

# Why Apollon?

## The rimmed screw

that ensures ultimate tightening without distortion.

# The threaded pivot joint of the screw that realizes secure fixation at intended angle.

## Direct rod insertion mechanism

that simplifies the process. that allows surgeons to make rod insertion easier.

## Alignment guide

that makes both screw heads in parallel and helps the rod be inserted easily.



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#### **INDICATIONS & CONTRAINDICATIONS**

#### **Indications**

- Transforaminal Lumbar Interbody Fusion (T.L.I.F)
- Mini open Posterior Lumbar Interbody Fusion (P.L.I.F)
- · Posterior stabilization that follows after mini-open Anterior Lumbar Interbody Fusion (A.L.I.F)
- Transient posterior stabilization on compression fracture of spine.
- Scoliotic, lordotic, or kyphotic deformities
- Degenerative disc disease
- Fractured dislocation of the posterior thoracolumbar spine.
- Spondylolisthesis : grade |, ||
- Spinal disorders : (HNP+stenosis)
- ▶ 60%~70% (This is round figure based on surgeries in Korea )
- HIVD ▶ 20%~30
- Chronic back pain.

#### **Contraindications**

- Malalignment
- Severe spinal deformity such as Kyphosis and Scoliosis
- Infection condition

#### **FEATURES & BENEFITS**

#### **Features & Benefits**

- · Minimal complication rate.
- · Reduced surgical blood loss.
- · Short operation time.
- · Minimal postoperative pain.
- Minimal postoperative paraspinal muscle fibrosis rate.
- Decreased trauma to soft tissue during spine fusions.
- Minimal operation scar.
- Avoidance of fusion disease.
- Shorter hospital stays.
- Quicker return to normal activity

## **Apollon TOUR**



Threaded screw joint
 Firm and secure fixation



One-touch rod locking system
 Easy &quick operation



Unique alignment guide
 Easy rod insertion



Rimmed screw head
 No risk of screw head loosening

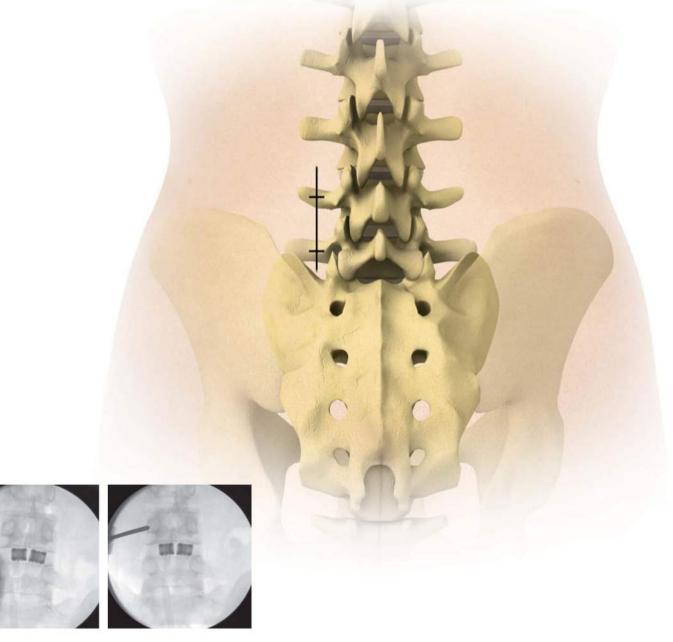
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#### 1. Fluoroscopic planning of incision points

To determine the incision point, identify the entry point of the pedicle, which is at the intersection of the superior facet and the transverse process, with the fluoroscopic imaging of the C-arm on AP view.

The incision point is located at 1cm lateral or more depending on patient size to the targeted pedicle entry point. This is to achieve an ideal guide path for the Pedicle Screw by considering muscles and the depth from the skin to the pedicle entry point. Mark the incision point using a marker.

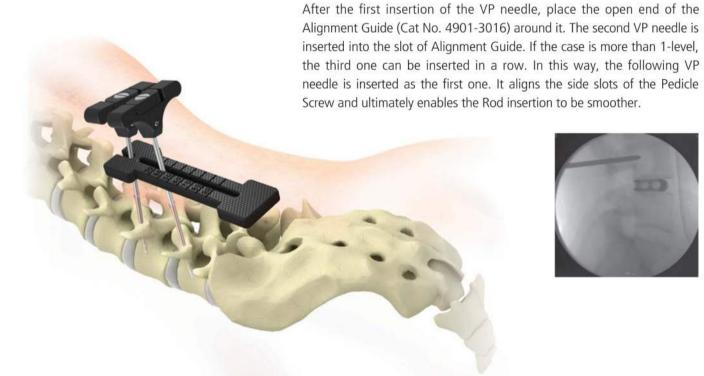


### SURGICAL TECHNIQUES

#### 2. Placing the VP Needle

Make 1.3cm transverse incision (relatively to the VP needle size) and advance the VP needle to the pedicle entry point with about 15-degree-slant medial. The VP needle should be paralleled to the superior endplate of the vertebra on lateral view. Monitor that the VP needle is seen at the posterior margin of the vertebral body on lateral view. Advance the VP needle just as much it perforates into the vertebral body while confirming the direction with C-arm on lateral view. Extra caution is required to avoid excessive advance.



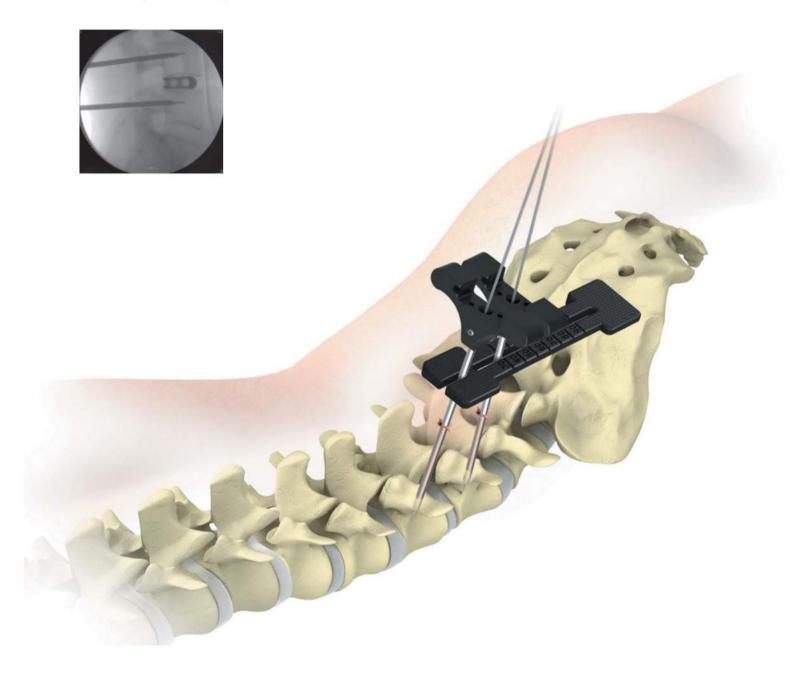




#### 3. Placing the Guide Wire

Remove the inner stylet of the VP needle and insert the Guide Wire into the VP needle with caution. Unintentional advancement can cause unexpected result, so the placement of the Guide Wire should be performed very carefully.

Once the Guide Wire is well placed, remove the VP needle carefully while securing the Guide Wire.

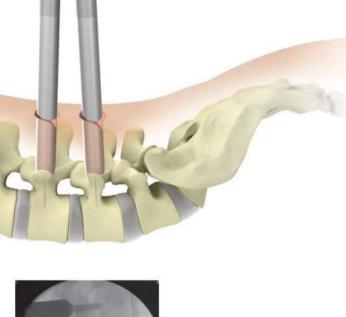


#### 4. Soft tissue dilatation

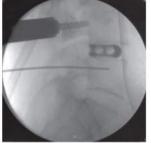
Make transverse skin incision 1.3cm centering on the Guide Wire. Advance the 4 different size of Dilators sequuentially from smaller to larger one down to the bony surface. This procedure is to make enough room for the following screw insertion.

• The 4<sup>th</sup> Dilator (the largest one) can be omitted if minimal skin incision is wanted.

Retain the outermost Dilator in place and remove other Dilators. Be sure to secure the Guide Wire from unintentional pullout.







## Tapping the pedicle pathway

After assemble the Apollon Cannula Tap with T-handle or T-Ratchet handle or I-Ratchet handle, Slide down over the guide wire and advance it up to the first quarter of the vertebral body.

Graduation markings on the shaft of the Tap can be used to determine the depth of the tap and also for selecting the appropriate length of pedicle screw.

While tapping, lateral imaging is taken to ensure the guide wire from any further advancement anteriorly. Repeat the same step for the adjacent pedicle. Remove the Tapper carefully and look out any unintentional withdrawal of the Guide Wire.



#### 5. Pedicle screw extender assembly

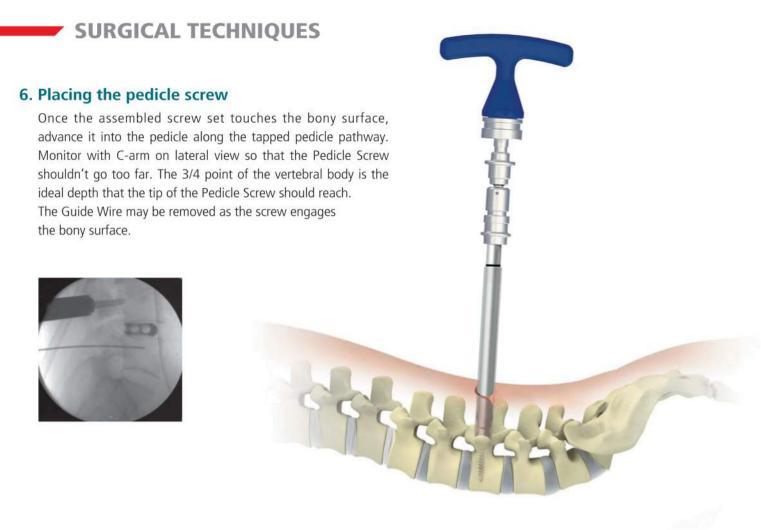
Determine the proper sized Pedicle Screw and assemble it to screw Holder set securely.

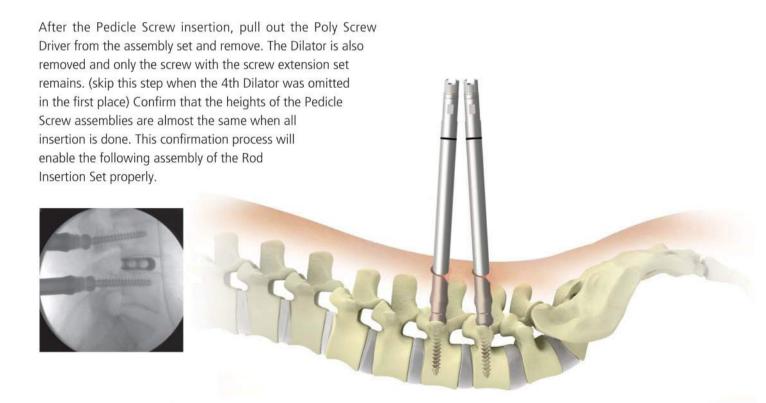
The Screw Holder set is constituted by 3 devices as shown below.

- Attach the Pedicle Screw to the Outer Holder. Place the flat sides of the screw head to fit into the distal end of the Outer Holder.
- 2) Slide the Inner Holder down to the screw head through the sleeve of the Outer Holder. As the tip of the Inner Holder meets the screw threads, engage the both threads by turning clockwise. Yet this Poly-Axial Pedicle Screw is still freely rotating
  - Caution: Inner holder and Pedicle screw head should be combinated by hand because excessive force, using small T-wrench, can be the cause of breakage of inner holder thread
- 3) Make sure that the Inner Holder and the Pedicle Screw are securely engaged against each other.
- Tip: Use the Holder Clamp for an easy and solid lockup.
- 4) Assemble the Pedicle Screw with the Poly Screw Driver. Slide the Poly Screw Driver down to the Pedicle Screw head and engage the distal end of the driver with the Pedicle Screw.

Confirm that the Pedicle Screw assembly is solidly assembled. Now, advance the assembled screw set over the Guide Wire.



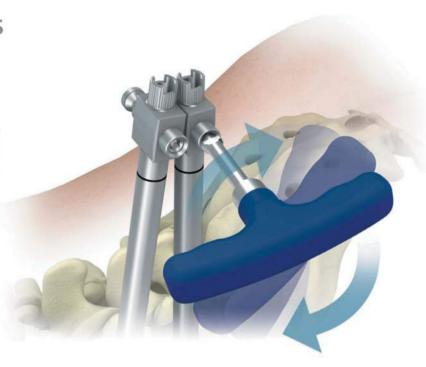


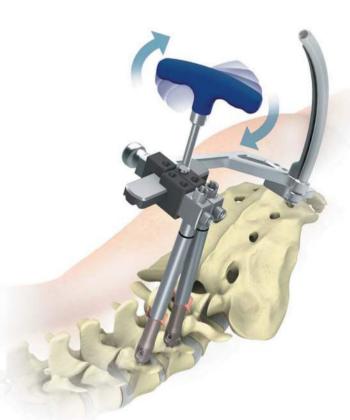


#### 7. Rod insertion assembly

1) Assemble the Holder Clamp over the Holder set and place the projected open part of the clamp left side. Fix the device to the Pedicle Screw extension set using the small T-Wrench.

The direction of both clamps must be facing the same side.





- 2) Assemble the Rod Insertion Set to the Holder Clamp. Engage the socket of the Insertion Set to the Clamp. It clicks when a assembling is well done.
- 3) Lock the Rod Insertion Set using the Small T-Wrench.

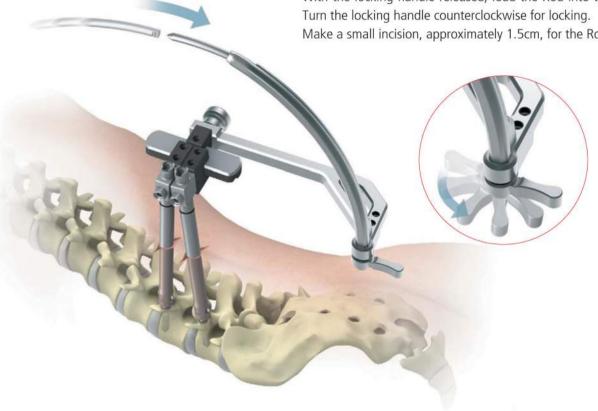


- 4) After the Rod Insertion Set and the Holder Clamp are assembled, make sure if
- the Holder Clamps are horizontality arranged to each other.
- the holders are in the bilateral symmetry to each other.

## SURGICAL TECHNIQUES

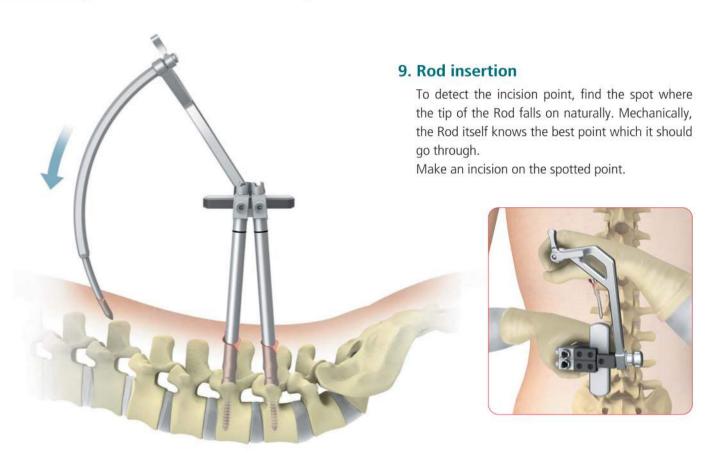
#### **8. Rod assembly** (Select the appropriate sized rod.)

With the locking handle released, load the Rod into the hole. Make a small incision, approximately 1.5cm, for the Rod entry.



Tip: Grab the shoulder of the Rod Insertion Set and gently move it back and forth perpendicularly to the rod inserting direction for 2~3 times. This helps implanted Poly-Screws comfortably settle in their places and make the Rod insertion easier.





Advance the rod assembly clockwise through the underlying fascia and muscle until it intersects through slots of the screws. But avoid inserting it by excessive force, since it may cause wrong insertion like failing to meet slots of screw heads. Assure the placement of the rod with flurosopic image on AP and lateral view. The margin of each end should be about 5mm.

Caution: Don't separate the Rod from the Insertion Set until it is securely fixed by Nuts.



#### Checking out the insertion.

Place the Nut Starter inside the Inner Holder. Two Marks will be shown on the shaft of Nut Starter if the insertion is performed successfully. If a single mark is shown, the insertion is not properly done.

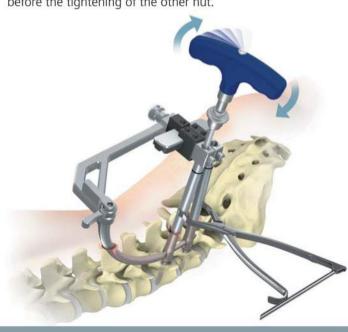


Engage the Nut to the Pedicle Screw using the Nut Starter for initial tightening



Finalize the tightening with the Final Nut Driver (Cat no. 4901-3010) to achieve the solid fixation.

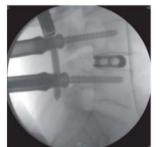
Use the Compressor for provisional tightening, if needed, before the tightening of the other nut.



#### 11. Final tightening and remove

Inserting the Driver which is the assembly of Nut Final Driver (Cat No: 4903-3801) and Torque Limiter for 12N/m (Cat No: 4901-7031) through the Screw Holder. Turn in a clockwise direction and tighten to the audible click, which indicates that 12N/m of torque has been applied.

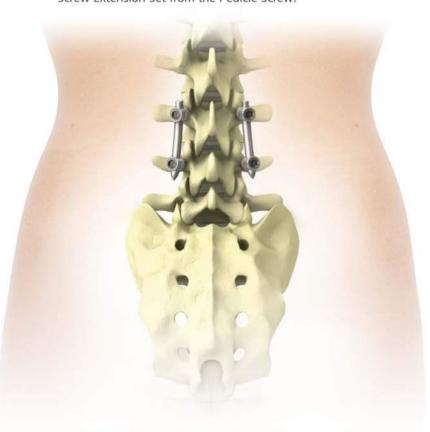
After final tightering of all of nuts, release the rod carefully from the rod Insertion Set.





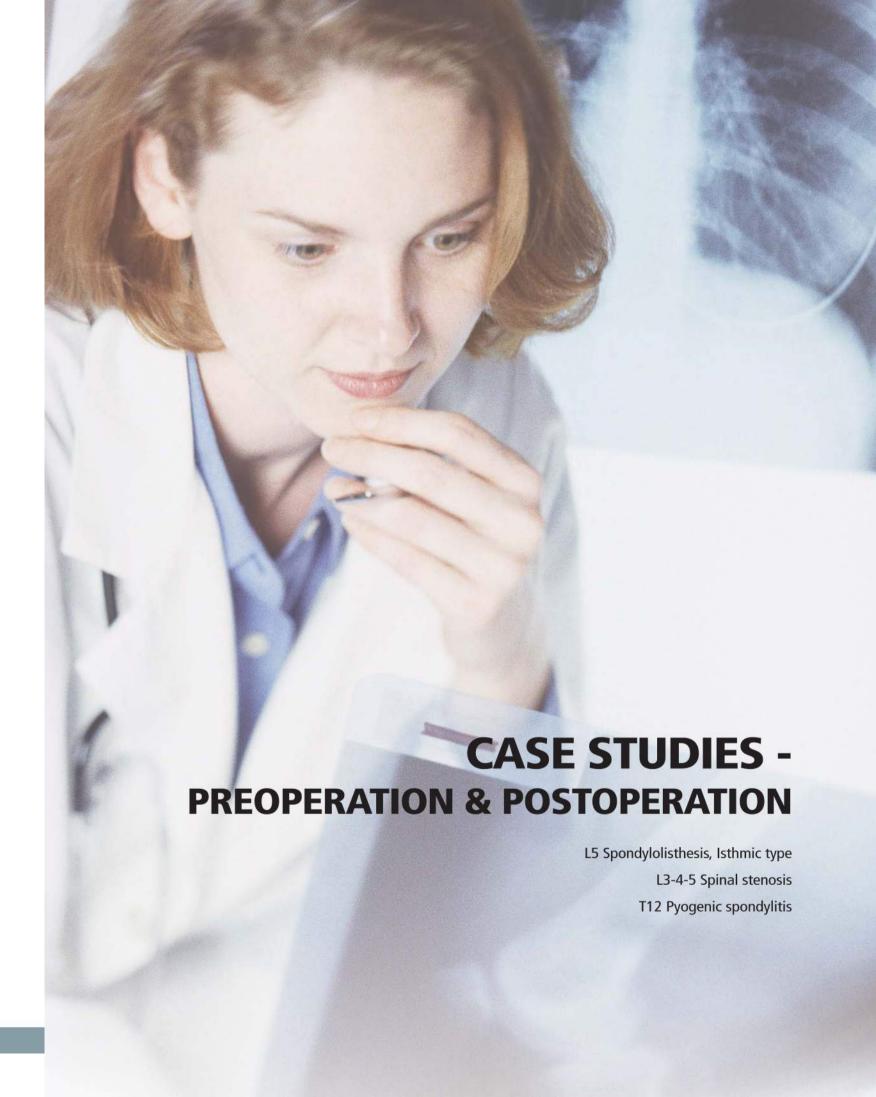
#### 12. Assembly removal

Detach the Rod Inserter Assembly from the Rod by following the reversing order of attachment and remove the Pedicle Screw Extension Set from the Pedicle Screw.







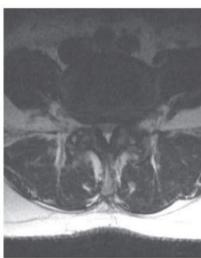


## **▼** Case Studies - preoperation & postoperation

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Case 1. L5 Spondylolisthesis, Isthmic type OP Name: Mini-open PLIF





Pre OP MRI





Pre OP X-ray

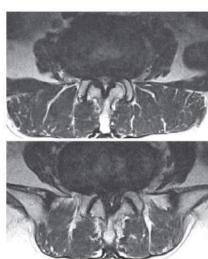




Case 2. L3-4-5 Spinal stenosis

OP Name : Mini-open PLIF of L3-4-5





Pre OP MRI





Pre OP X-ray





Post OP X-ray

## **Case Studies - preoperation & postoperation**

Case 3. T12 Pyogenic spondylitis

OP Name : Miniopen ALIF with percutaneous post stabilization





Pre OP MRI





Pre OP X-ray





Post OP X-ray



## **PRODUCT INFORMATION**

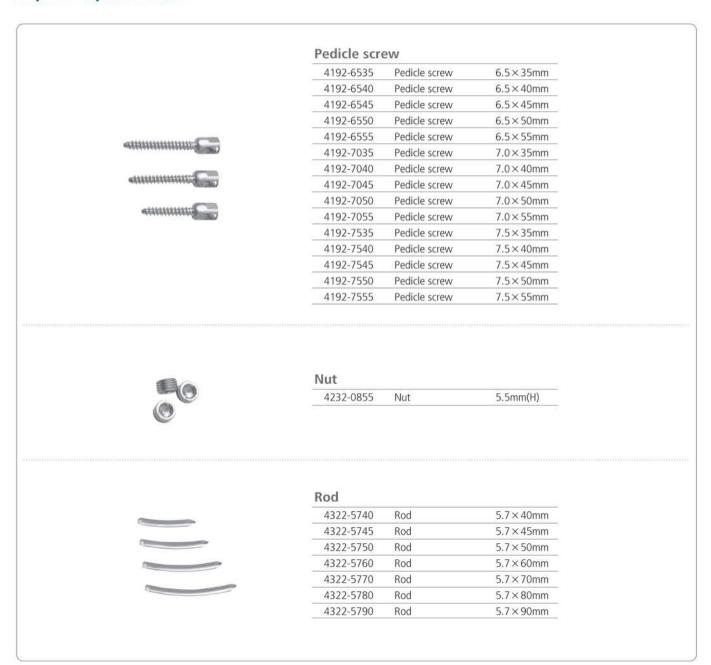
Implants Specifications
Instruments Specifications

#### PRODUCT INFORMATION

#### \* Advantages of APOLLON

Screw head - Rimmed edge	Save the screw head from being distorted as the Nut is deeply engaged into.
Screw joint- Threaded type	Prevent the screw joint from rotating. Enable the firm and secure fixation at the designated location.
Rod assembly - locking handle	Easy and quick loading/unloading of Rod. Simple yet secure.
Unique Alignment Guide	Easy Rod Insertion

#### **Implants Specifications**



<sup>▶</sup>The design of products can be amended without prior consent.

#### **Instruments Specifications**



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#### MEMO

#### **Instruments Specifications**



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