

Mectalif ANTERIOR

ANTERIOR LUMBAR INTERBODY FUSION DEVICE

MODULAR DESIGN OFFERS FREEDOM OF CHOICE



Surgical Technique

Joint

Spine

Sports Med

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1. INTRODUCTION

The design incorporates the benefits of an anterior plate and a radiolucent interbody spacer. The five plate designs that can be used are designed to accommodate specific anatomic requirements. The system is completely modular. It offers a cage with 3 different footprints, 4 degrees of lordosis and 5 heights, to which the surgeon can connect any of the four five profile plates that is required for the specific pathology the surgeon wants to treat.

1. The cage is offered in TiPEEK material and has 4 optional lordosis angles in 5deg, 10deg, 15deg and 20deg.



2. The MectaLIF Anterior Stand-Alone - Flush design creates a zero-profile construct with minimum geometrical impact.



3. The Lateral Plate design provides the option to insert the cage & plate combination in an anterior-lateral approach in order to minimize the manipulation of the arteries.



4. The L5-S1 Plate has specific screw and plate angulations in order to specifically match the curvature of the spine in the lumbo-sacral region.



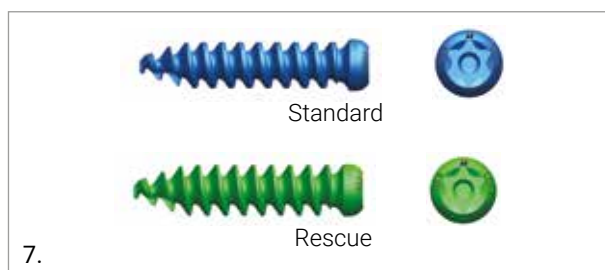
5. The Long Plate can be used in levels where the surgeon requires a longer plate support such as levels L2-L3-L4-L5.



6. The Hybrid Plate merges the properties of the Flush and the Long Plate by offering superior cranial stability and a caudal flush profile.



7. The screws are offered in 2 diameters and 4 lengths in order to provide multiple options, including a "rescue" option, to the surgeon.



1.1 MATERIAL & MARKER

- Biocompatible radiolucent PEEK (Polyetheretherketone) allows a clear assessment of bony fusion through the device. PEEK provides an excellent modulus of elasticity and load sharing attributes
- Titanium coating provides osteoconductive features

Posterior and lateral Tantalum marker pins allow for clear radiographic visualization of the device in the coronal and sagittal planes.



- Titanium Screws
- Titanium Plate



1.2 INDICATIONS

The MectaLIF Anterior is an interbody fusion device indicated for use in patients with degenerative disc disease (DDD) at one or two contiguous levels from L2 to S1.

These DDD patients may also have up to Grade I spondylolisthesis or retrolisthesis at the involved level(s). The interior of the spacer component of the MectaLIF Anterior can be packed with autograft.

DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies.

These patients should be skeletally mature and have had six months of non-operative treatment. These patients may have had a previous non-fusion spinal surgery at the involved spinal level(s).

The MectaLIF Anterior Stand-Alone system is intended to be used with bone screws provided and requires no additional supplementary fixation.

1.3 CONTRAINDICATIONS

The MectaLIF Anterior interbody fusion device system should not be implanted in patients with active systemic infection or infection localized to the site of implantation.

Please see the package insert for the full list of indications, contra-indications, precautions and warnings.

1.4 PREOPERATIVE PLANNING

Prior to any surgical implantation of the device, it is critical to evaluate the patient's pre-operative MRI and/or CT to template and determine the most appropriate size and type of implant to be used in order to match the patient's anatomy.

1.5 SURGICAL APPROACH

The surgical approach depends on which level needs to be treated.

The MectaLIF Anterior interbody fusion device system is indicated for use via the anterolateral surgical approach as well as the anterior retroperitoneal approach.

2. PREPARATION

The MectaLIF Anterior interbody fusion device system can be implanted either by an anterior or anterior- lateral approach.

The Lateral Plate is intended to be used for an anterior-lateral approach. The Anterior Hybrid as well as the Long, L5-S1 plates and the Flush plate are intended for the anterior approach.

Both options are included in order to provide the surgeon the possibility to enter the disc space from the most favorable angle to allow final implant positioning. In an anterolateral approach, this angle still requires an anterior annulotomy and at least a partial removal of the anterior longitudinal ligament for good disc preparation and implant positioning.

available if distraction or remobilization is required. Check if the Vertebral Body Distractor is safely positioned with an intraoperative lateral X-ray.

2.1 ANTERIOR ACCESS AND APPROACH

Locate the correct operative level and incision location by taking a lateral fluoroscopic view while holding a straight metal object, such as a guide wire, at the side of the patient. This will ensure that the incision and exposure allow direct visualization of the vertebral segment. The locking screws of the MectaLIF Anterior Stand-Alone Flush, L5-S1, Hybrid and Long Plate must be inserted from a direct anterior approach.



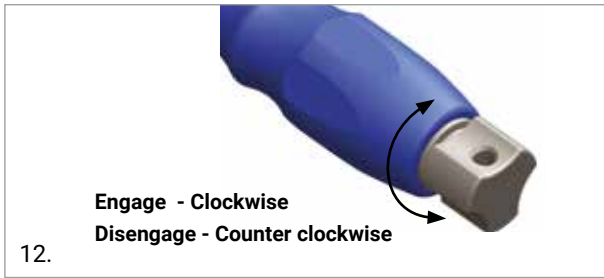
2.2 DISCECTOMY AND ENDPLATE PREPARATION

Expose the disc space to create sufficient space on either side of the vertebral midline. This allows for safe insertion of the implant, without interference from possible adjacent soft tissue. Good preparation of the disc space is vital prior to implantation. Medacta provides optional Auxiliary Disc Prep Instruments to help with the disc preparations. Remove the cartilage endplates to bleeding bone, do not compromise the integrity of the bony endplates. An additional Distractor or a Modular Padde Distractor are

2.3 TRIAL SELECTION

Select the Flush Profile Trial that is most suitable for the disc space. Check the appropriate footprint and lordotic angle. Attach it to the Straight Inserter and lock tightly by turning the wheel at the end of the Inserter Handle.





Insert the Trial to determine the appropriate size. Light tapping from the Slotted Mallet may be necessary.



If the Trial is too loose, remove it carefully and select the next higher size. The Trial should be a tight fit and slightly distract the disc space.

NOTE: After impacting the Straight Inserter, it may be necessary to retighten the wheel at the end of the handle.

NOTE: Use the Slotted Mallet or Slap-Hammer if necessary to remove the Straight Inserter if necessary.

NOTE: Use X-ray to verify the position of the Trial, the restoration of the disc and the foraminal height. Also check the overall alignment of the spine before selecting your final implant choice.

2.4 IMPLANT SELECTION & ASSEMBLY

Select the appropriate size cage implant, based on the outcome of the trial measurements. Use the same height, and footprint that is indicated on the Trial Implant (1). Insert the pin of the plate into the center hole of the cage (2). Rotate clockwise till the plate snaps on the cage (3).

WARNING

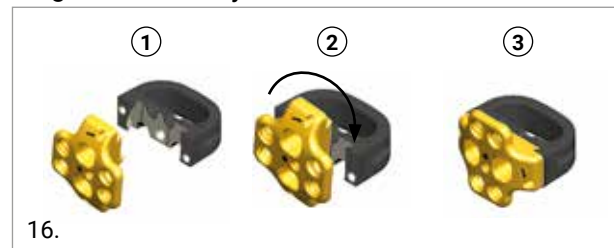
Select only plates and cages of corresponding heights. Avoid to assemble cage-plate of different heights which may lead to implant failure

NOTE: Use the two grooves on the cage as positioning reference before rotating the plate.

Flush Plate-Assembly



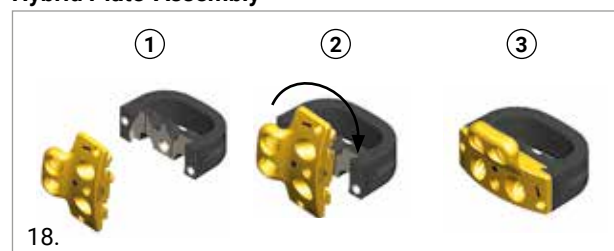
Long Plate-Assembly



L5-S1 Plate-Assembly



Hybrid Plate-Assembly



The system is fully locked when the surfaces of the plate and the cage are parallel. This is confirmed when the Straight Inserter pins fit exactly into the cage-plate assembly. Align the black arrow with the black dot of the plate.



19.

If the system needs to be disassembled the Plate Inserter/ Remover can be used to disconnect the plate from the cage.



20.

2.5 ANTERIOR-LATERAL ACCESS AND APPROACH

In the event an anterior approach is not desirable or achievable, an anterior-lateral option is available. Locate the correct operative level and incision location by taking a lateral flourosopic view while holding a straight metal object, such as a guide wire, at the side of the patient. This will ensure that the incision and exposure allow direct visualization of the vertebral segment.

2.6 ANTERIOR-LATERAL DISCECTOMY AND ENDPLATE PREPARATION

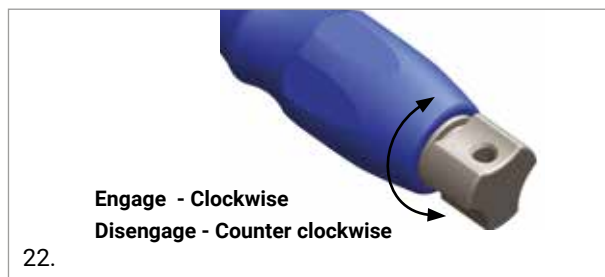
The screws of the MectaLIF Anterior Lateral Plate must be inserted from an anterior-lateral approach. Expose the disc space to create sufficient space over the vertebral midline. This allows for safe insertion of the implant, without interference from possible adjacent soft tissue. Midline position should be marked using an AP X-ray. Good preparation of the disc space is vital prior to implantation. Medacta provides optional Auxiliary Disc Prep Instruments to help with the disc preparations. Remove the cartilage endplates to bleeding bone, do not compromise the integrity of the bony endplates. An additional Distractor or Modular Paddle Distractor are available if distraction or remobilization is required. Check if the Distractor is safely positioned with an intraoperative lateral X-ray.

2.7 ANTERIOR-LATERAL TRIAL SELECTION

Select the Lateral Profile Trial that is most suitable for the disc space. Check the appropriate footprint and lordotic angle. Attach it to the Lateral Inserter and lock tightly by turning the wheel at the end of the handle.



21.



22.

Insert the Trial to determine the appropriate size. Light tapping from the Slotted Mallet may be necessary.



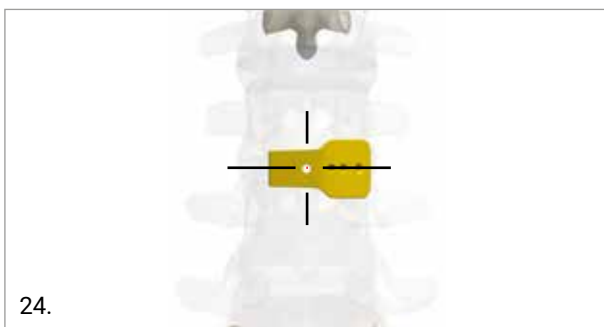
23.

If the Trial is too loose, remove it carefully and select the next higher size. The Trial should be a tight fit and slightly distract the disc space.

NOTE. 1: After impacting the Lateral Inserter, it may be necessary to retighten the wheel at the end of the Insert Handle.

2: Use the Slotted Mallet or the Slap Hammer to remove the Lateral Inserter if necessary.

3: Use X-ray to verify the position of the Trial. The trial has a central hole to verify the correct alignment with the axis of the spine.



Also, check restoration of the disc and foraminal height and the overall alignment of the spine before selecting your final implant choice.

2.8 ANTERIOR-LATERAL IMPLANT SELECTION & ASSEMBLY

Select the appropriate size cage implant, based on the outcome of the trial measurements. Use the same height, and footprint that is indicated on the Trial Implant (1). Insert the pin of the plate into the center hole of the cage (2). Rotate clockwise till the plate snap on the cage (3).

WARNING

Select only plates and cages of corresponding heights. Avoid to assemble cage-plate of different heights which may lead to implant failure

NOTE: Use the two grooves on the cage as positioning reference before rotating the plate.

Long Plate-Assembly



3. IMPLANT INSERTION

3.1 IMPLANT GRAFT PACKING

Autogenous bone graft may be packed in the implant. Firmly pack the graft material in the window of the cage.

To help packing the cage with bone graft, a dedicated Loading Station may be used to place the cage - plate construct.

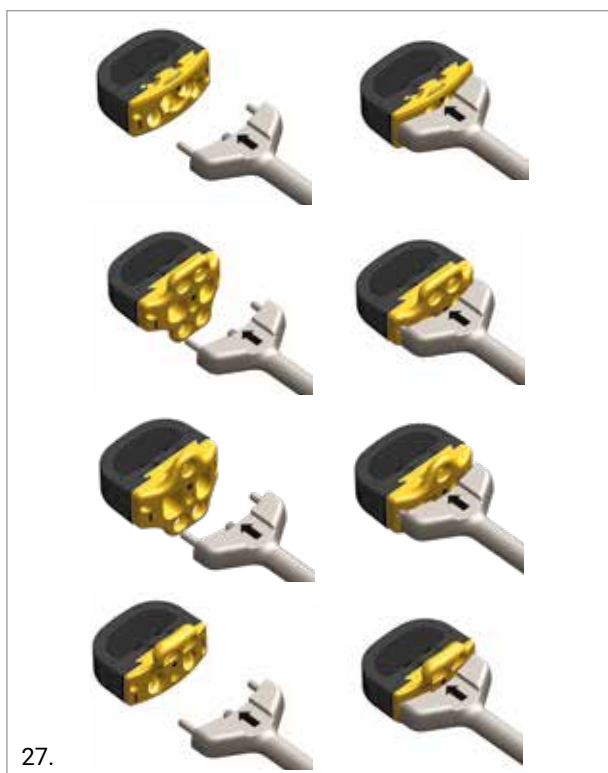


The loading station can also be used to hold the screws while engaging them with the screwdrivers.

3.2 STANDARD IMPLANT PREPARATION & INSERTION

“Flush”, “Long”, “L5-S1” and “Hybrid” Plate Implant Preparation & Insertion

While ensuring the correct alignment of the cage to the Straight Inserter, screw the Insert Handle tightly onto the device.



NOTE: The Straight Inserter must be attached firmly to the plate to avoid damage to the implant holder or the plate threads. Ensure the correct device positioning by aligning the arrow on the Straight Inserter with the dot laser marked in the front side of the plate.

Place the implant into the disc space and lightly impact the Straight Inserter with a Slotted Mallet to advance the implant to its desired position.



A Vertebral Distractor can be used to assist with guiding the implant initially to the disc. Hold the Vertebral Distractor firmly.



Slide the implant between the Vertebral Distractor blades and into the disc space until the implant is counter sunk about 3mm beyond the anterior vertebral wall.



Verify the final implant positioning with the aid of an intraoperative lateral & AP X-ray.

Remove the straight Inserter.

NOTE: The Straight Fitting Instrument can be used in case a quick reposition of the implant is necessary after disengagement of the Straight Inserter.

“Lateral Plate” Implant Preparation & Insertion

While ensuring the correct alignment of the cage to the Straight Inserter, screw the Insert Handle tightly onto the device.



NOTE: The lateral pin of the Lateral Inserter has to be inside the groove in the cage to get enough rotation stability during the implantation.

The Lateral Inserter must be attached firmly to the plate to avoid damage to the implant holder or the plate threads.

Ensure the correct device positioning by aligning the arrow on the Lateral Inserter with the dot laser marked in the front side of the plate.



Place the implant into the disc space and lightly impact the Lateral Inserter with a Slotted Mallet to advance the implant to its desired position.



A Vertebral Distractor can be used to assist with guiding

the implant initially to the disc. Hold the Vertebral Distractor firmly.



Slide the implant between the Vertebral Distractor blades and into the disc space until the plate is seated onto the anterior- lateral vertebral wall.

Verify the final implant positioning with the help of an intraoperative AP & lateral X-ray.

NOTE: With a lateral insertion extra verification of good midline positioning of the implant should be performed with the help of intra-operative X-Ray.

3.3 ALTERNATIVE “FLUSH PLATE” IMPLANT PREPARATION & INSERTION

The “Quick Inserter” allows for an alternative technique to insert the flush plate implant configuration. The instruments combines the insertion of the implant with the distraction of the disc space.



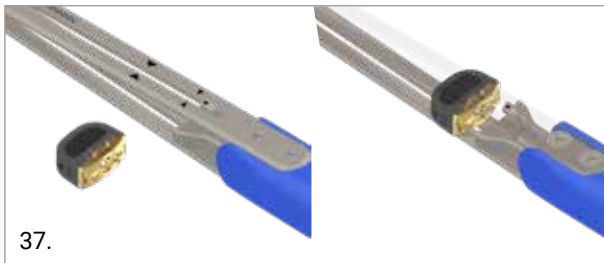
NOTE: This instrument can also be used for trial insertion, but not for removal.

Prepare the Quick Inserter by turning the distal blue knob wheel backwards until the pusher is positioned just under the blue handle.

The head of the Quick Inserter has a marked dot. The dot has to be above the upper arrow in order to simplify implant fixation.



Slide the implant between the inserter blades and seat it onto the head. While ensuring the correct alignment of the cage to the head, screw the inner shaft and fix the implant to the Quick Inserter.



The implant inserter must be attached firmly to the plate to avoid damage to the implant holder or the inserter itself.



Insert the tips of the inserter's blade into the disc space. The depth stops on the tips should be in contact with the anterior wall of the vertebral body.



By turning the distal blue wheel clockwise you will advance the implant towards the disc space. Tension will increase as the implant enters the disc space and the blades distract the segment.

NOTE: Ensure that an enough axial force is applied on the inserter in case the blades start to move out the disc space before the implant has reached the final position.



Continue turning the distal blue wheel until the implant is properly seated in the disc space and the ramps are fully ejected and released.



CAUTION

Take care to retract all soft tissue and blood vessels from the site where the ejection mechanism touches the vertebral body.

CAUTION

The Quick Inserter is not intended to be used for disc height distraction. Doing so could compromise the integrity of the devices utilized. If distraction is necessary, apply the dedicated instrumentation prior to implant insertion.

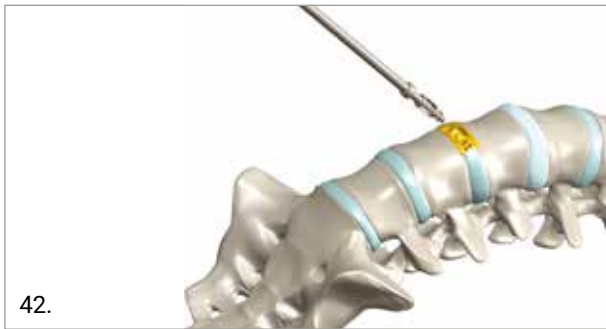
After verifying proper implant placement proceed with screw placement as described in this paragraph or in the paragraph 8.2 Guided Technique.

4. SCREW INSERTION

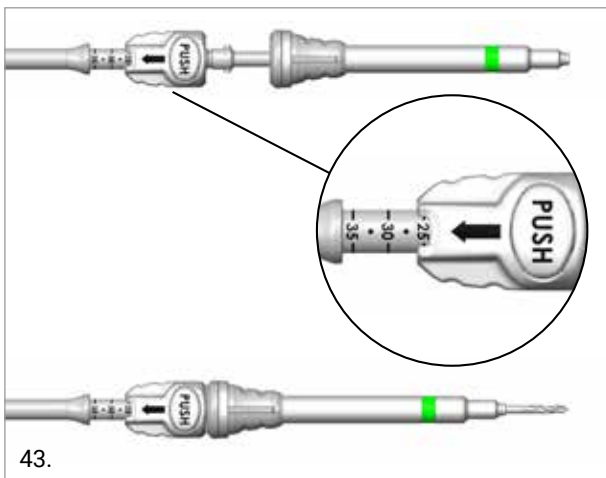
4.1 FREE HAND TECHNIQUE

“Flush”, “Long”, “L5-S1” and “Hybrid” Screw Insertion

Use the Awl Straight/ Awl Universal Joint to perforate the cortical bone.



Use the Drill Straight / Drill Universal Joint to set the screw hole length. Couple the Drill Straight with the related sleeve. Push the button to adjust the depth of perforation; the scale reported on the instrument (20-35mm span) corresponds with the related size of the screw to insert.



WARNING

When using the Awl/Drill Universal Joint instruments do not over-angle the distal tip to avoid mechanical blockage. Also avoid non-axial overpressure that may cause tip damage/breakage.

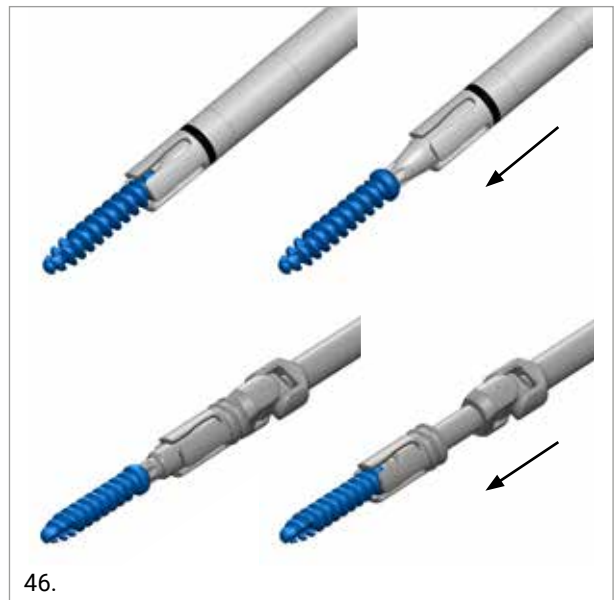
Before inserting the screw, tapping is recommended. Both straight and U-Joint instruments are available.



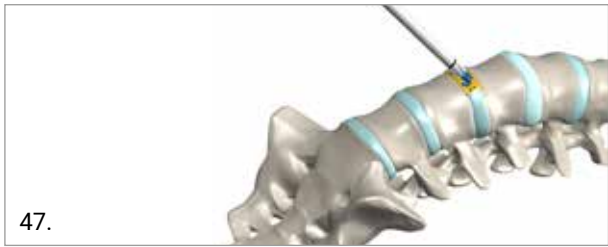
WARNING

When using screws with length < 30mm, the Tap Straight should not be used all the way through the holes to avoid overtapping;

Connect the screw to the Screwdriver Straight or to the Screwdriver Universal Joint.



Insert the screw into the threaded hole of the plate.



47.

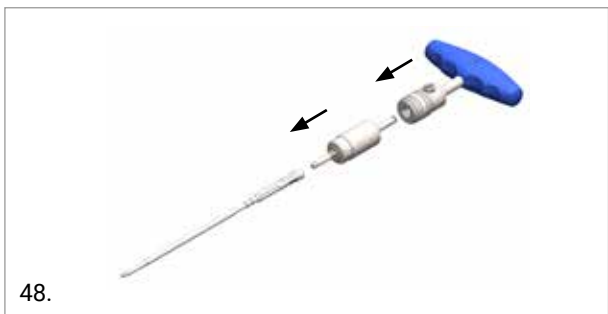
Perform the final tightening with the Straight, the Modular or the Angled torque limiter Screwdriver.

All these instruments are equivalent; the surgeon may choose the option that results more ergonomic depending on individual preferences and patient anatomy.

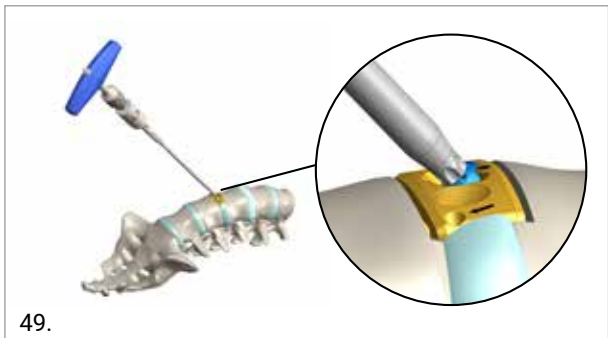
The pictures below show the Modular Straight and the Modular Angled solution.

WARNING

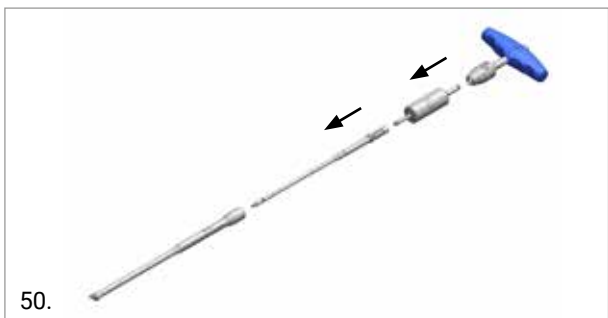
Do not apply lateral bending to avoid breakage or bending.



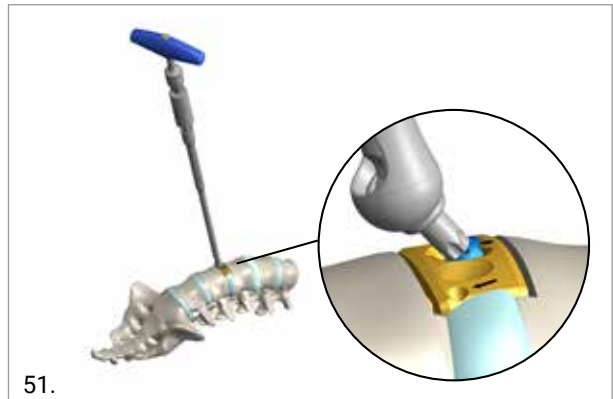
48.



49.



50.



51.

WARNING

The 5.5 Nm Torque Limiting Screw Driver must be used to guarantee the correct screw final tightening without damaging screw/instrument interface.

WARNING

It is recommended not to use the T-handle with Awls, Taps, Drills and Screwdrivers except for the torque limiting drivers.



52.

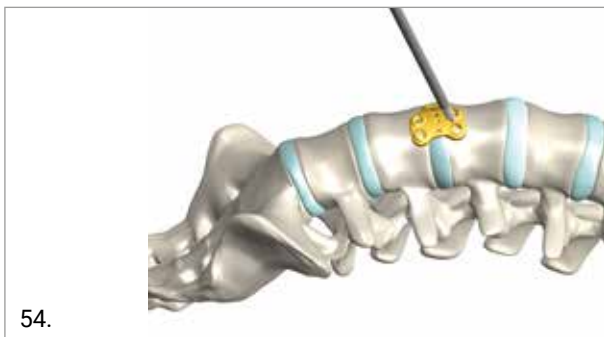
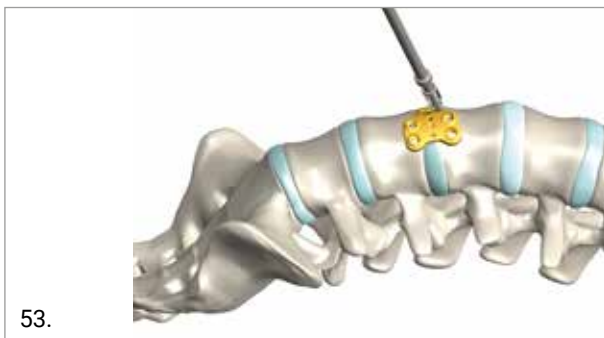
After the insertion of the screws, verify correct placement with the help of an intraoperative AP and lateral X-ray.

WARNING

Implantation at two consecutive levels in combination with screws longer than 25mm, the screw length has to be verified by fluoroscopy prior to screw insertion; this is meant to prevent screws interference.

Lateral Screw Insertion

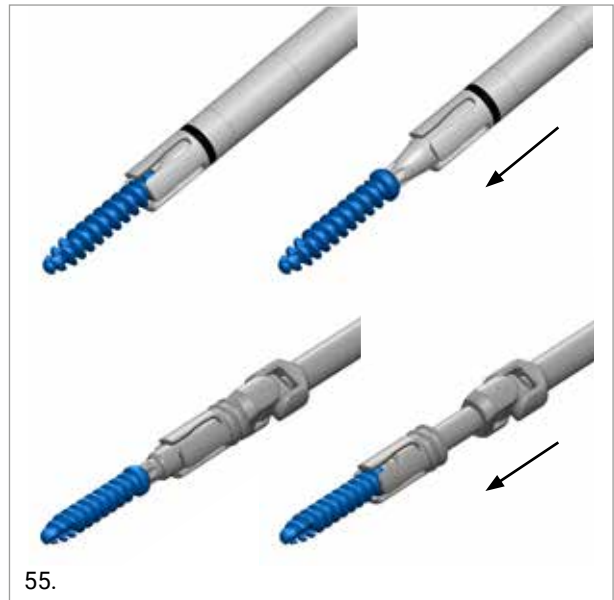
Use the Awl Straight/ Awl Universal Joint (fig. 44) to perforate the cortical bone and then tap with the ALIF Tap to define the screw trajectory (fig. 45).



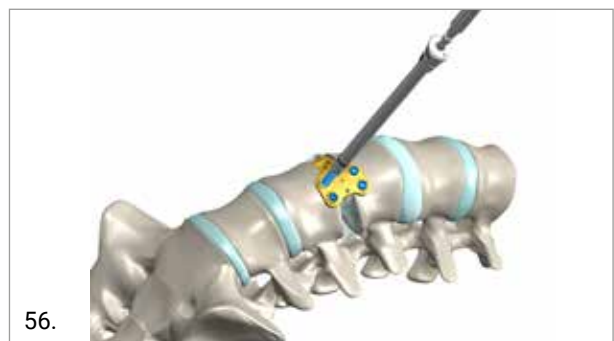
WARNING

When using the Awl/Drill Universal Joint instruments do not over-angle the distal tip to avoid mechanical blockage. Also avoid non-axial overpressure that may cause tip damage/breakage.

Connect the screw to the Screwdriver Straight or Universal Joint.



Insert the screw in each of the pre-drilled holes.



Perform the final tightening with the Straight, the Modular or the Angled torque limiter Screwdriver.

NOTE: The Straight Screwdriver can be also used as screw remover in case of need.

WARNING

The 5.5 Nm Torque Limiting Screwdriver must be used to guarantee the correct screw final tightening without damaging screw/instrument interface.

WARNING

It is recommended not to use the T-handle with Awls, Taps, Drills and Screwdrivers except for the torque limiting driver.



57.

After the insertion of the screws, verify correct placement with the help of an intraoperative AP and lateral X-ray.

WARNING

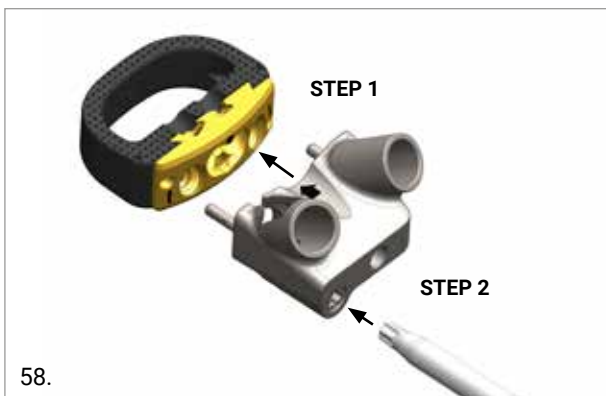
Implantation at two consecutive levels in combination with screws longer than 25mm, requires verification by fluoroscopy prior to screw insertion to prevent screw interference.

5. FLUSH CONSTRUCT - GUIDED TECHNIQUE

Prepare the Flush construct as per the instructed steps in paragraph 6.4.

Assemble the Aiming Device to the Flush construct and then firmly attach it to the Flush construct, by securing the anti back-out mechanism with the Screwdriver Straight.

NOTE: Align the arrow in the Targeting Device with the black dot on the plate.



58.

During step 3, rotate the shaft on the targeting device until its mechanical stop.

Slide the construct into the disc space. The shaft can be then removed for better visibility or left attached to the targeting device for better handling.



60.

CAUTION

Do not overtighten the anti back-out mechanism to avoid damages.

Load the dedicated Targeting Device Shaft with a clockwise rotation.



59.

OPTION

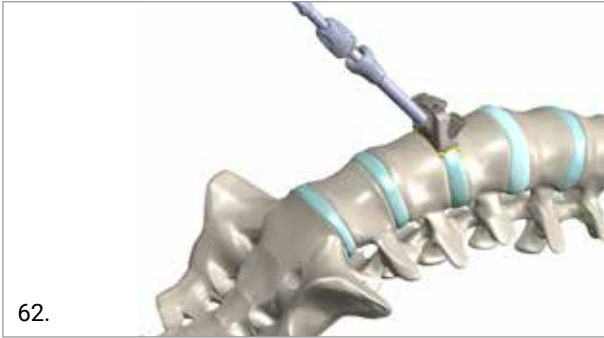
The Flush construct can be alternatively positioned using the standard inserter, the Targeting Device can be then attached in situ.

Insert the Awl Straight/ Awl Universal Joint into the Targeting Device and perforate the cortical bone.



61.

Use the Drill Straight / Drill Universal Joint and drill the bone.

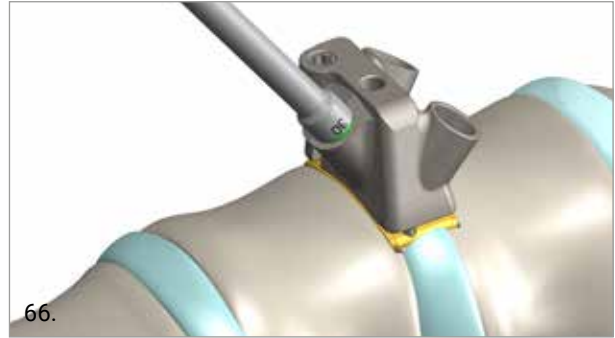
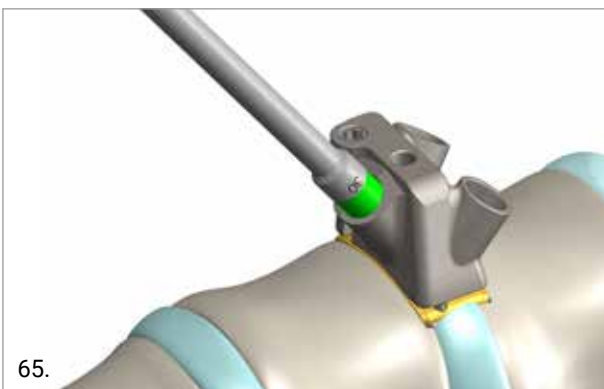
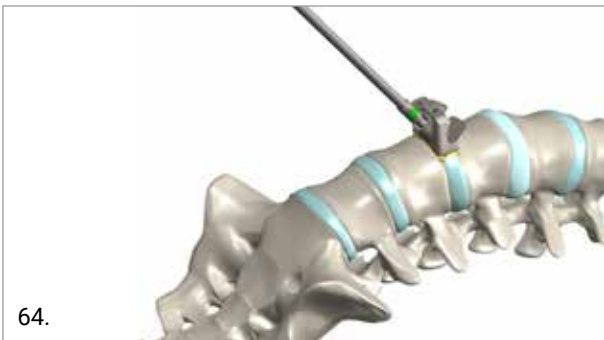


NOTE: The mechanical stop is reached when the green mark is fully inside the aiming device.

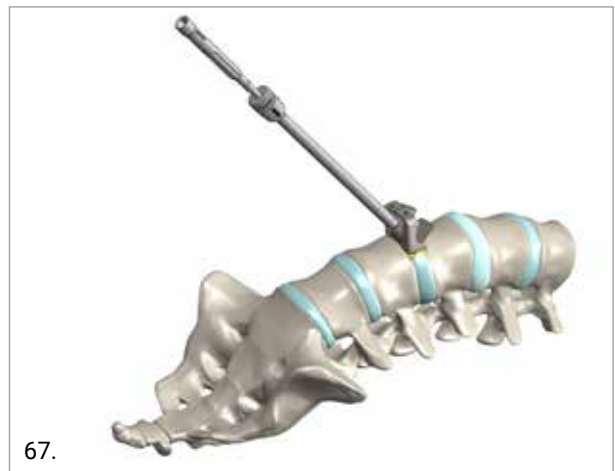
Tap the drilled hole. The tap straight is marked at 25mm and 30mm.



NOTE: When the mechanical stop is reached the green marker of the tap is flush with the hole of the targeting device

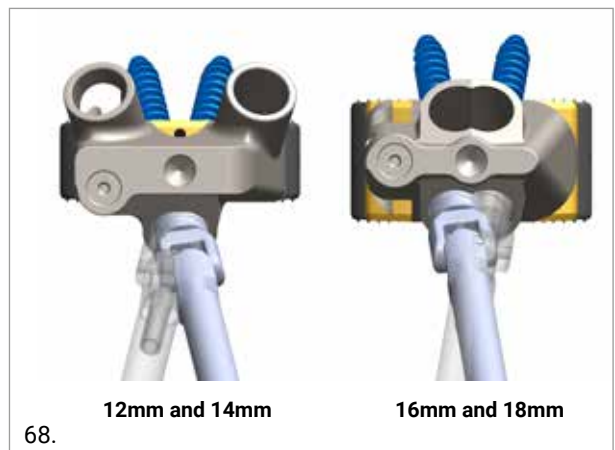


If 25mm Screws/Implants are used stop tapping at the beginning of the green mark. Insert the screw with the Straight/U-joint screwdriver.



Perform the final tightening at 5.5Nm with the straight or the modular torque limiter .

When using the Targeting Device with the height of 12 or 14mm the Right/Left Perforation through the single hole access located in the caudal side, as well as when using the Targeting Device with the height of 16 or 18mm, must be performed with the dedicated instrument correctly aligned in the counter Right/Left direction (see figure below).



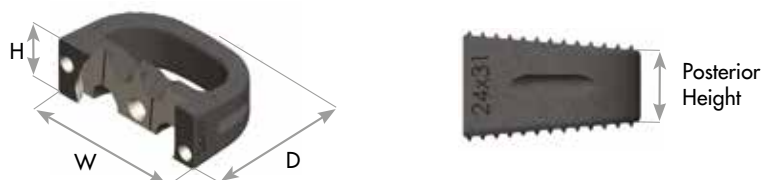
6. IMPLANT REMOVAL

If a revision of an implant is performed or a badly-positioned implant needs to be removed, implants can be safely removed using the standard instruments and the Slotted Mallet or Slap Hammer. While ensuring the correct alignment of the cage to the appropriate Implant Inserter, screw the Insert Handle tightly onto the implant. The Implant Handle must be attached firmly to the plate to avoid damage to the Inserter (Implant holder) or the plate threads. Connect the Slotted Mallet or Slap Hammer onto the distal end of the inserter and gently slap back the implant from the disc space.

NOTE: In revision cases bony in-growth on the central threaded hole and screw heads may block proper connection of the instruments. Removal of this bony in-growth is mandatory for safe removal of the implant.

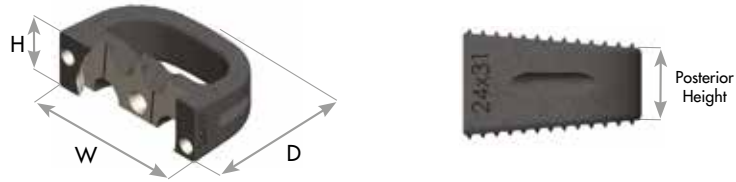
7. IMPLANTS NOMENCLATURE

MECTALIF ANTERIOR TIPEEK CAGES



REFERENCE	SIZE (MM) [D X W X H]	LORDOSIS	POSTERIOR HEIGHT (MM)
03.31.001	24x31x10	5°	7.5
03.31.002	24x31x12	5°	9.5
03.31.003	24x31x14	5°	11.5
03.31.004	24x31x16	5°	13.5
03.31.005	24x31x18	5°	15.5
03.31.006	24x31x10	10°	5.8
03.31.007	24x31x12	10°	7.8
03.31.008	24x31x14	10°	9.8
03.31.009	24x31x16	10°	11.8
03.31.010	24x31x18	10°	13.8
03.31.011	24x31x10	15°	4.0
03.31.012	24x31x12	15°	6.0
03.31.013	24x31x14	15°	8.0
03.31.014	24x31x16	15°	10.0
03.31.015	24x31x18	15°	12.0
03.31.031	24x31x 12	20°	4.1
03.31.032	24x31x14	20°	6.1
03.31.033	24x31x16	20°	8.1
03.31.034	24x31x18	20°	10.1
03.31.016	27x35x10	5°	7.2
03.31.017	27x35x12	5°	9.2
03.31.018	27x35x14	5°	11.2
03.31.019	27x35x16	5°	13.2
03.31.020	27x35x18	5°	15.2
03.31.021	27x35x10	10°	5.2
03.31.022	27x35x12	10°	7.2
03.31.023	27x35x14	10°	9.2
03.31.024	27x35x16	10°	11.2
03.31.025	27x35x18	10°	13.2
03.31.026	27x35x10	15°	3.2
03.31.027	27x35x12	15°	5.2
03.31.028	27x35x14	15°	7.2
03.31.029	27x35x16	15°	9.2
03.31.030	27x35x18	15°	11.2
03.31.040	27x35x14	20°	5.0
03.31.041	27x35x16	20°	7.0
03.31.042	27x35x18	20°	9.0

MECTALIF ANTERIOR TIPEEK CAGES



REFERENCE	SIZE (MM) [D X W X H]	LORDOSIS	POSTERIOR HEIGHT (MM)
03.31.060	30 x 40 x 10	5°	7.0
03.31.061	30 x 40 x 12	5°	9.0
03.31.062	30 x 40 x 14	5°	11.0
03.31.063	30 x 40 x 16	5°	13.0
03.31.064	30 x 40 x 18	5°	15.0
03.31.065	30 x 40 x 10	10°	4.7
03.31.066	30 x 40 x 12	10°	6.7
03.31.067	30 x 40 x 14	10°	8.7
03.31.068	30 x 40 x 16	10°	10.7
03.31.069	30 x 40 x 18	10°	12.7
03.31.070	30 x 40 x 12	15°	4.4
03.31.071	30 x 40 x 14	15°	6.4
03.31.072	30 x 40 x 16	15°	8.4
03.31.073	30 x 40 x 18	15°	10.4
03.31.074	30 x 40 x 14	20°	3.9
03.31.075	30 x 40 x 16	20°	5.9
03.31.076	30 x 40 x 18	20°	7.9

MECTALIF ANTERIOR FLUSH PLATES



REFERENCE	SIZE
03.30.201	Flush Profile H. 12 mm
03.30.202	Flush Profile H. 14 mm
03.30.203	Flush Profile H. 16 mm
03.30.204	Flush Profile H. 18 mm

MECTALIF ANTERIOR L5-S1 PLATES



REFERENCE	SIZE
03.30.221	L5-S1 Profile H. 10 mm
03.30.222	L5-S1 Profile H. 12 mm
03.30.223	L5-S1 Profile H. 14 mm
03.30.224	L5-S1 Profile H. 16 mm
03.30.225	L5-S1 Profile H. 18 mm

MECTALIF ANTERIOR LONG PLATES



REFERENCE	SIZE
03.30.211	Long Profile H. 10 mm
03.30.212	Long Profile H. 12 mm
03.30.213	Long Profile H. 14 mm
03.30.214	Long Profile H. 16 mm
03.30.215	Long Profile H. 18 mm

MECTALIF ANTERIOR LATERAL PLATES



REFERENCE	SIZE
03.30.241	Lateral Profile H. 10 mm
03.30.242	Lateral Profile H. 12 mm
03.30.243	Lateral Profile H. 14 mm
03.30.244	Lateral Profile H. 16 mm
03.30.245	Lateral Profile H. 18 mm

MECTALIF ANTERIOR HYBRID PLATES



REFERENCE	SIZE
03.30.232	Hybrid Profile H.12 mm
03.30.233	Hybrid Profile H.14 mm
03.30.234	Hybrid Profile H.16 mm
03.30.235	Hybrid Profile H.18 mm

MECTALIF ANTERIOR SCREWS PRIMARY



ENHANCED SCREW	SIZE	BLUNT TIP SCREW
03.30.111	Screw Ø5 x 25mm (1x)	03.30.101
03.30.112	Screw Ø5 x 30mm (1x)	03.30.102
03.30.113	Screw Ø5 x 35mm (1x)	03.30.103
03.30.114	Screw Ø5 x 40mm (1x)	03.30.107
03.30.131	Screw Ø5 x 25mm (2x)	03.30.121
03.30.132	Screw Ø5 x 30mm (2x)	03.30.122
03.30.133	Screw Ø5 x 35mm (2x)	03.30.123
03.30.134	Screw Ø5 x 40mm (2x)	03.30.127

MECTALIF ANTERIOR SCREWS REVISION



ENHANCED SCREW	SIZE	BLUNT TIP SCREW
03.30.115	Screw Ø5,5 x 25mm (1x)	03.30.104
03.30.116	Screw Ø5,5 x 30mm (1x)	03.30.105
03.30.117	Screw Ø5,5 x 35mm (1x)	03.30.106
03.30.118	Screw Ø5,5 x 40mm (1x)	03.30.108
03.30.135	Screw Ø5,5 x 25mm (2x)	03.30.124
03.30.136	Screw Ø5,5 x 30mm (2x)	03.30.125
03.30.137	Screw Ø5,5 x 35mm (2x)	03.30.126
03.30.138	Screw Ø5,5 x 40mm (2x)	03.30.128

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 respecting the regulations of the country EU, directives where applicable and following the instruction 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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