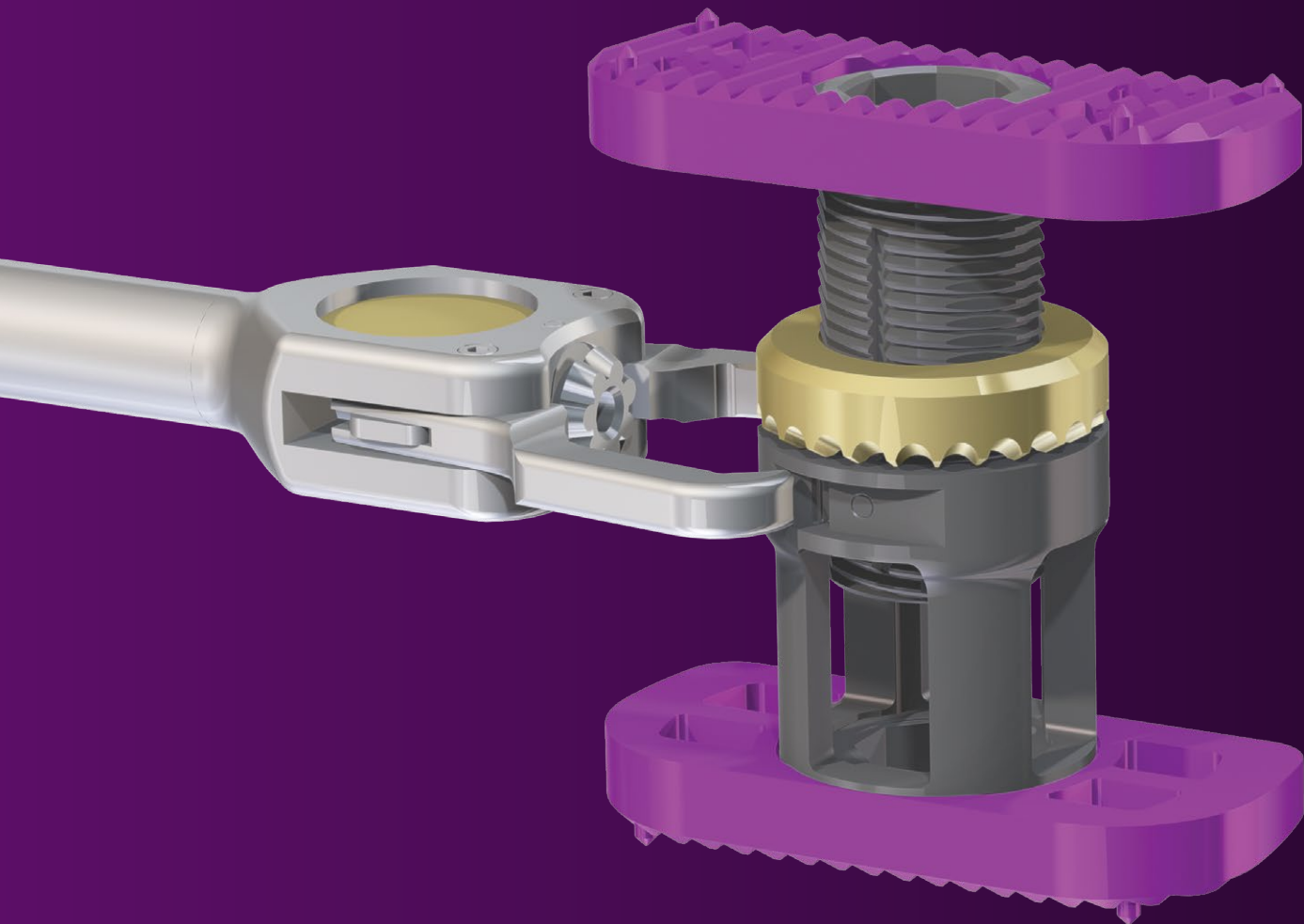




Technique Guide



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PREFACE

Fellow Colleagues:

The X-CORE® Expandable VBR marks a significant advancement in the quest for greater anterior column support and stability in corpectomy procedures. After rigorous testing and design iterations, we have developed an expandable cage that provides spine surgeons the ability to give tumor/trauma patients outcomes previously not possible.

During early evaluation, we found patients experienced significantly less subsidence than those treated with more traditional, cylinder-shaped cages. Using X-CORE, we are able to intraoperatively build the implant to patient-specific anatomy. In the process, we can attach customized endcaps that span the ring apophysis, providing maximum coverage of the endplates' most dense bone. The result is lasting foraminal height restoration, neural decompression, and sagittal balance.

X-CORE functions seamlessly with the NuVasive® tumor/trauma portfolio of products, making the implant part of a unique procedural solution for corpectomy applications. The platform includes:

- NVM5® nerve monitoring system
- MaXcess® corpectomy optimized retractor
- XLIF® Corpectomy instruments
- X-CORE Expandable VBR
- Traverse® Anterior Plate system
- SpheRx® II Anterior system

As we aim to treat tumor/trauma patients more effectively, we need instruments and implants that allow minimal tissue disruption without compromising the primary objectives of the surgery (neural decompression, height restoration, and balance). The NuVasive X-CORE Expandable VBR, optimized for the XLIF approach and MaXcess retractor, enables a minimally disruptive approach with outstanding structural support and stability. We are confident that you will appreciate the impressive results the X-CORE device has brought our patients.

Best regards,

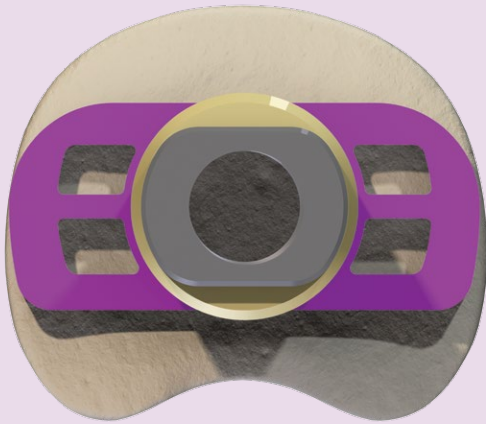
A handwritten signature in black ink, appearing to read "W. Smith", is positioned below the text "Best regards,".

William D. Smith, M.D.
Western Regional Center for Brain & Spine Surgery
Chief of Neurosurgery at University Medical Center
Las Vegas, NV
USA

X-CORE[®] OVERVIEW

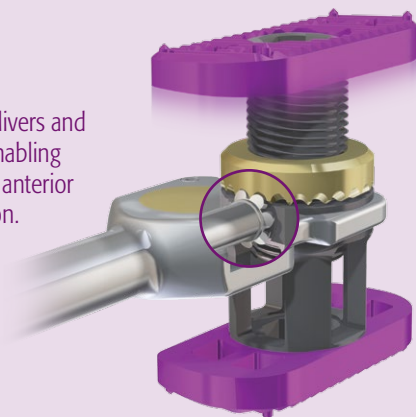
XLIF[®] – OPTIMIZED

- X-CORE[®] is the spine market's first expandable VBR designed to leverage the XLIF approach. From the inserter design to the implant's shapes and contours, every feature was developed to function seamlessly with the NuVasive[®] XLIF Corpectomy portfolio of products.
- XLIF optimized endcaps span the dense bone of the ring apophysis, providing lasting height restoration through outstanding structural support and stability.

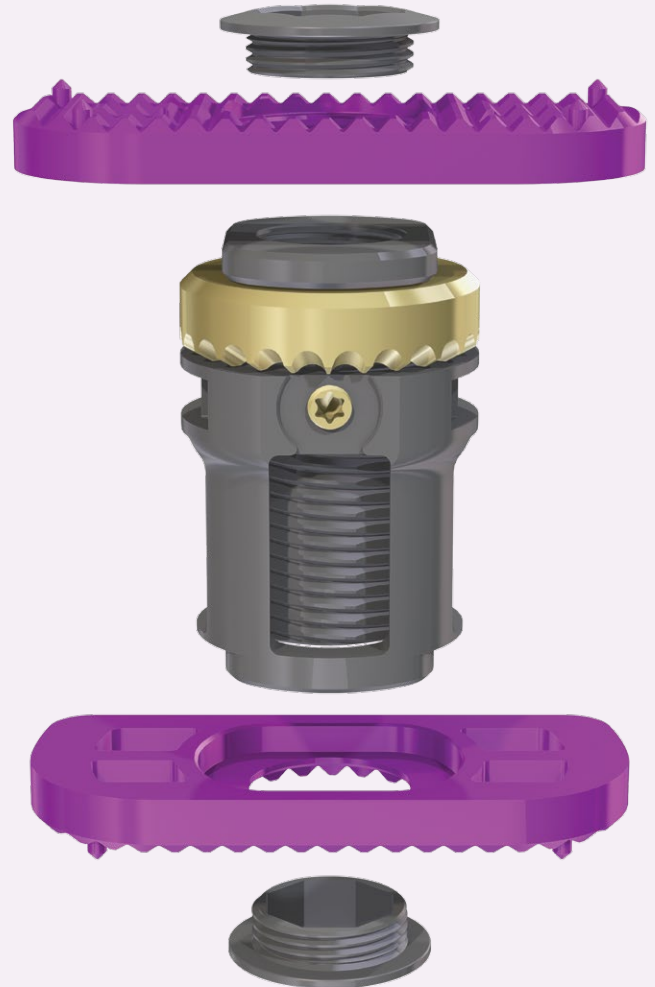


POWERFUL DISTRACTION

- A single-step inserter delivers and distracts the implants, enabling accurate placement and anterior column height restoration.



UNIQUE IMPLANT OFFERING



- A deep and unmatched breadth of footprint and angle options designed to allow for superior fit and maximum structural support.
- The X-CORE implant is constructed intraoperatively, allowing the surgeon to custom design their implant to meet each patient's unique anatomical requirements.
- Assembly is quick, simple, and modular.

X-CORE® OVERVIEW

XLIF® CORPECTOMY. THE COMPLETE SOLUTION.

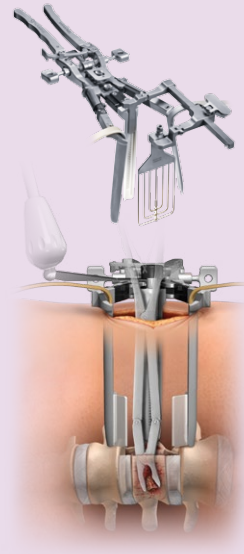
Surgeon-Driven Nerve Monitoring

- The NVM5® systems provide the surgeon accurate, real-time, and easy-to-interpret nerve avoidance technologies. Thoracolumbar applicable modalities include dynamic EMG, MEPs, and Free Run EMG.



MaXcess® Access System

- Maximum access with minimal disruption is the objective. The MaXcess retractor, enhanced with corpectomy-specialized additions, provides the solution.



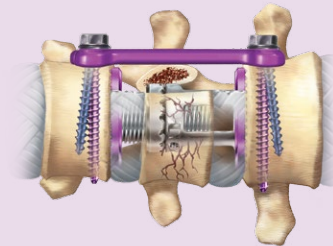
XLIF Corpectomy Instruments

- The NuVasive® XLIF Corpectomy instruments are designed to enable reproducible corpectomies through a lateral approach.



Expandable Vertebral Body Replacement

- The X-CORE device is delivered through a minimally disruptive approach and provides first-class ease of use, distraction strength, and structural support.



Spinal Fixation



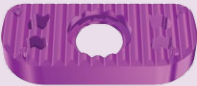



- Traverse® and SpheRx® II Anterior are designed to integrate with the MaXcess retractor and X-CORE VBR, providing a single-approach solution for placement of an implant and supplemental fixation.

Biologics

- OsteoCel® Pro is the NuVasive cellular allograft bone matrix, providing all three essential mechanisms for bone formation – osteogenesis, osteoinduction, and osteoconduction.



X-CORE[®] OVERVIEW

| 18mm DIAMETER CORE | | 22mm DIAMETER CORE | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
|  | | CORE HEIGHT | | |
| | | SIZE | RANGE WITHOUT ENDCAPS | RANGE WITH 0° ENDCAPS (Two 0° endcaps add 5mm)* |
| | | 1 | 20-22mm | 25-27mm |
| | | 2 | 21-25mm | 26-30mm |
| | | 3 | 24-31mm | 29-36mm |
| | | 4 | 28-40mm | 33-45mm |
| | | 5 | 35-52mm | 40-57mm |
| | | 6 | 41-65mm | 46-70mm |
| | |  | | |
| *NOTE: Different angle endcaps add varying height amounts. | | | | |
| Endcaps for 18mm Core | | Endcaps for 22mm Core | | |
| XLIF[®] Shape  FOOTPRINTS <ul style="list-style-type: none"> • 18 x 30mm • 18 x 40mm • 18 x 50mm ANGLES <ul style="list-style-type: none"> • -4°, 0°, 4°, 8° | Round  FOOTPRINTS <ul style="list-style-type: none"> • 22mm Diameter • 26mm Diameter ANGLES <ul style="list-style-type: none"> • 0°, 8° | XLIF Shape  FOOTPRINTS <ul style="list-style-type: none"> • 22 x 40mm • 22 x 50mm • 22 x 60mm ANGLES <ul style="list-style-type: none"> • 0°, 4°, 8°, 12° | Round  FOOTPRINTS <ul style="list-style-type: none"> • 26mm Diameter • 30mm Diameter ANGLES <ul style="list-style-type: none"> • 0°, 8° | |
| 18mm CORE | | 22mm CORE | | |
| ANGLE | ADDED HEIGHT PER ENDCAP | ANGLE | ADDED HEIGHT PER ENDCAP | |
| -4° | 4.0mm | 0° | 2.5mm | |
| 0° | 2.5mm | 4° | 5.0mm | |
| 4° | 4.0mm | 8° | 6.0mm | |
| 8° | 5.0mm | 12° | 7.0mm | |

X-CORE® TECHNIQUE GUIDE

EQUIPMENT REQUIREMENTS

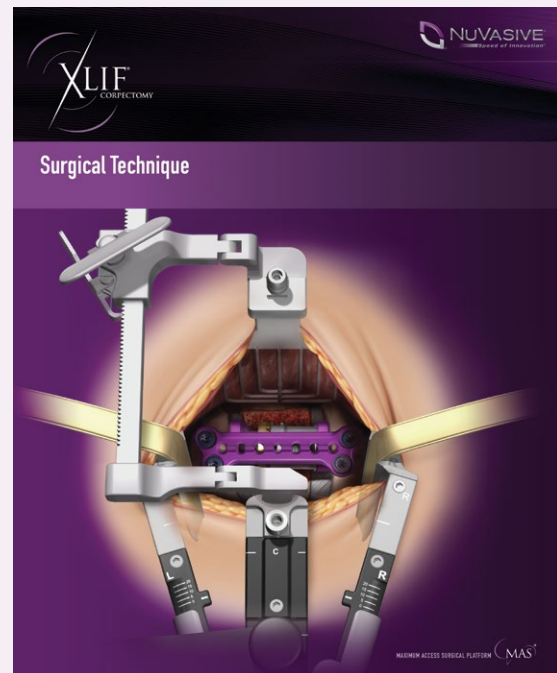
- X-CORE Implant Tray (18mm)
- X-CORE Implant Tray (22mm)
- X-CORE Instruments

For a complete list of intended uses, indications, device description, contraindications, warnings, and precautions, please refer to the Instructions for Use (IFU) in the back of this technique guide.

STEP 1: PERFORM CORPECTOMY

After achieving access to the target anatomy, perform the corpectomy. When taking a lateral approach to the spine, the XLIF® Corpectomy Surgical Technique (*Fig. 1*) may be a reference.

XLIF CORPECTOMY SURGICAL TECHNIQUE



(Fig. 1)

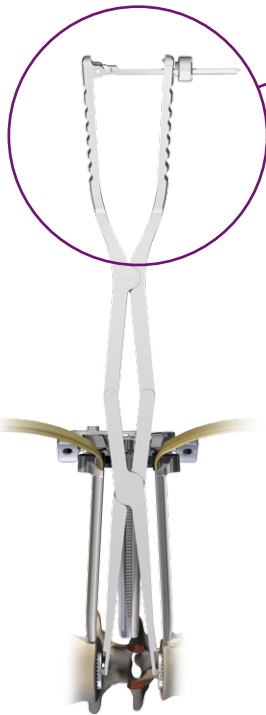
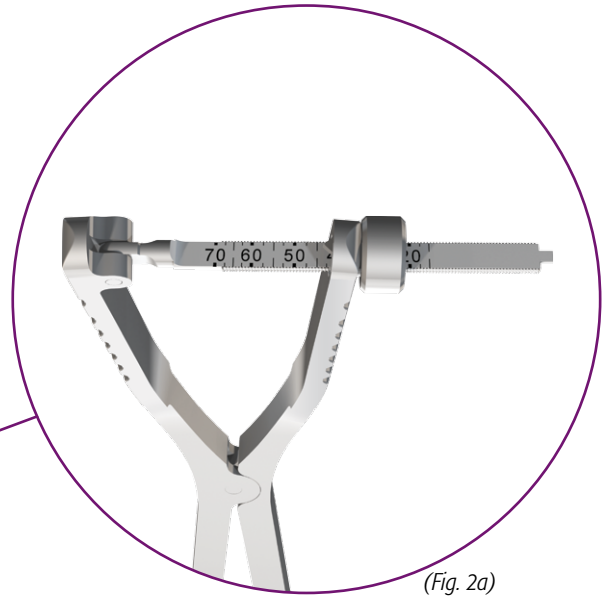
X-CORE[®] TECHNIQUE GUIDE

STEP 2: CORE SELECTION

Use the Distractor to select the proper size core for implantation. After gently distracting the vertebral bodies, take a length (Fig. 2) reading from the proximal feature of the Distractor (Fig. 2a). This measurement will aid in accurate core selection.

Note

If natural endcap concavity exists, it can be effective to choose a core one size smaller than the Distractor reading indicates. This may allow for smoother implant delivery through the ipsilateral anatomy.



Note

It is also recommended to take a reading from either the ipsilateral or contralateral side of the endplate (whichever is shorter) in order to obtain the shortest height required to accommodate the X-CORE[®] implants.

| CORE HEIGHT | | |
|-------------|-----------------------|-------------------------------------------------|
| SIZE | RANGE WITHOUT ENDCAPS | RANGE WITH 0° ENDCAPS (Two 0° endcaps add 5mm)* |
| 1 | 20-22mm | 25-27mm |
| 2 | 21-25mm | 26-30mm |
| 3 | 24-31mm | 29-36mm |
| 4 | 28-40mm | 33-45mm |
| 5 | 35-52mm | 40-57mm |
| 6 | 41-65mm | 46-70mm |
| 7 | 47-75mm | 52-80mm |

*NOTE: Different angle endcaps add varying height amounts.

Note

In order to select appropriate core height, be sure to account for additional height added by the selected angle endcap. For example, 0° endcaps provide a total height of 5mm. Note that different angle endcaps add varying height amounts. See page 4 for reference.

X-CORE® TECHNIQUE GUIDE

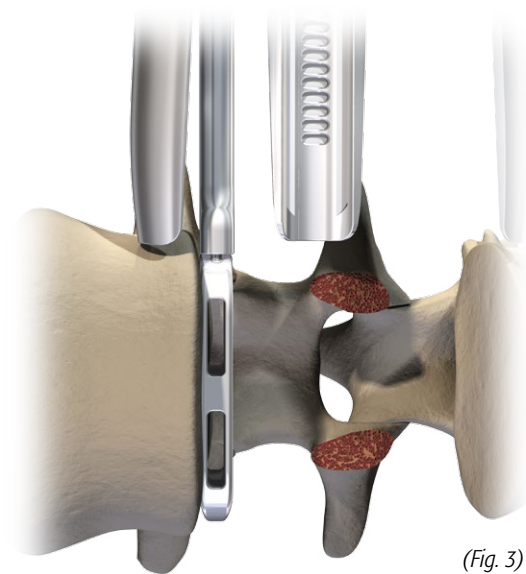
STEP 3: ENDCAP SELECTION

Determine the proper size endcaps for implantation by resting the Endcap Trials adjacent to the vertebral endplates (Fig. 3). Confirm proper fit using A/P fluoroscopy.

Note

Trial for both the superior and inferior endcap, as the footprint requirement may be different for each.

In order to accommodate for varied vertebral body anatomy, two different length (when using XLIF® shape) or diameter (when using round) endcaps may be selected when building the X-CORE construct.



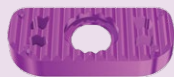
(Fig. 3)

Endcap Offerings

18mm CORE OFFERING



XLIF Shape



FOOTPRINTS

- 18 x 30mm
- 18 x 40mm
- 18 x 50mm

ANGLES

- -4°, 0°, 4°, 8°

Round



FOOTPRINTS

- 22mm Diameter
- 26mm Diameter

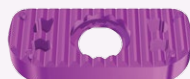
ANGLES

- 0°, 8°

22mm CORE OFFERING



XLIF Shape



FOOTPRINTS

- 22 x 40mm
- 22 x 50mm
- 22 x 60mm

ANGLES

- 0°, 4°, 8°, 12°

Round



FOOTPRINTS

- 26mm Diameter
- 30mm Diameter

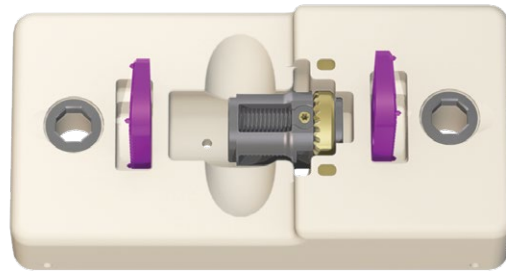
ANGLES

- 0°, 8°

X-CORE[®] TECHNIQUE GUIDE

STEP 4: IMPLANT CONSTRUCTION

Place the selected core, endcaps, and two Endcap Lock Screws into the X-CORE[®] Loading Block (Fig. 4). Begin implant assembly by first engaging the inserter to the core while the core is still in the Loading Block (Fig. 5). While holding the inserter, apply downward pressure on the core's gold set screw and squeeze the trigger handle (Fig. 6). Continue squeezing the trigger handle until the Speed-Lock is rotated to the locked position, indicated when the Speed-Lock Nut is touching the trigger handle. Confirm proper inserter-to-core connection by expanding and compressing the implant.



(Fig. 4)

Note

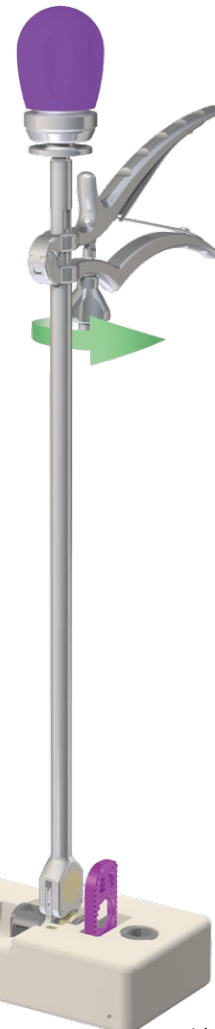
Gold spinning sleeve of core is loaded facing cephalad, matching up with gold indents on Loading Block.

CAUTION

In order to ensure proper inserter/implant engagement, the core's gold set screw must be facing up when inside the Loading Block. When you are connecting the inserter to the core, the gold side of the inserter's distal tip must face up toward the gold spinning sleeve of the implant.

CAUTION

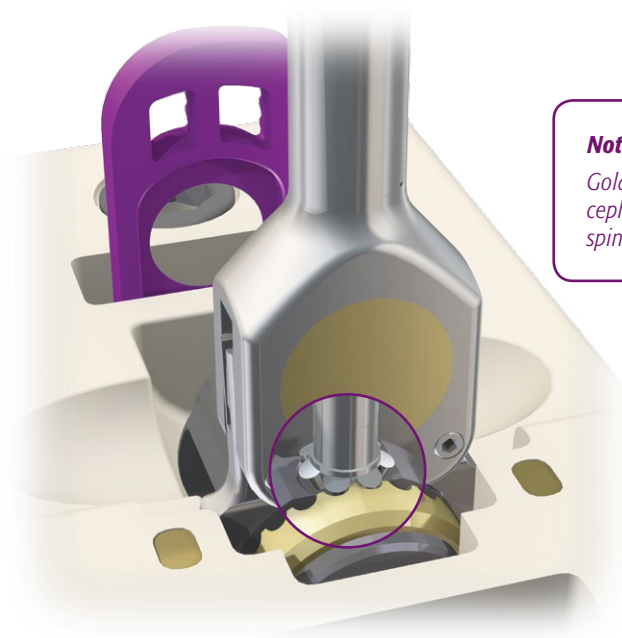
To ensure proper anatomical alignment, the rounded corners of the XLIF[®] shape endcaps must face anterior during implant construction and placement.



(Fig. 6)

Note

Gold face of inserter should face cephalad, matching up with gold spinning sleeve of core.



(Fig. 5)

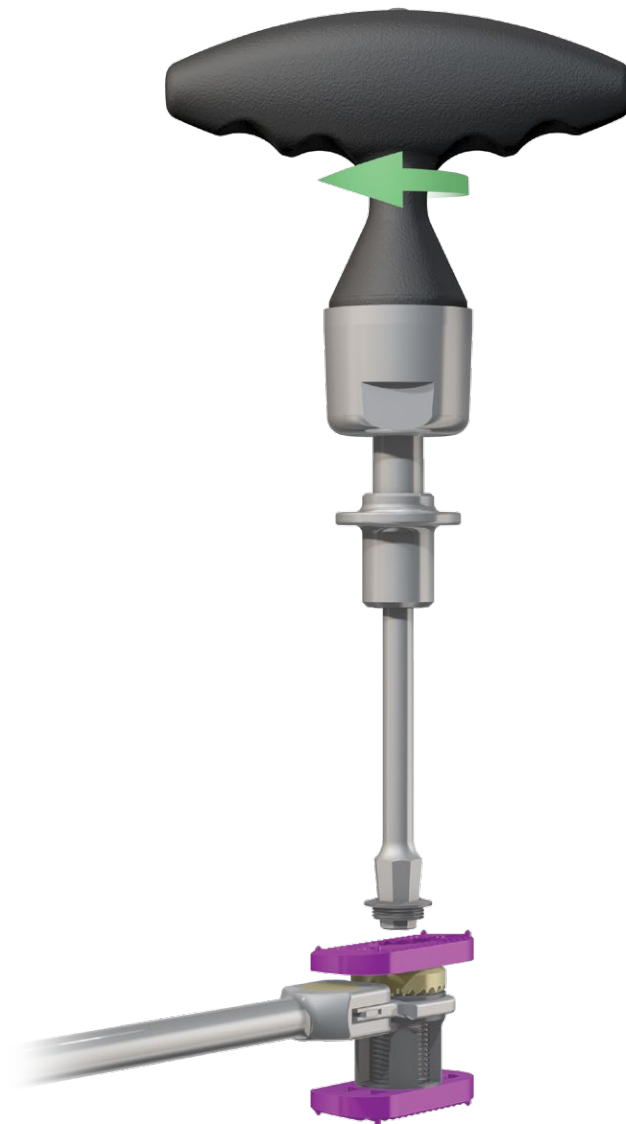
X-CORE[®] TECHNIQUE GUIDE

STEP 4: IMPLANT CONSTRUCTION (CONT.)

Lock the superior endcap to the core by driving an Endcap Lock Screw over the endcap and into the core until hand-tight (Fig. 7). Repeat the process to connect the inferior endcap.

Note

After completion of implant assembly, the core may be filled with graft material. The X-CORE Cylinder Tamp can aid in packing the core.



(Fig. 7)

X-CORE[®] TECHNIQUE GUIDE

STEP 5: IMPLANT DELIVERY

With the implant fully compressed, guide the X-CORE[®] VBR through the MaXcess[®] retractor into the desired position (Fig. 8).

Note

Before you distract the implant, lateral fluoroscopy can be used to confirm proper anterior/posterior placement. The handle can also be removed for increased visibility.

Note

If the implant fits tightly between the ipsilateral endplates, the XLIF[®] Slides can be used to protect the endplates while you deliver the implant to the desired position.



(Fig. 8)

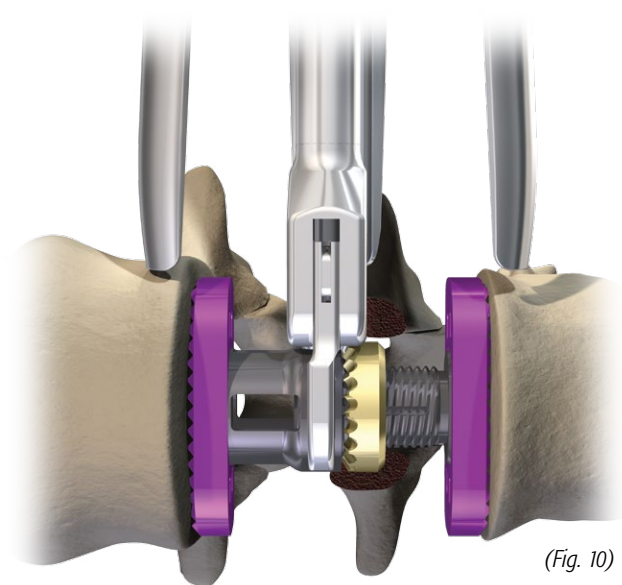
X-CORE[®] TECHNIQUE GUIDE

STEP 5: IMPLANT DELIVERY (CONT.)

Expand the implant by turning the inserter handle clockwise until the desired amount of distraction is achieved (Fig. 9). To remove the inserter, fully loosen the Speed-Lock, release grip of the trigger handle, and gently pull up until the inserter disengages the implant (Fig. 10).

Note

When the implant is expanded to its maximum height, further attempts to distract the implant will result in a clicking sensation without achieving additional height. If the height achieved is not adequate, compress the implant and select a taller core.



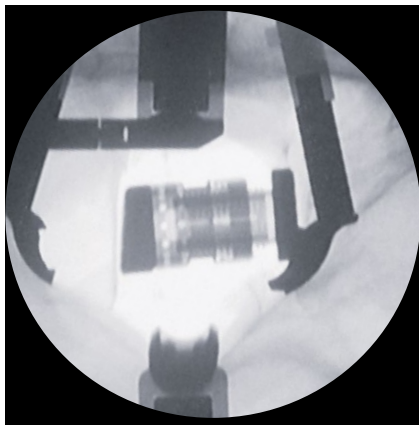
X-CORE[®] TECHNIQUE GUIDE

STEP 6: FINAL POSITIONING

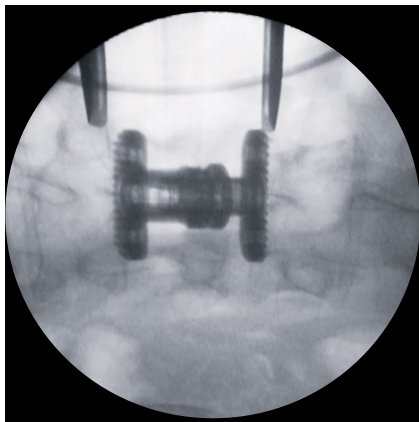
Confirm final placement with A/P and lateral fluoroscopy (Figs. 11, 12). From an anterior/posterior and medial/lateral perspective, the implant should be centered. When using the XLIF[®] shape endcaps, the endcaps should extend across the ring apophysis (Figs. 13, 14). Once final X-CORE[®] VBR position is confirmed, use the Set Screw Driver to lock the gold set screw. This ensures the implant maintains its achieved distraction. Once locked, the torque handle will break away.

Note

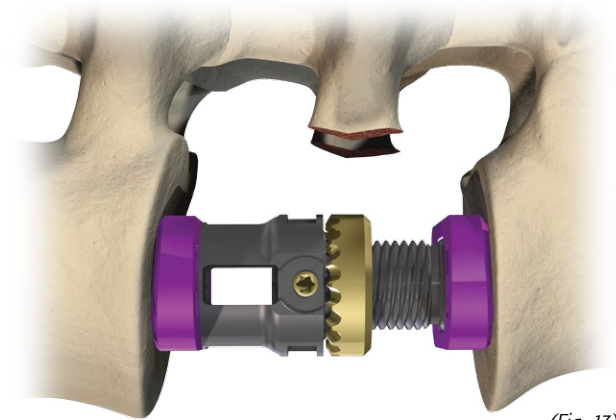
Small position adjustments can be performed using the X-CORE[®] implant tamps. More significant repositioning may require reattaching the inserter.



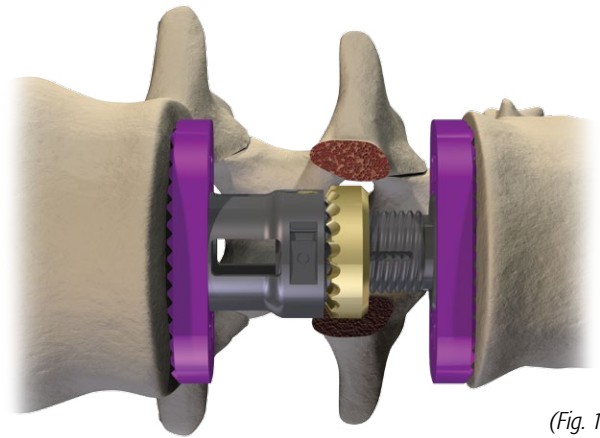
(Fig. 11)



(Fig. 12)



(Fig. 13)



(Fig. 14)

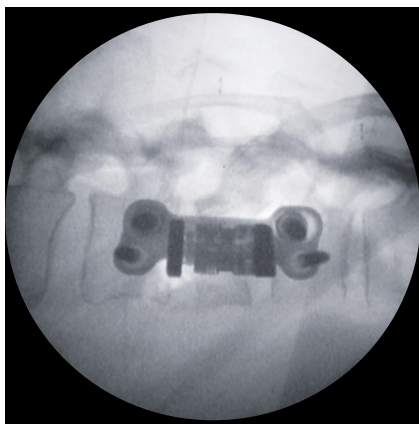
Note

Placing the core tamp onto the implant core while removing the inserter can assist in inserter removal.

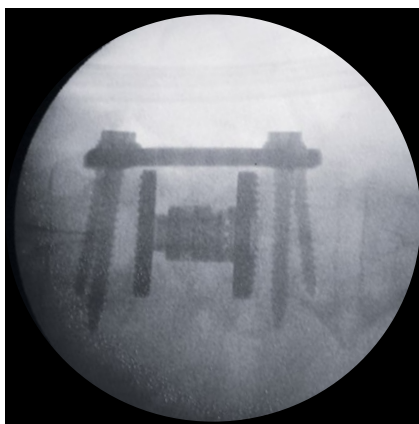
X-CORE[®] TECHNIQUE GUIDE

**STEP 7:
PLACE SUPPLEMENTAL FIXATION**

After delivering the X-CORE device, place supplemental fixation (Figs. 15-18). NuVasive[®] offers several fixation options, including Traverse[®] and SpheRx[®] II Anterior, which are both designed for lateral placement using the MaXcess[®] retractor.

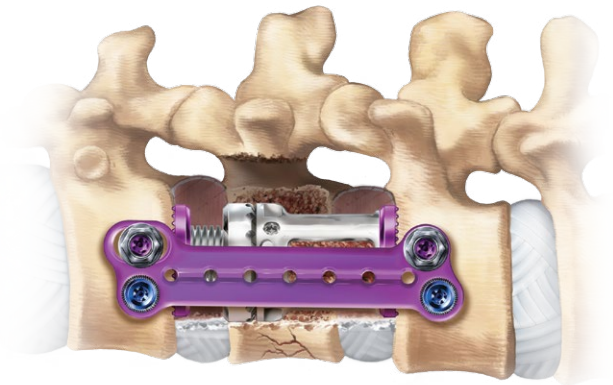


(Fig. 15)

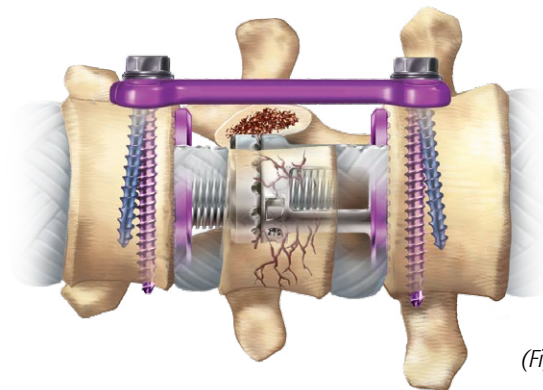


(Fig. 16)

FINAL CONSTRUCT



(Fig. 17)



(Fig. 18)

REMOVAL INSTRUCTIONS

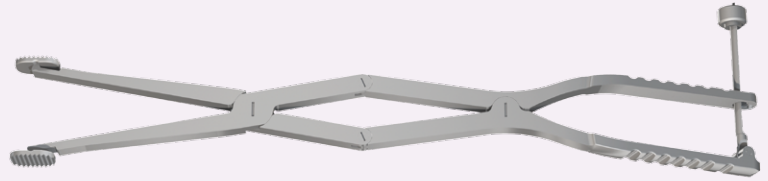
If X-CORE VBR removal is necessary, attach the inserter to the implant, compress the core by turning the handle counterclockwise, and extract the device.

X-CORE[®] SYSTEM

INSTRUMENTS OVERVIEW

Distractor

Provides distraction and measurement for accurate core selection.



Trials and Trial Inserter

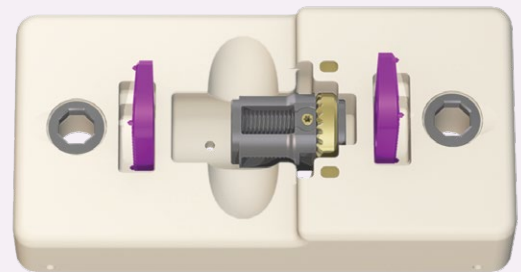
Allow proper sizing of endcaps.



Loading Block

Loading station for simple implant construction.

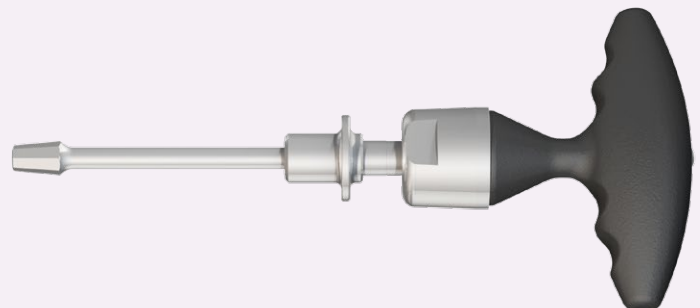
(Available for 18mm and 22mm)



Lock Screw Driver

Drives lock screws into core, securing the endcap to core connection.

(Available for 18mm and 22mm)



X-CORE[®] SYSTEM

INSTRUMENTS OVERVIEW (Cont.)

Inserter and Handle

Inserts and distracts the implant.



Set Screw Driver

Advances the set screw to locked position.



Cylinder Tamp

Two-sided (18 and 22mm) tamp packs graft material before implantation.



X-CORE[®] SYSTEM

INSTRUMENTS OVERVIEW (Cont.)

Graft Spatula

Provides graft material manipulation in the exposure.



Graft Impactor

Enables graft impaction in the exposure.



Core Tamps

Custom fit the 18 and 22mm cores for final implant positioning.



Endcap Tamp

Safely engages the endcap for manipulation of final placement.



CATALOG

X-CORE® INSTRUMENTS

| DESCRIPTION | CATALOG # |
|----------------------------------|-----------|
| 18 x 30mm Trial | 6538130 |
| 18 x 40mm Trial | 6538140 |
| 18 x 50mm Trial | 6538150 |
| 22 x 40mm Trial | 6538240 |
| 22 x 50mm Trial | 6538250 |
| 22 x 60mm Trial | 6538260 |
| 22mm Round Trial | 6538322 |
| 26mm Round Trial | 6538326 |
| 30mm Round Trial | 6538330 |
| Trial Inserter | 6539060 |
| Torque Handle | 6539005 |
| Teardrop Handle | 6539006 |
| Set Screw Driver | 6539007 |
| VBR Distractor | 6539008 |
| Cylinder Tamp | 6539009 |
| Graft Impactor | 6539010 |
| Graft Spatula | 6539011 |
| Endcap Tamp | 6539013 |
| Core Tamp 18 | 6539014 |
| Core Tamp 22 | 6539015 |
| XLIF® VBR Instruments Tray Lid | 6539020 |
| XLIF VBR Instruments Tray Base | 6539021 |
| XLIF VBR Instruments Tray Insert | 6539022 |

CATALOG

X-CORE® IMPLANT TRAY (18mm)

| DESCRIPTION | CATALOG # |
|-------------------------------------|-----------|
| 18mm Diameter Core, 20-22mm | 6591011 |
| 18mm Diameter Core, 21-25mm | 6591012 |
| 18mm Diameter Core, 24-31mm | 6591013 |
| 18mm Diameter Core, 28-40mm | 6591014 |
| 18mm Diameter Core, 35-52mm | 6591015 |
| 18mm Diameter Core, 41-65mm | 6591016 |
| 18mm Diameter Core, 47-75mm | 6591017 |
| 18 x 30mm Endcap, 0° | 6533131 |
| 18 x 40mm Endcap, 0° | 6533141 |
| 18 x 50mm Endcap, 0° | 6533151 |
| 18 x 30mm Endcap, 4° | 6533231 |
| 18 x 40mm Endcap, 4° | 6533241 |
| 18 x 50mm Endcap, 4° | 6533251 |
| 18 x 30mm Endcap, 8° | 6533331 |
| 18 x 40mm Endcap, 8° | 6533341 |
| 18 x 50mm Endcap, 8° | 6533351 |
| 18 x 30mm Endcap, -4° | 6533431 |
| 18 x 40mm Endcap, -4° | 6533441 |
| 18 x 50mm Endcap, -4° | 6533451 |
| 22mm Round Endcap, 0° – 18mm Core | 6537124 |
| 26mm Round Endcap, 0° – 18mm Core | 6537125 |
| 22mm Round Endcap, 8° – 18mm Core | 6537134 |
| 26mm Round Endcap, 8° – 18mm Core | 6537135 |
| Inserter – 18mm Core | 6539118 |
| Small Lock Screw | 6539001 |
| Small Lock Screw Driver | 6539056 |
| Teardrop Handle | 6539006 |
| 18mm Lock Screw Caddy | 6539040 |
| 18mm Implant Caddy | 6539041 |
| XLIF® VBR Loading Block – 18mm Core | 6539036 |
| XLIF VBR 18mm Implants Tray Lid | 6539026 |
| XLIF VBR 18mm Implants Tray Base | 6539027 |
| XLIF VBR 18mm Implants Tray Insert | 6539028 |

X-CORE IMPLANT TRAY (22mm)

| DESCRIPTION | CATALOG # |
|------------------------------------|-----------|
| 22mm Diameter Core, 20-22mm | 6591021 |
| 22mm Diameter Core, 21-25mm | 6591022 |
| 22mm Diameter Core, 24-31mm | 6591023 |
| 22mm Diameter Core, 28-40mm | 6591024 |
| 22mm Diameter Core, 35-52mm | 6591025 |
| 22mm Diameter Core, 41-65mm | 6591026 |
| 22mm Diameter Core, 47-75mm | 6591027 |
| 22 x 40mm Endcap, 0° | 6535241 |
| 22 x 50mm Endcap, 0° | 6535251 |
| 22 x 60mm Endcap, 0° | 6535261 |
| 22 x 40mm Endcap, 4° | 6535341 |
| 22 x 50mm Endcap, 4° | 6535351 |
| 22 x 60mm Endcap, 4° | 6535361 |
| 22 x 40mm Endcap, 8° | 6535441 |
| 22 x 50mm Endcap, 8° | 6535451 |
| 22 x 60mm Endcap, 8° | 6535461 |
| 22 x 40mm Endcap, 12° | 6535541 |
| 22 x 50mm Endcap, 12° | 6535551 |
| 22 x 60mm Endcap, 12° | 6535561 |
| 26mm Round Endcap, 0° – 22mm Core | 6537225 |
| 30mm Round Endcap, 0° – 22mm Core | 6537226 |
| 26mm Round Endcap, 8° – 22mm Core | 6537235 |
| 30mm Round Endcap, 8° – 22mm Core | 6537236 |
| Inserter – 22mm Core | 6539122 |
| Large Lock Screw | 6539002 |
| Large Lock Screw Driver | 6539057 |
| Teardrop Handle | 6539006 |
| 22mm Lock Screw Caddy | 6539046 |
| 22mm Implant Caddy | 6539047 |
| XLIF VBR Loading Block – 22mm Core | 6539037 |
| XLIF VBR 22mm Implants Tray Lid | 6539030 |
| XLIF VBR 22mm Implants Tray Base | 6539031 |
| XLIF VBR 22mm Implants Tray Insert | 6539032 |

INSTRUCTIONS FOR USE

DESCRIPTION

The NuVasive XLIF Expandable VBR System is manufactured from Ti-6Al-4V ELI conforming to ASTM F136 and ISO 5832-3. The implants are available in a variety of sizes to accommodate anatomical conditions.

INDICATIONS FOR USE

The NuVasive XLIF Expandable VBR System is a vertebral body replacement device indicated for use in the thoracolumbar spine (T1 to L5) to replace a diseased or damaged vertebral body caused by tumor or fracture, to restore height of a collapsed vertebral body, and to achieve decompression of the spinal cord and neural tissues. The NuVasive XLIF Expandable VBR System is intended to be used with supplemental internal spinal fixation systems that are cleared by the FDA for use in the thoracic and lumbar spine. Allograft or autograft material may be used at the surgeon's discretion.

CONTRAINDICATIONS

Contraindications include but are not limited to:

1. Infection, local to the operative site.
2. Signs of local inflammation.
3. Patients with known sensitivity to the materials implanted.
4. Patients who are unwilling to restrict activities or follow medical advice.
5. Patients with inadequate bone stock or quality.
6. Patients with physical or medical conditions that would prohibit beneficial surgical outcome.
7. Use with components of other systems.
8. Reusable or multiple uses.
9. Any case not described in the indications.

POTENTIAL ADVERSE EVENTS AND COMPLICATIONS

As with any major surgical procedures, there are risks involved in orthopedic surgery. Infrequent operative and postoperative complications known to occur include: early or late infection which may result in the need for additional surgeries; damage to blood vessels; spinal cord or peripheral nerves, pulmonary emboli; loss of sensory and/or motor function; impotence; permanent pain and/or deformity. Rarely, some complications may be fatal.

WARNINGS AND CAUTIONS

- The subject device is intended for use only as indicated.
- Correct selection of the implant is extremely important. The potential for success is increased by the selection of the proper size of the implant. While proper selection can minimize risks, the size and shape of human bones present limitations on the size and strength of implants. These devices are not designed to withstand the unsupported stress of full weight or load bearing alone.
- These devices can break when subjected to the increased load associated with delayed union or non-union. Internal fixation appliances are load-sharing devices that hold bony structures in alignment until healing occurs. If healing is delayed, or does not occur, the implant may eventually loosen, bend or break. Loads on the device produced by load bearing and by the patient's activity level will dictate the longevity of the implant.
- Corrosion of the implant can occur. Implanting metals and alloys in the human body subjects them to a constantly changing environment of salts, acids, and alkalis, which can cause corrosion. Placing dissimilar metals in contact with each other can accelerate the corrosion process, which, in turn, can enhance fatigue fractures of implants. Consequently, every effort should be made to use compatible metals and alloys in conjunction with each other.
- Care should be taken to insure that all components are ideally fixated prior to closure.
- Single Use: Reuse of a single use device that has come in contact with blood, bone, tissue or other body fluids may lead to patient or user injury. Possible risks associated with reuse of a single use device include, but are not limited to, mechanical failure, material degradation, potential leachables, and transmission of infectious agents. Resterilization may result in damage or decreased performance.
- In order to ensure proper inserter/implant engagement, the core's gold set screw must be facing up when inside the Loading Block. When you are connecting the inserter to the core, the gold side of the inserter's distal tip must face up toward the gold spinning sleeve of the implant.
- To ensure proper anatomical alignment, the rounded corners of the XLIF shape endcaps must face anterior during implant construction and placement.

PREOPERATIVE WARNINGS

1. Only patients that meet the criteria described in the indications should be selected.
2. Patient condition and/or predispositions such as those addressed in the aforementioned contraindications should be avoided.
3. Care should be used in the handling and storage of the implants. The implants should not be scratched or damaged. Implants and instruments should be protected during storage, and from corrosive environments.
4. Unless stated otherwise, the device is not to be combined with the components of another system.
5. All parts should be cleaned and sterilized before use.




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



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