

US-IFU-SPICCA-01

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INSTRUCTIONS FOR USE

SPICCA CERVICAL FUSION CAGES

Graft site complications (if autograft is used).

Hemorrhage, hematoma, occlusion, seroma, edema, embolism, stroke, excessive bleeding, phlebitis, damage to blood vessels, or cardiovascular system compromise.

- Foreign body (allergic) reaction to implant.
- Post-operative change in spinal curvature, loss of correction, height and/or
- development or continuation of pain, numbness, spasms, or sensory loss, Transient or permanent neurological deficits, reflex deficits, irritation, and/or

Loss of neurological function including paralysis, radiculopathy, and/or the

- muscle loss. Scar formation possibly causing neurological compromise around nerves
- and/or pain
- Non-union (or pseudarthrosis), delayed union or mal-union.
- Disassembly, bending, and/or breakage of the implant.
- Implant loosening and/or migration.
- Subsidence of the device into the vertebral body(ies).
- Transient or persistent dysphagia (swallowing difficulties).
- Sore throat and/or hoarseness.
- Development of respiratory problems.
- Loss of spinal mobility or function.
- Wound necrosis or wound dehiscence.
- Inability to perform the activities of daily living.
- Change in mental status.
- Death

Additional surgical intervention may be required to correct/prevent some of these possible adverse events.

WARNINGS & PRECAUTIONS: STERILITY, PACKAGING & RE-USE



The devices are sterilized via gamma irradiation and are provided STERILE. Do not re-sterilize the device. Re-sterilization could cause material degradation and could result in mechanical failure of the device, host rejection and/or post-operative infection.



Do not use implants if the packaging has been damaged or previously opened, or if the expiration date on the label has been exceeded.



The devices are SINGLE-USE. Do not re-use implants. An explanted implant must never be re-implanted. Re-use or re-implantation may result in cross-contamination or infection

WARNINGS & PRECAUTIONS: CORRECT & SAFE USE

The device should only be implanted by qualified surgeons with knowledge of the correct and safe use of the device and associated instrumentation. Refer to the Surgical Manual provided by Southern Medical (Pty) Ltd. If uncertain, please contact a Southern Medical Representative.



The device is intended to be used in combination with the AXIS anterior cervical plate system. Failure to use supplemental fixation may lead to mechanical failure of the device, non-union and/or cage migration/expulsion.

Autograft or allogenic bone graft should be used in combination with the device. Failure to use bone graft may result in non-union. In the absence of osseous fusion, mechanical failure of the implant can be expected as a result of everyday mechanical stresses.

INSTRUMENTS

Only the instruments provided by the manufacturer should be used. Instruments are provided non-sterile and should be cleaned and sterilized before use in accordance with the instructions provided in IFU-100.

STORAGE

There are no special storage instructions. Storage conditions must not lead to degradation or contamination of the packaging or its contents. Handle with care,

POST-OPERATIVE CARE INSTRUCTIONS

The surgeon/physician should provide appropriate postoperative care instructions to the patient and should ensure that the patient understands the potential consequences of non-compliance. To achieve the desired clinical outcome, the patient should be instructed to minimize physical activity as far as possible and avoid activities that require lifting, bending, twisting or excessive movement. Follow-up consultations should be arranged with the patient at appropriate intervals, as deemed necessary by the physician. The patient should only resume their normal activities once cleared to do so by their physician.

MRI SAFETY INFORMATION

The SPICCA devices have not been evaluated for safety in the MR environment. It has not been tested for heating or unwanted movement in

the MR environment. The safety of the SPICCA devices in the MR environment is unknown. Performing an MR exam on a person who has this medical device may result in injury or device malfunction.

DEVICE REMOVAL

Surgical removal of the device is possible. A decision to remove the device must be made by a healthcare professional after taking into consideration the patient's general medical condition and the potential risk of a subsequent surgical procedure. Refer to the Surgical Manual for removal instructions.

DISPOSAL

Single-use devices that have been in contact with blood or bodily fluids/tissues should be disposed of in accordance with the hospital's procedure for disposal of hazardous and/or biological waste. Users must wear surgical gloves and take care to avoid sharp edges. Devices that cannot be used because the packaging has been damaged, but have not been in contact with blood or bodily fluids/tissues, should be returned to the manufacturer.

REPORTING

Any device-related adverse events must be reported to the manufacturer as soon as

DESCRIPTIONS OF SYMBOLS USED IN PACKAGING

MANUFACTURE CONSULT INSTRUCTIONS DO NOT RE-USE DO NOT RE-STERILIZE DATE OF MANUFACTURE

DO NOT USE IF

CATALOGUE NUMBER

CAUTION

HSE BY

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LOT NUMBER

LOT

STERILIZED USING IRRADIATION

STERILE R

CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A PHYSICIAN



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IMPORTANT: PLEASE READ

For detailed information on correct & safe device use, please consult the Surgical Manual.

DESCRIPTION

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SPICCA and SPICCA-2 are wedge-shaped, PEEK (ASTM F2026) anterior cervical interbody fusion cages. The devices are made available with a Titanium coating (ASTM F1580) and are equipped with three Tantalum (ASTM F560) radiographic markers. The devices are intended to be used in combination with the AXIS anterior cervical plate system, as well as autograft or allogenic bone graft packed into its central "bone pocket".

INDICATIONS FOR USE

The SPICCA Cervical Fusion Cages are cervical interbody fusion devices intended for spinal fusion procedures at one or two levels from the C2/C3 disc space to the C7/T1 disc space in skeletally mature patients with degenerative disc disease (defined as neck pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies) of the cervical spine.

Implants are to be implanted via an open, anterior approach and packed with autograft or allogenic bone graft comprised of cancellous and/or corticocancellous bone graft.

Patients must have undergone a regimen of at least six (6) weeks non-operative treatment prior to being treated with these devices. The implant is intended to be used in combination with an anterior cervical plating system.

CONTRAINDICATIONS

- Patients with known or probable intolerance to the materials used in the manufacture of this device
- Patients with infection, inflammation, fever, tumors, elevated white blood count, obesity, pregnancy, mental illness and other medical conditions which would prohibit a beneficial surgical outcome
- Patients resistant to following post-operative restrictions on movement especially in athletic and occupational activities.
- Use with components from other manufacturers.
- Grossly distorted anatomy caused by congenital abnormalities.
- Rapid joint disease, bone absorption or osteopenia. Osteoporosis is a relative contraindication since this condition may limit the degree of obtainable correction or stabilization, and/or the amount of mechanical fixation.
- Any case where the implant components selected for use would be too large or too small to achieve a successful result.
- Any patient having inadequate tissue coverage over the operative site or inadequate bone stock or quality.
- Any patient in which implant utilization would interfere with anatomical structures or expected physiological performance.
- Any case not described in the indications for use.
- Reuse or multiple use.
- Any other medical or surgical condition which would preclude the potential benefit of spinal implant surgery.

RISKS & UNDESIRABLE SIDE-EFFECTS

- Damage to the vertebral endplates and/or fracture of the vertebrae.
- Herniated nucleus pulposus, disc disruption, or degeneration at, above, or below the level of surgery.
- Soft tissue injury.
- Esophageal injury/perforation.
- Dural tears, persistent CSF leakage, or meningitis.
- Bone loss or decrease in bone density.