PRODUCT: PRODORTH CAGES

Important Information for the Operation Surgeon!

Objective

The cages instrumentation is designed for the surgical treatment of spinal disc diseases. The treatment involves the fusion of two or more vertebrae. This fusion is realized between the vertebral bodies of two adjacent vertebrae. For successful clinical outcomes, a detailed preoperative evaluation, a meticulous surgical technique and adequate post-operative care are mandatory.

It is important that both the patient and surgeon be fully aware of the risks and possible complications associated with this type of surgery.

Before attempting this technique, the surgeon is advised to attend a training course with a surgeon already experienced with the use of the device.

DESCRIPTION: Prodorth cages are inserted into the disc space. The cages are introduced by posterior and anterior approach using special instruments.

One or more cages may be required per segment for fusion in order to stabilize the segment concerned.

Fusion is made between both vertebral endplates using bone grafts and actual bone of the patient previously introduced into the cages.

It is essential to insert implants with instrumentation specifically designed for this purpose.

Implant Material

The raw materials used in the cages system are VESTAKEEP PEEK by EVONIK INDUSTRIES as indicated by the symbol “®” (ASTM F-2026) also the titanium alloys (ASTM F-136). Prodorth expressly warrants that these devices are fabricated from one of the foregoing material specifications.

INDICATIONS:

- Degenerative disc pathologies
- Herniated nucleus pulposus
- Grade 1 degenerative or isthmic spondylosis
- Visible loss of disc height compared to adjacent levels
- Lumbar pseudarthrosis

Note: Patients should be skeletally mature and have had six months of non-operative treatment.

CONTRAINDICATIONS:

- Prodorth cages are not intended for use except as indicated.
- Fracture, tumor
- Any abnormality present which affects the normal process of bone remodeling including, but not limited to, severe osteoporosis involving the spine, bone absorption, osteopenia.
- Marked local inflammation.
- Pregnancy
- Infection.
- Recognized allergies to titanium or titanium alloys and PEEK material.
- Damaged vertebrae from an accident (trauma) at the level of the surgery.
- Prior fusion at the level(s) to be treated
- An unhealthy shape (deformity) of the vertebrae at the level of the surgery.
- Low bone mineral density, such as osteoporosis or osteopenia
- Mental disability

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SECONDARY AND POSSIBLE SIDE EFFECTS:

- Pseudarthrosis
- Implant penetration, migration or Implant failure
- Infection
- Tissue or nerve damage caused by improper positioning and placement of implants or instruments.
- Paralysis
- Allergy to materials used
- Dysphagia
- Loosening
- Increased neck pain
- Instability
- Hematoma
- c7 palsy
- Hoarseness
- Pain or illness
- HO (heterotopic ossification)
- Anterior displacement of the disc adjacent segment degeneration
- Nonunion or delayed union of the bone
- Bleeding blood vessels
- Bursitis
- Inability to perform daily activities
- Death

CAUTIONS OF USE:

Never re-use an implant even in perfect state. Any Implant which has been used, twisted, bent, implanted and then removed even if it appears intact must be discarded.

Use new implants routinely.

Correct selection of the implant is highly important! Use of provided trials is recommended.

Preoperatively:

The surgeon must be fully conversant with all aspects of the surgical technique and know the indications and contra-indications of this type of implant. The surgeon must have acquainted himself before the operation with the specific technique for insertion of the product which is available from the manufacturer. As part of the pre-operative examination, the surgeon must check that no biological, biomechanical or other factors will affect the correct conduct of the operation and the post-operative period. An appropriate range of sizes must be available at the time of the operation.

Patient must be warned beforehand about not forcing the implant before a complete fusion.

Prodorth cages can be broken when subjected to the increased loading associated with delayed union or non-union. Notches, scratches or bending of the implant during the course of surgery may also contribute to early failure. Hence a visual examination of the implants is highly important before the surgery.

The correct selection of the type of size of implant appropriate to the patient and the positioning of the implant are extremely important.

Preoperative planning may be used to estimate the required implant size and to assure that the appropriate range of sizes is available for surgery.

All implants and instruments shall be opened, visually controlled for possible damages, cleaned and sterilized preoperatively. If there are some disorders about surface smoothess, do not use the implant and contact to supplier.

PHYSICIAN NOTE: Although the physician is the learned intermediary between the company and the patient, the important medical information provided in this document should be explained to the patient.
Postoperatively:

Patients must be informed of the precautions to be taken in their everyday life to guarantee a maximum implant service life. It is recommended that a regular postoperative follow-up be undertaken to detect early signs of failure of the implants and to consider the action to be taken. Deterioration of the device after bone consolidation cannot be considered to constitute a dysfunction or deterioration in the characteristics of the implant. A suitable rehabilitation program must be designed and implemented.

HANDLING AND STORAGE:

The handling and the storage of the cages material can be at room conditions.

The implants must be stored with care. Should these requirements not be followed, reduced mechanical properties may occur, which could lead to implant failure in some cases. Proper function of the surgical instruments specific to the disc prosthesis should be checked prior to use.

CLEANING - DECONTAMINATION:

All instruments and implants must be disassembled (if applicable) and then cleaned and disinfected using neutral cleaners before sterilization and introduction into a sterile surgical field.

Cleaning and decontamination must include the use of neutral cleaners followed by a deionized water rinse.

Cleaners and disinfectants should be intended to disinfect the medical device and CE certified as well.

Never use metallic brushes for cleaning which may damage the products.

Cleaning in a machine with products adapted and dry all products which can alter the implants are forbidden.

Sterilisation:

Prodorth Cages as well as the instruments must be sterilized by hospital prior to surgical use. Remove all packaging materials prior to sterilization.

The recommended sterilization method for Prodorth products is steam sterilization in autoclave. The products which are intended to be sterilized should remain in autoclave at 134°C for 18 minutes. There is no other sterilization method Prodorth recommends.

Note: Due to many variables in sterilization, each medical facility should calibrate and verify the sterilization process (e.g., temperatures, times) used for their equipment.

Use appropriate protective wrapping and add the original stickers preventing the implant from the direct contact with the sticker. Care should be taken to protect parts from mechanical damage. The recommendation given is for information only. The manufacturer and distributor assume no responsibility for Prodorth products for a improper sterilization by the user.

Attention

Similar products of competitors shall not be combined with the components of the fusion cages. Prodorth implants and instruments should only be used with Prodorth instruments. Instruments developed by Prodorth to be used in spinal surgeries of its spinal products, are made of stainless chrome nickel steel, aluminum, and silicone. In case of using other
Company’s instruments, this can result in galvanic corrosion, incompatibility between the products as well. No component of the Prodorth Cages System implants shall be reused.

The restricted shelf life of the device is 10 years. It should never be used after its expiration date.

Disposal

Implants removed from the patient at revision surgery should never be reimplanted as the internal structure of the implant cannot be determined by visual examination. Removed implants must be treated as biological hazards and required to be treated or disposed of according to the country’s waste regulations, hospital policies and procedures. Where the implant is removed.

Packaging

Implants and instruments are delivered inside set cases, non-sterile packages or in locked bags. All products shall be controlled and accepted by the receiver. If there is any damage on the outer packaging please return the relating product to RD MediKal Inc. immediately.

Traceability

There is always a lot number on the label of each package or over implant. This lot number must be attached to the file of the patient in order to trace back for production procedures. Because of traceability reason, distributional documents have to be kept for 30 years.

Product Complaints

Any health professional (e.g. surgeon using the products) who has a complaint or is dissatisfied with quality, identification, reliability, safety, efficacy and/or performance of Prodorth Posterior Spine System must inform either Prodorth or the distributor. If there is a serious adverse event or risk of such, liable to cause death or having caused death or serious problem in the state of a patient or patient’s health, Prodorth (or the distributor) must be informed immediately by phone, fax or mail. All complaints must be accompanied by the product name, ref number and lot number of the component. The person formulating the complaint should state the name, address and the nature of compliant, giving as many details as possible.

Further Information:

In case of complaint, or for supplementary information, or further directions for use of this system, please see the address listed below.

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