

MySpine® CERVICAL

PATIENT MATCHED TECHNOLOGY
IN SPINE SURGERY

UNIQUE ANATOMIES, PATIENT-MATCHED SOLUTIONS



Surgical Technique

Joint

Spine

Sports Med

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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 for use with M.U.S.T. MINI posterior cervical screw system and its cleared indications for use.

MySpine Cervical screw placement guides (from now on, MySpine guides) are custom-made 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.

The device is provided with two options:

- Drill based
- K-wire based

MySpine Cervical drill based is intended for perforating a guiding hole to assist in the positioning of pedicle screws in the vertebral body.

MySpine Cervical k-wire based is intended for the placement of K-wires to assist in the positioning of pedicle screws in the vertebral body.

Use of the guides involves a surgical planning software used pre-operatively to plan the surgical placement of the components on the basis of patient radiological images with identifiable placement anatomical landmarks and surgical equipment components.

MySpine Cervical guides are intended for single use only.

For smaller pedicle diameters equal or less than $\varnothing 4\text{mm}$, Medacta provides only the planning, no guides are produced. The measurement is done by Medacta on the minimum cross-section of the pedicle.

1.2 CONTRAINDICATIONS

Contraindications for using MySpine instrumentation are the same as in situations where a spinal fusion with screws is contraindicated.

Please refer to the M.U.S.T. MINI surgical technique for a comprehensive list of the contraindications.

1.3 PREOPERATIVE PLANNING

The pre-operative planning, namely MySpine Surgical Planning Report (see page 6), 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.



Level: C06					
SAGITTAL PLANE		TRANSVERSAL PLANE		CORONAL PLANE	
	R		L		R
	L		L		R
SAL: 10 deg	SAR: 8 deg	TAL: 35 deg	TAR: 28 deg	HDL: 20.5 mm VDL: 6.3 mm	HDR: 18.9 mm VDR: 6.4 mm
SCREW LENGTH (cross-section in the screw plane)		3D VIEW		SCREW DIAMETER (min cross-section of the pedicle)	
	L		R		L
	R		R		R
Length: 28 mm Cortical gap: 9 mm	Length: 28 mm Cortical gap: 7 mm			Diameter 4 mm	Diameter 4 mm

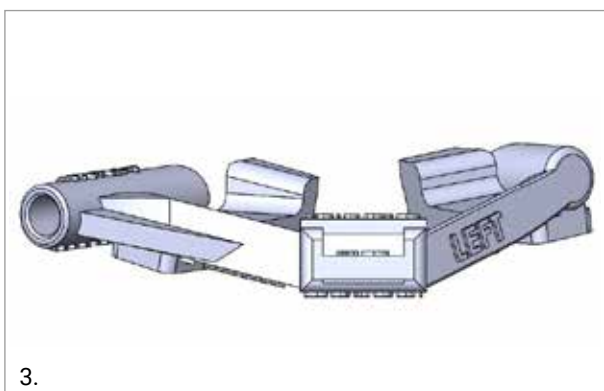
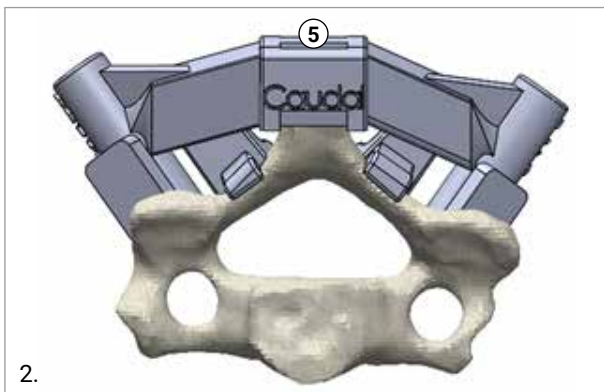
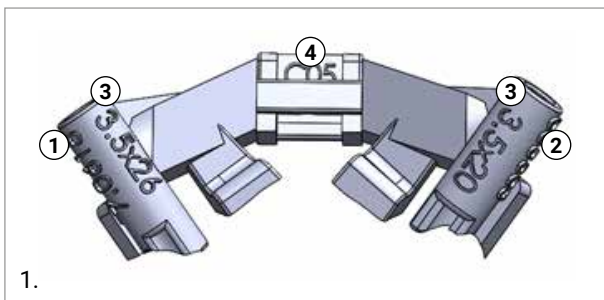
SAR/SAL: Sagittal plane angle right/left, angulation of the screw shaft in relation to pedicle center line, center of rotation is located at the minimal cross section of the pedicle (Red dot)
 TAR/TAL: Transversal plane angle right/left, angulation of the screw shaft in relation to the pedicle center line, center of rotation is located at the minimal cross section of the pedicle (Red dot)
 HDL/HDR: Horizontal distance left/right
 VDL/VDR: Vertical distance left/right

NOTE: For smaller pedicle diameters (equal or less than $\varnothing 4\text{mm}$) Medacta provides only the planning, no guides are produced.

1.4 MYSPINE CERVICAL DEVICE PRODUCT SPECIFICATION

The MySpine Cervical guides displays the following information:

5. Reference number
6. Lot number
7. Implants size (left and right)
8. Vertebral level
9. Caudal side
10. Left or Right side indication, only for monolateral guides



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

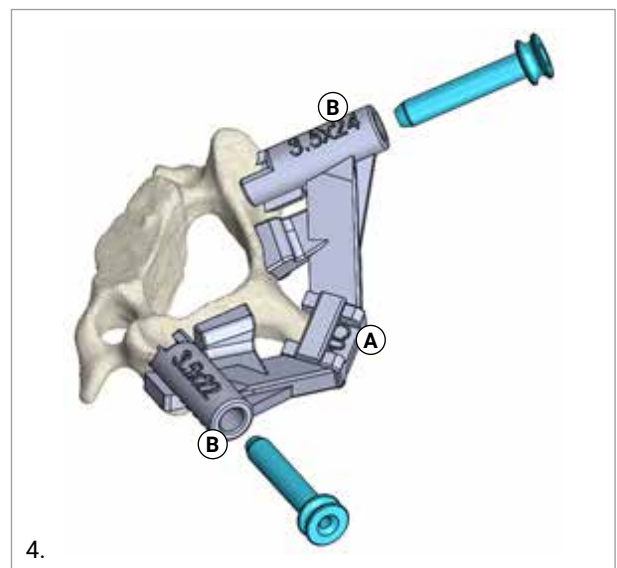
If the MySpine Guides do not clearly indicate the lot number, they MUST NOT be used for the surgery. In this situation please contact Medacta staff immediately.

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 Cervical guides include the following:

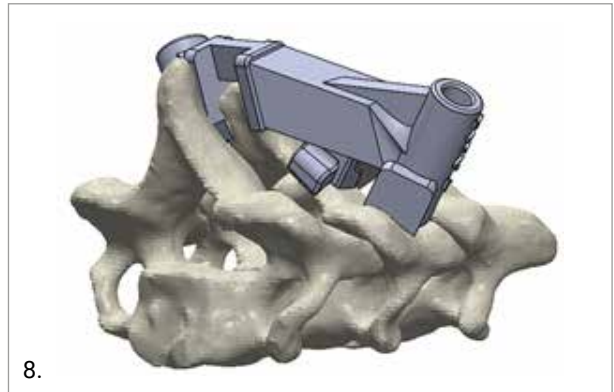
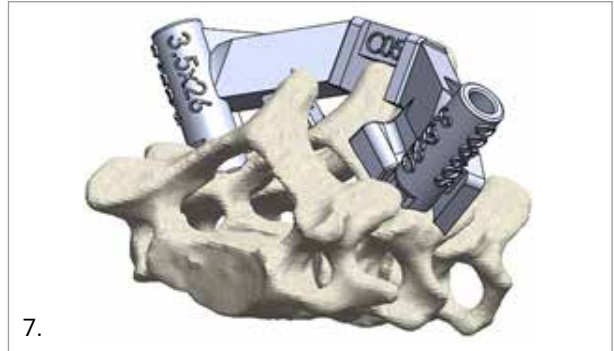
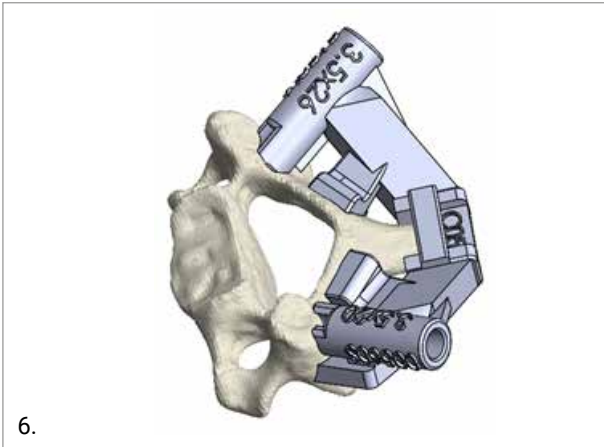
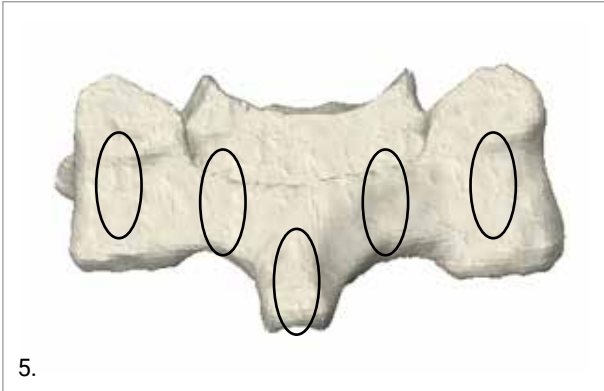
- A) One central spinous contact, aimed to couple the guide with the vertebral spinous process
- B) Two lateral cylindrical guides (left and right) with distal pins, aimed to perfectly match the vertebral anatomical sites. Monolateral guides include one lateral cylindrical guide.



The cylindrical guides represent hollow supports to host dedicated sleeves. These tools are designed to optimally support the insertion of the instruments for screws implantation.

1.5 THE MYSPINE DEVICE PROFILE

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



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.

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.

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

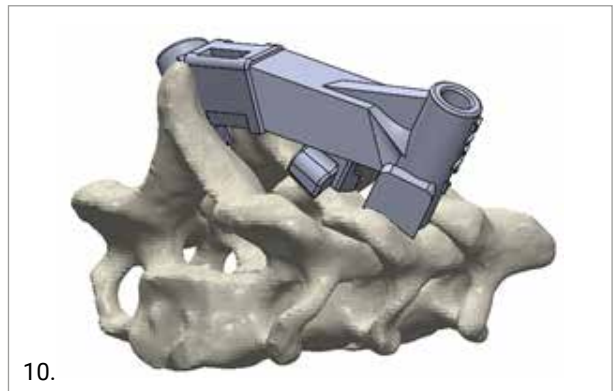
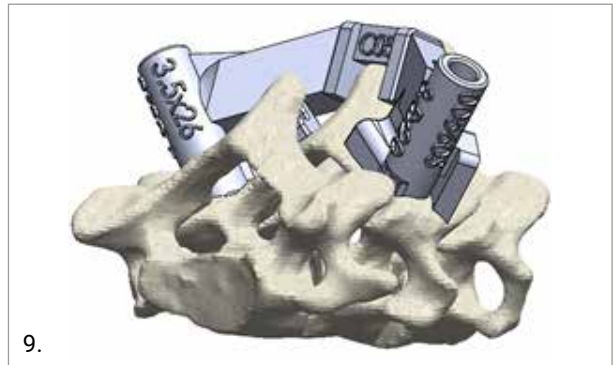
NOTE: The MySpine guides profile is custom and specifically designed by Medacta International on the submission of a specific geometry confirmed by the surgeon with the MySpine Surgical Planning.

1.6 THE MYSPIKE DEVICE CONFIGURATION

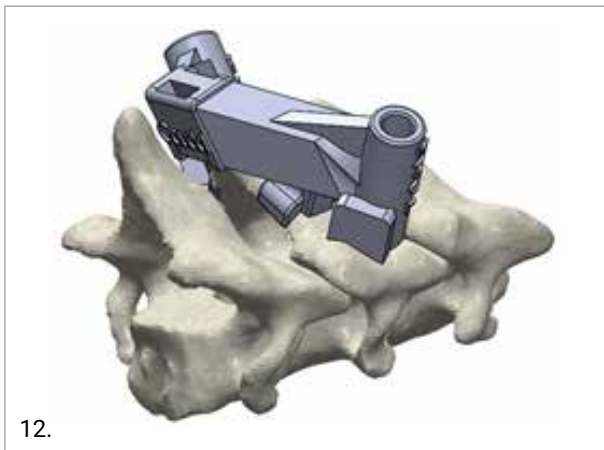
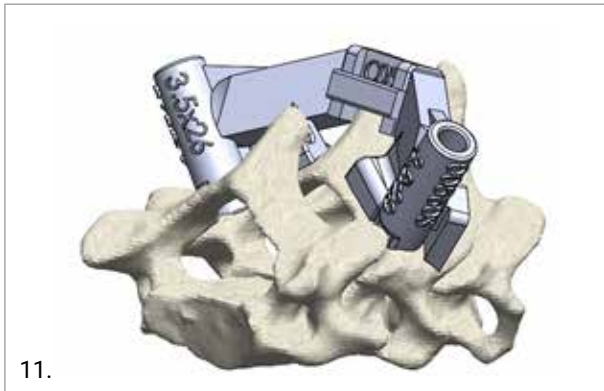
MySpine guides can be designed in different configurations to provide optimal flexibility depending on the surgeon preference.

The first parameter to define is the spinous process configuration; there is allowance for different grades of invasiveness as per the ligament manipulation and this can be ranked as:

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.

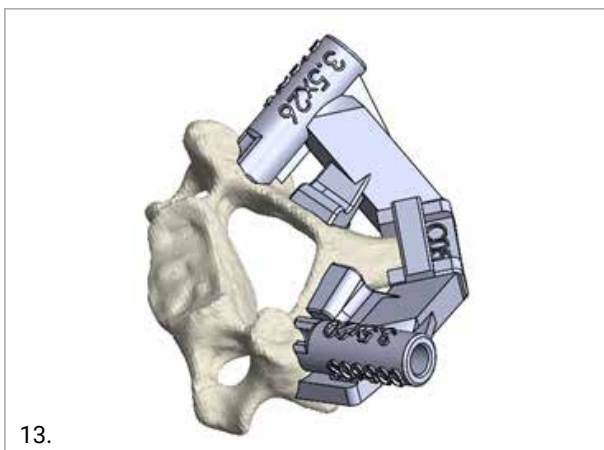


3) Closed. The guide has a fully closed profile to be used when the supraspinous ligament can be cut on both cranial and caudal levels.

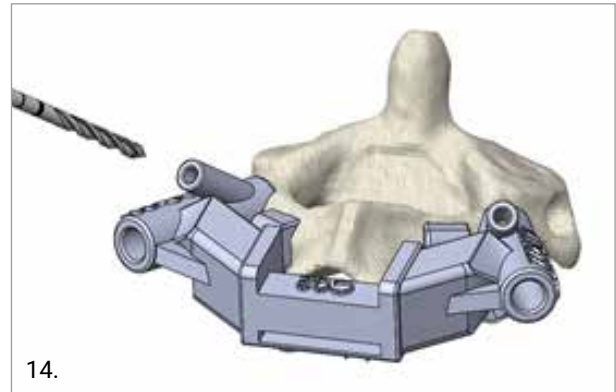


The second parameter to define is the guiding holes configuration; this allows for different implantation techniques and can be ranked as:

1. Drill-based. The guide is designed to drive a drill bit and taps through dedicated metal sleeves



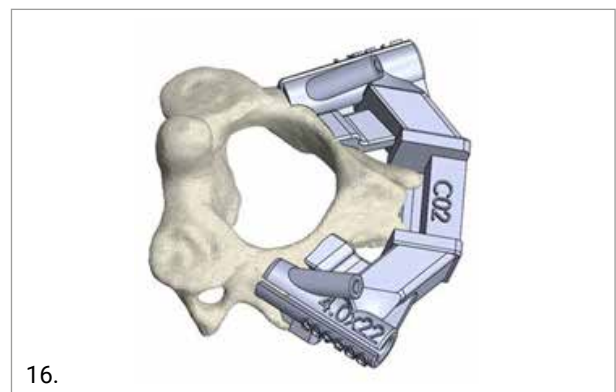
2. Drill-based and entry point preparation. The guide is designed to drive a drill bit and taps through dedicated metal sleeve and has two additional cylinders to guide a drill bit for entry point preparation. This configuration is available for C2 only.



3. K-wire-based. The guide is designed to drive a K-wire, cannulated drills and taps through dedicated metal sleeves.



4. K-wire-based and entry point preparation. The guide is designed to drive a K-wire, cannulated drills and taps through dedicated metal sleeves and has two additional cylinders to guide a drill bit for entry point preparation. This configuration is available for C2 only.



2. SURGICAL APPROACH

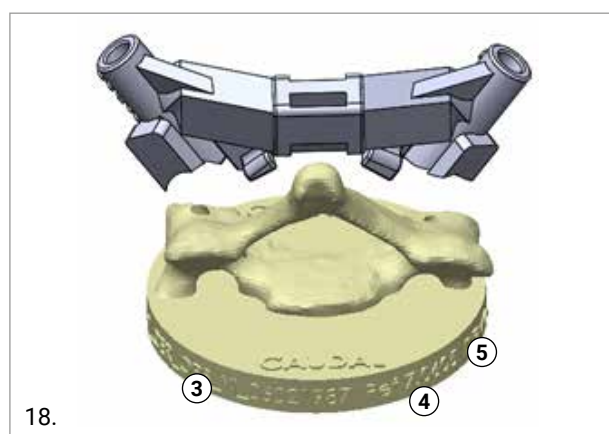
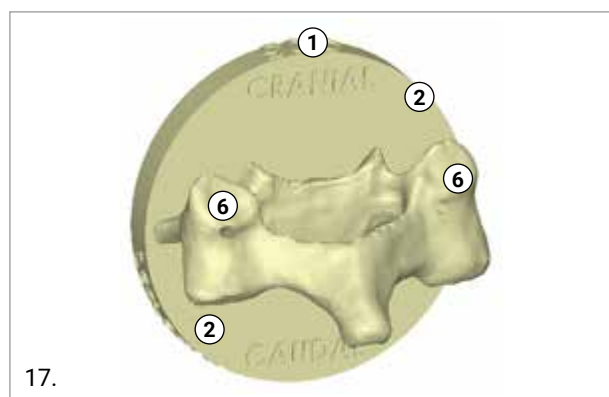
The MySpine guides are designed to guide the implantation of the M.U.S.T. MINI posterior cervical screw via posterior approach.

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.



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 INSTRUMENT PREPARATION

Prepare all the instruments required to perform the M.U.S.T. MINI posterior cervical screws placement with the corresponding dedicated sleeve in advance.

IMPLANT DIAMETER	REQUIRED INSTRUMENTS	COLOR CODE
3.5	Drill Sleeve, Drill Ø2.4	Light Blue
	Drill Bit Solid Ø2.4	
	Tap Sleeve, Tap 3.5	
	Tap Solid 3.5 undersized	
4	Drill Sleeve, Drill Ø2.9	Dark Blue
	Drill Bit Solid/Cannulated Ø2.9	
	Tap Sleeve, Tap 4.0	
	Tap Solid/Cannulated 4.0 undersized	
4.5	Drill Sleeve, Drill Ø3.3	Magenta
	Drill Bit Solid/Cannulated Ø3.3	
	Tap Sleeve, Tap 4.5	
	Tap Solid/Cannulated 4.5 undersized	

K-WIRE DIAMETER	REQUIRED INSTRUMENTS	COLOR CODE
1.4	MySpine-C Drill Sleeve, Wire Ø1.4	Gold

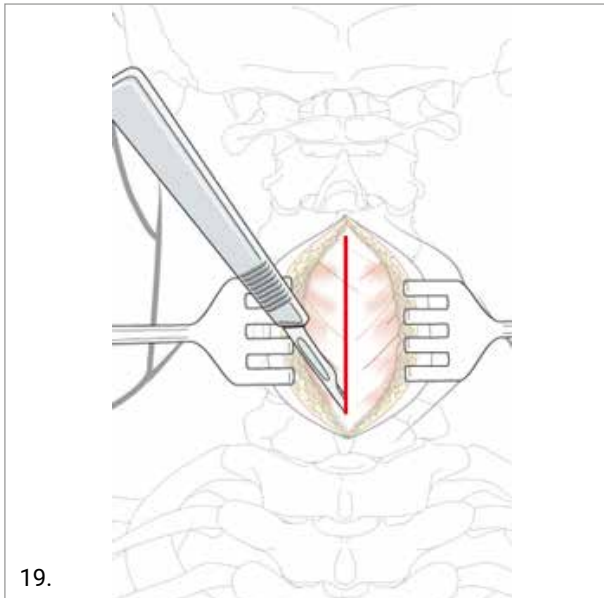
BURR DIAMETER	REQUIRED INSTRUMENTS	COLOR CODE
2.7	MySpine-C Drill Sleeve, Lenke Probe / Round burr	Green

CAUTION

Always couple the instrument with the corresponding sleeve as indicated.

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.



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.



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

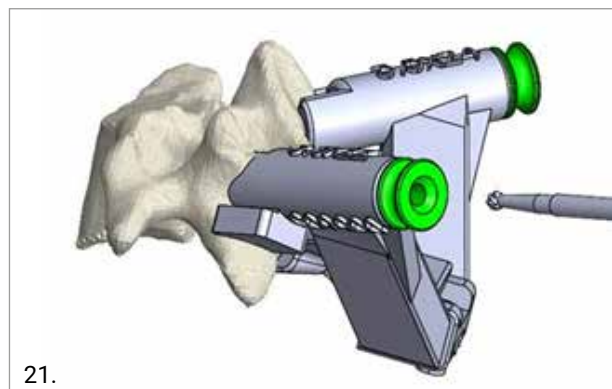
Inaccurate positioning may lead to the screws not being in line with the planning.

5. PEDICLE PREPARATION

5.1 DRILL BASED OPTION

With the MySpine guide securely attached to the corresponding vertebra, firmly press the guide onto the lamina to secure the position.

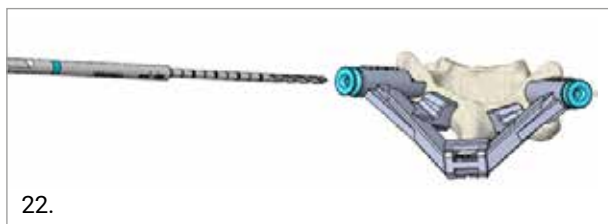
Use the $\varnothing 2.7\text{mm}$ burr, and the corresponding sleeve (Color code = Green), to flatten the entry point.



With the proper drill diameter and corresponding sleeve, as indicated in the instrument preparation paragraph 6.2, drill a pilot hole through the guide tube in the pedicle. Whilst holding one drill bit (eg. left), operate on the opposite side to provide maximum stability.

CAUTION

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



CAUTION

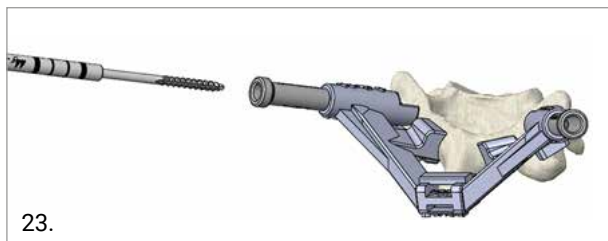
For safety, use the instrument with mechanical stop according to the planned screw length.

CAUTION

Apply pressure to the guide to avoid it slipping

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

After pilot hole drilling, keep the MySpine guide in position, and tap the pedicle canal with the corresponding tap and sleeve, as indicated in the instrument preparation paragraph 6.2. Whilst holding one tap (eg. left), operate on the opposite side to provide maximum stability.



CAUTION

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

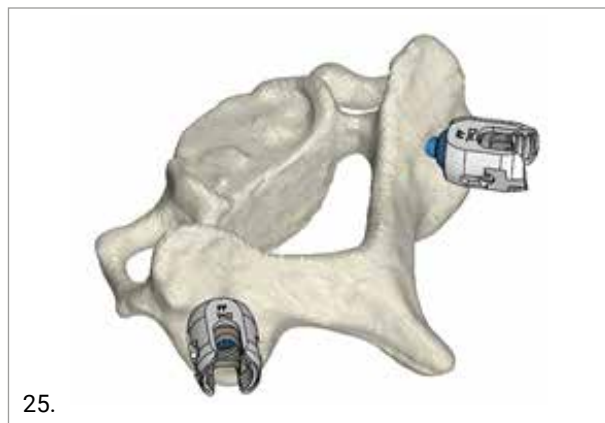
POLYAXIAL SCREW PREPARATION

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.



POLYAXIAL SCREW PLACEMENTS

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



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.

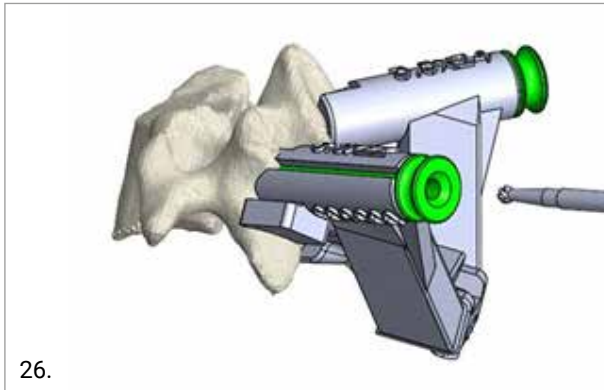
Following satisfactory fixation of the pedicle screws, the screwdrivers can be easily removed. The result of this insertion should mirror the planning.

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

5.2 K-WIRE BASED OPTION

With the MySpine cervical guide securely attached to the corresponding vertebra, firmly press the guide onto the lamina to secure the position.

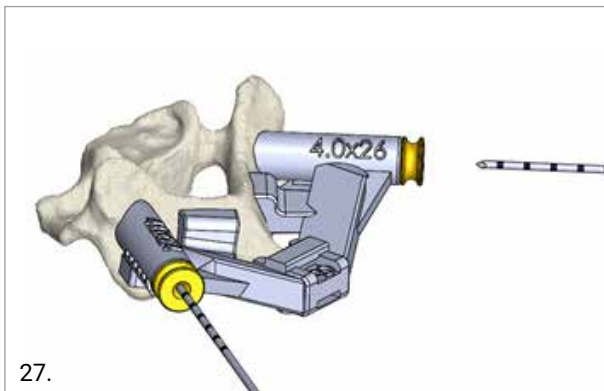
Use the $\varnothing 2.7\text{mm}$ burr, and the corresponding sleeve (Color code = Green), to flatten the entry point.



Insert the K-wire, and corresponding sleeve, as indicated in the instrument preparation paragraph 6.2, through the guide tube in the pedicle.

CAUTION

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



CAUTION

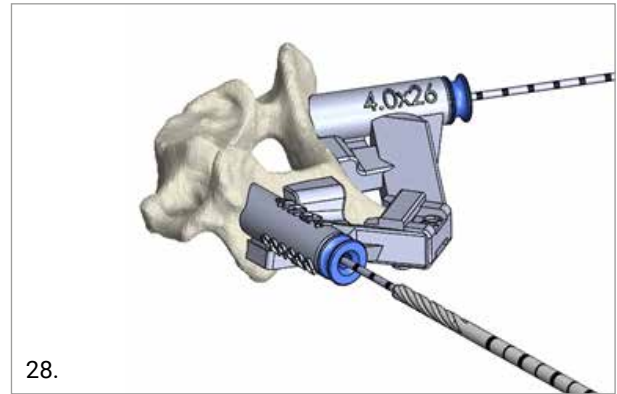
For safety, depth lines are marked on the instrument.

CAUTION

Apply pressure to the guide to avoid it slipping.

When the K-wire is correctly positioned in the pedicle, slide the sleeve upwards and leave the previously inserted K-wire in place.

The pedicle can be prepared using the cannulated awl or the cannulated drill, and corresponding sleeve, through the MySpine Guide as indicated in the instrument preparation paragraph 6.2. Whilst holding one instrument (eg. Left awl), operate on the opposite side to provide maximum stability.



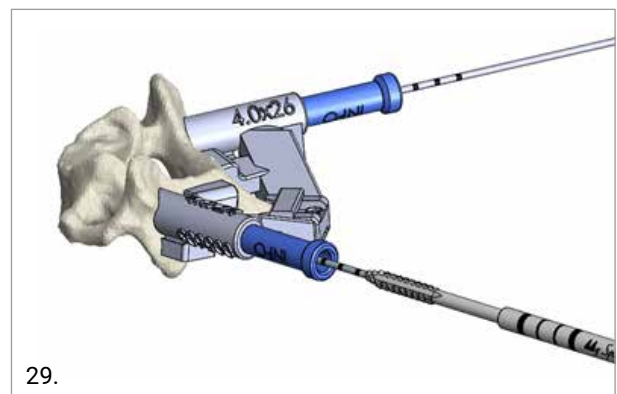
OPTION

Ball Tip Feeler can be used to check the walls on both sides for possible violation.

CAUTION

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

After canal preparation keep the MySpine guide in position, and tap with the corresponding sleeve, as indicated in the instrument preparation paragraph 6.2. Whilst holding one tap (eg. left), operate on the opposite side to provide maximum stability.



CAUTION

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

CAUTION

Whilst tapping, take care to avoid unintentional K-wire advancement or rotation. Use caution not to bend or kink the K-wire whilst advancing the tap.

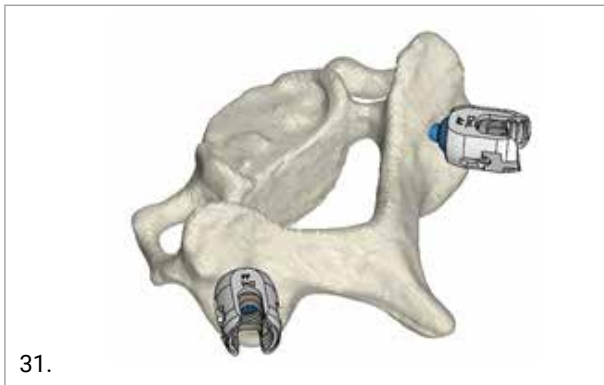
POLYAXIAL SCREW PREPARATION

Prepare the Polyaxial Pedicle Screwdriver and attach the M.U.S.T. MINI cannulated 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 CANNULATED SCREW PLACEMENTS

Now remove the MySpine guide and insert the cannulated screw over the positioned K-wires using the Polyaxial Pedicle Screwdriver.



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 and the K-wires 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.

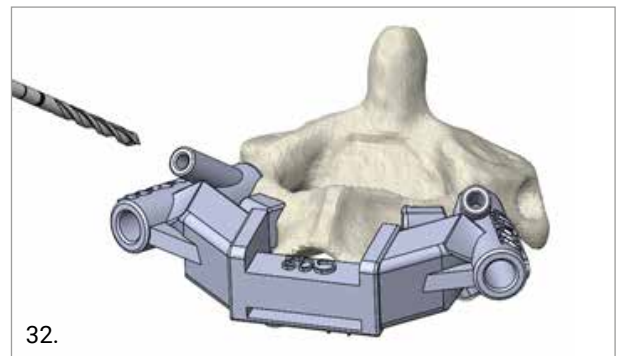
5.3 ENTRY POINT PREPARATION OPTION (C2 ONLY)

This option has two additional cylinders to guide a drill for a more effective entry point preparation. This configuration is available for C2 only.

With the MySpine cervical guide securely attached to the corresponding vertebra, firmly press the guide onto the lamina to secure the position. Drill a hole through the most cranial tubes using the 2.4 drill diameter with 2mm mechanical stop to open the entry points (Color code = White). Whilst holding one drill bit (eg. left), operate on the opposite side to provide maximum stability.

CAUTION

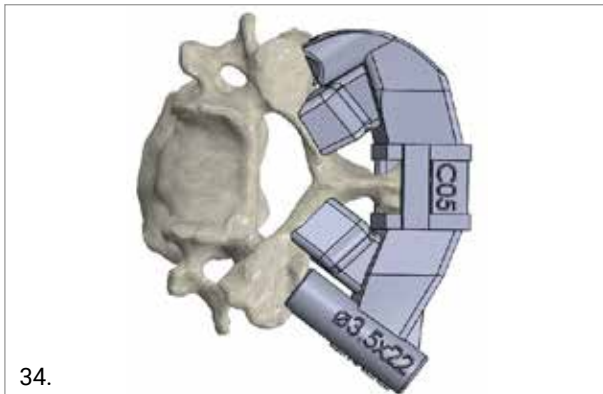
Fluoroscopic imaging is strongly recommended due to the serious consequences that a potential error may have.



5.4 MONOLATERAL GUIDE OPTION

If the surgeon selects a monolateral guide, it is possible to start on either the left or the right side, following the surgical steps indicated in paragraph 5.1 or 5.2 or 5.3 according to the guide design (drill based, K-wire based, entry point preparation). The screw placement must be the final step, when the surgical flow is completed on one side the surgeon can repeat the steps contralateral and then position the screws.





NOTE: The MySpine Guides must be used on the patient for whom the preoperative planning was intended.

CAUTION

Apply pressure to the guide to avoid it slipping.

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.

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

Please follow the same procedure as described in the Medacta M.U.S.T. MINI Implant Surgical Technique.

6. 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

7. 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

8. 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

9. SET SCREW TIGHTENING

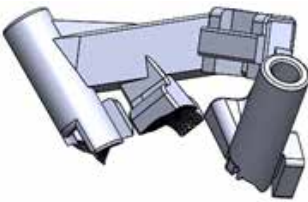
Please follow the same procedure previously described in the dedicated surgical technique of the Medacta M.U.S.T. MINI posterior cervical screw system

10. MYSPINE ARTICLES REFERENCE

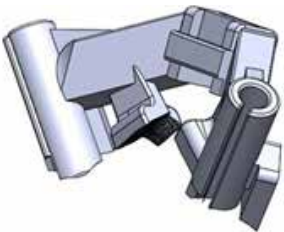
The following table lists all the available MySpine cervical vertebrae, divided into sterile and non-sterile versions.

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 drill based guide C02		7.0612S	7.0612
MySpine Cervical drill based guide C03		7.0613S	7.0613
MySpine Cervical drill based guide C04		7.0614S	7.0614
MySpine Cervical drill based guide C05		7.0615S	7.0615
MySpine Cervical drill based guide C06		7.0616S	7.0616
MySpine Cervical drill based guide C07		7.0617S	7.0617
MySpine cervical drill based guide C02 entry point preparation		7.0618S	7.0618



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

DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical k-wire based guide C02		7.0622S	7.0622
MySpine Cervical k-wire based guide C03		7.0623S	7.0623
MySpine Cervical k-wire based guide C04		7.0624S	7.0624
MySpine Cervical k-wire based guide C05		7.0625S	7.0625
MySpine Cervical k-wire based guide C06		7.0626S	7.0626
MySpine Cervical k-wire based guide C07		7.0627S	7.0627
MySpine Cervical k-wire based guide C02 entry point preparation		7.0628S	7.0628







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





DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical left drill guide C2		7.0632S	7.0632
MySpine Cervical left drill guide C3		7.0633S	7.0633
MySpine Cervical left drill guide C4		7.0634S	7.0634
MySpine Cervical left drill guide C5		7.0635S	7.0635
MySpine Cervical left drill guide C6		7.0636S	7.0636
MySpine Cervical left drill guide C7		7.0637S	7.0637
MySpine Cervical left drill guide C2 e.p. prep		7.0638S	7.0638
MySpine Cervical right drill guide C2		7.0642S	7.0642
MySpine Cervical right drill guide C3		7.0643S	7.0643
MySpine Cervical right drill guide C4		7.0644S	7.0644
MySpine Cervical right drill guide C5		7.0645S	7.0645
MySpine Cervical right drill guide C6		7.0646S	7.0646
MySpine Cervical right drill guide C7		7.0647S	7.0647
MySpine Cervical right drill guide C2 e.p. prep		7.0648S	7.0648

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

DESCRIPTION	PICTURE	STERILE REF.	UNSTERILE REF.
MySpine Cervical left wire guide C2		7.0652S	7.0652
MySpine Cervical left wire guide C3		7.0653S	7.0653
MySpine Cervical left wire guide C4		7.0654S	7.0654
MySpine Cervical left wire guide C5		7.0655S	7.0655
MySpine Cervical left wire guide C6		7.0656S	7.0656
MySpine Cervical left wire guide C7		7.0657S	7.0657
MySpine Cervical left wire guide C2 e.p. prep		7.0658S	7.0658
MySpine Cervical right wire guide C2		7.0662S	7.0662
MySpine Cervical right wire guide C3		7.0663S	7.0663
MySpine Cervical right wire guide C4		7.0664S	7.0664
MySpine Cervical right wire guide C5		7.0665S	7.0665
MySpine Cervical right wire guide C6		7.0666S	7.0666
MySpine Cervical right wire guide C7		7.0667S	7.0667
MySpine Cervical right wire guide C2 e.p. prep		7.0668S	7.0668

The following table lists all the available MySpine Cervical auxiliary instruments.

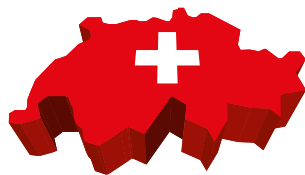
DESCRIPTION	PICTURE	REF.
MySpine-C Drill Sleeve, Wire Ø1.4		03.75.10.0701
MySpine-C Drill Sleeve, Drill Ø1.8		03.75.10.0702
MySpine-C Drill Sleeve, Drill Ø2.4		03.75.10.0703
MySpine-C Drill Sleeve, Drill Ø2.9		03.75.10.0704
MySpine-C Drill Sleeve, Drill Ø3.3		03.75.10.0705
MySpine-C Drill Sleeve, Lenke Probe / Round burr		03.75.10.0706
MySpine-C Tap Sleeve, Tap 2.7		03.75.10.0712
MySpine-C Tap Sleeve, Tap 3.5		03.75.10.0713
MySpine-C Tap Sleeve, Tap 4.0		03.75.10.0714
MySpine-C Tap Sleeve, Tap 4.5		03.75.10.0715
Cervical Tap Solid 2.7 - MySpine Comp.		03.75.10.0722
Cervical Tap Solid 3.5 undersized - MySpine Comp.		03.75.10.0723
Cervical Tap Solid 4.0 undersized - MySpine Comp.		03.75.10.0724
Cervical Tap Solid 4.5 undersized - MySpine Comp.		03.75.10.0725
Cervical Tap Cann. 4.0 undersized - MySpine Comp.		03.75.10.0734
Cervical Tap Cann. 4.5 undersized - MySpine Comp.		03.75.10.0735
MySpine-C Drill Bit Solid Ø1.8, depth markings		03.75.10.0741
MySpine-C Drill Bit Solid Ø2.4, depth markings		03.75.10.0742
MySpine-C Drill Bit Solid Ø2.9, depth markings		03.75.10.0743
MySpine-C Drill Bit Solid Ø3.3, depth markings		03.75.10.0744
MySpine-C Drill Bit Solid Ø1.8, Mech Stop 12mm		03.75.10.0745
MySpine-C Drill Bit Solid Ø2.4, Mech Stop 2mm		03.75.10.0746
MySpine-C Drill Bit Solid Ø2.4, Mech Stop 12mm		03.75.10.0747
MySpine-C Drill Bit Solid Ø2.4, Mech Stop 16mm		03.75.10.0748
MySpine-C Drill Bit Solid Ø2.4, Mech Stop 20mm		03.75.10.0749
MySpine-C Drill Bit Solid Ø2.4, Mech Stop 24mm		03.75.10.0750
MySpine-C Drill Bit Solid Ø2.4, Mech Stop 28mm		03.75.10.0751
Round Burr Ø2.3 / shaft Ø2.7		03.22.10.0720

DESCRIPTION	PICTURE	REF.
MySpine-C Drill Bit Solid Ø2.9, Mech Stop 12mm		03.75.10.0701
MySpine-C Drill Bit Solid Ø2.9, Mech Stop 16mm		03.75.10.0702
MySpine-C Drill Bit Solid Ø2.9, Mech Stop 20mm		03.75.10.0703
MySpine-C Drill Bit Solid Ø2.9, Mech Stop 24mm		03.75.10.0704
MySpine-C Drill Bit Solid Ø2.9, Mech Stop 28mm		03.75.10.0705
MySpine-C Drill Bit Solid Ø3.3, Mech Stop 20mm		03.75.10.0706
MySpine-C Drill Bit Solid Ø3.3, Mech Stop 24mm		03.75.10.0712
MySpine-C Drill Bit Solid Ø3.3, Mech Stop 28mm		03.75.10.0713
MySpine-C Drill Bit Cann. Ø2.9, depth markings		
MySpine-C Drill Bit Cann. Ø3.3, depth markings	03.75.10.0715	
MySpine-C Drill Bit Cann. Ø2.9, Mech Stop 12mm		03.75.10.0722
MySpine-C Drill Bit Cann. Ø2.9, Mech Stop 16mm		03.75.10.0723
MySpine-C Drill Bit Cann. Ø2.9, Mech Stop 20mm		03.75.10.0724
MySpine-C Drill Bit Cann. Ø2.9, Mech Stop 24mm		03.75.10.0725
MySpine-C Drill Bit Cann. Ø2.9, Mech Stop 28mm		03.75.10.0734
MySpine-C Drill Bit Cann. Ø3.3, Mech Stop 20mm		03.75.10.0735
MySpine-C Drill Bit Cann. Ø3.3, Mech Stop 24mm		03.75.10.0741
MySpine-C Drill Bit Cann. Ø3.3, Mech Stop 28mm		03.75.10.0742
Cervical Cannulated Awl - Pin w Handwheel		
Cervical Cannulated Awl, Two Cuts	03.75.10.0744	
Cervical Cannulated Awl, 4-Spikes	03.75.10.0745	

Part numbers subject to change.

NOTE FOR STERILISATION

The instrumentation is not sterile upon delivery. It must be cleaned before use and sterilised in an autoclave in accordance with the regulations of the country, EU directives where applicable and following the instructions for use of the autoclave manufacturer. 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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