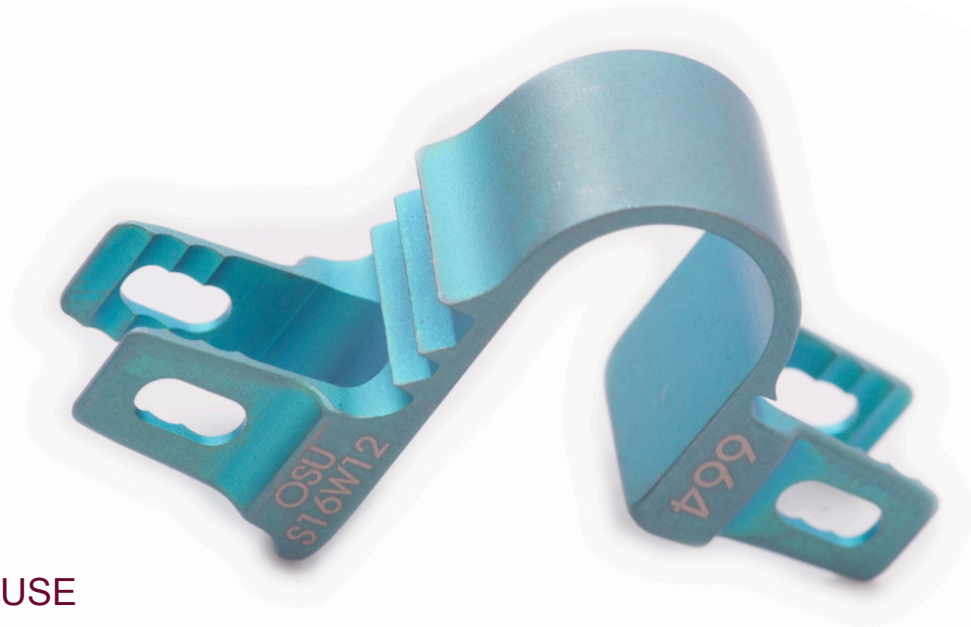
ORTHO SOL Development (Pty) Ltd

LUNAR DEVICE



- EASY TO USE
- VARIETY OF SIZES
- STABILISES THE SPINE
- OPENS UP THE FORAMINA
- LIMITS WEAR AT THE ADJACENT LEVELS
- REDUCES STRESSES AT THE FACET JOINTS
- ALLOWS CONTROLLED MOTION OF THE SPINE
- ADDITIONAL FIXATION TO PREVENT IMPLANT MIGRATION
- TITANIUM ALLOY FOR STRENGTH AND BIOCOMPATIBILITY

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

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AVAILABLE SIZES:

Code	Description	Instrument Code	Colour Code
OSU S08W12	Sacral Implant Size 8	601108	Purple
OSU S10W12	Sacral Implant Size 10	601110	Blue
OSU S12W12	Sacral Implant Size 12	601112	Gold
OSU S14W12	Sacral Implant Size 14	601114	Pink
OSU S16W12	Sacral Implant Size 16	601116	Green
OSU I08W12	Inter Spinal Implant Size 8	601008	Purple
OSU I10W12	Inter Spinal Implant Size 10	601010	Blue
OSU I12W12	Inter Spinal Implant Size 12	601012	Gold
OSU I14W12	Inter Spinal Implant Size 14	601014	Pink
OSU I16W12	Inter Spinal Implant Size 16	601016	Green
OSU-R-001	U-Device Fixation Rivet		

INDICATIONS:

•Minor segmental instability in patients that require surgery for stenosis or disc herniation.
•Where stability is required to prevent facet joint overloading of the spine after decompressive spine surgery.
•In patients that are at risk of developing secondary instability after a spinal operation for decompression of the central spinal cord.
•where hyperextension, or hyperflexion of the spine is to be reduced following decompressive surgery.

SURGICAL TECHNIQUE:

•Patient is placed in the prone position.
•A midline incision is made and the paraspinal muscles are stripped off the laminae.
•A decompression is performed, depending on the pathology presented, with care not to perform a total laminectomy as this would destabilise the spine.
The interspinous ligament must be removed.
•A thin section of the bone on the opposing spinous processes must be removed.
•The ligament on the lateral aspects of the opposing spinous processes must be curetted off where the wing clamps of the spinal device are to attach.
All osteophytes around the spinous process should be removed to eliminate unnecessary •bone that could impede the insertion of the spinal device
•A trial is inserted into the space and should fit reasonably tightly. If the fit is too loose or too tight, then another size trial should be used, until the correct fit is obtained.
•The corresponding size device is fitted to the handle and gently tapped in.
•Verify that there is enough space between the thecal sac and the bottom of the spinal device either by fluoroscopy, or by inserting an angled blunted hook, or beaded probe.
•Once the position of the spinal device has been verified, the wing clamps can be pinched against the spinous process with pliers to prevent any possible migration of the implant. A rivet is then inserted into the wings to enhance the stability of the spinal device.
•Should multiple level implantation be require, please note that it is advisable to place the implant at the lower level first so that there can be sequential overlap of the wings.