⁄2H	14.0917.401	1
	Stand for implants - Cervical intervertebral cages 4x2 1⁄2H	14.0917.501	1
	Container 4x4H	14.0000.003	1

Ster Non Ster

IMPLANTS

Sterilization container (for the stand for implants - set)	Name	Catalogue No.	Pcs
	Perforated aluminum lid ½ 306x272x15mm Gray	12.0751.200	1
	Container with solid bottom ½ 306x272x85mm	12.0751.100	1

III. INSTRUMENT SET

Features:

- high ergonomics,
- instruments provided with slender silicone handles,
- color-coded implant trials,
- instruments made of highest quality (stainless) steel,
- easy to clean,
- modern, small pallets system for storage, usage and sterilization of instruments and implants.

Instrument set for cervical intervertebral locking cages 15.0917.102	Name	Catalogue No.	Pcs
and the second sec	Container lid 9x4	14.0917.105	1
	Applicator	40.8784.000	1
	Persuader	40.6080.000	1
	Compactor	40.6077.000	1
	Hammer 200g	40.6087.000	1
1542 1542	Working stand	40.8786.100	1
	Position retainer	40.6079.100	1
	Aiming block H-5	40.8785.105	1
	Aiming block H-6	40.8785.106	1
	Aiming block H-7	40.8785.107	1
	Aiming block H-8	40.8785.108	1
-	Aiming block H-9	40.8785.109	1
	Aiming block H-10	40.8785.110	1
	Trocar	40.8780.100	1
	Trocar	40.8781.100	1
	Screwdriver tip T10	40.8783.100	1
	Screwdriver tip T10 with joint	40.8782.100	1
	Handle ratchet device	40.6654.001	1
	Extractor	40.8789.000	1

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INSTRUMENTS

	Name	Catalogue No.	Pcs
A CONTRACT OF A	Stand 9x4	14.0917.201	1
	Angular trial5x15x12	40.6083.005	1
NON	Angular trial6x15x12	40.6083.006	1
Standar	Angular trial7x15x12	40.6083.007	1
15×12	Angular trial8x15x12	40.6083.008	1
50	Angular trial9x15x12	40.6083.009	1
	Angular trial10x15x12	40.6083.010	1
	Convex trial5x15x12	40.6082.005	1
59. STANT	Convex trial6x15x12	40.6082.006	1
In	Convex trial7x15x12	40.6082.007	1
15	Convex trial8x15x12	40.6082.008	1
AQ UP	Convex trial9x15x12	40.6082.009	1
	Convex trial10x15x12	40.6082.010	1
	Angular trial5x17x13	40.6093.005	1
CHOTAL	Angular trial6x17x13	40.6093.006	1
D'INPLL	Angular trial7x17x13	40.6093.007	1
17×12	Angular trial8x17x13	40.6093.008	1
	Angular trial9x17x13	40.6093.009	1
	Angular trial10x17x13	40.6093.010	1
	Convex trial5x17x13	40.6092.005	1
Spring	Convex trial6x17x13	40.6092.006	1
the second secon	Convex trial7x17x13	40.6092.007	1
17.	Convex trial8x17x13	40.6092.008	1
Nei UP C	Convex trial9x17x13	40.6092.009	1
	Convex trial10x17x13	40.6092.010	1
		14.0917.104	1
Sterilization container (for the Instrument set for cervical intervertebral locking cages)	Name	Catalogue No.	Pcs
	Perforated aluminum lid ¼ 595x275x15mm Gray	12.0750.200	1
	Container with solid bottom ¼ 595x275x86mm	12.0750.100	1

Instruments mentioned below are not included in the standard instrument set. In order to include them to the ordered instruments, please contact your local representative or ChM Sales Department. **Supplementary instruments** Instrument set for Caspar cervical distractor 15.0918.220 Name Catalogue no. Pcs RELEASE 12 Caspar cervical distractor 40.6075.000 1 Screwdriver for Caspar pins 40.6086.000 1 14 40.6076.014 Caspar pin 3.0x14 2 40.6076.016 Caspar pin 3.0x16 2 Tray 4x4 1/2H 14.0918.220 1 Container with lid (for the distraction set) Name Catalogue no. Pcs Container lid 4x4 14.0000.102 1 Container 4x4 ½H 14.0000.004 1 Sterilization container (for the distraction set) Name Catalogue No. Pcs Perforated aluminum lid ½ 306x272x15mm Gray 12.0751.200 1 Container with solid bottom ½ 306x272x85mm 12.0751.100 1

IV. SURGICAL TECHNIQUE (WITHOUT USE OF CASPAR CERVICAL DISTRACTOR)

IV.1. PATIENT POSITIONING AND SURGICAL APPROACH

The patient shall be in supine position with his head in a neutral position or rotated about 30° from the neutral position to the left or right, opposite to the surgical approach.



IV.2. DISCECTOMY

Remove the intervertebral disc using standard procedure and instruments to perform such an operation.

The instruments used in the discectomy are not included in the instrument set for Cervical Intervertebral Cage.

IV.3. IMPLANT SELECTION



Implant size is selected on the basis of trials [40.6082.0xx], [40.6083.0xx], [40.6092.0xx], [40.6093.0xx] whose shapes and dimensions correspond to the available implants.



Choose intraoperatively, on the basis of X-Ray image, one of the trials [40.6082.0xx], [40.6083.0xx], [40.6092.0xx], [40.6093.0xx] whose shape and height corresponds best to the intervertebral space.

Mount the selected trial to the persuader [40.6080.000] - insert the trial on the persuader tip and by rotating the persuader knob clockwise, tighten the locking pin in the socket of the trial.





Convex trials [40.6082.0xx], [40.6092.0xx] should be inserted with the convex surface facing the head (*cranial direction*). The convex part of the trial is above the word "UP".







Insert the selected trial into the intervertebral space. Use hammer **[40.6087.000]** when necessary, gently tapping on the persuader's knob.

Insert the trial until the position retainer leans on the vertebra's surface.





Verify the position of the trial using X-Ray imaging.



In the anterior projection, the lateral edges of the trial should be symmetrical to the vertical axis of the vertebrae.

Remove the trial.

Should the trial be incorrectly placed, repeat the procedure using a trial better fitting the intervertebral space.

Based on the selected trial, choose an implant of the same size and shape. The implant will be used later in the procedure.



IV.4. IMPLANT PREPARATION



Before implantation, the space in the PEEK intervertebral cervical cage should be filled with autologous bone graft (bone chips) which allows for spinal fusion.





Then connect the intervertebral cage with the applicator and the aiming block installed therein (the height H of the implant must be the same as the size of the aiming block installed).

Lock the implant on the aiming block by rotating the knob of the applicator clockwise until resistance is felt.



Place the implant in an appropriate socket of the working stand **[40.8786.100]** and fill with bone chips. Compress them with compactor **[40.6077.000]**.





Bone graft should only be used with PEEK Optima cervical locking cages equipped with a titanium insert. 3D-Ti printed implants are not designed to be used with grafts.



20/48

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The embedded tantalum marker is used to navigate the position of the posterior wall of the intervertebral cage (*the marker is located 1mm from the edge of the cage*). The marker is also used to determine whether the endplates of the vertebral bodies adhere properly to the cage.









IV.6. HOLES DRILLING AND SCREWS INSERTION

Connect the trocar (*straight*) **[40.8780.100]** or (*angled*) **[40.8781.100]** to the handle ratchet device **[40.6654.001]**.



IV.7. SCREWS INSERTION

Connect the handle ratchet device [40.6654.001] with screwdriver tip T10 with joint [40.8782.100] or screwdriver tip T10 [40.8783.100].



Install the determined screw.

3.5mm diameter screws should be used first.

4.0mm screws should only be used in emergency situations when the use of 3.5mm screw does not ensure secure anchoring of the intervertebral cage.

CAUTION:

For optimal stabilization, it is recommended to use the longest screws.

When selecting the screws, consider the information on the protrusion of screws outside the intervertebral cage of the table (*Tab.1*).





1.2

Tab.1. Selection of screws

16



7.3

Carefully insert the attached screw, through the aiming block, into the prepared hole using clockwise rotation.



CAUTION!

When intervertebral cages with a height of H-5 or H-6 are used, make sure locking screws are inserted coaxially to the aiming block, otherwise screw can get stuck between the aiming block and intervertebral cage.



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When the collar on the screwdriver tip is about 1mm from the edge of the aiming block, the screw has been screwed in completely and the locking ring has been positioned as intended in the recess in the intervertebral cage.



Not locked screw



Locked screw



For the intervertebral cage to be properly locked, repeat the procedure for the other hole.





After locking the cage, remove the applicator **[40.8784.000]** by rotating the knob counter-clockwise.



To make sure that the screws have been properly locked, ensure, after removing the applicator, that the rings on the screws are hidden in the cage.

V. SURGICAL TECHNIQUE (WITH USE OF CASPAR CERVICAL DISTRACTOR)

V.1. PATIENT POSITIONING AND SURGICAL APPROACH

The patient shall be in supine position with his head in a neutral position or rotated about 30° from the neutral position to the left or right, opposite to the surgical approach.

V.2. INSTALLATION OF CASPAR CERVICAL DISTRACTOR



Caspar cervical distractor [40.6075.000], Caspar pins [40.6076.0xx], and screwdriver for Caspar pins [40.6086.000] are not included in the standard set.

In order to include them to the ordered instrument set for cervical locking cages, please contact your local representative or ChM Sales Department.

The Caspar cervical distractor is used to prevent the closure of the intervertebral space during discectomy and further surgical procedure.





Choose intraoperatively, on the basis of X-Ray image, the length of the Caspar pin [40.6076.0xx] (14mm or 16mm).

Insert the selected pins using screwdriver [40.6086.000] in a vertebra located above and below the operated intervertebral disc. The inserted pins should be parallel to each other and perpendicular to the front surface of the vertebral bodies, as presented below.





Perform gentle distraction by rotating the knob clockwise.



Pins are secured in the distractor from unintentional disconnection. To remove the distractor, press and hold simultaneously both buttons located at the upper part of the sleeves, then remove the distractor.





V.3. DISCECTOMY

Remove the intervertebral disc using standard procedure and instruments to perform such an operation.

The instruments used in the discectomy are not included in the instrument set for Cervical Intervertebral Cage.



V.4. IMPLANT SELECTION



Implant size is selected on the basis of trials [40.6082.0xx], [40.6083.0xx], [40.6092.0xx], [40.6093.0xx] whose shapes and dimensions correspond to the available implants.



Choose intraoperatively, on the basis of X-Ray image, one of the trials [40.6082.0xx], [40.6083.0xx], [40.6092.0xx], [40.6093.0xx], whose shape and height corresponds best to the intervertebral space.

Mount the selected trial to the persuader [40.6080.000] - insert the trial on the persuader tip and by rotating the persuader knob clockwise, tighten the locking pin in the socket of the trial.



Insert the selected trial into the intervertebral space so that the top surface of the trial is located approximately 2mm below the top surface of the vertebral body.

Release the distraction by pushing the locking lever of the Caspar cervical distractor.





Verify the position of the trial using X-Ray imaging.



In the anterior projection, the lateral edges of the trial should be symmetrical to the vertical axis of the vertebrae.



Distract the vertebrae again and remove the trial.

Should the trial be incorrectly positioned, repeat the procedure using a trial better fitting the intervertebral space.

Based on the selected trial, choose an implant of the same size and shape. The implant will be used later in the procedure.

V.5. IMPLANT PREPARATION



Before implantation, the space in the PEEK intervertebral cervical cage should be filled with autologous bone graft (bone chips) which allows for spinal fusion.





Then connect the intervertebral cage with the applicator and the aiming block installed therein (*the height H of the implant must be the same as the size of the aiming block installed*). Lock the implant on the aiming block by rotating the knob of the applicator clockwise until resistance is felt.



Place the implant in an appropriate socket of the working stand **[40.8786.100]** and fill with bone chips. Compress them with compactor **[40.6077.000]**.





Bone graft should only be used with PEEK Optima cervical locking cages equipped with a titanium insert. 3D-Ti printed implants are not designed to be used with grafts.

V.6. IMPLANT INSERTION

Insert implant, filled with bone graft, into the intervertebral space. Continue inserting until the aiming block leans against the vertebral surface.

Release the distraction by pushing the locking lever of the Caspar cervical distractor.







Convex cervical intervertebral cages [8.6973.xxx], [8.6972.xxx], should be inserted with the convex surface facing the head (cranial direction).



Having inserted the cage into the intervertebral space, remove the Caspar distractor and pins and leave the applicator in place.



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The embedded tantalum marker is used to navigate the position of the posterior wall of the intervertebral cage (*the marker is located 1mm from the edge of the cage*). The marker is also used to determine whether the endplates of the vertebral bodies adhere properly to the cage.





PEEK-Ti implant in X-Ray imaging



V.7. HOLES DRILLING AND SCREWS INSERTION

Connect the trocar (*straight*) [40.8780.100] or (*angled*) [40.8781.100] to the handle ratchet device [40.6654.001].



V.8. SCREWS INSERTION

Connect the handle ratchet device **[40.6654.001]** with screwdriver tip T10 with joint **[40.8782.100]** or screwdriver tip T10 **[40.8783.100]**.



Install the determined screw.

3.5mm diameter screws should be used first.

4.0mm screws should only be used in emergency situations when the use of 3.5mm screw does not ensure secure anchoring of the intervertebral cage.



CAUTION:

For optimal stabilization, it is recommended to use the longest screws.

When selecting the screws, consider the information on the protrusion of screws outside the intervertebral cage of the table (Tab. 1).



Cage 15x12				
Screw length	L	н		
10	Does not protrude	3.6		
12	Does not protrude	4.8		
14	0.7	6		
16	2.2	7.3		
	Cage 17x13			
Screw length	L	н		
10	Does not protrude	3.7		
12	Does not protrude	4.9		
14	Does not protrude	6.1		
16	1.2	7.3		

19

Tab.1. Selection of screws

Carefully insert the attached screw, through the aiming block, into the prepared hole using clockwise rotation.



CAUTION!

When intervertebral cages with a height of H-5 or H-6 are used, make sure locking screws are inserted coaxially to the aiming block, otherwise screw can get stuck between the aiming block and intervertebral cage.



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When the collar on the screwdriver tip is about 1mm from the edge of the aiming block, the screw has been screwed in completely and the locking ring has been positioned as intended in the recess in the intervertebral cage.







For the intervertebral cage to be properly locked, repeat the procedure for the other hole.





After locking the cage, remove the applicator **[40.8784.000]** by rotating the knob counter-clockwise.



To make sure that the screws have been properly locked, ensure, after removing the applicator, that the rings on the screws are hidden in the cage.

VI. IMPLANT REMOVAL

VI.1. LOCKING SCREWS REMOVAL



CAUTION!

Make sure the extractor sleeve is in the upper position before use. If not, rotate the sleeve counterclockwise to set the sleeve as intended.





Insert the extractor tip in the socket of the locking screw.

Rotate the knob of the pin clockwise to install the extractor in the locking screw.

knob clockwise.



While holding the extractor sleeve (against its rotation), continue rotating the silicone handle counterclockwise (about 1 full rotation) until strong resistance on the sleeve is felt (the screw is unlocked).



Release the sleeve and continue rotating the silicone handle until the screw is completely removed.



When removed, unlock the screw from the extractor by counter-clockwise rotation.



CAUTION: Once the screw has been removed from the intervertebral cage, it cannot be used again.



VI.2. INTERVERTEBRAL CAGE REMOVAL

When the screws are removed, connect the intervertebral cage with the applicator and the aiming block installed therein and gently pull out the implant.

If necessary, Caspar distractor should be used to distract the vertebral bodies.



For further information on:

adverse effects,

• warnings,

sterilization,
pre- and post-operative recommendations, please, refer to the Instructions for Use for the product.

ChM sp. z o.o.

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