





REV A



Contents
Device Description, Indications, Contraindications, <b>3</b> Warnings and Precautions
Implant Description 4
Surgical Technique 6
Removal Technique 8
Instrument List 9



### **Device Descriptions**

XM plate is supplied individually sterile packed and is intend for single patient use only. Additionally, the subject device is available in a range of sizes to allow correct selection to match the patient's anatomy.

**Material:** The XM anterior lumbar plate system is manufactured from Ti6Al4V per ISO 5832-3 and ASTM-F136.

The XM Anterior Lumbar Plate System is a temporary supplemental fixation device consisting of variety of shapes and sizes of plate and screw. The subject system is used as an implant for the correction and stabilisation of the lumbaosacral spine. The subject plate is low profile and anatomically designed to provide optimal fit from anterior, lateral or anterolateral approach. The XM screws come with circlip that prevents the screws from backing-out after implantation.

### Indications

The Signature Orthopaedics XM Anterior Lumbar Plate System is indicated for use via the lateral or anterolateral surgical approach above the bifurcation of the great vessels or via the anterior surgical approach, below the bifurcation of the great vessels. The device is intended as a temporary fixation device until fusion is achieved. The subject system is indicated in the treatment of lumbar or lumbosacral (L1-S1) fixation for the following indications: degenerative disc disease (DDD) (as define by back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies) spondylolisthesis, trauma (i.e. fracture or dislocation), deformities or curvatures (i.e. scoliosis, kyphosis, and/or lordosis), tumor, pseudo-arthrosis, and failed previous fusion.

#### Contraindications

The Signature Orthopaedics XM anterior lumbar plate is contraindicated for use under the following conditions:

- Extensive calcification of the great vessels
- Retroperitoneal fibrosis
- High-grade spondylolisthesis
- Tumor or trauma necessitating multiple vertebral segment stabilization
- Active systematic infection or infection localised to the site of the proposed implanta-

#### tion

• Any entity or condition that totally precludes the possibility of fusion, i.e., cancer, kidney dialysis, osteopenia, obesity, or foreign body sensitivity

• Patients whose activity, mental capacity, mental illness, or lifestyle may interfere with their ability to follow postoperative restrictions

#### **Warnings and Precautions**

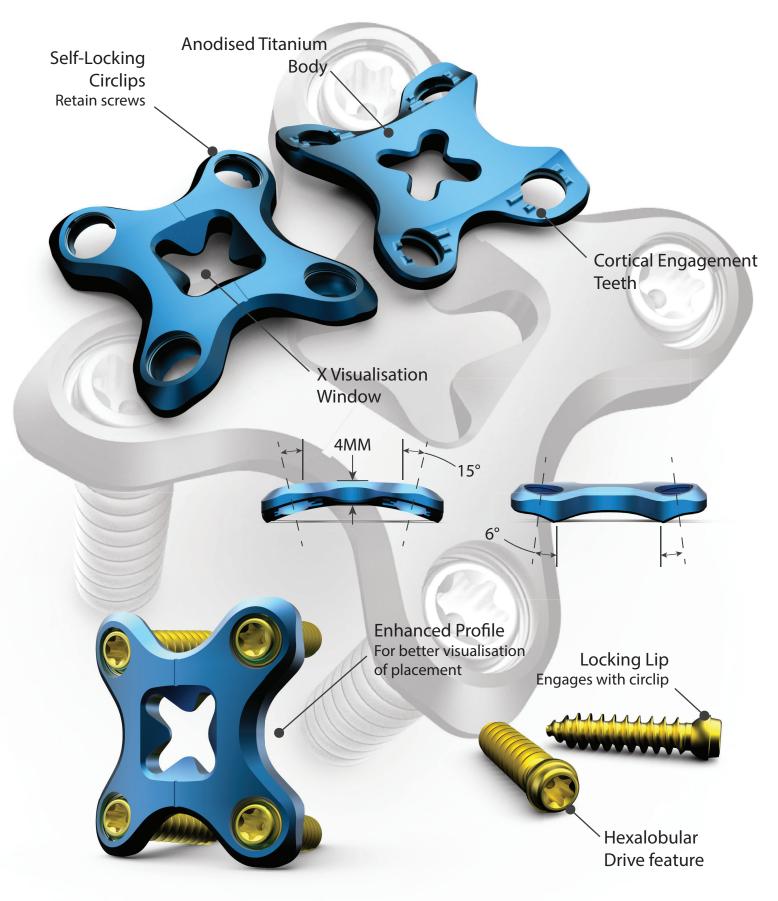
This device is not intended for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic, or lumbar spine.

See Instruction For Use (IFU) for warnings, precautions, adverse effects and other essential product information. The IFU can be accessed online at: http://www.signatureortho.com.au/eifu/





## **Plate Features**





## Sizing

			30MM	<b>→</b>	
		-	20MM		
Plate					
131-29-0008	17MM				•
131-29-0009	19MM				
131-29-0010	21MM				
131-29-0011	23MM			Size	
131-29-0012	25MM				
131-29-0013	27MM				
Screw					
131-29-0014	Ø5.5x20				
131-29-0015	Ø5.5x24				
131-29-0016	Ø5.5x28				
131-29-0017	Ø5.5x32				
131-29-0018	Ø6.0x20				
131-29-0019	Ø6.0x24				
131-29-0020	Ø6.0x28			T	
131-29-0021	Ø6.0x32			Length	

## XM ALIF Plate



## **Surgical Technique**

# Approach Approach is based on targeted level: - For L1-L4 (above bifurcation) use Anterolateral or Lateral approach - For L5-S1 use Anterior approach Preparation Debride any anterior osteophytes adjacent to the interspace. Ensure the previously inserted cage is properly recessed within the disc space. Placement Use the XM Plate Holder (PS2-09-0006) to pick up the plate and place it into position.





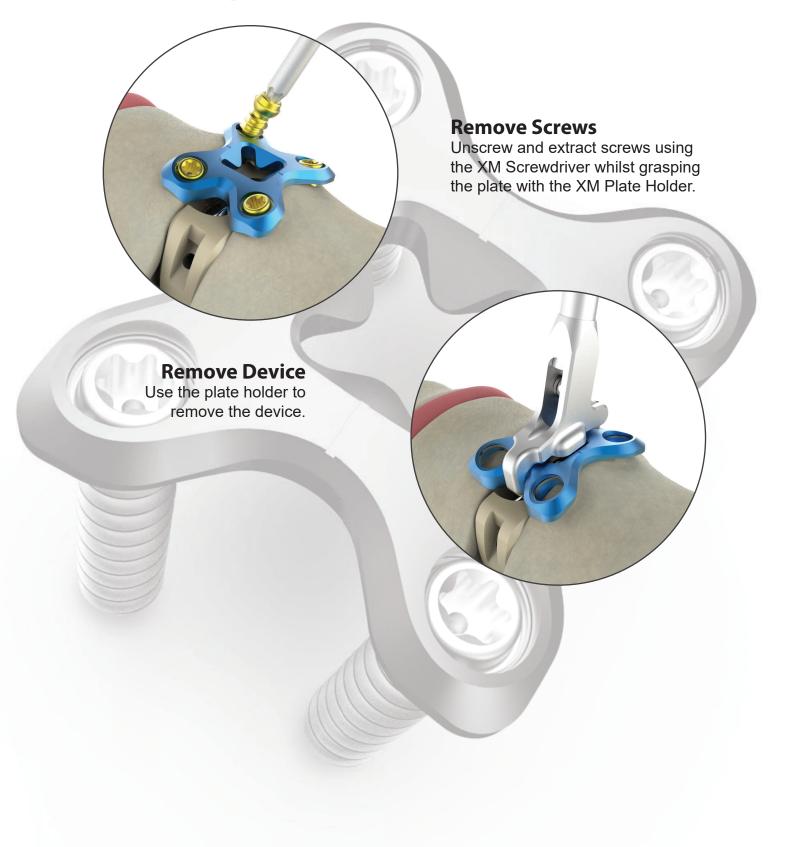
Hole Preparation Use the XM Awl (PS2-09-0009) to perforate the cortex in preparation for screw insertion.

## **Screw Insertion**

Select the appropriate screw length that will terminate between 5-10mm from the posterior cortex when fully inserted. Use the XM Screwdriver (PS2-09-0000) to insert screws into the prepared holes. Do not tighten completely until all screws have been inserted.



## **Removal Technique**









The surgical technique shown is for illustrative purposes only. The technique(s) actually employed in each case will always depend upon the medical judgement of the surgeon exercised before and during surgery as to the best mode of treatment for each patient.



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