

CALIX[™]
CERVICAL INTERBODY SPACER

CALIX•A[™]
PEEK LUMBAR SYSTEM

CALIX•T[™]
PEEK LUMBAR SYSTEM

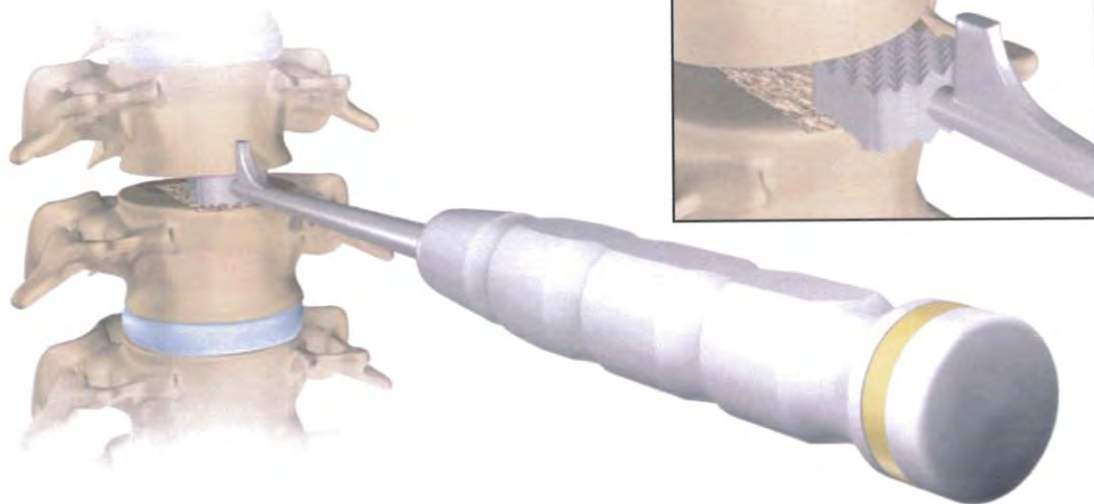
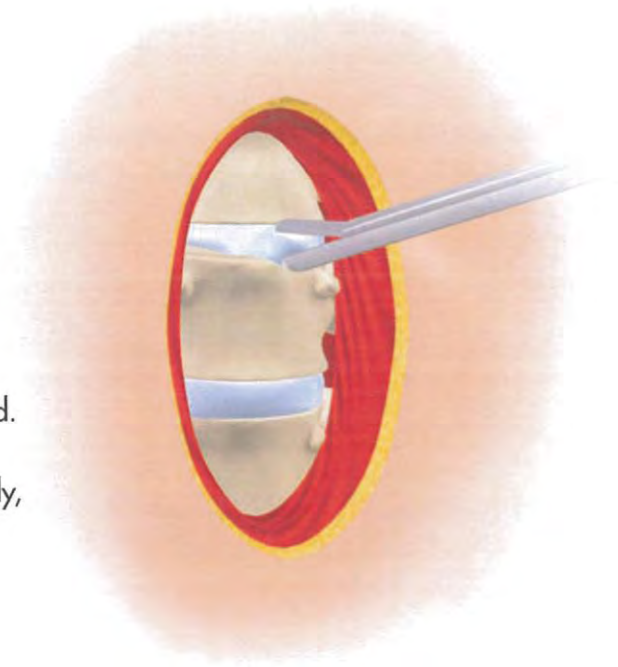
CALIX•P[™]
PEEK LUMBAR SYSTEM



CALIX[™]

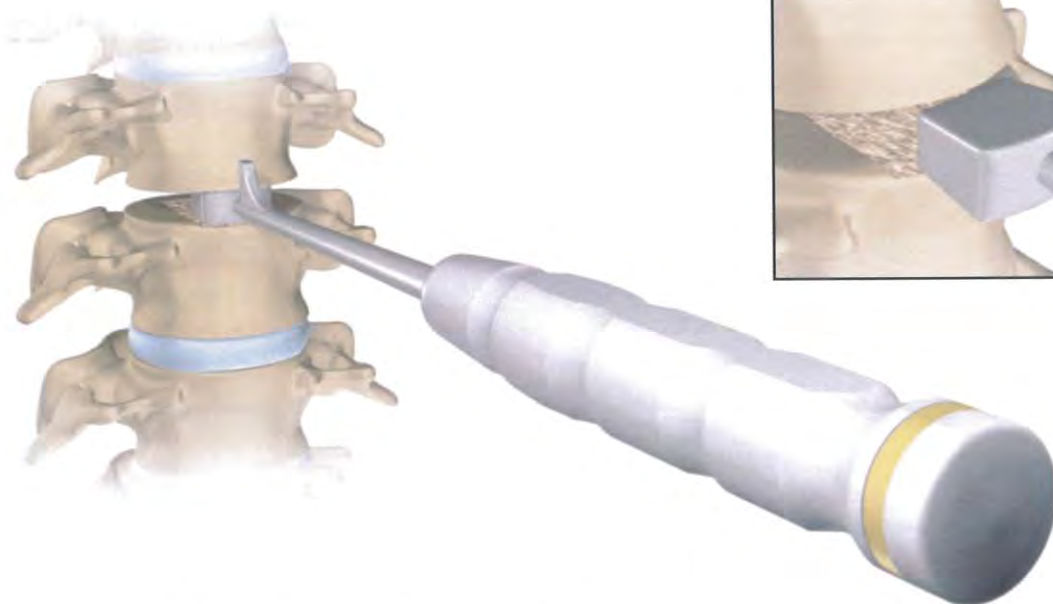
CERVICAL INTERBODY SPACER

- ❑ 1. The vertebra to be fused should be approached using a standard anterior exposure. Care should be taken to avoid vascular or gastroenteric structures. Such structures need to be identified and adequately retracted for the procedure.
- ❑ 2. Intraoperative radiography must be used to localize the appropriate level to be treated.
- ❑ 3. The intervertebral disk and/or vertebral body, per indicated use, should be excised using standard technique.
- ❑ 4. The rasp instruments should be used to carefully decorticate the vertebral and/or endplate surfaces. Great care should be taken to avoid plunging the rasp instrument into any neurological structure.



5. The trial instruments (sizers) are then used to determine the size of implant to be selected. 5mm – 12mm sagittal heights are provided. Additionally, lordotic and non-lordotic trials are available to match appropriate anatomy. Great care should be taken to avoid plunging the trial instrument into any neurological structure.

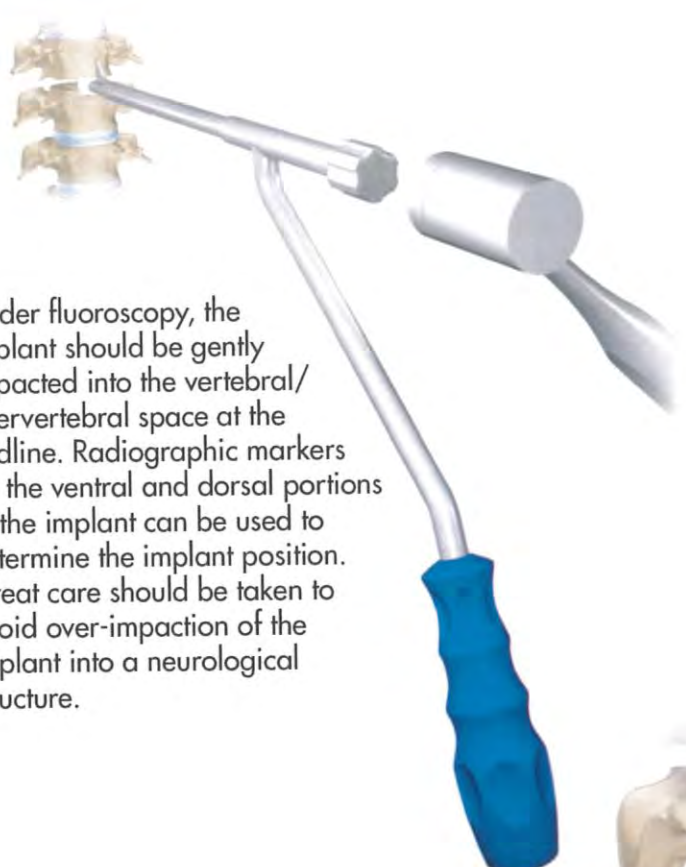
6. It is recommended that intervertebral retraction be used prior to implant placement to ensure secure implantation. Implants which are undersized carry an increased risk of pseudarthrosis and implant expulsion.




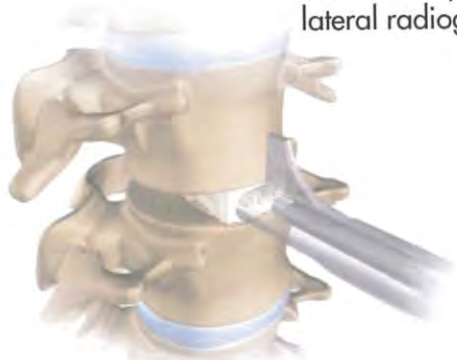
7. The appropriate size implant should be selected and packed with bone graft. Autograft bone has been shown to provide superior fusion characteristics as compared to allograft bone.



8. The implant inserter engages the implant using a threaded insert. Care should be taken to avoid over-tightening the insert, which could result in stripping of the implant threads.

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9. Under fluoroscopy, the implant should be gently impacted into the vertebral/intervertebral space at the midline. Radiographic markers on the ventral and dorsal portions of the implant can be used to determine the implant position. Great care should be taken to avoid over-impaction of the implant into a neurological structure.

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10. The inserter is removed by un-threading the insert. Implant position should be confirmed by AP and lateral radiography.

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11. Supplemental fixation, such as a ventral plate or posterior screw system, must be used in addition to the Calix implant. Failure to provide supplemental fixation may result in loosening, displacement, or expulsion of the implant.
12. Removal of the implant, if needed, is performed by re-engaging the threaded inserter instrument and carefully withdrawing the implant. Care should be taken to avoid inadvertently displacing the implant posteriorly during re-engagement.



