CAVUX®

FFS

CASE STUDY

Symptomatic C5–6 pseudarthrosis with hardware failure and dysphagia

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MEDICAL AND SURGICAL BACKGROUND

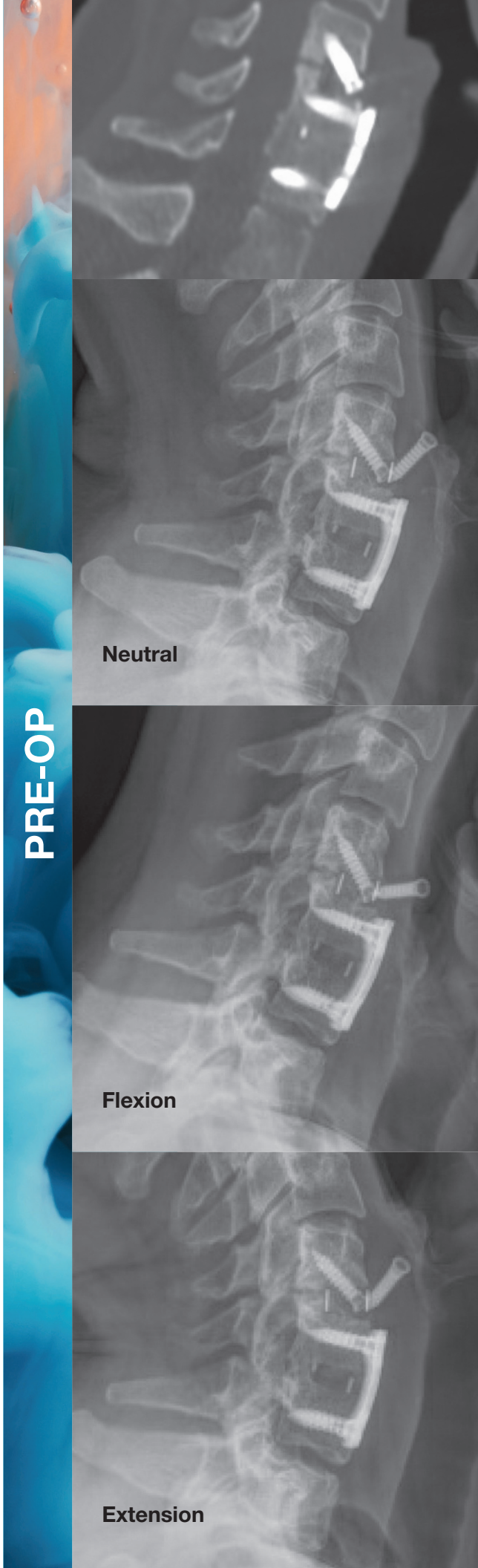
48 year old female with history of smoking and depression presented with neck pain and dysphagia. Patient had undergone previous C6–7 ACDF in 2007 followed by C5–6 ACDF in 2017 with good results. Over the past 6 months, she has developed worsening neck pain and dysphagia. Patient was referred to local ENT for dysphagia evaluation who ordered barium swallow and CT which showed “loose hardware.” Flexion and extension x-rays confirmed persistent motion across the C5–6 level. Non-union observed on CT. Patient does not report any new radicular symptoms.

SURGICAL PLAN

Anterior screw removal, Posterior cervical fusion of C5–6 utilizing CORUS Spinal System with CAVUX® FFS non-segmental instrumentation.

OUTCOME

At 6 month follow-up, the patient remains satisfied with resolution of dysphagia and neck pain. Flexion and extension radiographs demonstrate segmental stability with <1 mm motion across the posterior fusion, indicating successful arthrodesis.



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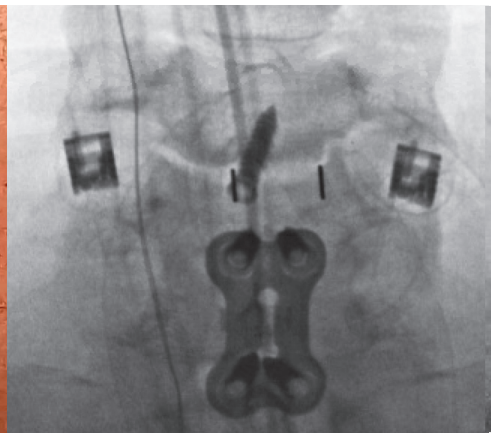
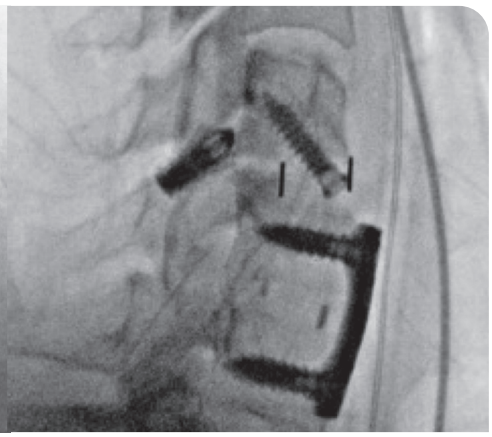
CAVUX® FFS

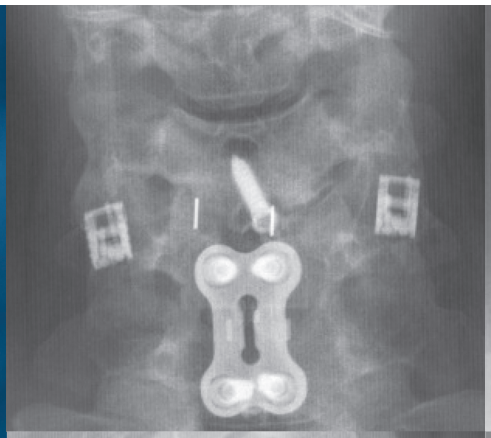
POST-OP

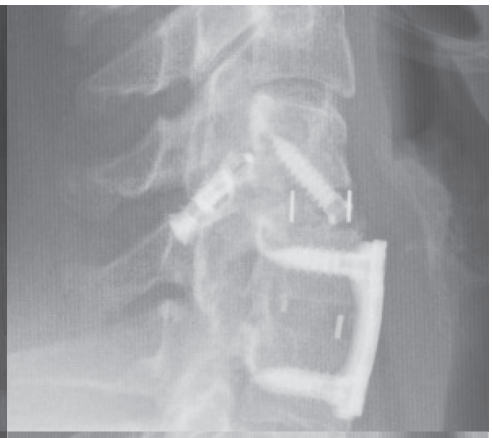
CORUS Spinal System with CAVUX® FFS patient incisions.

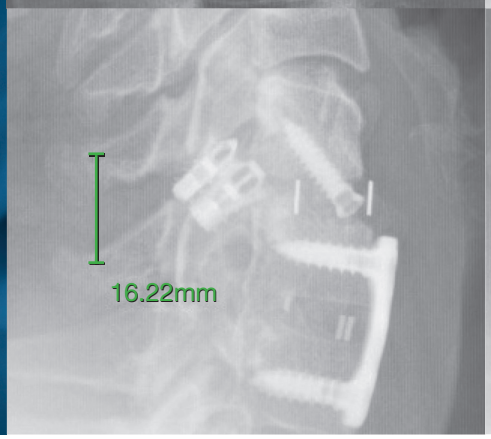


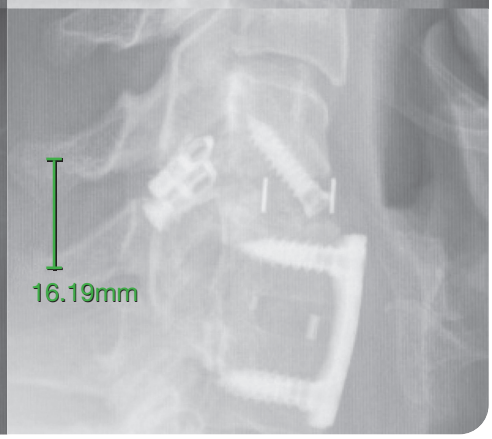


6-MONTH FOLLOW-UP









This is a case study of a single patient. Not all patients experience the same results. These procedures may not be appropriate for all patients. Providence Medical Technology does not provide medical diagnosis or treatment or engage in the practice of medicine.

Indications for Use: CAVUX® Facet Fixation System (CAVUX FFS) is an integrated construct comprised of a CAVUX® Cage and a single ALLY® Bone Screw. CAVUX FFS is placed bilaterally through a posterior surgical approach and spans the interspace with points of fixation at each end of the construct. CAVUX FFS is intended for temporary stabilization as an adjunct to posterior cervical fusion in skeletally mature patients. CAVUX FFS is indicated for patients requiring a revision for an anterior pseudarthrosis at one level, from C3 to C7, with autogenous and/or allogenic bone graft. For full safety information, visit: providencemt.com/safety

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MKT-PMT-529 Rev 0 CAVUX FFS Case Study, Olsson