

# ARMADA

## **Pathology-Specific Solutions**



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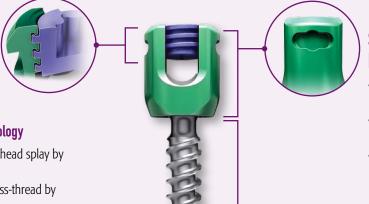
## **ARMADA® SPINAL SYSTEM**

The Armada spinal system is designed for surgeons treating multiple pathologies, ranging from low-back degenerative conditions to complex spinal deformities. Sophisticated instrument and implant designs integrate seamlessly to work in concert with the most advanced surgical techniques to support optimal surgical outcomes.

## Confidence in Construct Assembly

### Helical Flange<sup>®</sup> Locking Technology

- Interlocking flange minimizes head splay by resisting spreading forces
- Reduces the propensity to cross-thread by simplifying alignment
- Robust design provides predictable performance throughout even the most complex procedures



## Simplified Instrument Engagement

- Deep lateral engagement features located high on the screw
- Minimizes interference with bony anatomy
- Simple and secure instrument engagement

## **Efficient Screw Insertion**

- Double lead screw shank
- Advances with half the turns of a single lead design
- Self-tapping, fully threaded tip simplifies thread engagement into bone

## **COMPREHENSIVE IMPLANT OPTIONS**



#### **POLYAXIAL SCREW**

60° of polyaxial angulation offers maximum flexibility to simplify rod seating



#### REDUCTION SCREW

60° of polyaxial angulation with extended-reduction tabs for improved reduction capabilities



#### **FIXED SCREW**

Low-profile rigid fixation for extreme corrective maneuvers



#### **UNIPLANAR SCREW**

40° of angulation restricted to the sagittal plane enables axial rotational correction while preserving sagittal plane alignment



#### PROVISIONAL LOCKING SCREW

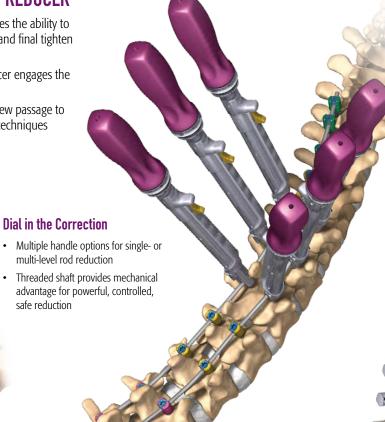
40° of polyaxial angulation locks into a fixed orientation, providing the flexibility of a polyaxial screw with the corrective capability of a fixed screw



## **Sophisticated Instrumentation**

### MULTIPURPOSE ROD REDUCER

- Sophisticated design provides the ability to translate, reduce, derotate, and final tighten through one instrument
- Slim, secure grip-style reducer engages the implant with a single click
- Hollow shaft allows lock screw passage to hold correction for various techniques



Open and closed polyaxial screws





## **ILIAC FIXATION**

- Extensive standard offering
- Open and closed polyaxial screws with 60° of polyaxial angulation
- Open and closed tulip offset connectors

Open and closed tulip offset connectors





## **MULTIPLE ROD OPTIONS**

- 5.5mm Titanium
  - Pre-lordosed and straight rods in a wide range of lengths

**Vertebral Body Manipulation** 

· Secure engagement facilitates global or

segmental derotation maneuvers

- 5.5mm Cobalt Chromium
  - Maintains correction without sacrificing postoperative imaging
  - Stiffness is greater than 5.5mm stainless steel or 6.35mm titanium
- 5.5mm Stainless Steel
  - Multiple strength offerings for optimal correction
- 6.35mm Stainless Steel
  - Greatest stiffness of all rod sizes

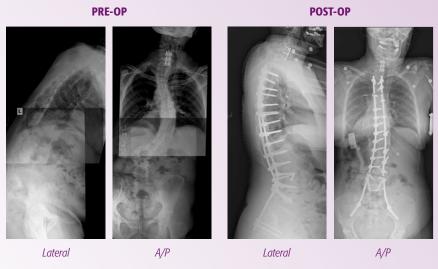
## **ADULT DEGENERATIVE SCOLIOSIS**

A 72-year-old female patient was presented with progressive deformity and stenosis above a prior L4-S1 fusion, performed 30 years ago. The patient also had significant sagittal and coronal imbalance. The surgical plan included XLIF\* with anterior column releases at L3-L4 and L2-L3, followed by a posterior lumbar decompression, Smith-Peterson osteotomies, and fusion from T3 to L4.

Armada® pedicle screws were used for stabilization, with reduction screws and uniplanar screws chosen to enable correction of the scoliosis. Cobalt chromium rods were utilized with bilateral pelvic fixation.

The Armada system offers a broad array of pedicle screws, iliac screws, offset connectors, and domino connectors, which make it an ideal system for complex deformity and revision surgery.

- Jeffrey Deckey, M.D. Orthopaedic Surgeon

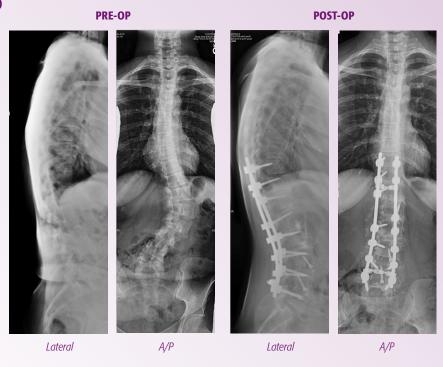


## **ADULT DEGENERATIVE SCOLIOSIS**

A 44-year-old female patient was presented with a stiff thoracolumbar curve. The surgical plan comprised a three-stage spinal fusion procedure. In the first stage, L3-L5 was fused from a direct anterior approach. NuVasive\* Brigade\* spacers were inserted with fixation only to the superior vertebrae to enable axial rotation of adjacent vertebral bodies during posterior correction. The second stage consisted of a lateral approach with interbody grafts placed T11-L3. During the third and final stage, Smith-Peterson osteotomies were performed from L1 to L4 through a posterior approach with laminectomies to achieve posterior decompression.

Reduction screws were placed at every level from T10 to L5, and a cobalt chromium rod was contoured into the desired thoracolumbar curve. With the rod placed into the concave side first, the spine was segmentally translated to achieve coronal correction. Vertebral body derotation was performed using reduction screw Counter-Torque instruments to correct the rotational component of the deformity. After the second rod was placed, final correction was achieved by in situ rod contouring.

– Paul Glazer, M.D. Orthopaedic Surgeon





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