Quintex™ Cervical Plating System

Surgical Technique

Aesculap Spine

AESCULAP®
Implant Systems

Quintex™ Cervical Plating System

Surgical Technique

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I. Indications and Contraindications

Indications

The Quintex™ Cervical Plating System is intended for the treatment of cervical spinal instability resulting from:

- Degenerative disc disease (DDD) (defined as neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies),
- Spondylolisthesis,
- Trauma (i.e. fracture or dislocation),
- Spinal Stenosis,
- Deformity (i.e., scoliosis, kyphosis, and/or lordosis),
- Tumors,
- Pseudoarthrosis as a result of failed spine surgery,
- Failed previous fusions,
- Symptomatic cervical spondylosis
- Instability following surgery for the above indications.

Levels of anterior cervical intervertebral body screw fixation for this indication are from C2-T1.

Contraindications

Do not apply in the presence of:

- Fever
- Infection
  - Systemic
  - In the spine
  - Local
- Pregnancy
- Acute osteopenia
- Medical or surgical conditions that could negatively affect the success of the implantation
- Foreign body sensitivity to the implant materials
- Inadequate patient compliance
- Severe osteoporosis or similar loss of bone density
- Severe damage to bone structures that would prevent the stable implantation of system components
- Bone tumor in the region of implant fixation
- Anticipated excessive load on the joint implant
- Dependency on pharmaceutical drugs, drug abuse or alcoholism
- Systemic or metabolic disease(s)
- Morbid obesity (adiposity)
- Generally poor condition of the patient
- Wound healing disorders
- Neuromuscular diseases or disorders
- Mental illness

Use only within the indicated levels of the spine and for applications outlined in the Indications section.

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II. Warnings

- The potential for success is increased by the proper selection of implant size, shape and design. Quintex system implants should not be expected to withstand the unsupported stresses of full load bearing.
- Ensure that all necessary implants and instruments are on hand and inspected prior to use.
- Contouring of the plate should be minimized as excessive contouring can fatigue implant materials.
- The Quintex system is provided non sterile and must be sterilized prior to use. All packaging materials must be removed prior to sterilization.
- Mixing of dissimilar metals can accelerate the corrosion process. Quintex system implants should not be mixed with implants from any other system.
- The Quintex system should not be reused under any circumstances.
- Patient behavior can greatly affect surgical outcomes. Smokers and noncompliant patients should be advised of this fact and warned of the increased risk of potential complications.
- Patients should be advised of the possible limitations of their implant(s), including postoperative mobility and load-bearing stress.
- This device is not approved or intended for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic or lumbar spine.

For complete guidelines and labeling limitations, please consult the Quintex Cervical Plating System Instruction for Use.

III. Construct Options

The Quintex cervical plating system offers four distinct implant combinations, each with unique performance characteristics. For both plate styles, constructs may be hybridized to customize the dynamic properties at each level and accommodate patient-specific anatomical or clinical considerations.

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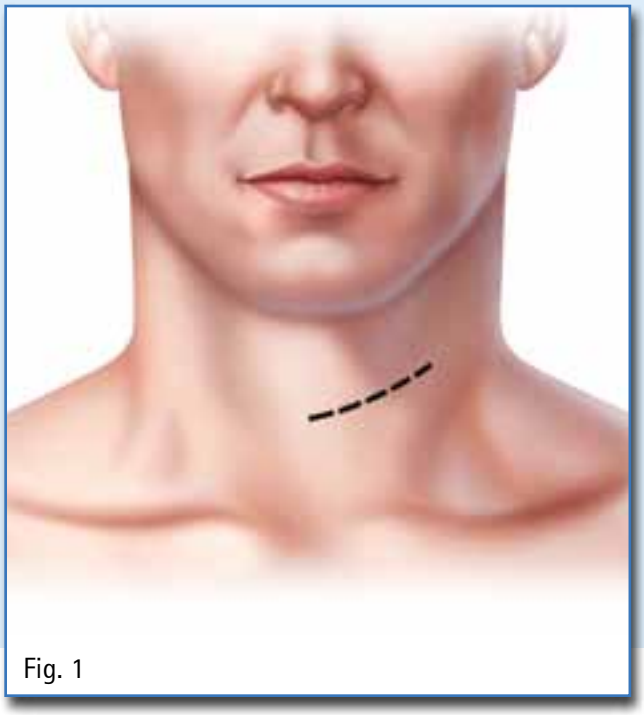

Fig. 1

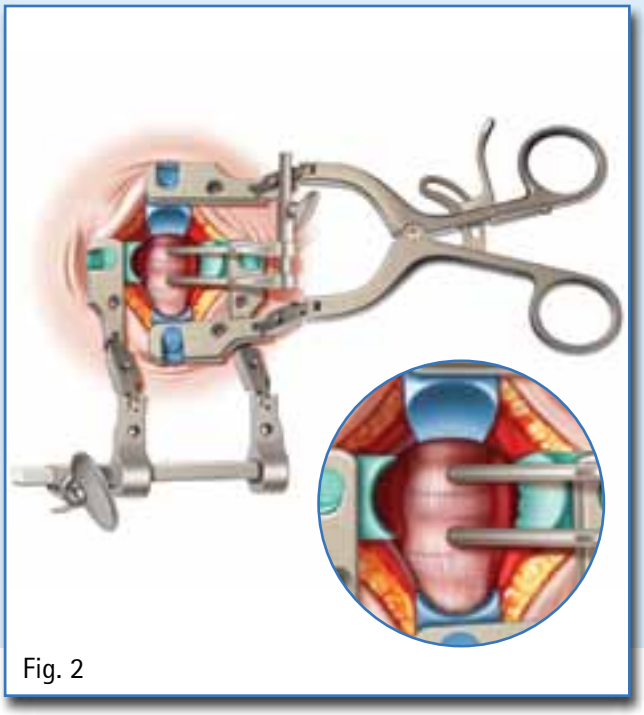

Fig. 2

1. Surgical Approach & Preparation

Place the patient in the supine position and bolster the intrascapular region to maintain the head in slight extension. The use of a head halter attached to an outrigger for traction may also be helpful. If fluoroscopy is used, it can be utilized at this point to confirm positioning and check that desired vertebral levels can be adequately visualized.

Shoulder depression can be achieved using 3" surgical tape running from the shoulders to the foot of the bed. KERLIX™ *-style dressings attached to the wrists may allow for enhanced visualization of lower cervical vertebrae and the cervico-thoracic junction.

Utilize the standard anterior approach to the cervical spine. This can be through one of several incisions with the exposure typically medial to the carotid sheath and lateral to the trachea and esophagus. (Fig. 1)

A cervical retraction system (such as Aesculap's Caspar Cervical Retractor System) should then be used to provide adequate visualization to the front of the cervical spine. Adequate fascial plane release is important for optimal exposure.

After identification of the appropriate disc space(s) is/are confirmed via x-ray, a cervical distraction system (such as Aesculap's Caspar Cervical Distraction System) may be used to enhance access to the disc space. (Fig. 2)

*KERLIX is a registered trademark of a Covidien company.

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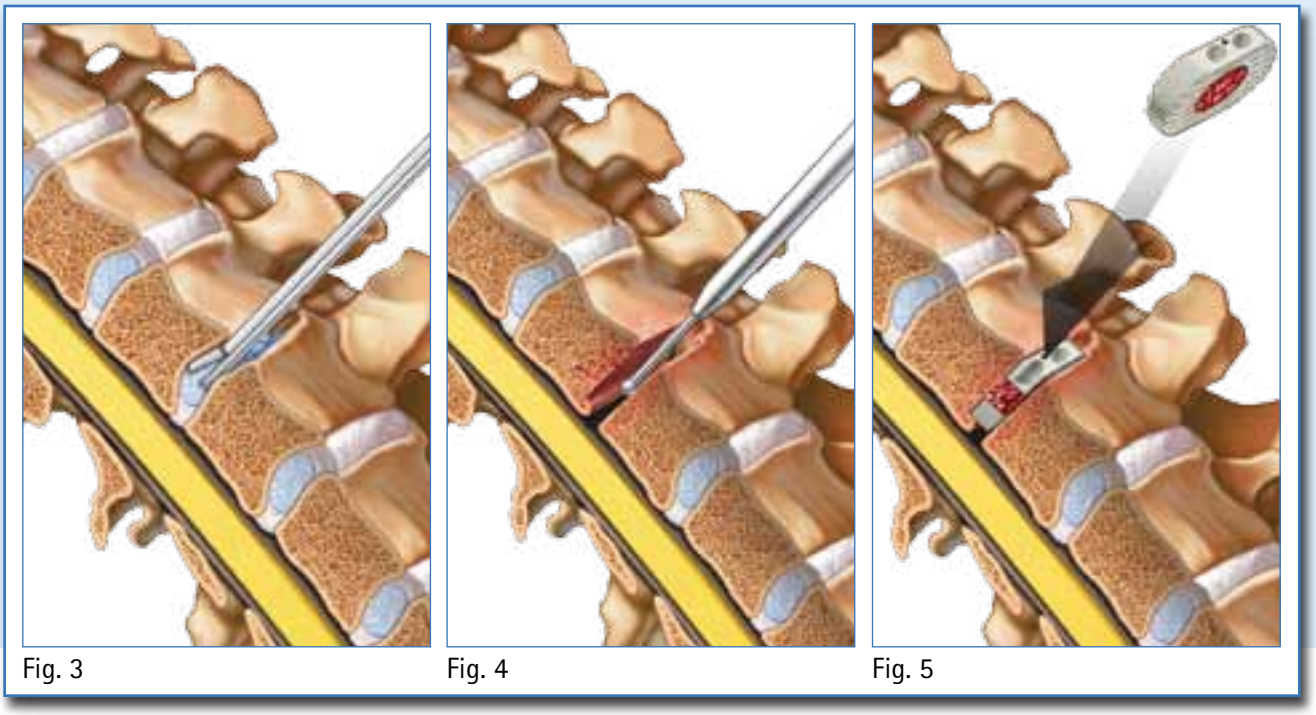

Fig. 3 Fig. 4 Fig. 5

2. Interbody Insertion

Perform a thorough discectomy (Fig. 3) and adequate neural decompression, then prepare the endplates to receive the interbody device of choice. (Fig. 4)

Aesculap offers several interbody products to restore height, lordosis and facilitate solid arthrodesis including the CeSpace™ line of interbody devices. (Fig. 5)

Please consult your Aesculap Spine Representative to learn more about these fusion interbody products.

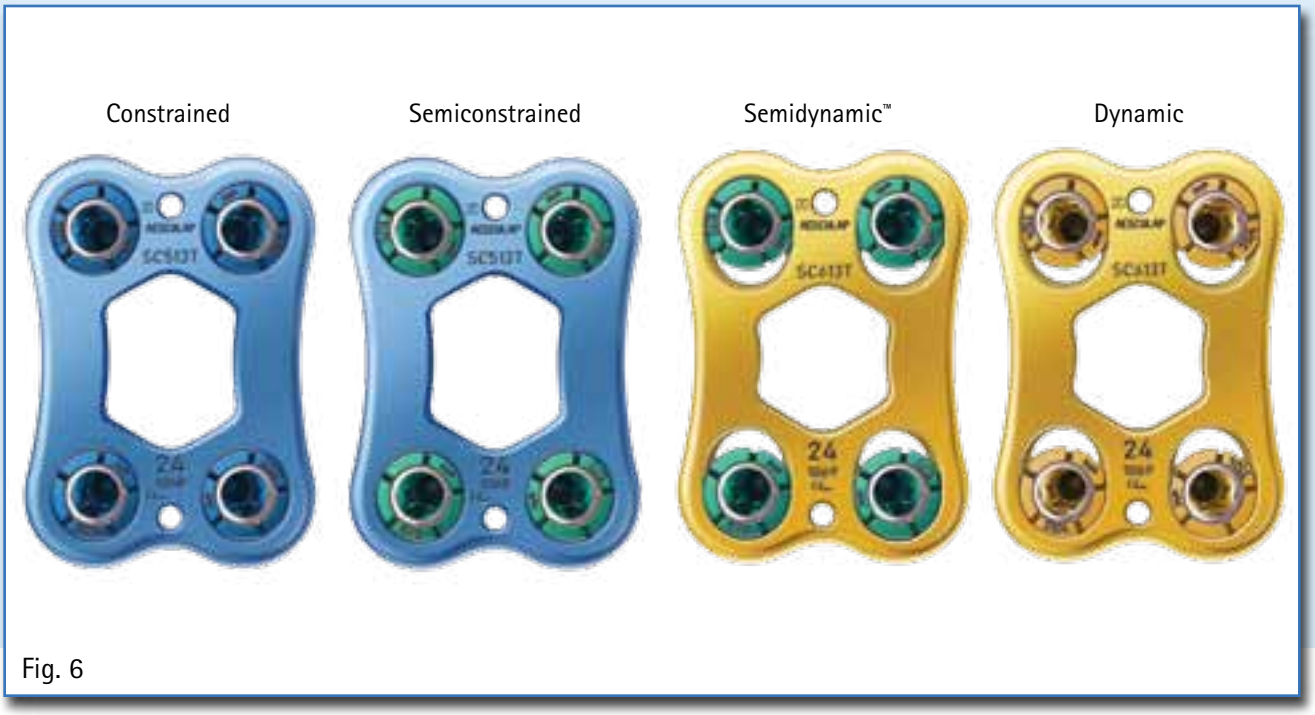

Fig. 6

3. Plate Selection

The Quintex™ system is designed with the patient and surgeon in mind. Its Constrained, Semiconstrained, Semidynamic and Dynamic construct options maximize intraoperative versatility and accommodate a wide range of anatomical considerations.

Each Quintex plating construct features different performance properties, and it is important to understand the performance characteristics of these implant combinations when determining the appropriate construct for the patient.

Both the Quintex Hybrid and Quintex Dynamic Plates also provide the surgeon with the ability to vary screw selection by level, enabling customization of the system's polyaxial and translational properties.

Once the desired plating construct has been selected, the Caliper (SC421R) may be used to provide a linear measurement of the plate length.

Note: *Hybrid plates should be sized to encompass the desired area of fixation. Dynamic plates should be sized slightly shorter than Hybrid plates to accommodate translational settling.*

Construct	Implants	Performance
Constrained	▪ Hybrid Plate (Blue) ▪ Constrained Screws (Blue)	▪ Screws will not retain polyaxiality ▪ Screws will not translate
Semiconstrained	▪ Hybrid Plate (Blue) ▪ Semiconstrained Screws (Green)	▪ Screws retain polyaxial motion until fusion occurs ▪ Screws will not translate
Semidynamic	▪ Dynamic Plate (Gold) ▪ Semiconstrained Screws (Green)	▪ Screws retain polyaxial motion until fusion occurs ▪ Screws will translate with resistance in a controlled manner until fusion occurs
Dynamic	▪ Dynamic Plate (Gold) ▪ Dynamic Screws (Gold)	▪ Screws retain polyaxial motion until fusion occurs ▪ Screws are free to translate without resistance until fusion occurs

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Fig. 7

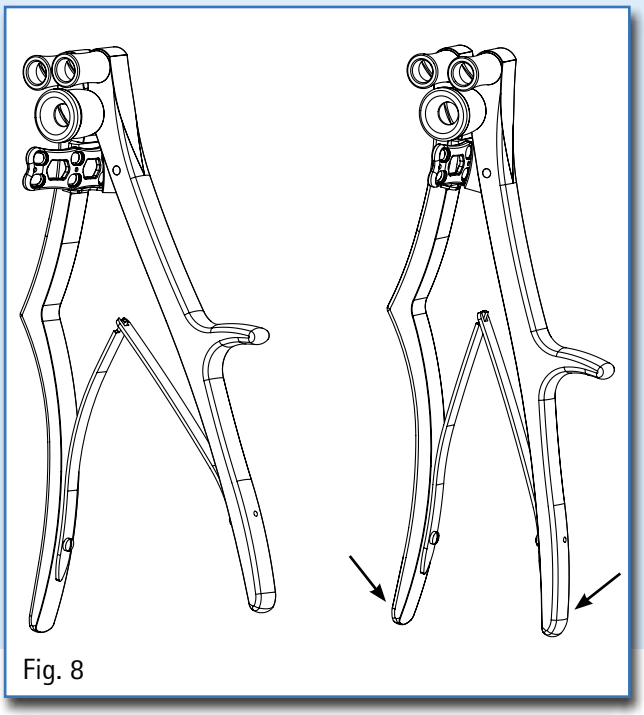


Fig. 8

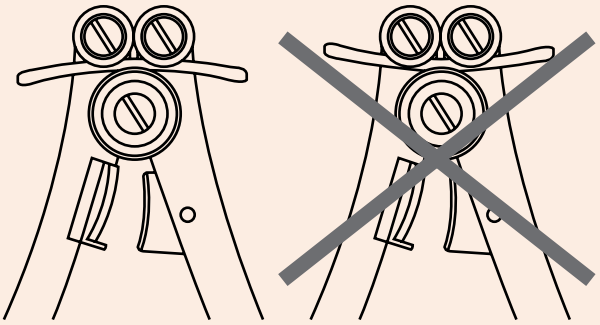
4. Plate Contouring

Adding Lordosis

Quintex system plates are pre-contoured to approximate typical cervical anatomy. If additional contouring is required, the Plate Bender (SC420R) should be used to contour the plate as required. (Fig. 7)

Caution: *The Quintex implant can be damaged due to excessive material stress. Follow these precautions while contouring plates:*

- *Quintex plates should never be bent over a screw hole.*
- *Quintex plates should always be bent in one direction only.*
- *Quintex plates should never be bent back.*



Decreasing Lordosis

To decrease the lordosis, place bending wedge over the bending zone. (Fig. 8)

Note: *The area on the instrument on which the lordosis of the plate can be reduced is labeled* **"Straighten Plate Here".**

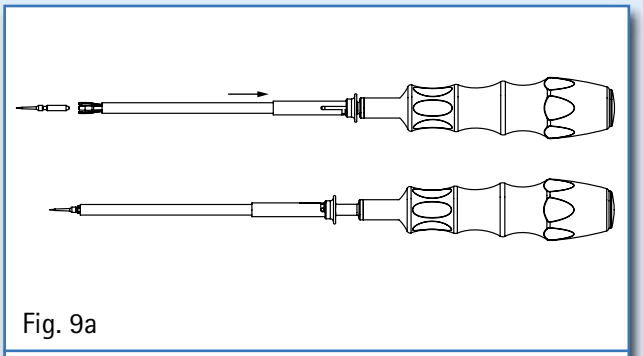


Fig. 9a

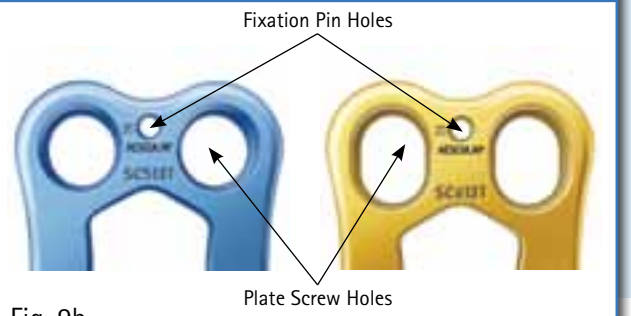


Fig. 9b

Fig. 10

5. Plate Insertion

Note: *The Quintex™ system features an optional Plate Holder (SC434R) to facilitate handling. See page 24 .*

6. Temporary Plate Fixation

Fixation Pin Inserter Assembly

Note: *At least two fixation pins must be inserted for a secure fixation of the Quintex plate. Use the Fixation Pin instrument (SC422R) for inserting the pins.*

- Insert the Fixation Pin (SC410R) into the Fixation Pin instrument (SC422R). To do this, pull back the outer sleeve of the fixation pin instrument. (Fig. 9a)
- To secure the fixation pins, release outer sleeve of the Fixation Pin instrument (SC422R). The outer sleeve is then pushed forward by a spring mechanism. (Fig. 9a)

Fixation Pin Insertion

Fixation Pins must be used to provide temporary fixation of Quintex system plates to the vertebral bodies. Temporary fixation prevents unintended repositioning of the plate during screw hole preparation and screw placement.

1. Load one Fixation Pin (SC410R) into the Fixation Pin Instrument (SC422R). See Fig. 9a and Fixation Pin Inserter Assembly instructions.
2. Place the plate in the desired position and insert the Fixation Pin (SC410R) into the desired Fixation Pin Hole (Fig. 9b) by gently advancing the instrument until the pin is fully seated.
3. Release the Pin.
4. Repeat this process for each level where Fixation Pin placement is desired. At a minimum, it is recommended that the most cranial and caudal Fixation Pin Holes of the plate are utilized. (Fig. 10)

Note: *Fixation Pins are removed after screw placement by reversing the Fixation Pin insertion procedure.*

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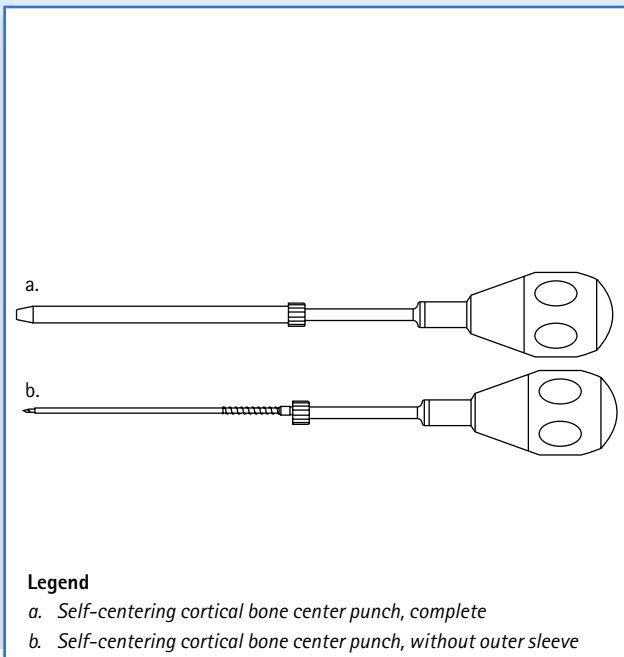

Legend

a. Self-centering cortical bone center punch, complete

b. Self-centering cortical bone center punch, without outer sleeve

Fig. 11

7. Screw Preparation

Preparing the holes for the Quintex screws

The holes for the self-drilling and self-tapping Quintex screws are prepared using the self-centering cortical bone center punch. Alternatively, the outer sleeve of the cortical bone center punch can also be removed and the cortical bone center punch can be used in combination with a drill guide for preparing the holes. This opens up the cortical bone layer of the vertebral body and the screw can be screwed in without drilling.

The screw hole can also be pre-drilled with the drill. To do this, position the drill with the drill guide and use it manually with a drill handle.

Note: *The maximum penetration depth of the cortical bone center punch with mounted sleeve is 6 mm.*

Warning: *Risk of tissue trauma and incorrect drill hole if the cortical bone center punch (without outer sleeve) is inserted!*

- *Use the cortical bone center punch (without outer sleeve) only in combination with single or double drill guides.*

Warning: *Incorrect drill hole if drilling is carried out without a drill guide!*

- *Use the drill only in combination with the single or double drill guide.*

Warning: *Incorrect drill hole if the self-centering outer sleeve of the cortical bone center punch is not used!*

- *Always use the self-centering outer sleeve of the cortical bone center punch if the cortical bone center punch is used without a drill guide.*

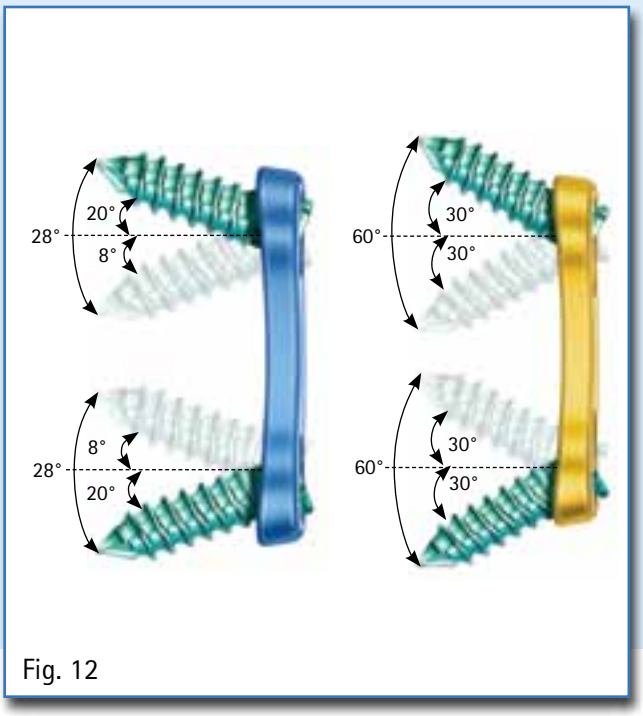

Fig. 12

8. Guide Selection

Angulation

The screw insertion angle can be adjusted in a cranial and caudal holes direction as follows:

- +20°/-8° for screws used in hybrid plates,
- ±30° for screws used in dynamic plates.

Medial screws of multilevel plates allow for screw angle ranges as follows:

- ±15° for hybrid plates,
- ±30° for dynamic plates.

The screw insertion angle can also be adjusted in a medial-lateral direction:

- +/- 6° for all plates in the system

Note: *Use of a guide is recommended to achieve appropriate placement of the screw holes.*

Guide Selection

The Quintex™ system offers several guides to facilitate screw hole preparation and screw placement.

The Adjustable Single Drill Guide (SC423R) and Adjustable Double Drill Guide (SC424R) accommodate all of the screw hole preparation instruments with a variable depth setting.

The Fixed Single Drill Guide (SC425R) and Fixed Double Drill Guide (SC426R) accommodate all of the screw hole preparation instruments with a fixed depth of 14 mm.

The guide sleeves for the single adjustable drill guide and double adjustable drill guide are interchangeable.

Note: *The fixed single drill guide and the fixed double drill guide are labeled "14 mm" on the sleeve for easier identification.*

Warning: *Risk of spinal cord trauma if the drill depth of the drill guide is incorrectly set!*

- *Insert the cortical bone center punch or drill in the drill guide and check the drill depth setting with a caliper or ruler.*

Warning: *Risk of injury to the spinal cord of the patient if the self-centering cortical bone center punch is not used or is used incorrectly!*

- *Always use the self-centering cortical bone center punch with outer sleeve to determine the correct position for piercing the cortical bone.*

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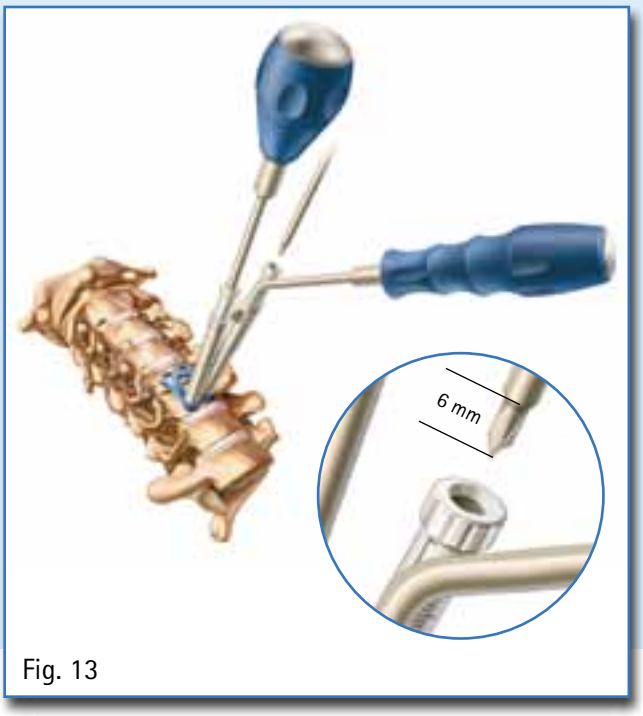


Fig. 13

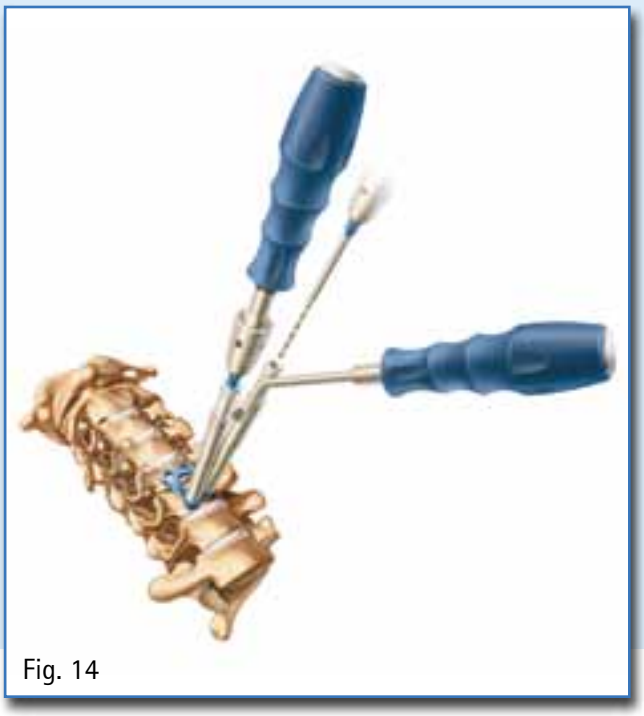


Fig. 14

9. Screw Hole Preparation (optional)

Note: *The Cortical Punch (SC428R) may be used through Quintex system guides or as a stand alone instrument. If used without a guide, the Cortical Punch Sleeve must be attached to ensure appropriate pilot hole placement.*

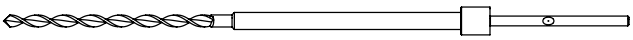
1. Determine whether the Cortical Punch will be used through a guide or using the Cortical Punch Sleeve and, if necessary, assemble the Sleeve to the instrument.
2. Position the guide or Cortical Punch Sleeve to the desired angle and visually confirm that the trajectory is within the system's specified angulation.
3. Gently pierce the anterior cortex of the vertebral body by advancing the Cortical Punch into bone until stop is met. The Cortical Punch features a positive stop at a depth of 6 mm. (Fig. 13)
4. Repeat for the contralateral side and any remaining screw holes.

Note: *The awl contains a physical stop. At this distance the awl will advance no further into the bone. (Fig. 13)*

10. Drilling (optional)

Note: *Quintex system screws are self-drilling with sleeve and manual drilling is not required if cortical punch is used.*

1. Attach the Drill Bit (SC430R) to the Drill Handle (SC429R) or a powered micro drill handpiece.
2. Select the desired guide and, if necessary, set the depth by rotating the adjustable stop(s) to the desired depth. Visually confirm the depth by inserting, inspecting and then removing the drill bit from guide.
3. Align the guide with the appropriate holes of the fixated Quintex system plate. Position the guide to the desired angle and visually confirm that the trajectory is within the system's specified angulation. Tactile resistance indicates the maximum acceptable angulation.
4. Slowly advance the drill bit through the lumen of the guide until the stop is reached.
5. Repeat for the contralateral side and any remaining screw holes. (Fig. 14)



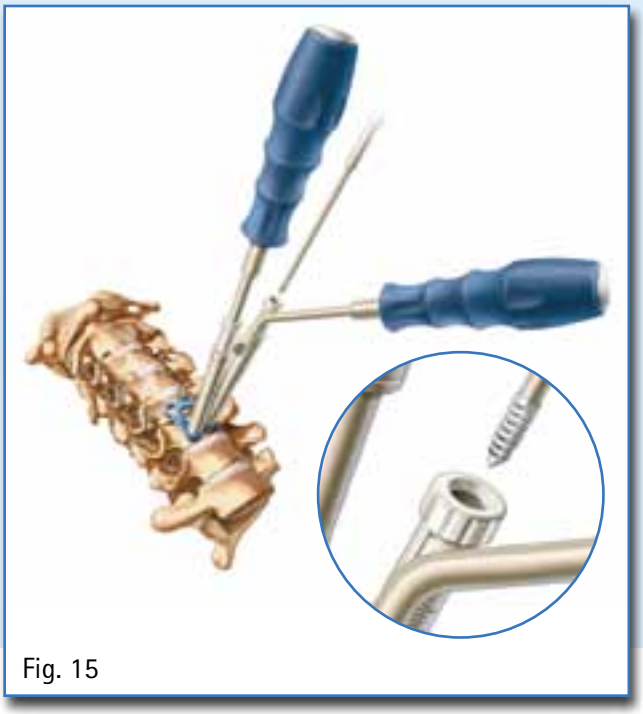


Fig. 15

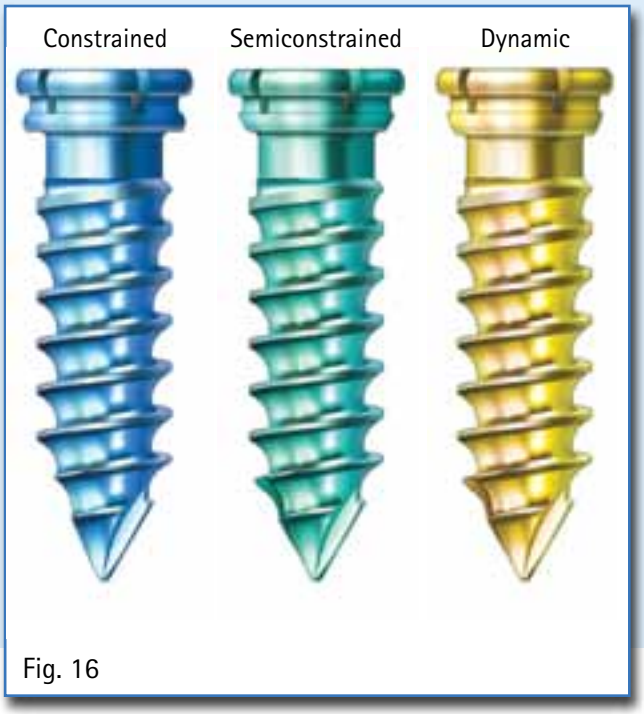


Fig. 16

11. Tapping (optional)

Note: *Quintex™ system screws are self-tapping and manual tapping is not required.*

1. Slowly advance the Tap (SC431R) through the lumen of the guide until the desired depth is tapped and/or the stop is reached.
2. Repeat for the contralateral side and any remaining screw holes. (Fig. 15)

Note: *If you will be tapping the bone, you must drill first.*

12. Screw Selection

Initial construct selection will determine the bone screw styles required to achieve the desired performance characteristics (please refer to Plate Selection on page 7). Quintex bone screws are available in 3 styles:

Constrained Screws (Blue)
- For use in the Hybrid Plate only

Semiconstrained Screws (Green)
- For use in the Hybrid or Dynamic Plate

Dynamic Screws (Gold)
- For use in the Dynamic Plate only

The screws are color-coded and organized in the sterilization tray with respect to compatible plate choices. (Fig. 16)

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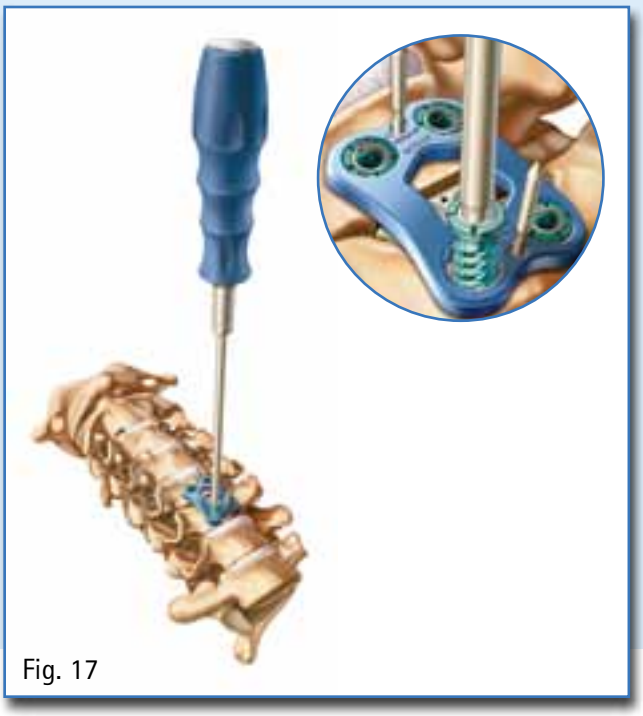
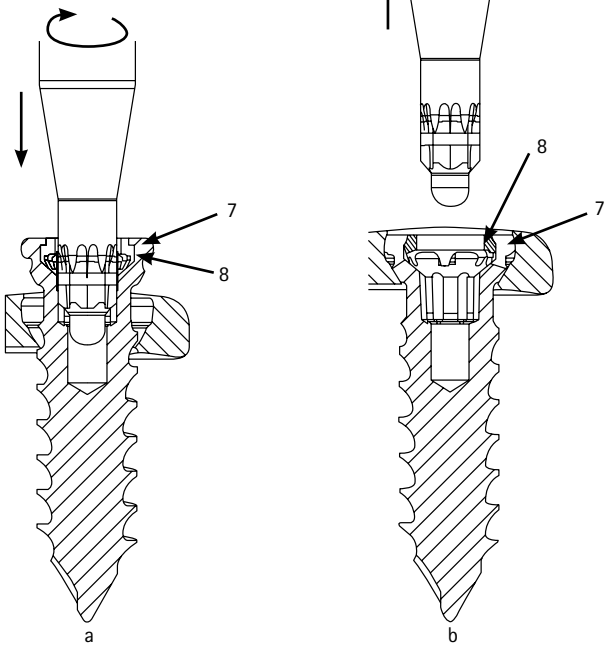


Fig. 17

13. Screw Placement

1. Load the desired screw onto the Screw Driver (SC432R) by inserting the driver into the head of the screw as it rests in the screw caddy. Ensure that the driver is fully seated into the screw then apply downward pressure to load the screw.
2. Align the tip of the screw with the screw hole and angle the screw/driver assembly at the desired trajectory. If the hole has been pre-drilled, approximate the pre-drilled trajectory.
3. Gently but firmly advance the screw into the vertebral body with a clockwise rotation until resistance is met and the screw has been fully seated into the hole or slot.
4. Repeat for the contralateral side and any remaining screw holes. (Fig. 17)



Legend

a. Screw in plate hole, the screw unlocks automatically when it passes through the hole and it locks as soon as it is fully screwed in.

b. Screw correctly inserted and locked, top of the locking ring 8 sits flush with the screw head 7

Fig. 18a

Fig. 18b

14. Confirmation

1. Visually confirm screw/plate engagement by verifying that at least 60% (3 petals) of the screw head are located below the ventral surface of the plate's hole or slot and that the lateral aspects of the screw are contained in the slots of the plate. (Fig. 18a, Fig. 18b)
2. Confirm lock engagement for all screws by visually noting that the locking ring is flush with the screw head.
3. Remove all fixation pins by reversing the insertion procedure.
4. Confirm acceptable implant placement using fluoroscopy or intraoperative radiographs.

15. Closure and Postoperative Care

- The operative site should be closed per the surgeon's discretion.
- Prior to adequate fusion, the physician may prescribe additional external support to accommodate full load bearing.
- The patient should receive adequate instructions regarding the appropriate post-operative activity levels.
- The patient should be instructed to report unusual changes at the operative site and the physician should closely monitor the patient if unusual changes are reported.

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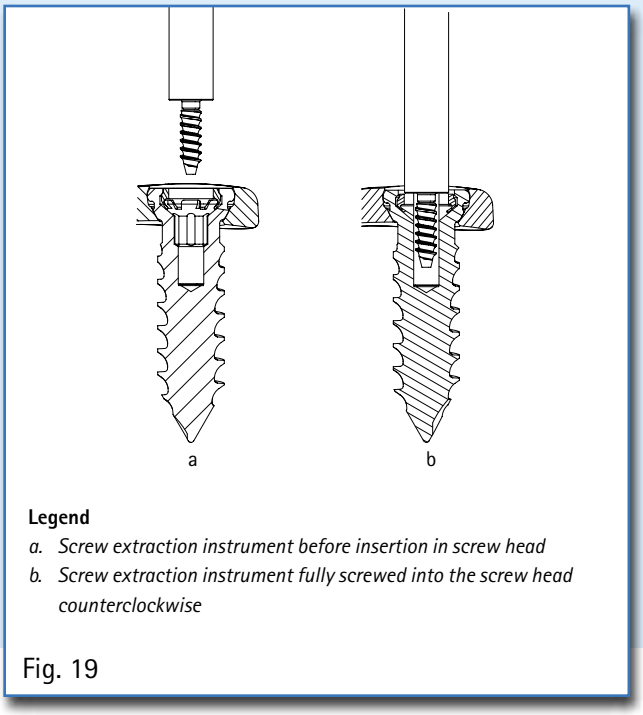


Legend

a. Screw extraction instrument before insertion in screw head

b. Screw extraction instrument fully screwed into the screw head counterclockwise

Fig. 19

16. Implant Removal

If necessary, Quintex system screws and plates can be easily removed at any time.

1. Carefully clear the anterior surface of the plate of any tissue overgrowth.
2. Try the screwdriver (SC432R) to remove the screw first.
3. If free spinning insert the Screw Removal Tool (SC433R) into the internally threaded portion of the screw insert and rotate **COUNTERCLOCKWISE** until the screw is fully released.
4. Screws may be removed from the Screw Removal Tool using the optional Screw Removal Forceps (FW076R).
5. Once all screws are removed, the plate can be removed.

Note: *Using the Screw Removal Tool deforms the screw's locking ring. Implants removed using the Screw Removal Tool should not be reused.*

17. Revision Tips

- 4.5 mm screws are provided to accommodate revisiting a previously used screw hole.
- Do not reuse explanted implants.

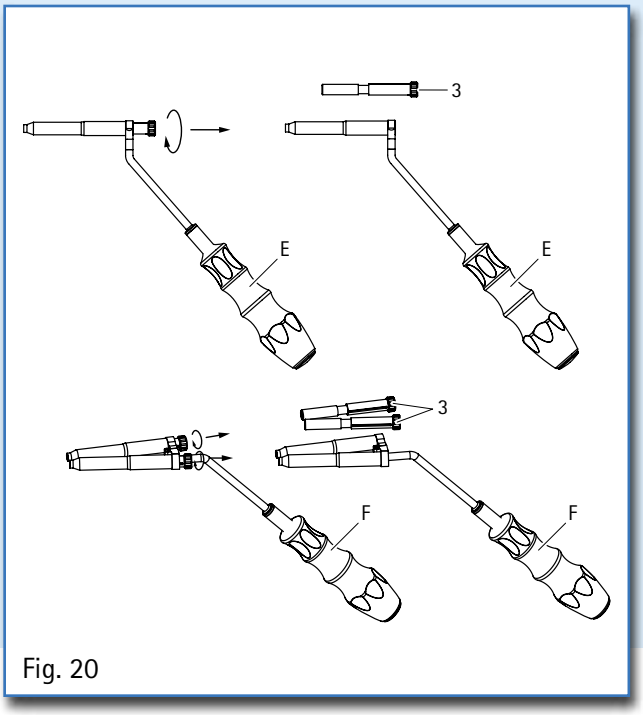
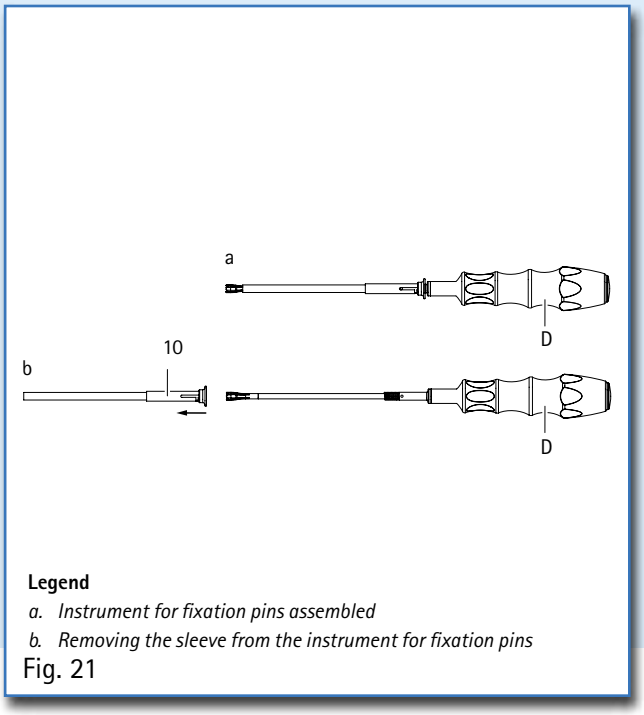


Fig. 20



Legend

a. Instrument for fixation pins assembled

b. Removing the sleeve from the instrument for fixation pins

Fig. 21

18. Instrument Disassembly

Single drill guide (SC423R) and double drill guide (SC424R)

Note: *The thread in the single drill guide (SC423R) and the double drill guide (SC424R) are left-hand threads.*

- Remove guide sleeve 3 by turning it clockwise.

You will hear and feel the guide sleeve clicking into position every half turn.

Instrument for fixation pins (SC422R)

- Pull back sleeve 10 in the direction of the handle
- Turn sleeve 10 a quarter turn clockwise
- Remove sleeve 10 from the instrument for fixation pins D

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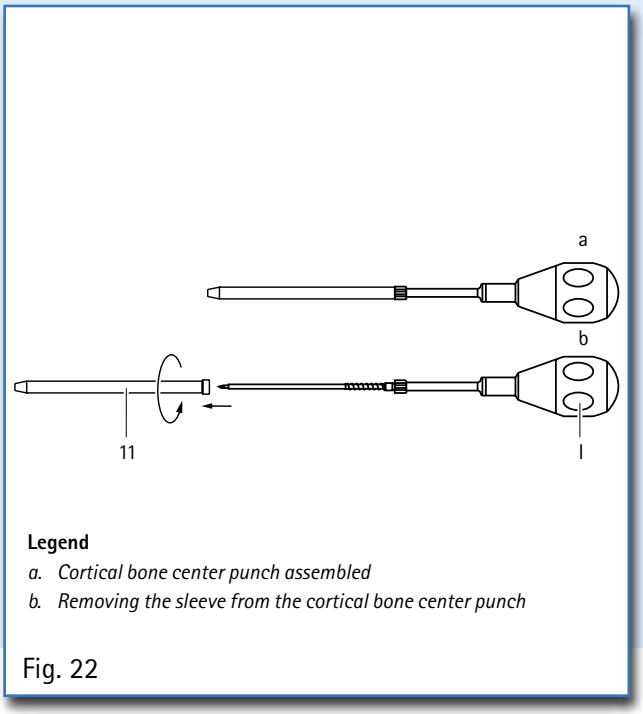

Legend

a. Cortical bone center punch assembled

b. Removing the sleeve from the cortical bone center punch

Fig. 22

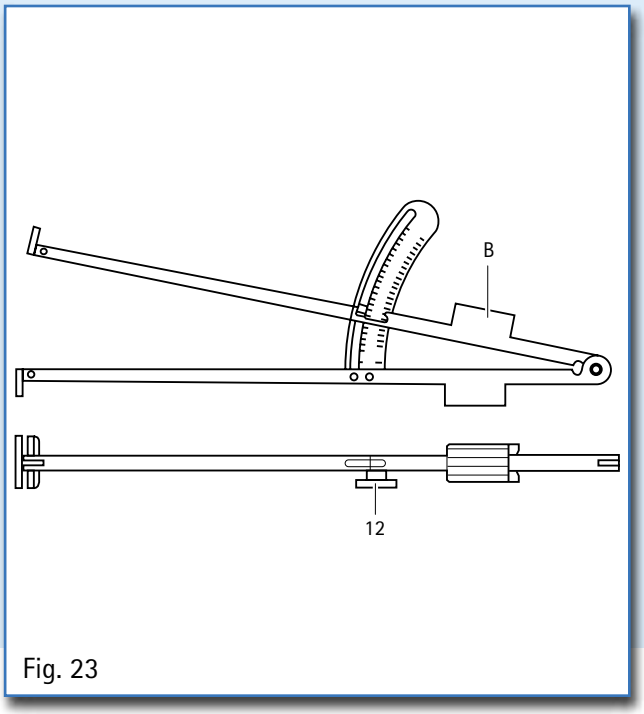

Fig. 23

Self-centering cortical bone center punch (SC428R)

- Turn threaded cap counterclockwise to remove the outer sleeve from the threaded cap
- Remove outer sleeve from the shaft of the self-centering cortical bone center punch I. (Fig.22)

Caliper (SC421R)

- Turn the knurled screw 12 of the caliper B counterclockwise until it is fully disengaged. (Fig. 23)

19. Instrument Assembly

Single drill guide (SC423R) and double drill guide (SC424R)

> **Note:** *The thread in the single drill guide (SC423R) and the double drill guide (SC424R) are left-hand threads.*

You will hear and feel the guide sleeve clicking into position every half turn.

- Attach guide sleeve 3 by turning it counterclockwise. (See Fig 20 on page 17)

Instrument for fixation pins (SC422R)

- Slide sleeve 10 over the shaft of the instrument for fixation pins D so that the milled slot in sleeve 10 is guided over the pins on the instrument shaft. (See Fig 21 on page 17)
- Turn sleeve 10 a quarter turn counterclockwise (still guiding the slot over the pin).

The spring pressure pushes the sleeve 10 forward automatically. (See Fig 21 on page 17)

Self-centering cortical bone center punch (SC428R)

- Slide outer sleeve 11 over the shaft of the self-centering cortical bone center punch I. (See Fig 22 on page 18)
- To secure the outer sleeve, turn the threaded cap on the sleeve clockwise.

Caliper (SC421R)

- Insert knurled screw 12 in the threaded hole and turn it clockwise until tight and there is sufficient resistance when the arms are opened. (See Fig 23 on page 18)

Quintex™ Cervical Plating System

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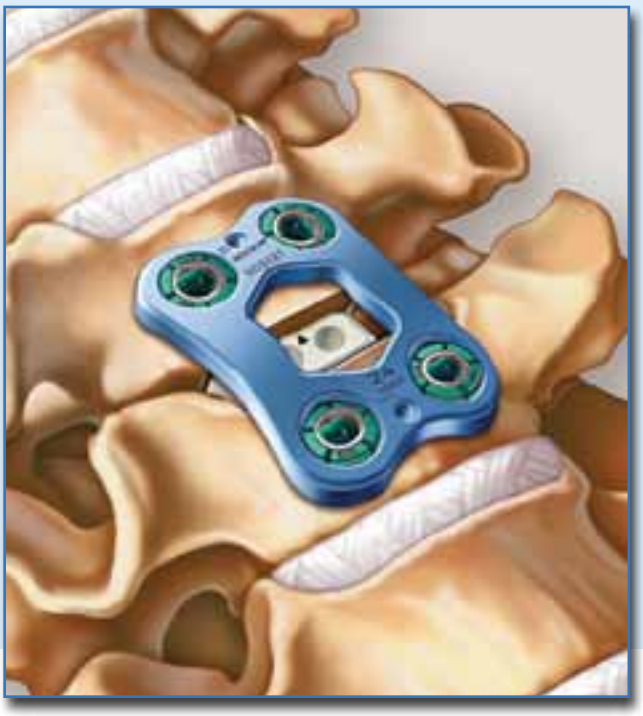

20. Sterilization Recommendations

The Quintex system is provided non sterile and must be sterilized prior to use. All packaging materials must be removed prior to sterilization.

Sterilization of implants and instruments is to be accomplished by steam.

The recommended sterilization parameters are as follows:

Sterilization Method	Temperature	Full Cycle Time	Minimum Dry Time
Pre-vacuum	270°-275°F 132°-135°C	4 minutes	20 minutes

Note: *Allow for adequate cooling prior to use*

Individuals or organizations not using the validated method and protocol (cycle, temperature and time) are advised to validate any alternative methods or protocols using an approved method or standard.

For complete guidelines and labeling limitations, please consult the Quintex Cervical Plating System Instructions for Use.

V. Implants and Instrument Overview

Plate Overview

Quintex™ Hybrid Plate	
Part No.	**Description**
SC510T	Quintex Hybrid Plate 1-Level 18 mm
SC511T	Quintex Hybrid Plate 1-Level 20 mm
SC512T	Quintex Hybrid Plate 1-Level 22 mm
SC513T	Quintex Hybrid Plate 1-Level 24 mm
SC514T	Quintex Hybrid Plate 1-Level 26 mm
SC515T	Quintex Hybrid Plate 1-Level 28 mm
SC516T	Quintex Hybrid Plate 1-Level 30 mm
SC517T	Quintex Hybrid Plate 1-Level 32 mm
SC518T	Quintex Hybrid Plate 1-Level 34 mm
SC521T	Quintex Hybrid Plate 2-Level 34 mm
SC522T	Quintex Hybrid Plate 2-Level 37 mm
SC523T	Quintex Hybrid Plate 2-Level 40 mm
SC524T	Quintex Hybrid Plate 2-Level 43 mm
SC525T	Quintex Hybrid Plate 2-Level 46 mm
SC526T	Quintex Hybrid Plate 2-Level 49 mm
SC527T	Quintex Hybrid Plate 2-Level 52 mm
SC528T	Quintex Hybrid Plate 2-Level 55 mm
SC529T	Quintex Hybrid Plate 2-Level 58 mm
SC532T	Quintex Hybrid Plate 3-Level 49 mm
SC533T	Quintex Hybrid Plate 3-Level 52 mm
SC534T	Quintex Hybrid Plate 3-Level 55 mm
SC535T	Quintex Hybrid Plate 3-Level 58 mm
SC536T	Quintex Hybrid Plate 3-Level 61 mm
SC537T	Quintex Hybrid Plate 3-Level 64 mm
SC538T	Quintex Hybrid Plate 3-Level 67 mm
SC541T	Quintex Hybrid Plate 4-Level 67 mm
SC542T	Quintex Hybrid Plate 4-Level 70 mm
SC543T	Quintex Hybrid Plate 4-Level 73 mm
SC544T	Quintex Hybrid Plate 4-Level 76 mm
SC545T	Quintex Hybrid Plate 4-Level 79 mm
SC546T	Quintex Hybrid Plate 4-Level 82 mm
SC547T	Quintex Hybrid Plate 4-Level 85 mm
SC550T	Quintex Hybrid Plate 5-Level 82 mm
SC551T	Quintex Hybrid Plate 5-Level 85 mm
SC552T	Quintex Hybrid Plate 5-Level 88 mm
SC553T	Quintex Hybrid Plate 5-Level 91 mm
SC554T	Quintex Hybrid Plate 5-Level 94 mm
SC555T	Quintex Hybrid Plate 5-Level 97 mm
SC556T	Quintex Hybrid Plate 5-Level 100 mm
SC557T	Quintex Hybrid Plate 5-Level 103 mm

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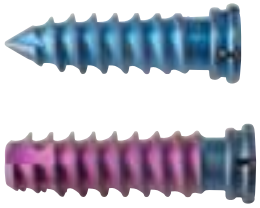
Quintex Dynamic Plate	
Part No.	**Description**
SC611T	Quintex Dynamic Plate 1-Level 20 mm
SC612T	Quintex Dynamic Plate 1-Level 22 mm
SC613T	Quintex Dynamic Plate 1-Level 24 mm
SC614T	Quintex Dynamic Plate 1-Level 26 mm
SC615T	Quintex Dynamic Plate 1-Level 28 mm
SC616T	Quintex Dynamic Plate 1-Level 30 mm
SC617T	Quintex Dynamic Plate 1-Level 32 mm
SC618T	Quintex Dynamic Plate 1-Level 34 mm
SC621T	Quintex Dynamic Plate 2-Level 34 mm
SC622T	Quintex Dynamic Plate 2-Level 37 mm
SC623T	Quintex Dynamic Plate 2-Level 40 mm
SC624T	Quintex Dynamic Plate 2-Level 43 mm
SC625T	Quintex Dynamic Plate 2-Level 46 mm
SC626T	Quintex Dynamic Plate 2-Level 49 mm
SC627T	Quintex Dynamic Plate 2-Level 52 mm
SC628T	Quintex Dynamic Plate 2-Level 55 mm
SC629T	Quintex Dynamic Plate 2-Level 58 mm
SC632T	Quintex Dynamic Plate 3-Level 49 mm
SC633T	Quintex Dynamic Plate 3-Level 52 mm
SC634T	Quintex Dynamic Plate 3-Level 55 mm
SC635T	Quintex Dynamic Plate 3-Level 58 mm
SC636T	Quintex Dynamic Plate 3-Level 61 mm
SC637T	Quintex Dynamic Plate 3-Level 64 mm
SC638T	Quintex Dynamic Plate 3-Level 67 mm
SC641T	Quintex Dynamic Plate 4-Level 67 mm
SC642T	Quintex Dynamic Plate 4-Level 70 mm
SC643T	Quintex Dynamic Plate 4-Level 73 mm
SC644T	Quintex Dynamic Plate 4-Level 76 mm
SC645T	Quintex Dynamic Plate 4-Level 79 mm
SC646T	Quintex Dynamic Plate 4-Level 82 mm
SC647T	Quintex Dynamic Plate 4-Level 85 mm
SC650T	Quintex Dynamic Plate 5-Level 82 mm
SC651T	Quintex Dynamic Plate 5-Level 85 mm
SC652T	Quintex Dynamic Plate 5-Level 88 mm
SC653T	Quintex Dynamic Plate 5-Level 91 mm
SC654T	Quintex Dynamic Plate 5-Level 94 mm
SC655T	Quintex Dynamic Plate 5-Level 97 mm
SC656T	Quintex Dynamic Plate 5-Level 100 mm
SC657T	Quintex Dynamic Plate 5-Level 103 mm

V. Implants and Instrument Overview

Screw Overview

Constrained Screw

Part No.	Description
SC400T	Quintex™ Constrained Screw 4.0x10 mm
SC401T	Quintex Constrained Screw 4.0x12 mm
SC402T	Quintex Constrained Screw 4.0x14 mm
SC403T	Quintex Constrained Screw 4.0x16 mm
SC404T	Quintex Constrained Screw 4.0x18 mm
SC490T	Quintex Constrained Screw 4.5x11 mm
SC491T	Quintex Constrained Screw 4.5x13 mm
SC492T	Quintex Constrained Screw 4.5x15 mm
SC493T	Quintex Constrained Screw 4.5x17 mm

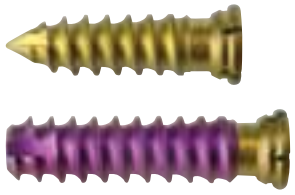


Semi-Constrained Screw

Part No.	Description
SC500T	Quintex Semiconstrained Screw 4.0x10 mm
SC501T	Quintex Semiconstrained Screw 4.0x12 mm
SC502T	Quintex Semiconstrained Screw 4.0x14 mm
SC503T	Quintex Semiconstrained Screw 4.0x16 mm
SC504T	Quintex Semiconstrained Screw 4.0x18 mm
SC590T	Quintex Semiconstrained Screw 4.5x11 mm
SC591T	Quintex Semiconstrained Screw 4.5x13 mm
SC592T	Quintex Semiconstrained Screw 4.5x15 mm
SC593T	Quintex Semiconstrained Screw 4.5x17 mm

Dynamic Screw

Part No.	Description
SC600T	Quintex Dynamic Screw 4.0x10 mm
SC601T	Quintex Dynamic Screw 4.0x12 mm
SC602T	Quintex Dynamic Screw 4.0x14 mm
SC603T	Quintex Dynamic Screw 4.0x16 mm
SC604T	Quintex Dynamic Screw 4.0x18 mm
SC690T	Quintex Dynamic Screw 4.5x11 mm
SC691T	Quintex Dynamic Screw 4.5x13 mm
SC692T	Quintex Dynamic Screw 4.5x15 mm
SC693T	Quintex Dynamic Screw 4.5x17 mm



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V. Implants and Instrument Overview

Caliper

Item No.	Qty.	Description
SC421R	1	Caliper

Plate Bender

Item No.	Qty.	Description
SC420R	1	Plate Bender

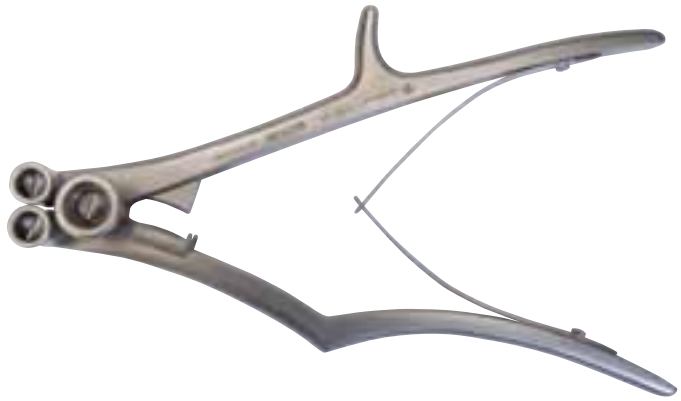

Plate Holder

Item No.	Qty.	Description
SC434R	1	Plate Holder

Fixation Pins

Item No.	Qty.	Description
SC410R	4	Nonsterile Temporary Fixation Pin
US833R		Optional - ABC Fixation Pin – Non-Sterile

Fixation Pin Instrument

Item No.	Qty.	Description
SC422R	1	Fixation Pin Instrument

FJ835R		Optional - ABC Fixation Pin Holder

Cortical Punch

Item No.	Qty.	Description
SC428R	1	2 x 6 mm Cortical Punch

V. Implants and Instrument Overview *(continued)*

Drill Bit

Item No.	Qty.	Description
SC430R	2	2.9 mm Drill Bit

Drill Handle

Item No.	Qty.	Description
SC429R	1	Drill Handle

FJ839R	1	Optional - ABC Drill Handle

Drill Guides

Item No.	Qty.	Description
SC423R	1	Adjustable Single Drill Guide
SC424R	1	Adjustable Double Drill Guide (shown)

Item No.	Qty.	Description
SC425R	1	Fixed Single Drill Guide (shown)
SC426R	1	Fixed Double Drill Guide

Screw Driver

Item No.	Qty.	Description
SC432R	2	Screw Driver

Screw Removal Tool

Item No.	Qty.	Description
SC433R	1	Screw Removal Tool

Tap

Item No.	Qty.	Description
SC431R	1	4.0 mm Tap

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Notes

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Aesculap Implant Systems, LLC - a B. Braun company

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