

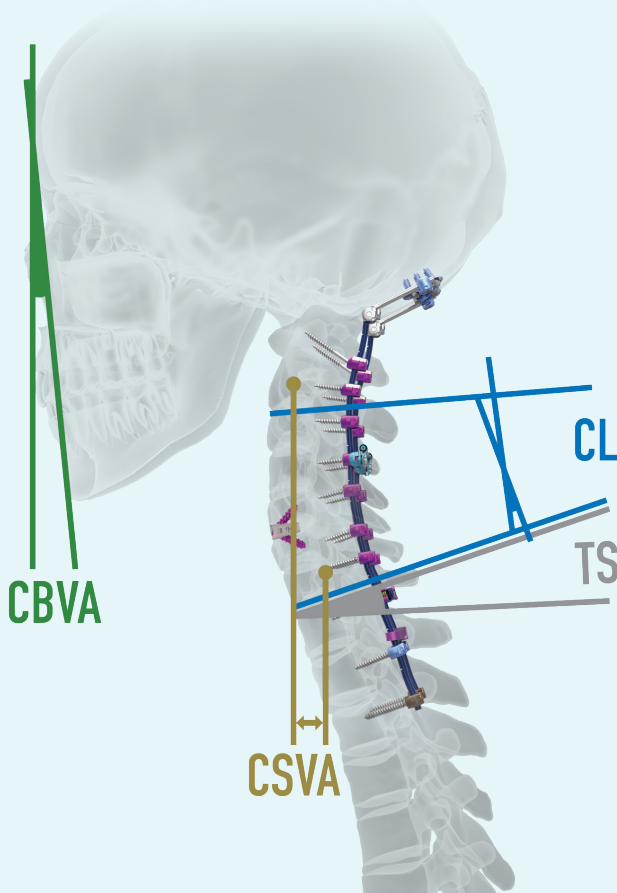
Coroent Small Interlock 2

Interfixated interbody system



Why Alignment Matters

Spinal regions are not independent of one another. Cervical lordosis depends heavily on thoracolumbar alignment and vice versa. Early progress in clinical data has demonstrated a strong correlation between cervical alignment and successful patient outcomes (HRQOL). Specific cervical parameters and their relationship [including cervical lordosis (CL), cervical sagittal vertical axis (CSVA), T1 slope (TS) and the chin-brow vertical angle (CBVA)] are significant indicators of successful outcomes in the body's natural attempt to maintain the head over the pelvis and sustain a horizontal gaze.¹⁻³ NuVasive is committed to a global approach for assessing, preserving and restoring spinal alignment in an effort to promote surgical efficiencies, lasting patient outcomes and improved quality of life. **Cervical Alignment Matters.**



Integrated Global Alignment (iGA) is a platform composed of procedurally based technologies, designed to enhance clinical and economic outcomes by increasing the predictability of achieving global alignment in all spinal procedures. Integration across the surgical workflow allows the surgeon to confidently and reproducibly:



Calculate alignment parameters with preoperative planning tools,



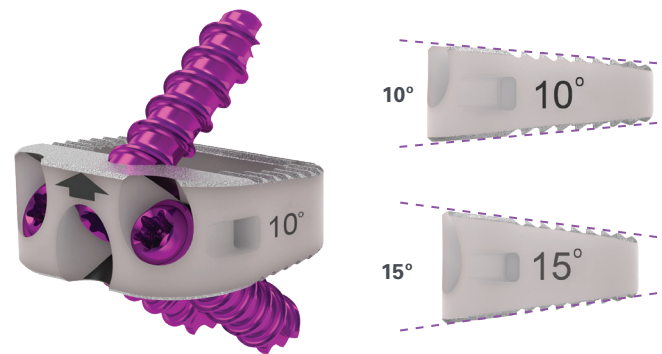
Correct the anterior and posterior column with comprehensive procedural solutions from NuVasive with the industry's only real-time intraoperative assessment, and



Confirm the restoration and preservation of global alignment postoperatively.

Coroent Small Interlock 2 system portfolio

The Coroent Small Interlock 2 system has been designed to complement cervical anterior column realignment and expand upon the existing Coroent Small Interlock system portfolio. Coroent Small Interlock 2 provides multiple lordotic offerings toward pathology-specific solutions designed to both preserve and restore sagittal alignment. This system is also designed to treat degenerative pathologies and adjacent segment disease without having to remove the existing construct, thereby reducing surgical exposure.



“The alignment of the postoperative cervical spine has an effect on the development of symptomatic adjacent-level pathology, requiring surgery.⁵

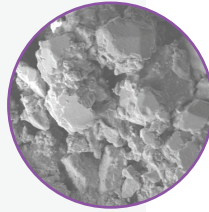
(Adjacent level)

“Similar to the thoracolumbar spine, the severity of disability increases with positive sagittal malalignment following surgical reconstruction.⁶

(CSVA)

Coroent Small Interlock 2 implant

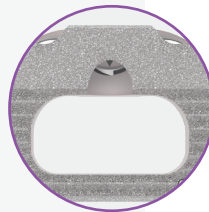
The Coroent Small Interlock 2 implant is a titanium plasma-sprayed PEEK interbody, designed to provide the bony on-growth benefits of titanium, while maintaining the stiffness and fluoro visibility of traditional PEEK.⁴



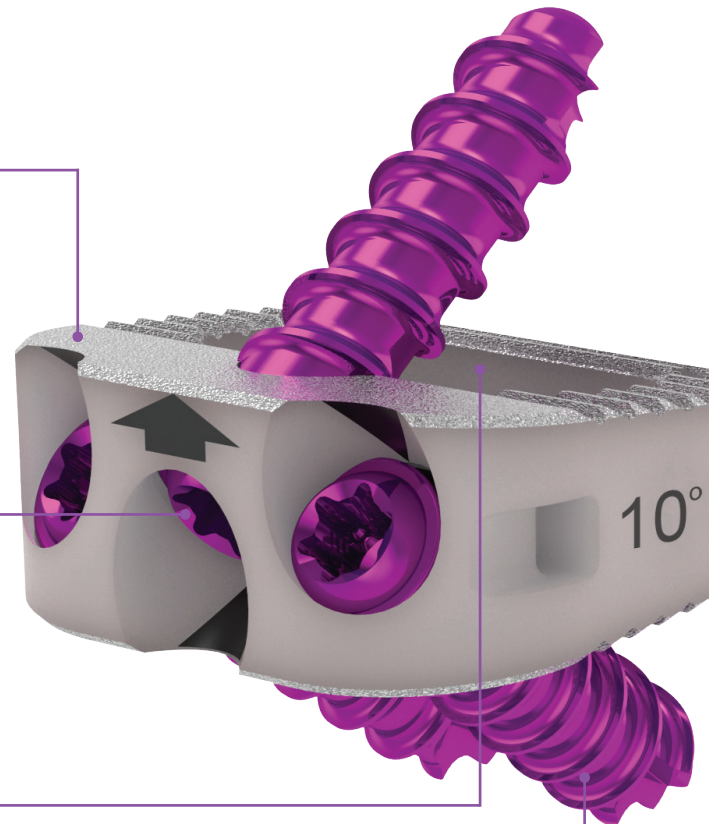
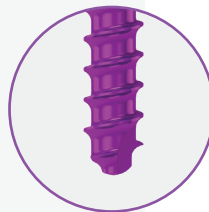
The circumferential (360°) PEEK locking ledge is designed to provide maximum coverage over the screw head without the extra step to lock it in place.



The 17x14 mm footprint with a large graft aperture is designed to sit posterolateral on the hard cortical bone to help maximize stability while providing a large fusion column.



Robust screw design provides aggressive purchase in differing bone types and offers self-tapping and self-drilling options.



Angled instrumentation

The streamlined angled instrumentation is designed to address challenging anatomy and allow for increased visibility and access when working near the chin or chest. The bevel tip awl is designed to easily penetrate cortical bone to allow for a seamless trajectory for the bone screw. The large handle on the angled driver is designed to increase the torque when the surgeon is placing screws near difficult anatomy.



Angled awl



Angled driver

Designed to complement the cervical ACR procedure

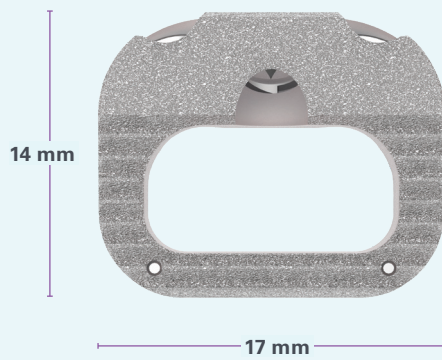
The Coroent Small Interlock 2 system features multiple hyperlordotic options to fit a variety of patient anatomies, from minimal alignment preservation to more advanced restoration corrections.

Multiple options to fit varying patient anatomies

- 10° hyperlordotic and 15° hyperlordotic footprints designed to restore cervical lordosis and sagittal alignment

Large fusion aperture

- Large footprints designed to match the shape of the endplate to maximize weight distribution





Please refer to the Instructions for Use, which can be found on <https://www.nuvasive.com/resources/electronic-ifu-information/> for additional important product information, including, but not limited to, indications, contraindications, warnings, precautions and adverse effects.



References

1. Ames CP, Smith JS, Eastlack R, et al. Reliability assessment of a novel cervical spine deformity classification system. *J Neurosurg Spine* 2015;23(6):673-83.
2. Tang JA, Scheer JK, Smith JS, et al. The impact of standing regional cervical sagittal alignment on outcomes in posterior cervical fusion surgery. *Neurosurg* 2012;71(3):662-9.
3. Protosaltis T, Fehlings M, Liu S, et al. Impact of regional and focal cervical alignment on myelopathy severity: report of 151 patients. *Global Spine J* 2015;05-A030.
4. Data on file.
5. Park MS, Kelly MP, Lee DH, et al. Sagittal alignment as a predictor of clinical adjacent segment pathology requiring surgery after anterior cervical arthrodesis. *Spine J* 2014;14(7):1228-34.
6. Tang JA, Scheer JK, Smith JS, et al. The impact of standing regional cervical sagittal alignment on outcomes in posterior cervical fusion surgery. *Neurosurg* 2012;71(3):662-9.

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