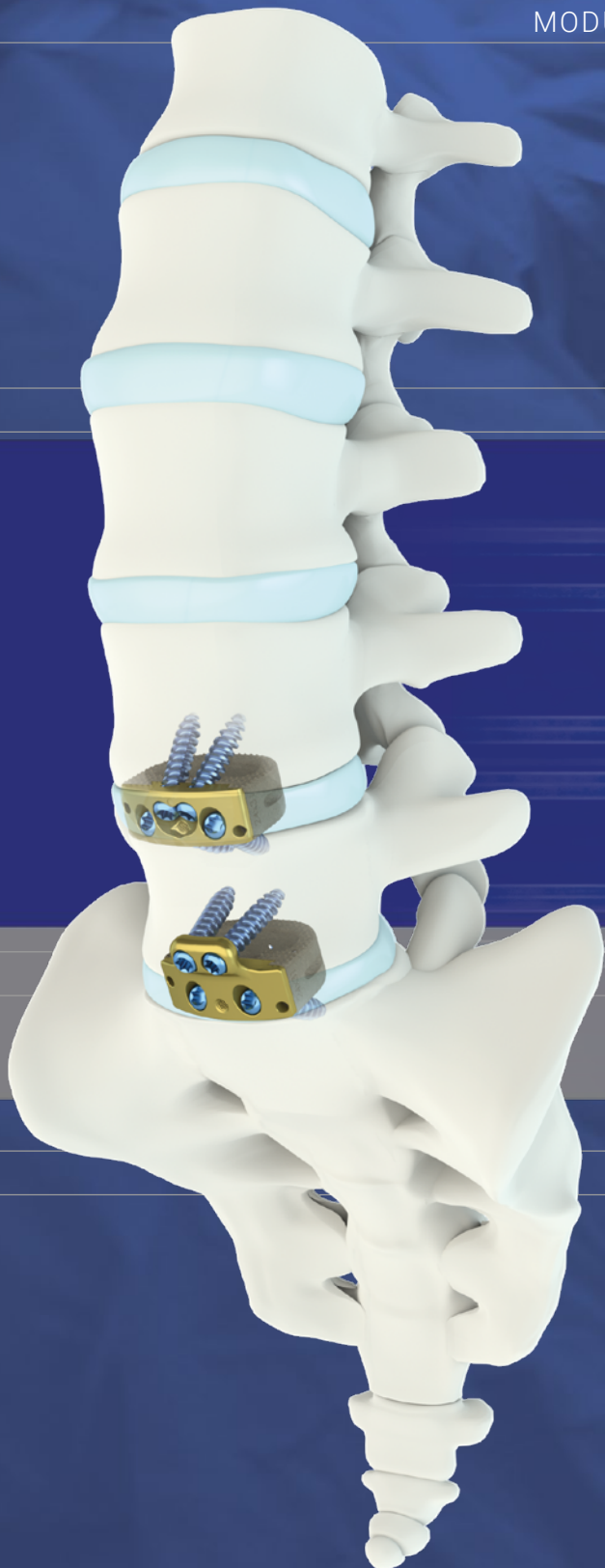


MectalIF[®] ANTERIOR

ANTERIOR LUMBAR INTERBODY FUSION DEVICE

MODULAR DESIGN OFFERS FREEDOM OF CHOICE



Surgical Technique

Joint

Spine

Sports Med

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1. INTRODUCTION

The MectaLIF Anterior is an interbody fusion device where the design incorporates the benefits of an anterior plate and a radiolucent interbody spacer.

The device is offered in PEEK and TiPEEK material and has 4 optional lordosis angles in 5deg, 10deg, 15 deg and 20deg.



The family of the MectaLIF Anterior devices is composed of two cages design:

- MectaLIF Anterior Stand Alone - Flush design
- MectaLIF Anterior Stand Alone - Hybrid design

MectaLIF Anterior Stand Alone

The MectaLIF Anterior Stand-Alone - Flush design creates a zero-profile construct with minimum geometrical impact.

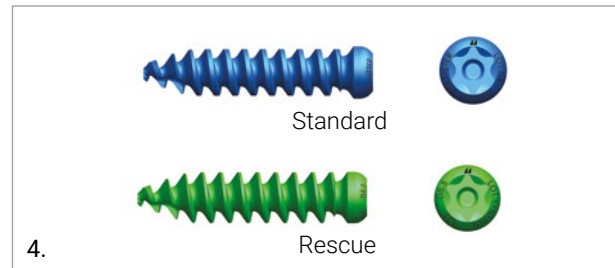


The MectaLIF Anterior Stand-Alone - Hybrid design offers superior cranial stability and a caudal flush profile.



The MectaLIF Anterior Stand-Alone devices include four locking screws that provide anterior fixation and stability.

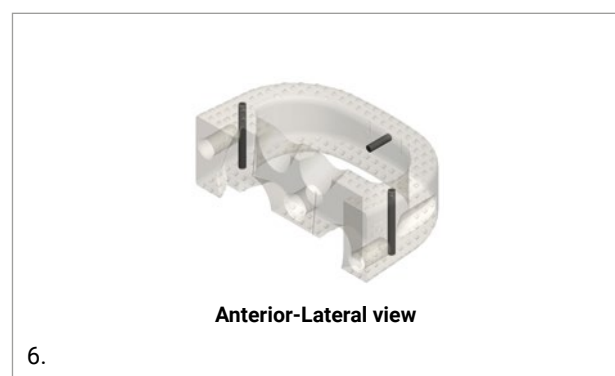
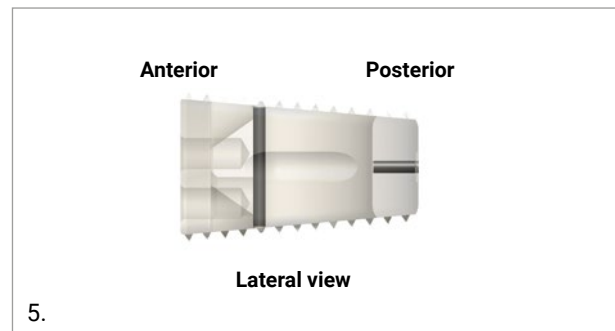
The screws are offered in 2 diameters and 4 lengths in order to provide multiple options, including a "rescue" option, for the surgeon.

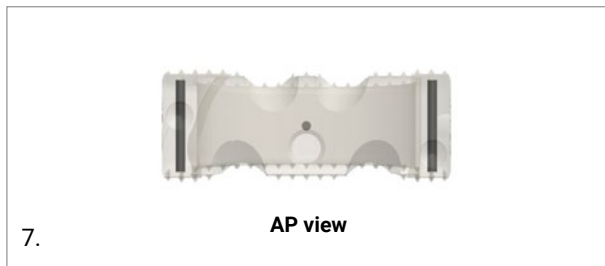


1.1 MATERIAL & MARKER

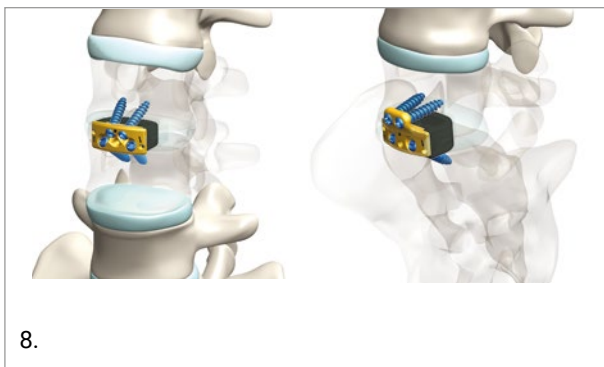
- Biocompatible radiolucent PEEK (Polyetheretherketone) allows a clear assessment of bony fusion through the device. PEEK provides an excellent modulus of elasticity and load sharing attributes
- Titanium coating

Posterior and lateral Tantalum marker pins allow for clear radiographic visualization of the device in the coronal and sagittal planes.





- Titanium Screws
- Titanium Plate



1.2 INDICATIONS

The MectaLIF Anterior is an interbody fusion device indicated for use in patients with degenerative disc disease (DDD) at one or two contiguous levels from L2 to S1.

These DDD patients may also have up to Grade I spondylolisthesis or retrolisthesis at the involved level(s). The interior of the spacer component of the MectaLIF Anterior can be packed with autograft.

DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by radiographic studies.

These patients should be skeletally mature and have had six months of non-operative treatment. These patients may have had a previous non-fusion spinal surgery at the involved spinal level(s).

The MectaLIF Anterior Stand-Alone system is intended to be used with the bone screws provided and requires no additional supplementary fixation.

1.3 CONTRAINDICATIONS

The MectaLIF Anterior interbody fusion device system should not be implanted in patients with active systemic infection or infection localized to the site of implantation.

Please see the instruction for use for the full list of indications, contra-indications, precautions and warnings.

1.4 PREOPERATIVE PLANNING

Prior to any surgical implantation of the device, it is critical to evaluate the patient's pre-operative MRI and/or CT to template and determine the most appropriate size and type of implant to be used in order to match the patient's anatomy.

1.5 SURGICAL APPROACH

The surgical approach depends on which level needs to be treated.

The MectaLIF Anterior interbody fusion device system is indicated for use via the anterolateral surgical approach as well as the anterior retroperitoneal approach.

2. PREPARATION

The MectaLIF Anterior interbody fusion device system can be implanted also by an anterior approach.

2.1 ANTERIOR ACCESS AND APPROACH

Locate the correct operative level and incision location by taking a lateral flourescopic view while holding a straight metal object, such as a guide wire, at the side of the patient. This will ensure that the incision and exposure allow direct visualization of the vertebral segment. The locking screws of the MectaLIF Anterior Stand-Alone Flush, Hybrid Plate must be inserted from a direct anterior approach.

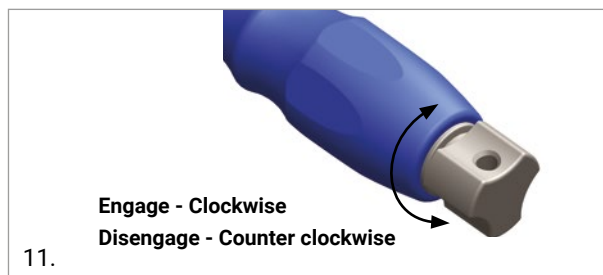
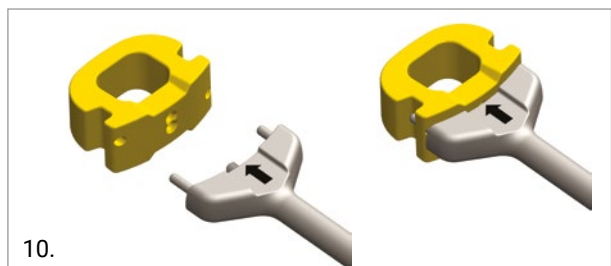
2.2 DISCECTOMY AND ENDPLATE PREPARATION

Expose the disc space to create sufficient space on either side of the vertebral midline. This allows for safe insertion of the implant, without interference from possible adjacent soft tissue. Good preparation of the disc space is vital prior to implantation. Medacta provides optional Auxiliary Disc Prep Instruments to help with the disc preparations. Remove the cartilage endplates to bleeding bone, do not compromise the integrity of the bony endplates. An additional Distractor or a Modular Padde Distractor are available if distraction or remobilization is required. Check if the Vertebral Body Distractor is safely positioned with an intraoperative lateral X-ray.

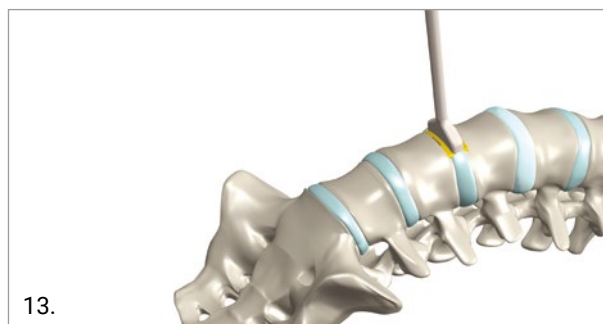
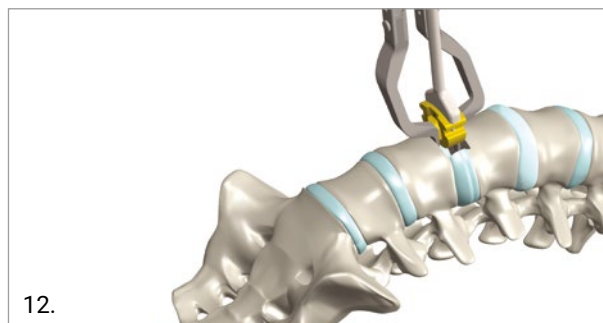


2.3 TRIAL SELECTION

Select the Flush Profile Trial that is most suitable for the disc space. Check the appropriate footprint and lordotic angle. Attach it to the Straight Inserter and lock tightly by turning the wheel at the end of the Inserter Handle.



Insert the Trial to determine the appropriate size. Light tapping from the Slotted Mallet may be necessary.



If the Trial is too loose, remove it carefully and select the next higher size. The Trial should be a tight fit and slightly distract the disc space.

NOTE: After impacting the Straight Inserter, it may be necessary to retighten the wheel at the end of the handle.

NOTE: Use the Slotted Mallet or Slap-Hammer if necessary to remove the Straight Inserter if necessary.

NOTE: Use X-ray to verify the position of the Trial, the restoration of the disc and the foraminal height. Also check the overall alignment of the spine before selecting your final implant choice.

2.4 IMPLANT SELECTION & ASSEMBLY

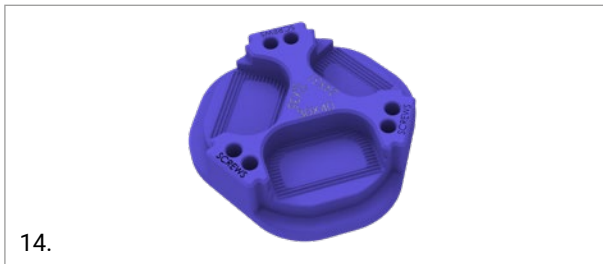
Select the appropriate size cage implant, based on the outcome of the trial measurements. Use the same height, and footprint that is indicated on the Trial Implant.

3. IMPLANT INSERTION

3.1 IMPLANT GRAFT PACKING

Autogenous bone graft may be packed in the implant. Firmly pack the graft material in the window of the cage.

To help packing the cage with bone graft, a dedicated Loading Station may be used to place the cage - plate construct.



14.

The loading station can also be used to hold the screws while engaging them with the screwdrivers.

3.2 STANDARD IMPLANT PREPARATION & INSERTION

Implant Preparation & Insertion

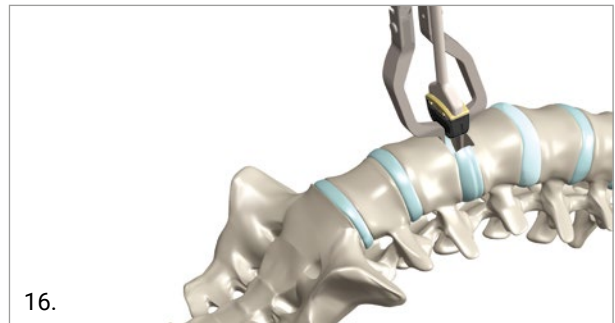
While ensuring the correct alignment of the cage to the Straight Inserter, screw the Insert Handle tightly onto the device.



15.

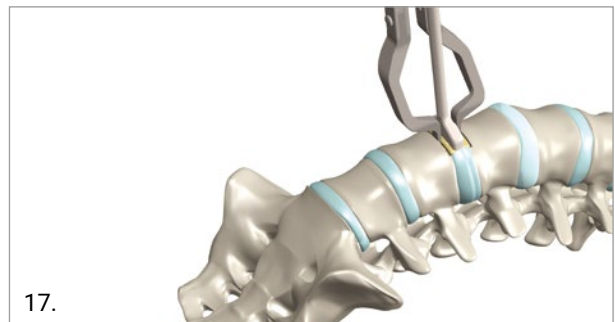
NOTE: The Straight Inserter must be attached firmly to the plate to avoid damage to the implant holder or the plate threads. Ensure the correct device positioning by aligning the arrow on the Straight Inserter with the dot laser marked in the front side of the plate.

Place the implant into the disc space and lightly impact the Straight Inserter with a Slotted Mallet to advance the implant to its desired position.



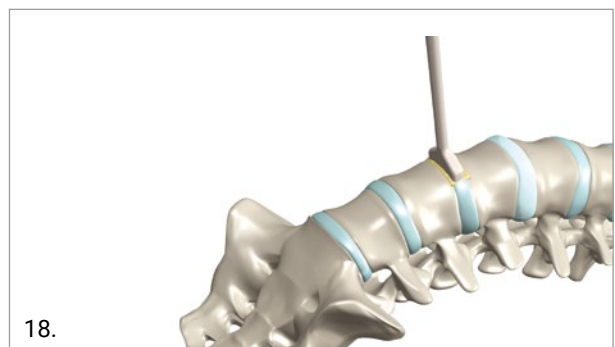
16.

A Vertebral Distractor can be used to assist with guiding the implant initially to the disc. Hold the Vertebral Distractor firmly.



17.

Slide the implant between the Vertebral Distractor blades and into the disc space until the implant is counter sunk about 3mm beyond the anterior vertebral wall.



18.

Verify the final implant positioning with the aid of an intraoperative lateral & AP X-ray.

Remove the straight Inserter.

NOTE: The Straight Fitting Instrument can be used if a quick reposition of the implant is necessary after disengagement of the Straight Inserter.

3.3 ALTERNATIVE “FLUSH PLATE” IMPLANT PREPARATION & INSERTION

The “Quick Inserter” allows for an alternative technique to insert the flush plate implant configuration.



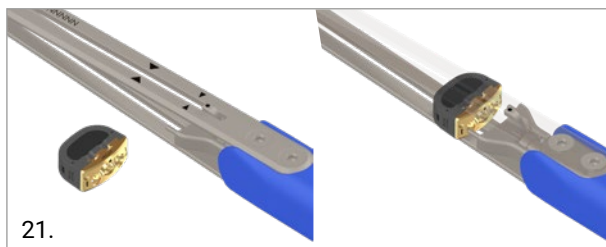
NOTE: This instrument can also be used for trial insertion, but not for removal.

Prepare the Quick Inserter by turning counter-clockwise the distal blue knob wheel until the pusher is positioned just under the blue handle.

The head of the Quick Inserter has a marked dot. The dot has to be above the upper arrow in order to simplify implant fixation.



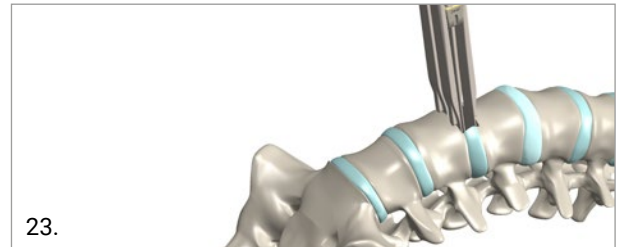
Slide the implant between the inserter blades and seat it onto the head. While ensuring the correct alignment of the cage to the head, screw the inner shaft and fix the implant to the Quick Inserter.



The implant inserter must be attached firmly to the plate to avoid damage to the implant holder or the inserter itself.

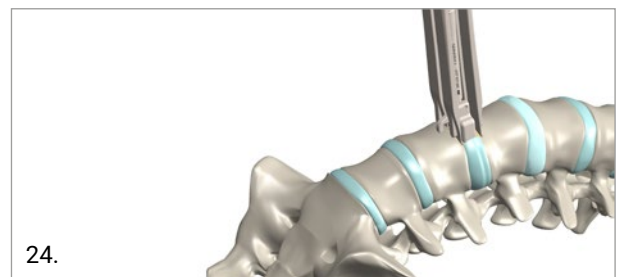


Insert the tips of the inserter's blade into the disc space. The depth stops on the tips should be in contact with the anterior wall of the vertebral body.

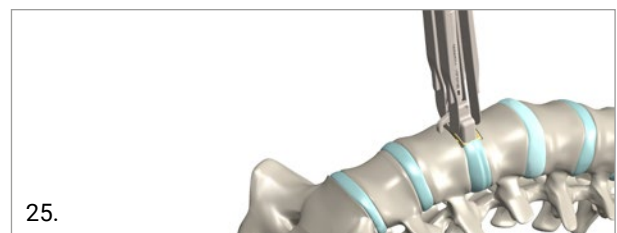


By turning the distal blue wheel clockwise you will advance the implant towards the disc space. Tension will increase as the implant enters the disc space and the blades distract the segment.

NOTE: Ensure that an enough axial force is applied on the inserter to prevent the blades from starting to move out the disc space before the implant has reached the final position.



Continue turning the distal blue wheel until the implant is properly seated in the disc space and the ramps are fully ejected and released.



CAUTION

Take care to retract all soft tissue and blood vessels from the site where the ejection mechanism touches the vertebral body.

CAUTION

The Quick Inserter is not intended to be used for disc height distraction. Doing so could compromise the integrity of the devices utilized. If distraction is necessary, apply the dedicated instrumentation prior to implant insertion.

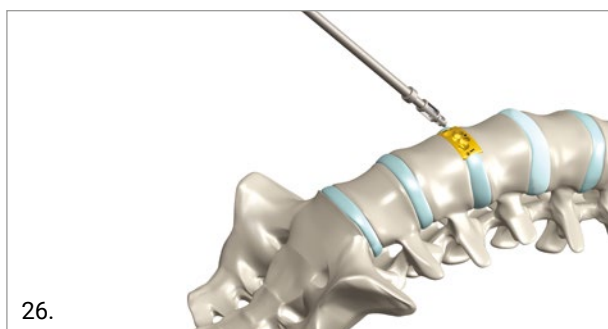
After verifying proper implant placement, proceed with screw placement as described in this paragraph or in the paragraph 5 Guided Technique.

4. SCREW INSERTION

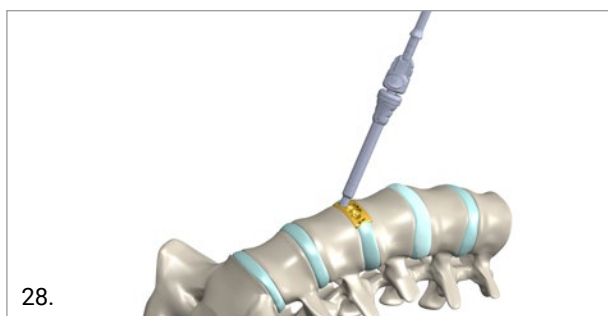
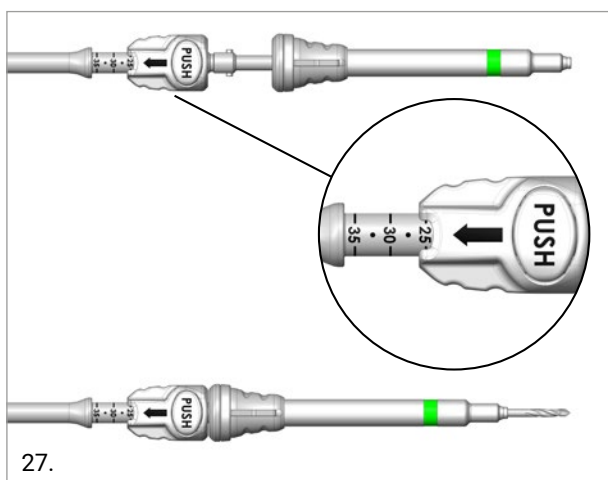
4.1 FREE HAND TECHNIQUE

"Flush", and "Hybrid" Screw Insertion

Use the Awl Straight / Awl Universal Joint to perforate the cortical bone.



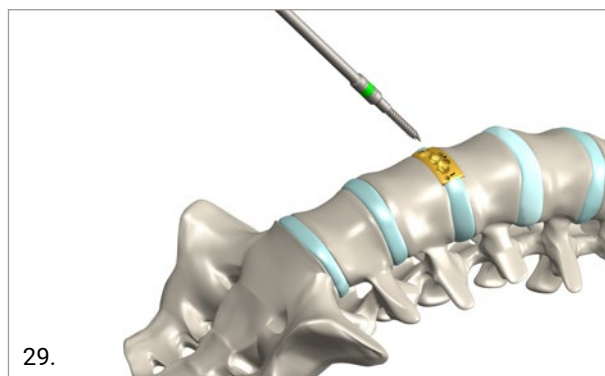
Use the Drill Straight / Drill Universal Joint to set the screw hole length. Couple the Drill Straight with the related sleeve. Push the button to adjust the depth of perforation; the scale reported on the instrument (20-35mm span) corresponds with the related size of the screw to insert.



WARNING

When using the Awl/Drill Universal Joint instruments do not over-angle the distal tip to avoid mechanical blockage. Also avoid non-axial overpressure that may cause tip damage/breakage.

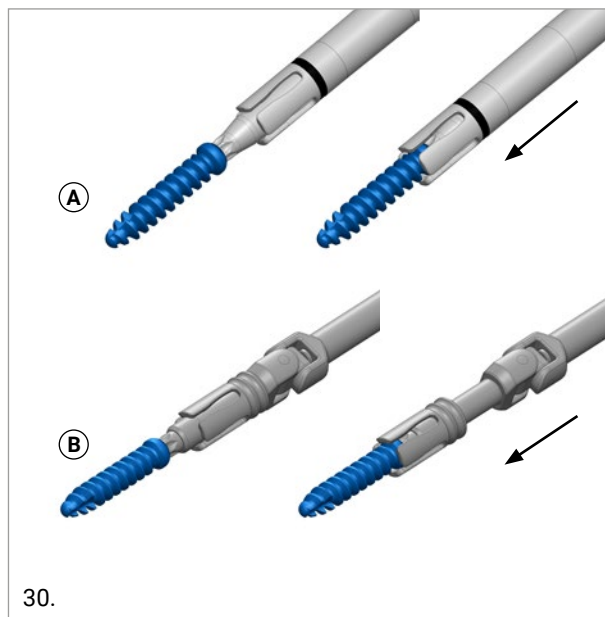
Before inserting the screw, tapping is recommended. Both straight and U-Joint instruments are available.

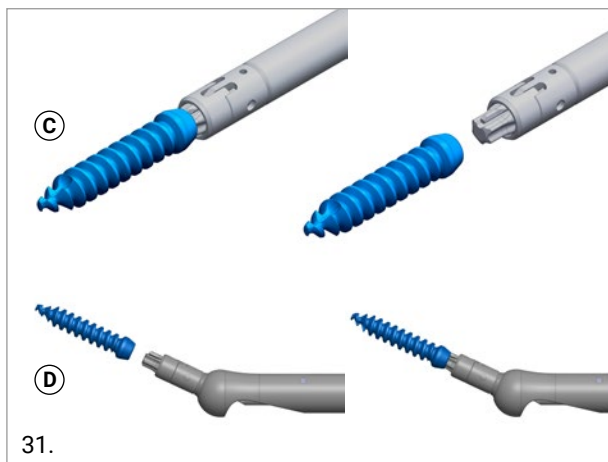


WARNING

The Tap Straight tip is 30 mm long. When using screws with length < 30 mm, the Tap Straight should not be used all the way through the holes of the plate in order to avoid overlapping.

Connect the screw to the Screwdriver Straight or to the Screwdriver Universal Joint.

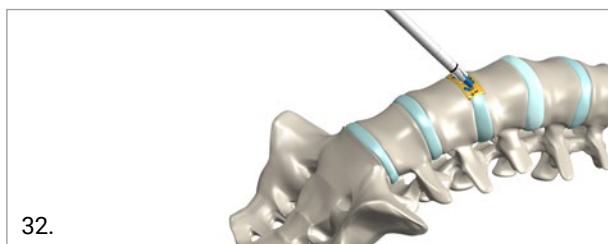




CAUTION

The Self-Retaining Straight and Angled Screwdriver (Fig 31 C and D respectively) can be coupled with the Long-Head Screw only. Before connecting the Screw the Screwdrivers must be assembled (Fig. 33 and 35).

Insert the screw into the threaded hole of the plate.



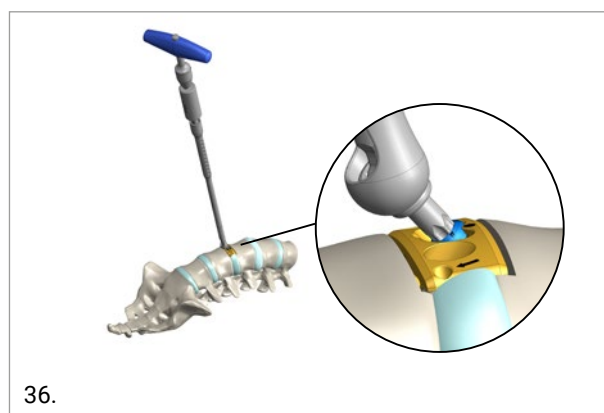
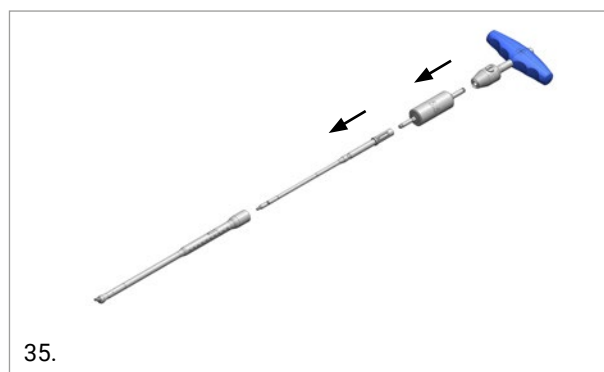
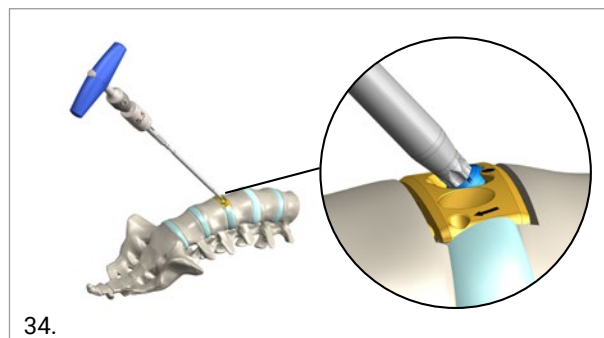
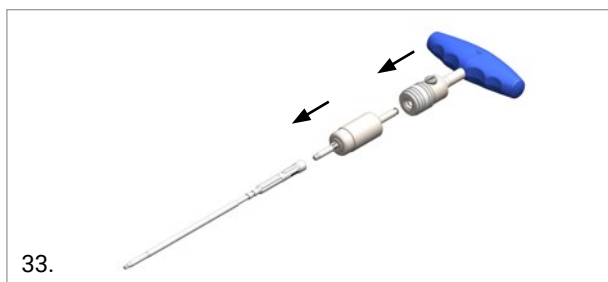
Perform the final tightening with the Straight, the Modular or the Angled torque limiting Screwdriver.

All these instruments are equivalent; the surgeon may choose the option that is more ergonomic depending on individual preferences and patient anatomy.

The pictures below show the Modular Straight and the Modular Angled solution.

WARNING

Do not apply lateral bending to avoid breakage or bending.



Before cleaning the Screwdriver must be diassabled. Extract the inner shaft from the outer shaft as shown in the following pictures.

WARNING

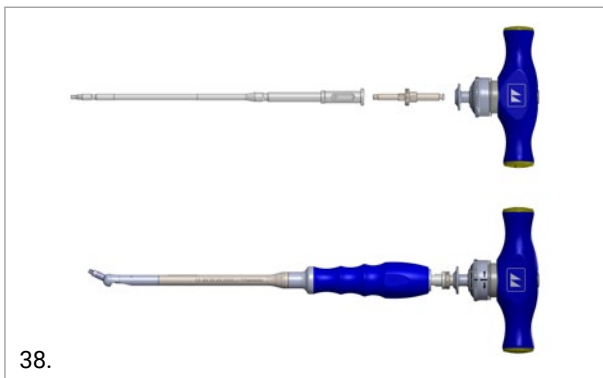
The 5.5 Nm Torque Limiter Screw Driver must be used to guarantee the correct screw final tightening without damage the screw/instrument interface.

OPTION

To perform the final tightening, a handle with an integrated 5.5 Nm torque limiter is available (Fig. 37).

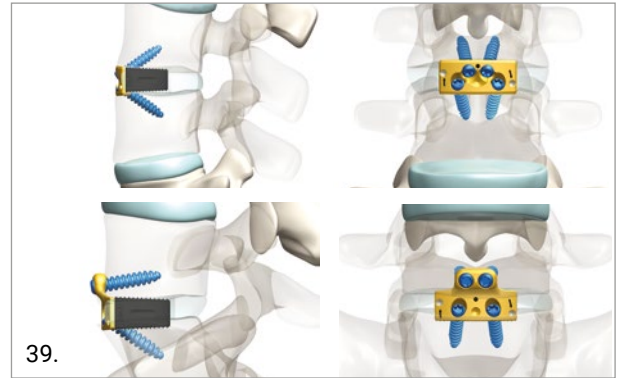


Connect the handle to the Straight or Universal joint screwdriver to perform the final tightening. This solution allows for insertion and fixation of the screw in one step. Instead, to connect the handle with the integrated torque limiter to the Angled and Modular Straight screwdriver, it is necessary to attach a double connector between the screwdriver and the handle (see Fig. 38). This solution reduces the overall length of the assembly compared to the solution with the modular torque limiter without hampering the correction maneuver. Proceed with the screw insertion and final tightening.



WARNING

It is recommended not to use the T-handle with Awls, Taps, Drills and Screwdrivers except for the torque limiting drivers.



After the insertion of the screws, verify correct placement with the help of an intraoperative AP and lateral X-ray.

WARNING

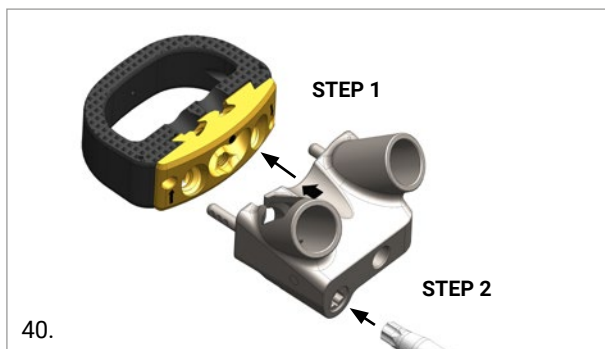
Implantation at two consecutive levels in combination with screws longer than 25mm, the screw length has to be verified by fluoroscopy prior to screw insertion; this is meant to prevent screw interference.

5. FLUSH CONSTRUCT - GUIDED TECHNIQUE

Select the correct height of the aiming device according to the selected height of the implant.

Assemble the Aiming Device to the Flush construct and then firmly attach it to the Flush construct, by securing the anti back-out mechanism with the Screwdriver Straight.

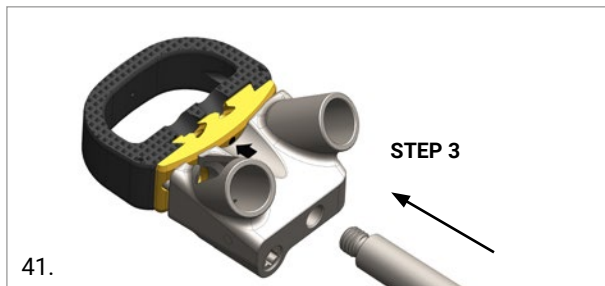
NOTE: Align the arrow in the Targeting Device with the black dot on the plate.



CAUTION

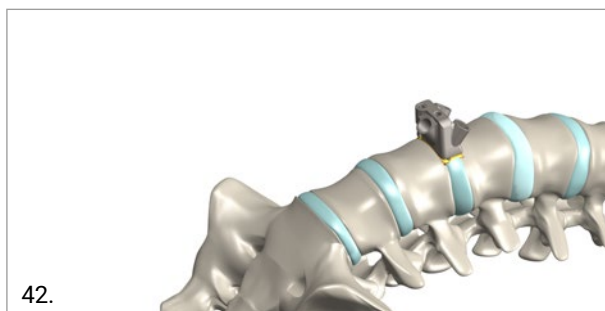
Do not overtighten the anti back-out mechanism to avoid damage.

Load the dedicated Targeting Device Shaft with a clockwise rotation.



During step 3, rotate the shaft on the targeting device until its mechanical stop.

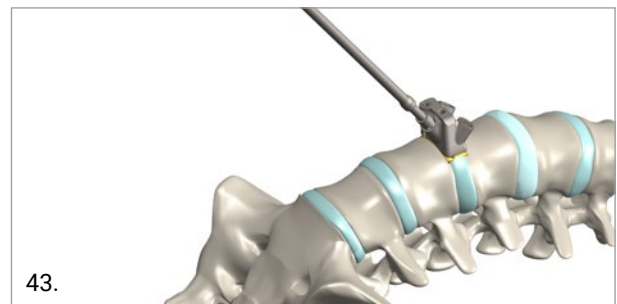
Slide the construct into the disc space. The shaft can be then removed for better visibility or left attached to the targeting device for better handling.



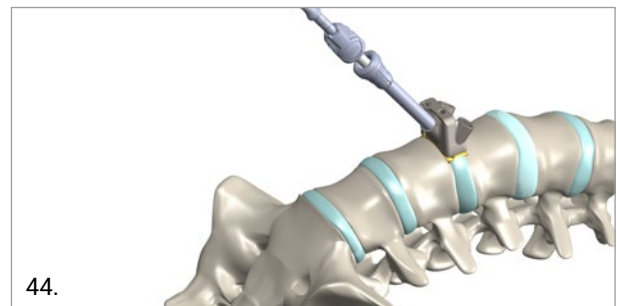
OPTION

The Flush construct can be alternatively positioned using the standard inserter, the Targeting Device can be then attached in situ.

Insert the Awl Straight / Awl Universal Joint into the Targeting Device and perforate the cortical bone.



Use the Drill Straight / Drill Universal Joint and drill the bone.

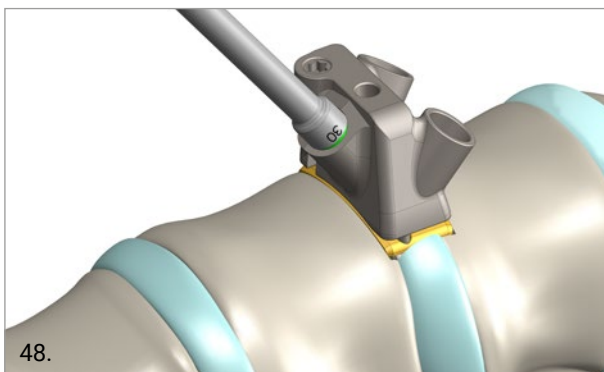
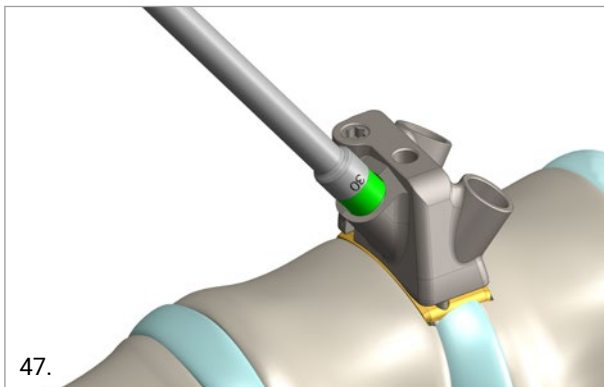
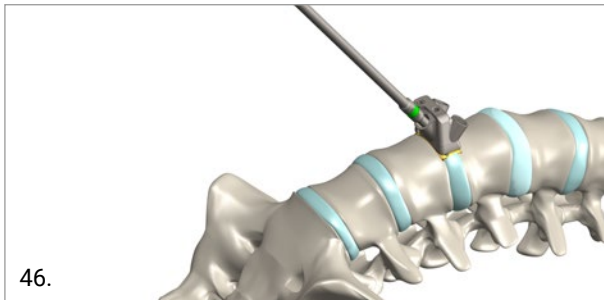


NOTE: The mechanical stop is reached when the green mark is fully inside the aiming device.

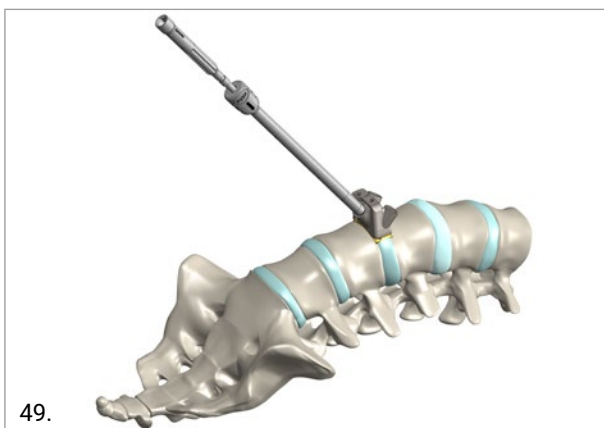
Tap the drilled hole. The tap straight is marked at 25mm and 30mm.



NOTE: When the mechanical stop is reached the green marker of the tap is flush with the hole of the targeting device

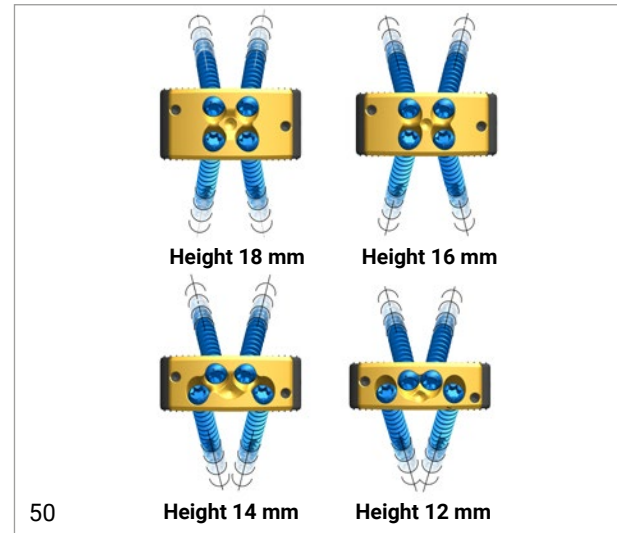


If the selected length of the screw is 25 mm, stop tapping at the beginning of the green mark. Insert the screw with the Straight/U-joint screwdriver.



Perform the final tightening at 5.5Nm with the straight or the modular torque limiter.

The trajectory of the caudal screws of the implant with a height of 12 or 14 mm is convergent while with a height of 16 and 18 mm is divergent.

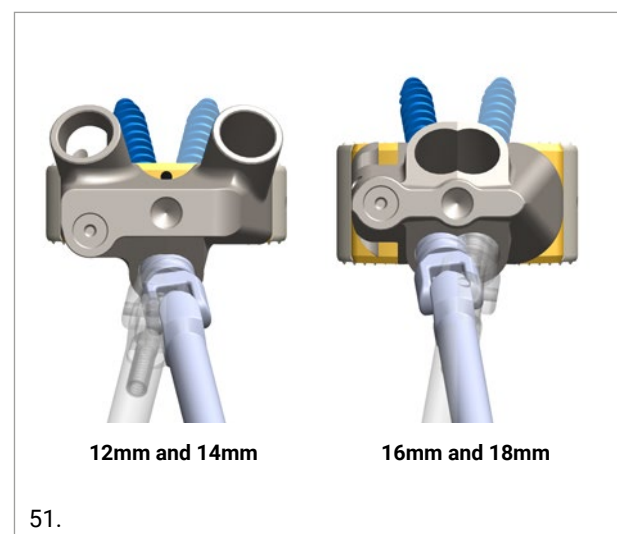


CAUTION

When using the targeting device make sure to align the instrument correctly to perforate in the desired direction.

The targeting device with the height of 12 or 14 mm has a single hole located in the caudal position to perforate the cranial holes. The right/left cranial perforation must be performed in the counter right/left direction (see Fig. 49).

The targeting device with the height of 16 or 18 mm has a double hole in the caudal and cranial positions. Align the instrument correctly to perforate in the desired direction (see Fig. 49).



6. IMPLANT REMOVAL

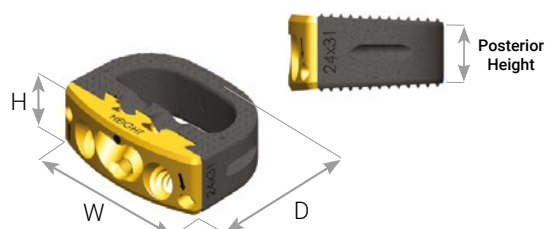
If a revision of an implant is performed or a badly-positioned implant needs to be removed, implants can be safely removed using the standard instruments. To start the screw removal, position the distal tip of the Self-Retaining Screwdriver until seated into the Screw. Remove the screw by turning counterclockwise while pulling back the Screw-to-Screwdriver assembly.

NOTE: In revision cases bony in-growth on the central threaded hole and screw heads may block proper connection of the instruments. Removal of this bony in-growth is mandatory for safe removal of the implant.

While ensuring the correct alignment of the cage to the appropriate Implant Inserter, screw the Insert Handle tightly onto the implant. The Implant Handle must be attached firmly to the plate to avoid damage to the Inserter (Implant holder) or the plate threads. Connect the Slotted Mallet or Slap Hammer onto the distal end of the inserter and gently slap back the implant from the disc space.

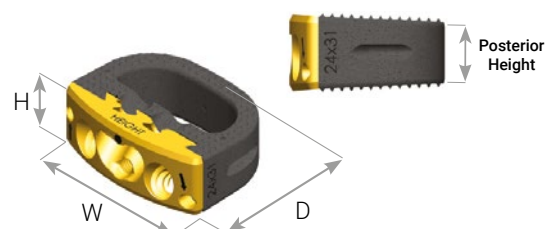
7. IMPLANT NOMENCLATURE

MECTALIF ANTERIOR STANDALONE - FLUSH



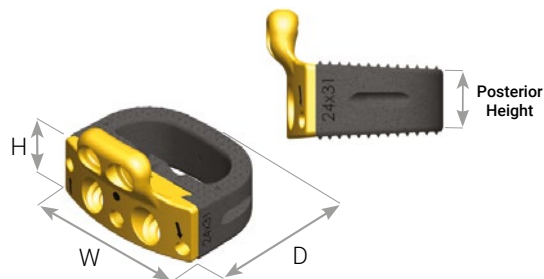
TIPEEK CAGE	SIZE (mm) [D X W X H]	LORDOSIS	POSTERIOR HEIGHT (mm)
03.33.002	24x31x12	5°	9.5
03.33.003	24x31x14	5°	11.5
03.33.004	24x31x16	5°	13.5
03.33.005	24x31x18	5°	15.5
03.33.007	24x31x12	10°	7.8
03.33.008	24x31x14	10°	9.8
03.33.009	24x31x16	10°	11.8
03.33.010	24x31x18	10°	13.8
03.33.012	24x31x12	15°	6.0
03.33.013	24x31x14	15°	8.0
03.33.014	24x31x16	15°	10.0
03.33.015	24x31x18	15°	12.0
03.33.131	24x31x12	20°	4.1
03.33.132	25x31x14	20°	6.1
03.33.133	25x31x16	20°	8.1
03.33.134	26x31x18	20°	10.1
03.33.017	27x35x12	5°	9.2
03.33.018	27x35x14	5°	11.2
03.33.019	27x35x16	5°	13.2
03.33.020	27x35x18	5°	15.2
03.33.022	27x35x12	10°	7.2
03.33.023	27x35x14	10°	9.2
03.33.024	27x35x16	10°	11.2
03.33.025	27x35x18	10°	13.2
03.33.027	27x35x12	15°	5.2
03.33.028	27x35x14	15°	7.2
03.33.029	27x35x16	15°	9.2
03.33.030	27x35x18	15°	11.2
03.33.140	27x35x14	20°	5.0
03.33.141	27x35x16	20°	7.0
03.33.142	27x35x18	20°	9.0

MECTALIF ANTERIOR STANDALONE - FLUSH



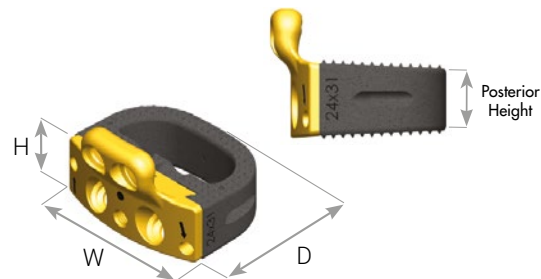
TIPEEK CAGE	SIZE (mm) [D X W X H]	LORDOSIS	POSTERIOR HEIGHT (mm)
03.33.144	30x35x12	5°	9.0
03.33.145	30x35x14	5°	11.0
03.33.146	30x35x16	5°	13.0
03.33.147	30x35x18	5°	15.0
03.33.149	30x35x12	10°	6.7
03.33.150	30x35x14	10°	8.7
03.33.151	30x35x16	10°	10.7
03.33.152	30x35x18	10°	12.7
03.33.153	30x35x12	15°	4.4
03.33.154	30x35x14	15°	6.4
03.33.155	30x35x16	15°	8.4
03.33.156	30x35x18	15°	10.4
03.33.157	30x35x14	20°	3.9
03.33.158	30x35x16	20°	5.9
03.33.159	30x35x18	20°	7.9
03.33.161	30 x 40 x 12	5°	9.0
03.33.162	30 x 40 x 14	5°	11.0
03.33.163	30 x 40 x 16	5°	13.0
03.33.164	30x 40 x 18	5°	15.0
03.33.166	30 x 40 x 12	10°	6.7
03.33.167	30 x 40 x 14	10°	8.7
03.33.168	30 x 40 x 16	10°	10.7
03.33.169	30x 40 x 18	10°	12.7
03.33.170	30 x 40 x 12	15°	4.4
03.33.171	30 x 40 x 14	15°	6.4
03.33.172	30 x 40 x 16	15°	8.4
03.33.173	30x 40 x 18	15°	10.4
03.33.174	30 x 40 x 14	20°	3.9
03.33.175	30 x 40 x 16	20°	5.9
03.33.176	30x 40 x 18	20°	7.9

MECTALIF ANTERIOR STANDALONE - HYBRID



TIPEEK CAGE	SIZE (mm) [D X W X H]	LORDOSIS	POSTERIOR HEIGHT (mm)
03.33.032	24x31x12	5°	9.5
03.33.033	24x31x14	5°	11.5
03.33.034	24x31x16	5°	13.5
03.33.035	24x31x18	5°	15.5
03.33.037	24x31x12	10°	7.8
03.33.038	24x31x14	10°	9.8
03.33.039	24x31x16	10°	11.8
03.33.040	24x31x18	10°	13.8
03.33.042	24x31x12	15°	6.0
03.33.043	24x31x14	15°	8.0
03.33.044	24x31x16	15°	10.0
03.33.045	24x31x18	15°	12.0
03.33.231	24x31x12	20°	4.1
03.33.232	25x31x14	20°	6.1
03.33.233	26x31x16	20°	8.1
03.33.234	27x31x18	20°	10.1
03.33.047	27x35x12	5°	9.2
03.33.048	27x35x14	5°	11.2
03.33.049	27x35x16	5°	13.2
03.33.050	27x35x18	5°	15.2
03.33.052	27x35x12	10°	7.2
03.33.053	27x35x14	10°	9.2
03.33.054	27x35x16	10°	11.2
03.33.055	27x35x18	10°	13.2
03.33.057	27x35x12	15°	5.2
03.33.058	27x35x14	15°	7.2
03.33.059	27x35x16	15°	9.2
03.33.060	27x35x18	15°	11.2
03.33.240	27x35x14	20°	5.0
03.33.241	27x35x16	20°	7.0
03.33.242	27x35x18	20°	9.0

MECTALIF ANTERIOR STANDALONE - HYBRID



TIPEEK CAGE	SIZE (mm) [D X W X H]	LORDOSIS	POSTERIOR HEIGHT (mm)
03.33.244	30 x 35 x12	5°	9.0
03.33.245	30 x 35 x14	5°	11.0
03.33.246	30 x 35 x16	5°	13.0
03.33.247	30 x 35 x18	5°	15.0
03.33.249	30 x 35 x12	10°	6.7
03.33.250	30 x 35 x14	10°	8.7
03.33.251	30 x 35 x16	10°	10.7
03.33.252	30 x 35 x18	10°	12.7
03.33.253	30 x 35 x12	15°	4.4
03.33.254	30 x 35 x14	15°	6.4
03.33.255	30 x 35 x16	15°	8.4
03.33.256	30 x 35 x18	15°	10.4
03.33.257	30 x 35 x14	20°	3.9
03.33.258	30 x 35 x16	20°	5.9
03.33.259	30 x 35 x18	20°	7.9
03.33.261	30 x 40 x12	5°	9.0
03.33.262	30 x 40 x14	5°	11.0
03.33.263	30 x 40 x16	5°	13.0
03.33.264	30 x 40 x18	5°	15.0
03.33.266	30 x 40 x12	10°	6.7
03.33.267	30 x 40 x14	10°	8.7
03.33.268	30 x 40 x16	10°	10.7
03.33.269	30 x 40 x18	10°	12.7
03.33.270	30 x 40 x12	15°	4.4
03.33.271	30 x 40 x14	15°	6.4
03.33.272	30 x 40 x16	15°	8.4
03.33.273	30 x 40 x18	15°	10.4
03.33.274	30 x 40 x14	20°	3.9
03.33.275	30 x 40 x16	20°	5.9
03.33.276	30 x 40 x18	20°	7.9

MECTALIF ANTERIOR SCREWS PRIMARY



ENHANCED SCREW	SIZE
03.30.111	Screw Ø5 x 25mm (1x)
03.30.112	Screw Ø5 x 30mm (1x)
03.30.113	Screw Ø5 x 35mm (1x)
03.30.114	Screw Ø5 x 40mm (1x)
03.30.131	Screw Ø5 x 25mm (2x)
03.30.132	Screw Ø5 x 30mm (2x)
03.30.133	Screw Ø5 x 35mm (2x)
03.30.134	Screw Ø5 x 40mm (2x)

MECTALIF ANTERIOR SCREWS REVISION



ENHANCED SCREW	SIZE
03.30.115	Screw Ø5,5 x 25mm (1x)
03.30.116	Screw Ø5,5 x 30mm (1x)
03.30.117	Screw Ø5,5 x 35mm (1x)
03.30.118	Screw Ø5,5 x 40mm (1x)
03.30.135	Screw Ø5,5 x 25mm (2x)
03.30.136	Screw Ø5,5 x 30mm (2x)
03.30.137	Screw Ø5,5 x 35mm (2x)
03.30.138	Screw Ø5,5 x 40mm (2x)

MECTALIF ANTERIOR LONG HEAD SCREWS PRIMARY



ENHANCED SCREW	SIZE
03.30.145	MectaLIF Ant. - Screw Long Head Dia. 5x25 (1x)
03.30.146	MectaLIF Ant. - Screw Long Head Dia. 5x30 (1x)
03.30.147	MectaLIF Ant. - Screw Long Head Dia. 5x35 (1x)
03.30.148*	MectaLIF Ant. - Screw Long Head Dia. 5x40 (1x)
03.30.155	MectaLIF Ant. - Screw Long Head Dia. 5x25 (2x)
03.30.156	MectaLIF Ant. - Screw Long Head Dia. 5x30 (2x)
03.30.157	MectaLIF Ant. - Screw Long Head Dia. 5x35 (2x)
03.30.158*	MectaLIF Ant. - Screw Long Head Dia. 5x40 (2x)

*On demand

MECTALIF ANTERIOR LONG HEAD SCREWS REVISION



ENHANCED SCREW	SIZE
03.30.141	MectaLIF Ant. - Screw Long Head Dia. 5.5x25 (1x)
03.30.142	MectaLIF Ant. - Screw Long Head Dia. 5.5x30 (1x)
03.30.143	MectaLIF Ant. - Screw Long Head Dia. 5.5x35 (1x)
03.30.144*	MectaLIF Ant. - Screw Long Head Dia. 5.5x40 (1x)
03.30.151	MectaLIF Ant. - Screw Long Head Dia. 5.5x25 (2x)
03.30.152	MectaLIF Ant. - Screw Long Head Dia. 5.5x30 (2x)
03.30.153	MectaLIF Ant. - Screw Long Head Dia. 5.5x35 (2x)
03.30.154*	MectaLIF Ant. - Screw Long Head Dia. 5.5x40 (2x)

NOTES

[illegible]

Part numbers subject to change.

NOTE FOR STERILISATION

The instrumentation is not sterile upon delivery. It must be cleaned before use and sterilised in an autoclave respecting the regulations of the country EU, directives where applicable and following the instruction for use of the autoclave manufacturer. For detailed instructions please refer to the document "Recommendations for cleaning decontamination and sterilisation of Medacta International orthopaedic devices" available at www.medacta.com.



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MectaLIF® Anterior
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