



# Silex<sup>®</sup>

Sacroiliac Joint Fusion System



Sacroiliac compression and stability  
for rapid and solid joint fusion



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1. Novaes, et al.: Influence of Implant Surfaces on Osseointegration. Braz Dent J (2010) 21(6): 471-481.



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The Silex sacroiliac fusion system is intended to promote stability and fusion of the sacroiliac joint via a tissue sparing lateral approach.

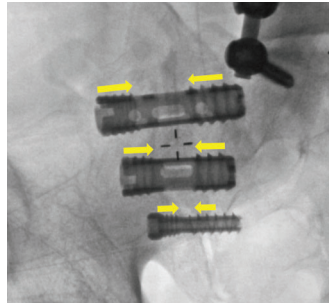
- The Silex implants have a compression thread pattern providing 0.9mm of joint compression with every turn of the implant.
- Large windows in the implant expose bone graft to the healing environment potentially aiding in arthodesis.
- Titanium plasma coating on the surface of the implant promotes early boney apposition, aids in implant stability and provides an osteoconductive surface for boney ongrowth.
- Whether performed open, mini-open or MIS, the Silex procedure mirrors the technique for a traditional cannulated bone screw.

## Reliable Fusion

*For patients diagnosed with sacroiliac joint dysfunction, the Silex system provides controlled compression and stability encouraging rapid and solid fusion.*

### Controlled Compression

The Silex® implants have a compression thread pattern providing 0.9mm of joint compression with every turn of the Anchor Implant once the locking threads are engaged.



### Enhancing Fusion

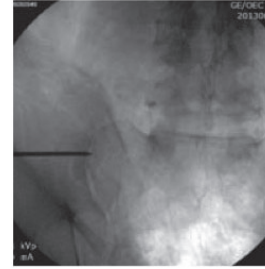
Early bone apposition is encouraged by the titanium plasma-spray coating on the surface of the implant. This coating further enhances the stability of the large threaded implant, and provides an osteoconductive surface for bony ongrowth.<sup>1</sup>

Fusion across the joint space is encouraged by the addition of bone graft material which can be filled into the lumen of the implant and exuded through the fenestrations.

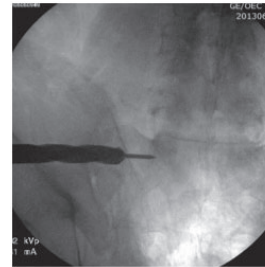


## Routine Procedure

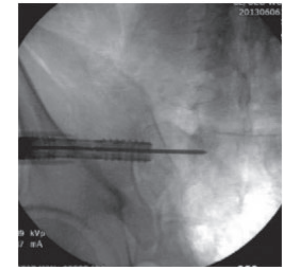
Whether performed open, mini-open or MIS, the Silex® procedure mirrors the technique for a traditional cannulated bone screw.



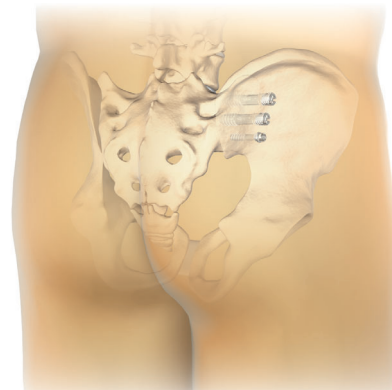
Each implant is targeted using a Steinmann pin under fluoroscopy, with or without direct visualization.



The bone is prepared by advancing a cannulated drill and tap over the Steinmann pin.



The implant is driven into place by threading over the Steinmann pin and is advanced until the second set of threads have fully engaged and compressed the joint space.



This procedure is repeated until all implants are implanted.