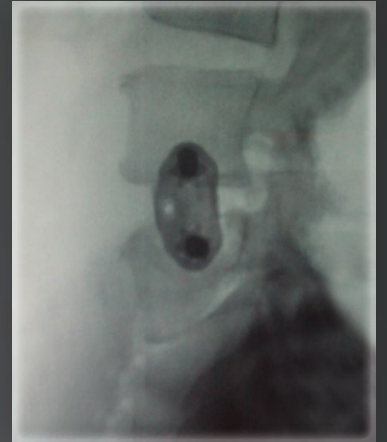
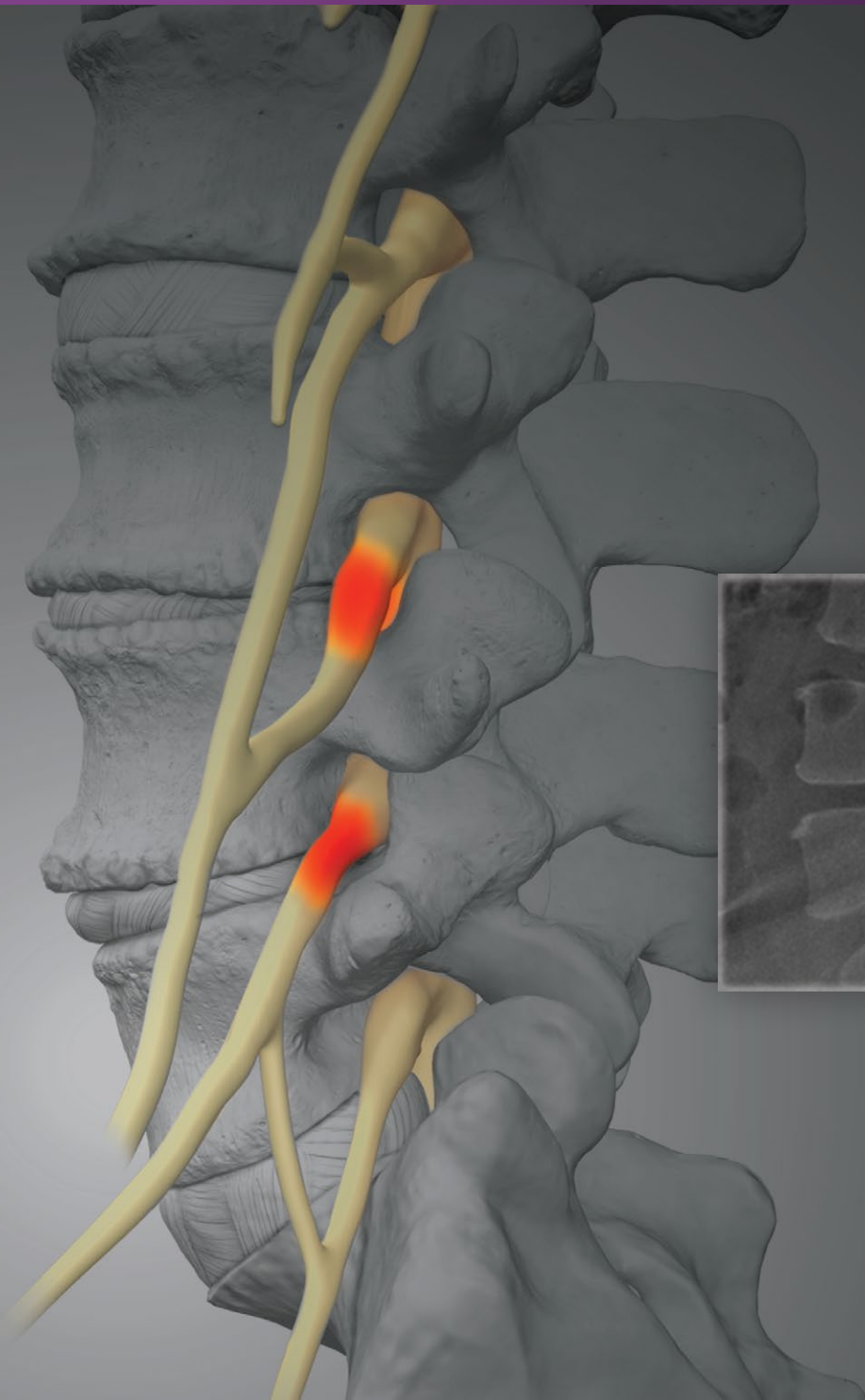




XLIF® for Degenerative Disc Disease



DEGENERATIVE DISC DISEASE

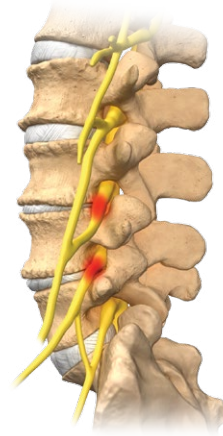
Degenerative disc disease (DDD) is a loss of the functional integrity of the disc that can lead to painful micromotion, disc collapse, and progressive degenerative pathology, including: disc prolapse or herniation, spondylolisthesis, scoliosis, lateral listhesis, and stenosis. Some challenges when treating DDD from traditional approaches include:

ALIF¹

- Vascular complications
- Requires access surgeon
- Retrograde ejaculation
- Instability due to ALL removal

PLIF/TLIF²

- Muscle, ligament, and bone disruption
- Limited by small interbody implant options
- Neural injury
- Dural tear



VALUE OF XLIF® FOR DEGENERATIVE DISC DISEASE

XLIF was created to be a safer and more reproducible minimally disruptive procedure that utilizes conventional surgical techniques with a seamlessly

Minimally Disruptive

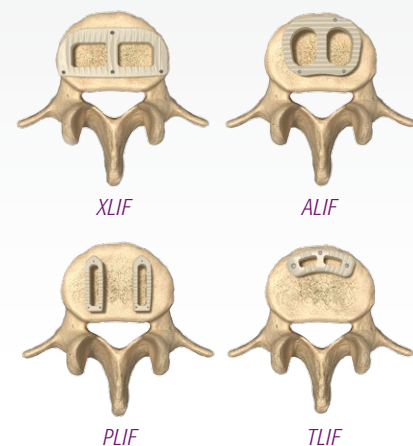
Minimal blood loss, shorter O.R. time, and reduced hospital stay when compared with traditional fusion surgeries³

Anterior Column Correction

CoRoent® XL interbody implant is designed to span the ring apophysis and provide maximum vertebral support.

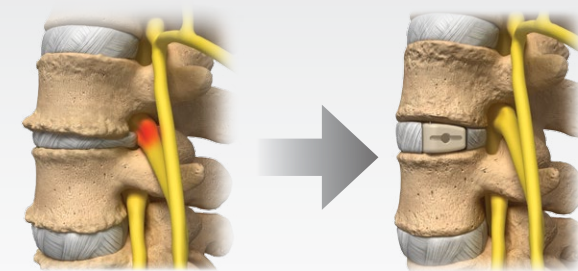
Stability

Provides stable foundation for increased disc height and fusion with larger interbody implant than traditional fusion approaches, while preserving the ALL and PLL.



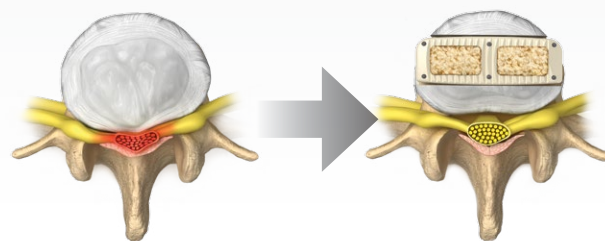
Indirect Decompression

Ligamentotaxis is accomplished with the placement of a large interbody implant, resulting in restoration of disc height, correction of alignment, and indirect decompression. XLIF has been shown to provide indirect decompression on central, sub-articular, and foraminal stenosis.⁴



Sagittal Alignment

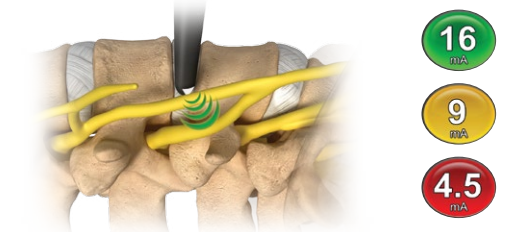
Lordotic implants enable restoration of sagittal alignment.



XLIF® PROCEDURAL SOLUTION – DEGENERATIVE DISC DISEASE

SAFER AND MORE REPRODUCIBLE NEUROMONITORING

- NVM5® is the only clinically validated neuromonitoring system which was created for a safer and reproducible lateral approach to the spine⁴
- Discrete threshold feedback provides the fastest response to determine direction and relative proximity of the nerves
- The result is the most efficient nerve avoidance solution, delivering less trauma to the psoas muscle



16
9
4.5

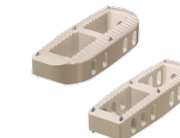
1 MaXcess®

Provides safe and reproducible customizable access with integrated neuromonitoring.



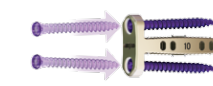
2 CoRoent® XL and XL-Wide

Span the ring apophysis to provide maximum anterior column correction and support. Lordotic options enable restoration of sagittal alignment.



CoRoent XL-F and XL-F Wide

Tabbed implant enables seamless interbody placement and screw delivery for increased stability.

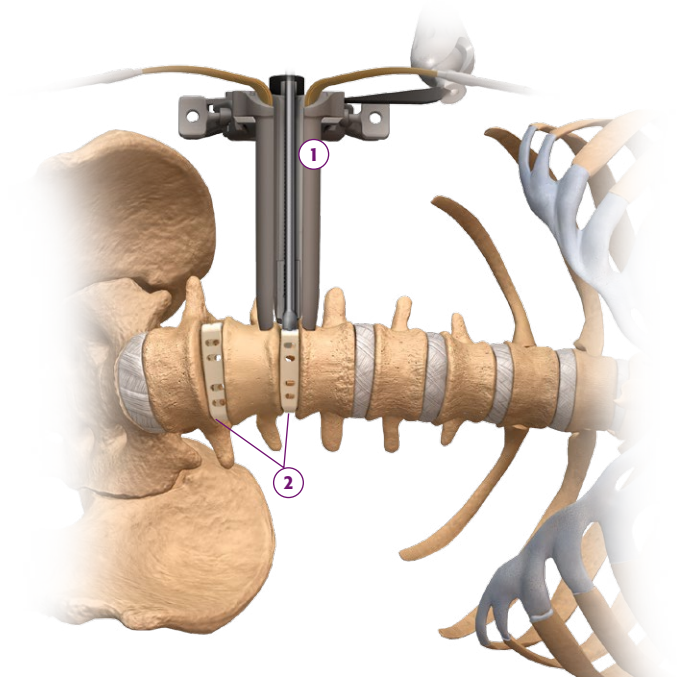


Osteocel® Plus

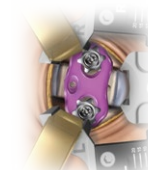
Advanced allograft cellular bone matrix for complete fusion solution with osteoinductive, osteoconductive, and osteogenic properties.



Note: CoRoent is indicated for use with autogenous bone graft to facilitate fusion.

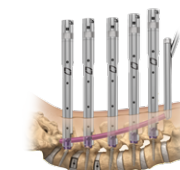


BROAD RANGE OF FIXATION OPTIONS



XLP® and XLP Plus

Multiple options for single-approach surgery. Biomechanically equivalent to unilateral pedicle screws.⁵



SpherX® DBR® III

Minimally disruptive posterior fixation with zero rod overhang, fully constrained rod delivery, and instrument free compression.



Radian® Facet Screw System

Minimally disruptive posterior fixation option with seamless integration of NVM5.



Precept™

Practical, elegant, MAS® fixation.

¹Sasso RC, Best NM, Mummaneni PV, Reilly TM, Hussain SM. Analysis of operative complications in a series of 471 anterior lumbar interbody fusion procedures. SPINE. 2005;30(6):670-674.

²DiPaula CP, Molinari RW. Posterior lumbar interbody fusion. J Am Acad Orthop Surg. 2008;16(3):130-139.

³Youssef JA, McAfee PC, Patty CA, Raley E, DeBauche S, Shucosky E, Chotikul L. Minimally invasive surgery: Lateral approach interbody fusion: Results and Review. SPINE. 2010;35(265):S302-S311.

⁴Oliveira L, Marchi L, Continho E, Pimenta L. A radiographic assessment of the ability of the extreme lateral interbody fusion procedure to indirectly decompress the neural elements. SPINE. 2010;35(265):S331-S337.

⁴Tohmesh AG, Rodgers WB, Peterson MD. Dynamically worked, discrete-threshold electromyography in the extreme lateral interbody fusion approach. J Neurosurg Spine. 2011;14:31-37.

⁵Cappuccino A, Cornwall BC, Turner AWL, Fogel GR, Duong HT, Kim KD, Brodke DS. Biomechanical analysis and review of lateral lumbar fusion constructs. SPINE. 2010;35(265):S361-S367.

CASE STUDY

DEGENERATIVE DISC DISEASE

Age: 42

Gender: Male

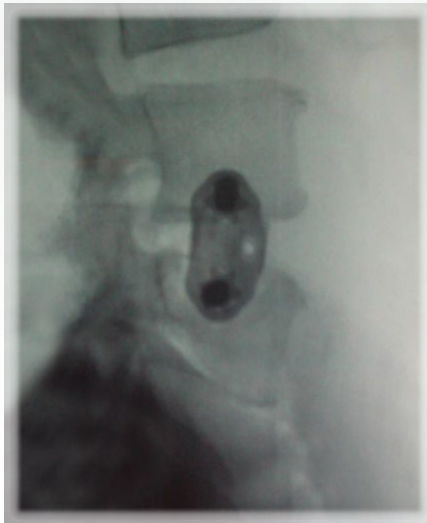
Diagnosis: Degenerative disc disease with resultant central and foraminal stenosis

Procedure: (L4-L5) XLIF® with XLP®

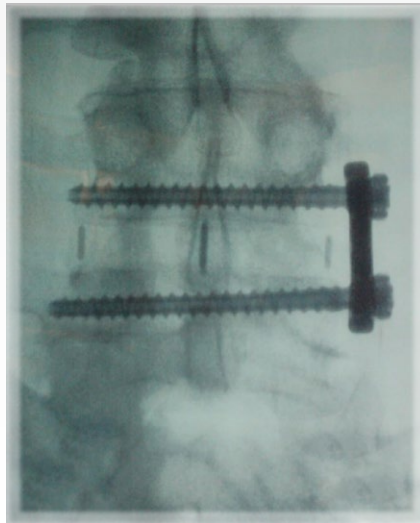
XLIF resulted in restoration of disc height, correction of sagittal alignment, and indirect decompression, while minimizing the morbidity associated with traditional approaches.



Pre-op




Post-op



To order, please contact your NuVasive® Sales Consultant or Customer Service Representative today at:

NuVasive, Inc. 7475 Lusk Blvd., San Diego, CA 92121 • phone: 800-475-9131 fax: 800-475-9134

NuVasive UK Ltd. Suite B, Ground Floor, Caspian House, The Waterfront, Elstree, Herts WD6 3BS UK

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