Manufactured by:
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IMPORTANT: PLEASE READ

For detailed information on the Southern Anterior Screw Fixated Cage (SASCA), please consult the SASCA Surgeons' Manual or IFU at southmed.co.za

Description:
The SASCA and SASCA-2 Cages are manufactured from biocompatible poly-ether-ether-ketone (PEEK) (ASTM F2026) and Tantalum (ASTM F560) markers. The fixation screws are manufactured from Titanium (ASTM F136). Surgical instrumentation is manufactured from surgical grade stainless steel (ASTM F899).
Variants: All SASCA™ cages are available in an additional configuration whereby the vertebral contacting surfaces are titanium (ASTM F1580) plasma coated.

Radioactivity warning:
No radioactive substance or radioactivity.

Intended purpose:
The intervertebral endoprostheses are intended as treatment options for pain and functional disorders specific to the lumbar vertebral column. The aim of the device is to provide support between two vertebral bodies and initial immobilization of these bodies whilst simultaneously providing space for bone graft so that a fusion of the two vertebral bodies will in time be attained. Preferred patients are those that have instability due to degenerated discs and/or facet joints causing pain, loss of disc height, spondylolisthesis or change in the normal curvature of the spine.

Intended performance and undesirable side-effects:
The cage is intended for fixation of the lumbar and lumbosacral spine. Revision surgery for device retrieval or additional instrumentation must be possible in the event of failure to fuse or poor clinical outcome.

Indications:
- Single level degenerative disc disease and instability with radiographic evidence
- Degenerative spondylolisthesis (Grade II)
- Failed conservative treatment (at least 6 months)
- Intractable low-back pain without stenosis or spondylolisthesis
- Isthmic spondylolisthesis
- ODI>30
- Patients between 18 and 80 years
- Primary surgery for certain advanced disc diseases
- Pseudoarthrosis or failed arthrodesis
- Revision surgery for post-discectomy syndrome
- Recurrent disc herniation and radiculopathy
- Stenosis and associated spondylolisthesis
- TDR revision
- Treatment of instability with DDD (or post laminectomy instability)
- VAS>40

Contraindications:
- Arachnoiditis
- BMI>40
- Bone metabolic diseases
- Diabetes mellitus
- Fractures of the vertebrae envisioned for instrumentation
- Grade II or Grade III spondylolisthesis requiring decompression
- Infectious disease
- Known metal allergy (titanium)
- Lumbar hyperlordosis>70° between both end plates
- Major mental illnesses and psychosocial disorders (Waddell>3/5)
- Major spinal instability
- Malignant diseases with or without bone metastases
- Missing posterior arch at the affected level (e.g. laminectomy, pars defect)
- Osteomalacia
- Osteoporosis or osteopenia
- Paget's disease
- Pregnancy
- Primary spinal deformity
- Requires laminectomy at level surgery
- Rheumatoid arthritis
- Spinal fractures
- Spinal tumours
- Spondylolisthesis greater than Grade 3
- Spondylosis
- Systemic or local infection
- Undergoing chemotherapy or radiation treatment or chronic use of steroids

Surgical Risks:
- Abdominal hernia
- Allergic or other reaction to anesthesia
- Blood loss or hemorrhage
- Death
- Ileus
- Infection
- Myocardial infarction
- Pain
- Peritonitis
- Pneumonia
- Pneumothorax
- Pulmonary embolism
- Surgical instrument failure
- Thrombosis

Risks Associated with Abdominal Spinal Systems:
- Acute heart failure
- Annular ossification
- Degenerative changes in adjacent segment
- Dural injury
- Facet joint deterioration
- Hematoma or seroma
- Heterotopic ossification
- Implant breakage
- Implant collapse or subsidence into adjacent vertebrae
- Implant degradation
- Implant displacement/migration
- Impotence
- Incontinence
- Kidney or ureter injury
- Metal ion release
- Nerve root injury
- Neurologic deterioration; clumsiness, foot drop, limp, short step
- Slow moving gait
- Spinal cord injury due to instruments being forced too deep
- Vessel damage
- Wear debris generation
- Numbness
- Osteophyte resorption
- Perineural fibrosis
- Removal of the device in the post-op or follow-up period
- Reoperation at the treatment level with or without removal or modification
- Revision with or without replacement of a component
- Retrograde ejaculation
- RSD (reflex sympathetic dystrophy)
- Soft tissue penetration by screw
- Spinal instability
- Spinal stenosis (narrowing of the spinal canal)
- Spondylolisthesis acquisita
- Spondylosis acquisita
- Spontaneous fusion
- Sterility
- Supplemental fixation
- Tumor formation/ carcinogenesis potential
- Vertebral fracture

Recommended Surgical Procedure:
Refer to the surgical procedure provided by Southern Medical (Pty) Ltd.

USAGE WARNING:
Improper technique in implant placement can result in implant failure. The SASCA™ devices are not intended as the sole means of spinal support. In absence of bone graft or fusion the implant or implant components can be expected to pull out, bend or fracture as a result of everyday mechanical stresses. Placement of devices is limited to surgeons. Refer to the

Sterility:
All implants are supplied sterile, and are for single use only before the labeled expiration date. Do not re-use implants. Do not use implants if the packaging has been damaged or previously opened, or if the expiration date has passed. If uncertain be sure to contact a Southern Medical Representative.

RE-STERILIZATION AND RE-USE WARNING:
Do not re-sterilize implants produced sterile. Implants are sterilized by gamma irradiation. Re-sterilization could cause material degradation and could result in surgical rejection and/or post-operative infection. The implant is designed for single patient use only and must never be reused. An explanted implant must never be re-implanted. Reuse or re-implantation may result in cross-contamination or infection.

Magnetic Resonance Imaging (MRI)
The SASCA devices have not been evaluated for safety and compatibility in the MR environment. They not been tested for heating, migration, or image artefact in the MR environment. The safety of the SASCA devices in the MR environment is unknown. Scanning a patient who has this device may result in patient injury. Risks of placing implants in or near a magnetic field include: (1) movement of ferromagnetic components, (2) localised heating of components caused by radio frequency induction heating and (3) image artifacts created by interaction between metallic components and the magnetic field

Post Implantation:
The surgeon/physician's postoperative directions, indications and warnings to the patient with subsequent patient compliance are vital to successful fusion. The subject must refrain from physical activity for several months. Physical movement must be minimized. Subjects will be instructed not to engage in activities requiring lifting, bending, twisting or excessive movement for several months post-operatively. The subject must not be exposed to electrical shock and mechanical vibrations. Directly after the operation, subjects will be placed in a brace until fusion occurs. After a couple of months, the subject may return to the workplace if the work environment does not entail excessive physical activities. Car journey duration must be minimized, preferably avoided.

Descriptions of Symbols Used in Packaging:

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DATE OF MANUFACTURE	
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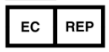
STERILIZED USING IRRADIATION	
CAUTION	
AUTHORISED REPRESENTATIVE IN THE EUROPEAN COMMUNITY	
CONSULT THE INSTRUCTIONS FOR USE	
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Approved By:

(CO-336) Removal of CE on IFUs

Description

CE Mark removed from IFU

Justification

CE Mark is no longer permitted on the IFU's

Assigned To:	Initiated By:	Priority:	Impact:
Helen Bosma	Helen Bosma	High	Major

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