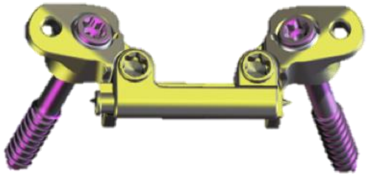
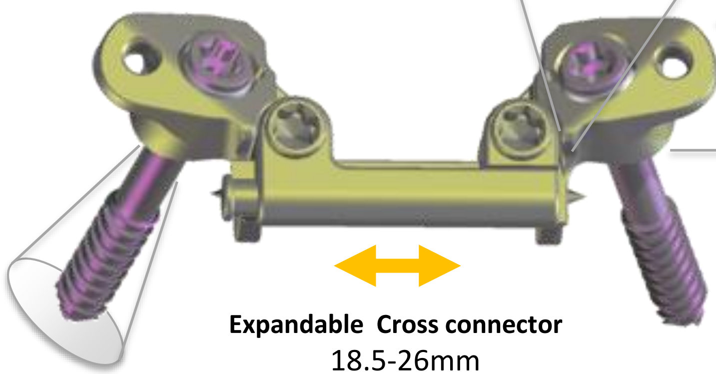
FacetLINK



MINI Surgical Technique

FacetLINK MINI



FacetLINK

Trans-Articular Screws

4.5mm magenta

Partially-Threaded

Fully-Threaded

5.0mm gold

Partially-Threaded

Fully-Threaded

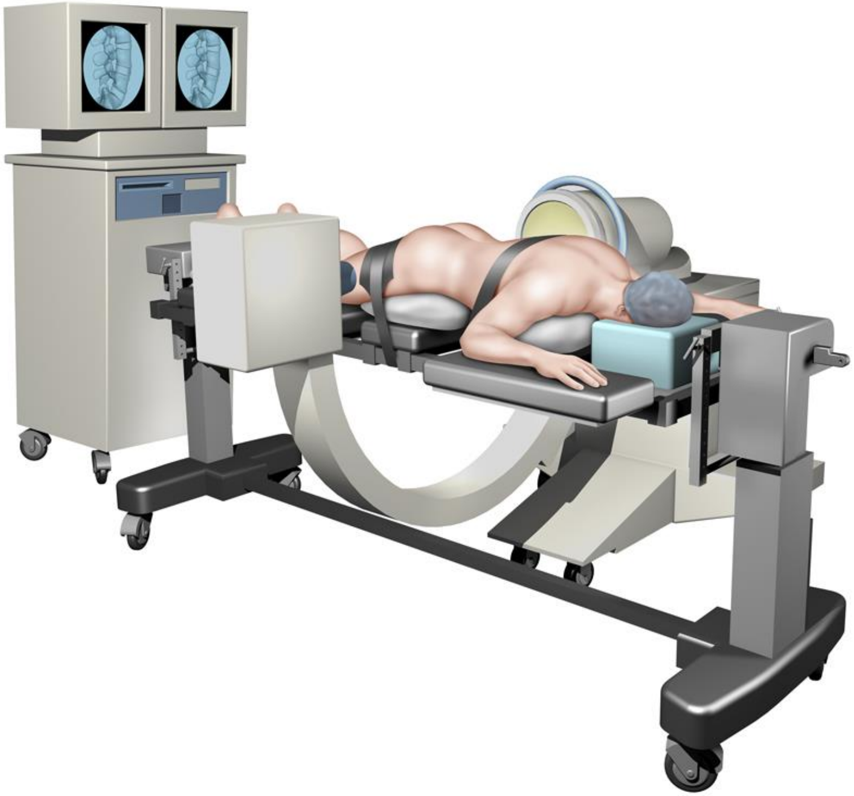
	Thread diameter	
	4.5mm	5.0mm
Length [mm]	25	25
	30	30
	35	35
	40	40
	45	45
	50	50
	55	55

FacetLINK MINI

Step One

Room Set Up, Table Selection, and Positioning

- Screw trajectories are "downward"
- Often helpful to arrange the monitor at the base of the bed
- Images can be viewed without the need to turn your head away from your working area



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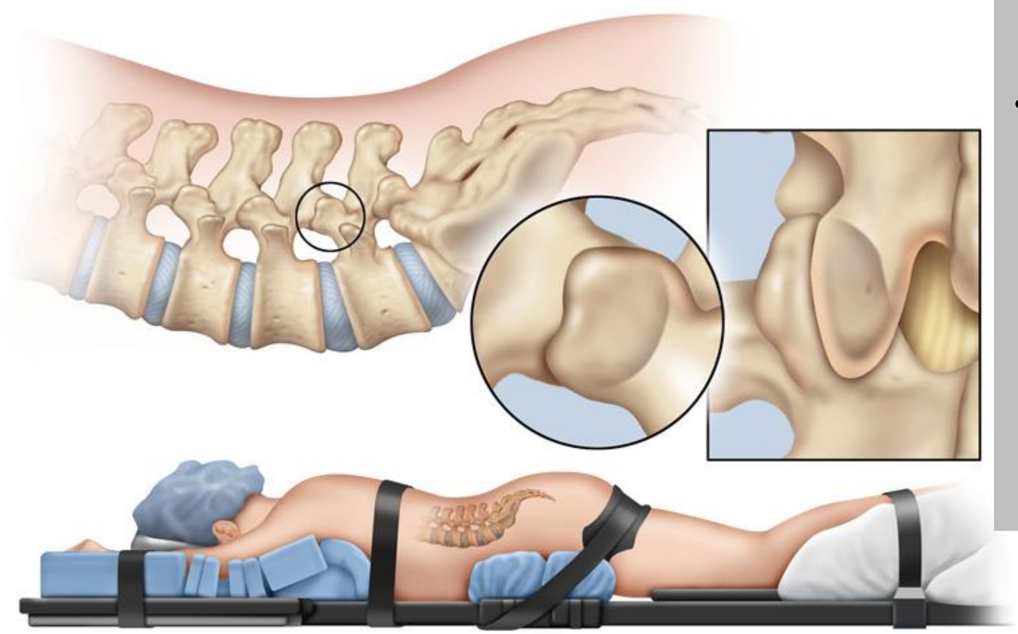
Step One

Room Set Up, Table Selection, and Positioning (continued)



- Legs extended to facilitate lumbar lordosis
- Table capable of fluoroscopic imaging without interference from radio-opaque structures. Views including:
  - **AP**
  - **Lateral**
  - **Oblique (Scotty-Dog)**

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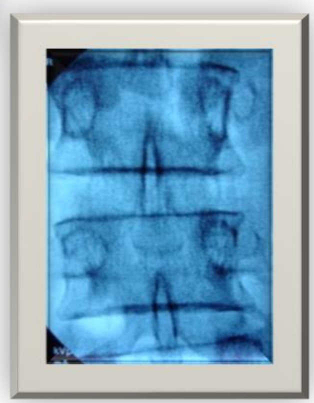
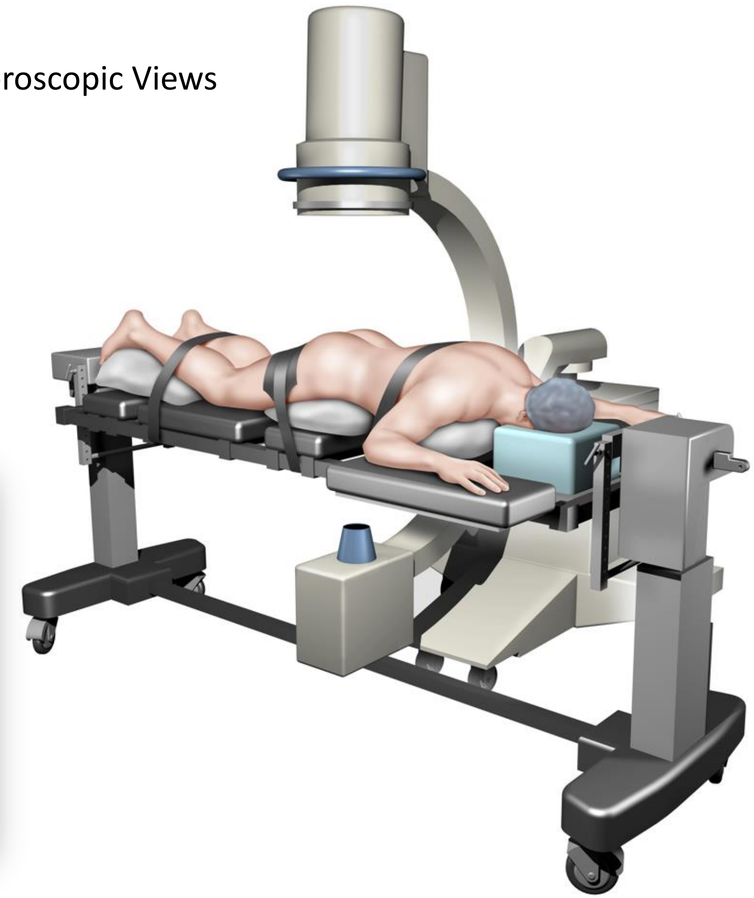
Step Two

Identify Surgical Level, Obtain True Fluoroscopic Views





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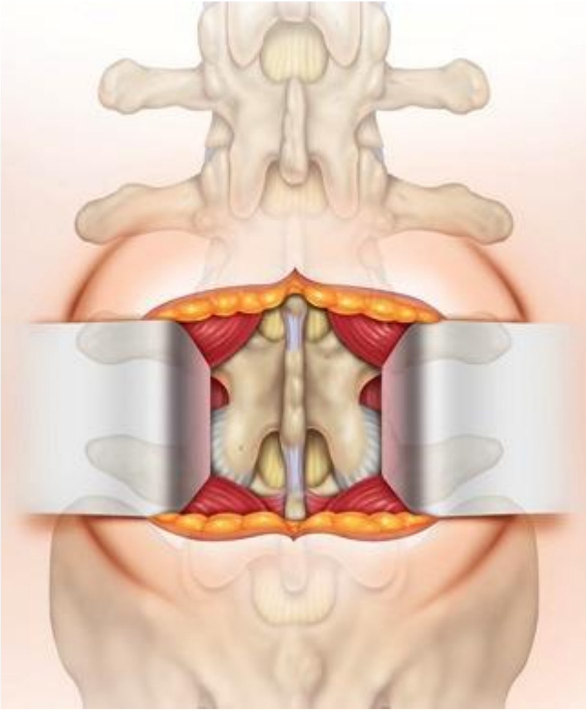
Step Three

Exposure



Please Note:

It is important that the exposure include full visualization of the Pars Interarticularis, so that the maximum possible amount of bone stock at the waist can be retained when performing the decompression.

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Step Four

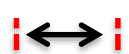
Template Decompression

Surgical Pearl:
Ensure the resection gauge is in the midline so that the decompression retains the Mid-Lateral Pars on both sides symmetrically.

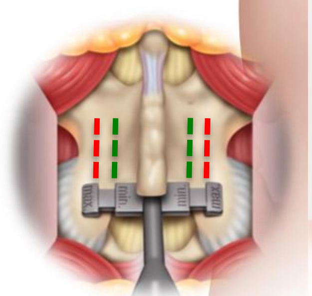
A bovie or sharp instrument can be used to demarcate the lateral boundary of the minimum and maximum decompression

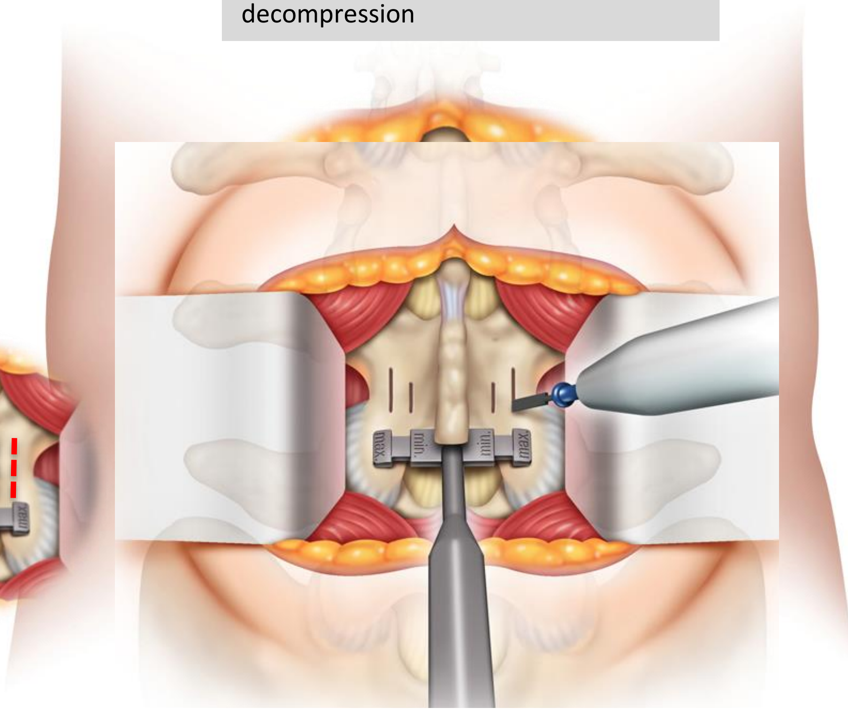
Please Note:
Care should be taken to ensure that a minimum of 6mm of Pars Interarticularis will remain on each side following the decompression.

Minimum Resection



Maximum Resection





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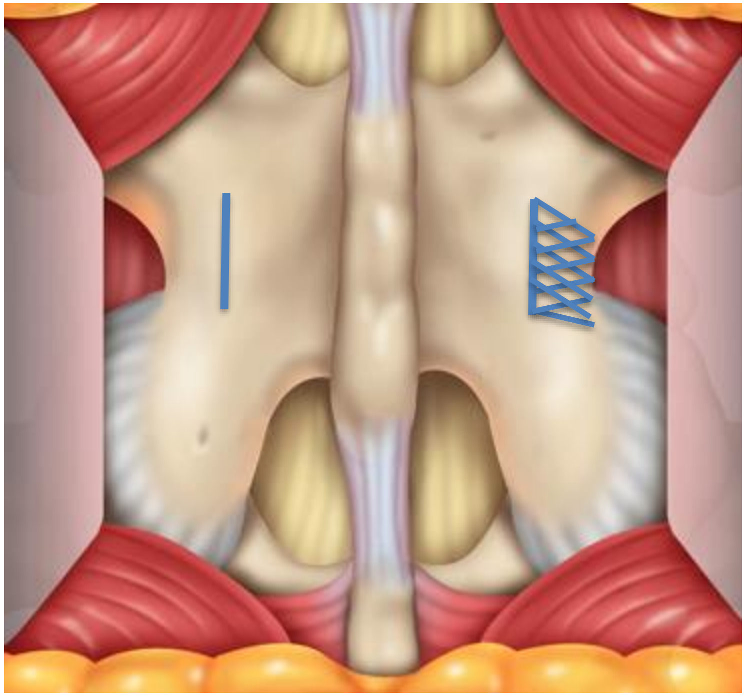
Pars Integrity



Stability of the fixation depends upon adequate bone stock at the waist of the pars.

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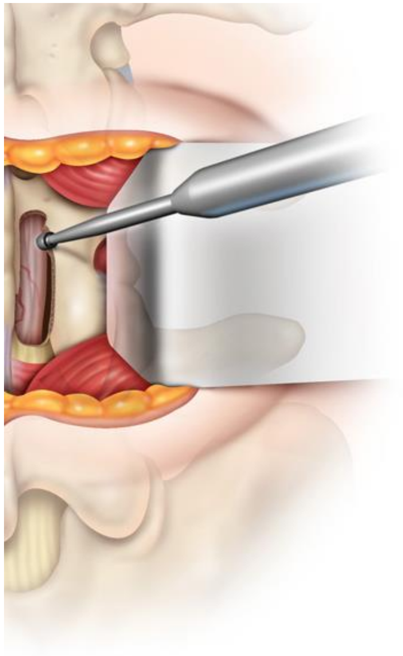
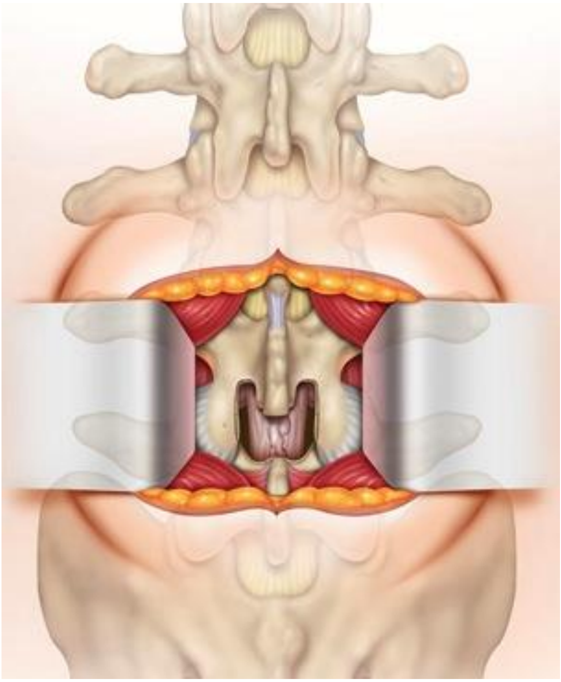
Step Five

Perform Desired Decompression

Straight edges along the medial edge of the pars interarticularis will allow the implant to sit flush within the decompression





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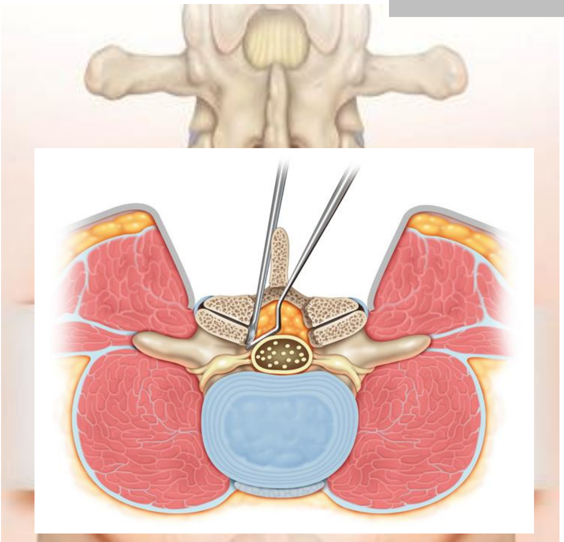
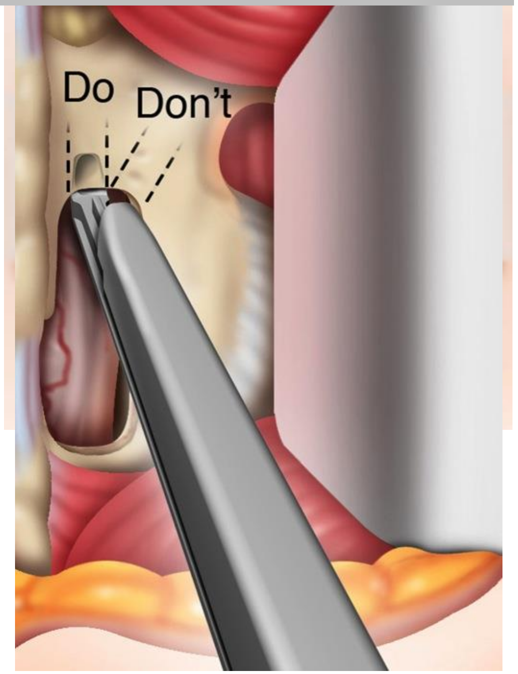
Step Five

Perform Desired Decompression

Avoid a lateral angulation with the Kerrison! As the decompression continues cephalad, the angulation should be straight to convergent



Undercutting can be performed to decompress the roots.



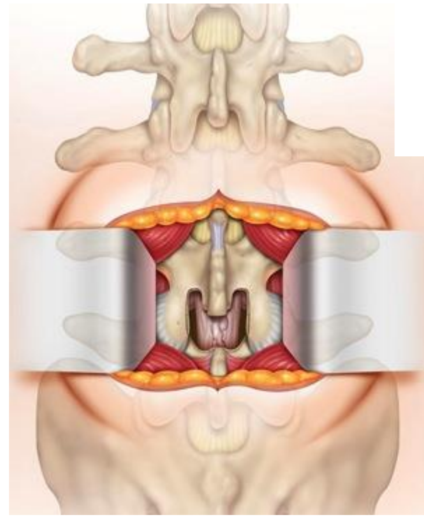
FacetLINK MINI

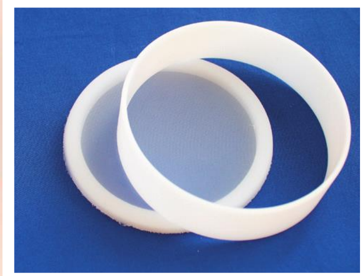
Step Five (continued)

High Speed Burr and Bone Dust Collector Option

A high speed burr can be used, and has the advantage of being combined with a “bone dust trap” for graft collection

1.) Meticulous cleaning of soft tissues off lamina
2.) Two suckers are used – use the bone dust collector line during gross decompression
3.) Use a matchstick – fine diamond drill fittings do NOT work well as they get too hot and scorch the bone
4.) Vancomycin



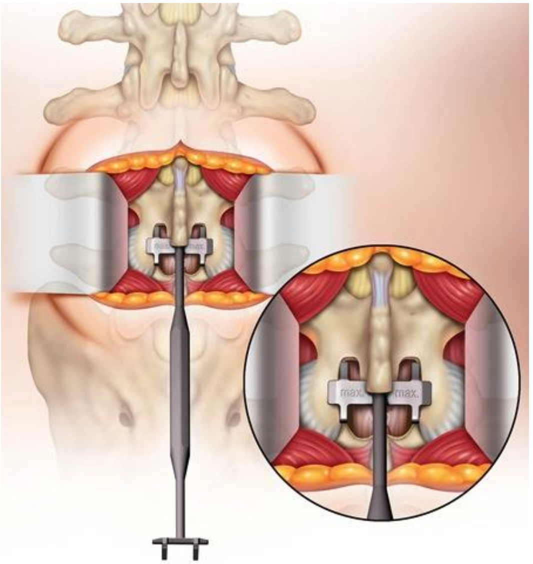


FacetLINK MINI

Step Six

Check Width with Bilateral Resection Gauge

The Bilateral Resection Gauge has two sides (min. and max.), which can be used to verify that the implant will fit within the bounds of the decompression.



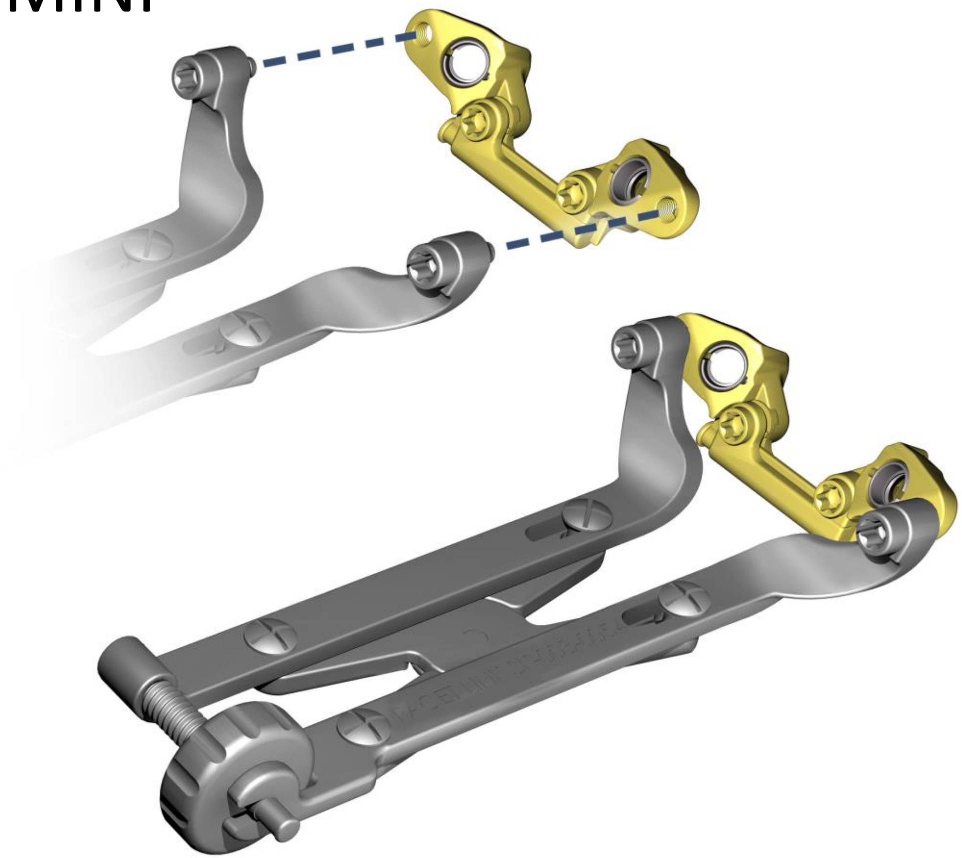
When placing the MINI device, it is helpful to remove *approximately a third of the caudal spinous process in order to provide easy visualization of implant placement and provide more local autograft for the fusion.*

FacetLINK MINI

Step Seven

Select Implant and Attach Inserter

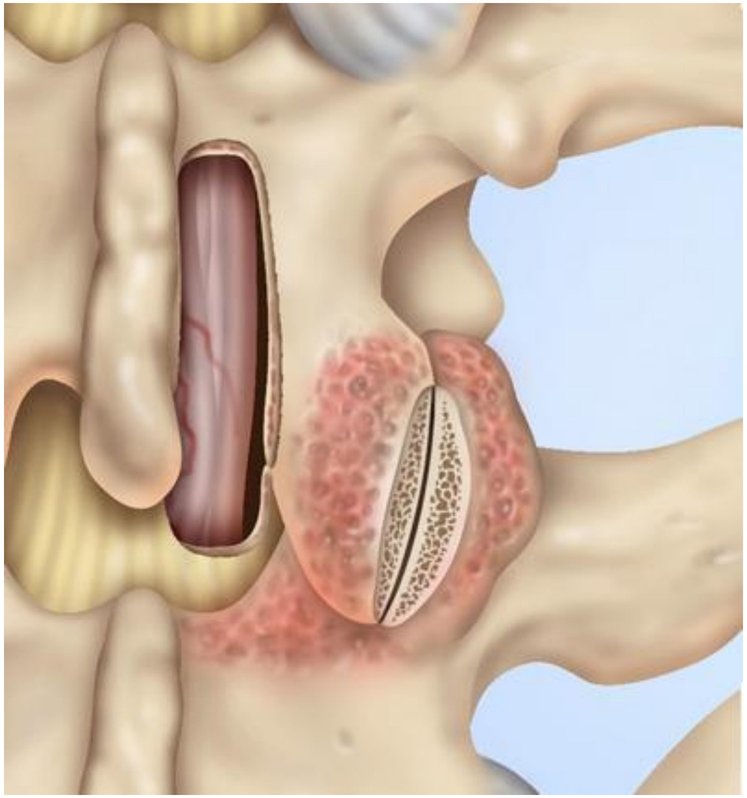
The STANDARD/MINI Inserter captures the device with a stable, screw based interface allowing for control during positioning across the defect.



FacetLINK MINI

Fusion Step

Remove the facet capsule and the dorsal aspect of the joint, taking care to preserve bone stock needed for the fixation. Prepare the dorsal aspect of the inferior articular process and the dorso-lateral aspect of the superior articular process with a burr.



Care should be taken to strike a balance between joint preparation and preservation of bone stock. Debridement of the *dorsal* aspect of the inter-articular joint surfaces ***and the adjacent superficial bone is routine.***

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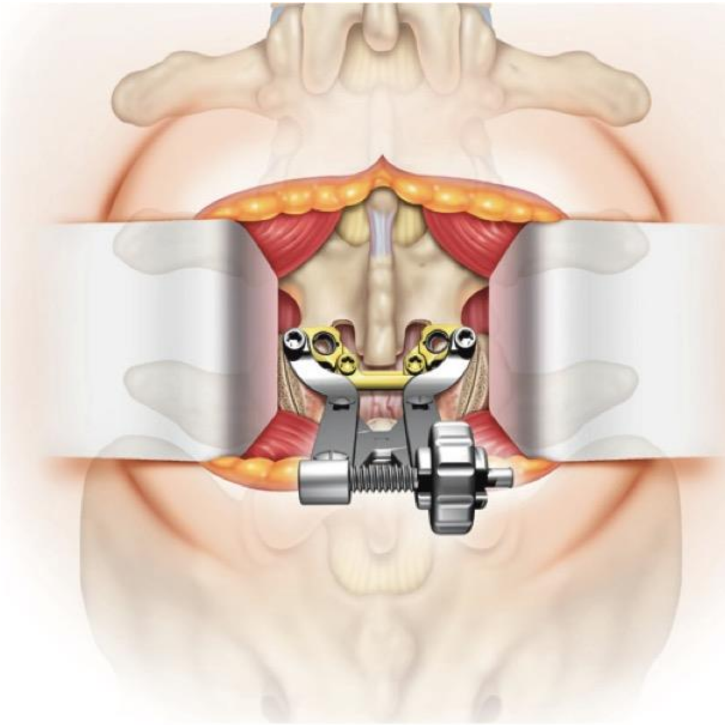
Step Eight

Temporarily Place Implant

Place the implant in the desired position and squeeze the inserter handle until the appropriate coverage is achieved.



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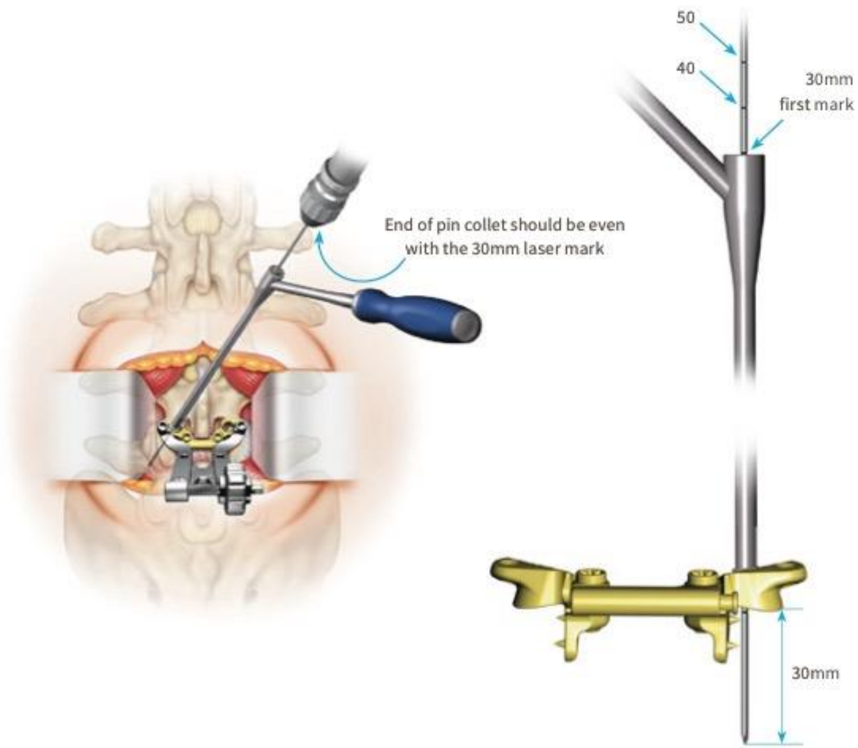
NOTE: Guidewire Management



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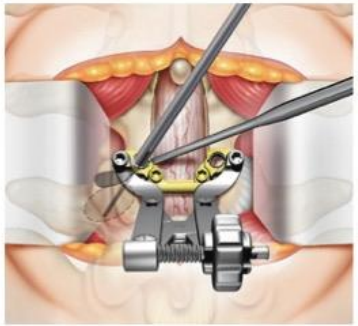
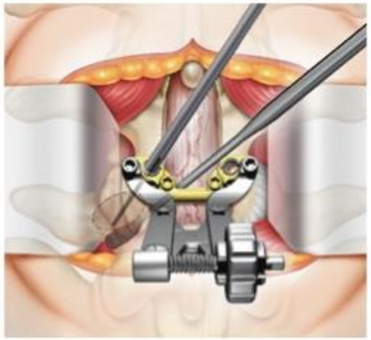
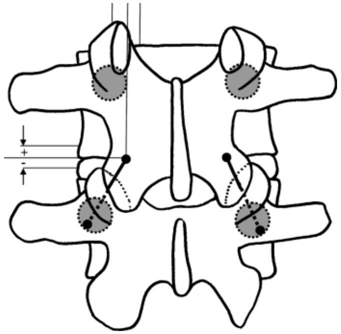
Step Nine

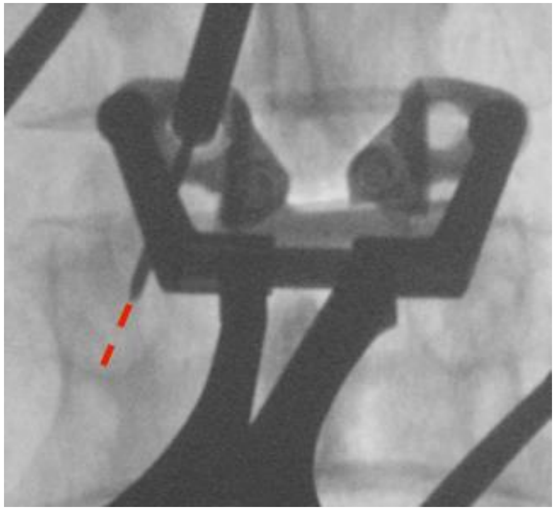
Trajectory Orientation – AP View

Prior to expansion of the device, it is helpful to palpate the medial aspect of the pedicle with a Woodson or a Nerve Hook. This allows confirmation of the adequacy of the decompression and to proceed with the need for little to no AP fluoroscopy when placing the K-wires.









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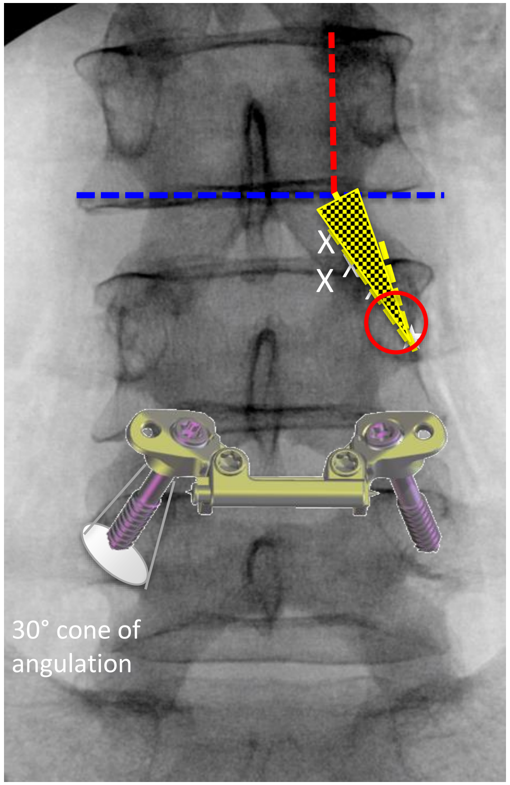
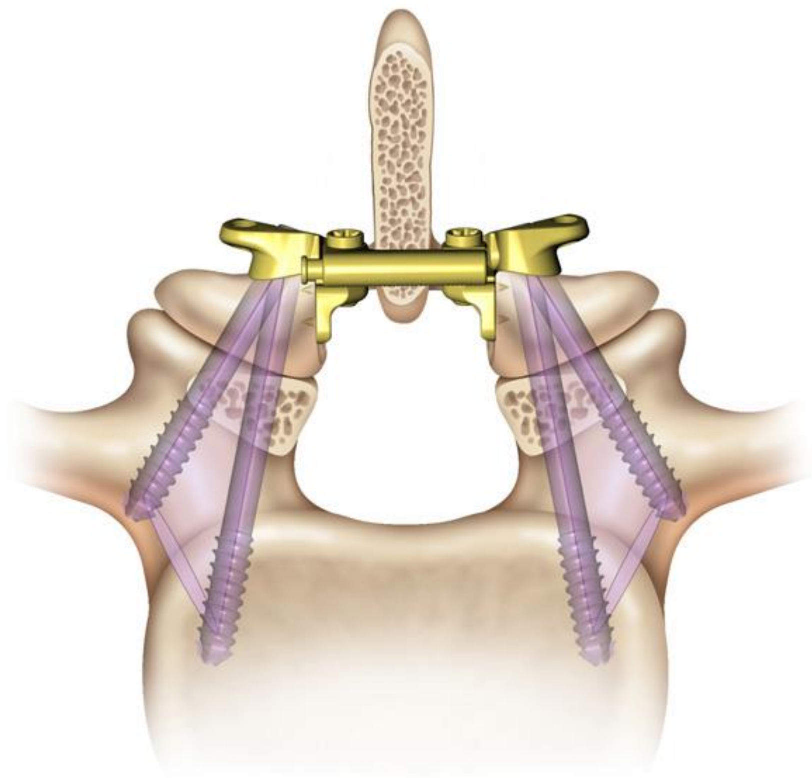
Flexible Trajectories – Radiographic Targeting

- Traditional TFPS starting point is a fixed point
- Screw starting point for our devices is a function of the decompression
- Cross connection of screws adds biomechanical strength and affords more flexibility for screw trajectories
- Regardless of starting point, desired endpoint is inferolateral aspect of the pedicle on the AP View



FacetLINK MINI

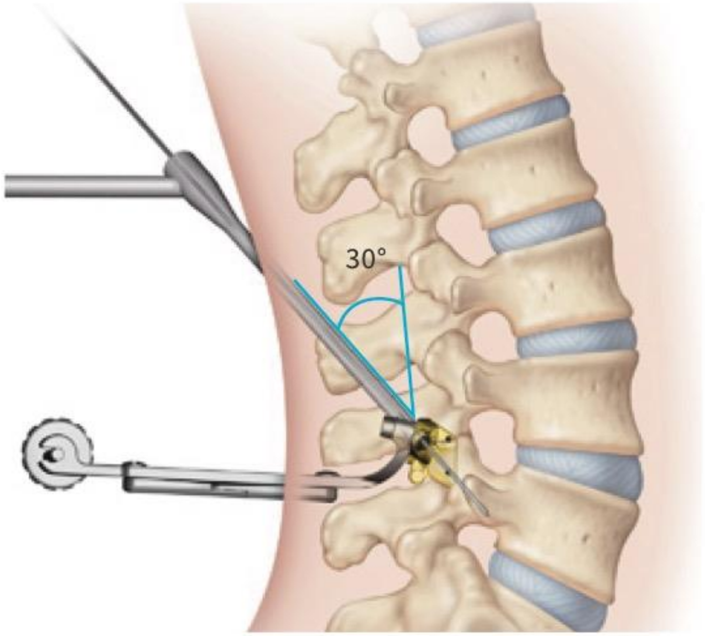


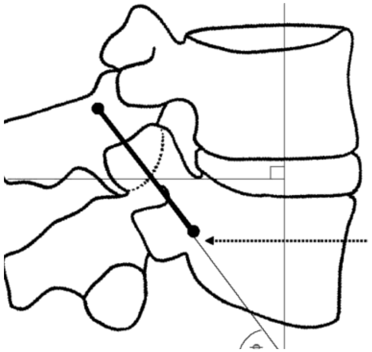
Cross-connection results in a “Tripod” effect, increasing biomechanical strength and offering a “cone of acceptability” in screw targeting

Flexible Trajectories – Radiographic Targeting

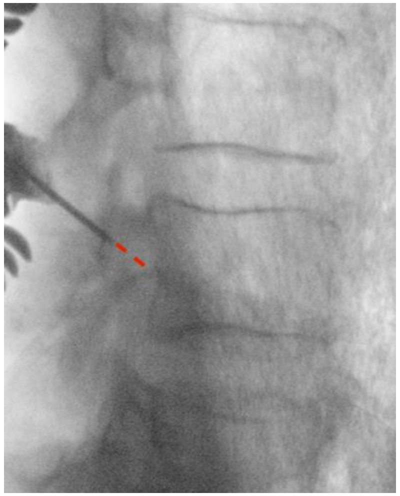
FacetLINK MINI

Trajectory Orientation – Lateral View





Target trajectory under Lateral Fluoro is the bottom of the pedicle near where it meets the vertebral body



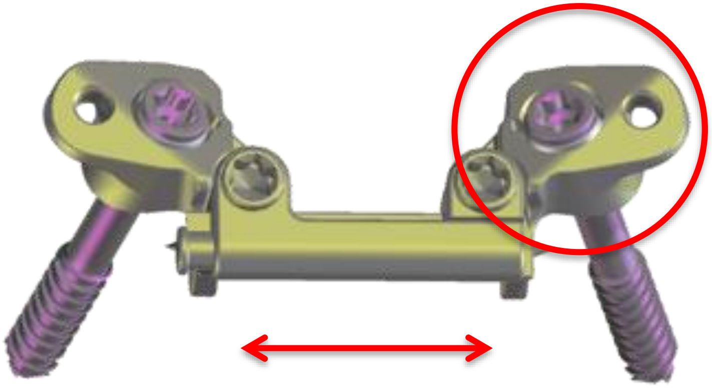
FacetLINK MINI

Trajectory Orientation – Lateral View

The MINI devices offer flexibility in the trajectory because of the:

- Cross connection of the screws

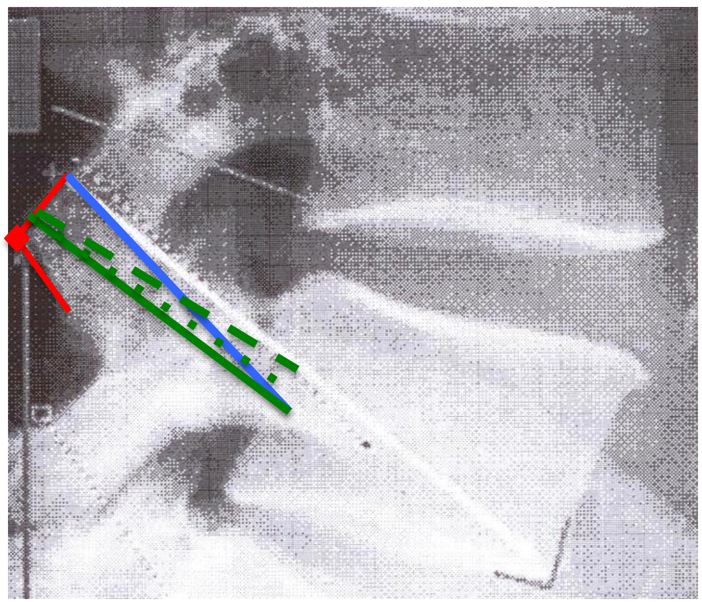
- "Clamping" effect of the flanges upon the facets



FacetLINK MINI

Trajectory Orientation – Lateral View

The result is the ability to achieve biomechanical performance without directing the trajectory through the center of the facet complex (which forces a higher and more difficult starting point).



This may well simplify screw placement

- Traditional TFPS Trajectory
- "Chin"
- Lower starting point afforded by device design characteristics

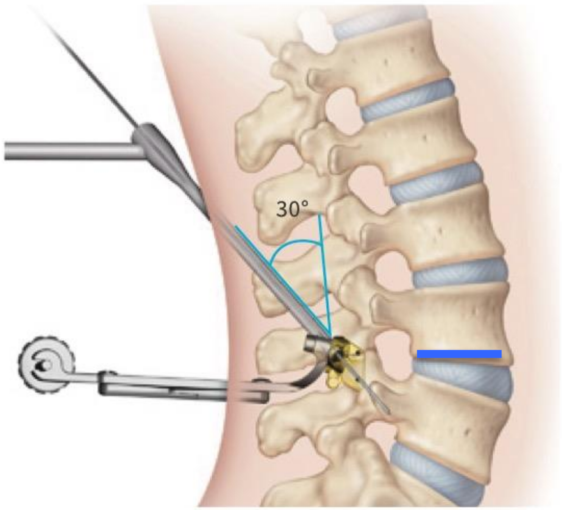
A more caudal starting point and a more shallow angle generally results in fewer soft-tissue and bony obstructions when placing your K-wire…
Starting point can be moved caudally to any point above the "chin"

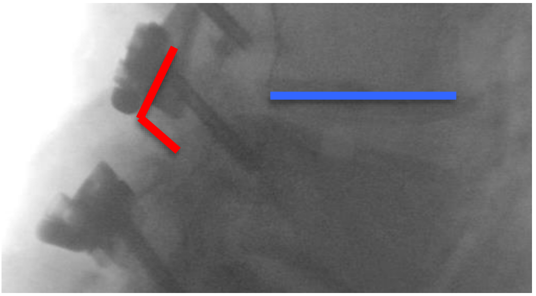
FacetLINK MINI

Lateral Targeting

<u>**From the Technique:**</u>

An example of a more traditional trajectory – note starting point ***<u>at the inferior endplate of the superior vertebral body</u>***. Steep angle requires manipulation around the spinous process of the level above, and potentially a stab incision in a heavier patient.





Note this traditional starting point is significantly cephalad to the "chin". This trajectory is fine, but not a requirement.

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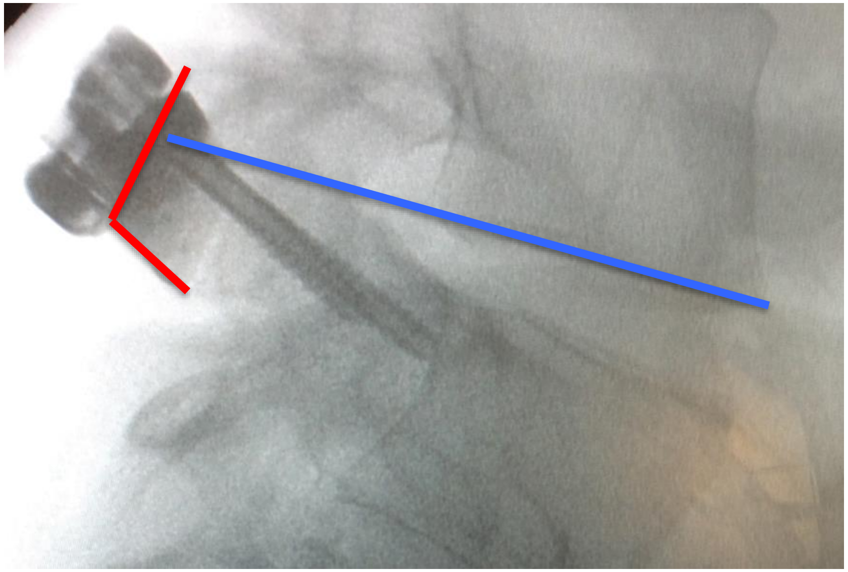
Lateral Targeting

<u>Transitional Syndrome</u>

Although this starting point seems “traditional” with respect to the inferior endplate of the superior body, this is due to the hyperlordotic nature of the level and the associated retrolisthesis.

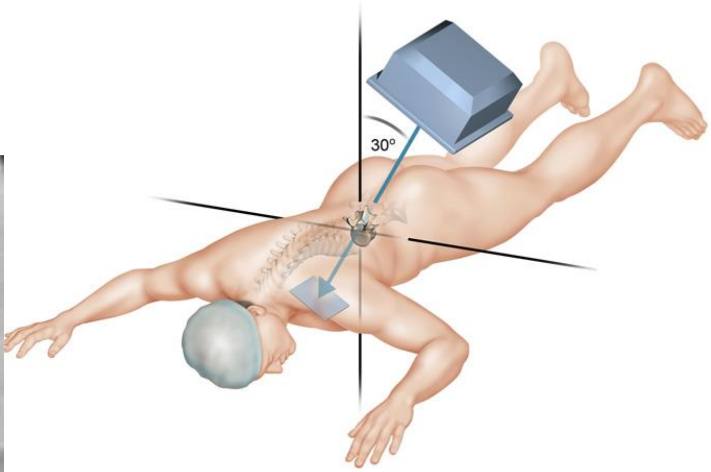


This screw trajectory passes straight through the center of the joint, into the pedicle and enters the vertebral body.

FacetLINK MINI

Oblique or "Scotty-Dog" View

- Allows a clear view of screw orientation relative to the facet joint

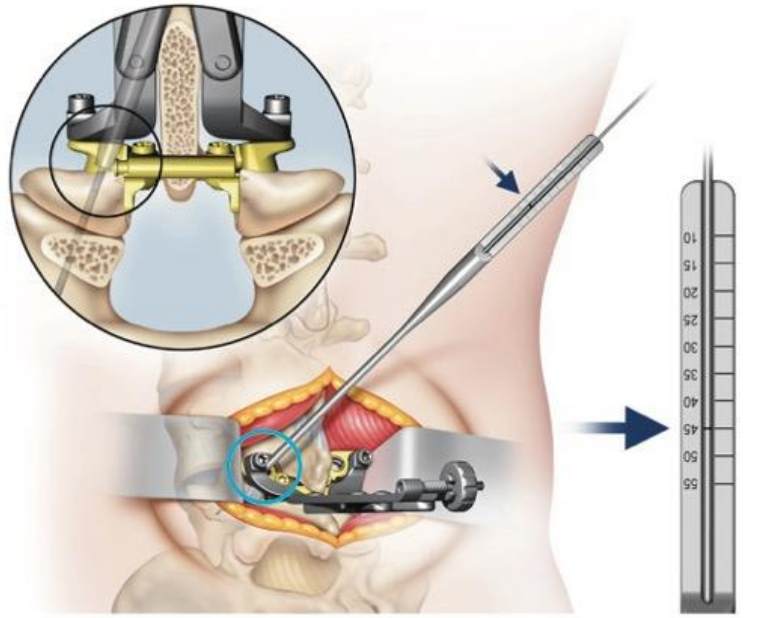


FacetLINK MINI

Step Ten

Determine Screw Length

Please Note:
It is important to consider closure of the implant/surface bone gap and the closure of the facet joint gap when determining optimal screw length. *In general, taking 5mm off of the final measurement allows for closure of the facet without the risk of stripping the screw when the tip encounters the hard bone of the base of the pedicle. If the screw trajectory is more in the center of the pedicle, this step is not necessary.*

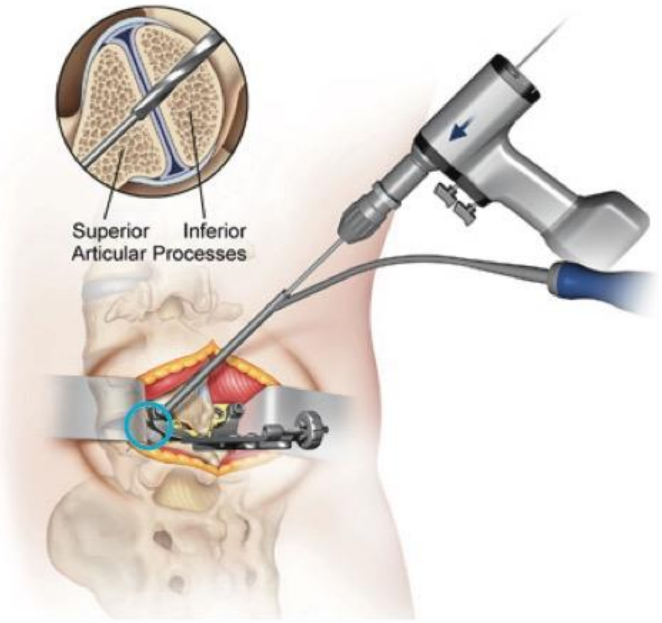


FacetLINK MINI

Step Eleven

Prepare Pilot Hole

Care should be taken to ream only until the cortex of the superior articular process has been perforated. Reaming beyond this point may inadvertently drive the Guide Wire past the lateral cortex of the vertebral body and into the soft tissues, or will cause the Guide Wire to be pulled out as the drill is removed.

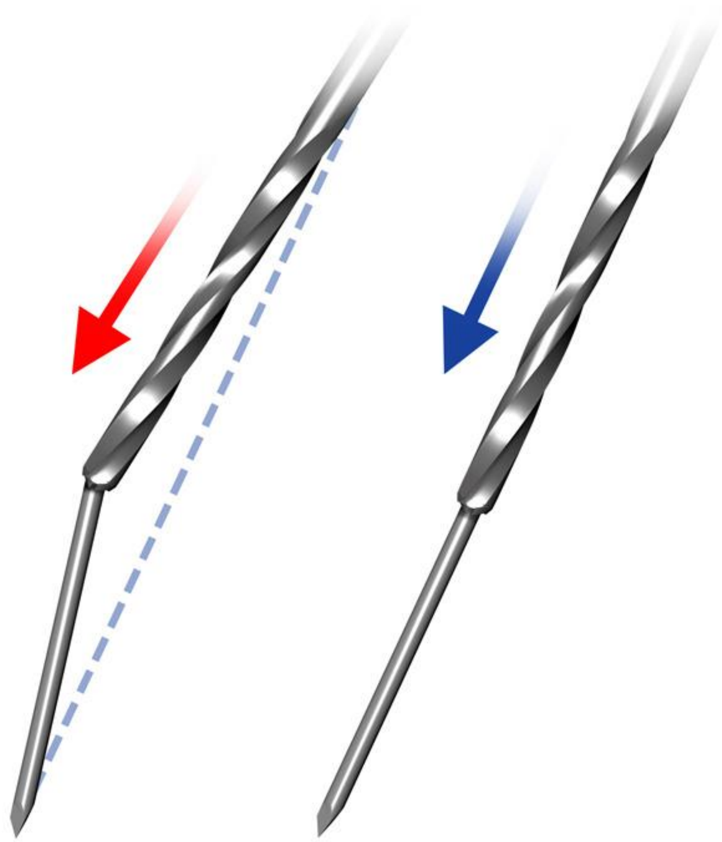


FacetLINK MINI

Step Eleven (cont.)

Prepare Pilot Hole

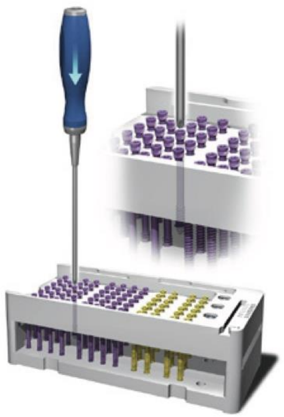
When advancing the reamer, it is important to stay "in-line" with the guidewire to avoid kinking or breakage. Reaming at an off-axis angle may also result in increased liklihood of guidewire binding within the cannulation, resulting in inadvertent guidewire removal when withdrawing the reamer.



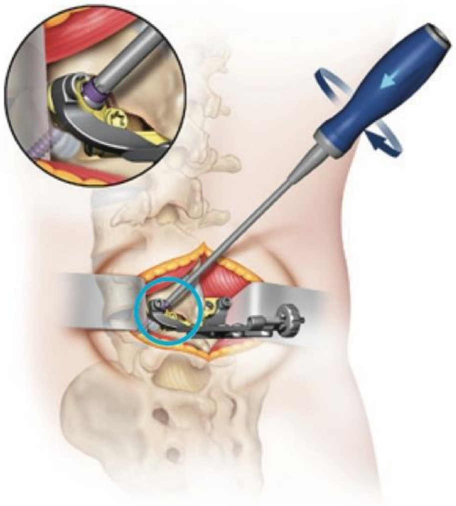
FacetLINK MINI

Step Twelve

Deliver first screw



Remove Guide-wire after 20mm of screw has been delivered to prevent inadvertently advancing the K wire.

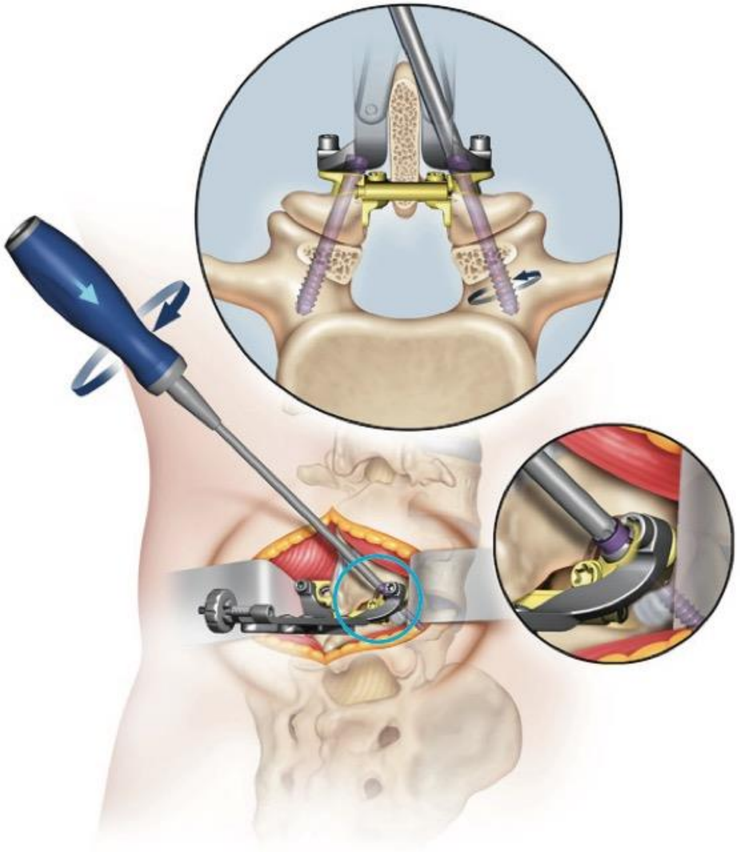


Care should be taken to strike a balance between joint preparation and preservation of bone stock. Debridement of the *dorsal* aspect of the inter-articular joint surfaces ***and the adjacent superficial bone is routine***.

FacetLINK MINI

Step Twelve (cont)

Deliver second screw.



To prevent asymmetrically applying torque to the device (which can displace it), stop tightening the first screw once it contacts the device. This usually means the head is about 5mm proud. Tighten the second screw, then do the final tightening on the 1st screw, with the torque limiting driver.

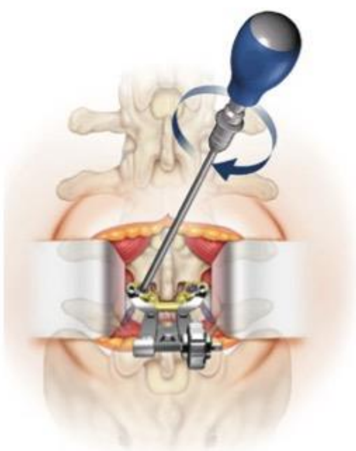
Verify the chosen screw lengths are optimal before proceeding to "final tight", to reduce the need for screw removal and replacement, and the difficulty in doing so.

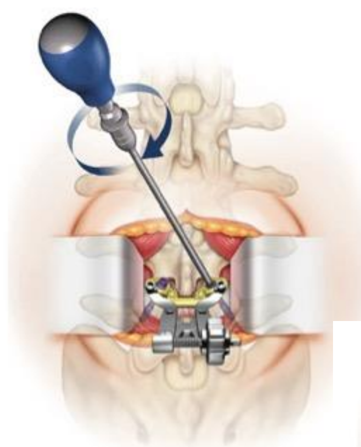
FacetLINK MINI

Step Thirteen

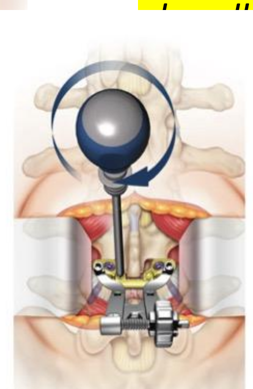
Final Screw Tightening

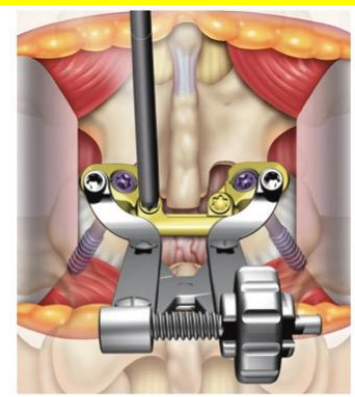
The torque-limiting driver is used for final tightening of the two screws and the monorail screws. *It is possible to strip the screws on the cross connector if the torque limiting driver is not used.*





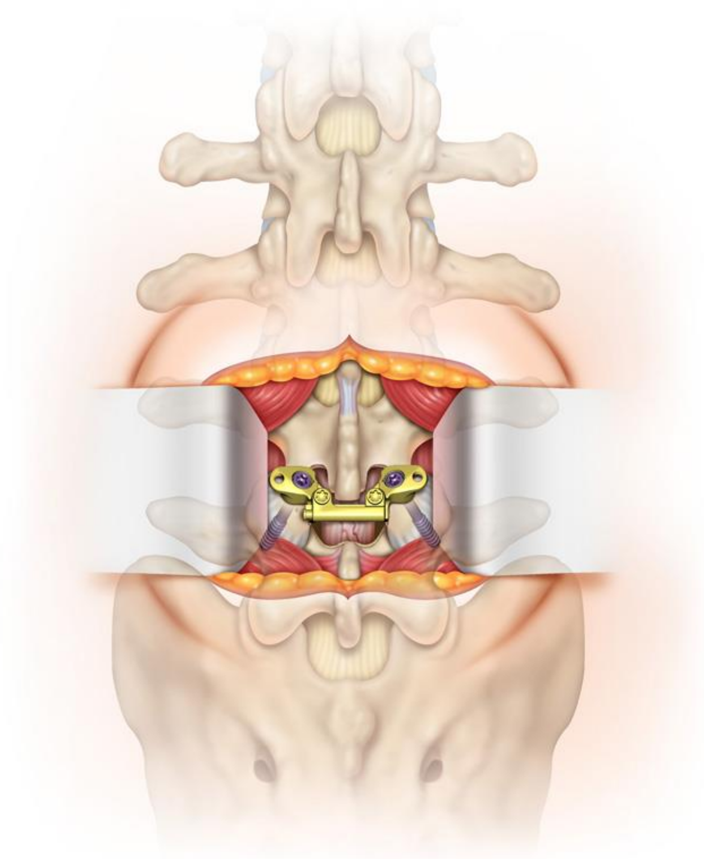
Important: *Prior to tightening the monorail, squeeze the inserter*





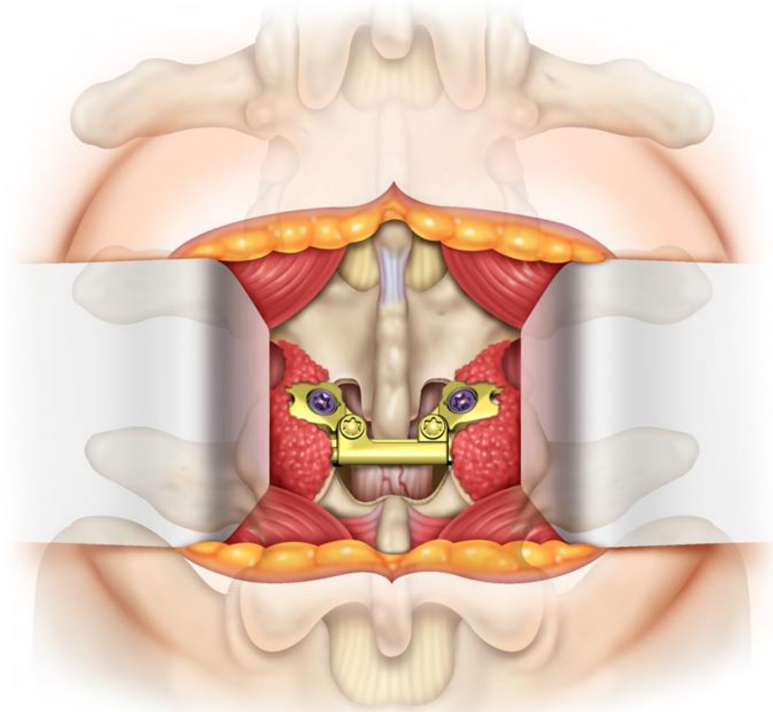
FacetLINK MINI

Final Construct



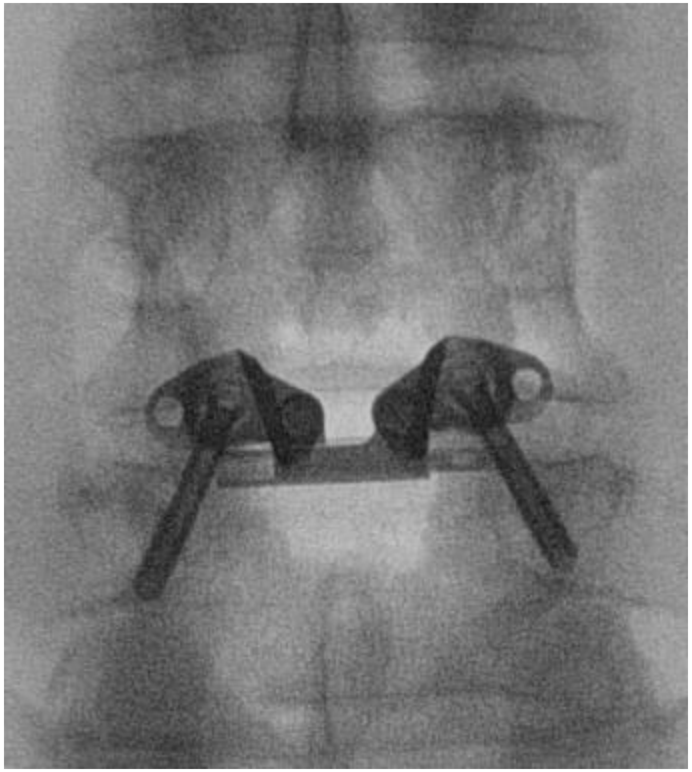
FacetLINK MINI

Pack Graft for the Fusion



FacetLINK MINI

Final Images



Discussion

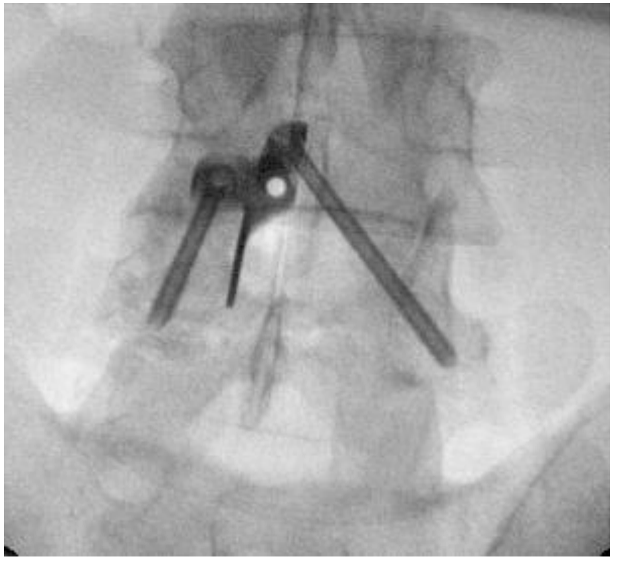
- Thoughts, questions?

FacetLINK

HEMI Surgical Technique

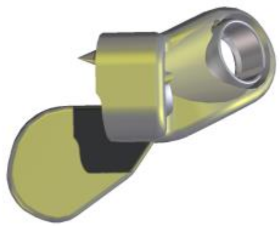
Room Set Up and Prep

- Identical to MINI Technique
- Screw Targeting:
  - Identical to MINI for Ipsilateral Screw
  - Contralateral Trajectory similar to a Magerl Screw

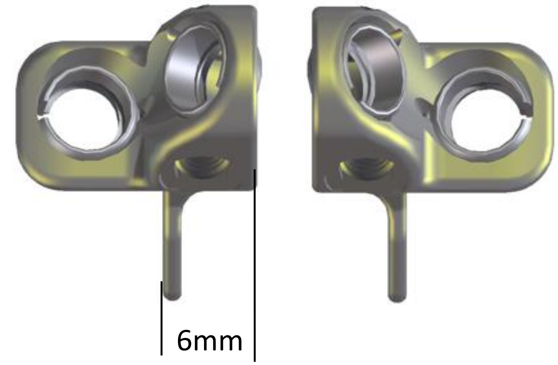


FacetLINK HEMI

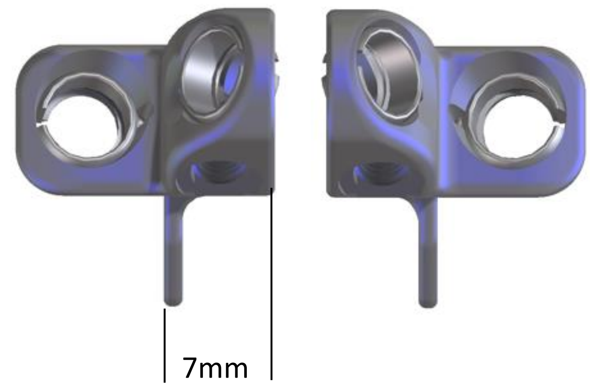
HEMI -left-



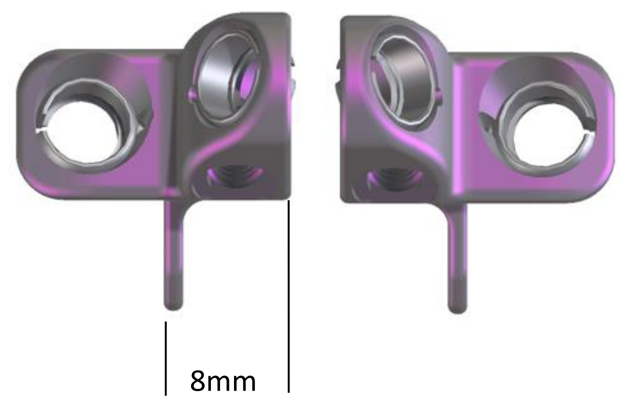
6mm
gold

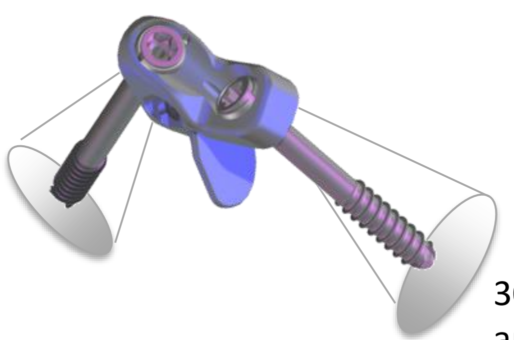


7mm
blue



8mm
magenta





30° cone of
angulation

FacetLINK HEMI

Trans-Articular Screws

4.5mm magenta

Partially-Threaded

Fully-Threaded

5.0mm gold

Partially-Threaded

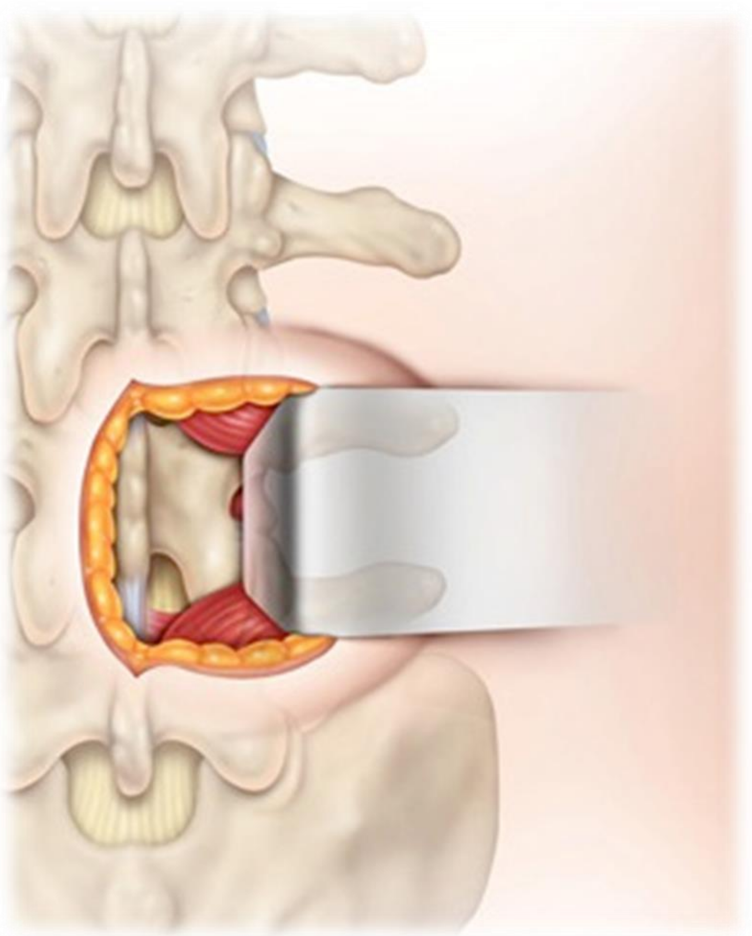
Fully-Threaded

	Thread diameter	
	4.5mm	5.0mm
Length [mm]	25	25
	30	30
	35	35
	40	40
	45	45
	50	50
	55	55

FacetLINK HEMI

Step Three

Exposure



<u>Please Note:</u>
It is important that the exposure include full visualization of the Pars Interarticularis, so that the maximum possible amount of bone stock at the waist can be retained when performing the decompression.

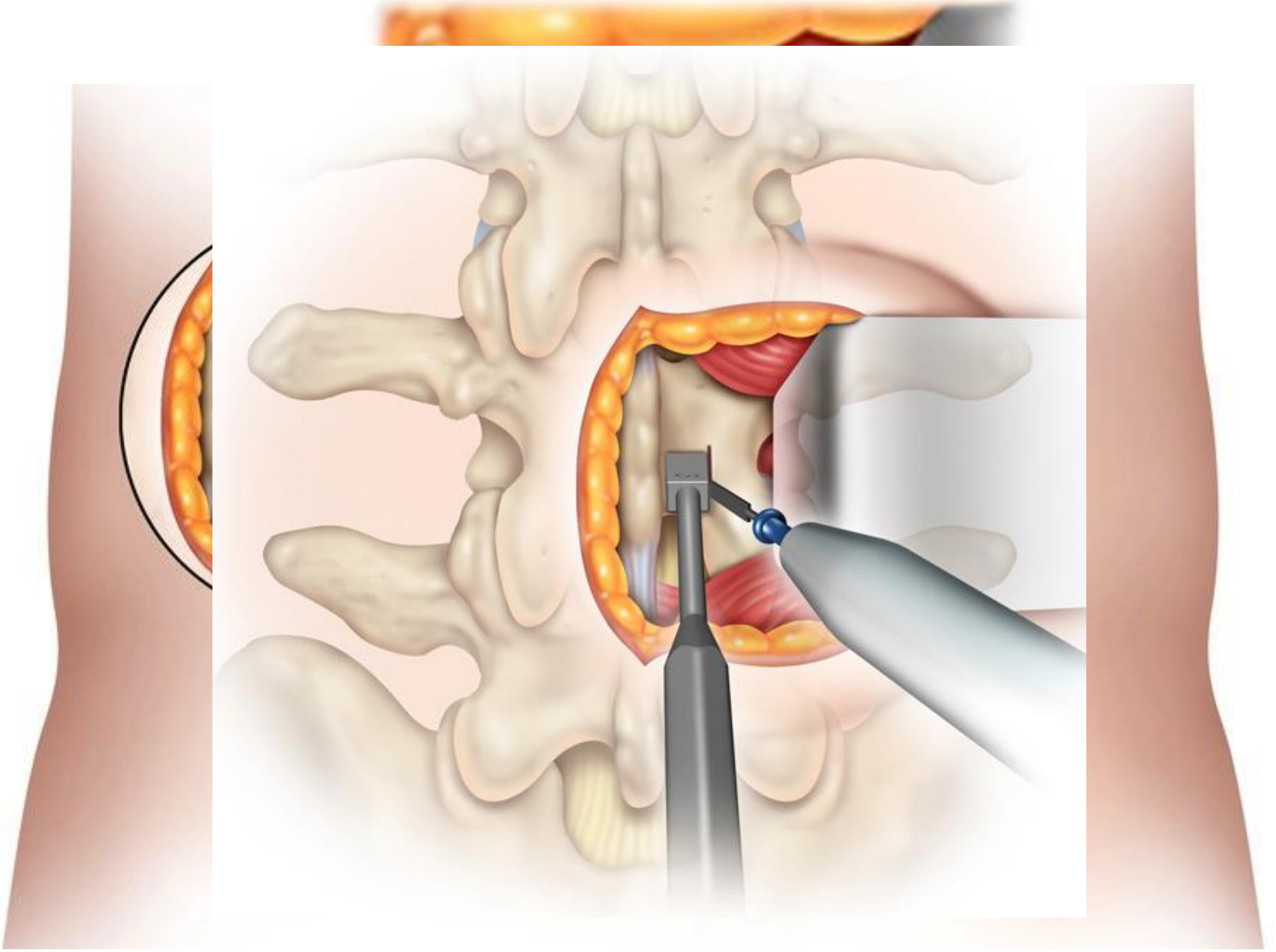
FacetLINK HEMI

Step Four

Template and Perform Decompression

A bovie or sharp instrument can be used to demarcate the lateral boundary of the maximum decompression

Exposure should be carried out just lateral to the Pars Interarticularis to allow for clear visualization prior to bony resection. ***Care should be taken to ensure that a minimum of 6mm of Pars Interarticularis will remain following the decompression.***

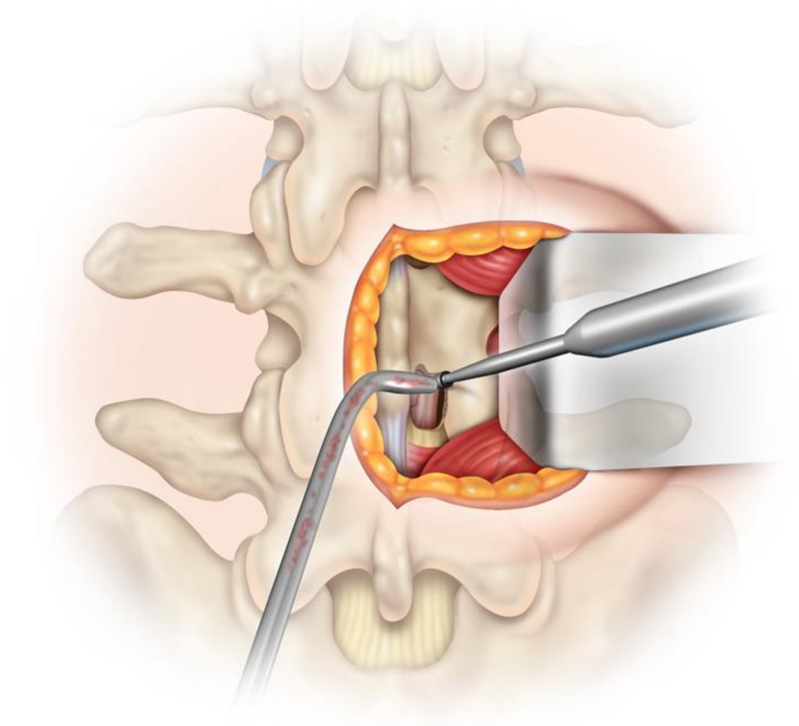


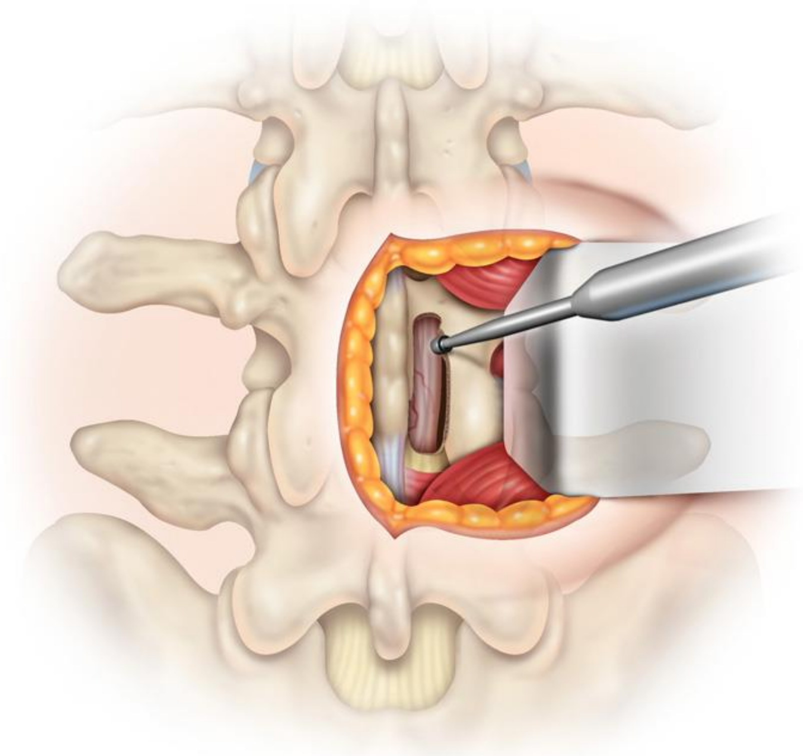
FacetLINK HEMI

Step Four

Measure and Perform Decompression

Using your preferred technique, with either a high speed burr...



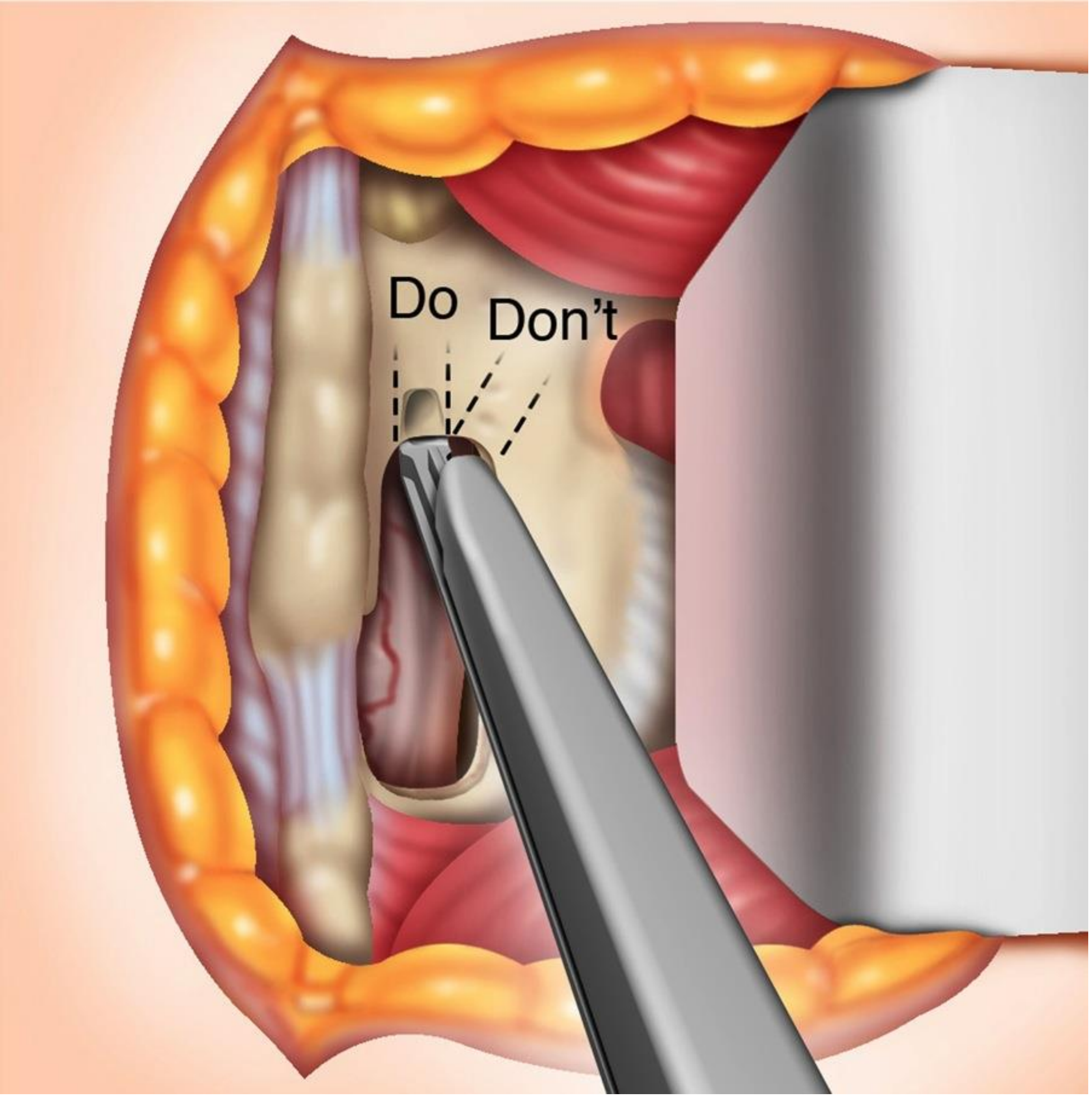


FacetLINK HEMI

Step Four

Measure and Perform Decompression

… or a Kerrison

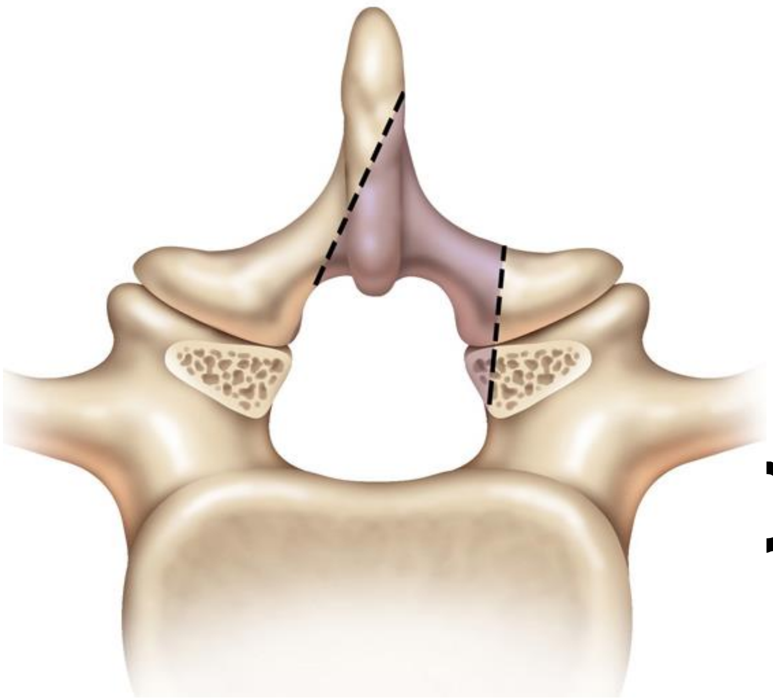


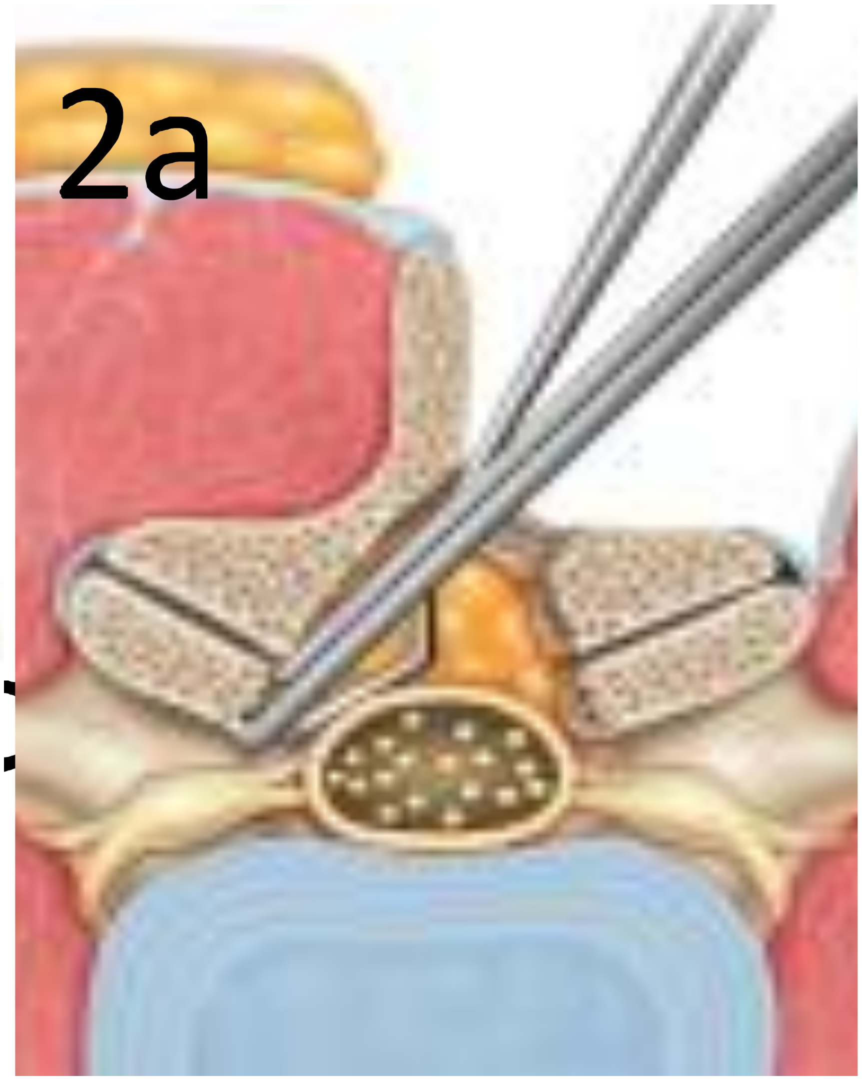
If a Kerrison is used, avoid a lateral angulation to preserve Pars integrity!

FacetLINK HEMI

Step Four

Perform Sublaminar
Contralateral Decompression



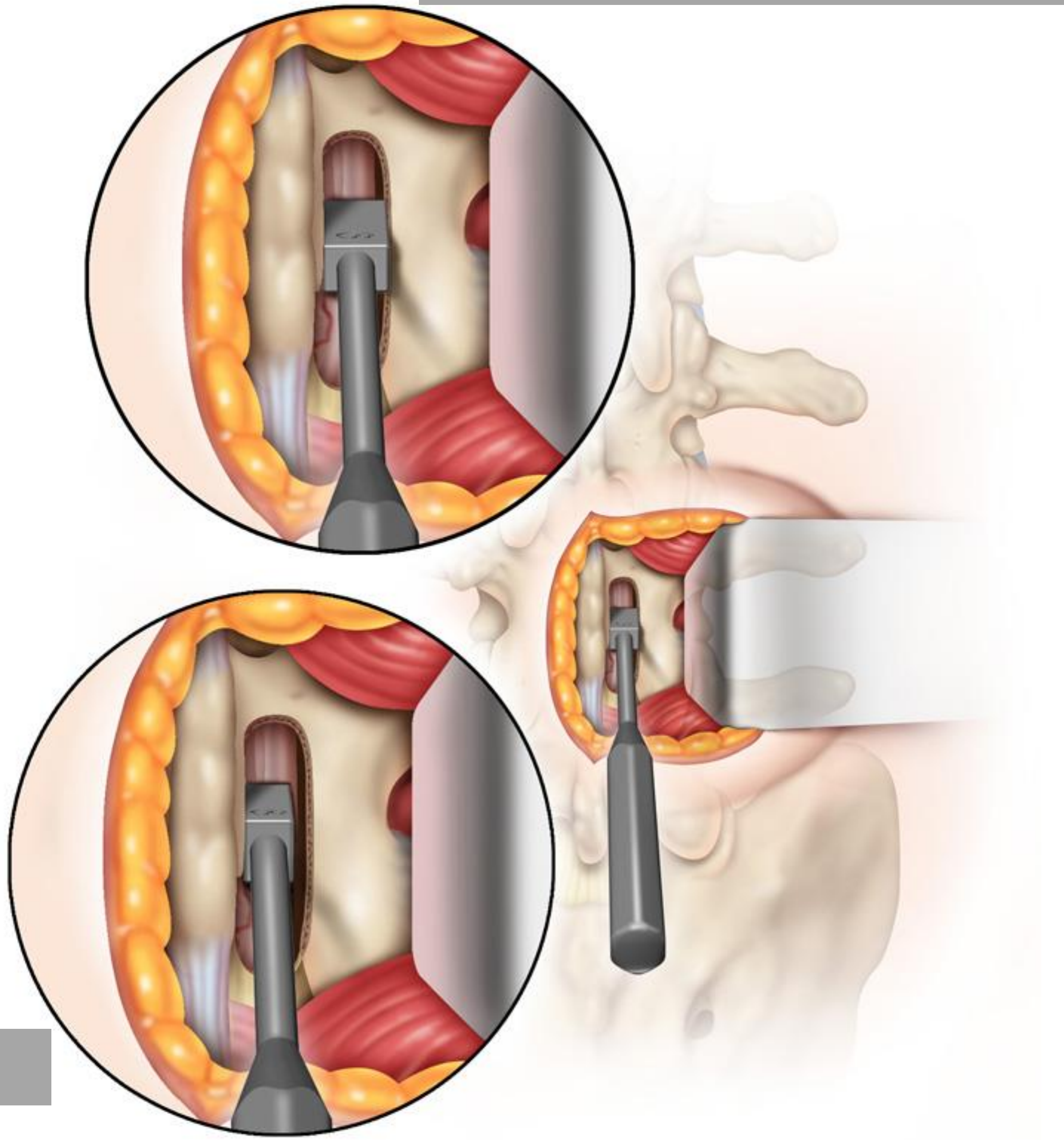


FacetLINK HEMI

Step Five

Check appropriate implant size

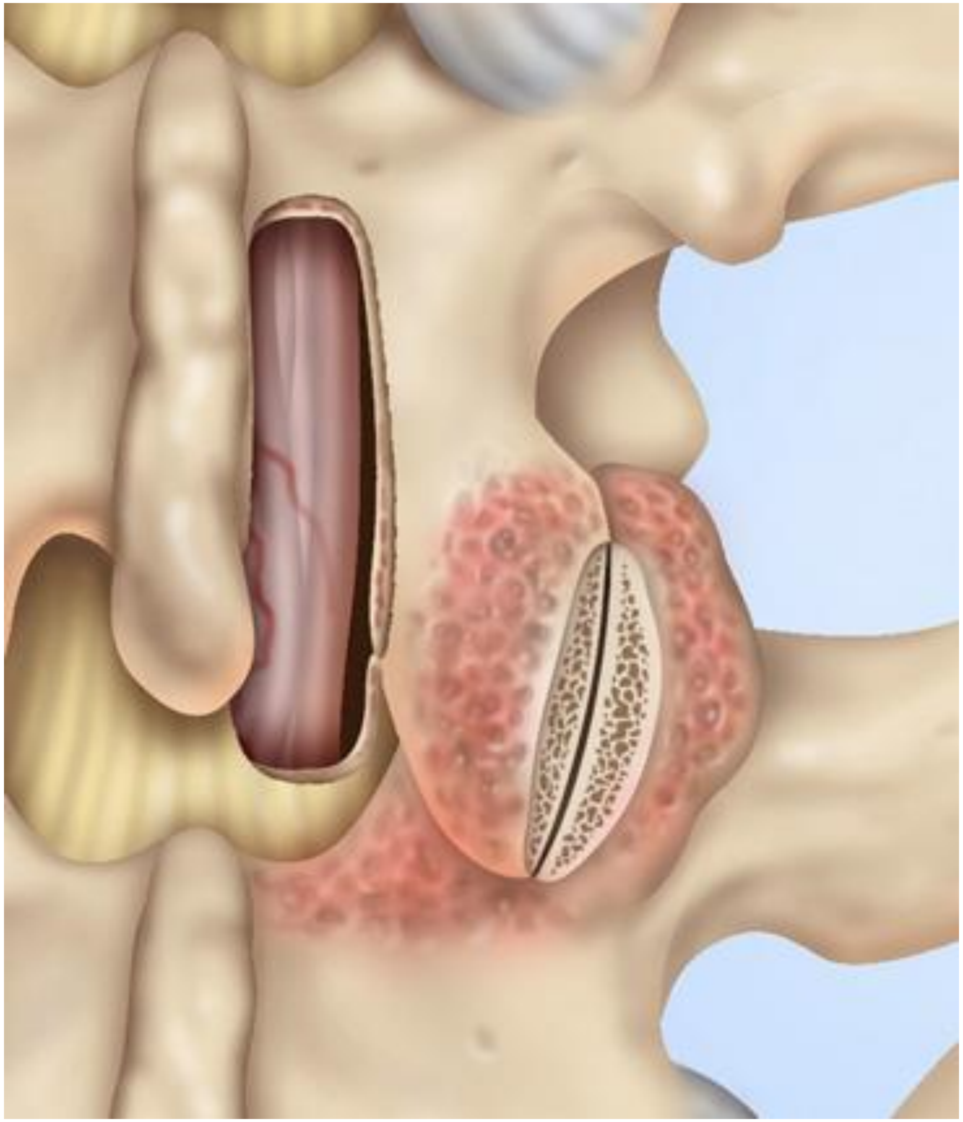
Gauge checks min (6mm) and max (8mm) widths. An ideal fit is achieved when the implant makes good contact to the Pars Interarticularis on its lateral side and to the spinous process on its medial side.



FacetLINK HEMI

Fusion Step

Remove the facet capsule and the dorsal aspect of the joint, taking care to preserve bone stock needed for the fixation. Prepare the dorsal aspect of the inferior articular process and the dorso-lateral aspect of the superior articular process with a burr.

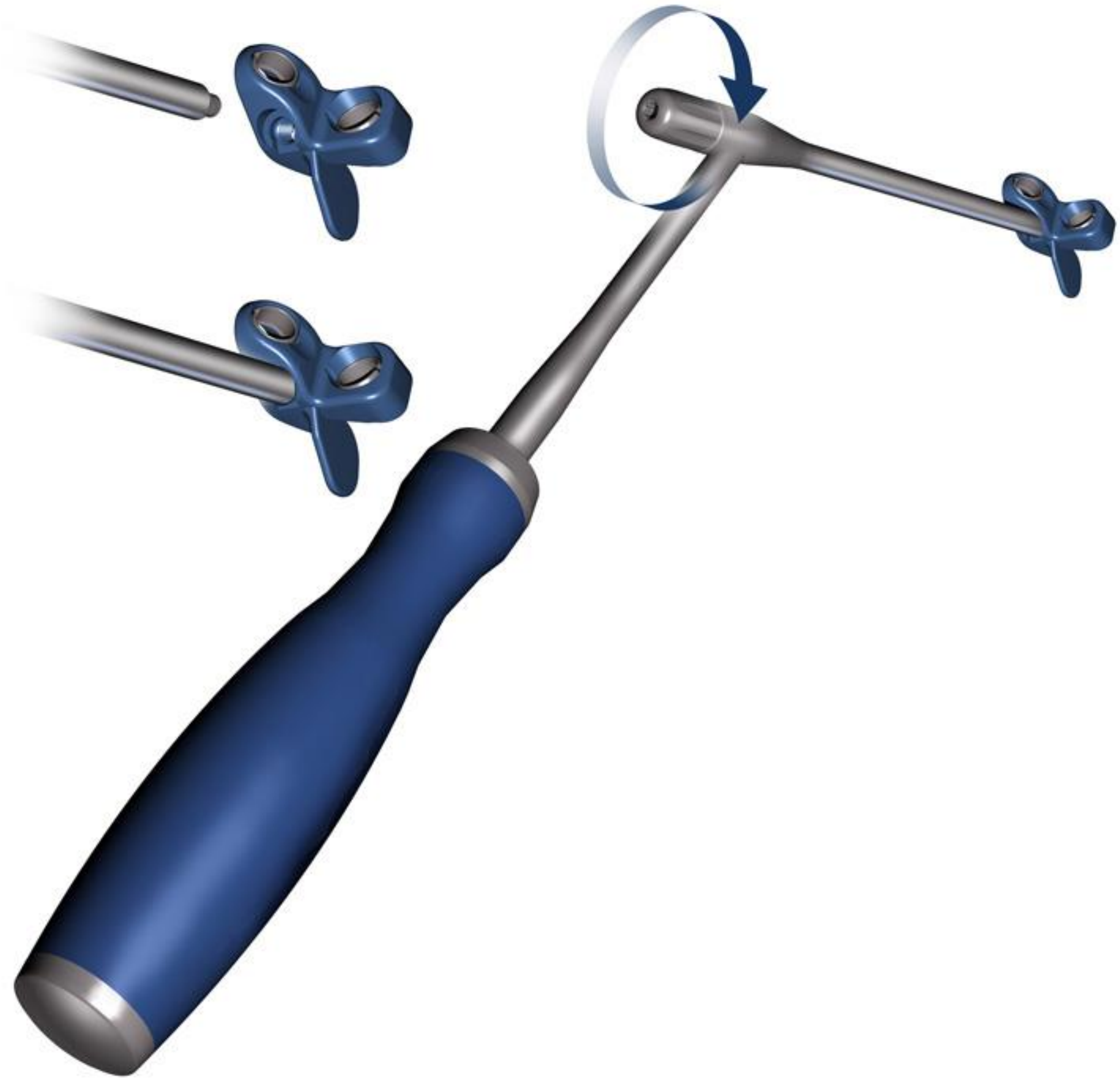


Care should be taken to strike a balance between joint preparation and preservation of bone stock. Debridement of the *dorsal* aspect of the inter-articular joint surfaces ***and the adjacent superficial bone is routine.***

FacetLINK HEMI

Step Six

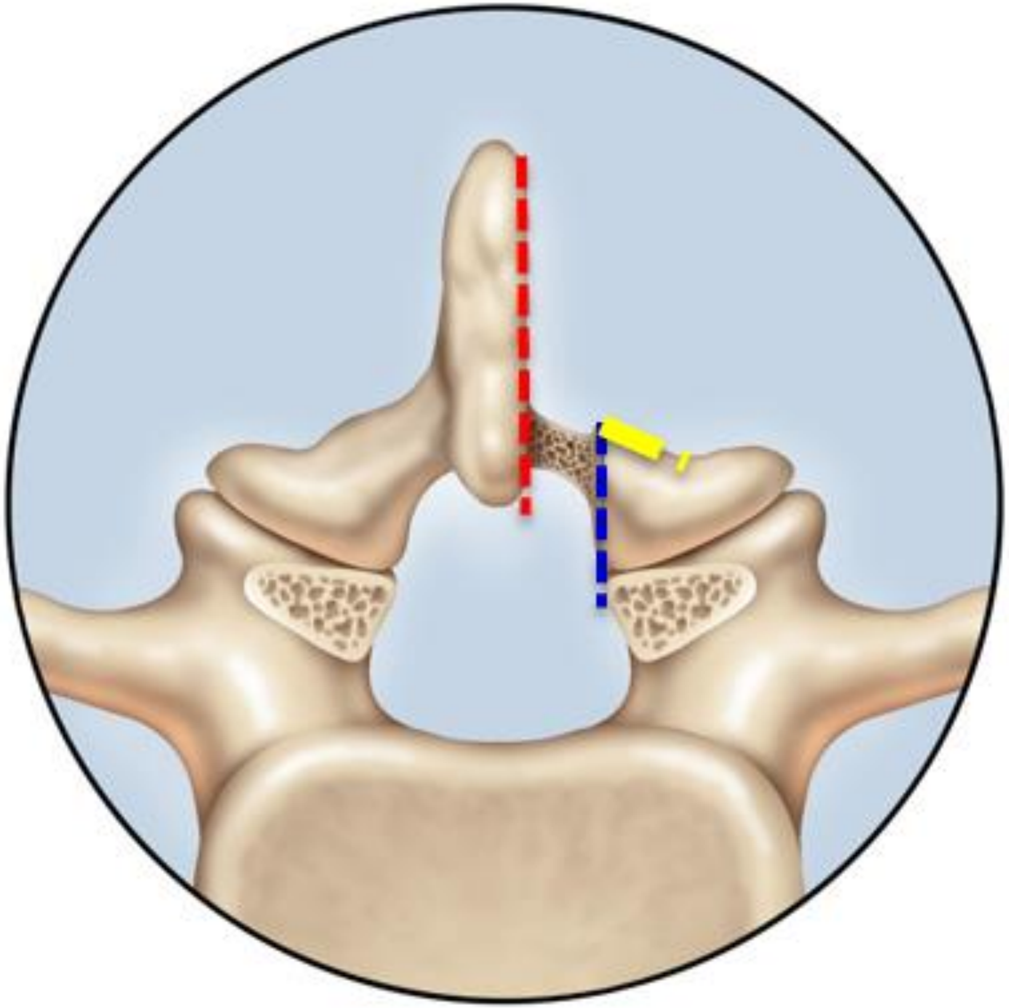
Select HEMI Implant



FacetLINK HEMI

Recommendation: Surface Bone Preparation – It is helpful to plane:

- the lateral surface of the spinous process,
- the medial aspect of the resected pars,
- and the surface of the facet

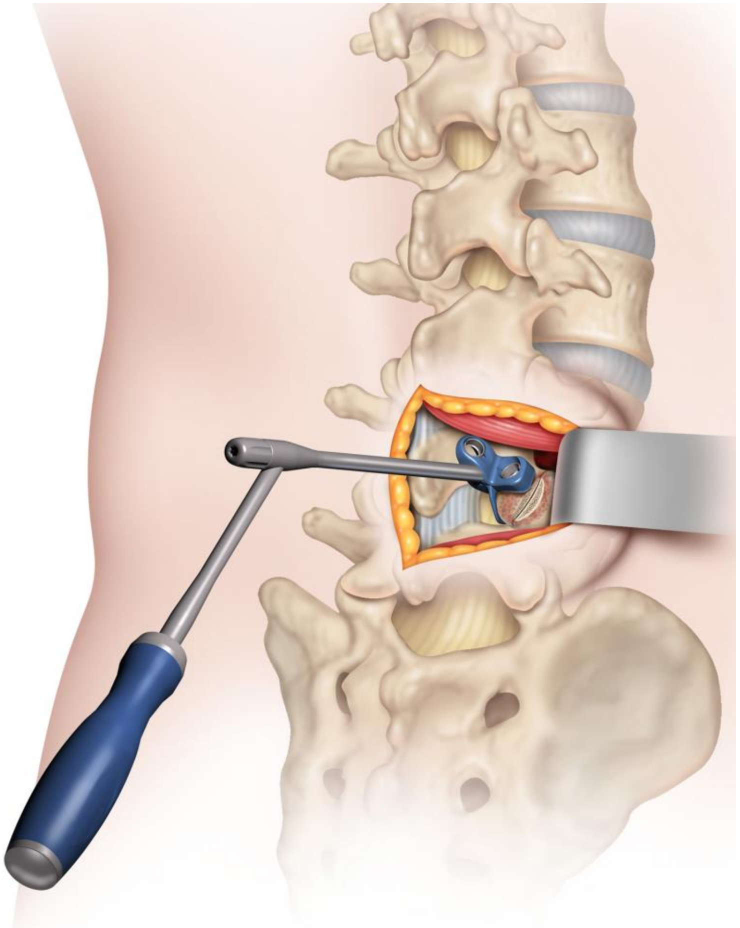


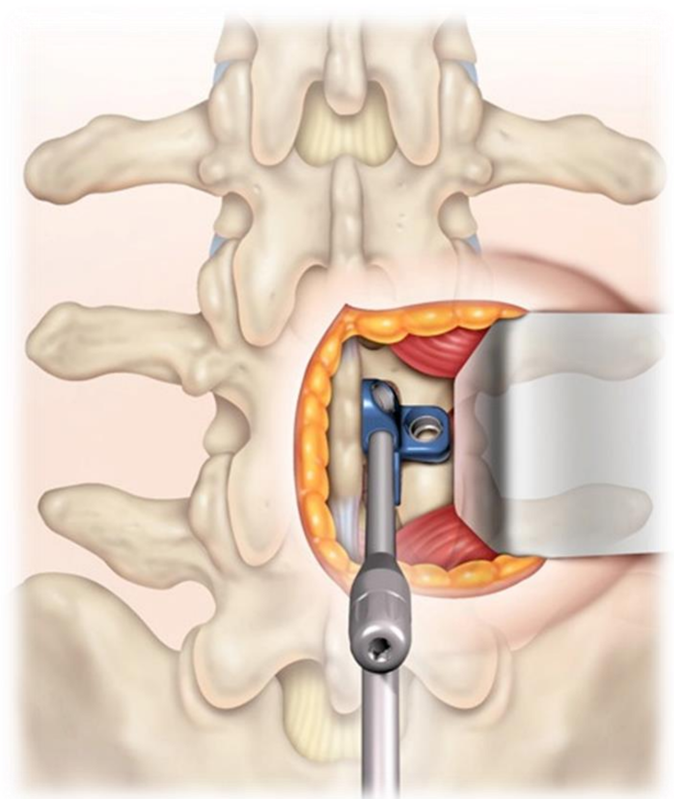
FacetLINK HEMI

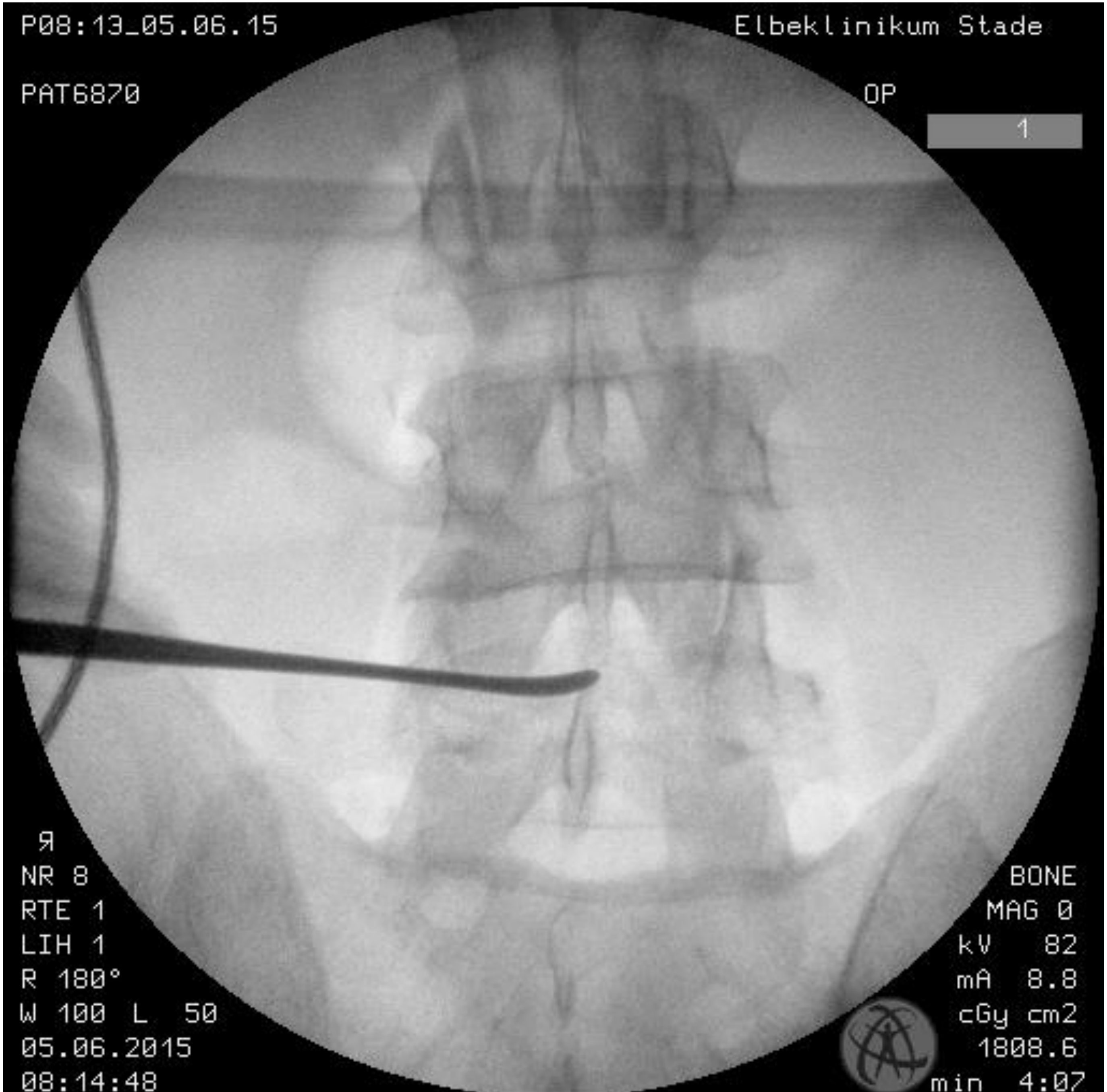
Step Seven

Temporarily Position Implant

The medial flange should be in the upper 1/3 of the spinous process from a cephalocaudal perspective.



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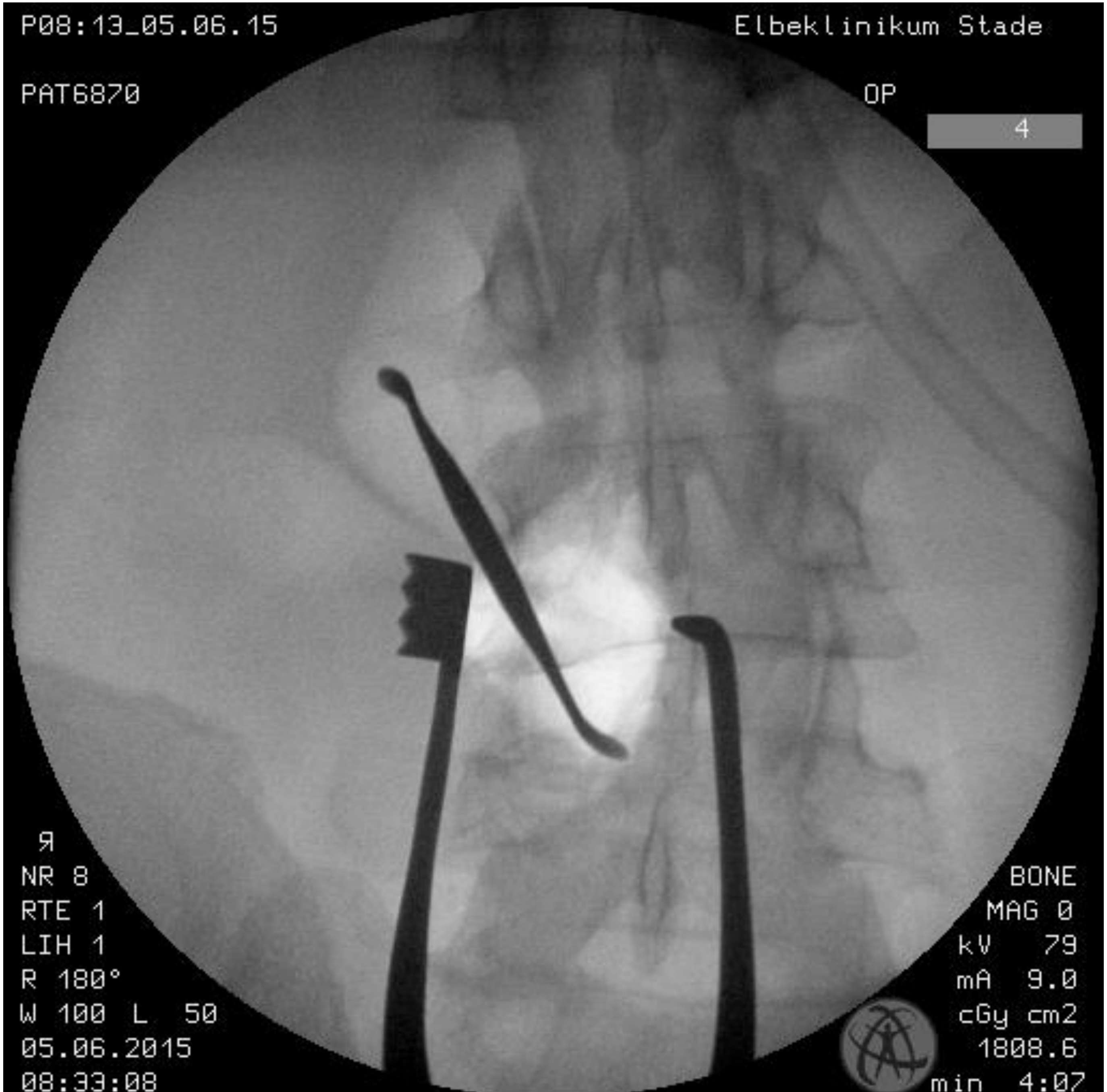
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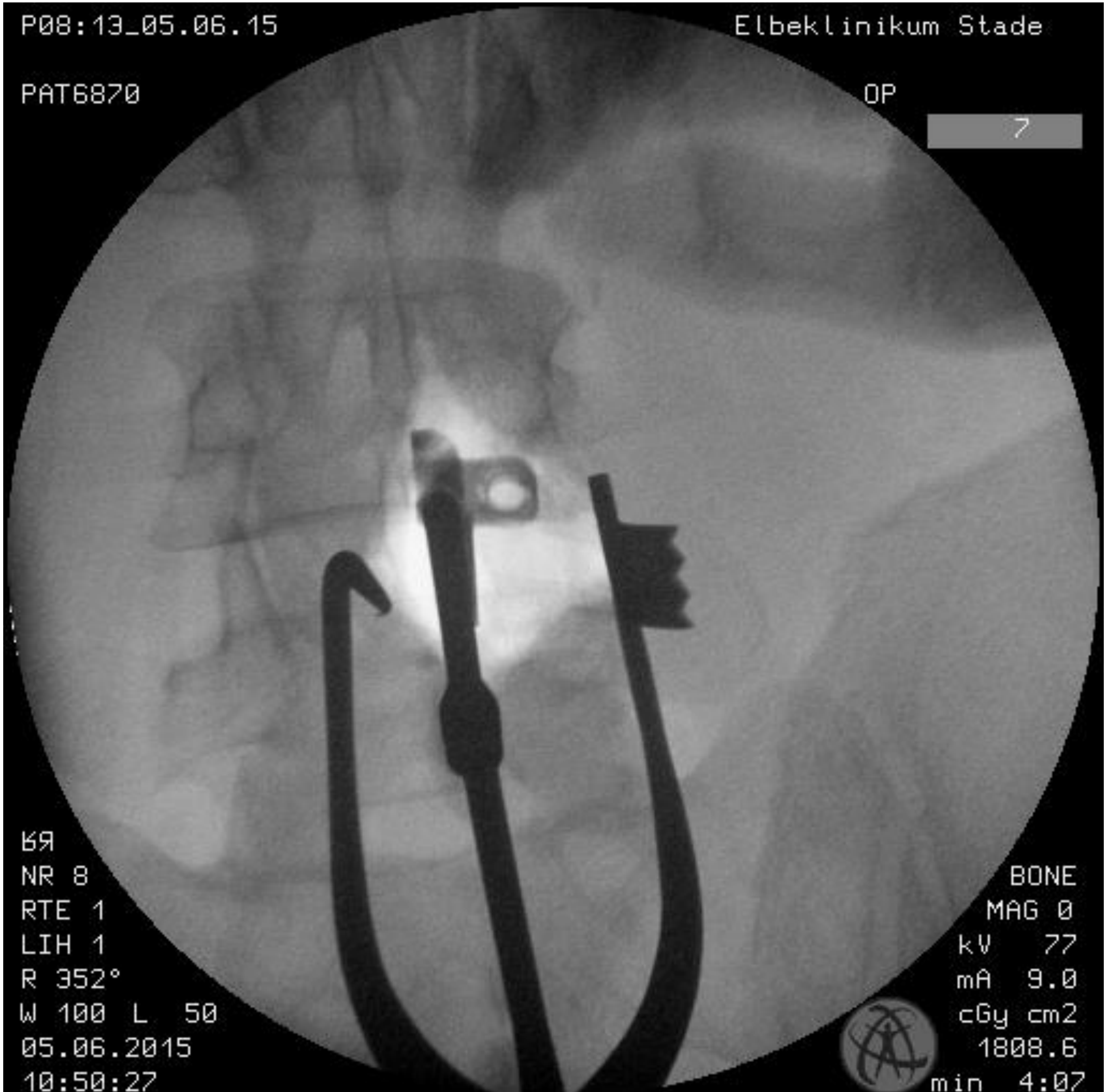
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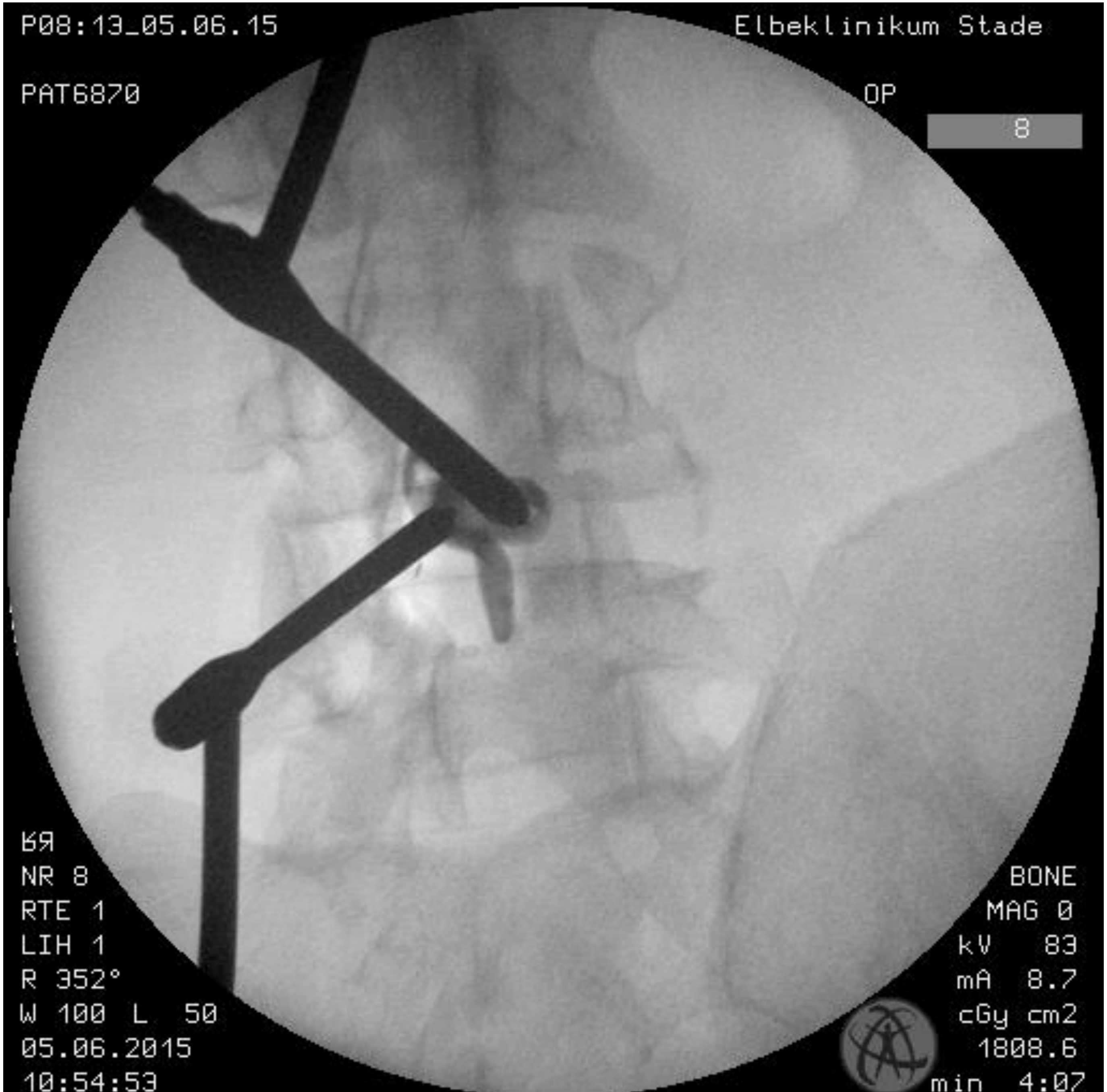
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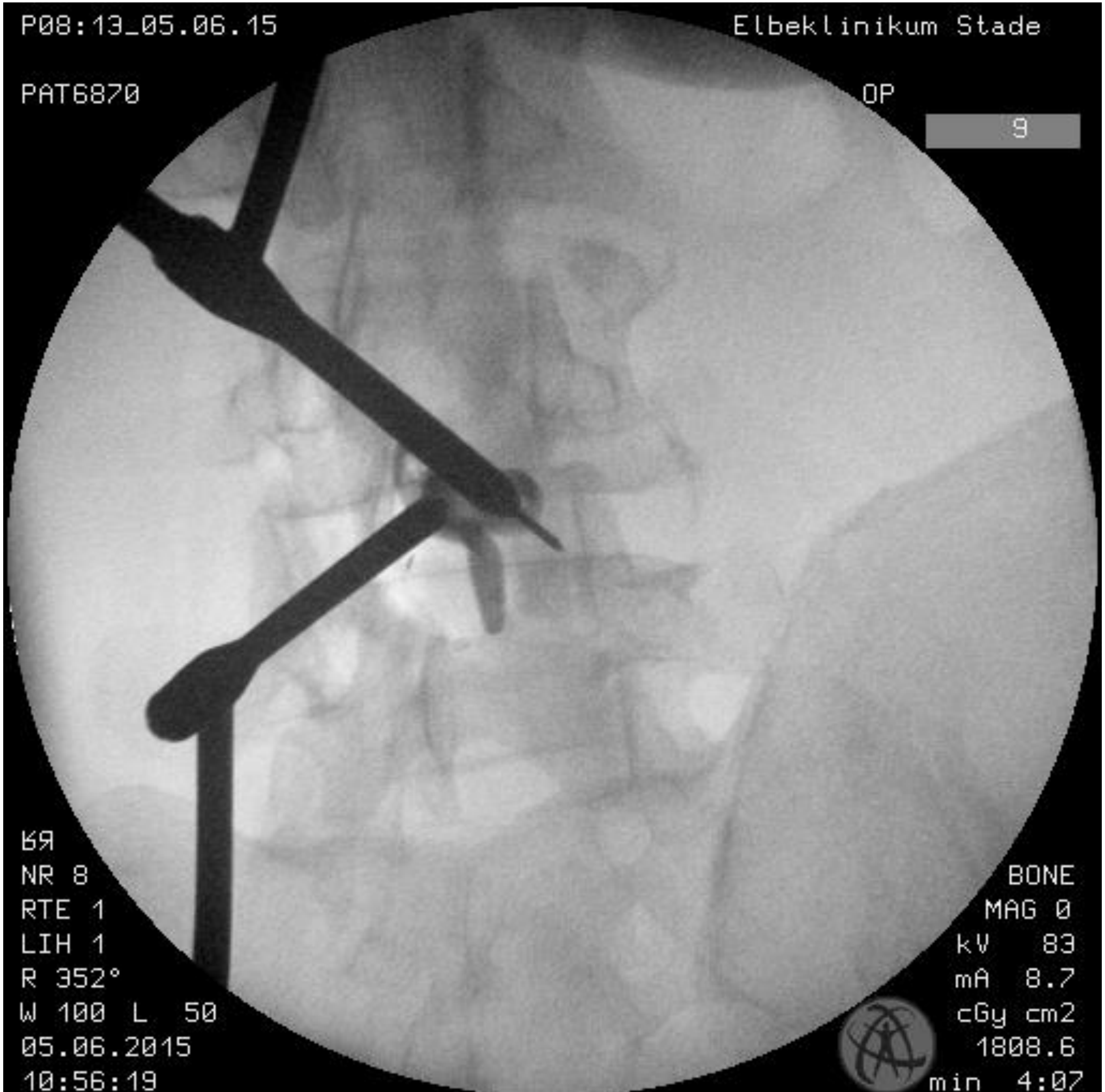
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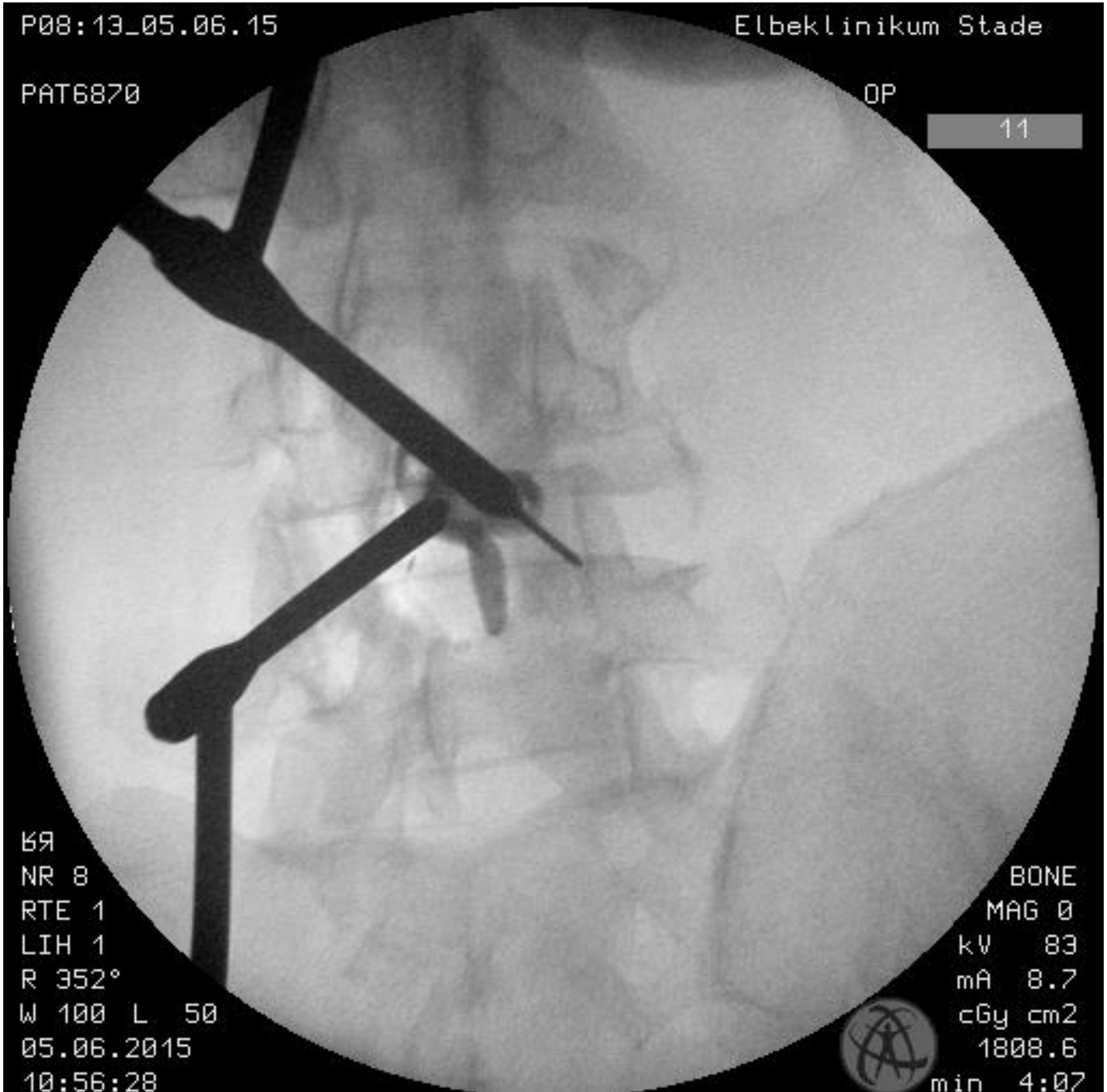
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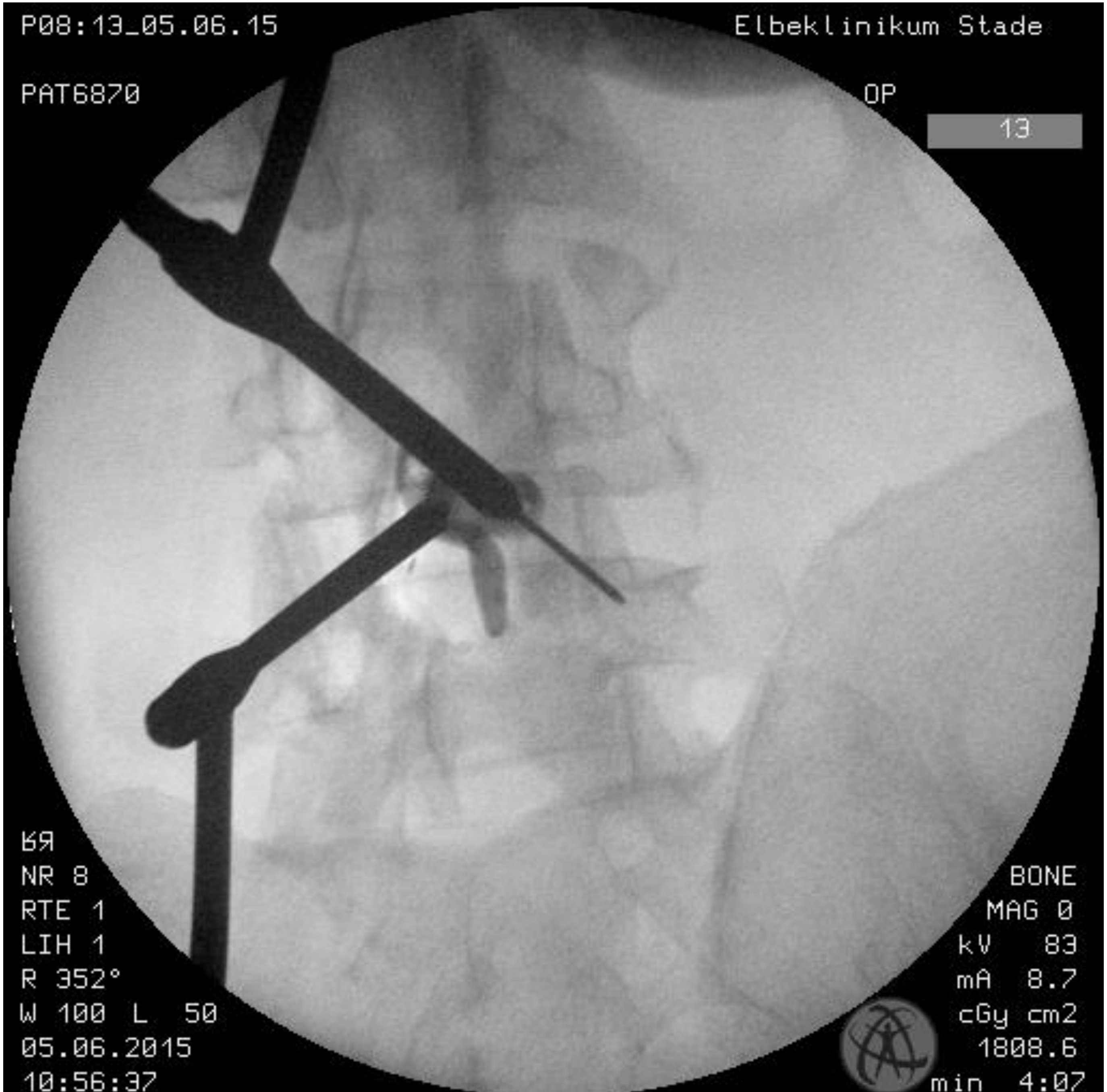
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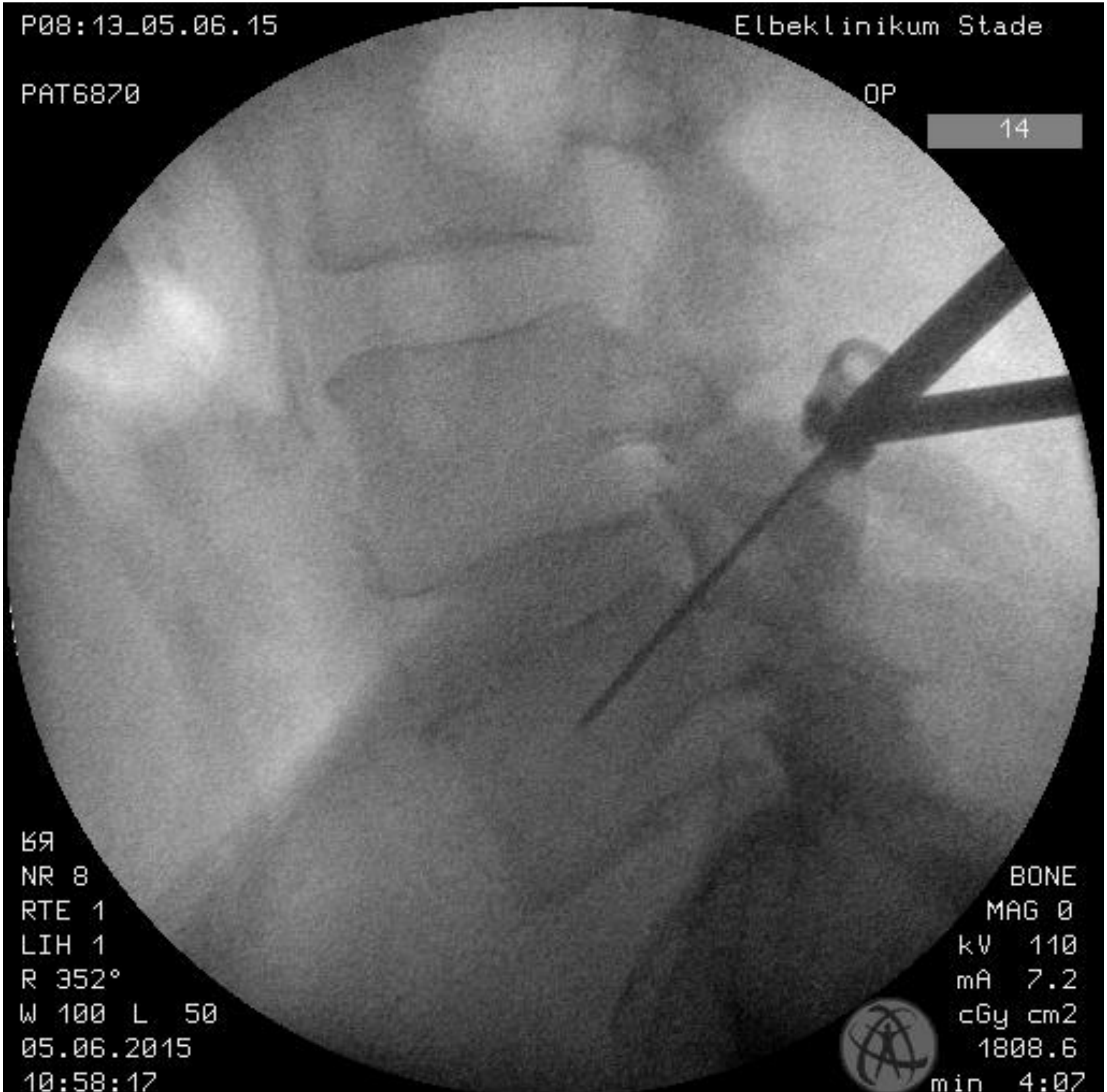
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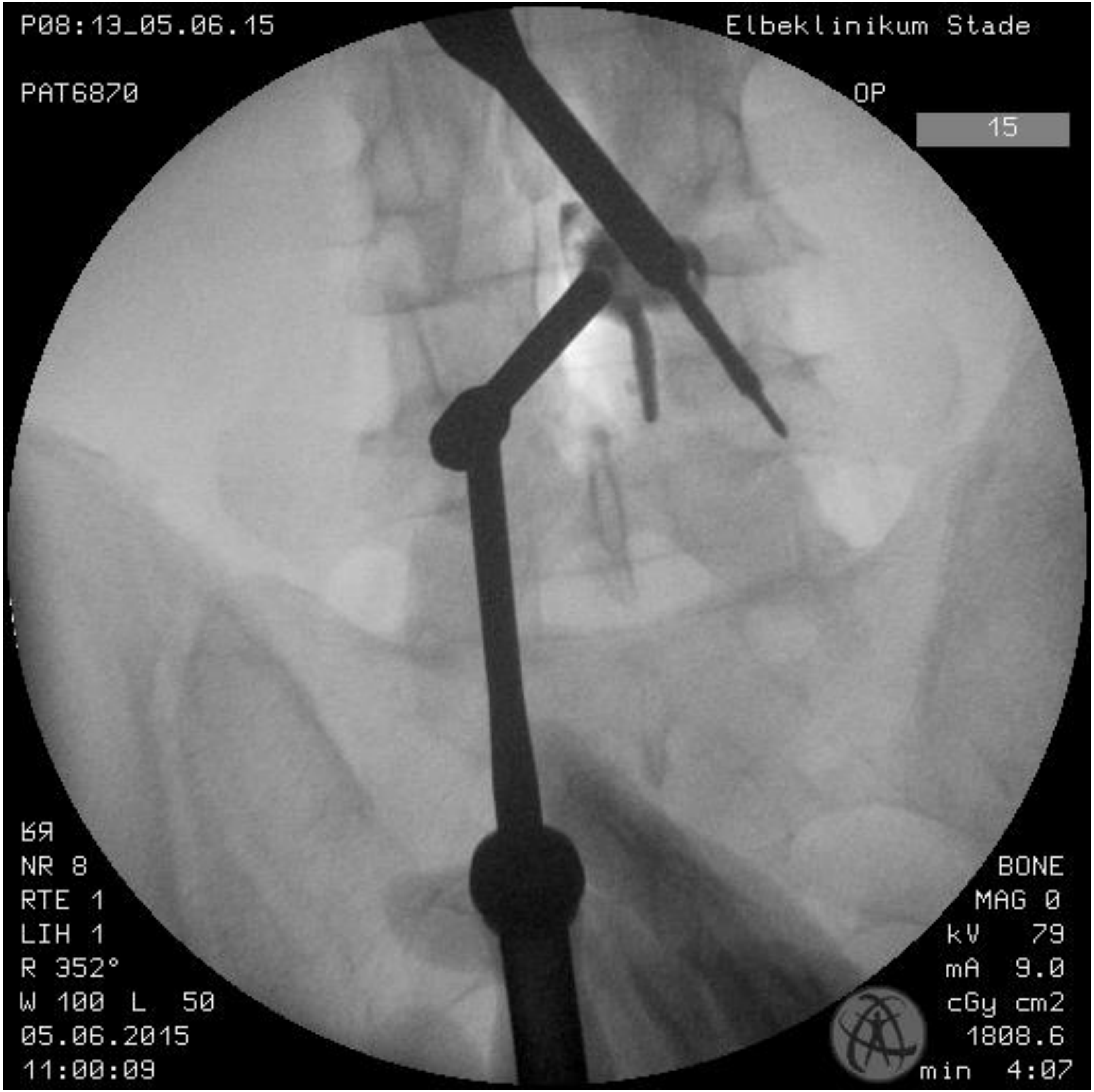
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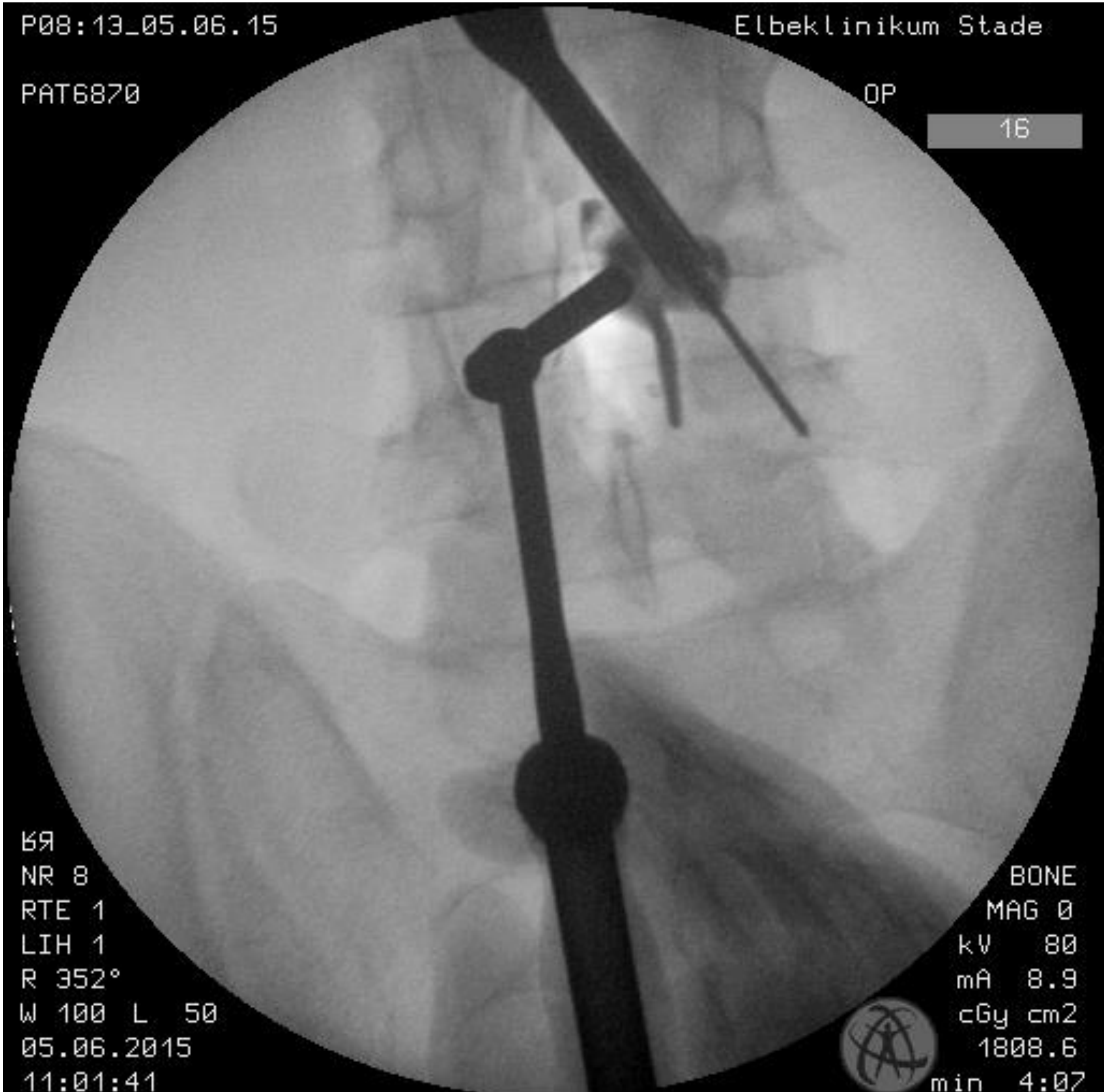
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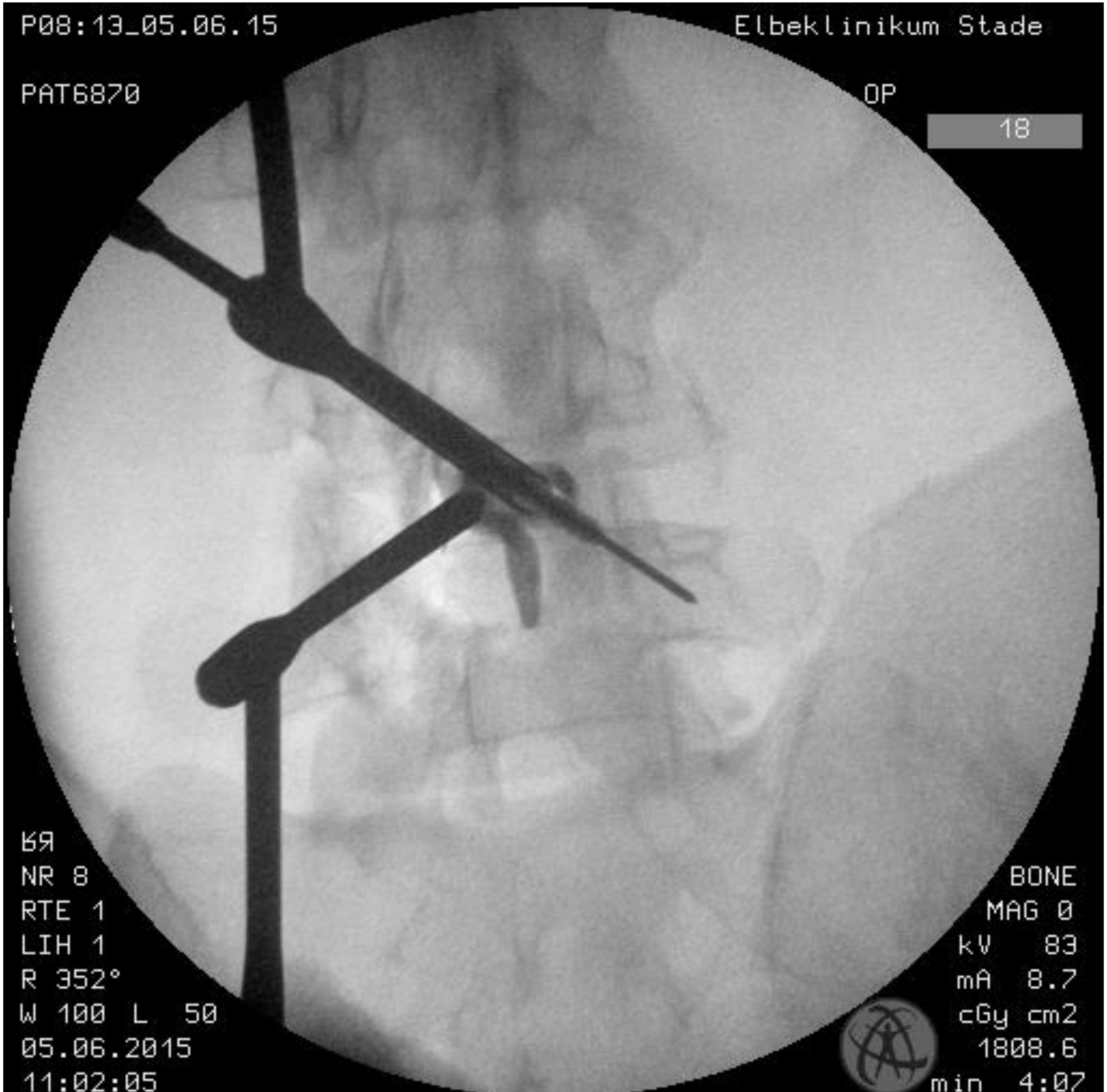
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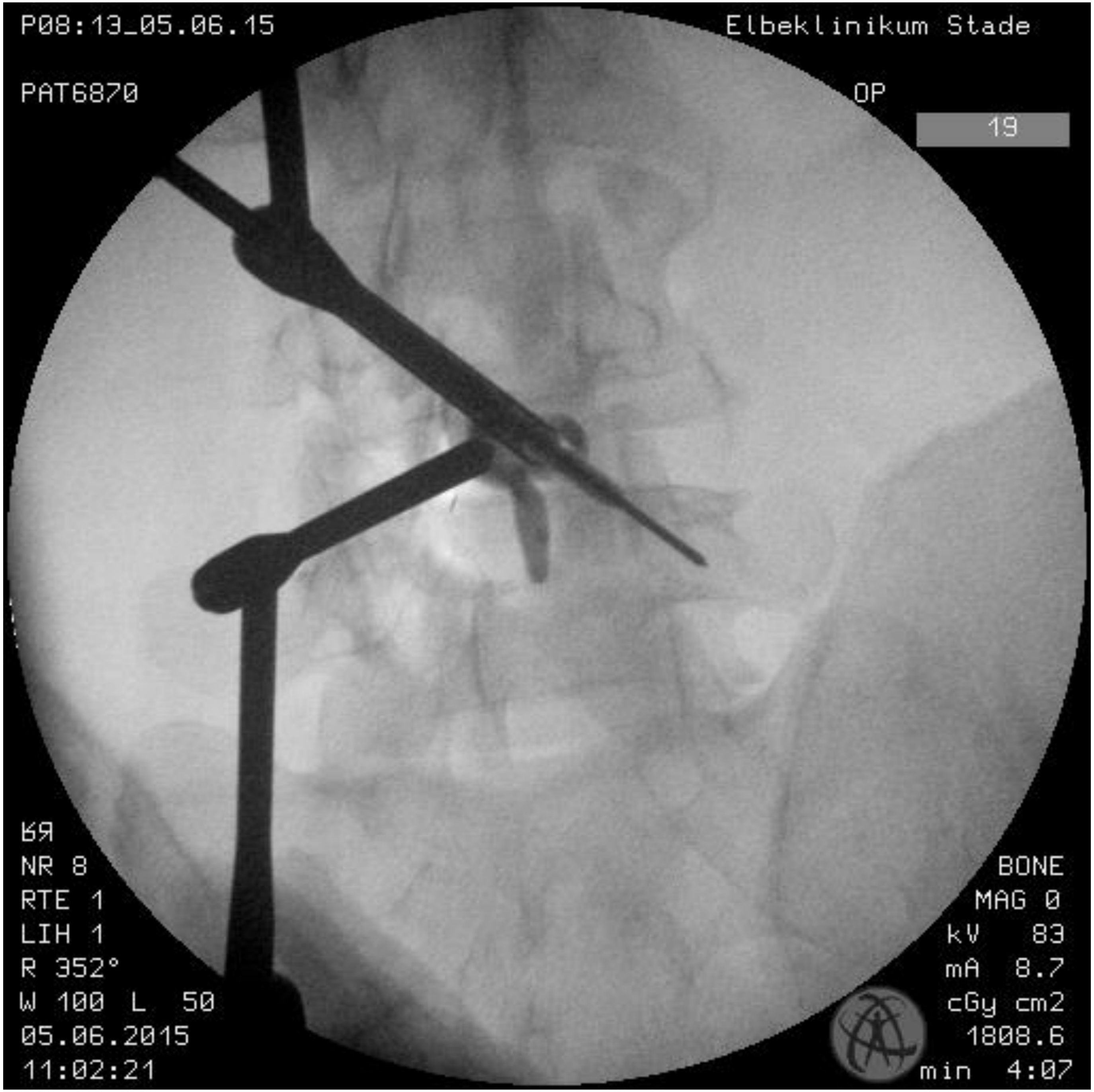
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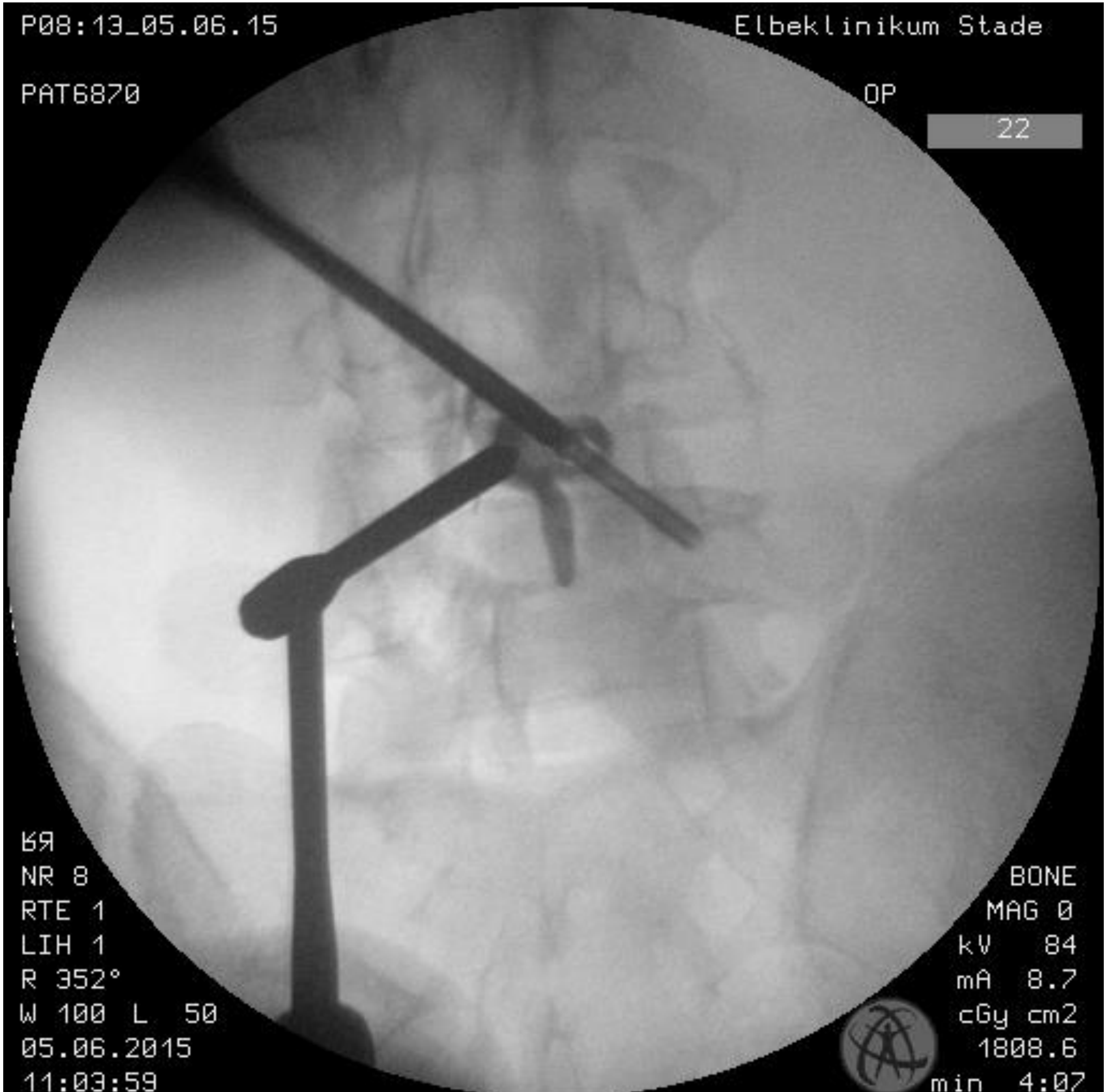
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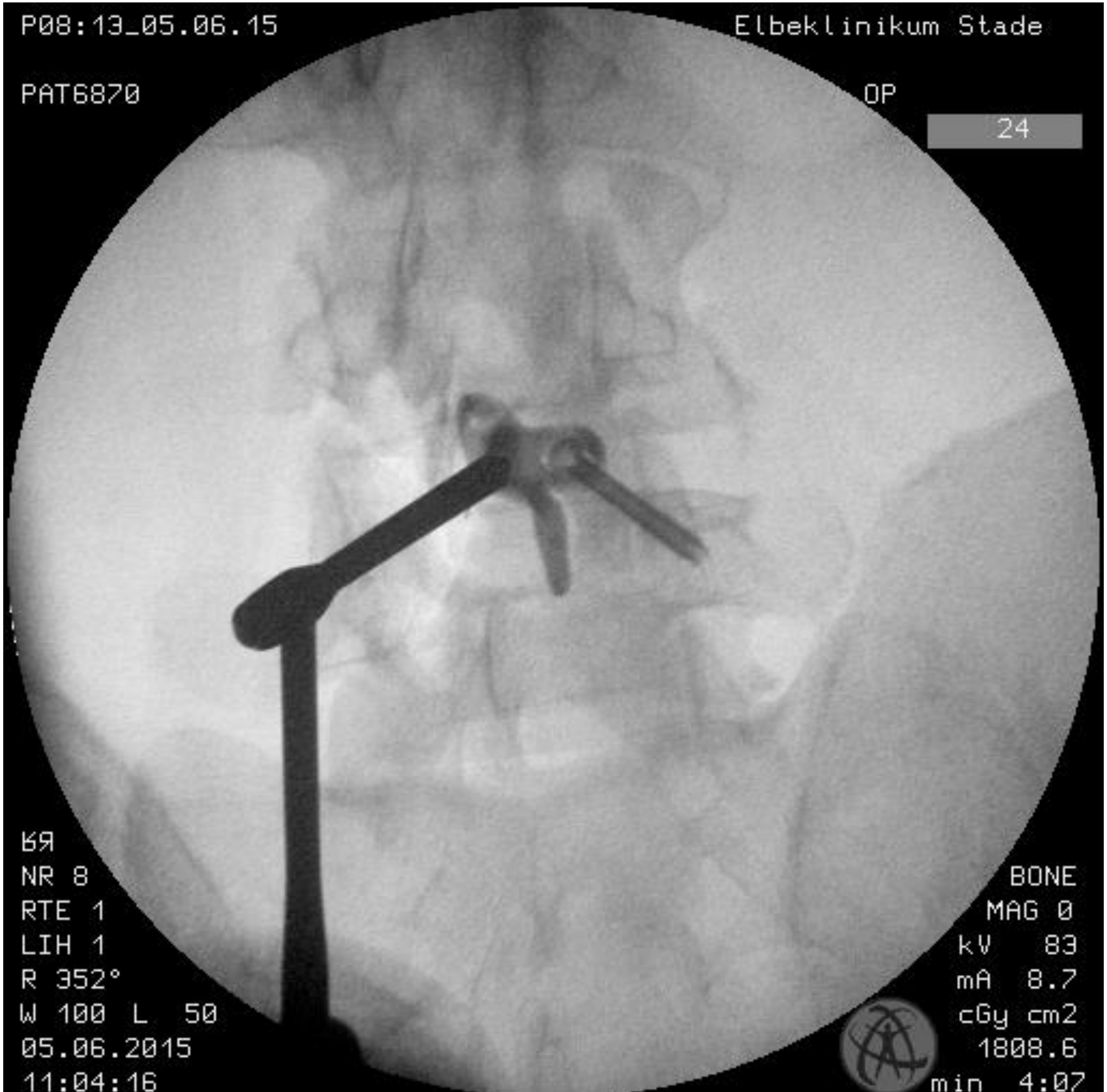
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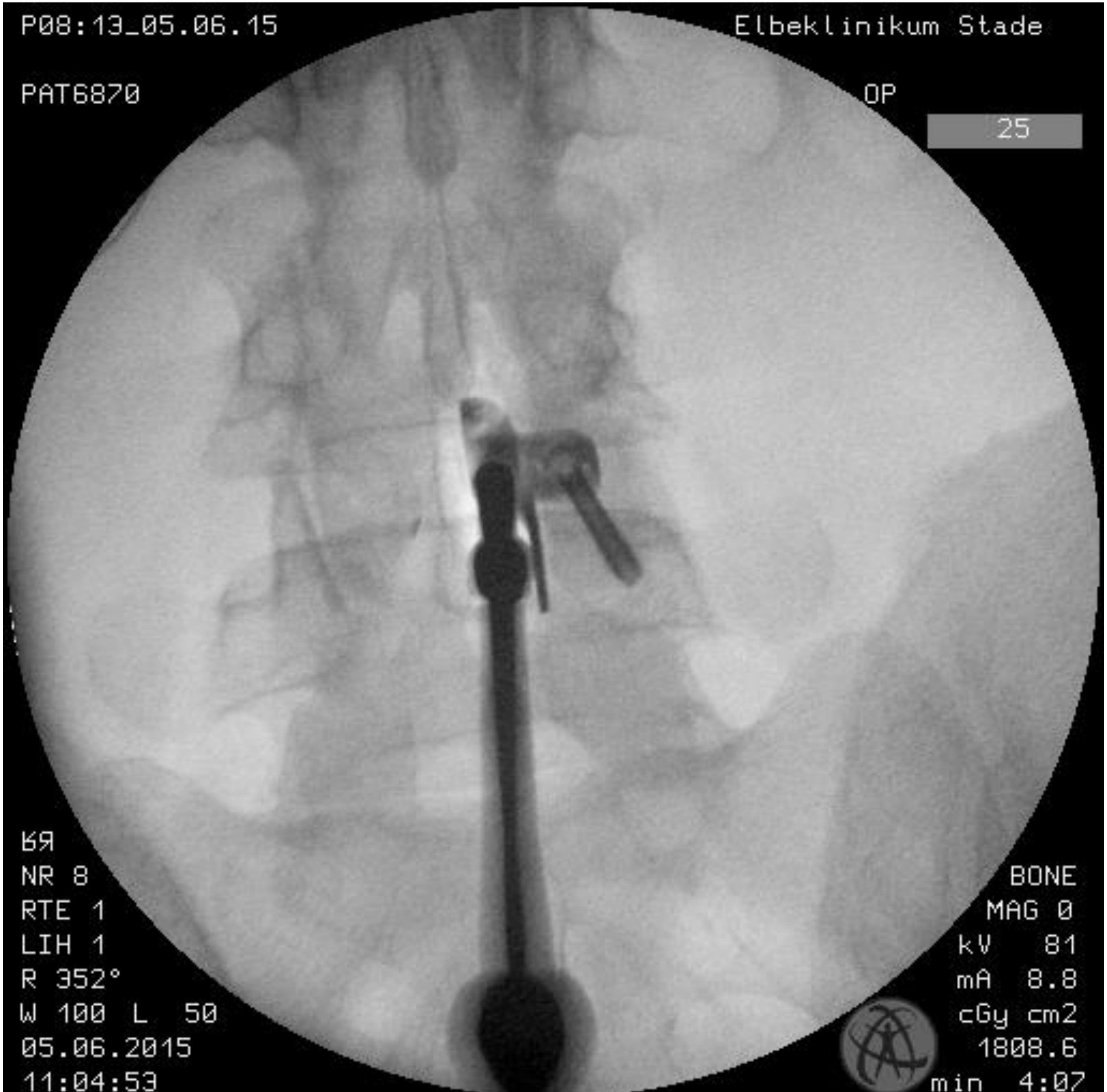
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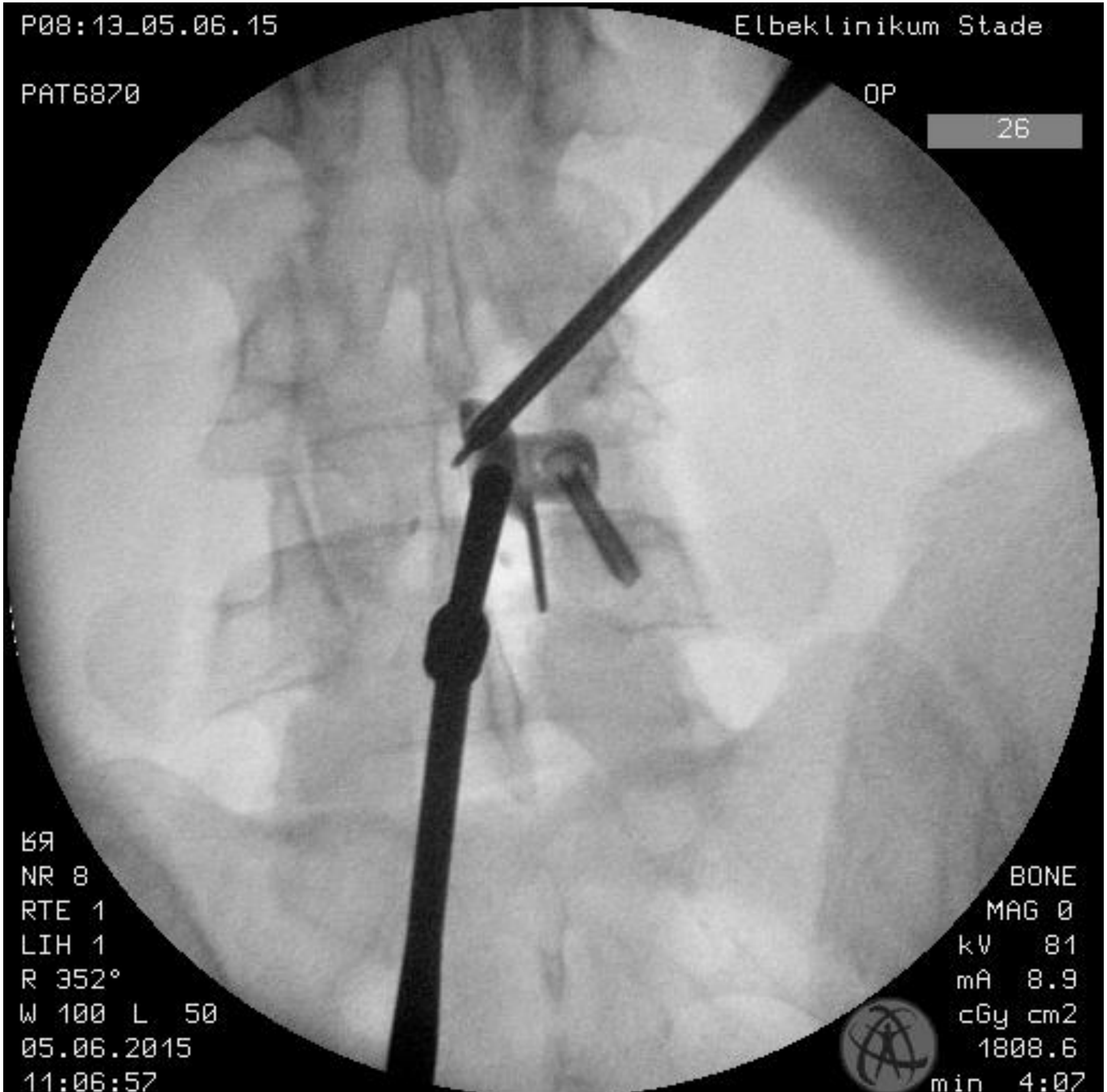
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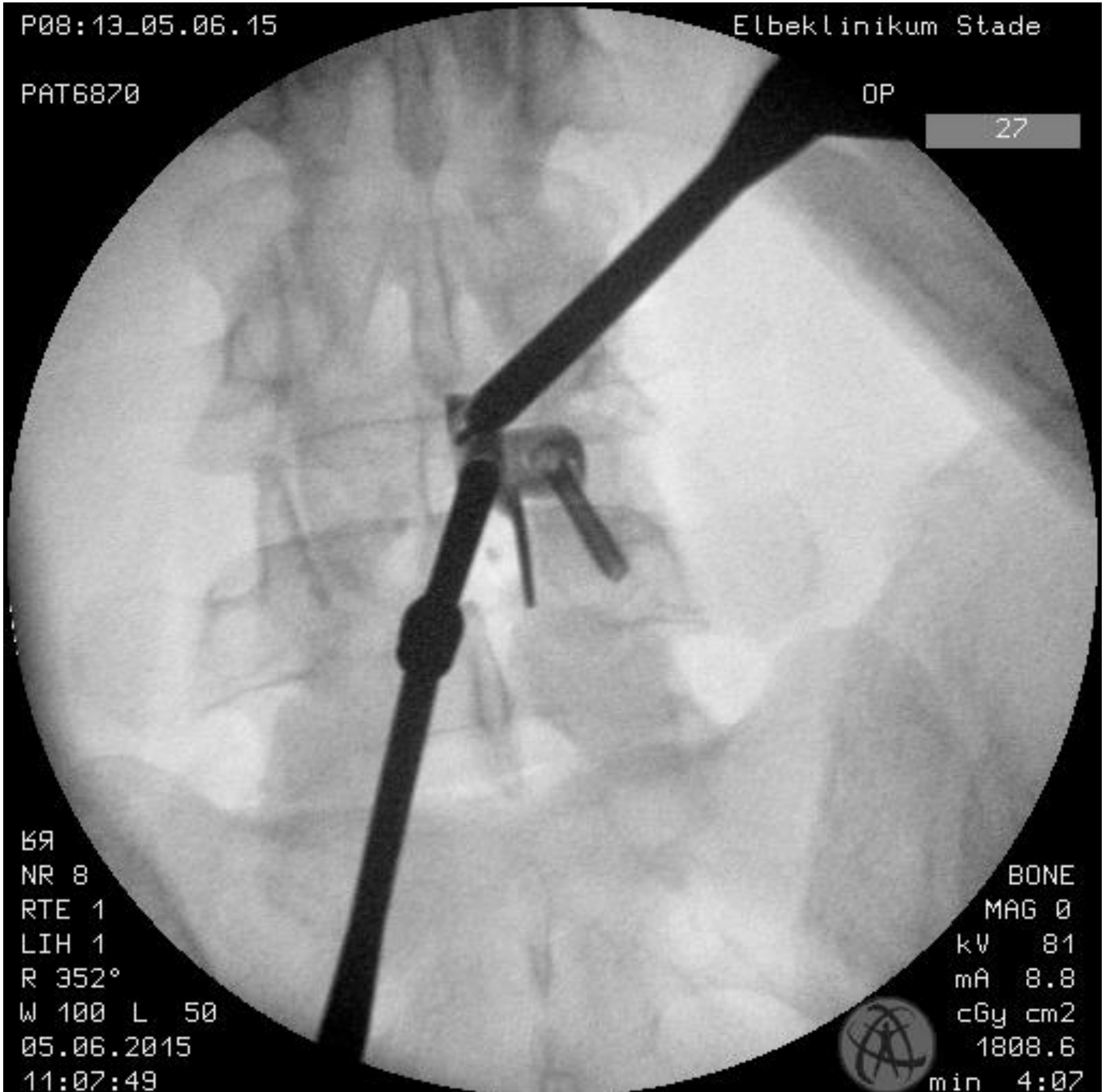
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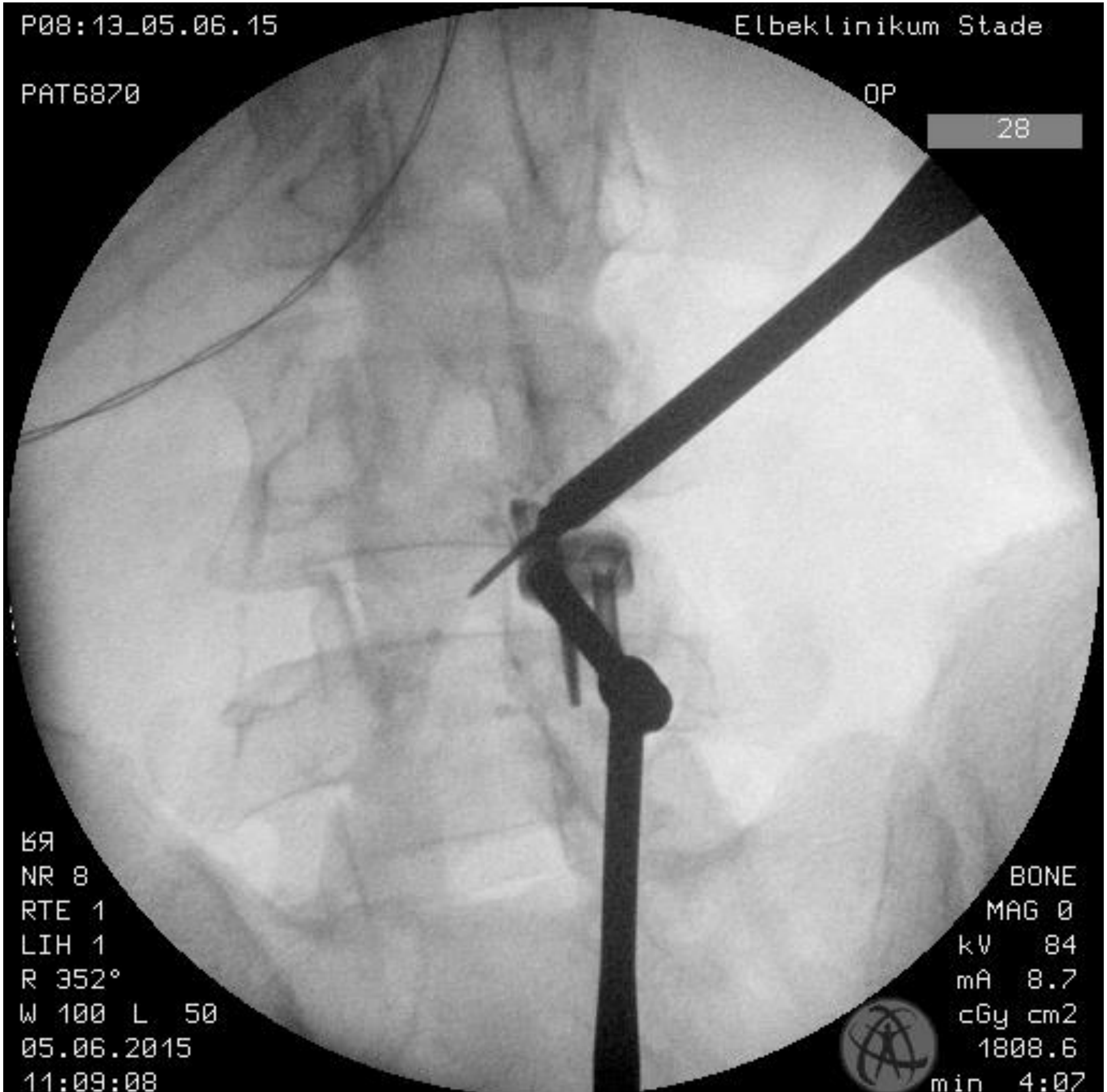
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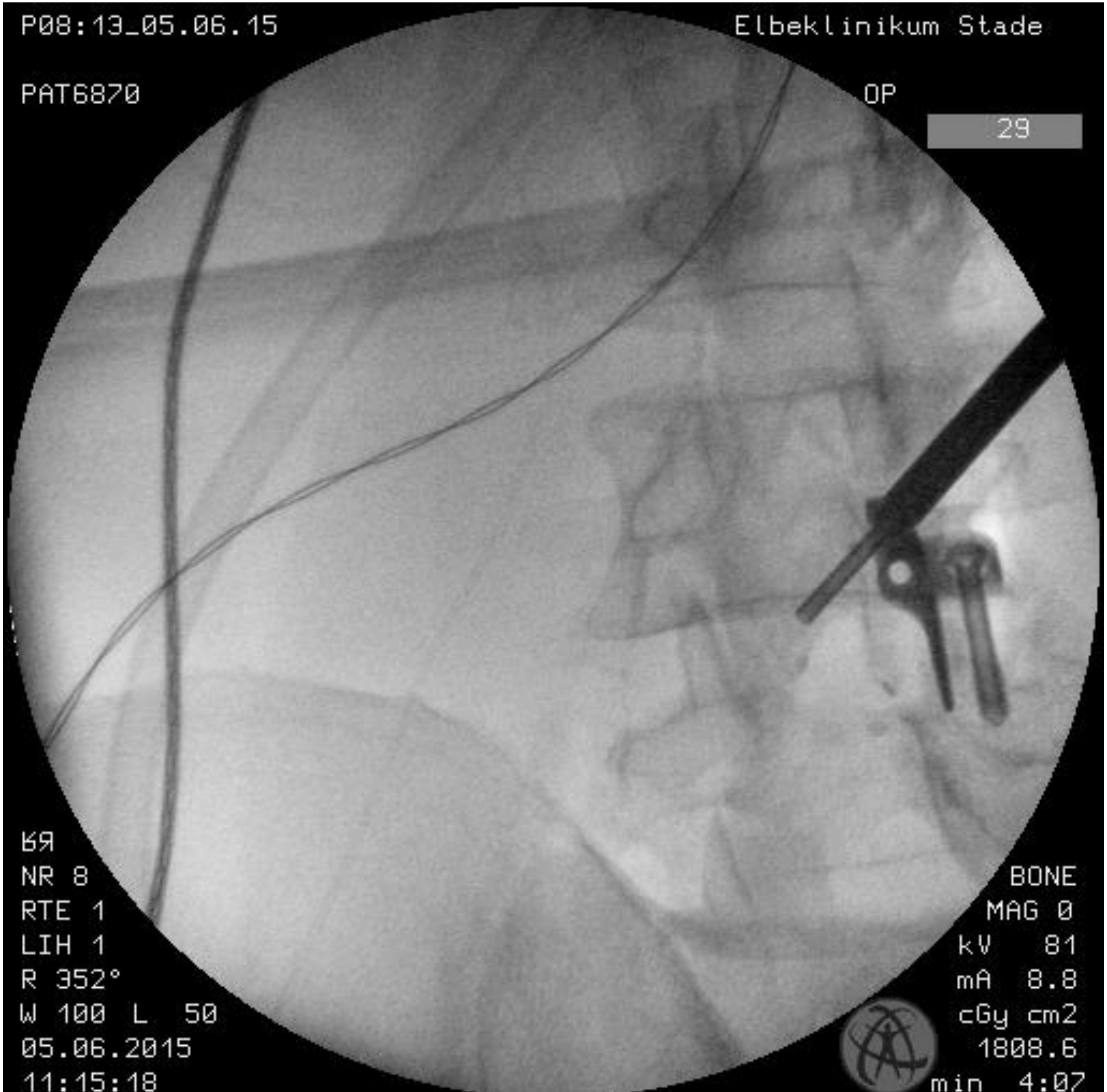
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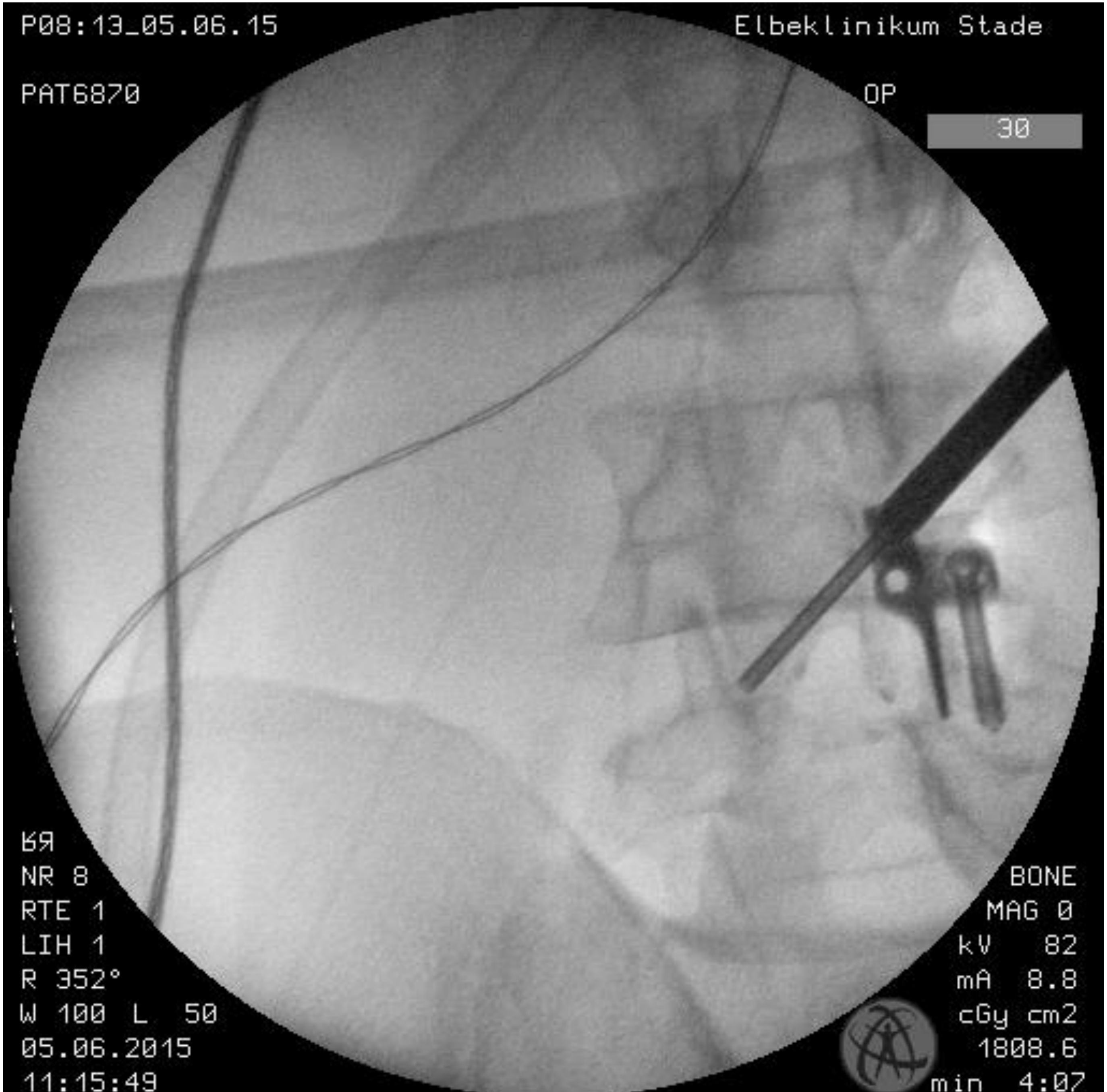
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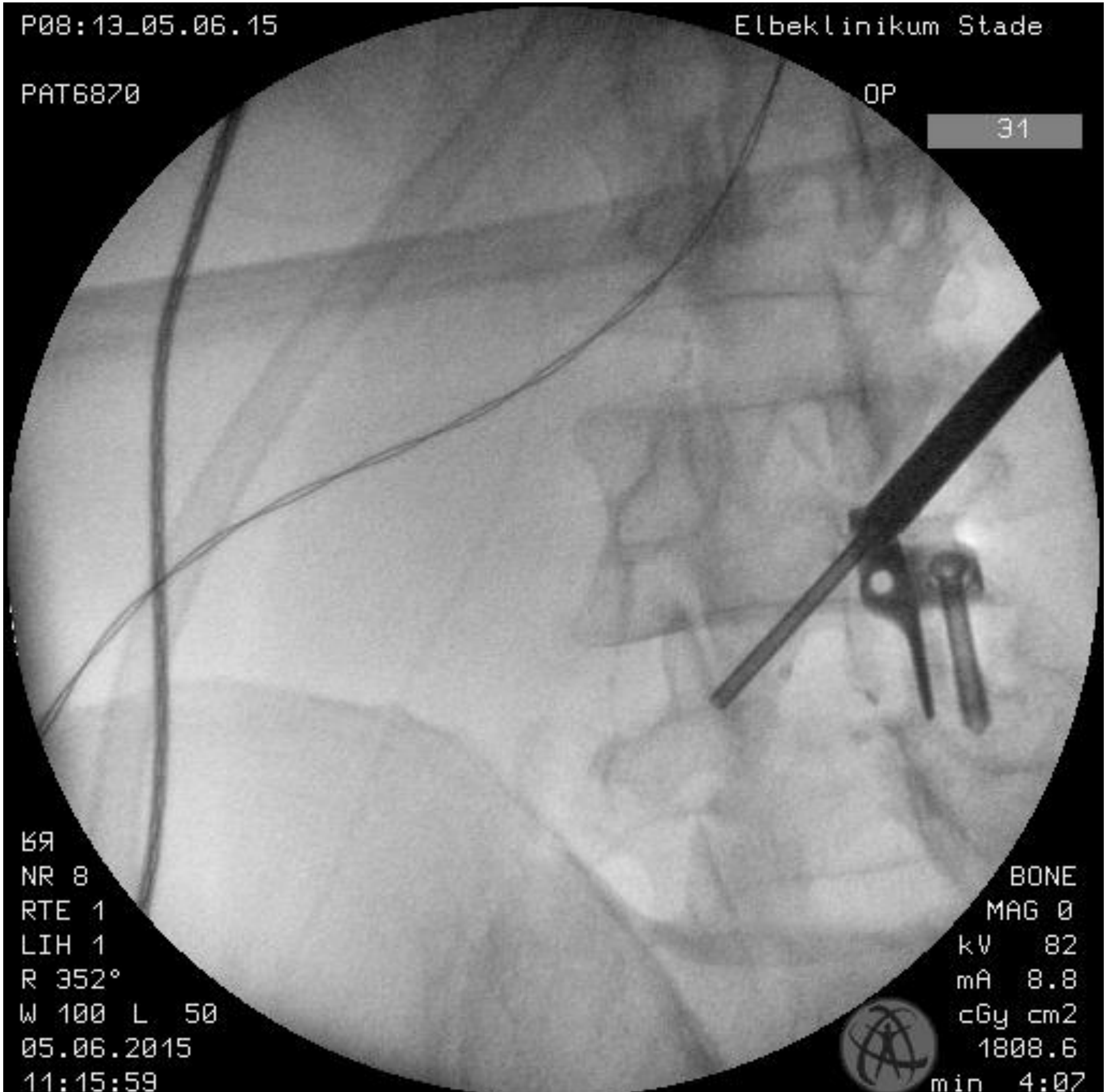
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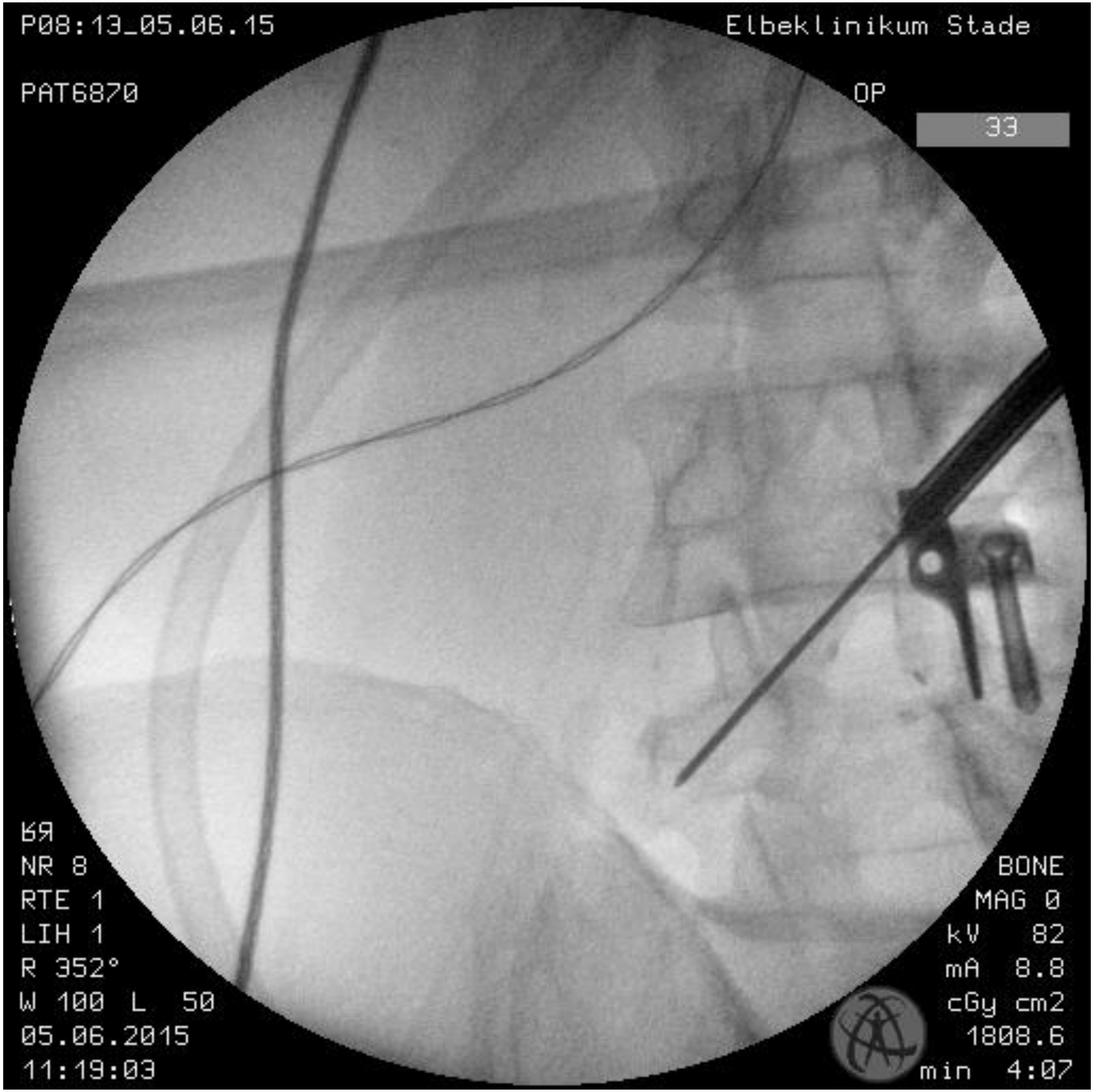
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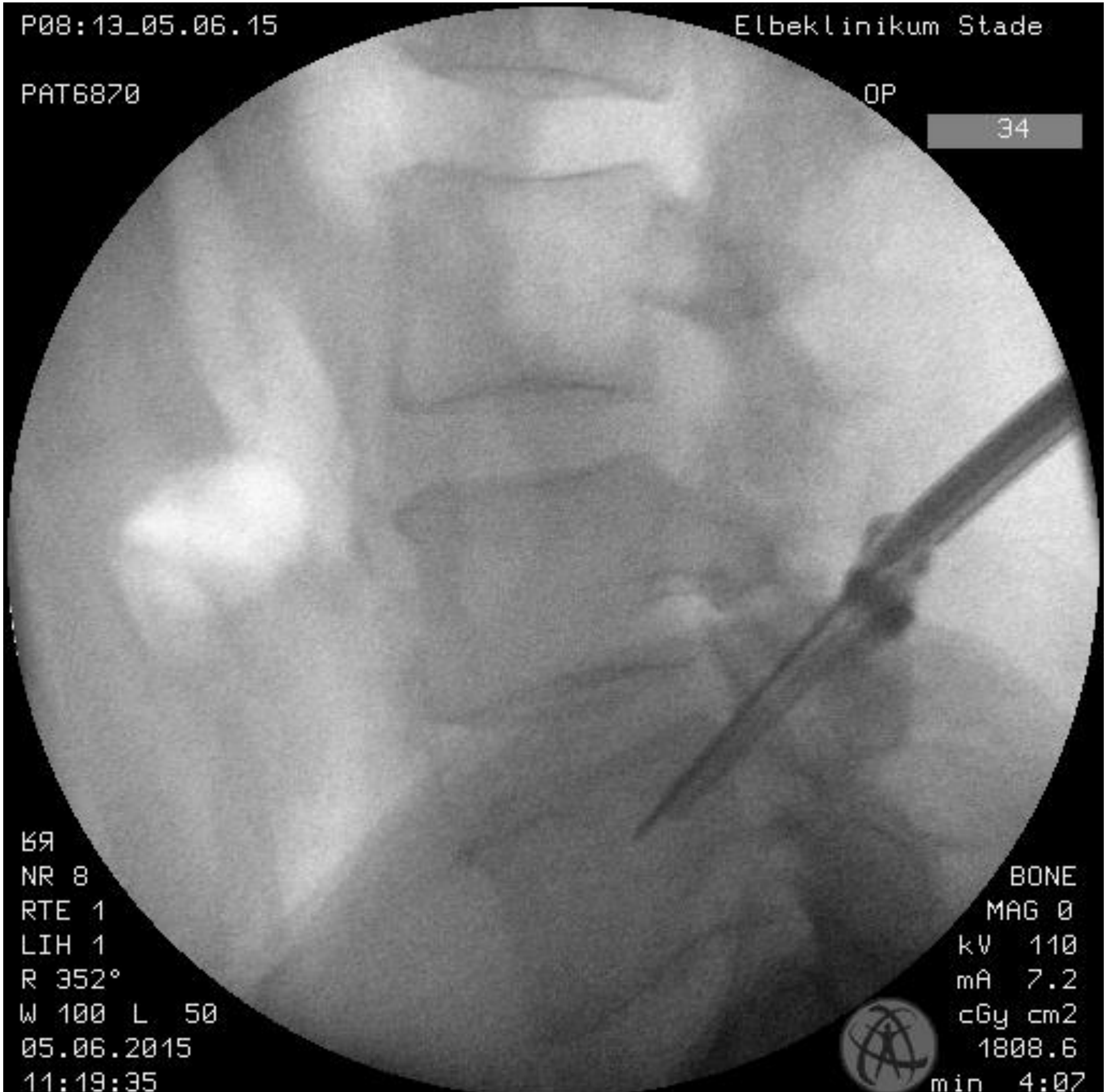
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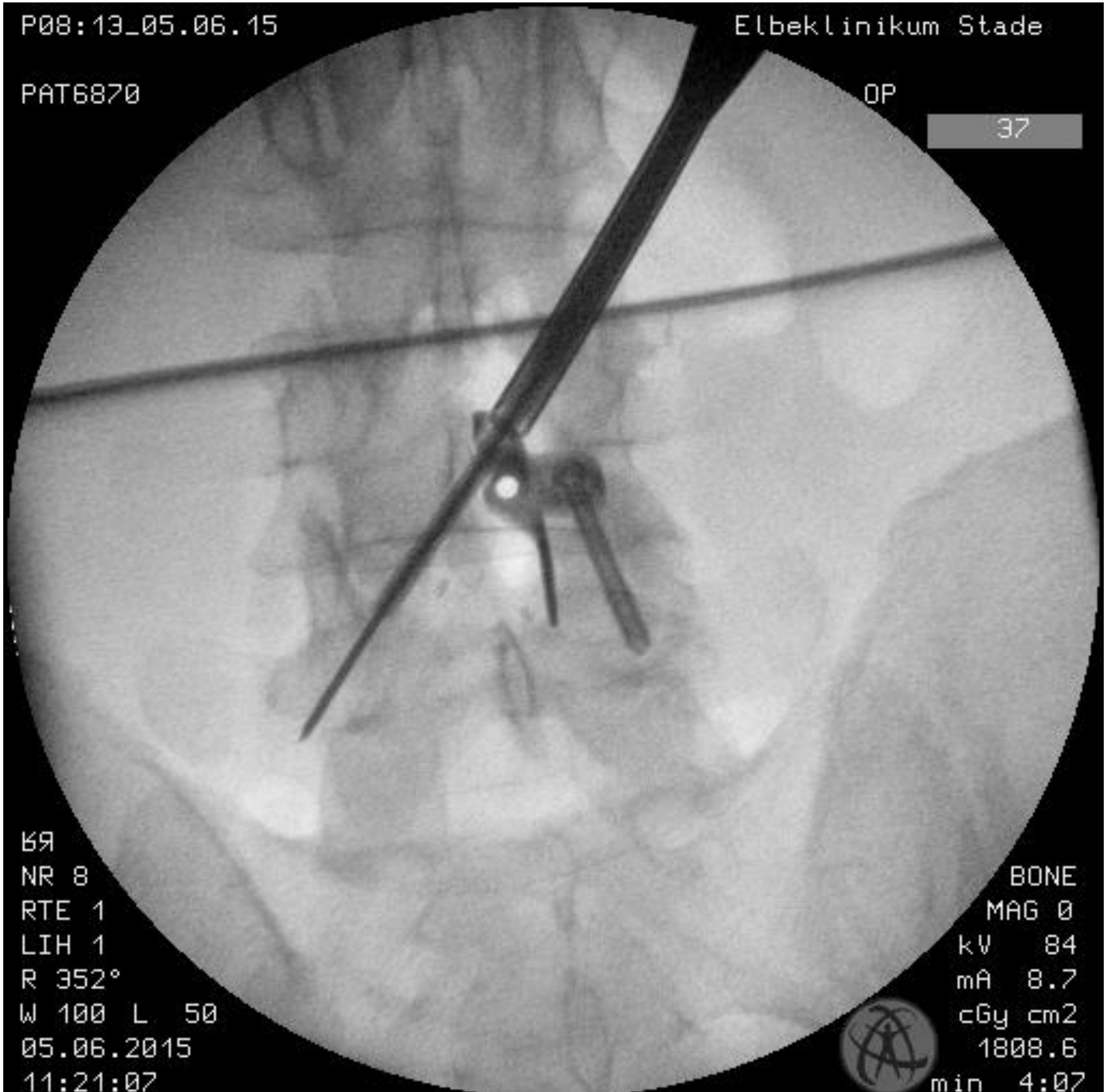
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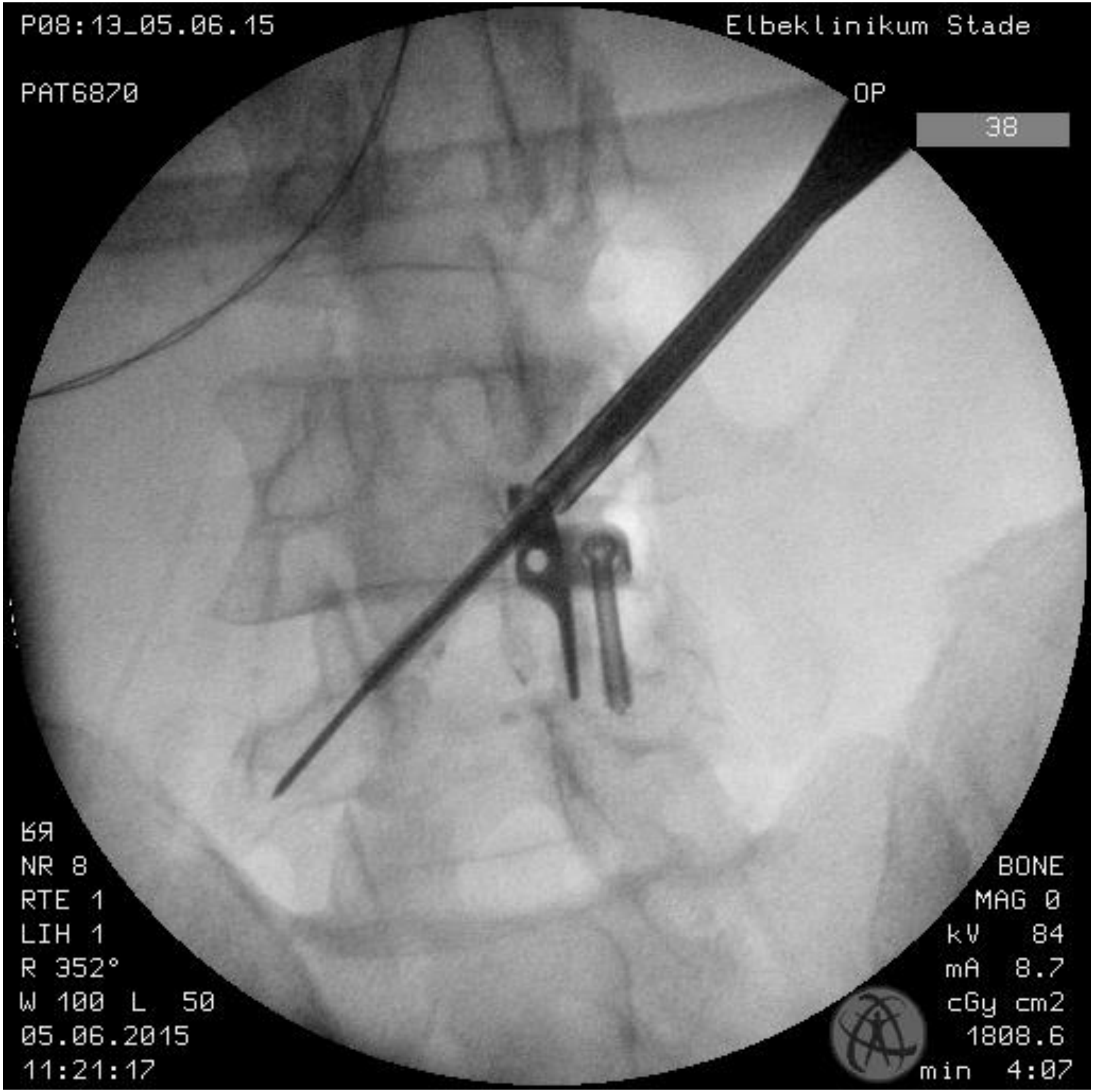
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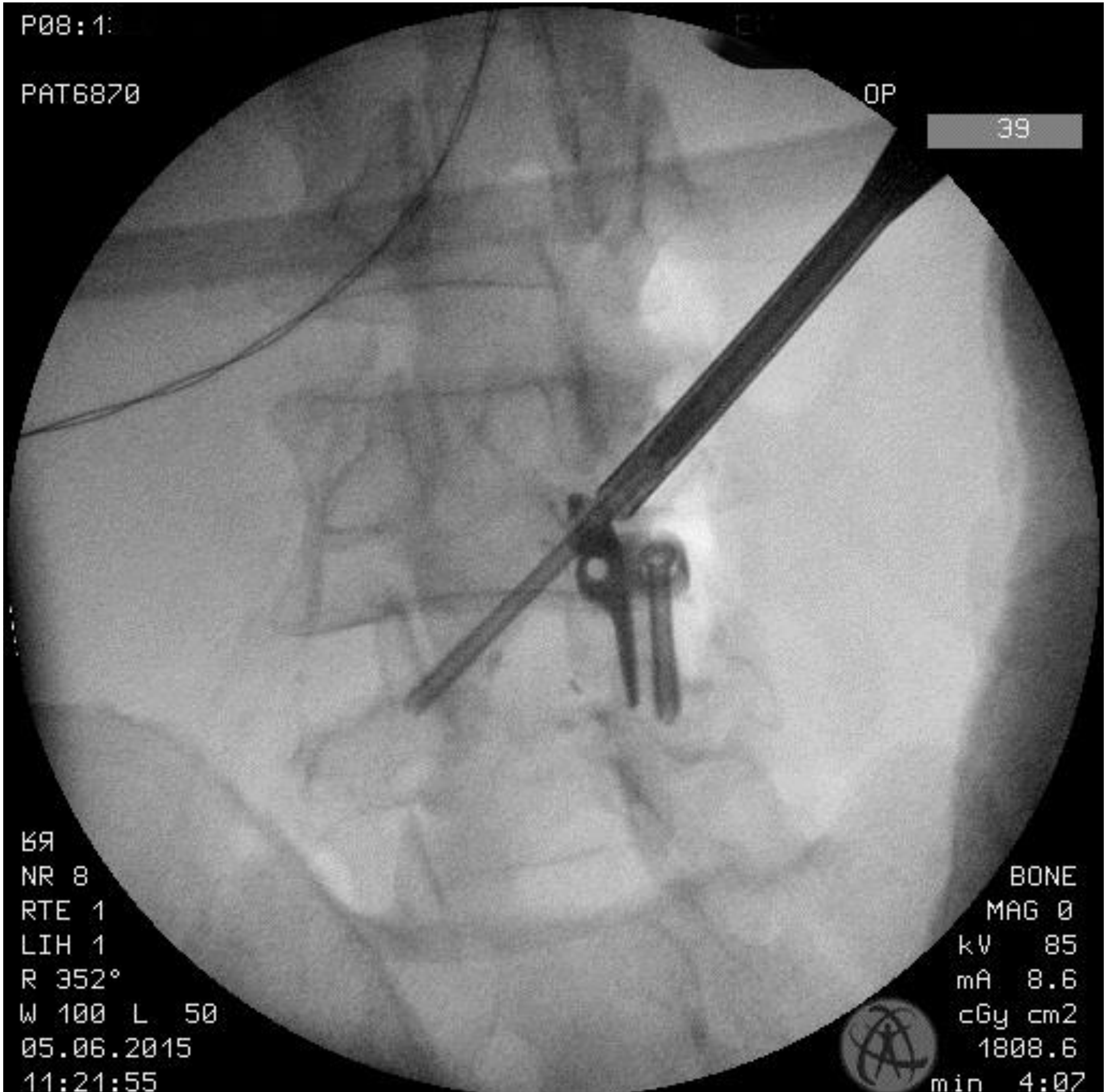
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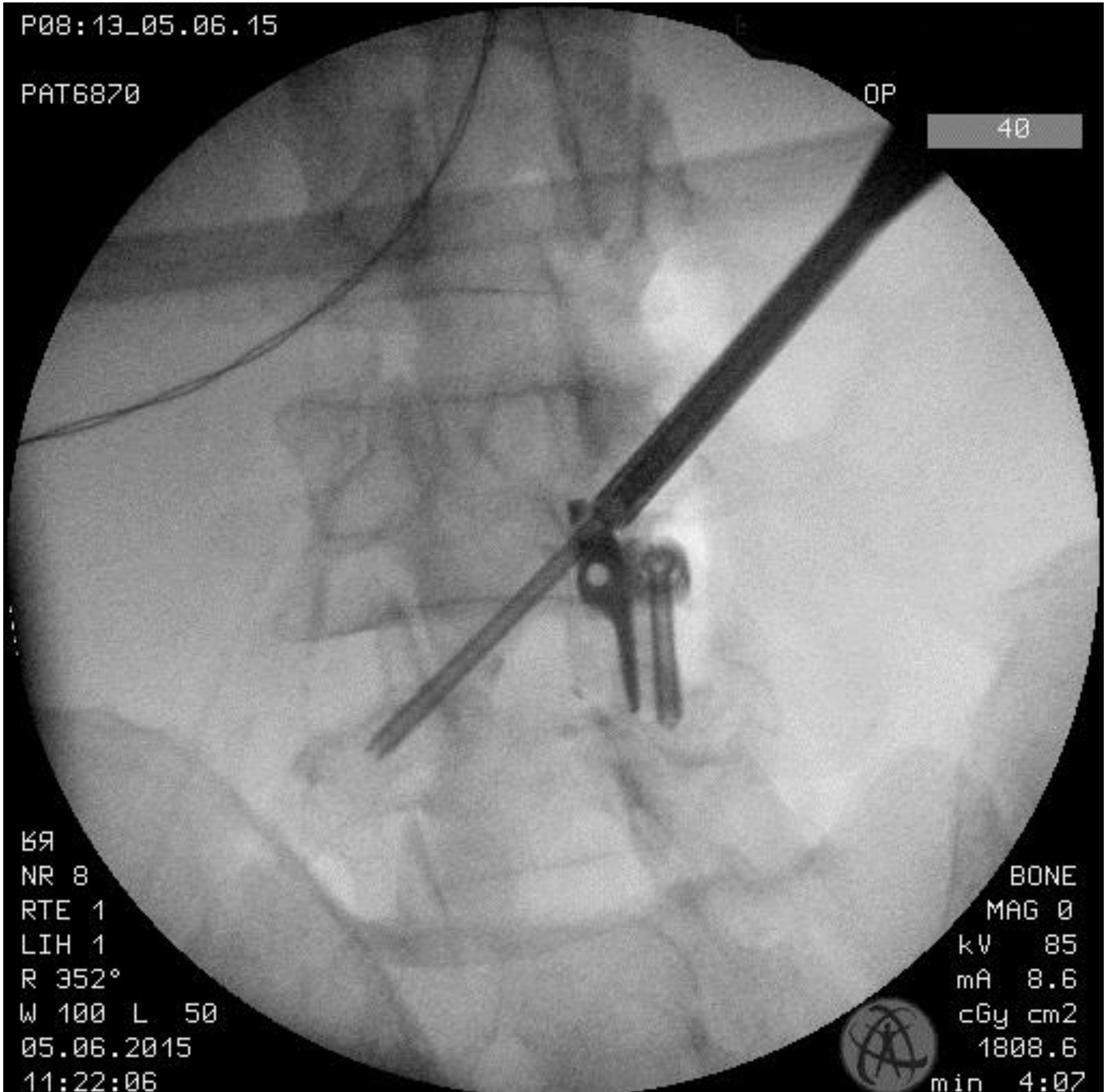
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PAT6870
OP
40
БЯ
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LIH 1
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11:22:06
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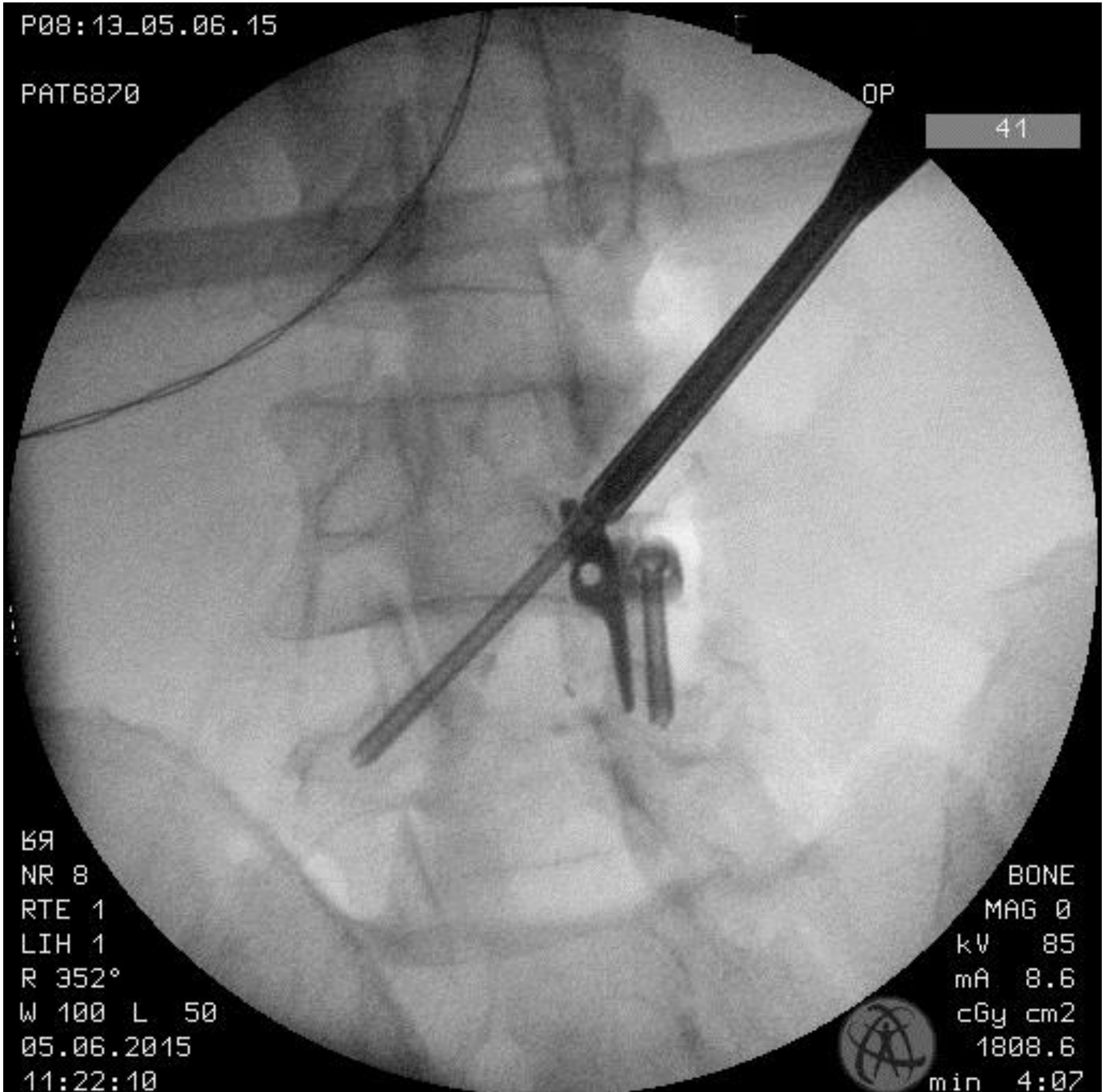
MAG 0
kV 85
mA 8.6
cGy cm2
1808.6
min 4:07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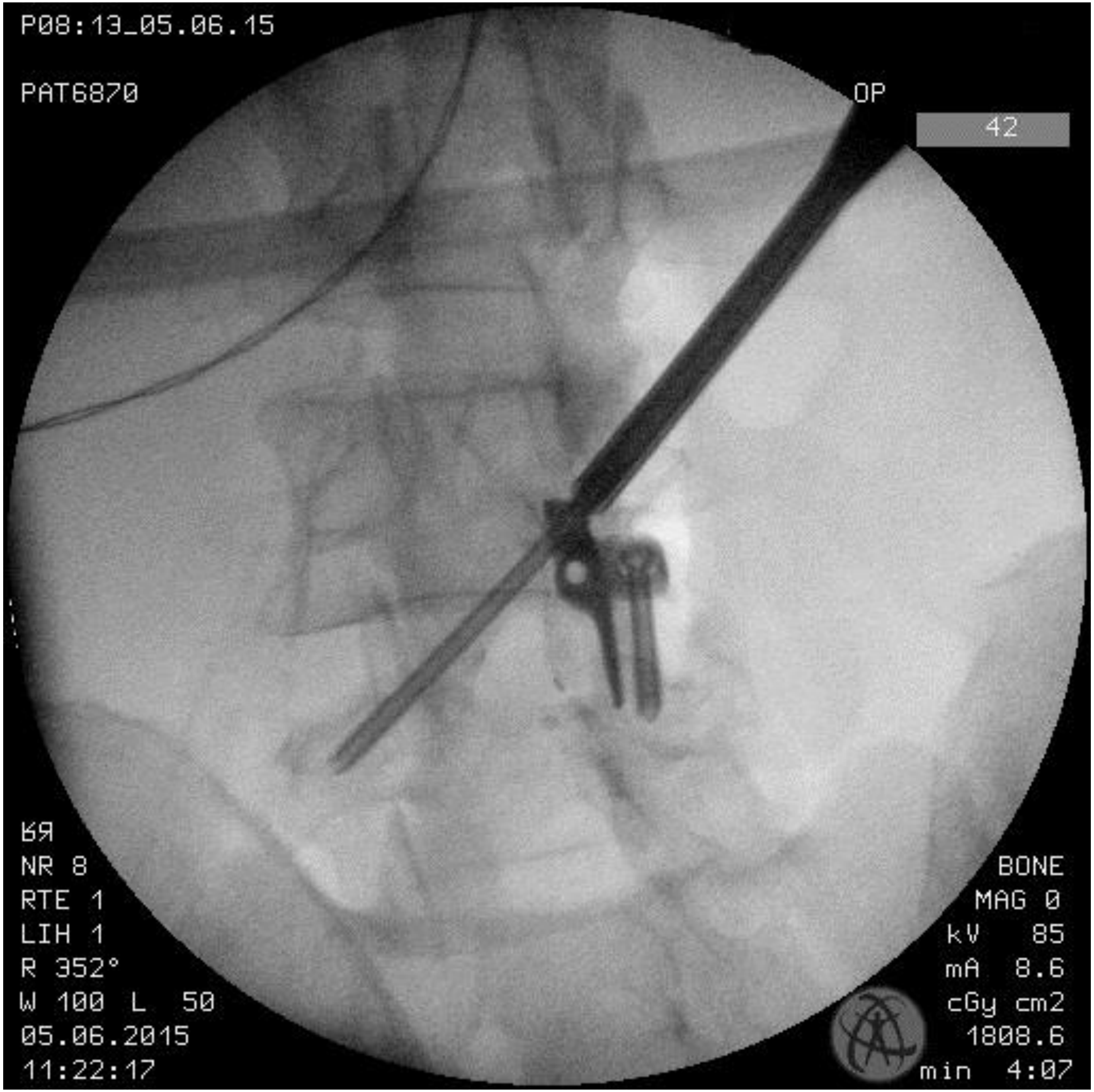
1808.6
min 4:07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cGy cm2
1808.6
min 4:07


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Elbeklinikum Stade
PAT6870
OP
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NR 8
RTE 1
LIH 1
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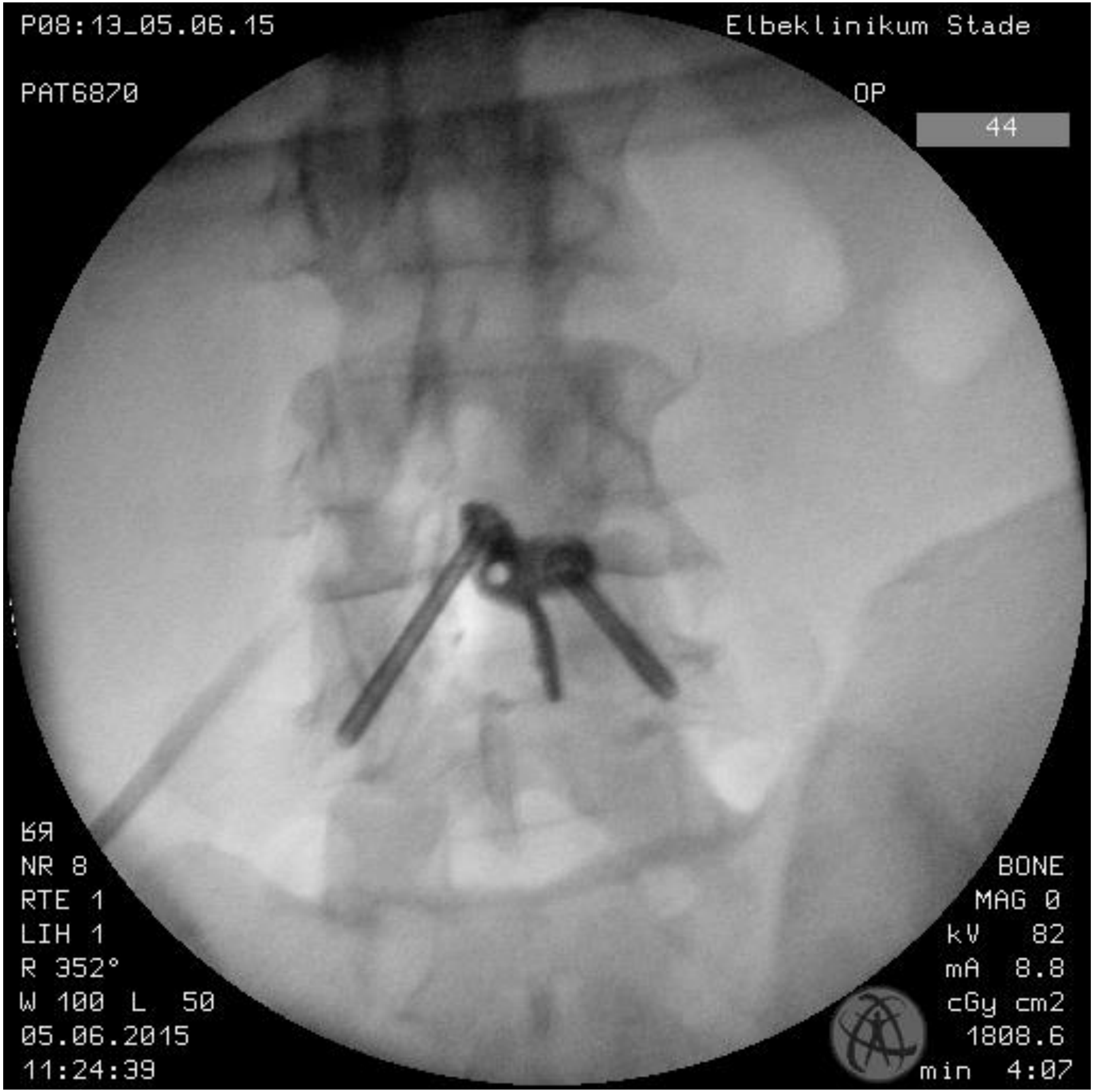
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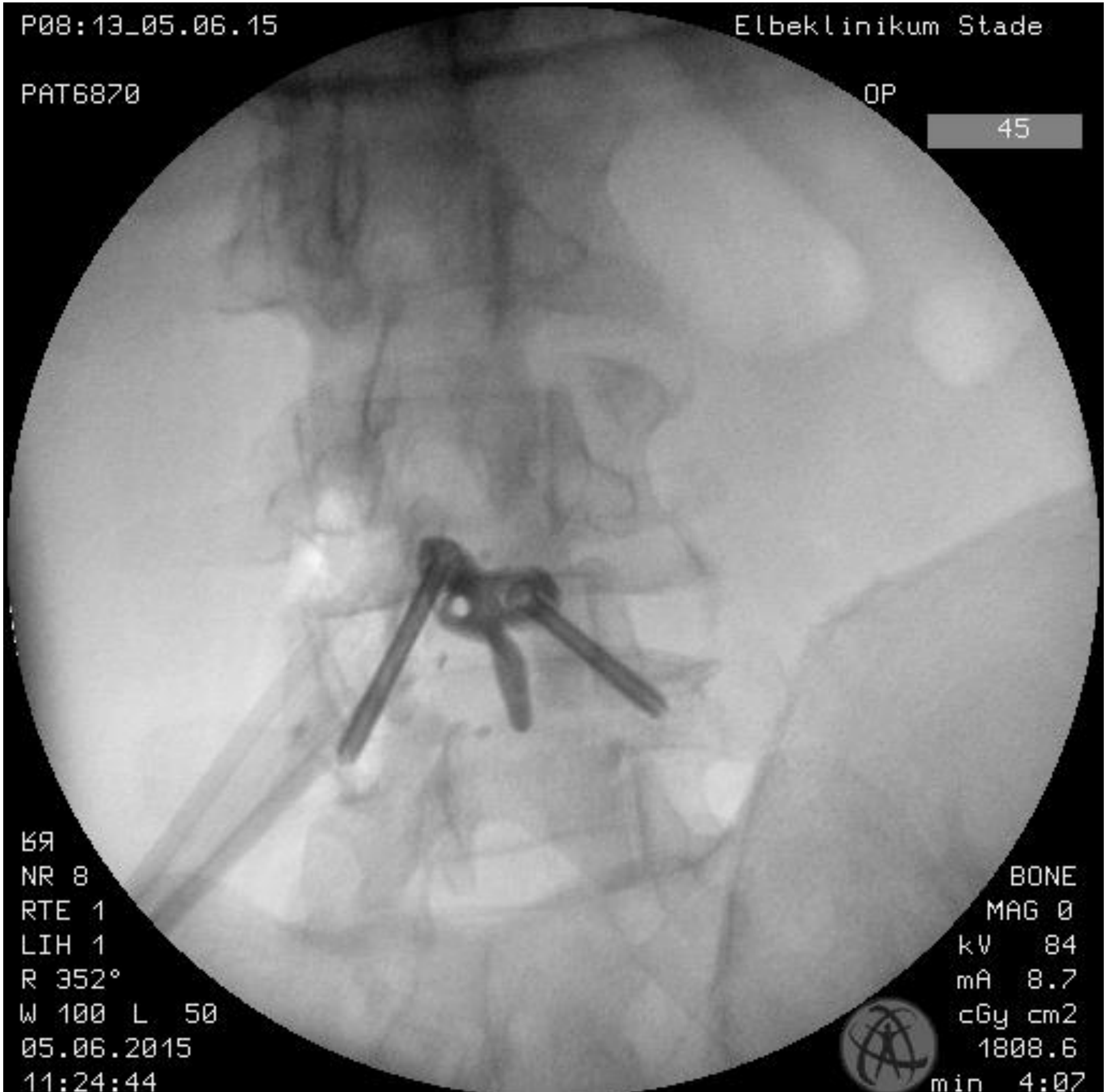
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mA 8.7
cGy cm2
1808.6
min 4:07


P08:13_05.06.15
Elbeklinikum Stade
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min 4:07


P08:13_05.06.15
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mA 8.7
cGy cm2
1808.6
min 4:07


P08:13_05.06.15
Elbeklinikum Stade
PAT6870
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49
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12:07:05
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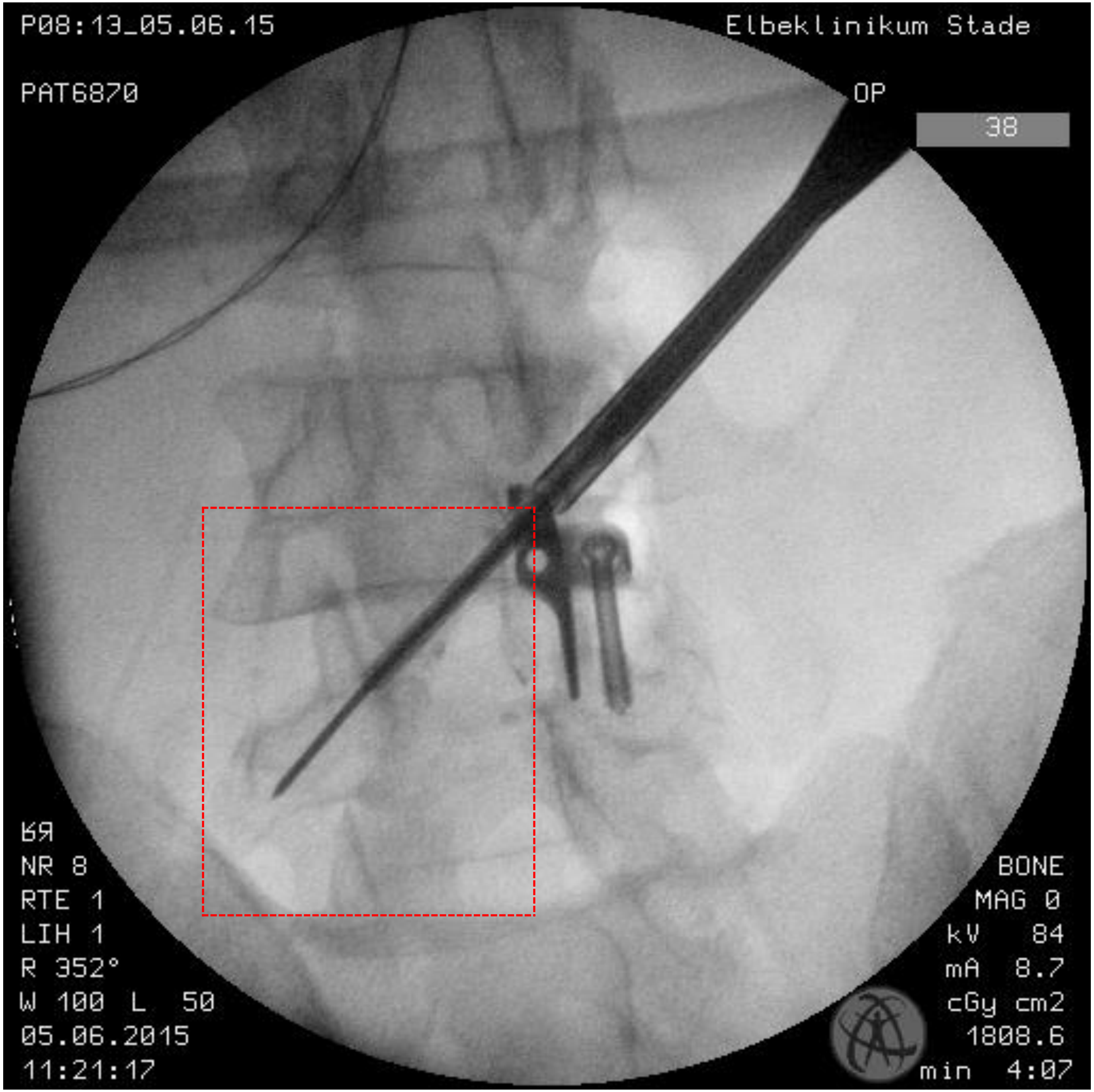
mA 7.2
cGy cm2
1808.6
min 4:07

Joint Compression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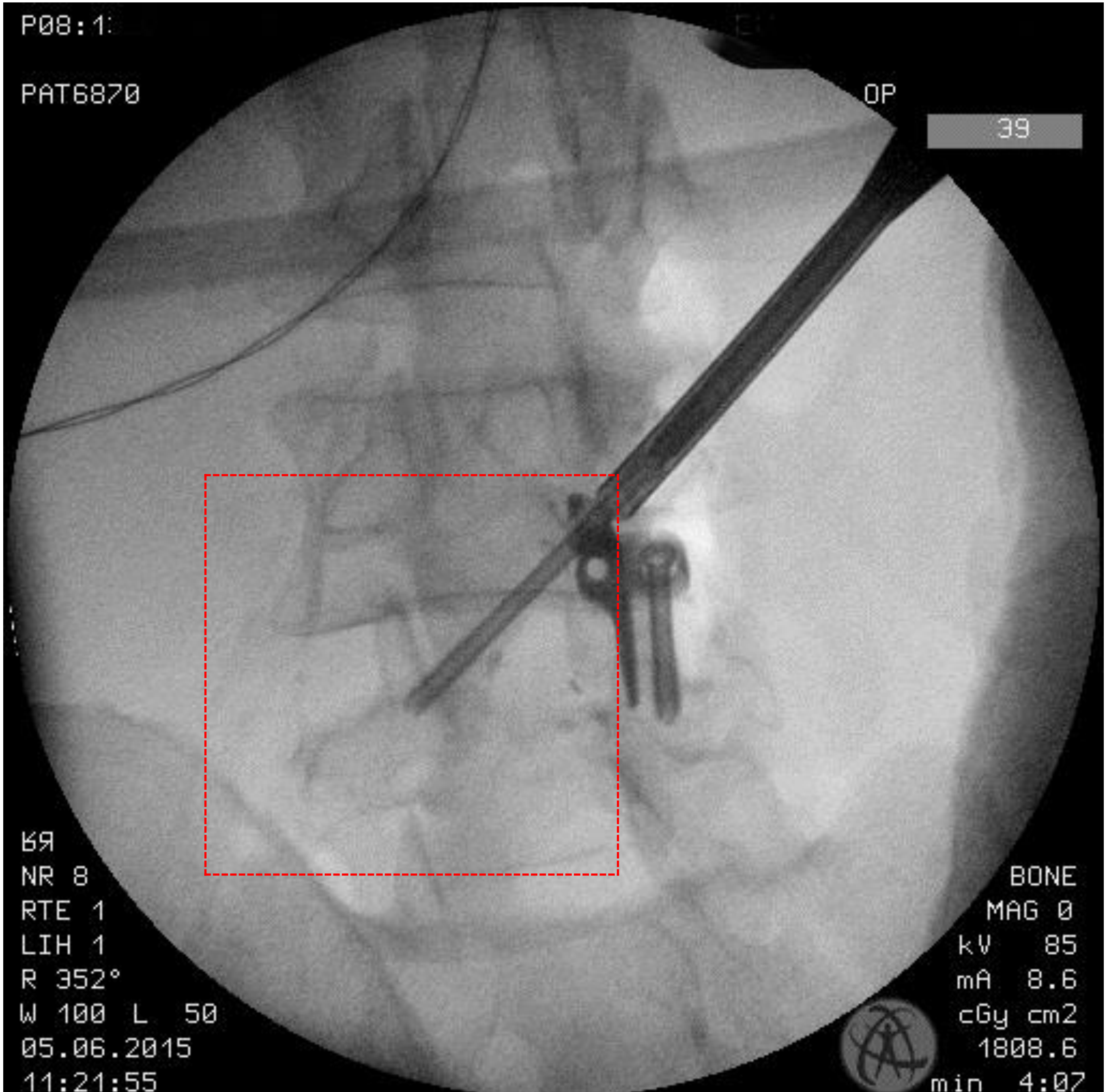

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ЬЯ
NR 8
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LIH 1
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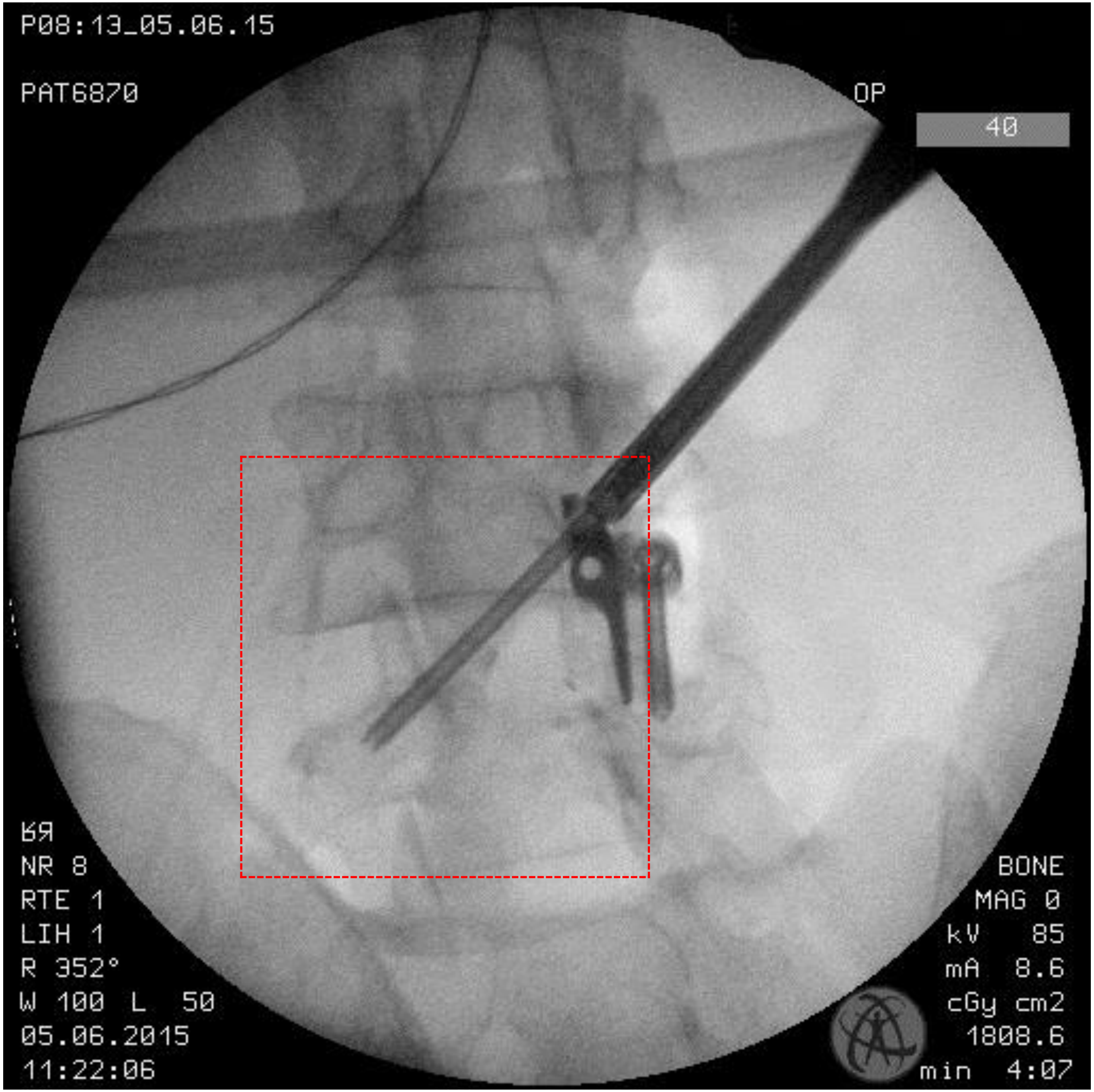

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NR 8
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LIH 1
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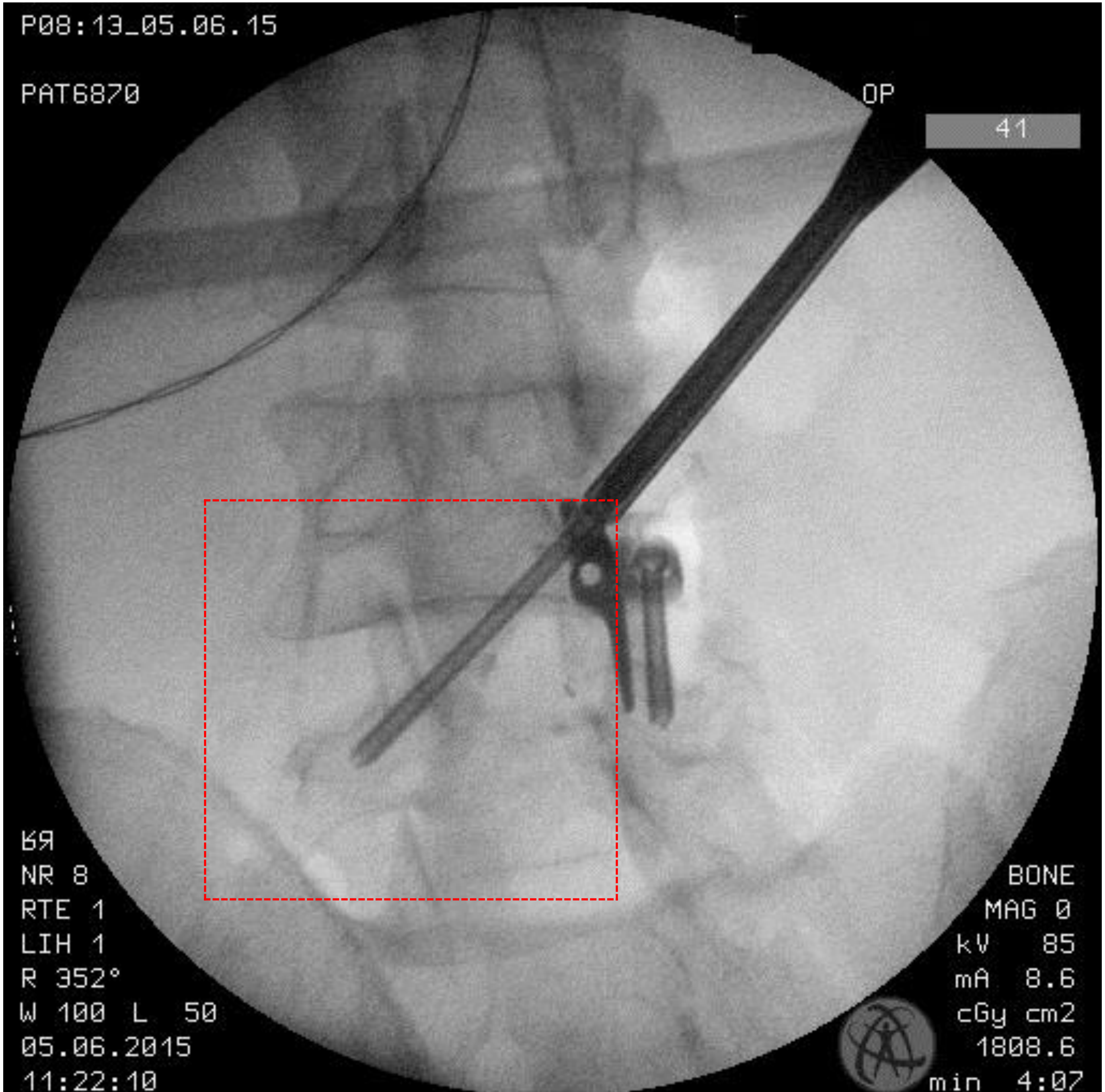
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mA 8.6
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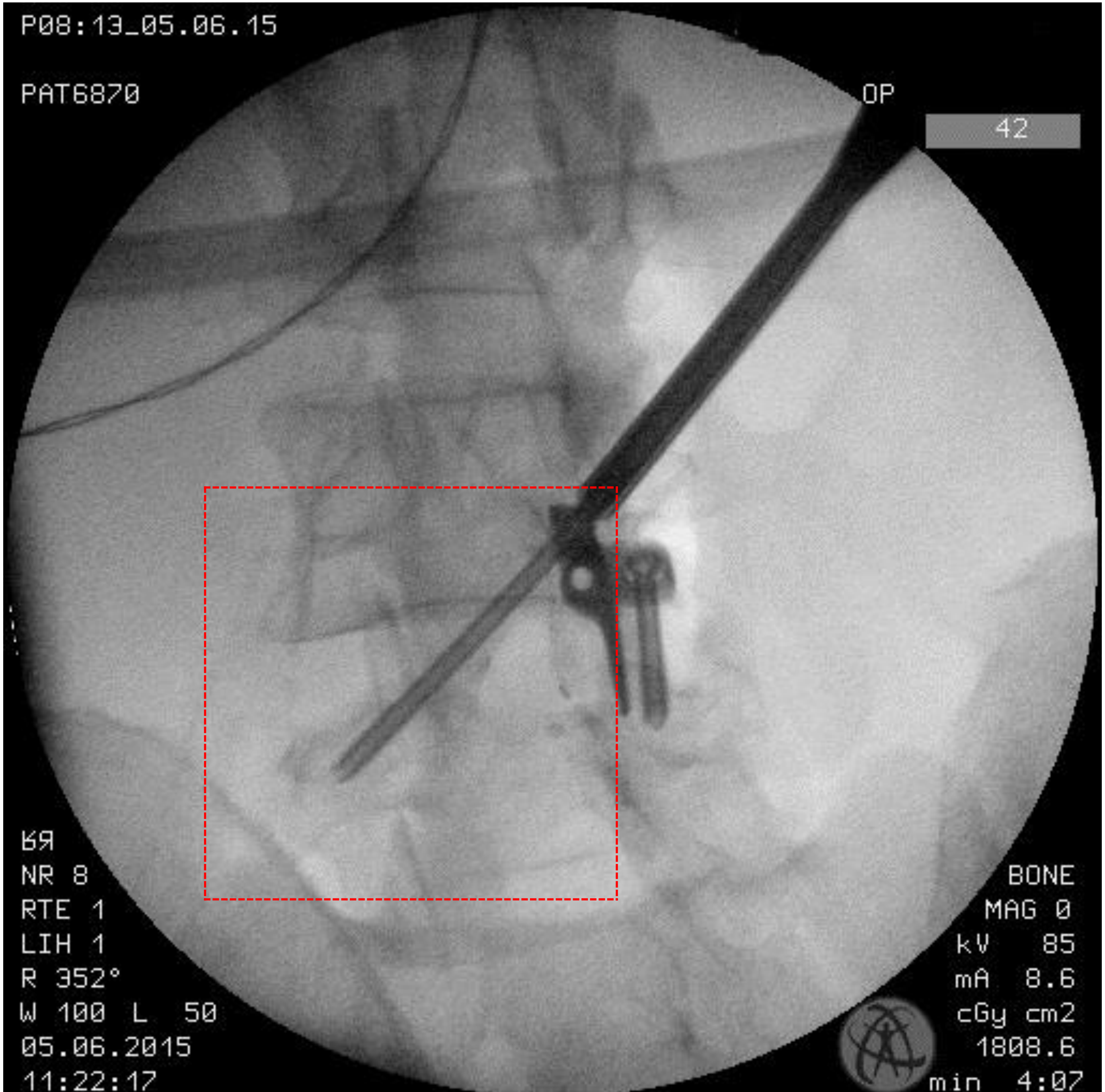
min 4:07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LIH 1
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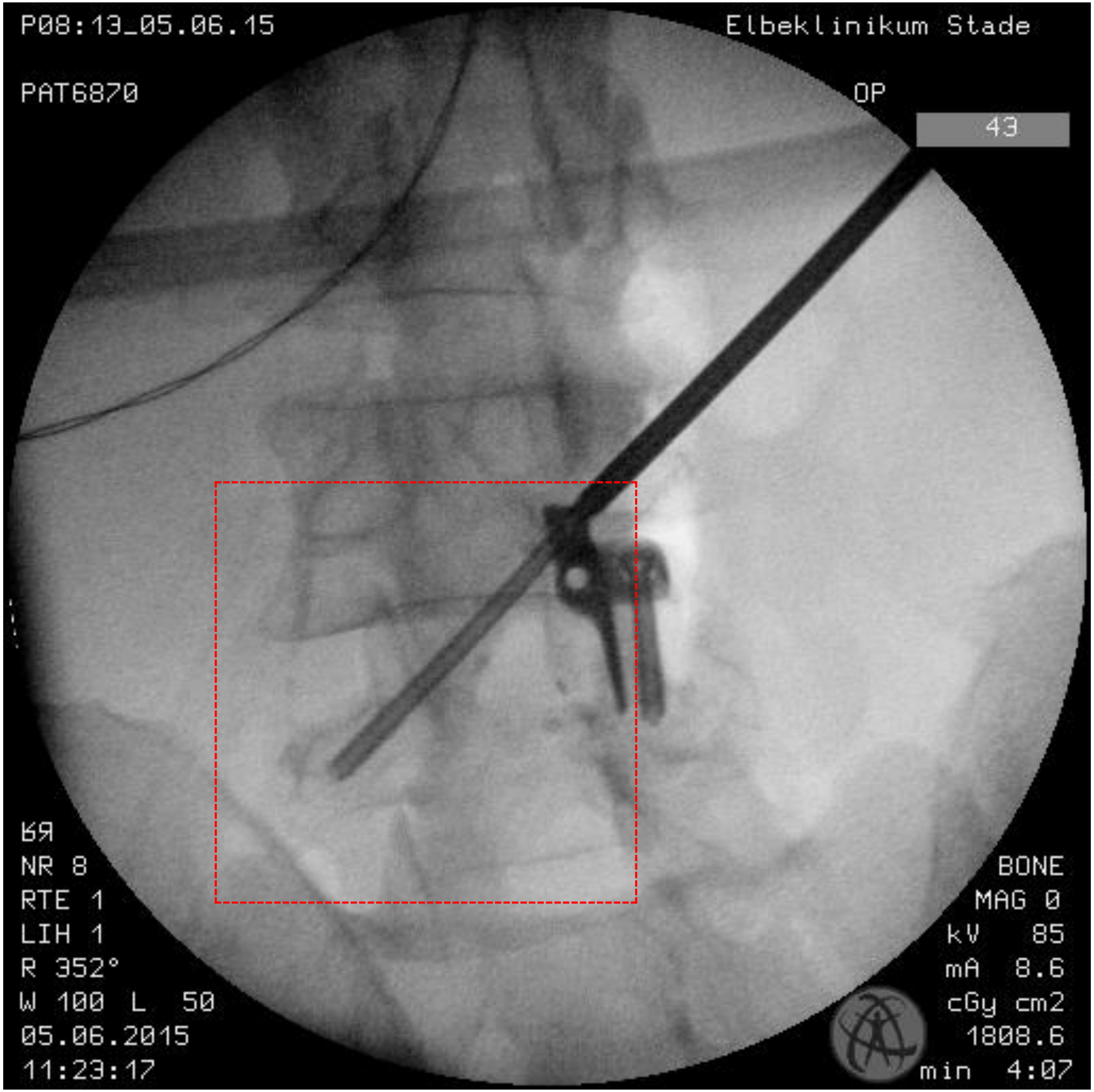

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Elbeklinikum Stade
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OP
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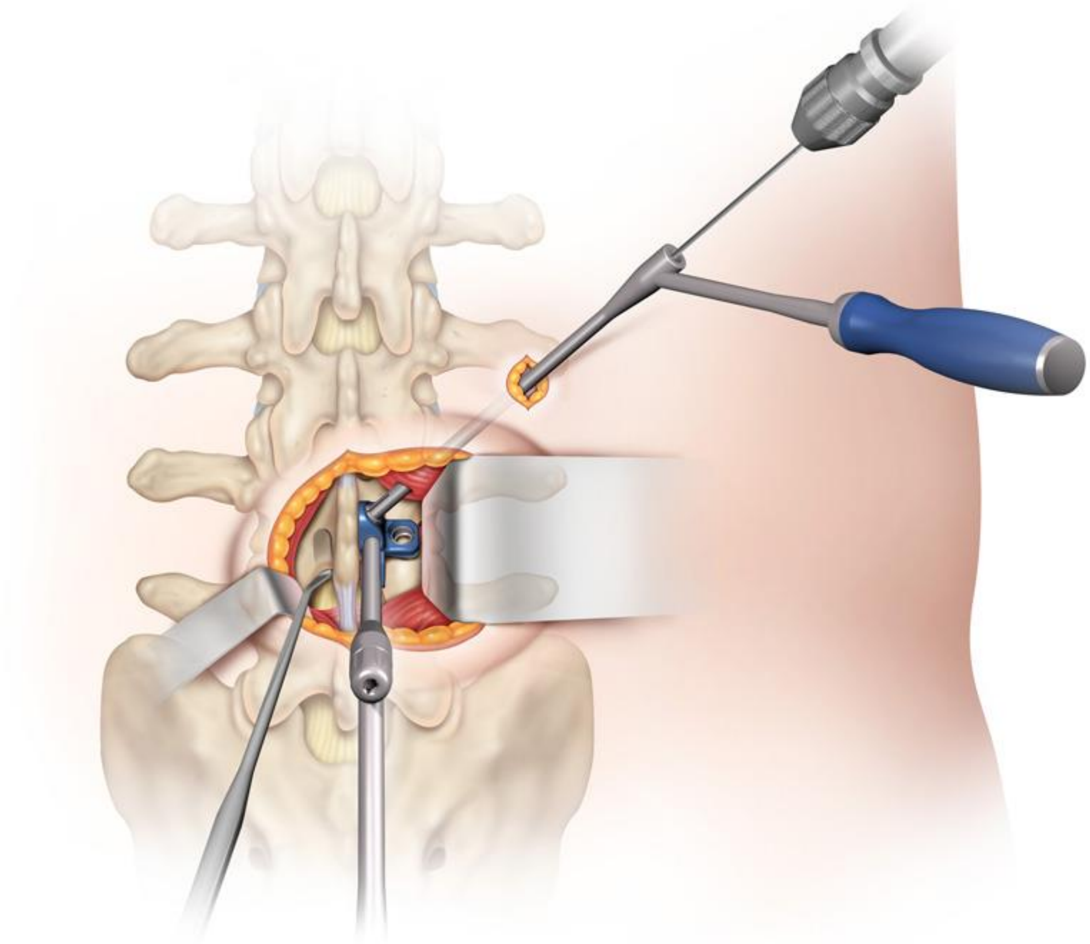
NR 8
RTE 1
LIH 1
R 352°
W 100 L 50
05.06.2015
11:23:17
BONE
MAG 0
kV 85
mA 8.6
cGy cm2
1808.6
min 4:07

FacetLINK HEMI

Step Nine

Trajectory Orientation, Contralateral Screw – ***Direct Vision Option***

Please Note:
During placement of the laminar screw, exposure of the contralateral hemilamina can facilitate targeting of the K-wire and allows for direct dural protection with a Woodson elevator placed under the surface of the lamina. This can minimize dependence on flouroscopy for screw placement. The surface area for the fusion bed is also significantly increased by this small additional exposure.



FacetLINK HEMI

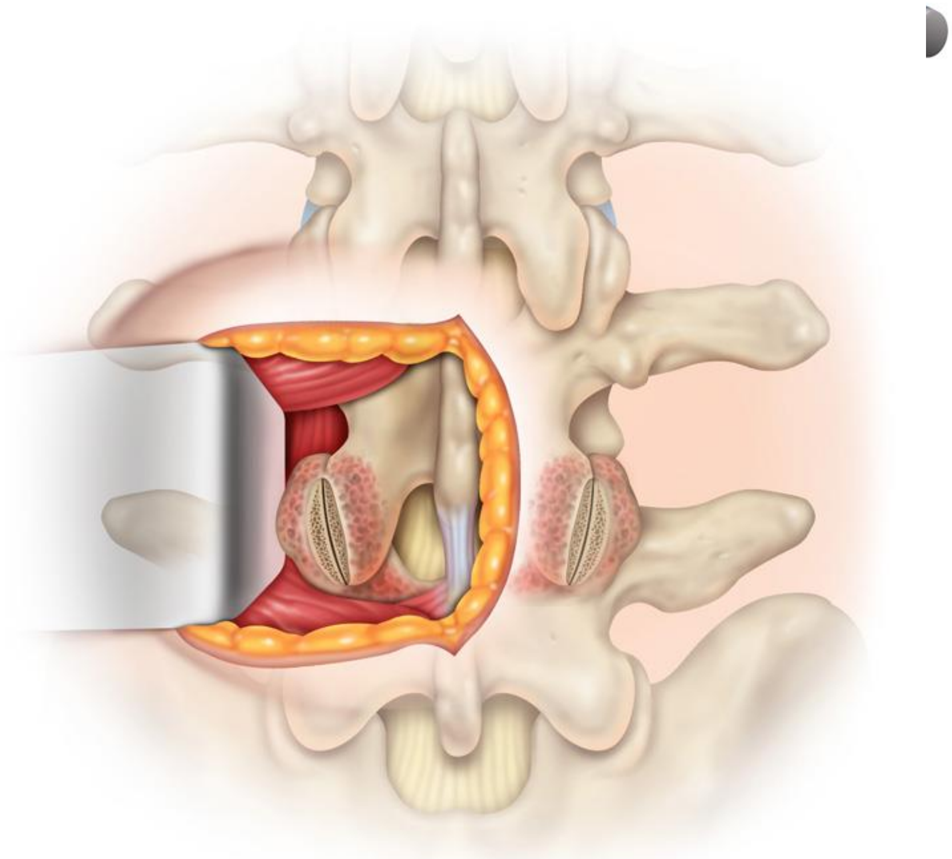
Direct Vision Option

Additional Benefits

Please Note:

Opening the contralateral side offers the ability to:

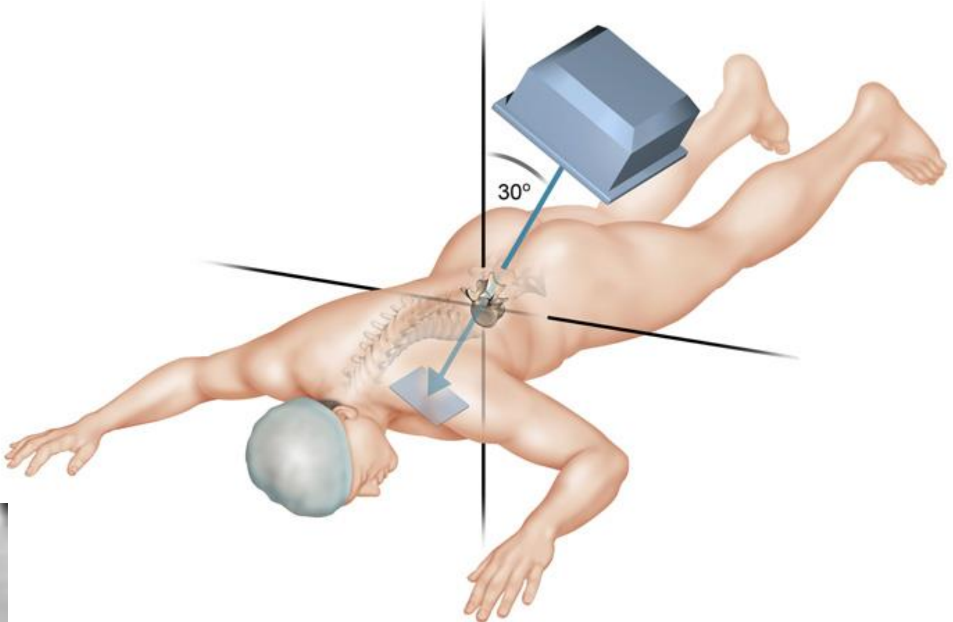
1.) Reduce fluoro through direct vision of the contralateral joint complex,
2.) Prepare the fusion on the contralateral side

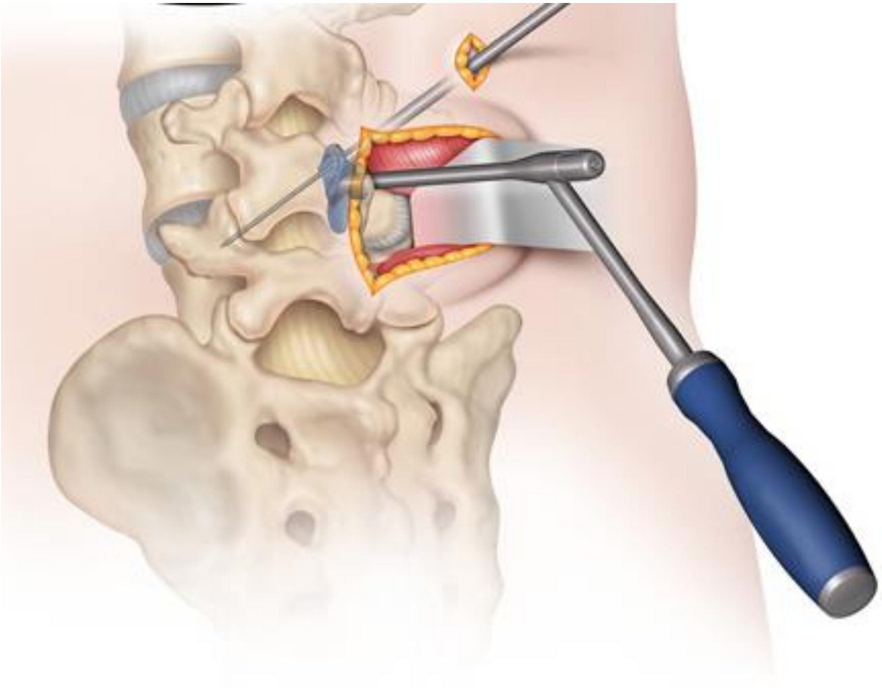


FacetLINK HEMI

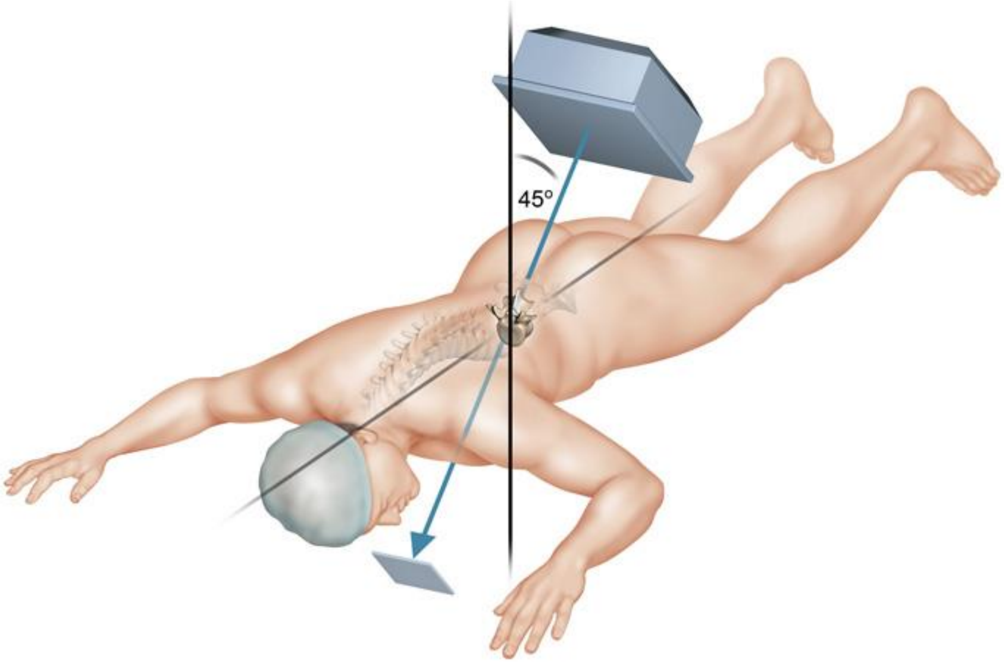
Oblique or "Scotty-Dog" View

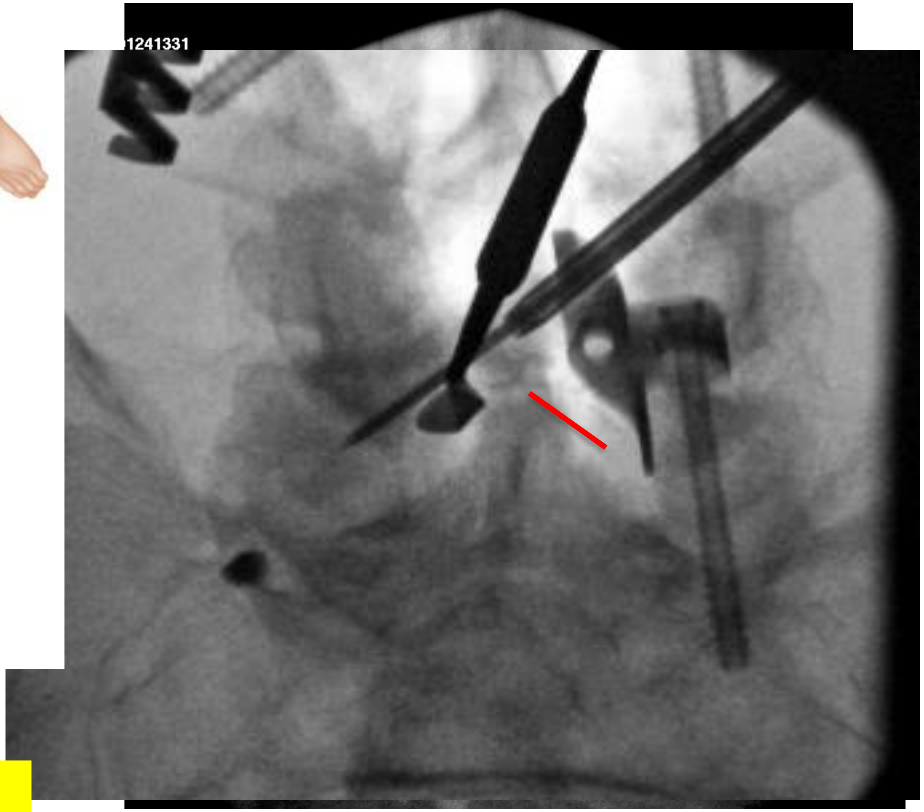
- Allows a clear view of screw orientation relative to the facet joint





Spinal Outlet View



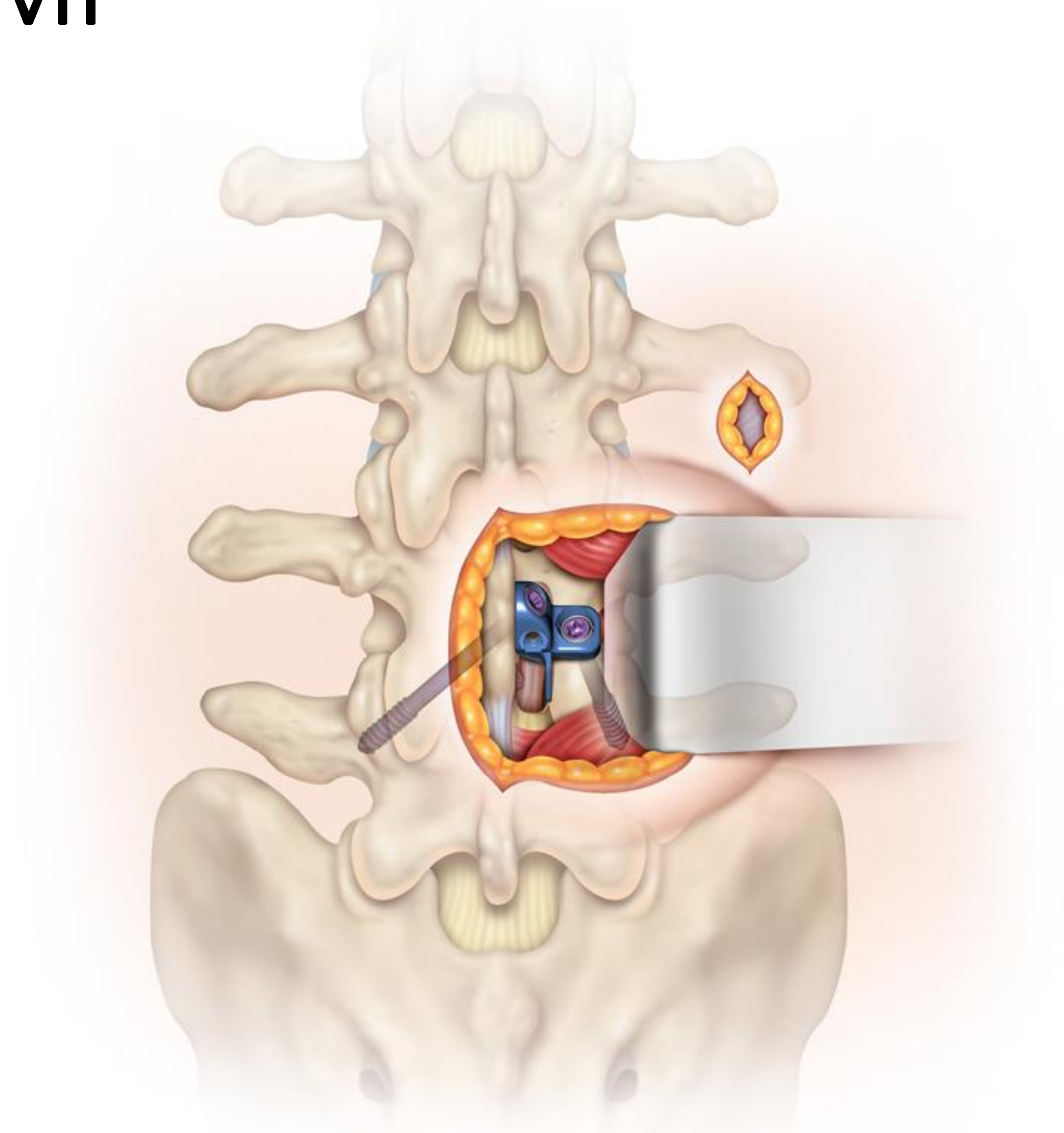


- Allows visualization of the laminar table
- Useful view to prevent ventral breach

- Dural shield can be used under lamina as an aid during targeting

FacetLINK HEMI

Final Construct



FacetLINK HEMI

Final Images