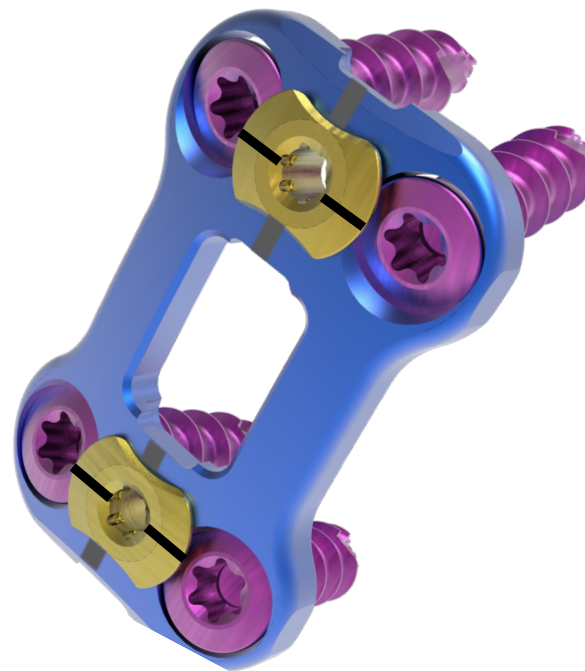


The Informed Patient's Guide to
ANTERIOR STABILIZATION
for the Cervical Spine utilizing the

PRECISION SPINE
SLIMPLICITY[®] HP
ANTERIOR CERVICAL PLATING SYSTEM



www.precisionspineinc.com

PRECISION SPINE[®]



An Introduction



This brochure is designed to provide patients with general information concerning cervical spine surgery utilizing the Precision Spine Slimplicity® HP Anterior Cervical Plating System. It is not intended to replace or supersede any consultations you might have had, or wish to have, with any physician.

ANTERIOR

A surgical approach through a small incision made in the front of the neck utilizing natural tissue planes to minimize tissue and muscle damage as well as postoperative pain.

CERVICAL

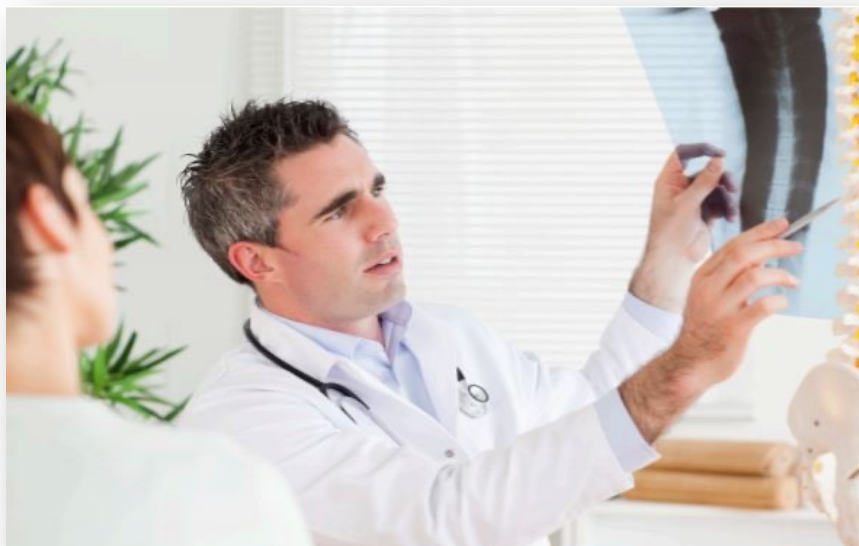
The cervical portion of your spine is located in your neck.

DISCECTOMY

The word literally means cutting out the disc. The intervertebral discs are located between the bony bodies of your spine and act like shock absorbers. Pain occurs when one or more of these discs is damaged. A discectomy removes the damaged disc to relieve pressure on the spinal cord and spinal nerves.

FUSION

An interbody spacer (often called a cage) is inserted into the area vacated by the removed disc and is held in place by a plate and screws.



The Surgical Procedure

USE OF A PLATE

Applying a small plate to the front of the spine can add considerable stability to the spine.

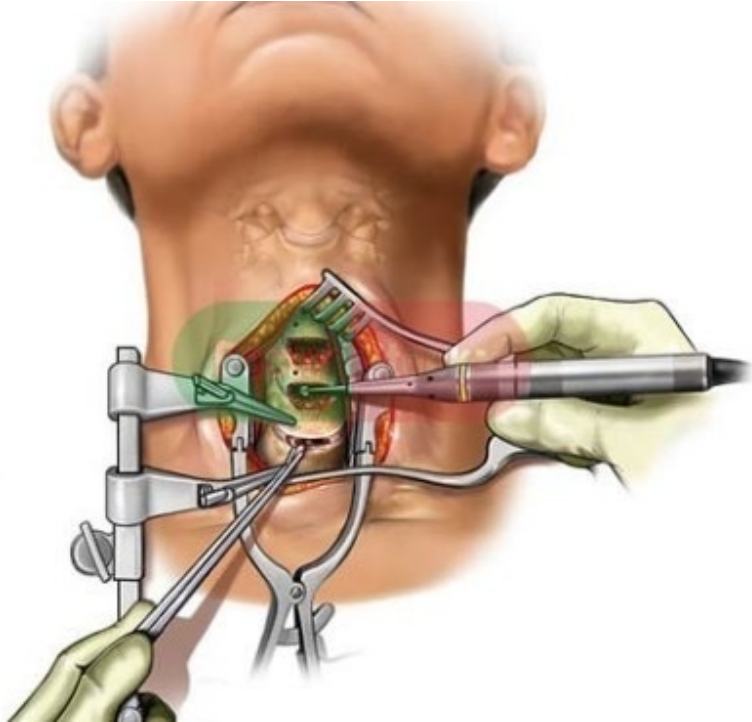
THE PROCEDURE

You will be placed in a supine position on the operating table, which means you will be face up, with your head slightly extended and slightly rotated opposite to the side where your surgeon will create an incision in your neck. Confirmation of the surgical level to be addressed is made using intraoperative fluoroscopic imaging device (a live-time type of X-ray).

After your surgeon completes decompression and grafting procedures, all anterior osteophytes (bone spurs) that may exist are removed to provide a contoured contact surface for optimum plate positioning.

A plate is placed over the front of the cervical spine and bridges the level(s) being fused.

Following the application of the plate, small screws are placed through the plate and into the vertebral body above and below the fusion. Usually, intraoperative fluoroscopy is used to watch the screws and assure their correct placement.



The Surgical Procedure (continued)

SELECTING THE PLATE

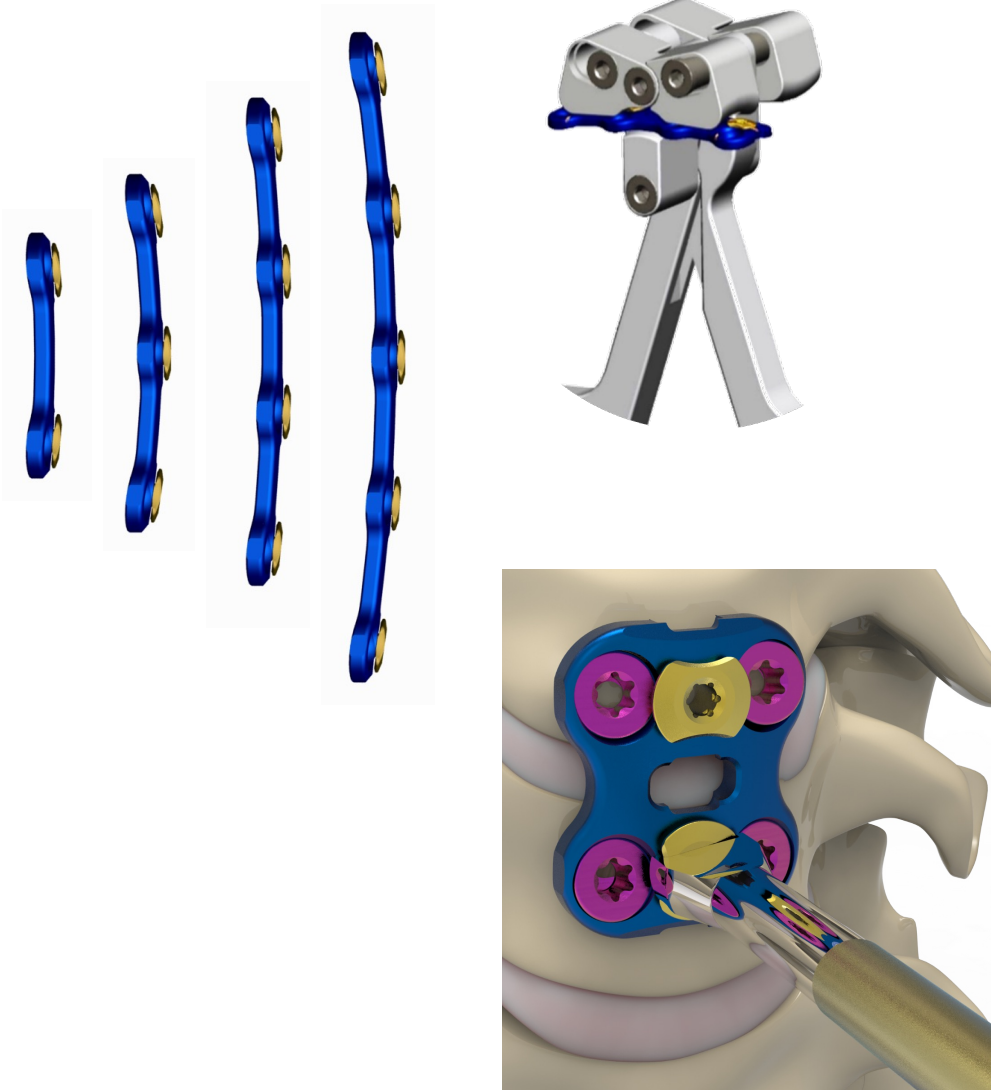
The length of the plate will be selected by your surgeon based upon the surgical level(s) involved, ensuring that the plate will be properly aligned as close to the disc space as possible, but does not extend over any adjacent disc spaces. Simplicity® HP Plates are pre-contoured with a curvature that commonly matches that of most spines. If your anatomy requires modification, your surgeon will use a special instrument to carefully obtain the desired plate curvature.

SECURING THE PLATE

Your surgeon will use special pins to temporarily place the plate in position and confirm the accuracy of placement prior to drilling holes for the insertion of screws.

CLOSING THE INCISION

The retractors used to spread the tissue elements are removed. Your muscle and skin incisions are sutured, and a surgical glue may also be used to fully cover the incision for an added measure of protection.



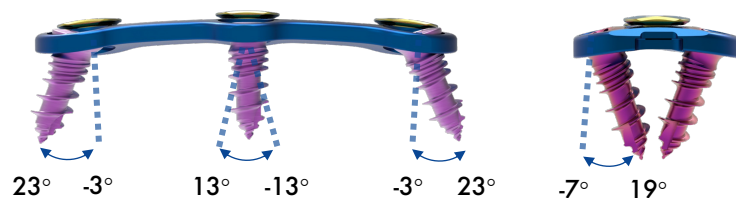
Fixed Angulation Screws



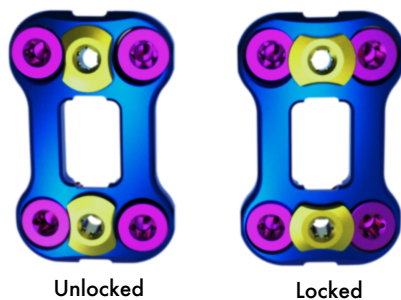
Pictured on this page are the elements of the Precision Spine Slimplicity® HP Anterior Cervical Plating System that will be implanted during surgery.

Your surgeon will be able to use Fixed or Variable Angulation Screws to secure the plate, to meet the precise needs of your anatomy.

Variable Angulation Screws



The plate has a thickness of just 2mm to minimize disruption of tissue and potential post-operative discomfort. Plates also feature a one step locking mechanism that your surgeon can confirm tactically, visually and radiographically to ensure proper placement and security.



Post-Op Care



Your physician will provide you with detailed postoperative instructions, which may include, but not be limited to, the following:

- *Try not to bend or twist your neck*
- *Avoid lifting anything heavier than 5 pounds*
- *Do not engage in any strenuous activity including yard work, housework and sex*
- *Do not use ANY nicotine products as it prevents new bone growth and may cause a failed fusion*
- *Do not drive until your follow-up visit with the surgeon*
- *Do not drink alcoholic beverages of any kind*
- *Take any prescribed pain medication only as directed, and do not take any other medication with your surgeon's approval*

ALERT YOUR PHYSICIAN

Contact your physician immediately if you experience any of the following:

- *Fever over 101.5° F*
- *Nausea or vomiting*
- *Severe pain*
- *Rash or itching at the incision site*
- *Swelling or tenderness in the calf of one leg*
- *Onset of any new tingling, numbness or weakness in your arms or legs*
- *Dizziness, confusion or excessive drowsiness*



Risks Associated with Surgery



Undergoing any type of surgery contains risks and possible complications. These should be discussed with your physician well in advance of undergoing surgery. Your physician's guidance before and after the procedure will help lead to successful recovery. General complications include bleeding, infection, blood clots and reactions to anesthesia. Specific complications related to anterior cervical surgery may include:

HOARSENESS/SWALLOWING DIFFICULTIES

In some cases, you may become temporarily hoarse because the nerve that controls your vocal cords is affected during the procedure.

FAILED FUSION

It is possible that the bones might not fuse together. Commonly, this is because of smoking, osteoporosis, obesity and malnutrition.

HARDWARE ISSUES

The plates and screws used during ACDF surgery constitute the hardware and may move or break before the bones are completely fused. A second surgery may be needed to repair or replace the hardware.

BONE GRAFT MIGRATION

However rare, soon after surgery bone graft may move from its correct position between the vertebrae. A second surgery may be needed to reposition the bone graft so that fusion can take place.

ADJACENT SEGMENT DISEASE

When one spine segment is fused, it causes added stress to the discs and bones above and below. This can eventually cause degeneration of the adjacent level(s) and cause pain.

NERVE DAMAGE

Spine surgery of any kind carries with it the risk of nerve damage. This can lead to numbness or persistent pain.



Commonly Asked Questions

CAN I SHOWER AFTER SURGERY?

Depending upon your surgical incision, you may have restrictions regarding if or when you can take a shower. Ask your physician for appropriate instructions.

WILL I HAVE A SCAR?

Your physician will discuss the incision(s) that will be made during the procedure.

WHEN CAN I DRIVE?

Following surgery, you may be cautioned against engaging in certain activities, such as driving. Your physician will let you know when you may drive again.

CAN I TRAVEL?

The implants used in this procedure that you now carry in your body may activate an airport metal detector. It is suggested that you call your local airport authority before traveling to obtain information that might help you pass through security more quickly and easily. Ask your physician to provide a patient identification card that you can use to alert airport security workers.



Resources



For additional information about Precision Spine and its products, you may visit:

<https://www.precisionspineinc.com/index.html>

If you would like to learn more about patient support and education for chronic back, leg and neck pain sufferers and their loved ones, please visit:

<https://www.thebetterwayback.org>

If you have any questions about spine surgery, please all or visit your physician, who is the only person qualified to diagnose and treat your spinal condition.

This patient information brochure is not intended to be a replacement for professional medical device.

Any serious incident that occurs in relation to the device should be reported to the manufacturer and to the Therapeutic Goods Administration. Refer to:

<https://www.tga.gov.au/>

Australian Distributor:

E4 SURGICAL

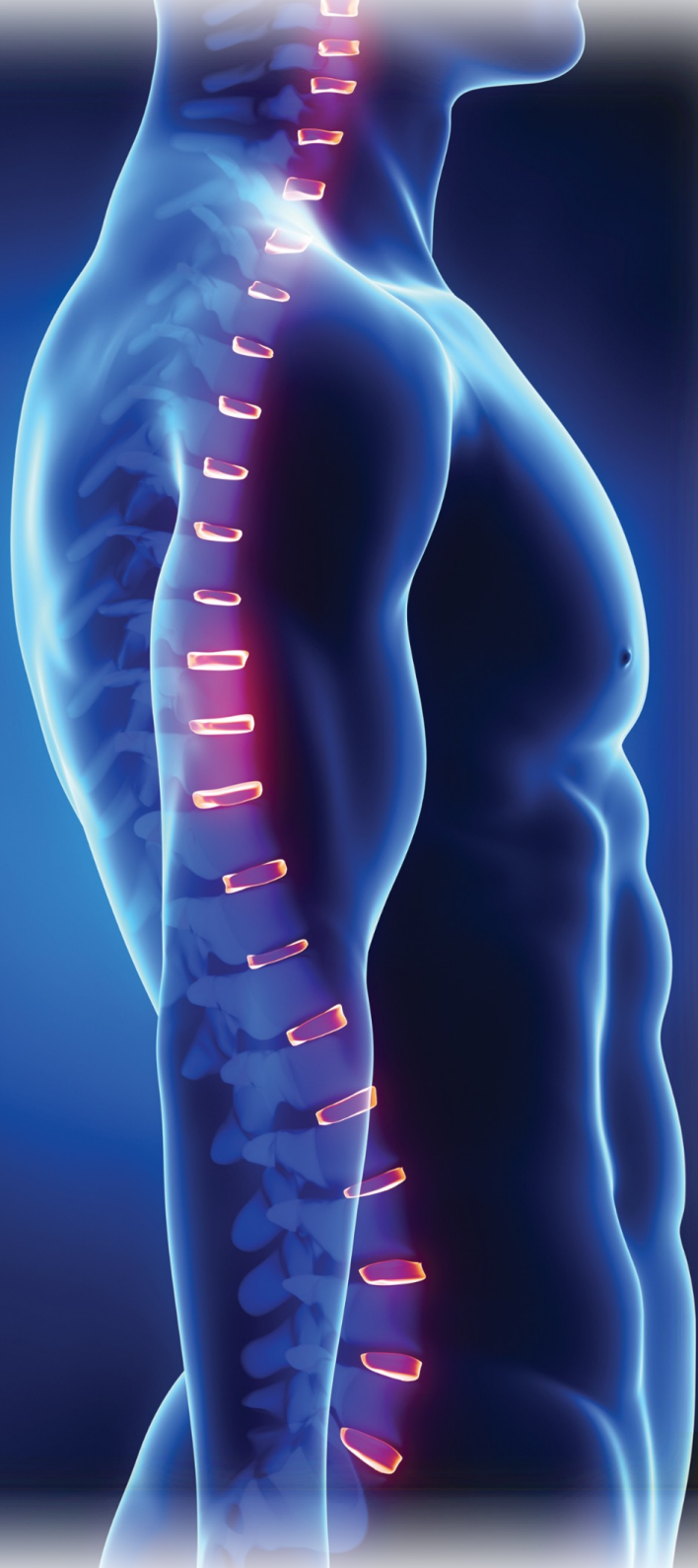
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Notes



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