MySpine® CERVICAL

PATIENT MATCHED TECHNOLOGY
IN SPINE SURGERY

UNIQUE ANATOMIES, PATIENT-MATCHED SOLUTIONS

Surgical Technique

Joint | **Spine** | Sports Med

UNILATERAL & LATERAL MASS GUIDES

Medacta International

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1. INTRODUCTION

MySpine Cervical is a patient matched technology involving the production of patient specific, individual guides for placement of the M.U.S.T. MINI posterior cervical screw.

The MySpine platform allows the surgeon to complete pre-operative planning in 3D based on the patient's spinal CT scans.

1.1 INDICATIONS

MySpine Cervical is intended to be used with any 510(k) cleared, legally marketed, posterior cervical screw system (for its cleared indications for use) and its respective compatible components for cervical posterior spinal fixation procedures intended for fusion. MySpine Cervical guides are patient specific devices intended to be used as anatomical perforating guides, specific to a single patient's anatomy, to assist intra-operatively in the positioning of screws during posterior cervical fixation surgery between the levels of C2 to C7.

For pedicle diameters equal or less than ø4mm, Medacta provides the guides for the pilot hole preparation into the lateral mass without penetrating the pedicle.

The use of the guides involves a surgical planning software, with which the surgeon preoperatively plans the surgical placement of the implants based upon the radiological images of the patients' anatomical landmarks and the selected surgical equipment. These components include patient-specific guides fabricated based on the surgical plan to precisely reference the placement of the implant components intra-operatively per the surgical plan. MySpine Cervical guides are intended for single use only.

1.2 COMPATIBILITY REQUIREMENTS/ INFORMATION

Please see the following compatibility requirements between the MySpine Cervical guides and the 510(k) cleared posterior cervical screw system intended to be used:

- Refer to the used posterior cervical screw system labelling for information such as contraindications, warnings, precautions, and instructions for use.
- The surgical planning software provides indications about the M.U.S.T. Mini Posterior Cervical Screw System placement. If a different posterior cervical screw system is used, it is the surgeon's responsibility to verify the corresponding implant size (diameter and length) and its compatibility.
- The selected MySpine Cervical guides are designed for the M.U.S.T. Mini Posterior Cervical Screw System instrumentation. The guide diameter represents the nominal value of the corresponding instrument diameter to be used during the surgery. It is the surgeon's responsibility to verify the corresponding instrument diameter and its compatibility, also when a different pedicle screw spinal system is used.

1.3 CONTRAINDICATIONS

Contraindications in using MySpine instrumentation are the same as in situations when a spinal fusion with posterior cervical screws are contraindicated.

The MySpine Cervical guides are made of Polyamide-PA 12; it is strictly the surgeon's responsibility to verify that the patient is not allergic to this material.

1.4 PREOPERATIVE PLANNING

The pre-operative planning, namely MySpine Surgical Planning Report (see page 6 and 7), is meant to assess the main surgical parameters regarding the screw implantation, in order to manufacture dedicated single patient matched MySpine guide.

The pre-operative planning is managed exclusively between the surgeon and Medacta International.

The surgeon chooses the guide configuration and modifies the surgical parameters as follows:

1. Screw size:
   - Diameter
   - Length
2. Actual evaluation of screw tip distance from the anterior cortex
3. Angulation of the screws in relation to the:
   - Sagittal Plane
   - Transverse Plane
4. Horizontal and Vertical shift of the screw on the coronal plane

Specific protocol (99.MYS.1P_CT) regarding CT imaging is used to create a 3D model of the vertebrae according to the patient's anatomy.

The subsequent vertebral model represents the template used to generate the corresponding MySpine guides to precisely fit the patient's vertebral anatomy.

NOTE: Scans taken using different protocols may lead to incorrect imaging and may compromise the 3D modelling.

NOTE: Before using MySpine procedures, every Surgeon / Radiological Centre must contact Medacta International.

CAUTION

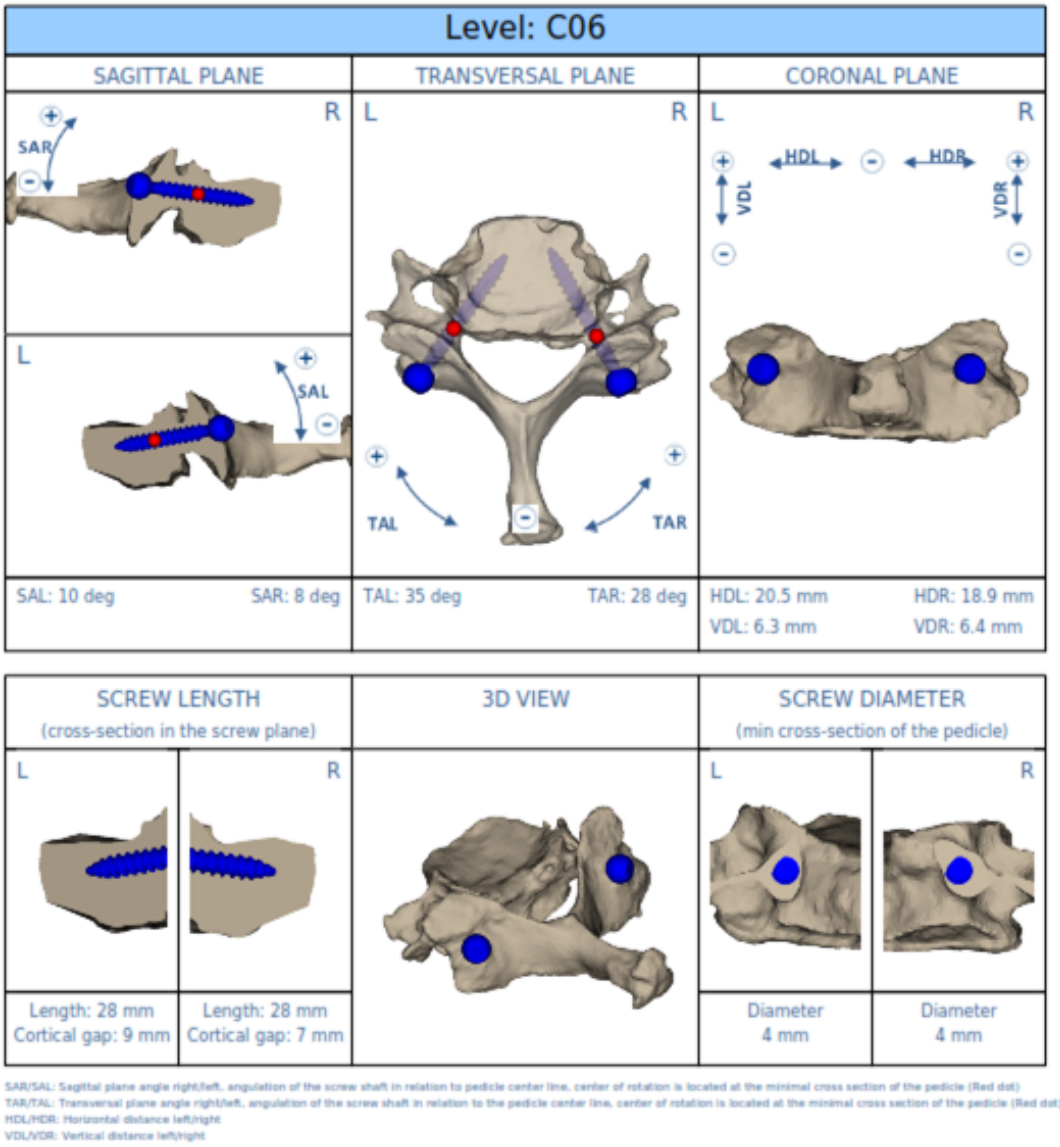
As previously mentioned, the surgeon will receive a MySpine Surgical Planning Report (ref. M 08.78) showing the surgical parameters. It is the surgeon's responsibility to validate the preliminary planning or set different parameters according to their own assessment. Both validation of and changes to the planning must be communicated to Medacta International. When the planning has been confirmed by the surgeon, the MySpine guides will be manufactured and delivered.

CAUTION

MySpine device can be supplied sterile or non-sterile (see pictures below). In case of non-sterile supply, it is the health care institution's responsibility to clean and sterilise them before use, following the instructions.

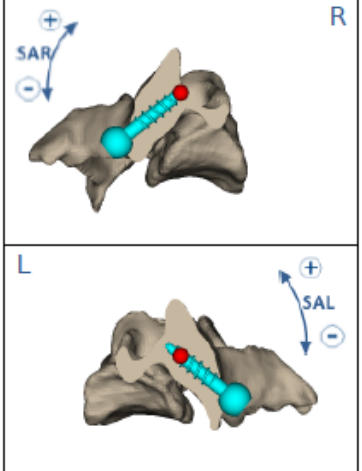
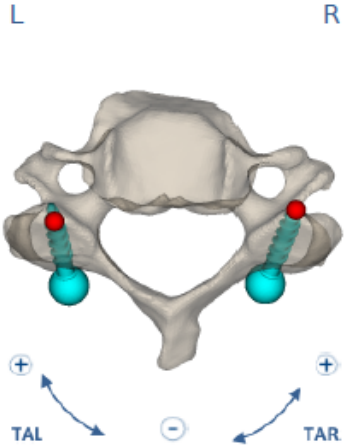
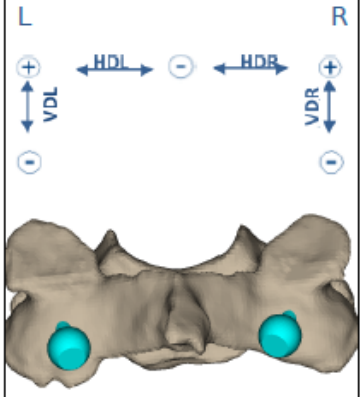
1.

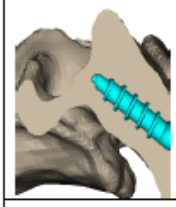
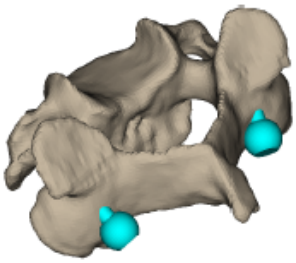
UNILATERAL GUIDES



NOTE: For pedicle diameters equal or less than ø4mm, Medacta provides the guides for the pilot hole preparation into the lateral mass without penetrating the pedicle.

LATERAL MASS GUIDES

Level: C04		
SAGITTAL PLANE	TRANSVERSAL PLANE	CORONAL PLANE
		
SAL: -39 deg SAR: -39 deg	TAL: -10 deg TAR: -18 deg	HDL: 17.3 mm HDR: 15.3 mm VDL: -3.7 mm VDR: -1.9 mm

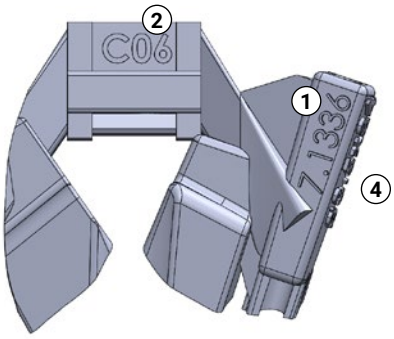
SCREW LENGTH (cross-section in the screw plane)		3D VIEW	SCREW DIAMETER (min cross-section of the pedicle)	
L	R		L	R
				
Length: 14 mm Cortical gap: 1 mm	Length: 14 mm Cortical gap: 0 mm		Diameter 3.5 mm	Diameter 3.5 mm

1.5 MYSPINE CERVICAL DEVICE PRODUCT SPECIFICATION

1.5.1 Unilateral guides

The MySpine guides display the following information:

1. Reference number
2. Vertebral level
3. Lot number
4. Implants size
5. Cranial/Caudal side
6. Left or Right side indication
7. Black or Gold



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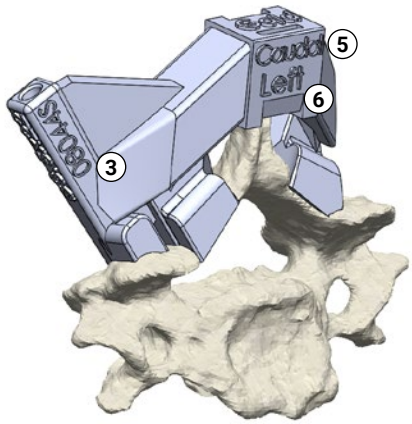

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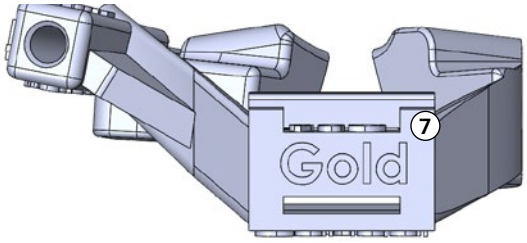


4.

CAUTION

Before starting the surgery, please check the matching of the lot number on the planning report, specific to the patient, and the lot number marked on each guide.

CAUTION

If the MySpine guides do not clearly indicate the lot number, they MUST NOT be used for the surgery. In this situation please contact Medacta staff immediately.

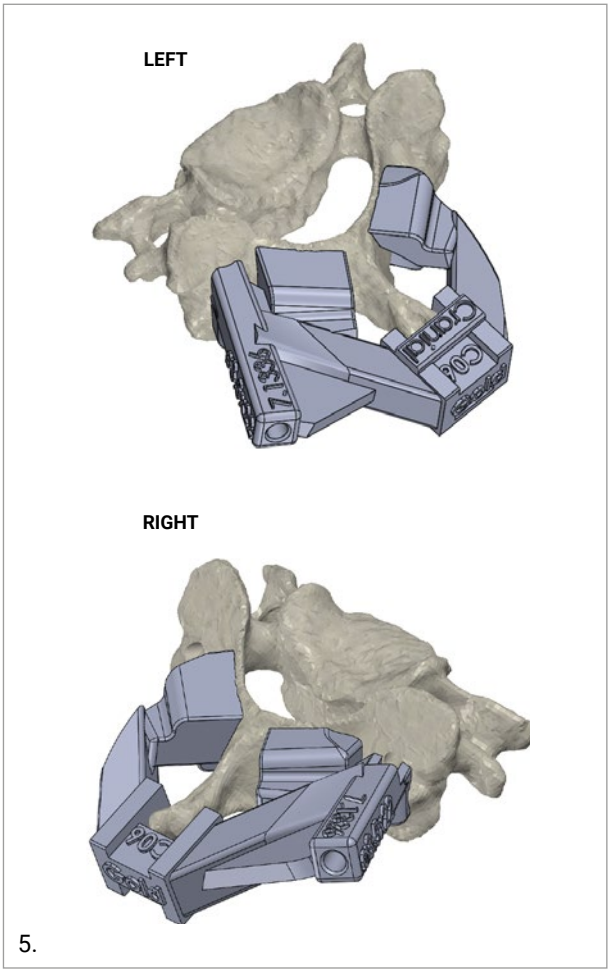
CAUTION

Do not use MySpine guides on a patient for whom the pre-operative planning has not been carried out. MySpine device used on a different patient will lead to unpredictable outcomes.

The MySpine guides include the following:

A) One central spinous contact, aimed to couple the guide with the vertebral spinous process

B) One unilateral rectangular tube (left or right), designed to match the vertebral anatomical site.

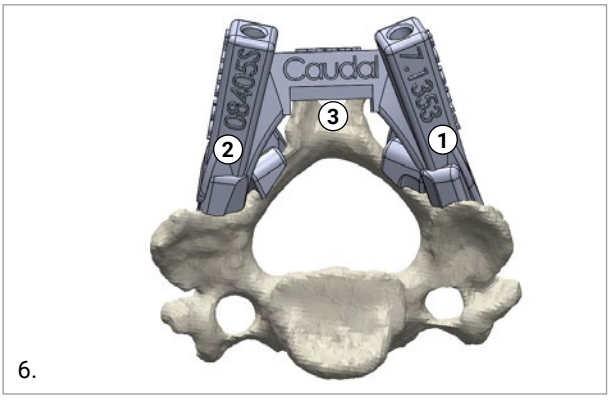


5.

1.5.2 Lateral Mass guides

The MySpine guides display the following information:

1. Reference Number
2. Lot Number
3. Cranial/Caudal Side
4. Vertebral level
5. Implant size
6. Black or Gold



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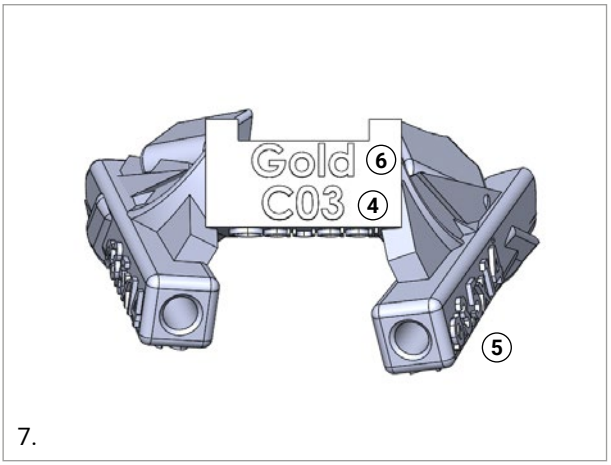


7.

CAUTION

Before starting the surgery, please check the matching of the lot number on the planning report, specific to the patient, and the lot number marked on each guide.

CAUTION

If the MySpine guides do not clearly indicate the lot number, they MUST NOT be used for the surgery. In this situation please contact Medacta staff immediately.

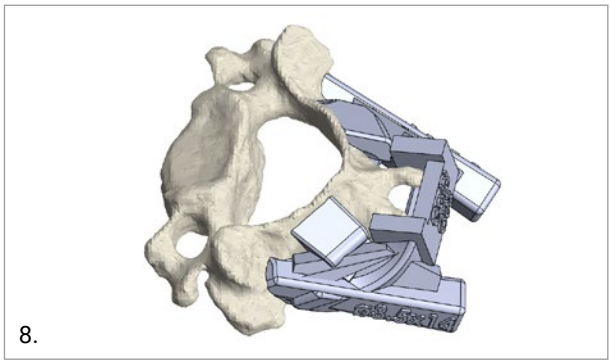
CAUTION

Do not use MySpine guides on a patient for whom the pre-operative planning has not been carried out. MySpine device used on a different patient will lead to unpredictable outcomes.

The MySpine guides include the following:

A) One central spinous contact, aimed to couple the guide with the vertebral spinous process

B) Two lateral rectangular tubes (left and right) with distal pins, designed to match the vertebral anatomical sites.



8.

1.6 THE MYSPINE DEVICE PROFILE

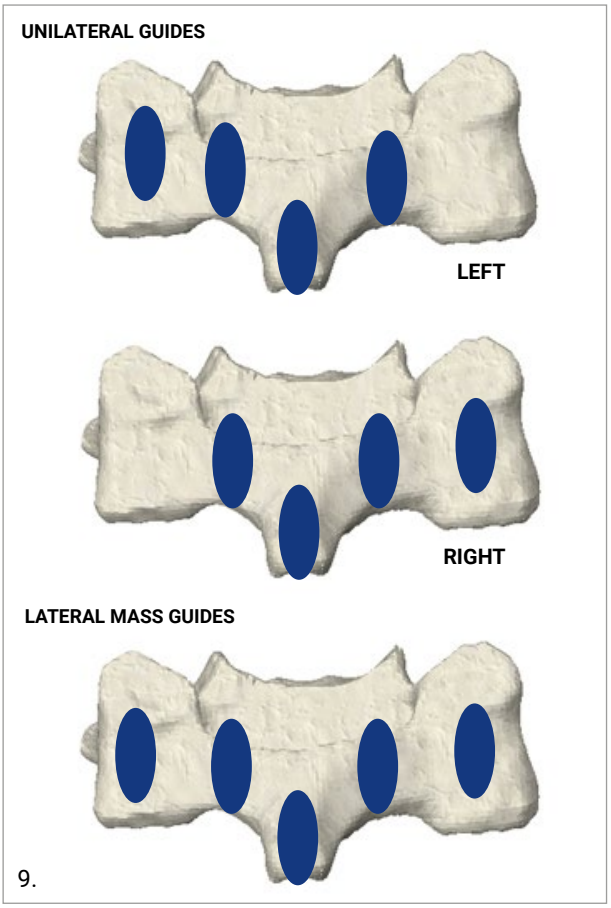
The MySpine guide profile delivers maximum stability and optimal screws entry point in the treatment of the cervical spinal segment.

In the treatment of the cervical spine, MySpine guides optimize the contact to the vertebrae at the spinous process and both lamina and lateral masses (fig. 9 and 10).

However, depending on the patient's matched anatomic model, the guide can also be customized to maximize the contact to one of the following areas:

- Spinous process and lamina
- Spinous process and lateral masses
- Lamina and lateral masses

NOTE: The MySpine guides profile is patient-specific and specifically designed by Medacta International on the submission of a specific geometry confirmed by the surgeon with the MySpine Surgical Planning.



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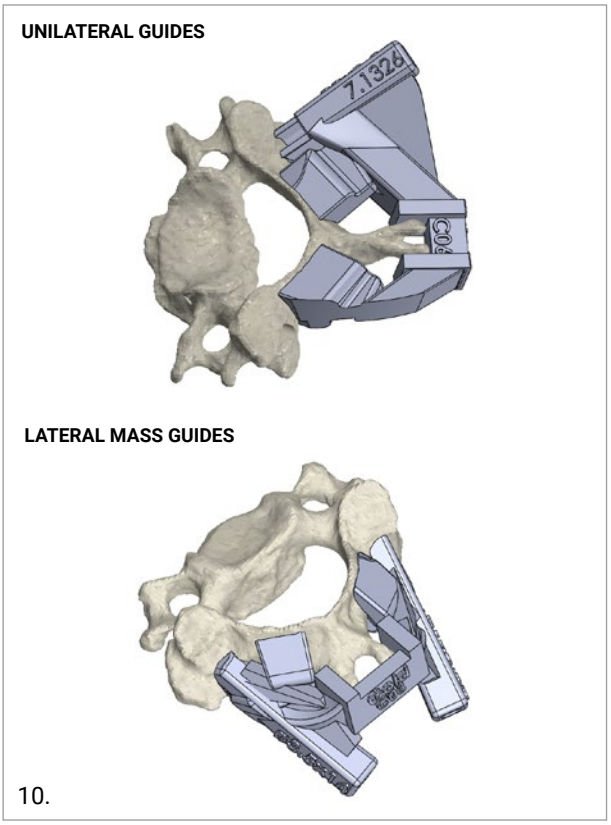


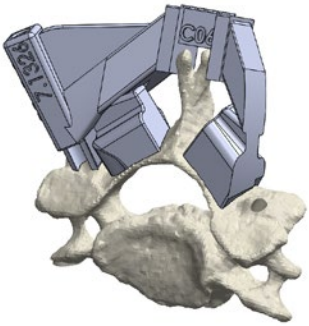
10.

1.7 THE MYSPINE DEVICE CONFIGURATION

1.7.1 Unilateral guides

The MySpine guides can be designed in three different configurations to provide optimal flexibility depending on the surgical approach used by the surgeon. These configurations equate to different levels of invasiveness, depending on the ligament manipulation and can be ranked as follows:

1) **Open**. The guide presents a fully open profile at the spinous process, thus allowing the surgeon to preserve both the cranial and caudal supraspinous ligament (fig. 11 and 12).



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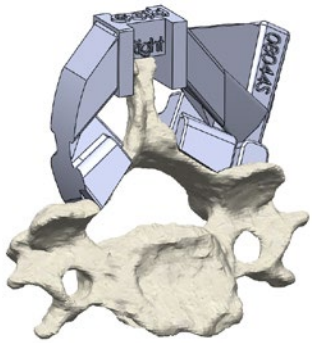
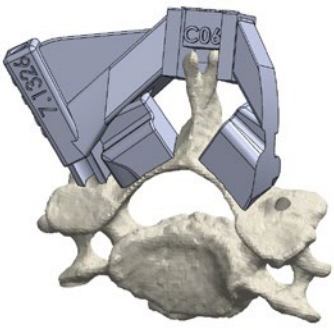


12.

2) **Semi-Open**. With a partially opened profile, the surgeon can decide to cut the supraspinous either at the cranial or caudal level preserving the complementary portion (Fig. 13 and 14).



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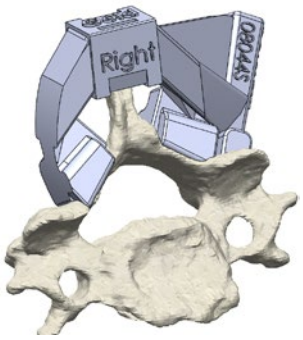
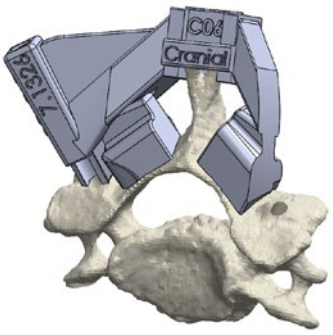


14.

3) **Closed**. The guide has a fully closed profile to be used when the supraspinous ligament can be cut on both cranial and caudal levels (Fig. 15 and 16).



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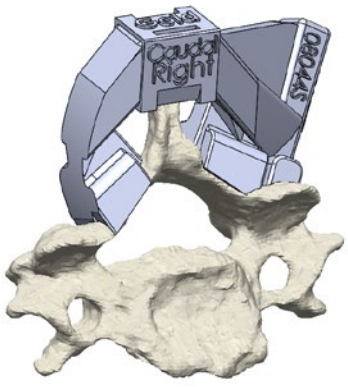
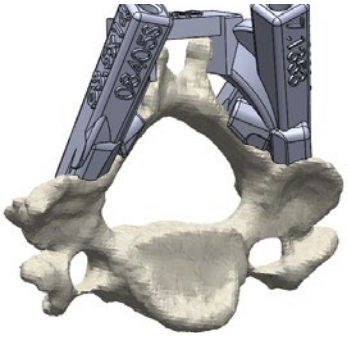


16.

1.7.2 Lateral Mass guides

The MySpine guides can be designed in three different configurations to provide optimal flexibility depending on the surgical approach used by the surgeon. These configurations equate to different levels of invasiveness, depending on the ligament manipulation and can be ranked as follows:

1) **Open**. The guide presents a fully open profile at the spinous process, thus allowing the surgeon to preserve both the cranial and caudal supraspinous ligament (Fig. 17 and 18).



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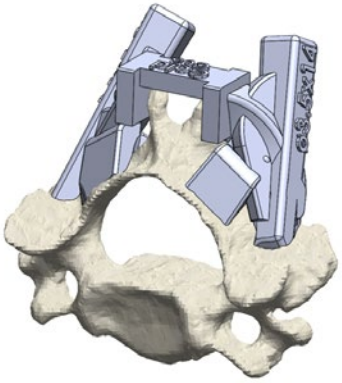
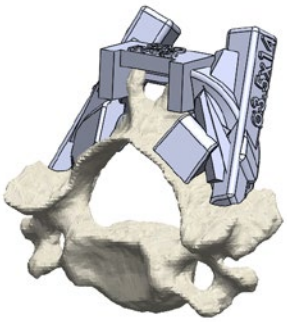


18.

2) **Semi-Open**. With a partially opened profile, the surgeon can decide to cut the supraspinous either at the cranial or caudal level preserving the complementary portion (Fig. 19 and 20).

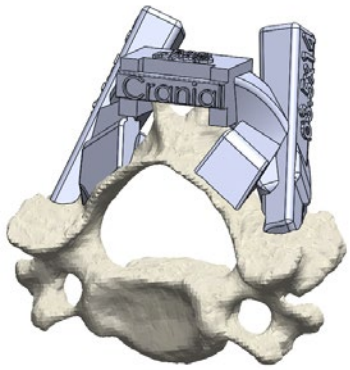


19.

20.

3) **Closed**. The guide has a fully closed profile to be used when the supraspinous ligament can be cut on both cranial and caudal levels (Fig. 21 and 22).

21.



22.

2. SURGICAL APPROACH

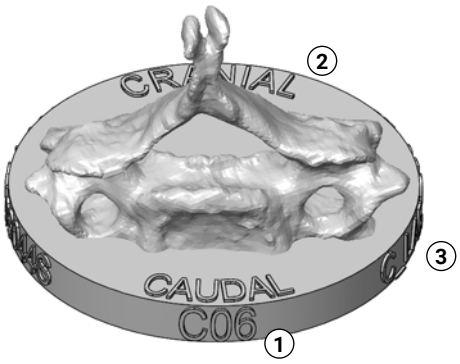
The MySpine guides are intended to guide the implant of the M.U.S.T. Mini posterior cervical screw system using a posterior approach. Other surgical approaches are at discretion of the surgeon.

3. BEFORE STARTING THE PROCEDURE

3.1 CHECK THE POSITIONING

The MySpine guide is designed to match the vertebral anatomy of the patient, and provide maximum stability on the vertebra as well as correct placement of the screws.

A plastic 3D model, anatomically reproducing the patient's vertebra, is provided to simulate the correct positioning of the MySpine guide in the surgical theatre.



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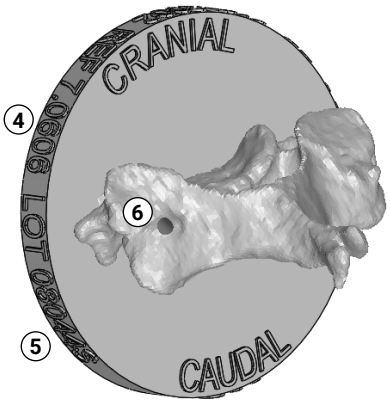


24.

The vertebral 3D model provides the following information:

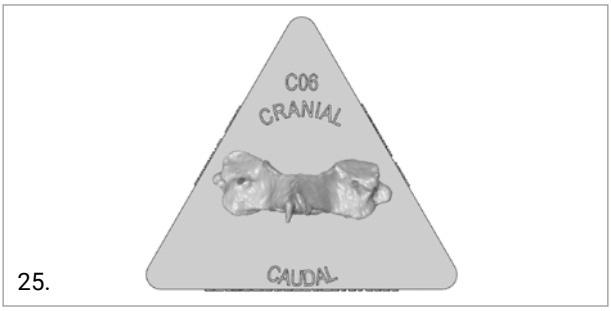
1. Vertebral level
2. Caudal / Cranial side
3. Patient ID
4. Reference
5. Lot number
6. Entry points

Check the correct fitting between the vertebra's plastic model and the MySpine guides to verify the contact surface and the screw entry points; to facilitate the identification of the entry point, a hole is replicated on the vertebral model (6).

NOTE: Always check the coupling between the vertebra's plastic model and the MySpine guides to become familiar with the overall system and simulate the guide positioning of the contact surfaces and entry points.

3.2 CAUTIONS

During the preoperative planning phase the surgeon may receive, through the planning report, some cautions (refer to paragraph 1.3). For those vertebrae with cautions, the corresponding vertebral 3D models are designed with a triangular base, rather than circular, to remind the surgeon about the caution. On the back side of the vertebral 3D model there is a brief description of the caution, corresponding to the validated preoperative planning.



25.

3.3 INSTRUMENT PREPARATION

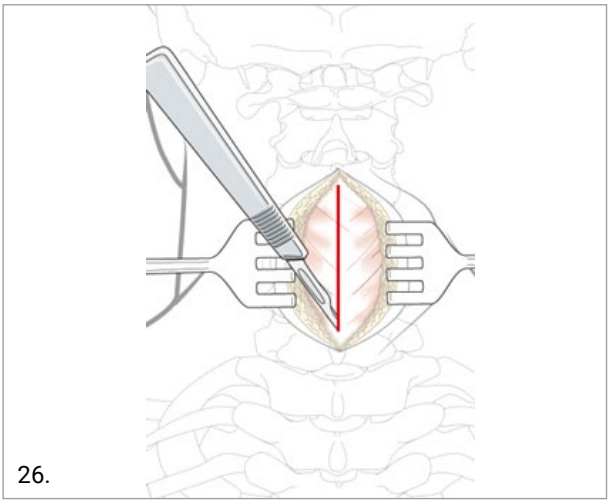
Prepare all the instruments required to perform the M.U.S.T. MINI posterior cervical screws placement. The instruments are color coded: black for implant diameter 3.5mm and gold for implant diameter 4.0mm.

IMPLANT DIAMETERS	REQUIRED INSTRUMENTS	COLOUR
Ø3.5	MySpine cervical drill ø2,4 with 12mm stop	Black
	MySpine cervical drill ø2,4 with 14mm stop	
	MySpine cervical drill ø2,4 with 16mm stop	
	MySpine cervical drill ø2,4 with 20mm stop	
	MySpine cervical drill ø2,4 with 25mm stop	
	Probe ø2,4 with 20mm mehcanical stop	
	Probe ø2,4 with 35mm mehcanical stop	
	Solid TAP ø3,5 undersized	
	Solid TAP ø2.7	
Ø4	MySpine cervical drill ø2,9 with 12mm stop	Gold
	MySpine cervical drill ø2,9 with 14mm stop	
	MySpine cervical drill ø2,9 with 16mm stop	
	MySpine cervical drill ø2,9 with 20mm stop	
	MySpine cervical drill ø2,9 with 25mm stop	
	Probe ø2,9 with 20mm mehcanical stop	
	Probe ø2,9 with 35mm mehcanical stop	
	Solid TAP ø4 undersized	
	Cannulated TAP ø4 undersized	

CAUTION
Be sure to use the correct instruments for the different diameter of the guides: black for diameter 3.5mm and gold for diameter 4.0mm.

4. SPINE EXPOSURE AND PREPARATION

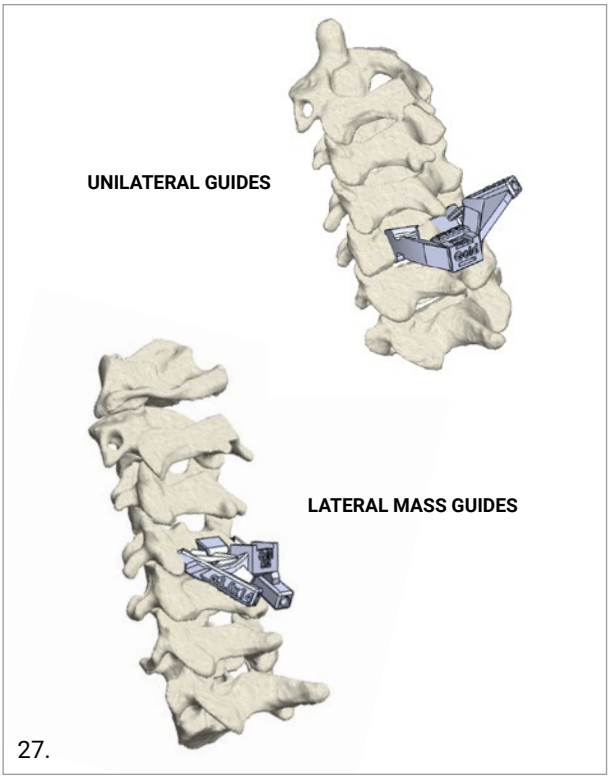
Perform a skin Incision and dissect laterally from the midline by locating the screw entry points of the corresponding levels.



26.

Clean the vertebra(e) and treat the ligament according to the operative approach.

Place the MySpine guides on the corresponding vertebra and check the contact surface.



27.

NOTE: In order to avoid impingement between the guide and the adjacent screws, always start with the most cranial vertebra and proceed caudally.

As the correct placement corresponds to maximum stability of the guide and allows optimal screw insertion, verify that contact between the MySpine guides and the anatomical sites on the vertebra are respected.

Once the MySpine guides are optimally placed, the screw entry points are set, as per the pre-operative planning, and the spine tract is ready for pedicle screws path preparation.

CAUTION
Always match the dedicated MySpine guide(s) with the corresponding patient's vertebra(e).

CAUTION
Inaccurate positioning may lead to the screws not being in line with the planning.

5. PEDICLE PREPARATION - UNILATERAL GUIDES

With the MySpine guide attached to the corresponding vertebra, firmly press the guide onto the lamina to secure the positon. All the MySpine guides are Drill based: the guide is designed to drive a drill bit, probe and taps through the tubes.

With the Unilateral guides the surgeon can start on either the left or the right side, following the surgical steps.

WARNING
In the case of sclerotic bone, or any other cause for high resistance during screw insertion, it is the surgeon's responsibility to evaluate the screw insertion. In this case, the pilot hole preparation must be performed slowly and in combination with fluoroscope control to prevent the instrument deviation from the planned trajectory.

CAUTION
Fluoroscopic imaging is strongly recommended due to the serious consequences that a potential error may have.

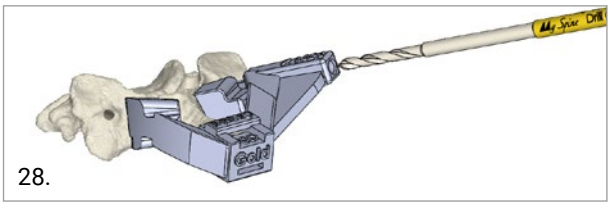
CAUTION
For safety, use the instrument with mechanical stop according to the planned screw length.

CAUTION
Apply pressure to the guide to avoid it slipping.

CAUTION
For pedicle diameters equal or less than ø4mm, Medacta provides the guides for the pilot hole preparation into the lateral mass without penetrating the pedicle. The drilling process have to be carefully monitored with fluoroscopy control to avoid pedicle penetration. It is the operator's responsibility to manually proceed with pilot hole preparation through the pedicle e.g. with a pedicle probe without the use of the guide.

5.1 DRILL

With the proper drill diameter, drill a pilot hole through the guide tube in the pedicle.



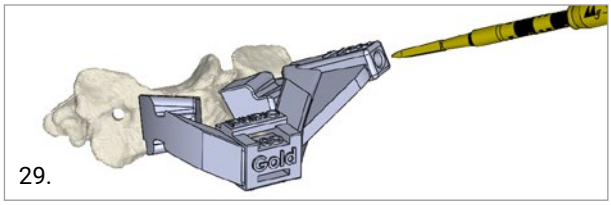
28.

CAUTION
When drilling for the initial hole at the surface of the cortical bone, take care to prevent the drill tip from slipping. Start the drilling slowly.

5.2 PROBE

Use the Probe and open the pedicle canal. The Probe is graduated to give an initial visual indication of the pedicle canal depth reached.

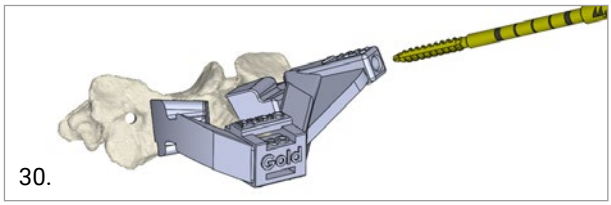
Use the Ball Tip Feeler to check the walls on both sides for possible violations.



29.

5.3 TAP

After canal preparation, keep the MySpine guide in position, and tap the pedicle canal with the corresponding tap.



30.

CAUTION
Depth lines are marked on the instrument; stop according to the planned screw length.

NOTE: If a cannulated tap is used, insert the K-wire before proceeding with the tapping.

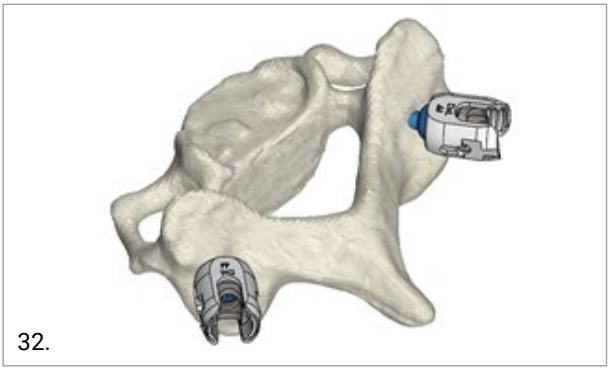
When the surgical flow is completed on one side the surgeon can repeat the steps on the other side. The screw placement must be the final step.

NOTE: after guide removal, K-wire can be inserted as a guide for the following.

POLYAXIAL SCREW PREPARATION
Prepare the Polyaxial Pedicle Screwdriver and attach the M.U.S.T. MINI screw to it. To perform the screw preparation steps, follow the procedure as described in the Medacta M.U.S.T. MINI Implant Surgical Technique.


31.

POLYAXIAL SCREW PLACEMENTS
Now remove the MySpine guide and insert the screw into the prepared pedicle canal using the Polyaxial Pedicle Screwdriver.



32.

NOTE: Fluoroscope control is recommended during insertion of the Pedicle Screws.

NOTE: For the correct manipulation of the screwdriver and screw fixation, follow the same procedure as described in the Medacta M.U.S.T. MINI Implant Surgical Technique.

Following satisfactory fixation of the pedicle screws, the screwdrivers can be easily removed. The result of this insertion should mirror the planning.

NOTE: Wash with normal saline or water the surgical field after MySpine guide usage.

6. LATERAL MASS PREPARATION - LATERAL MASS GUIDES

With the MySpine guide attached to the corresponding vertebra, firmly press the guide onto the lamina to secure the positon. All the MySpine guides are Drill based: the guide is designed to drive a drill bit, probe and taps through the tubes.

WARNING
In the case of sclerotic bone, or any other cause for high resistance during screw insertion, it is the surgeon's responsibility to evaluate the screw insertion. In this case, the pilot hole preparation must be performed slowly and in combination with fluoroscope control to prevent the instrument deviation from the planned trajectory.

CAUTION
For pedicle diameters equal or less than ø4mm, Medacta provides the guides for the pilot hole preparation into the lateral mass without penetrating the pedicle. The drilling process have to be carefully monitored with fluoroscopy control to avoid pedicle penetration. It is the operator's responsibility to manually proceed with pilot hole preparation through the pedicle e.g. with a pedicle probe without the use of the guide.

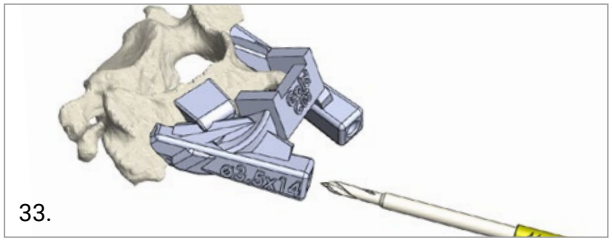
CAUTION
Fluoroscopic imaging is strongly recommended due to the serious consequences that a potential error may have.

CAUTION
For safety, use the instrument with mechanical stop according to the planned screw length.

CAUTION
Apply pressure to the guide to avoid it slipping.

6.1 DRILL

With the proper drill diameter, drill a pilot hole through the guide tube in the lateral mass.

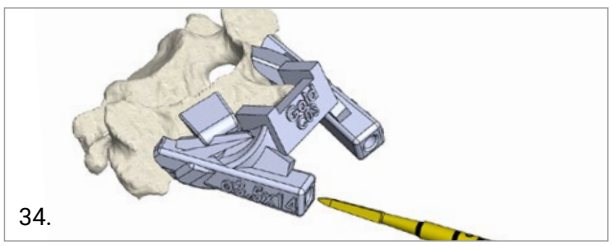


33.

CAUTION
When drilling for the initial hole at the surface of the cortical bone, take care to prevent the drill tip from slipping. Start the drilling slowly.

6.2 PROBE

Use the Probe and open in the lateral mass canal. The Probe is graduated to give an initial visual indication of the canal depth reached.

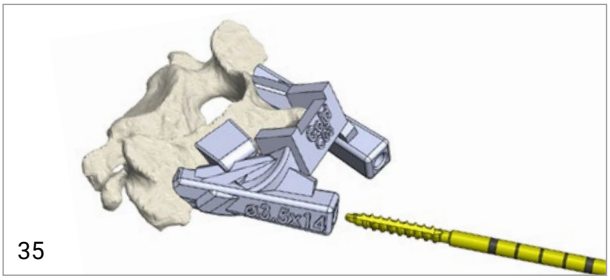


34.

Use the Ball Tip Feeler to check the walls on both sides for possible violations.

6.3 TAP

After canal preparation, keep the MySpine guide in position, and tap the lateral mass canal with the corresponding tap.



35

CAUTION
Depth lines are marked on the instrument; stop according to the planned screw length.

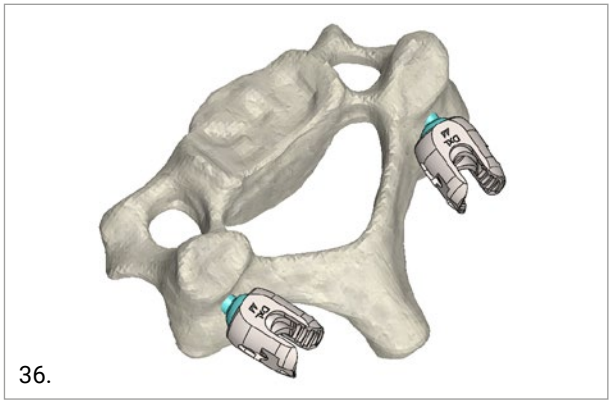
NOTE: If a cannulated tap is used, insert the K-wire before proceeding with the tapping.

The screw placement must be the final step.

NOTE: after guide removal, K-wire can be inserted as a guide for the following.

POLYAXIAL SCREW PREPARATION
Prepare the Polyaxial Cervical Screwdriver and attach the M.U.S.T. MINI screw to it. To perform the screw preparation steps, follow the procedure as described in the Medacta M.U.S.T. MINI Implant Surgical Technique.

POLYAXIAL SCREW PLACEMENTS
Now remove the MySpine guide and insert the screw into the prepared lateral mass canal using the Polyaxial Cervical Screwdriver.



36.

NOTE: Fluoroscope control is recommended during insertion of the Lateral Mass Screws.

NOTE: For the correct manipulation of the screwdriver and screw fixation, follow the same procedure as described in the Medacta M.U.S.T. MINI Implant Surgical Technique.

Following satisfactory fixation of the screws, the screwdrivers can be easily removed. The result of this insertion should mirror the planning.

NOTE: Wash with normal saline or water the surgical field after MySpine guide usage.

7. ROD CONTOURING AND INSERTION

Please follow the same procedure previously described in the dedicated surgical technique of the Medacta M.U.S.T. MINI posterior cervical screw system.

8. COMPRESSION OR DISTRACTION

Please follow the same procedure previously described in the dedicated surgical technique of the Medacta M.U.S.T. MINI posterior cervical screw system.

9. ROD IN SITU BENDING

Please follow the same procedure previously described in the dedicated surgical technique of the Medacta M.U.S.T. MINI posterior cervical screw system.

10. SET SCREW TIGHTENING

Please follow the same procedure previously described in the dedicated surgical technique of the Medacta M.U.S.T. MINI posterior cervical screw system.

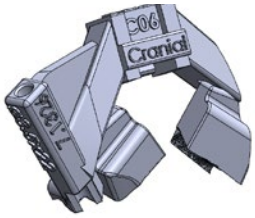
11. MYSPINE ITEMS REFERENCE

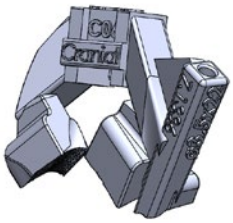
11.1 UNILATERAL GUIDES

The following table lists all the available MySpine cervical vertebrae, divided into sterile and non-sterile versions.

DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine cervical vertebra C02		7.0602S	7.0602
MySpine cervical vertebra C03		7.0603S	7.0603
MySpine cervical vertebra C04		7.0604S	7.0604
MySpine cervical vertebra C05		7.0605S	7.0605
MySpine cervical vertebra C06		7.0606S	7.0606
MySpine cervical vertebra C07		7.0607S	7.0607

The following table lists all the available MySpine cervical drill based guides, divided into sterile and non-sterile versions.

DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical right guide C02 short		7.1322S	7.1322
MySpine Cervical right guide C03 short		7.1323S	7.1323
MySpine Cervical right guide C04 short		7.1324S	7.1324
MySpine Cervical right guide C05 short		7.1325S	7.1325
MySpine Cervical right guide C06 short		7.1326S	7.1326
MySpine Cervical right guide C07 short		7.1327S	7.1327
MySpine Cervical right guide C02 long		7.1302S	7.1302
MySpine Cervical right guide C03 long		7.1303S	7.1303
MySpine Cervical right guide C05 long		7.1304S	7.1304
MySpine Cervical right guide C05 long		7.1305S	7.1305
MySpine Cervical right guide C06 long		7.1306S	7.1306
MySpine Cervical right guide C07 long		7.1307S	7.1307

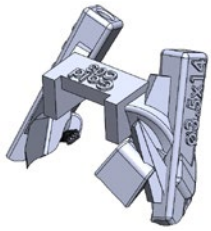
DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical left guide C02 short		7.1332S	7.1332
MySpine Cervical left guide C03 short		7.1333S	7.1333
MySpine Cervical left guide C04 short		7.1334S	7.1334
MySpine Cervical left guide C05 short		7.1335S	7.1335
MySpine Cervical left guide C06 short		7.1336S	7.1336
MySpine Cervical left guide C07 short		7.1337S	7.1337
MySpine Cervical left guide C02 long		7.1312S	7.1312
MySpine Cervical left guide C03 long		7.1313S	7.1313
MySpine Cervical left guide C04 long		7.1314S	7.1314
MySpine Cervical left guide C05 long		7.1315S	7.1315
MySpine Cervical left guide C06 long		7.1316S	7.1316
MySpine Cervical left guide C07 long		7.1317S	7.1317

11.2 LATERAL MASS GUIDES

The following table lists all the available MySpine cervical vertebrae, divided into sterile and non-sterile versions.

DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical LM vertebra C02		7.1362S	7.1362
MySpine Cervical LM vertebra C03		7.1363S	7.1363
MySpine Cervical LM vertebra C04		7.1364S	7.1364
MySpine Cervical LM vertebra C05		7.1365S	7.1365
MySpine Cervical LM vertebra C06		7.1366S	7.1366
MySpine Cervical LM vertebra C07		7.1367S	7.1367

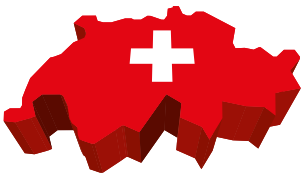
The following table lists all the available MySpine cervical drill based guides, divided into sterile and non-sterile versions.

DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical LM guide C02 short		7.1352S	7.1352
MySpine Cervical LM guide C03 short		7.1353S	7.1353
MySpine Cervical LM guide C04 short		7.1354S	7.1354
MySpine Cervical LM guide C05 short		7.1355S	7.1355
MySpine Cervical LM guide C06 short		7.1356S	7.1356
MySpine Cervical LM guide C07 short		7.1357S	7.1357
MySpine Cervical LM guide C02 long		7.1342S	7.1342
MySpine Cervical LM guide C03 long		7.1343S	7.1343
MySpine Cervical LM guide C04 long		7.1344S	7.1344
MySpine Cervical LM guide C05 long		7.1345S	7.1345
MySpine Cervical LM guide C06 long		7.1346S	7.1346
MySpine Cervical LM guide C07 long		7.1347S	7.1347

Part numbers subject to change.

NOTE FOR STERILIZATION

The instrumentation is not sterile upon delivery. Instruments must be cleaned before use and sterilized in an autoclave respecting the US regulations, directives where applicable, and following the manufactures instructions for use of the autoclave. For detailed instructions please refer to the document “Recommendations for cleaning decontamination and sterilisation of Medacta International orthopaedic devices” available at www.medacta.com.



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