

Aesculap Spine activ L

Lumbar artificial disc



Generation: activ
Rotation + translation = mobilization

Generation: activ

Discover the innovative power of our latest development



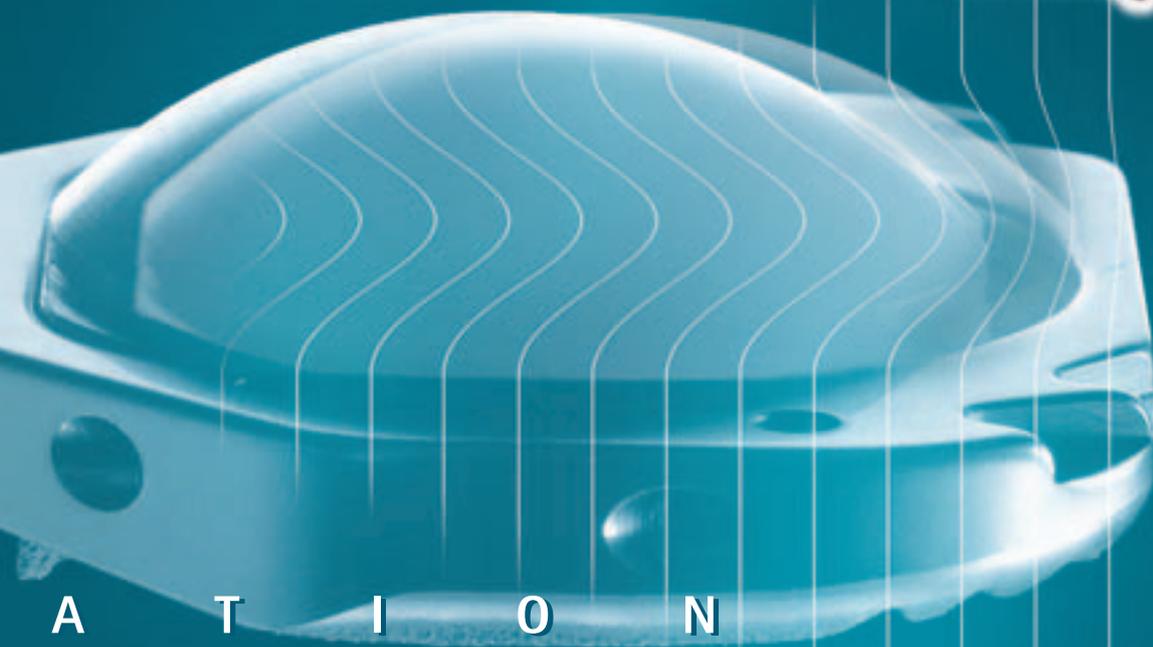
Discover:

- + Rotation + translation = mobilization
- + Respects the anatomy
- + Just a few steps to success
- + Dedicated to safety



activ L

artificial disc



A T I O N

activ L*: the first active artificial disc

Aesculap was one of the pioneers in non-fusion with the Prodisc artificial disc. We have used this knowledge logically and consistently to develop the next generation of intervertebral disc prostheses – generation: activ.

activ L allows a range of motion that follows that of the healthy disc segment. Rotation and translation, cleverly combined, conveys for physiological mobilization.

Other product features offering advantages for surgeon and patient alike are described below – see for yourself!

* Product not yet cleared for use in the USA.

activ L: Rotation + translation = mobilization

So that patients can quickly get back to doing what they like best.



Activ stands on the one hand for close approximation to physiological motion and on the other for patients who want to return quickly to active life. The site of the rotation centre in the intervertebral disc segment is a subject of repeated discussion. So it is not surprising that some conventional artificial discs either have a fixed centre of rotation in the middle or at the back of the implant. However, Gertzbein et al. have shown that the centre of rotation moves according to a

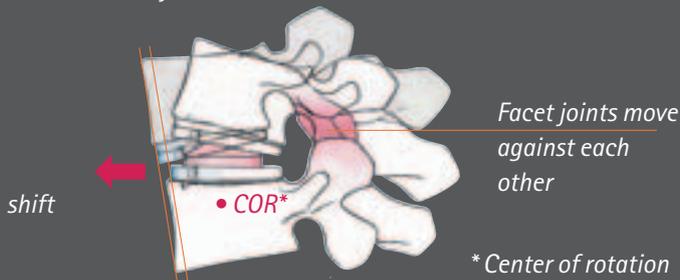
rotary curve. For activ L therefore the following formula applies: rotation + translation = mobilization.

With this combination of movement, activ L more closely approximates to physiological motion whilst maintaining adequate stabilization, since translation is restricted to the sagittal plane. The goal is to reduce facet joint degeneration.

I Z A T I O N

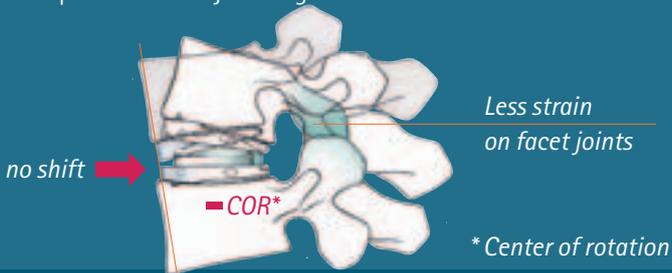
Rotation only

— Purely rotational movement places more load on the facet joints.



Rotation + translation = mobilization

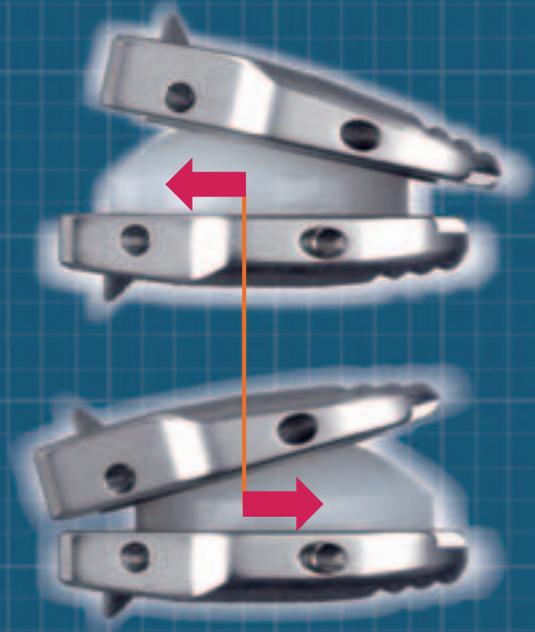
+ The translation movement of the inlay prevents facet joint degeneration



Back to active life. By the fastest route.

activ L artificial disc

- + Controlled anterior-posterior translation of the core.
- + The rotation centre is no longer fixed, but changes its position according to movement from central to dorsal.

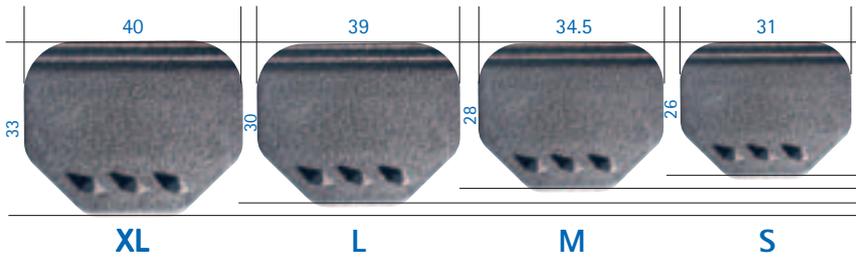


activ L: Respects the anatomy

As individual as your patients' anatomies

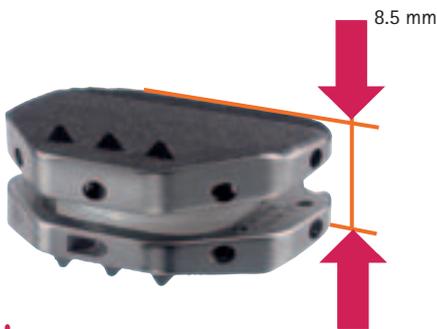


A good artificial disc should suit the patient. In the L5/S1 region we think it is important to keep the disc height low in line with the natural state. For the first time it has been possible to create an artificial disc that is only 8.5 mm high.



+ Good endplate coverage is achieved by having the choice from a range of implants with small size increments.

U A L I T Y



+ Low implant heights help reduce overdistraction. The total height of 8.5 mm contributes to this goal.

activ L: anatomically shaped and individually adaptable.



+ The better the contact surface between implant and bone, the lower the risk of dislocation and implant collapse. The convex shaped endplate achieves a good contact surface with the concave vertebra.

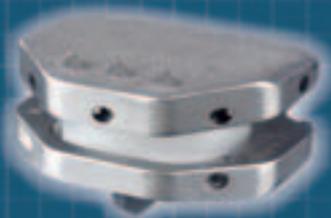
activ L artificial disc

Keel version for special anatomies

+ Optimized fixation for gaping endplates. In the special case depicted, the fins offer optimized fixation that takes effect over the entire length of the vertebra.



+ To avoid additional weakening of the vertebra in multisegmental treatments, the keel version can also be combined with the spike version as desired.



activ L: Just a few steps to success

So simple, there's no excuse any more



Experience has shown us that simple, clear instrumentation can contribute to surgical success. We have succeeded in reducing the operating procedure to four logical steps.

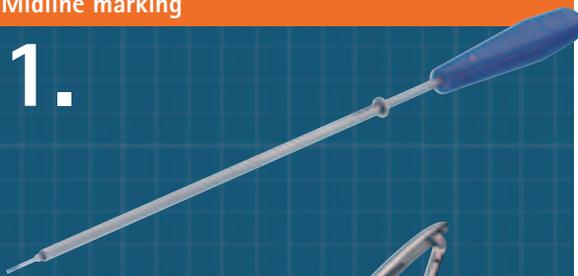


activ L artificial disc

L I C I T Y

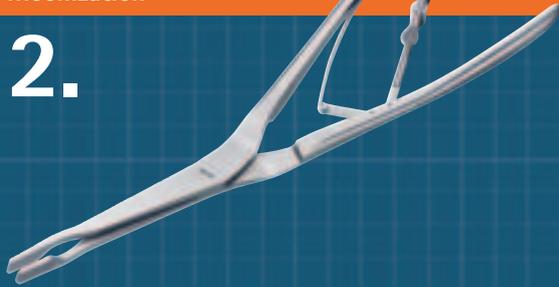
Midline marking

1.



Mobilization

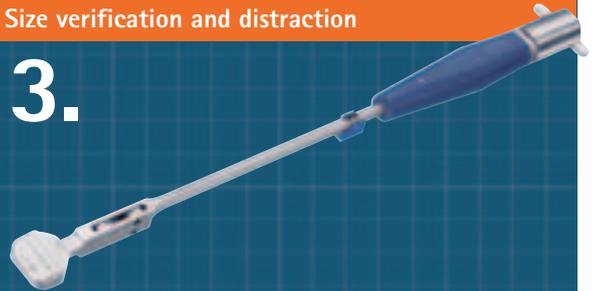
2.



+ Angled retraction forceps makes simultaneous discectomy easier.

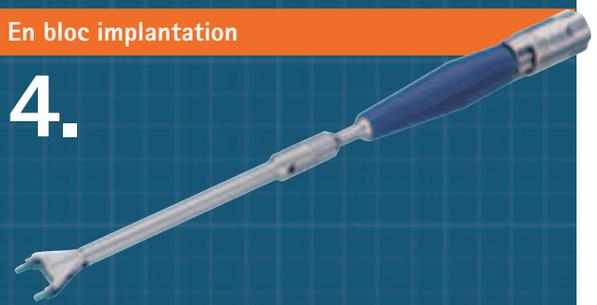
Size verification and distraction

3.



En bloc implantation

4.



+ Slim instruments maintain a clear overview of the operating site and facilitate a minimally invasive approach.

Four simple logical steps to your goal.

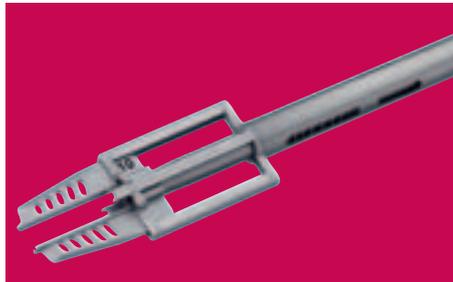
activ L: Dedicated to safety

Safety is our primary concern



In addition to instrumentation that makes the standardized lateral approach possible, revision instruments are also available for exceptional cases. Moreover, all sharp edged chisels are equipped with a chisel guard and safety stop. We believe this greatly reduces the risk of injury.

The Plasmapore® coating, that has proved its worth over many years, is used in combination with additional calcium phosphate layer to guarantee high primary and secondary stability.

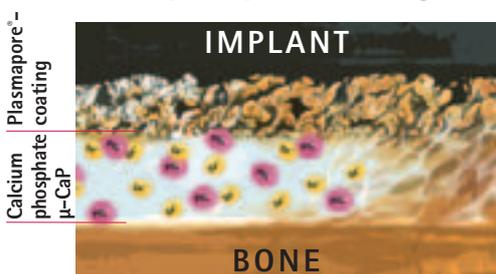


T Y

- + The chisel guard protects surrounding soft tissue from injury.
- + Low risk of injury to the surgical team.
- + Safety chisel depth stop provides additional protection to the posterior structures.

The safe implant is always the better implant

Plasmapore® μ -CaP coating:

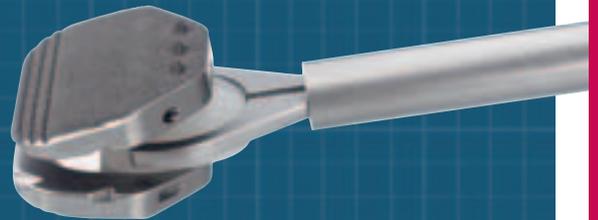


- + The rough Plasmapore® coating and biodegradable calcium phosphate layer (μ -CaP) provides high primary stability.
- + High secondary stability through assured osteointegration.

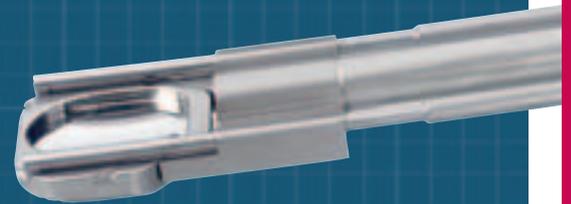
activ L artificial disc

Standardized solution for revision cases

- + Inlay can be exchanged separately

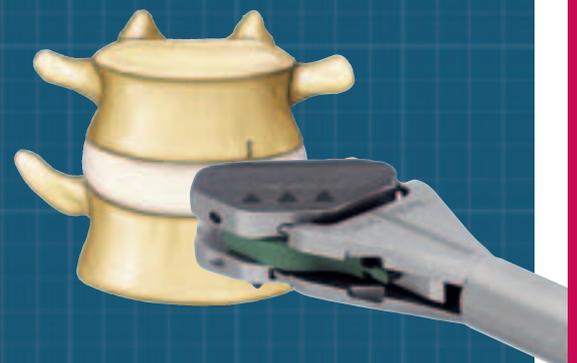


- + Endplate revision instrument can also be used for repositioning



Solution for the pararectal approach:

- + Universal instrumentation also makes the lateral approach possible
- + Less manipulation of the major vessels in L3/4 and L4/5





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