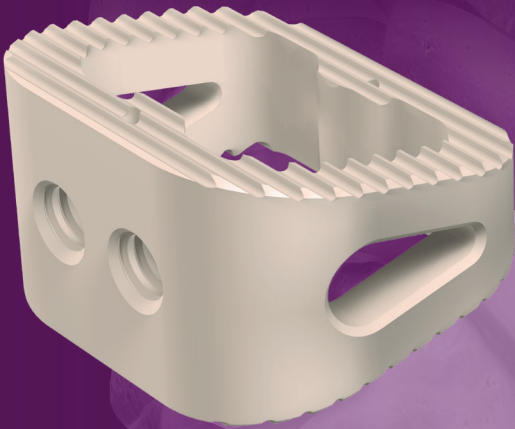


COROENT
SMALL HYPERLORDOTIC

Cervical Anterior Column Realignment (ACR)



Unmatched hyperlordotic
and footprint options



Value of Cervical Anterior Column Realignment (ACR)

Addressing Sagittal Plane Deformity in the Cervical Spine

The NuVasive XLIF ACR and ALIF ACR procedures have pioneered solutions designed to achieve sagittal correction of the anterior column. Based on similar principles of spinal alignment and balance, the Cervical ACR procedure is designed to provide a full system to address sagittal plane deformity in the cervical spine.

With a rich clinical history, ACDF is a popular and clinically accepted procedure for treating certain pathologies of the cervical spine. Like other cervical fusion procedures, the surgical goals of an ACDF include:

1. Restoring and maintaining natural disc space and posterior foraminal height.
2. Decompressing the neural elements.
3. Introducing or restoring proper sagittal and coronal alignment of the spinal column.

RESTORING SAGITTAL ALIGNMENT

Utilizing the same anterior approach as a traditional ACDF, Cervical ACR, facilitated through the unmatched lordosis options offered in the CoRoent Small Hyperlordotic Interbody system, is designed to allow surgeons to better restore sagittal alignment.

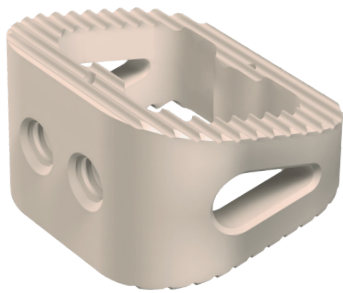


Cervical ACR Procedural Solution

CoRoent Small Hyperlordotic Interbody System

The NuVasive CoRoent Small Hyperlordotic Interbody system has been designed to complement the Cervical ACR procedure featuring unmatched hyperlordotic and footprint options to fit a variety of patient anatomies, from minimal alignment preservation to more advanced restoration corrections.

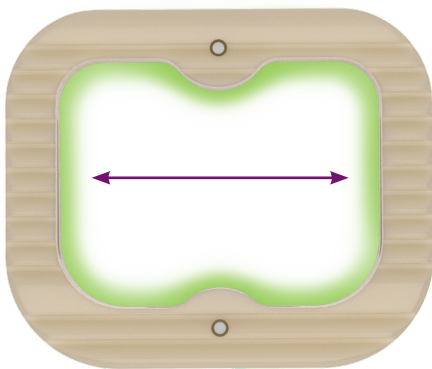
Unmatched Options to Fit Varying Patient Anatomies



**10°, 15°, AND 20°
LORDOTIC OPTIONS**

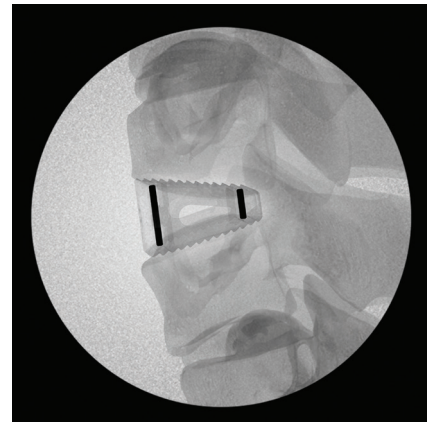
- 10°, 15°, and 20° hyperlordotic footprints designed to restore cervical lordosis and sagittal alignment.
- Large footprints designed to match the shape of the endplate to span the apophyseal ring. Includes anti-migration teeth designed to resist migration or expulsion (15 x 12mm, 17 x 14mm, 19 x 16mm).

Large Fusion Aperture



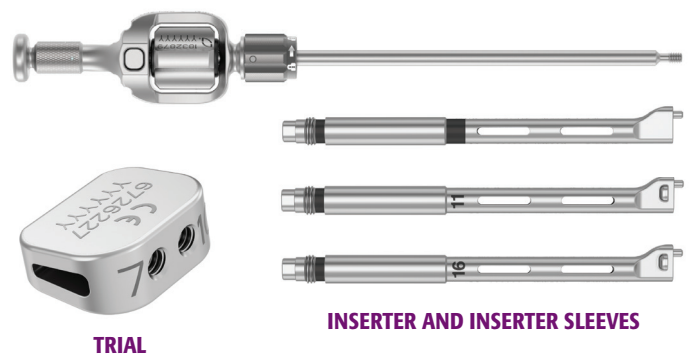
- Optimized central chamber for autograft and/or allogeneic bone graft comprised of cancellous, cortical, and/or corticocancellous bone graft.

Fluoro Visibility for Precision of Placement



- Tantalum markers allow for confidence in interbody placement by increasing intraoperative fluoro visibility.

Simplified Instrumentation for Ease of Use



TRIAL

INSERTER AND INSERTER SLEEVES

- The CoRoent Small Hyperlordotic Trial has been designed with a large sagittal aperture to help improve visualization during implant selection.
- The CoRoent Small Hyperlordotic Trial Inserter options were designed with simplicity and intraoperative flexibility in mind.

Cervical ACR Case Study

Severe Degenerative Disc Disease with Resultant Sagittal Deformity

Osteotomies: No osteotomies
Procedure: C5-C7 ACDF

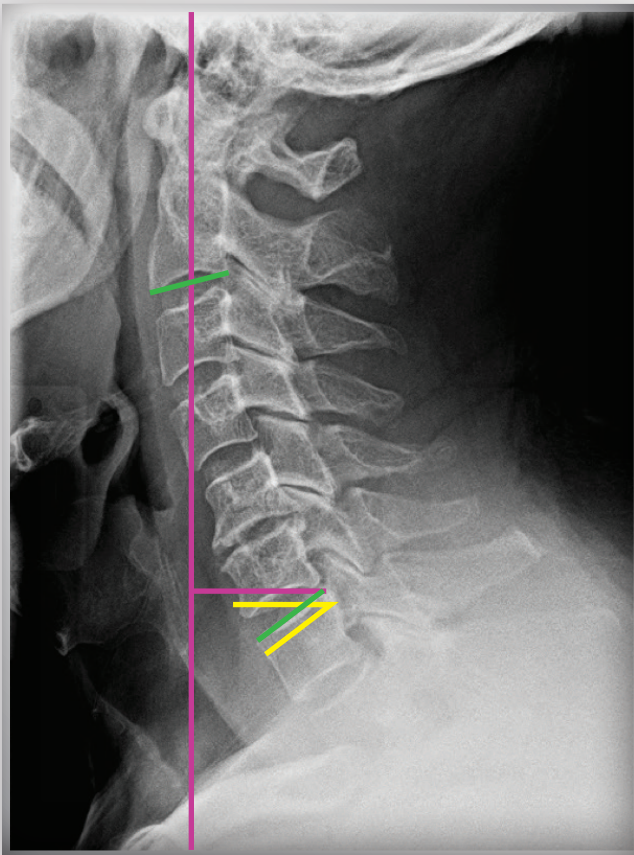
CoRoent Small ACR resulted in restoration of sagittal balance, correction of alignment, indirect decompression, and restoration of disc height, while minimizing the need for posterior osteotomies and associated morbidity.

**Pre-op
Measurements:**

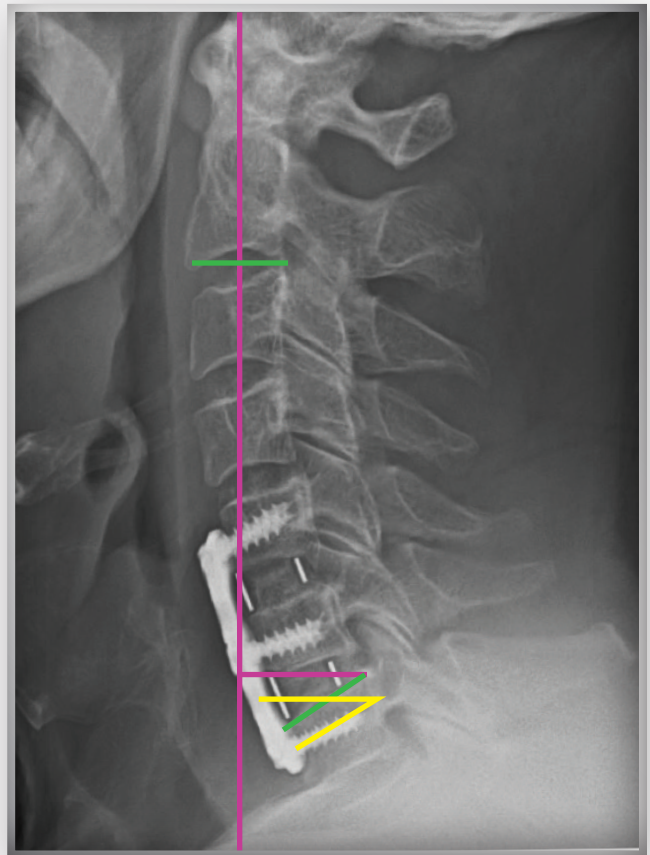
$CL = 21^\circ$
C2-C7 CSVA = 33mm

**Post-op
Measurements:**

$CL = 30^\circ$
C2-C7 CSVA = 26mm



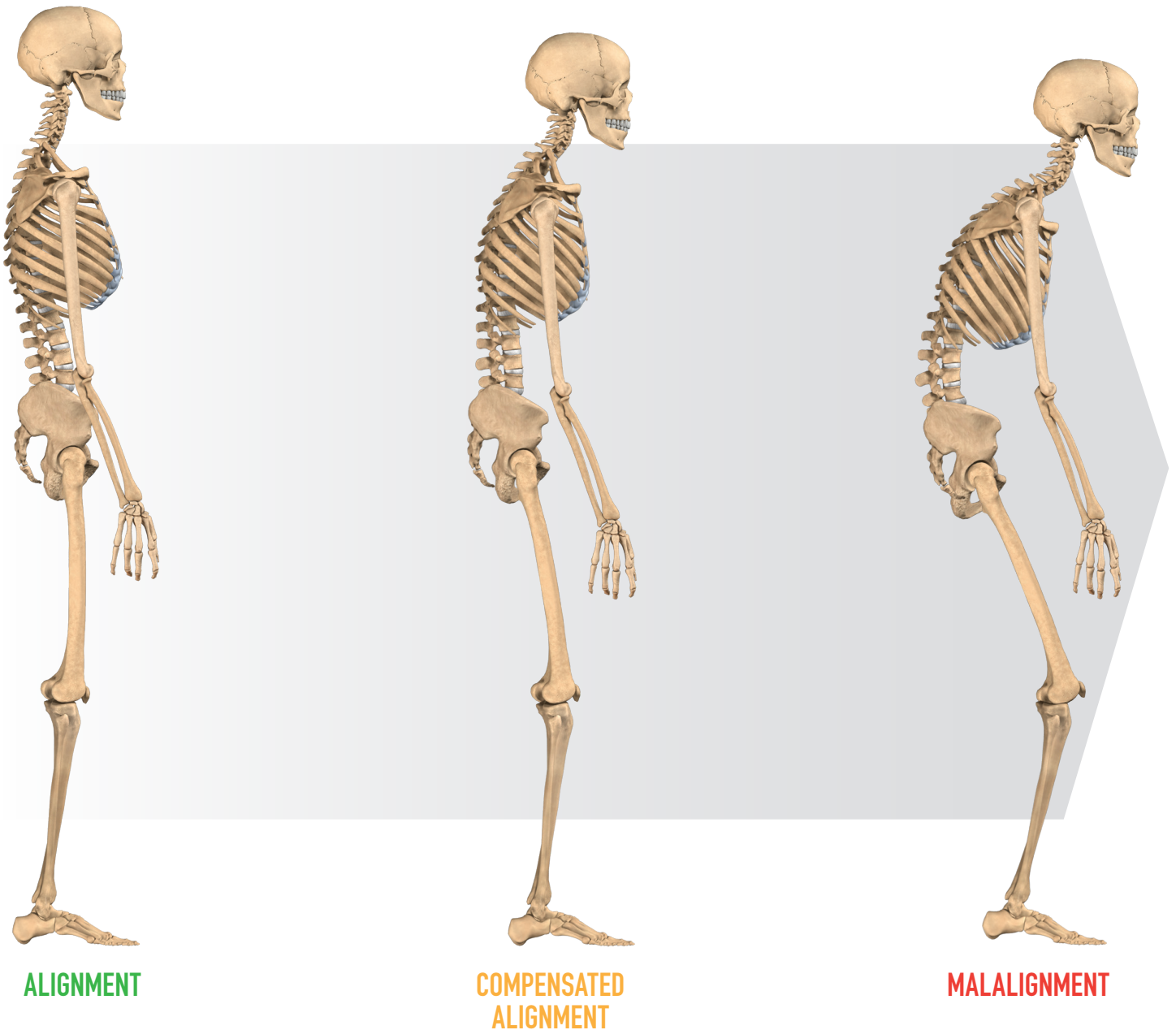
PRE-OP LATERAL RADIOGRAPH



POST-OP LATERAL RADIOGRAPH

Restoring Sagittal Alignment Has Been Increasingly Shown to Improve Clinical Outcomes

Sagittal plane deformity is an increasingly recognized cause of pain and disability in adult patients. Poor sagittal alignment leads to the development of painful compensatory alignment changes as the patient attempts to maintain upright posture.¹

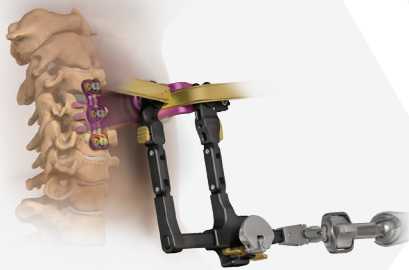


¹Smith JS, Shaffrey CI, Lafage V, et al. Spontaneous improvement of cervical alignment after correction of global sagittal balance following pedicle subtraction osteotomy. *J Neurosurg Spine* 2012;17(4):300-7.

Cervical ACR Procedural Solution

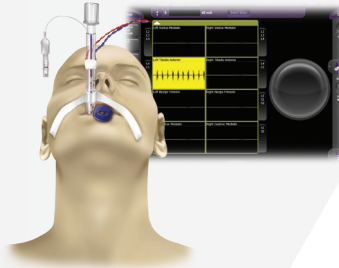
MaXcess-C

Targeted retraction, maximized visualization.



NuVasive EMG ET Tube

Monitoring of the recurrent laryngeal nerve (RLN).

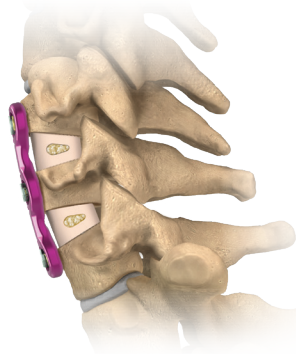


NVM5 Monitoring

Comprehensive nerve root, RLN, positioning, and spinal cord monitoring.



CoRoent Small Hyperlordotic Interbody with Archon Plate



CoRoent Small Hyperlordotic Interbody

Designed for Cervical anterior column realignment with unmatched hyperlordotic and footprint options to fit a variety of patient anatomies.*



Anterior Cervical Plating

NuVasive Archon and NuVasive Helix-Revolution ACP systems.



*The system is indicated for use with autogenous and/or allogeneic bone graft comprised of cancellous, cortical, and/or corticocancellous bone graft to facilitate fusion.



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

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