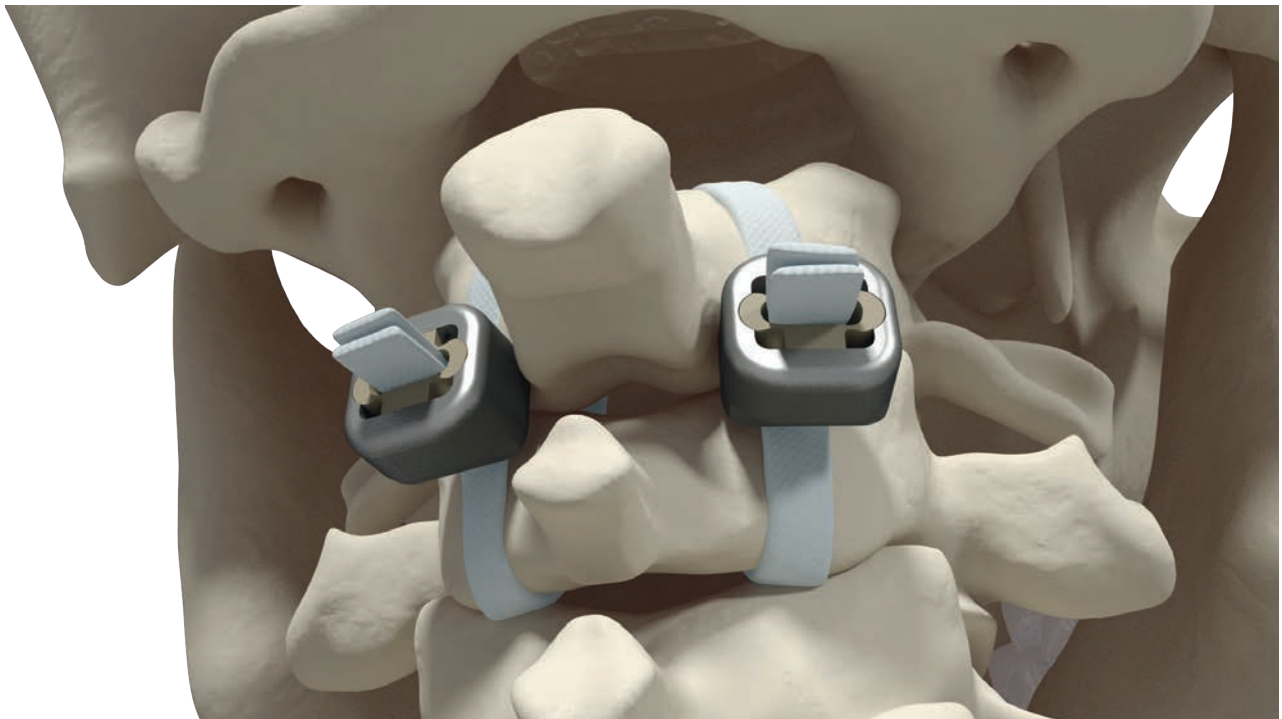




# Jazz<sup>TM</sup> Lock

Posterior fixation system  
of the Spine





Jazz™  
Lock

# INDICATIONS

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Jazz Lock is a temporary implant to be used in orthopedic surgery. Jazz Lock is a bony anchor designed to provide temporary stabilization of the spine for bony fusion or consolidation of a fracture.

Jazz Lock is designed for a posterior approach. The indications for use include the following applications:

- Spinal trauma surgery, used in sublaminar, interspinous or facet wiring techniques;
- Spinal reconstructive surgery, incorporated into constructs for the purpose of correction of spinal deformities such as scoliosis, kyphosis and spondylolisthesis;
- Spinal degenerative surgery, used as an adjunct to spinal fusions.

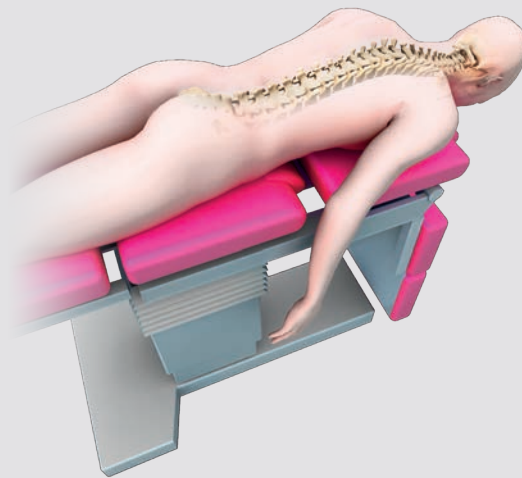
# OPERATIVE TECHNIQUE

## IMPLANT PACKAGING

Jazz™ Lock is delivered in sterile packaging. The two locking parts, referred to as Connector hereinafter, are packed in a single box, the Braid is provided in separate sterile packaging.

## SURGICAL APPROACH

Patient is positioned and the site prepared for a posterior approach.



## CONNECTOR AND BRAID PREPARATION

First, pass the distal end of the Braid (metallic strip side) through the Connector from top to bottom, the Peek insert being the top part.

At this stage, it is recommended that the surgeon reviews the position of the metal buckle to facilitate ease of tensioning –see page 8 'Tensioner Assembly and Positioning' step.

Whether he or she decides to use the Tensioner directed cranial or caudal.



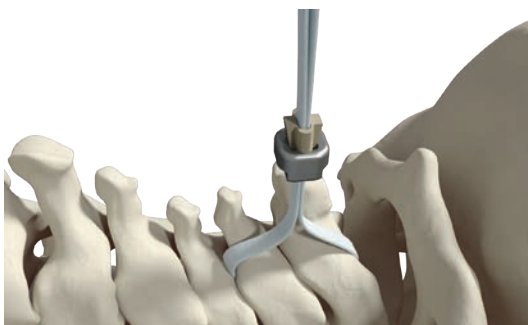
# OPERATIVE TECHNIQUE

## BRAID PASSAGE AROUND THE ANATOMICAL STRUCTURES

The distal end of the Braid must be manually pre-formed to facilitate insertion and passage beneath the laminae.

Depending on the operated level and the surgery parameters, the surgeon may choose to pass under both laminae at once, or take the intermediate step of passing under the first lamina, then the 2<sup>nd</sup>.

Whatever the case, after passage the distal end of the Braid is grasped and pulled using the Braid Puller Forceps.



## SECOND PASSAGE OF THE BRAID THROUGH THE CONNECTOR

The distal end of the Braid must then be flattened to facilitate the second passage back through the Connector.

Flattening is an important step that will ease passage back through the Connector.

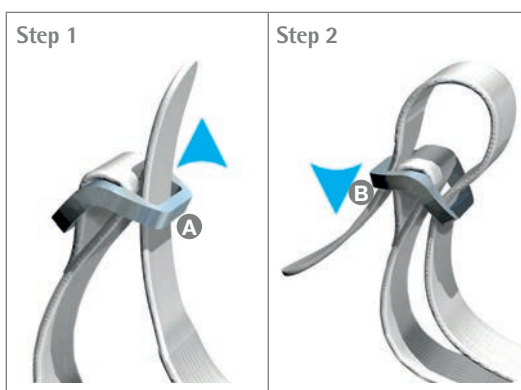
This passage is from bottom to top, ie through the titanium base first.

## CLOSING OF THE BRAID

The Braid is closed in two steps, using the pre-mounted metallic buckle:

1. Pass first through the buckle from bottom to top (A),
2. Pass through the opposite side of the buckle from top to bottom (B),

Once the Braid closed, the length of the loop can be adjusted based on the desired path to the Braid Tensioner.



# OPERATIVE TECHNIQUE

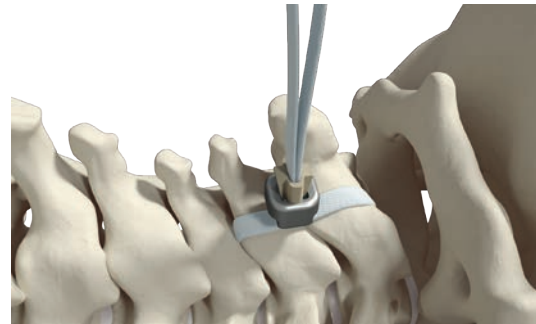
## CONNECTOR POSITIONING AND LOCKING

Using the Crimper provided in the ancillary tray, position the distal end of the instrument as a cradle under the titanium base of the Connector. Ensure that the portion of the Braid emerging from the Connector is positioned in the Crimper Guide of the instrument. Make sure the Connector is fully seated in the distal end of the instrument.

Push the Connector down along the Braid, as close as possible to its final position, ideally in contact with the vertebrae.

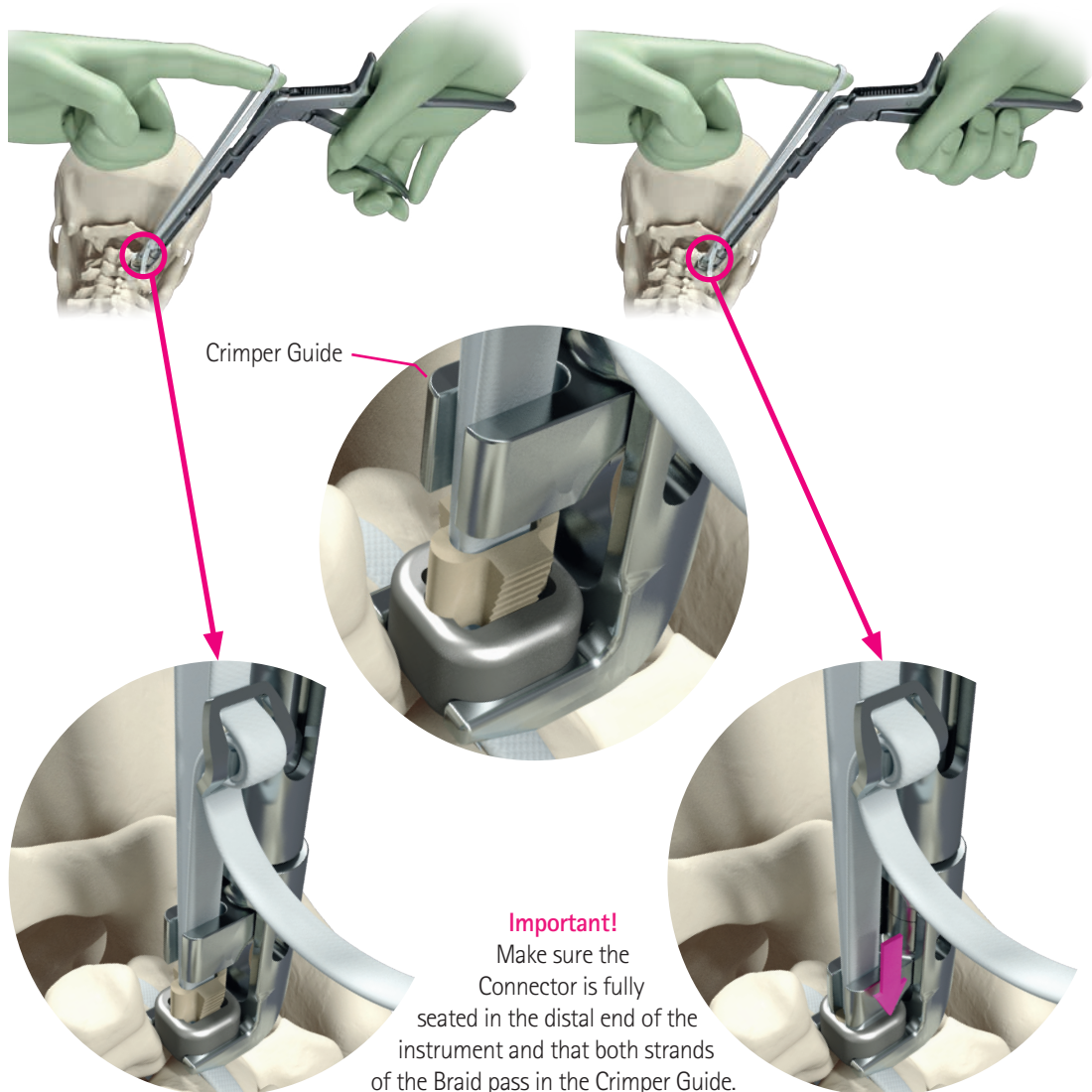
### Important!

Slide the buckle of the Braid down to about 3 cm from the implant.



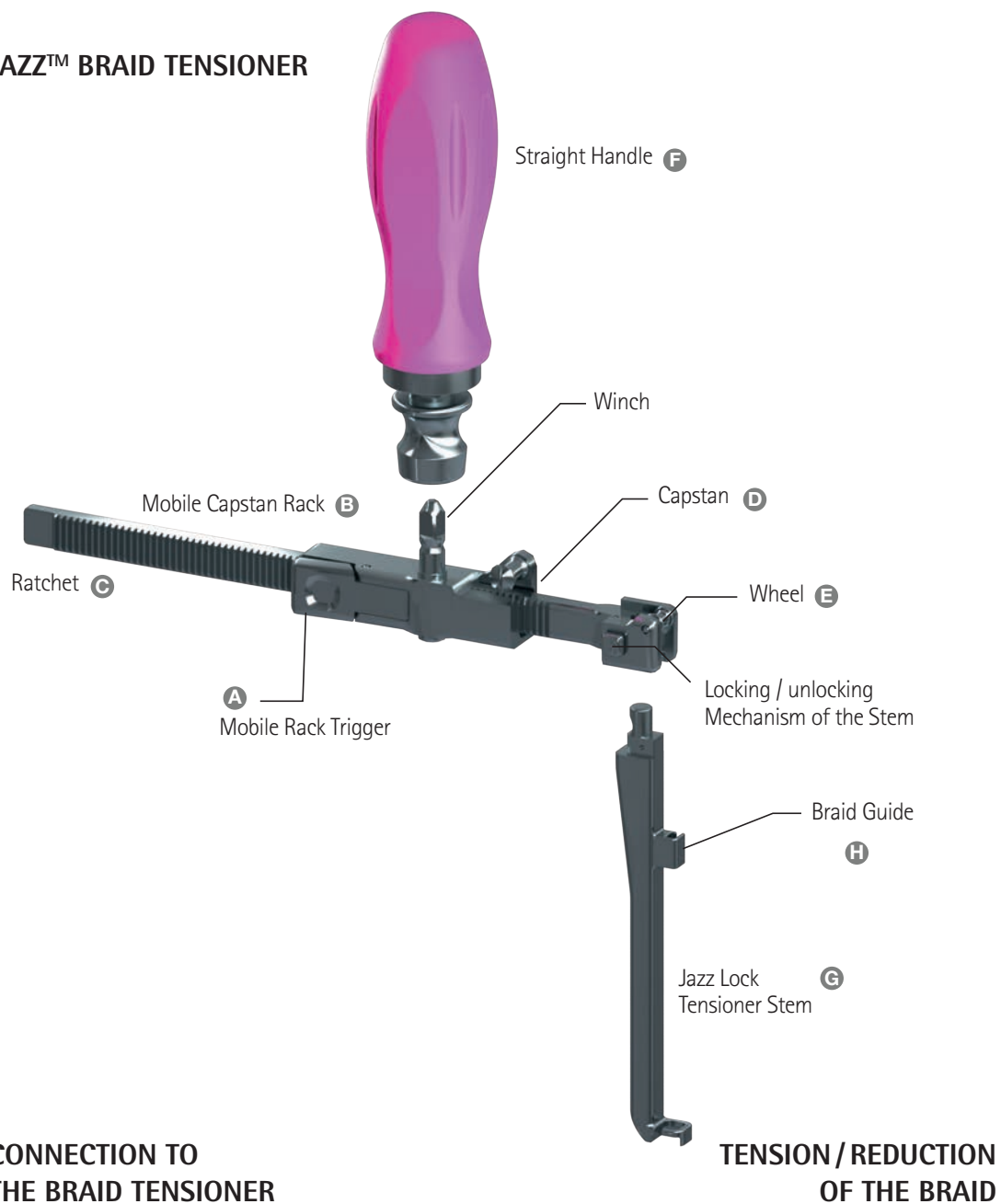
Closure of the Connector can be achieved with the Crimper.

Lock the Connector by firmly but progressively squeezing the Crimper handle, fully inserting the Peek portion into the titanium base.



# OPERATIVE TECHNIQUE

## JAZZ™ BRAID TENSIONER



The Stem (G) and the Straight Handle (F) can be then connected to the Tensioner.

Tension and the reduction maneuvers are performed by turning the Straight Handle (F) clockwise.

The anti-backout mechanism of the Mobile Capstan Rack (B) prevents the loss of any tension/reduction.

It can be released by using the Mobile Rack Trigger (A).



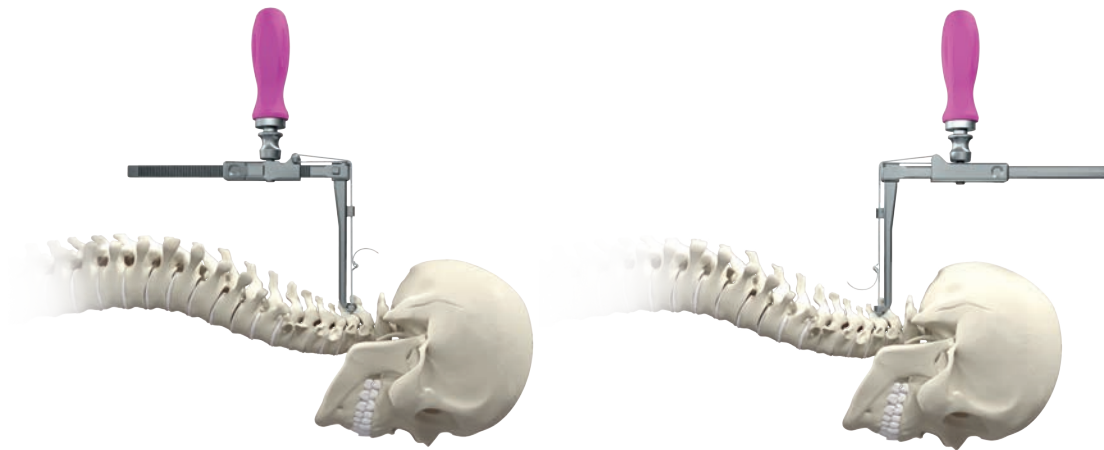
# OPERATIVE TECHNIQUE

## TENSIONER AND BRAID ASSEMBLY AND POSITIONING

The three Tensioner components, Jazz Lock tensioner Stem (G), Ratchet (C) and Straight Handle (F) can be assembled.

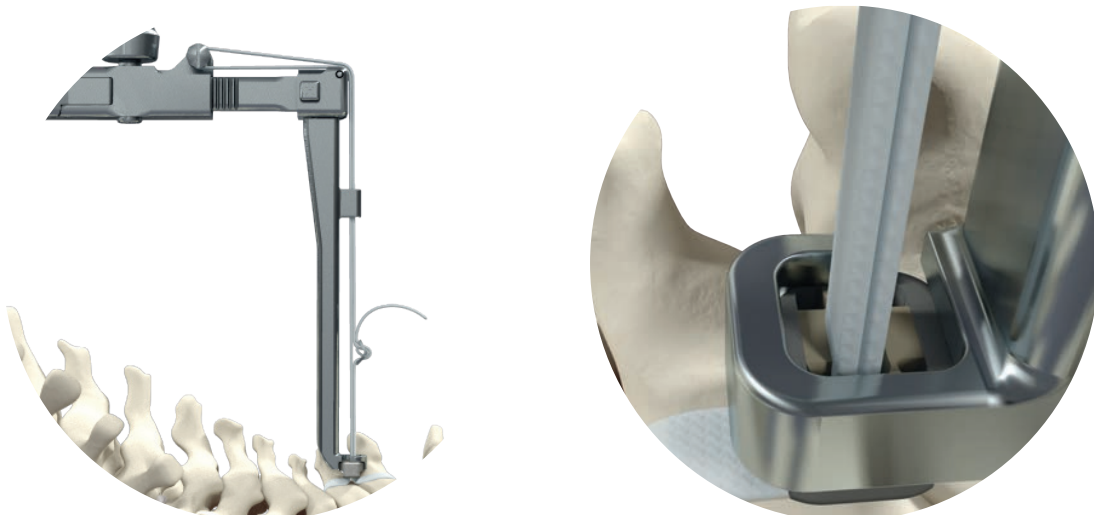
Position the distal end of the Stem (G) on the Connector titanium base. Position both Braid strands in the Braid Guide (H) on the Stem (G). The Braid loop is connected around the Capstan (D) and engaged onto the Wheel (E) at the extremity of the Ratchet (C). The Braid buckle should be positioned approximately 3 cm from the Connector, in order to avoid contact with the Tensioner.

The Tensioner can be positioned with the Capstan (D) directed either cranial or caudal.



### Important!

Make sure the Stem (G) fits perfectly onto the Connector.





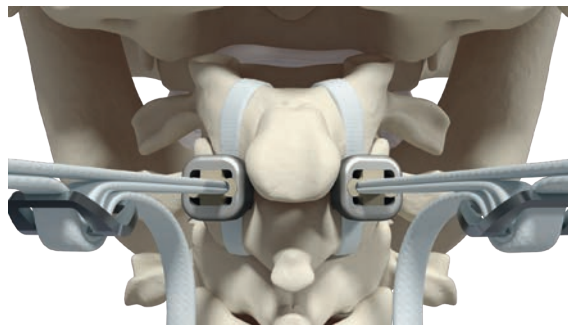
# OPERATIVE TECHNIQUE

## TENSIONING

Tensioning is performed by turning the Straight Handle (F) clockwise.

To assemble the second Connector on the contralateral side, repeat the entire procedure.

Tensioning of the 2<sup>nd</sup> implant can be performed alternately with the first.



## BRAID CUTTING

Once the desired tension of both Connectors is achieved, cut the superior part of the Braid, 5 to 10 mm above the Connectors.

# REFERENCES *IMPLANTS*

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REFERENCE    DESIGNATION



**Jazz™ Lock**

150700

*Jazz Lock*

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**Jazz™ - Open Braid**

150158

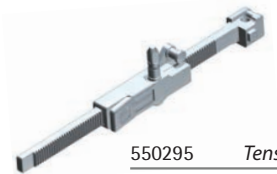
*Open Braid V2*

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# REFERENCES *INSTRUMENTS*

## Tendeur Génération 2 (Assembly)

REFERENCE    DESIGNATION



550295    *Tensioner Gen. II*

REFERENCE    DESIGNATION



**Braid Forceps**

550057    *Braid Forceps*

## Components



551295    *Tensioner Gen. II - Ratchet*



551296    *Tensioner Gen. II - Mobile Capstan Rack*



551297    *Tensioner Gen. II - Winch*



**Braid Puller Forceps**

550058    *Braid Puller Forceps*

## Straight Handle



550026    *Straight Handle*



**Crimper**

550326    *Crimper*

## Stem



550327    *Jazz Lock Tensioner Stem*



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## WARNINGS AND PRECAUTIONS

- Refer to the instruction leaflet about indications and contra-indications and technical specifications of the product.
- Refer to "Patient Booklet" for the patient recommendations.
- A patient card for holders of spine implants is contained in the Patient Booklet. It is important to complete the last page of the booklet before inserting the card in its appropriate slot.