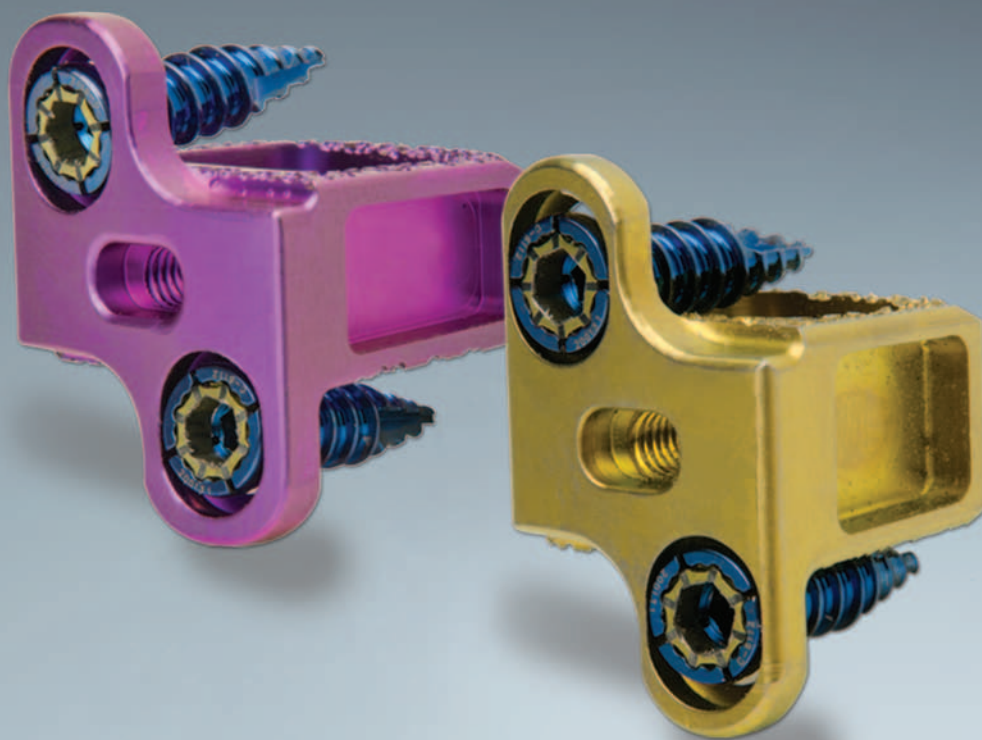


PL-AGE™ Cervical Stand Alone Device



Aesculap Spine

PL-AGE™ Cervical Stand Alone Device

Designed for Surgical Efficiency



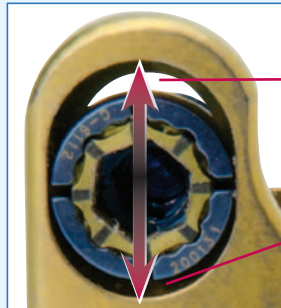
The PL-AGE Anterior Cervical Fusion System is an integrated PLate/ cAGE design offering a new approach for ACDF procedures.

The one-piece titanium implant, translational design, and textured surface combine to provide flexibility, speedy insertion, and an environment that promotes fusion.

See Indications and Contraindications on page 7.

FLEXIBILITY

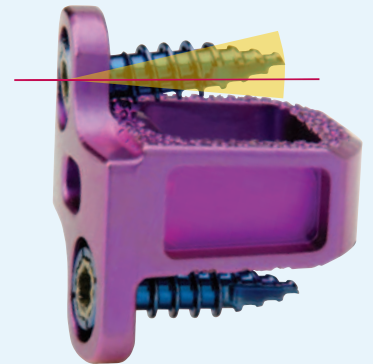
- Various screw placement positions allow for both semi-constrained and translational functionality



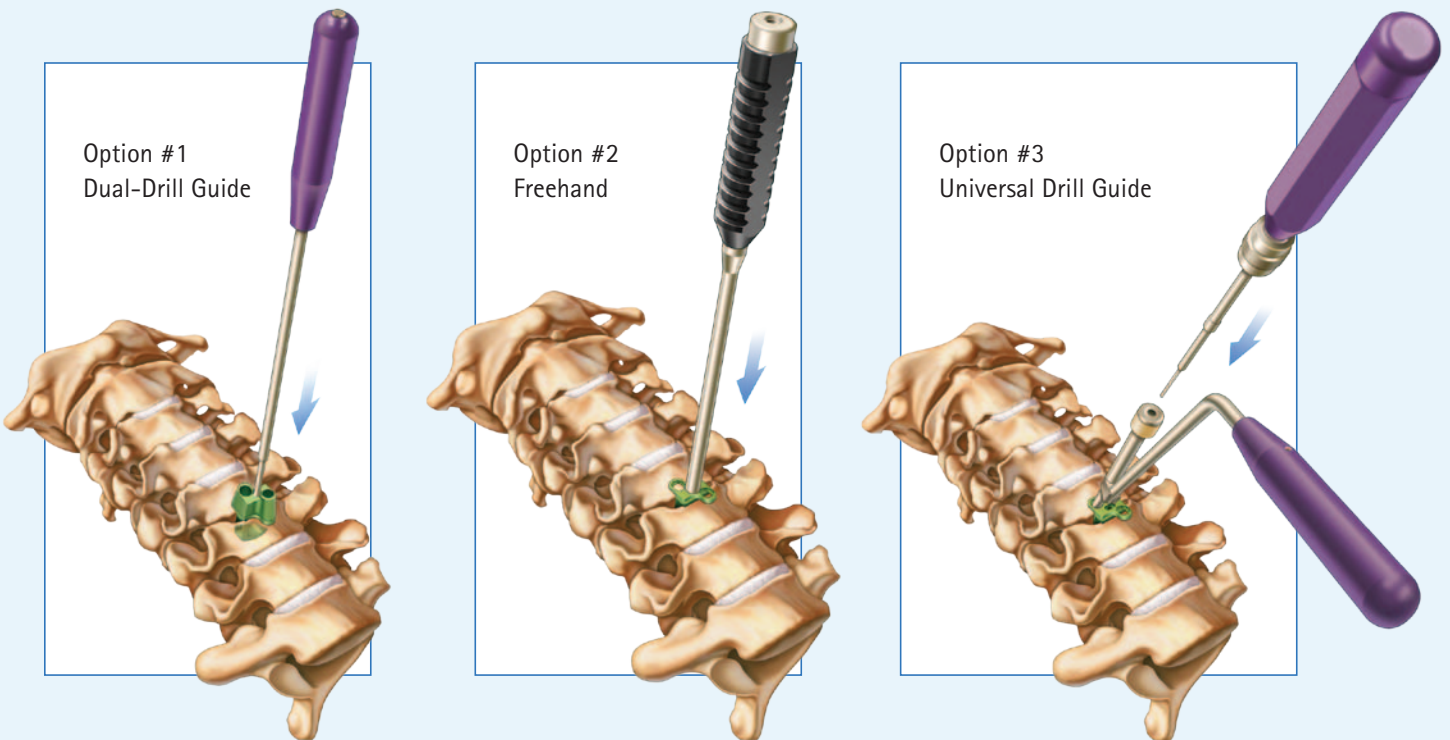
translational screw placement

semi-constrained screw placement

- 15° cranial/caudal screw angulation
- 7.5° medial/lateral screw angulation



- Multiple insertion options accommodate intra-operative flexibility and surgeon preference



- Multiple implant footprints accommodate anatomical variations
- Stackable implant design for future potential surgeries of adjacent levels

PL-AGE™ Cervical Stand Alone Device

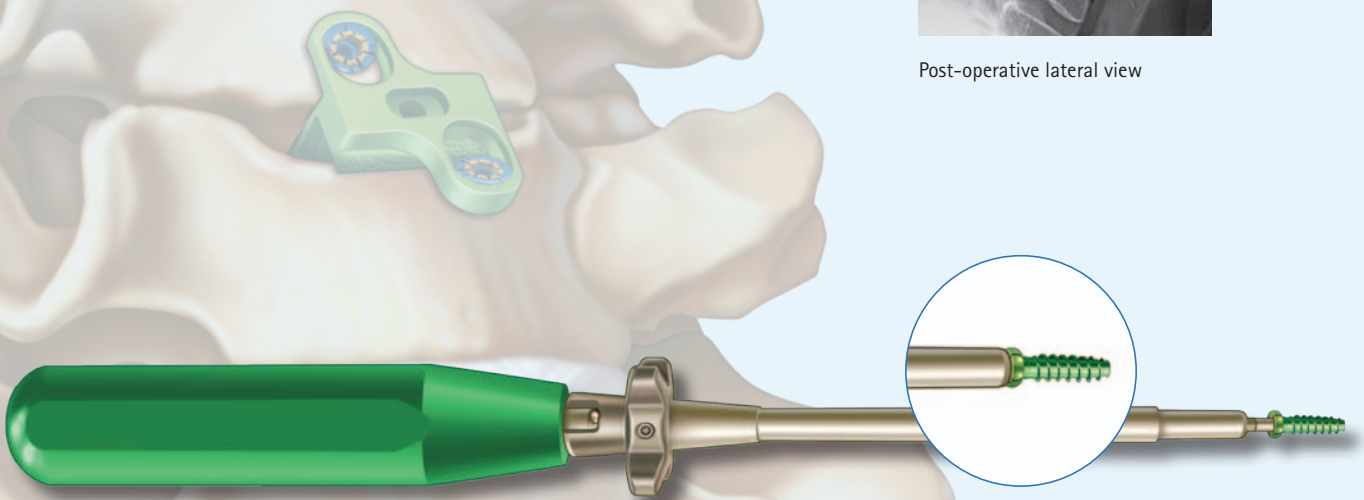
Designed for Surgical Efficiency

REDUCE STEPS

- All-in-one implant design combines low-profile tabs with titanium cage for ease in insertion
- End-plate sparing screw placement, with direct ACDF approach

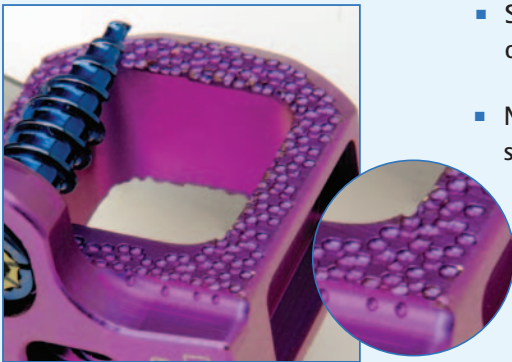


Post-operative lateral view



- Integrated screwdriver design allows for quick placement and locking of bone screw

OSTEOGENIC ENVIRONMENT



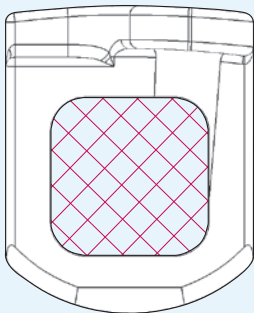
- Surface texturing provides immediate mechanical fixation and reduces the opportunity for implant migration
- Natural BMP release induced via direct bone contact to roughened titanium surface¹

¹Olivares-Navarrete, R., Gittens, R., Schneider, J., Hyzy, S., Haithecock, B.S., Ullrich, P., Schwartz, Z., Boyan, B. Osteoblasts exhibit a more differentiated phenotype and increased bone morphogenetic protein production on titanium alloy substrates than on poly-ether-ether-ketone. *The Spine Journal*. 2012 March; 12(3):265-272

- Dynamic construct capabilities provides a means for continuous graft loading
- Slotted screw holes allow up to 3 mm of settling



- Large graft window for packing autogenous bone



ITEM NO.	IMPLANT SIZE	GRAFT VOLUME (cc)
RHA-D-1465	15 x 14 x 5 mm	0.35
RHA-D-1466	15 x 14 x 6 mm	0.43
RHA-D-1467	15 x 14 x 7 mm	0.51
RHA-D-1468	15 x 14 x 8 mm	0.58
RHA-D-1469	15 x 14 x 9 mm	0.66
RHA-D-1470	15 x 14 x 10 mm	0.74
RHA-D-1475	17 x 16 x 5 mm	0.53
RHA-D-1476	17 x 16 x 6 mm	0.65
RHA-D-1477	17 x 16 x 7 mm	0.77
RHA-D-1478	17 x 16 x 8 mm	0.88
RHA-D-1479	17 x 16 x 9 mm	1.00
RHA-D-1480	17 x 16 x 10 mm	1.12

PL-AGE™ Cervical Stand Alone Device

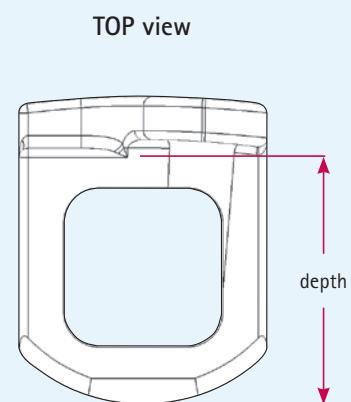
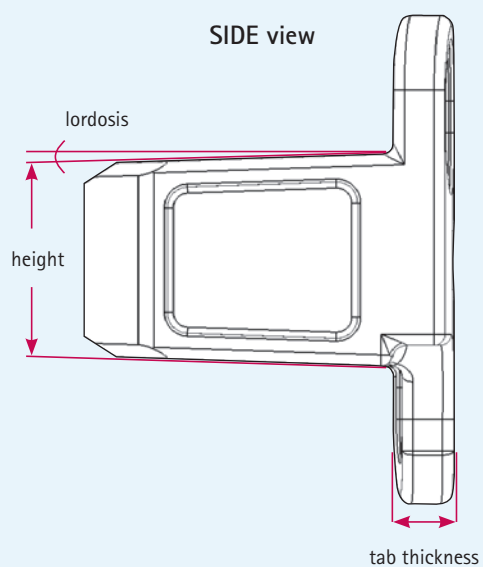
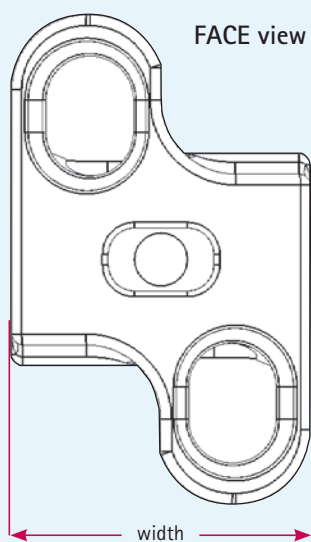
Designed for Surgical Efficiency

COMPREHENSIVE SIZE RANGE

- PL-AGE Implants



TAB	IMPLANT			
Thickness	Depth	Width	Height	Lordosis
2.0 mm	15 mm	14 mm	5-10 mm	4°
2.0 mm	17 mm	15 mm	5-10 mm	4°





COMPREHENSIVE SIZE RANGE

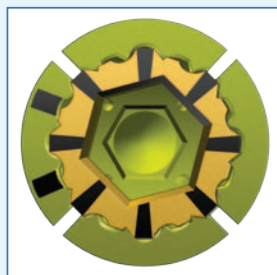
- PL-AGE Screws



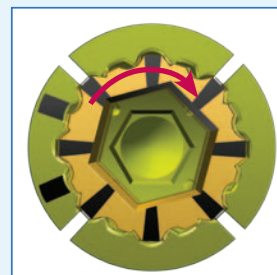
SCREWS			
Size	Self Drill/Tap	Self Tap	Length
4.0 mm	✓	✓	10, 12, 14, 16
4.5 mm		✓	10, 12, 14, 16

Screw Locking Mechanism

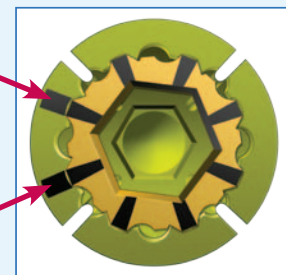
- Self-drilling, self-tapping screws lock into place independently to help prevent screw backout
- 22° clockwise turn locks screw into place



Locking cam unlocked



22° clockwise turn



Locking cam locked

Indications and Intended Use

PL-AGE® Anterior Cervical Fusion System is intended for spinal fusion procedures at one level (C3-C7) in skeletally mature patients with degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies) of the cervical spine. Implants are to be implanted via an open, anterior approach and packed with autogenous bone.

Contraindications

- Patients with a systemic infection, with a local inflammation at the bone site or with readily progressive joint disease or bone absorption syndromes such as Paget's disease, osteopenia, osteoporosis, or osteomyelitis.
- Patients with known allergies to metals.
- Patients where the available implant sizes are unsuitable for their anatomy.
- Patients with mental illness or who are resistant to following post-operative activity restrictions
- Other medical conditions that would preclude or outweigh the potential benefits of spinal surgery.

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