Description

The PrimaLIF™ LIFF Interbody Fusion System is a PEEK interbody cage system implanted to replace collapsed, damaged, or unstable vertebral discs due to degenerative conditions, tumor or trauma. The system is designed to provide anterior spinal column support and bone graft containment to promote bony fusion. This Lateral Lumbar Interbody Fusion (LLIF) system includes insertion instruments for the interbody implant, a retractor system, table arm, and disc preparation instruments.

Indications for Use

The OsteoMed Spine PrimaLIF™ LLIF is indicated for intervertebral body fusion of the lumbar spine to be used with autogenous bone graft, from L2 to S1, in skeletally mature patients who have had six months of non-operative treatment. The device is intended for use at either one level or two contiguous levels for the treatment of degenerative disc disease (DDD) and these patients may have up to Grade I spondylolisthesis or retrolisthesis at the involved levels. DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. The device is intended for use with supplemental fixation such as PrimaLOK™ SP and PrimaLOK™ FF which has been cleared for use in the lumbar spine.

For additional information, warnings and contraindications, please refer to the Product Insert.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Product Labeling</td>
<td></td>
</tr>
<tr>
<td>Description</td>
<td></td>
</tr>
<tr>
<td>Indications for Use</td>
<td></td>
</tr>
<tr>
<td>Design Rationale</td>
<td></td>
</tr>
<tr>
<td>Rethinking Lateral Access</td>
<td>1</td>
</tr>
<tr>
<td>Retractor Highlights</td>
<td>1</td>
</tr>
<tr>
<td>Interbody Implant Highlights</td>
<td>2</td>
</tr>
<tr>
<td>Surgical Technique</td>
<td></td>
</tr>
<tr>
<td>Access and Preparation</td>
<td></td>
</tr>
<tr>
<td>Preparing the Patient</td>
<td>3</td>
</tr>
<tr>
<td>Securing the Table Arm</td>
<td>4</td>
</tr>
<tr>
<td>Skin Incision and Tissue Palpatation</td>
<td>5</td>
</tr>
<tr>
<td>Targeting the Surgical Site</td>
<td>6</td>
</tr>
<tr>
<td>Assembling the Retractor Frame</td>
<td>7-8</td>
</tr>
<tr>
<td>Retraction and Dilation</td>
<td></td>
</tr>
<tr>
<td>Radial Retraction and Dilation</td>
<td>9</td>
</tr>
<tr>
<td>Selecting the Access Ring</td>
<td>10</td>
</tr>
<tr>
<td>Deploying the Access Ring/Tube</td>
<td>11</td>
</tr>
<tr>
<td>Visualizing the Surgical Site</td>
<td>12</td>
</tr>
<tr>
<td>Retractor Fixation</td>
<td>13</td>
</tr>
<tr>
<td>Disc Preparation</td>
<td></td>
</tr>
<tr>
<td>Probing and Cleaning the Surgical Site</td>
<td>14</td>
</tr>
<tr>
<td>Removing Disc Material</td>
<td>14</td>
</tr>
<tr>
<td>Preparing Endplates</td>
<td>15</td>
</tr>
<tr>
<td>Implant Placement</td>
<td></td>
</tr>
<tr>
<td>Sizing the Implant</td>
<td>16</td>
</tr>
<tr>
<td>Placing the Implant</td>
<td>17-18</td>
</tr>
<tr>
<td>Removing the Implant</td>
<td>19</td>
</tr>
<tr>
<td>Removing the Retractor</td>
<td>20-21</td>
</tr>
<tr>
<td>Product Information</td>
<td></td>
</tr>
<tr>
<td>Interbody Implants</td>
<td></td>
</tr>
<tr>
<td>Implant Specifications</td>
<td>22</td>
</tr>
<tr>
<td>Implant Sizes</td>
<td>23</td>
</tr>
<tr>
<td>Graft Volume</td>
<td>23</td>
</tr>
<tr>
<td>Implant Catalog</td>
<td>24-37</td>
</tr>
<tr>
<td>Instruments</td>
<td></td>
</tr>
<tr>
<td>Retractor Instruments</td>
<td>24-28</td>
</tr>
<tr>
<td>Disc Preparation General Instruments</td>
<td>29-34</td>
</tr>
<tr>
<td>Lateral Instruments Tray</td>
<td>35-37</td>
</tr>
</tbody>
</table>
RETRACTOR HIGHLIGHTS

The PrimaLIF Retractor is a spinal access system utilizing radial retraction/dilation that provides lateral access to the spine via a direct lateral surgical approach. It allows access for performing surgical procedures at the intervertebral disc while holding surrounding tissues out of the way.

DESIGN FEATURES

<table>
<thead>
<tr>
<th>DESIGN FEATURES</th>
<th>CLINICAL BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inside Out Dilation</td>
<td>Other available retractors dilate with a sequential tube-over-tube method without inserting blades first, which causes a tearing/shearing of the psoas muscle and potentially the lumbar plexus nerves during dilation. The PrimaLIF Retractor inserts the expansion blades first, followed by dilators that split the tissue rather than tearing/shearing it. The retractor is inserted through the tissue at a diameter equivalent to a probe, and during radial expansion the blades include features that “catch” the medial side of the psoas muscle and lift it as the retractor is expanded.</td>
</tr>
<tr>
<td>Direct Visibility</td>
<td>The visibility and working room created by a retractor are its most critical functions. The PrimaLIF Retractor’s locking tube and blade design provide unparalleled visibility, less bulk and more open angles for working. The system’s five narrow blades maximize visibility and working space at the skin incision. This allows the surgeon to insert instruments at steeper angles, providing much greater flexibility in reaching the extreme edges of the disc space during discectomy.</td>
</tr>
<tr>
<td>Fluoroscopic Visibility</td>
<td>The combination of the PrimaLIF Retractor’s thin blades and radiolucent aluminum cannulae allows for visualization of instrumentation through the cannula in an anterior-posterior view. In a lateral view, the footprint of the frame is minimized to prevent visual obstruction of the anatomy.</td>
</tr>
<tr>
<td>Independent Blade Length Adjustment</td>
<td>To accommodate uneven bony surface geometry, the system allows for independent blade length adjustment or even the removal of a blade to work around anatomy.</td>
</tr>
</tbody>
</table>
INTERBODY IMPLANT HIGHLIGHTS
The PrimaLIF™ LLIF Unitary PEEK Implant provides structural stability of the anterior column. The device is a single component radiolucent PEEK cage with Tantalum markers for visibility during imaging and a central cavity for bone graft material.

<table>
<thead>
<tr>
<th>DESIGN FEATURES</th>
<th>CLINICAL BENEFITS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tapered Leading Edge</td>
<td>The disc space is distracted through the insertion of the device. The tapered leading edge is less than the height of the disc space, resulting in easier insertion.</td>
</tr>
<tr>
<td>Implant Geometry/Design</td>
<td>The convex design mirrors anatomy and maximizes endplate contact at the apophyseal ring. Surface teeth geometry maximizes endplate contact and reduces opportunity for subsidence or migration.</td>
</tr>
<tr>
<td>Graft Window</td>
<td>Large open graft windows and recessed middle strut securely contain graft material, allowing it to bridge both chambers</td>
</tr>
<tr>
<td>Sterile Packaging</td>
<td>Sterile packaging maintains implant quality and enhances O.R. speed-of-use.</td>
</tr>
<tr>
<td>Implant Sizes</td>
<td>Multiple sizes in both parallel and lordotic configurations accommodate variations in patient anatomy and surgical requirements. Implants are available in 18, 22, 26mm widths.</td>
</tr>
</tbody>
</table>
SURGICAL TECHNIQUE

ACCESS AND PREPARATION

Preparing the Patient

Place the patient in a direct lateral decubitus position on the operating room table to ensure suitable visualization of the trajectory of the retraction through the soft tissue. Secure the patient in position. If desired, tilt the pelvis away from the spine to better expose operative disc space. Left side up is preferred.

Neuromonitoring may be selected at the surgeon’s discretion. Monitoring electrodes should be applied to the patient prior to final positioning.

Using fluoroscopy, verify the location of the spinal fixation site with anterior-posterior and lateral images. Repeat fluoroscopy using two K-Wires to determine initial skin incision location.

NOTE: If multiple levels will be fused, the initial incision may be biased in the direction of the vertebral body between the two spine fusion levels.

Identify landmarks and mark the position of a second posterolateral incision.
Securing the Table Arm

Mount the Table Arm and Radial Clamp to the surgical table. Place the clamp on the rail before draping the patient.
ACCESS AND PREPARATION

Skin Incision and Tissue Palpation

Make a direct lateral incision and palpate using the index finger and blunt instruments as a guide to find the psoas muscle. Use finger palpation to release the retroperitoneum and move critical soft tissues or structures out of the path of instruments.

If neuromonitoring will be performed, it is best to target the anterior 1/3rd of the disc space. You may use the disposable Neuromonitoring Probe (p/n 810-2000) along with the Depth Probe 810-2006 to complete this step if desired.

Ensure the peritoneum is anterior to the Depth Probe during insertion.
Targeting the Surgical Site

Insert a K-Wire through the Depth Probe into the center of the intervertebral space.

*NOTE: Do not advance the K-Wire beyond the ipsilateral annulus of the disc space.*

Verify the position of the K-Wire using fluoroscopy.

Remove the Depth Probe, leaving the K-Wire in place.
Assembling the Retractor Frame

Use the markings on the depth probe to determine the required blade length at the level of the skin. Blades are available in lengths from 90mm to 130mm, in 10mm increments: followed by 145mm, 160mm and 175mm. Assemble the required length Retractor Blades to the Radial Retractor by aligning the mating dovetail at the top of the blades with each of the blade clamps on the frame. Pull it down into position until the blade lock feature engages. The Retractor Release button may be pressed to allow the retractor to be fully closed at this time. With the release button engaged, rotate the Ratchet Knob counter clockwise until fully closed.

**NOTE:** Ensure the Retractor Blades are fully inserted into the frame and the blade lock is captured so the blades cannot be removed without actuating the Release Button.

Secure the Retractor Blades in position by placing the Blade Retention Clip over the mating grooves on the outside of the blades until it is fully seated. The assembled frame is ready for insertion when the clip is in place and the tips of the blades are nested against each other to create a rigid cannula.
Visually confirm that the Blade Retention Clip is in place, and insert the Retractor Assembly over the K-Wire.

NOTE: Be careful not to advance the K-Wire through the disk space.

Confirm the blade tips are fully seated and against the annulus using fluoroscopy.

Table Arm may be attached to retractor prior to dilation.
RETRACTION AND DILATION

Radial Retraction and Dilation

Keeping downward pressure on the frame, gently remove the blade retention clip over the K-Wire. Ensure K-wire is positioned into the disc space. The frame and blades are now able to expand in a radial fashion to provide visualization of the spinal fixation site.

The PrimaLIF Retractor has been designed with flexibility in mind. You may dilate through traditional insertion of the provided sequential dilators. However, if you encounter difficulty inserting dilators due to muscle and soft tissue, you may also manually open the retractor by rotating the ratchet knob clockwise. Each increment will open approximately 2mm and will be met by an audible click. In addition, there are visible lasermarks on each blade-arm to provide visual confirmation of dilation, and the amount of dilation the retractor has completed.

Insert the 7.5mm First Dilator over the K-Wire, radially dilating Retractor Blades.

Confirm appropriate depth with fluoroscopy and/or index markings on the dilator.

Insert the 14mm Second Dilator, and confirm the appropriate depth in the same manner.

Verify correct positioning of the 14mm Dilator using lateral and anterior-posterior fluoroscopy.

**NOTE:** Ensure that Dilators are inserted in sequence according to diameter (smallest to largest), and do not insert Dilators past the tips of the blades.
Selecting the Access Ring

Insert each sequential Dilator one at a time until the appropriate size has been achieved. Use the chart to aid in choosing the appropriately sized Access Ring.

Determine the appropriate Access Ring size necessary to visually expose the spinal fixation site based on the needs of the patient. Access Rings are available in 20mm, 24mm, 28mm, and 32mm inner diameters, and are color coded to a specific Dilator.

Placement of the Access Ring requires its corresponding Dilator remain inserted in the retractor.

Using the chart below, ensure the access ring selected corresponds to the desired implant size.

The Access Ring must also be assembled to the Access Ring Inserter of the same color.

To assemble the Access Ring with the Access Ring Inserter, align the mating tabs and rotate clockwise.
Deploying the Access Ring/Tube

Slide the Access Ring assembly over the Dilator that corresponds with the Access Ring Inserter size and color up to the Retractor Blades.

Align the grooves of the Access Ring with the inner face of each Retractor Blade. Advance the Access Ring Inserter until the appropriate depth is indicated by aligning the depth marks with the corresponding lines in the Retractor Blades.

To ease the insertion of the access ring, if required rotate the ratchet knob on the retractor. This will open the retractor 2mm per click and can facilitate easier insertion of the access ring if needed.

The metal ring around the base of the Access Ring will contact the inner tip of the Retractor Blades when fully seated and may be confirmed with fluoroscopy.

Optional Technique: Access Tubes that are the full length of the Retractor Blades may be used. Align the grooves of the Access Tube with the inner face of each Retractor Blade. The metal ring around the base of the Access Tube will contact the inner tip of the Retractor Blades when fully seated and may be confirmed with fluoroscopy. Remove Dilators and verify that adequate visualization of the surgical area has been achieved.
Visualizing the Surgical Site

To secure the access ring to the retractor, rotate the Access Ring inserter **counter-clockwise** and remove, leaving the Access Ring in place.

Verify that adequate visualization of the surgical area has been achieved and that the retractor is opened adequately to allow a complete discectomy; remove inner Dilators.

Verify correct positioning of the Access Ring and Retractor Blades using lateral and anterior-posterior fluoroscopy, remove the K-Wire.
RETRACTOR FIXATION

Use of disc shims/pins will be optional – and will occur after insertion of the access ring, and before disc prep:

For additional fixation, several options are available to provide expanded flexibility in securing and fixating the access ring to either the disc space or vertebral body during normal use of the PrimaLIF LLIF system. The retractor shim caddy (810-0403) contains all of the shims and necessary components.

The disc shim holder (810-4000) is used to insert each of the disc shims, as well as the varying length disposable body pins, to be used when anchoring into the vertebral body.

There are four (4) types of shims included in the shimmy caddy as described below:

<table>
<thead>
<tr>
<th>810-4001</th>
<th>810-4002</th>
<th>810-4003</th>
<th>810-4004</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ring Disc Shim</td>
<td>Ring Disc Shim – Curved Ring</td>
<td>Disc Shim – Wide</td>
<td>Ring L-Bracket Shim</td>
</tr>
</tbody>
</table>

810-4001, 4002, 4003 are all intended to be inserted into the disc space to provide additional fixation, as necessary and if desired. 810-4004 is designed if docking into the vertebral body is desired. In conjunction with this shim are 3 fixation pins, of varying lengths. These include: 810-4005 (14mm), 810-4006 (21mm) and 810-4007 (28mm). All of these pins are single use only, and are intended to be disposed of upon use.

When attaching the disc shim holder to any of the disc shims, or disc shim body pins, all are affixed the same. Each shim or shim pin is keyed to insert into the distal end of the shim holder. The shim holder is cannulated to receive an internally threaded shaft, which will then thread into the shim, or shim pin. An assembled configuration is shown.
DISC PREPARATION

Probing and Cleaning the Surgical Site

Use the 4mm Penfield or Long Suction Tube to further visualize and identify any soft tissue or neuro structures that traverse the surgical site. If desired, bipolar forceps may be used to further prepare the surgical site in preparation for disc removal.

Removing Disc Material

Use the Annulotomy Knife to cut the annulus, using caution to avoid vessels situated anteriorly and to avoid cutting through the anterior longitudinal ligament. Insert the Cobb along both endplates and through the contralateral annulus, releasing the disc from the endplates and allowing for distraction of the disc space. Use fluoroscopy to confirm the release of the contralateral annulus and ensure the instruments are not over-inserted beyond the contralateral apophyseal ring.

For further endplate preparation, use Curettes, Endplate Scrapers, and Box Osteotomes as needed. Paddle Shavers and an Endplate Rasp are also provided for preparing the endplates. If necessary, Paddle Sizers may be used to distract the disc space and restore normal height and improve access for disc preparation. Box Osteotomes may also be used to prepare endplates to receive a specific implant height. Use fluoroscopy to ensure the instruments are not over-inserted beyond the contralateral apophyseal ring. Kerrison and Pituitary Rongeurs are used to remove disc material.

NOTE: Provided discectomy instrumentation should be used to remove disc material. The rongeurs are not intended to be used to remove bone.
Preparing Endplates

If necessary, Paddle Sizers may be used to distract the disc space and restore normal height and lordosis. Paddle Shavers and an Endplate Rasp are provided for preparing the endplates. Box Osteotomes may also be used to prepare endplates to receive a specific implant height. Use fluoroscopy to confirm completion of endplate preparation and ensure the instruments are not over-inserted beyond the contralateral apophyseal ring.
Sizing the Implant

Use trials to determine height and width to disc space.

Attach the trial to the modular handle and ensure that a solid connection has been achieved. Begin trialing with a conservatively sized trial to avoid over-stressing soft tissues.

Place the implant trial through the retractor and ensure that the orientation and initial location of the trial is correct. Use of a mallet maybe necessary to advance the trial into the prepared disc space.

NOTE: Use caution to avoid over-insertion of the trial, which could result in patient harm. Once the trial is fully seated into the disc space, assess the fit of the implant trial in the disc space.

NOTE: If necessary, the Large Hudson Slap Hammer may be used. Ensure the Slap Hammer is properly secured prior to use.

Under fluoroscopy determine appropriate implant length using notches seen on the implant trial. Notches range from 30mm to 60mm in 5mm increments.

Repeat sizing steps until the appropriate implant size and lordotic angle has been determined.

Use this chart to confirm the appropriate sized Access Ring based on the size of the Interbody Implant.
**Placing the Implant**

Attach the selected implant to the inserter.

Pack desired bone graft material into the interior of the PrimaLIF™ Interbody Implant.

*NOTE: There is an anterior and posterior side to the implant. Black laser mark on the implant should line up with the laser mark on the inserter.*

Secure the implant onto the inserter by rotating the locking knob clockwise with the thumb and forefinger until it is secure.

For added flexibility, inserters are available in straight, right and left facing configurations.
Placing the Implant (Cont.)

Insert the implant into the prepared disc space. If desired, you may impact the inserter using the supplied mallet.

NOTE: Use caution to avoid over-insertion of the implant, which could result in implant damage or patient harm.

Ensure correct positioning with fluoroscopy and confirm position with the implant markers.

Remove the inserter tool from the implant by rotating the locking knob counterclockwise until the instrument disengages.

Confirm anterior and posterior positioning via fluoroscopy using reference markers in the implant to verify placement within the disc space.
Removing the Implant

If removal of the implant is necessary, attach modular inserter to implant then attach the slap hammer to the connection at the proximal end of the modular inserter.

Once a secure connection has been made, remove the implant via the slap hammer.

NOTES:

- An implant can be removed only after initial placement, not after fusion has taken place
- Do not reuse an implant that has been previously removed
REMOMING THE RETRACTOB

Insert the Access Ring Inserter through the Retractor Blades and rotate \textit{clockwise} until the mating connection is aligned.

\textbf{NOTE: Do not attempt to remove the Radial Retractor from the soft tissue without removing the Access Ring (or Access Tube) and collapsing the Retractor Blades into the closed position.}

Gently remove the Access Ring Inserter with the Access Ring attached from within the Retractor blades.
REMOVING THE RETRACTOR

Press and hold the ratchet release button, while rotating the ratchet knob counter-clockwise. Continue until the retractor returns to the closed position.

Release the Radial Retractor from the Table Arm.

Remove the Radial Retractor and Retractor Blades from the skin incision.
# INTERBODY IMPLANTS

## Implant Specifications

<table>
<thead>
<tr>
<th>Geometric Feature</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Height</td>
<td>7mm (Parallel Only), 9mm, 11mm, 13mm, 15mm, 17mm</td>
</tr>
<tr>
<td>Width</td>
<td>18mm, 22mm, 26mm</td>
</tr>
<tr>
<td>Length</td>
<td>40mm, 45mm, 50mm, 55mm, 60mm</td>
</tr>
<tr>
<td>Lordotic Angle</td>
<td>0° (Parallel) and 8° (Lordotic)</td>
</tr>
<tr>
<td>Nose</td>
<td>Wedge-shaped taper</td>
</tr>
<tr>
<td>Graft Chambers</td>
<td>Two (2) central cavities for bone graft material</td>
</tr>
<tr>
<td>Serrations</td>
<td>Serrations on inferior/superior surface</td>
</tr>
<tr>
<td>Implant Materials</td>
<td>PEEK Optima LT1</td>
</tr>
<tr>
<td>Markers</td>
<td>3X markers (Tantalum per ASTM F560)</td>
</tr>
<tr>
<td>Inserter Connections</td>
<td>1 threaded hole and 2 cavities for inserter</td>
</tr>
</tbody>
</table>

![Diagram of implant specifications](image-url)
PRODUCT INFORMATION

IMPLANTS SIZES
Size and quantity in set

**Width: 18mm**

<table>
<thead>
<tr>
<th>Height</th>
<th>Parallel (0° Lordosis) Length</th>
<th>Lordotic (8° Lordosis) Length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>45</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Width: 22mm**

<table>
<thead>
<tr>
<th>Height</th>
<th>Parallel (0° Lordosis) Length</th>
<th>Lordotic (8° Lordosis) Length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>45</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>50</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>60</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Width: 26mm (Optional)**

<table>
<thead>
<tr>
<th>Height</th>
<th>Parallel (0° Lordosis) Length</th>
<th>Lordotic (8° Lordosis) Length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>50</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>55</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>60</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**GRAFT VOLUME**
Graft volumes are measured in cc’s and are the same for parallel and lordotic.

<table>
<thead>
<tr>
<th>Width: 18mm Height</th>
<th>Width: 22mm Height</th>
<th>Width: 26mm Height</th>
</tr>
</thead>
<tbody>
<tr>
<td>9</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>45</td>
<td>2.8</td>
<td>3.6</td>
</tr>
<tr>
<td>50</td>
<td>3.4</td>
<td>4.2</td>
</tr>
<tr>
<td>55</td>
<td>4.8</td>
<td>5.7</td>
</tr>
</tbody>
</table>
INSTRUMENTS

RETRACTOR INSTRUMENTS  RETRACTOR, TRAY 3

810-0020 - PrimaLIF 20mm x 32 Access Ring

810-0024 - PrimaLIF 24mm x 32 Access Ring

810-0028 - PrimaLIF 28mm x 32 Access Ring

810-0032 - PrimaLIF 32mm x 32 Access Ring

810-0020 - PrimaLIF 20mm Dilator

810-0024 - PrimaLIF 24mm Dilator

810-0028 - PrimaLIF 28mm Dilator

810-0032 - PrimaLIF 32mm Dilator

810-0020 - PrimaLIF 20mm Dilator

810-0024 - PrimaLIF 24mm Dilator

810-0028 - PrimaLIF 28mm Dilator

810-0032 - PrimaLIF 32mm Dilator

810-0020 - PrimaLIF 20mm First Dilator

810-0024 - PrimaLIF 24mm First Dilator

810-0028 - PrimaLIF 28mm First Dilator

810-0032 - PrimaLIF 32mm First Dilator

810-0020 - PrimaLIF 20mm Second Dilator

810-0024 - PrimaLIF 24mm Second Dilator

810-0028 - PrimaLIF 28mm Second Dilator

810-0032 - PrimaLIF 32mm Second Dilator

810-0020 - PrimaLIF 20mm Access Ring Inserter

810-0024 - PrimaLIF 24mm Access Ring Inserter

810-0028 - PrimaLIF 28mm Access Ring Inserter

810-0032 - PrimaLIF 32mm Access Ring Inserter
INSTRUMENTS

RETRACTOR, TRAY 2  RETRACTOR INSTRUMENTS

810-0400 - Retractor Tray (Middle Level)

810-1011 - PrimaLIF Dilator Pusher

810-1012 - PrimaLIF Ring Inserter Pusher

810-1013 - PrimaLIF Retractor Handle

810-1009 - PrimaLIF Depth Probe Holder

810-4001 - PrimaLIF Ring Disc Shim

810-4002 - PrimaLIF Ring Disc Shim - Curved

810-4003 - PrimaLIF Ring Disc Shim - Wide

810-4004 - PrimaLIF Ring L-Bracket Shim

800-1213 - PrimaLOK FF Driver Shaft - Solid

810-4000 - PrimaLIF Disc Shim Holder

810-1010 - PrimaLIF Fluoro Modulator

810-1008 - PrimaLIF Tissue Shim

810-0403 - PrimaLIF Retractor Shim Caddy

810-4005 - PrimaLIF 14mm Body Pin

810-4006 - PrimaLIF 21mm Body Pin

810-4007 - PrimaLIF 28mm Body Pin

www.osteomed.com
INSTRUMENTS

RETRACTOR INSTRUMENTS RETRACTORS, TRAY 1

- 810-0400 - Retractor Tray (Top Level)
- 810-0015 - PrimaLIF 1.4mm X 18” Guide Wire
- 810-0014 - PrimaLIF 1.4mm X 18” Guide Wire
- 810-0016 - PrimaLIF 1.4mm X 18” Guide Wire
- 810-2005 - PrimaLIF Plastic Depth Probe
- 810-1001 - PrimaLIF Blade Retention Clip
- 810-2004 - PrimaLIF Rigid Plastic Depth Probe
- 810-1002 - PrimaLIF Blade Retention Clip - Long
- 810-1100 - PrimaLIF Racheting Radial Retractor
- 810-0120 - PrimaLIF 120mm Retractor Blade
- 810-0110 - PrimaLIF 110mm Retractor Blade
- 810-0100 - PrimaLIF 100mm Retractor Blade
- 810-0090 - PrimaLIF 90mm Retractor Blade
- 810-0145 - PrimaLIF 145mm Retractor Blade
- 810-0130 - PrimaLIF 130mm Retractor Blade
- 810-0160 - PrimaLIF 160mm Retractor Blade
- 810-0175 - PrimaLIF 175mm Retractor Blade
INSTRUMENTS

DISC PREPARATION TRAY 1

811-0400 - Disc Preparation Tray 1 (Base Level)

811-0053 - 3mm Short Pituitary Rongeur, Straight
811-0036 - 6mm Kerrison Rongeur, Forward
811-0034 - 4mm Kerrison Rongeur, Forward

811-0016 - 6mm Pituitary Rongeur, Straight
811-0014 - 4mm Pituitary Rongeur, Straight
811-0024 - 4mm Pituitary Rongeur, Up
INSTRUMENTS

DISC PREPARATION TRAY 1

811-0400 - Disc Preparation Tray 1 (Top Level)

811-0010 - Annulotomy Knife

811-0011 - Bipolar Forceps, Straight

811-0012 - 10 FR Suction, Long

811-0048 - Posterior Nerve Hook

811-006 - 4mm Penfield

811-0001 - Bipolar Forceps, Straight

811-1000 - Modular Large Hudson Straight Handle

811-1001 - Large Hudson Slap Hammer

811-1002 - Modular Large Hudson T-Handle

811-1004 - Threaded Hudson Adaptor

811-1005 - Dual Sided Mallet
INSTRUMENTS

DISC PREPARATION TRAY 2

811-0401 - Disc Preparation Tray 2 (Top Level)

811-0018 - Small Cobb, Straight

811-0041 - 14mm Cobb, Straight

811-0004 - Medium Cup Curette, Straight

811-0007 - Large Cup Curette, Straight

811-0050 - Small Endplate Scraper, Pull

811-0028 - Endplate Scraper, Pull

811-0039 - Curved Rasp
INSTRUMENTS
DISC PREPARATION TRAY 3

811-0402 - Disc Preparation Tray 3 (Base Level)

812-0107 - PrimaLIF LLIF 7mm Box Osteotome
812-0109 - PrimaLIF LLIF 9mm Box Osteotome
812-0111 - PrimaLIF LLIF 11mm Box Osteotome
812-0113 - PrimaLIF LLIF 13mm Box Osteotome
812-0115 - PrimaLIF LLIF 15mm Box Osteotome
812-0117 - PrimaLIF LLIF 17mm Box Osteotome
811-0005 - Medium Cup Curette, Up
811-0008 - Large Cup Curette, Up
INSTRUMENTS
DISC PREPARATION TRAY 3

811-0402 - Disc Preparation Tray 3 (Top Level)

- 811-0107 - 7mm Paddle Sizer
- 811-0207 - 7mm Paddle Shaver
- 811-0109 - 9mm Paddle Sizer
- 811-0209 - 9mm Paddle Shaver
- 811-0111 - 11mm Paddle Sizer
- 811-0211 - 11mm Paddle Shaver
- 811-0113 - 13mm Paddle Sizer
- 811-0213 - 13mm Paddle Shaver
- 811-0115 - 15mm Paddle Sizer
- 811-0215 - 15mm Paddle Shaver
- 811-0117 - 17mm Paddle Sizer
- 811-0217 - 17mm Paddle Shaver
INSTRUMENTS

LATERAL INSTRUMENTS TRAY

812-0402 - Lateral Instruments Tray (Middle Level)

815-1007 - PrimaLIF LLIF 7mm X 18mm Lordotic Trial
812-1007 - PrimaLIF LLIF 7mm X 18mm Parallel Trial

815-1009 - PrimaLIF LLIF 9mm X 18mm Lordotic Trial
812-1009 - PrimaLIF LLIF 9mm X 18mm Parallel Trial

815-1011 - PrimaLIF LLIF 11mm X 18mm Lordotic Trial
812-1011 - PrimaLIF LLIF 11mm X 18mm Parallel Trial

815-1013 - PrimaLIF LLIF 13mm X 18mm Lordotic Trial
812-1013 - PrimaLIF LLIF 13mm X 18mm Parallel Trial

815-1015 - PrimaLIF LLIF 15mm X 18mm Lordotic Trial
812-1015 - PrimaLIF LLIF 15mm X 18mm Parallel Trial

815-1017 - PrimaLIF LLIF 17mm X 18mm Lordotic Trial
812-1017 - PrimaLIF LLIF 17mm X 18mm Parallel Trial
INSTRUMENTS

LATERAL INSTRUMENTS TRAY

812-0402 - Lateral Instruments Tray (Top Level)

812-1004 - PrimaLIF LLIF Fixed Modular Inserter

812-1002 - PrimaLIF LLIF Angled Modular Inserter - Left

812-1003 - PrimaLIF LLIF Angled Modular Inserter - Right

811-1009 - Threaded Removal Shaft

811-1008 - Angled Implant Tamp

811-1003 - Implant Tamp

811-1007 - Implant Shim