

# **Supine ALIF**

A comprehensive anterior solution



ALIF is an anterior lumbar interbody fusion performed with the patient in the supine position. This procedure provides unique benefits over other surgical approaches and is often performed in the lower lumbar spine.



Access to L5-S1 and above



Improved alignment restoration<sup>1-4</sup>



Improved foraminal height restoration<sup>5</sup>



Improved clinical outcomes<sup>6,7</sup>

#### Access

#### Supine ALIF access system

The Supine ALIF access system was designed for and by access surgeons to deliver reproducible outcomes by combining strength, precision, fluoro visibility and a variety of instrument options.

## Interbody

### Modulus, Base and Brigade

The ALIF interbody product offerings include Modulus ALIF (3D-printed porous titanium), Base (roughened titanium), and Brigade (PEEK). These implants are offered in a wide variety of footprint and lordotic options designed to rebuild the foundation at the base of the spine and restore alignment and lordosis.





#### **Fixation**

#### Reline MAS, Halo Buttress Plate and Brigade ALIF Plate

The Supine ALIF system offers a multitude of fixation options to meet a variety of unique patient needs.







## **Biologics**

#### Osteocel

Osteocel Pro and Osteocel Plus provide all three essential mechanisms for bone formation: osteoconduction, osteoinduction and osteogenesis.8 Osteocel, the most studied cellular allograft, is backed by more than 16 years of research and 300,000 patients treated. Its cohesive and moldable handling characteristics make it a preferred biologic.



#### Osteocel Pro

#### Attrax Putty

Attrax Putty is a synthetic, bioactive and osteoconductive bone void filler designed to drive bone fusion. This proprietary, advanced biomaterial features a surface microarchitecture which provides an optimized environment for bone formation without added cells or growth factors.<sup>9</sup>

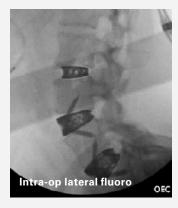
Attrax Putty is the first synthetic biologic to receive 510(k) clearance for use with thoracolumbar interbody systems.



### Case study

In this case, we present a 70-year-old female with a history of multiple decompressive lumbar procedures as well as implantation of a spinal cord stimulator. This patient presented with debilitating low back pain and right lateral leg radiculopathy. The patient had recently undergone physical therapy and facet blocks with partial but unsustained relief. Dr. Chase Bennett's surgical plan consisted of an L2–L3 **XLIF** using the **MaXcess** retractor and an L3–L5 **ALIF** using Modulus ALIF. An L2–ilium percutaneous (PSIF) screw was added posteriorly using navigation and **Bendini**.









#### References

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Individual results and recovery may vary.

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