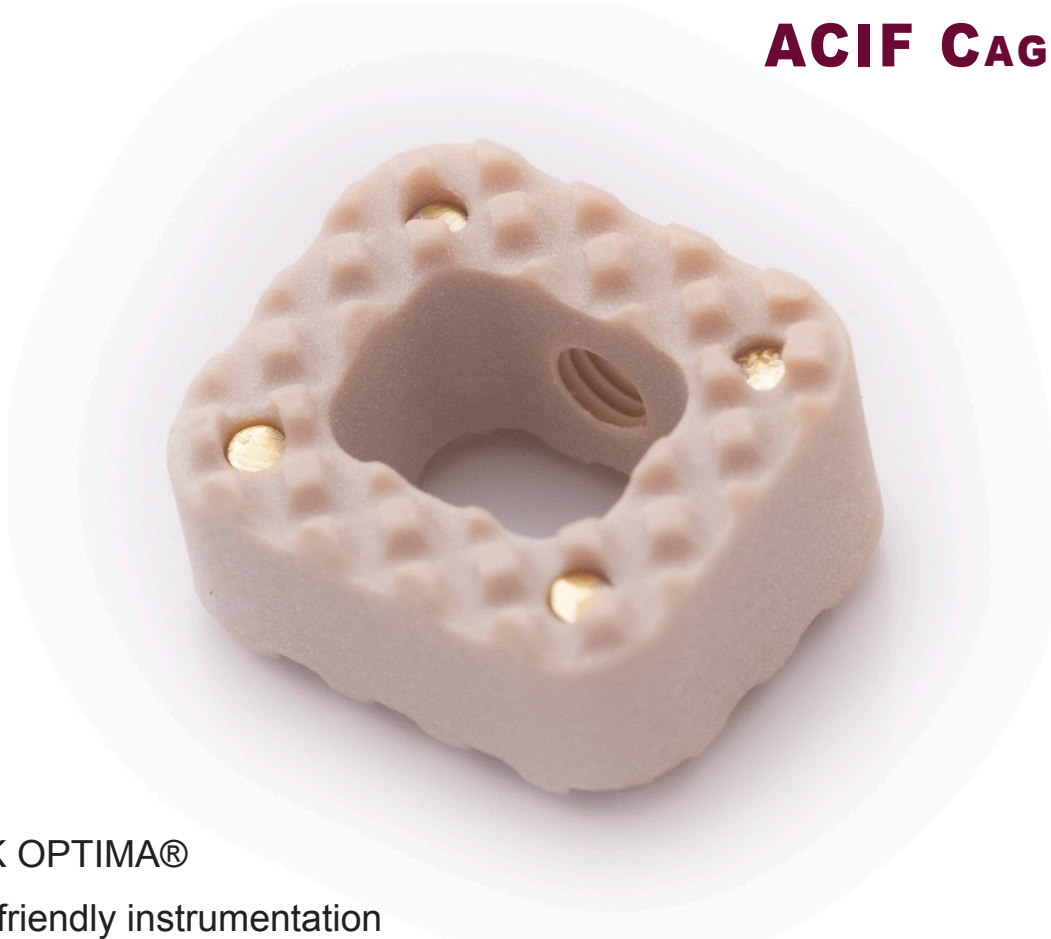




## ACIF CAGE



- PEEK OPTIMA®
- User friendly instrumentation
- Titanium Markers for accurate positioning
- Variety of sizes to suit all your requirements
- Robotic Finger Type teeth minimize risk of implant movement

Unique Marketing through \_\_\_\_\_  
**innovation, design and**  
\_\_\_\_\_ manufacture.

**Enquiries:** +27 41 453 4605; [info@ortho-sol.com](mailto:info@ortho-sol.com)

## AVAILABLE SIZES:

Posterior Height (mm)	Anterior Height (mm)	Width (mm)	Length (mm)	Instrument code	Implant Code
4*	5	14	12	OS4/5/12	ACIF0405D12
4	6	14	12	OS4/6/12	ACIF0406D12
5*	6	14	12	OS5/6/12	ACIF0506D12
5	7	14	12	OS5/7/12	ACIF0507D12
6	8	14	12	OS6/8/12	ACIF0608D12
7	9	14	12	OS7/9/12	ACIF0709D12
8	10	14	12	OS8/10/12	ACIF0810D12
9	11	14	12	OS9/11/12	ACIF0911D12
4*	6	14	14	OS4/6/14	ACIF0406D14
5*	7	14	14	OS5/7/14	ACIF0507D14
6*	8	14	14	OS6/8/14	ACIF0608D14
7*	9	14	14	OS7/9/14	ACIF0709D14
8*	10	14	14	OS8/10/14	ACIF0810D14
9*	11	14	14	OS9/11/14	ACIF0911D14

\* BY SPECIAL REQUEST ONLY

## INSTRUMENTS:

- Easy to use instruments are available, comprising the following:
  - “T” handle to hold the spacer trial. (Code: OSSTH)
  - “T” handle for cage insertion (Code: OSCH)
- Spacer trials for each of the sizes in the table above (Codes as per table)

## CAGE INSERTION TECHNIQUE

- Insert the trial into the space where the disc has been removed.
- Release the retractors.
- Ensure that the trial fits correctly in the disc space.
- If the fit is correct, prepare the cage size that corresponds to the trial size and prepare it with bone (allograft, or autograft bone). See appendix A.
- Insert the cage into the disc space, ensuring that it is positioned centrally with reference to the lateral aspects.
- The depth of the cage is determined by the stopper on the inserter. (This depth is ideally about 1mm posterior to the anterior cortex.)

## APPENDIX A:

- The cage can be filled with either autograft bone (e.g. from the iliac crest), allograft bone (e.g. lyophilized bone, freeze dried bone), or else bone substitute (e.g. tri-calcium phosphate, bi-calcium phosphate, etc).
- The choice of void filler used is the surgeon’s preference after the necessary benefits have been carefully considered.
- Void filler should ideally protrude fractionally from both the cephalad and the caudal planes of the cage to allow for the initial resorption that occurs