

STRUXXURE®
Anterior Cervical Plate System

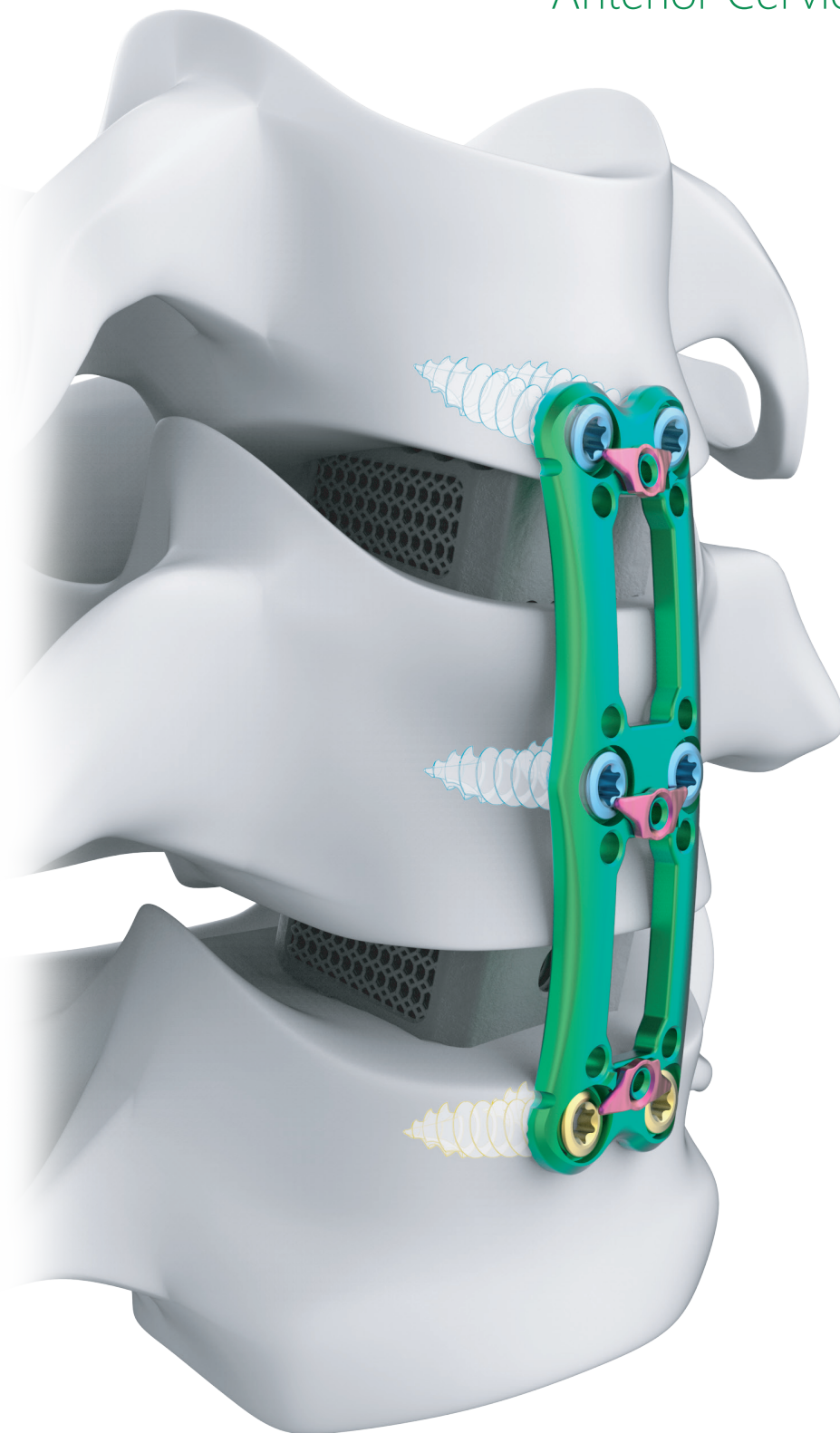


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CAUTION: Federal law (USA) restricts this device to sale and use by, or on the order of, a physician.

SYSTEM INTRODUCTION

STRUXXURE®

Anterior Cervical Plate System

Designed for Maximum Screw Angulation to Decrease Plate Length and Potential for Adjacent Level Ossification (ALO)

The Struxxure® Anterior Cervical Plate System design is based upon an emerging trend in the peer-reviewed literature identifying a significant decrease in moderate to severe ALO when the plate to disc distance is greater than 5mm from the adjacent disc level.¹⁻⁵

Struxxure® has a generous 27° variable screw angulation in the cephalad/caudal direction, allowing screws to be started at the anterior end plate corners and angled away from the end plates to accommodate the shortest possible plate and maximize the distance to adjacent disc levels.

Struxxure® is the only system combining a 1.95mm ultra-low profile plate with variable or fixed “E-Z Start” Self-Drilling Screws that can be hyperangulated in the cephalad/caudal direction to allow for a reduction in overall plate length.

One level plate lengths begin at 9mm measured hole-to-hole. The result is an anterior cervical plate construct of minimal length and thickness, while maintaining a maximum distance from the adjacent disc levels.

Combined with fully customizable instrument options to meet every surgeon’s needs, Nexxt Spine’s Struxxure® Anterior Cervical Plate System is designed to address a clinically relevant concern while maintaining a focus on streamlined procedural efficiency and positive clinical outcomes.



References

1. Kim, HJ, Kelly, MP, Ely, CG, Riew, KD, Dettori, JR. The risk of adjacent-level ossification development after surgery in the cervical spine: are there factors that affect the risk? A systematic review. Spine (Phila Pa 1976). 2012 Oct 15;37(22 Suppl):S65-74
2. Lee DH, Lee JS, Yi JS, Cho W, Zebala LP, Riew KD. Anterior cervical plating technique to prevent adjacent-level ossification development. Spine J. 2013 Jul;13(7):823-9.
3. Park JB, Cho YS, Riew KD: Development of adjacent-level ossification in patients with an anterior cervical plate, J Bone Joint Surg Am 87:558–563, 2005.
4. Ipsen BJ, Kim DH, Jenis LG, et al. Impact of Anterior Cervical Plate Placement on Clinical Outcomes. Poster presentation at 33rd Annual meeting of the Cervical Spine Research Society. Dec 2005; San Diego, CA.
5. Park JB, Watthanaaphisit T, Riew KD. Timing of development of adjacent-level ossification after anterior cervical arthrodesis with plates. Spine J. 2007 Nov-Dec;7(6):633-6.

The aforementioned published papers and poster did not utilize the Struxxure® System and findings are not necessarily indicative of results with the Struxxure® System.

SYSTEM DESIGN FEATURES

Feature	Benefit
27° Maximum variable screw angulation cephalad/caudal (54° total cone).	Allows screws to be started at the anterior end plate corners to accommodate shortest possible plate length.
20° Maximum Fixed Screw angulation cephalad/caudal (40° total cone).	Fixed screws lock into plate at any desired trajectory within 40° cone of angulation.
1.95mm Ultra-Thin Plate.	Assists in reduction of dysphagia. ¹
Plates starting at 9mm length "hole to hole" (17mm overall length).	Accommodates severely degenerated 1 level segments.
Proprietary "E-Z Start" Self-Drilling Screw.	May reduce procedural time by eliminating need for pilot hole (awl and drill steps).
One-Step Integrated Locking Mechanism.	Provides visual and tactile confirmation of screw blockage.
End plate alignment features.	Simplify plate sizing and positioning.
1 - 5 Level plates available in multiple lengths.	Accommodates a wide variety of patient anatomies and pathologies.
Anti-skid under surface.	Resists plate migration during screw insertion.
Large windows.	Enables visualization of graft site and end plates.
"Blunt Tip", Self-Tapping Screws.	Accommodates varying surgeon preferences.
Screws available in 2 diameters and 5 lengths.	4.0 & 4.35mm diameters and lengths of 10, 12, 14, 16, & 18mm.
Fixed and Variable Screws.	Create Fixed, Variable or Hybrid Constructs.
Elongated screw/driver tapered hexalobe interface <i>or threaded interface</i> .	Assures rigid screw/driver connection, reduces stripping, and may simplify revision.
Pre-contoured plates.	Simplifies surgical procedure.
Fully customizable instrument options.	Supports streamlined procedural efficiency for surgeons and positive clinical outcomes for patients.

1. Lee MJ, Bazaz R, Furey CG, Yoo J. Influence of anterior cervical plate design on dysphagia: a 2-year prospective longitudinal follow-up study. *J Spinal Disord Tech.* 2005;18(5):406-409.

INDICATIONS AND CONTRAINDICATIONS

CAUTION: Federal (or United States) law restricts these devices to sale by or on the order of a physician.

PRECAUTION: The implantation of anterior cervical spinal implant systems should be performed only by experienced spinal surgeons with specific training in the use of this anterior cervical spinal system because this is a technically demanding procedure presenting a risk of serious injury to the patient.

IMPORTANT NOTE TO OPERATING SURGEON

The Struxxure® Anterior Cervical Plate System is designed to provide biomechanical stabilization as an adjunct to fusion in skeletally mature patients. Spinal fixation should only be undertaken after the surgeon has had hands on training in this method of spinal fixation and has become thoroughly knowledgeable about spinal anatomy and biomechanics. A surgical technique is available for instruction on the important aspects of this surgical procedure and can be requested from Next Spine at the address or phone number below.

Preoperative instructions to the patient are essential. The patient should be made aware of the limitations of the implant and potential adverse effects of the surgery. The patient should be instructed to limit postoperative activity, as this will reduce the risk of bent, broken or loose implant components. The patient must be made aware that implant components may bend, break or loosen even though restrictions in activity are followed.

Postoperative evaluation of the fusion and implant status is necessary. The surgeon may remove the implant once a solid fusion is obtained. The patient must be informed of the potential of this secondary surgical procedure and the associated risks.

INDICATIONS

The Struxxure® Anterior Cervical Plate System is intended for anterior screw fixation of the cervical spine. These implants have been designed to provide stabilization as an adjunct to cervical fusion.

Indications for the use of this implant system include degenerative disc disease (defined as neck pain of discogenic origin with the degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (i.e., fractures or dislocations), spinal stenosis, deformity (i.e., kyphosis, lordosis or scoliosis), tumor, pseudarthrosis or failed previous fusion.

DESCRIPTION

The Struxxure® Anterior Cervical Plate System consists of fixed and variable angle screws of Ø4.0mm and Ø4.35mm diameters with self-drilling and tapping tips. Overall length of screws range from 10mm-20mm. Plates are offered from 1 to 5 levels. The Struxxure® system surgical technique is available at no charge upon request. For further information, please contact Customer Service at 317-436-7801.

MATERIALS

All components are manufactured from titanium alloy (Ti-6Al-4V ELI) per ASTM F136 and commercially pure titanium (Grade 4) per ASTM F67.

CLEANING AND DECONTAMINATION

All implants and instruments must first be cleaned using established hospital methods before sterilization and introduction into a sterile field. Refer to Next Spine Reprocessing Instructions for Reusable Instruments document available at www.nextspine.com/resources or by calling 317-436-7801 for a copy of the detailed cleaning instructions.

STERILIZATION

The Struxxure® Anterior Cervical Plate System components are supplied clean and not sterile. All implants and instruments should be cleaned and sterilized prior to surgery. AORN recommended practices for in hospital sterilization should be followed. The use of an FDA cleared sterilization wrap is recommended.

Sterilization testing of components has shown the following recommendations for sterilization are effective to an SAL of 10⁻⁶:

Method:	Steam
Cycle:	Prevacuum
Temperature:	270°F (132°C)
Exposure Time:	4 minutes
Drying Time:	30 minutes

CONTRAINDICATIONS

Use of the Struxxure® Anterior Cervical Plate System and spinal fixation surgery are contraindicated when there was recent or local active infection near or at the site of the proposed implantation. Any conditions that preclude the possibility of fusion are relative contraindications. These include but are not limited to: cancer, fever, mental illness, alcoholism or drug abuse, osteoporosis or osteopenia, neurotrophic diseases, obesity, pregnancy and foreign body sensitivity. See also the WARNINGS, PRECAUTIONS AND POTENTIAL RISKS sections of this insert.

WARNINGS

1. The Struxxure® Anterior Cervical Plate System is not intended for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic or lumbar spine.
2. Potential risks identified with the use of this system, which may require additional surgery, include: device component breakage, loss of fixation/loosening, non-union, vertebral fracture, neurologic, vascular or visceral injury.
3. The Struxxure® Anterior Cervical Plate System has not been evaluated for safety and compatibility in the MR environment.
4. The Struxxure® Anterior Cervical Plate System has not been tested for heating or migration in the MR environment. See the Potential Risks section of the package insert for a complete list of potential risks.

PRECAUTIONS

- 1. PATIENT SELECTION.** Proper patient selection is critical to the success of the procedure. Only patients who satisfy the criteria set forth under the INDICATIONS section of this document AND who do not have any of the conditions set forth under the CONTRAINDICATIONS section of this document should be considered for spinal fixation surgery using the Struxxure® System. In addition, patients who smoke have been shown to have an increased incidence of pseudarthrosis. Based upon the fatigue testing results, the physician/surgeon should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc. which may impact the performance of the system.
- 2. PATIENT EDUCATION.** Preoperative instructions to the patient are essential. The patient should be made aware of the limitations of the implant and potential risks of the surgery. The patient should be instructed to limit postoperative activity, as this will reduce the risk of bent, broken or loose implant components. The patient must be made aware that implant components may bend, break or loosen even though restrictions in activity are followed.
- 3. HANDLING.** Implant components should be handled and stored appropriately to protect them from unintentional damage. The surgeon should avoid introducing notches or scratches into the plate or screw surfaces as these may induce premature failure of the component.

INDICATIONS AND CONTRAINDICATIONS

4. IMPLANT SELECTION. The Struxxure® System components are available in a variety of sizes to insure proper fit of the implanted device. The potential for the success of the fusion is increased by selecting the correct size of the implant. These devices are not intended to be used as the sole support for the spine.

5. MIXED METALS. The Struxxure® System is available in titanium. It is imperative that this metal does not come into contact in vivo with other dissimilar metals. Accelerated corrosion may occur when two dissimilar metals are in contact within the body environment.

6. SINGLE USE ONLY. These devices are provided as single use only implants and are not to be reused or reimplanted regardless of an apparent undamaged condition.

POTENTIAL RISKS

Potential risks identified with the use of this system, which may require additional surgery, include: Bending, fracture or loosening of implant component(s), Nonunion or delayed union, Fracture of the vertebra, Neurological, vascular or visceral injury, Metal sensitivity or allergic reaction to a foreign body, Infection, Decrease in bone density due to stress shielding, Pain, discomfort or abnormal sensations due to the presence of the device, Nerve damage due to surgical trauma, Bursitis, Dural Leak, Paralysis, Death.

PRODUCT COMPLAINTS

The customer or health care provider should report any dissatisfaction with the product quality, labeling, or performance to Next Spine immediately. Next Spine should be notified immediately of any product malfunction by telephone, fax or written correspondence. When filing a complaint, the name, part number and lot number of the part should be provided along with the name and address of the person filing the complaint.

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SURGICAL TECHNIQUE

Step 1. Patient Positioning: Anterior Surgical Exposure

Position the patient on a radiolucent OR table in the supine position (Figure 1). To obtain optimal visualization of the cervical spine, the OR table should have enough clearance available for a fluoroscopic C-arm to rotate freely for AP and lateral views. For one or two-level procedures, a transverse incision parallel to the skin creases of the neck is recommended. For longer level procedures, a transverse or oblique incision is suggested along the anterior border of the sternocleidomastoid muscle. The implantation of the anterior cervical plate follows a discectomy or a corpectomy, including an appropriate interbody/bone graft insertion. Care should be taken to remove any osteophytes which would inhibit the Struxxure® plate from sitting flush against the vertebra.

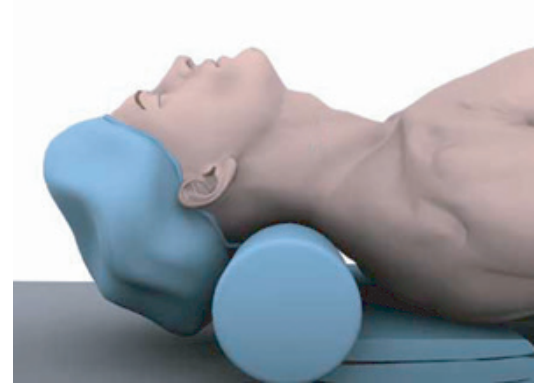


Figure 1

Step 2. Implant Selection

Select the appropriate length plate size to best fit the application. The plate level is determined by the number of levels being fused. The cephalad and caudal screws are started at the anterior endplate corners and angled away from the Endplates so as to use the shortest possible plate and maximize the distance to the adjacent Endplates. The Endplate Alignment features ("notches") on both sides of the plate next to the cephalad and caudal screw holes provide a reference for plate sizing (Figure 2). The appropriate plate size may be selected by measuring with calipers, ruler, or other measuring devices. Plate lengths are labeled "End to End" (Figure 3). Subtract 8.0mm from plate length to determine "Hole to Hole" distance (Figure 4).

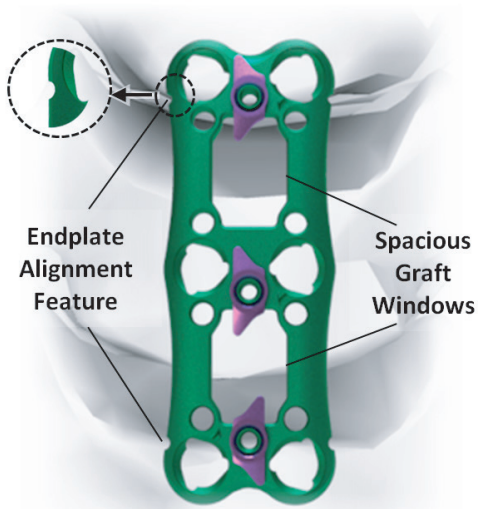


Figure 2



Figure 3

Subtract 8mm



Figure 4

SURGICAL TECHNIQUE

3. Plate Contouring

The Struxxure® Plate is designed with a slight longitudinal (lordotic) and transverse bend to match patient anatomy. If additional plate contouring is necessary, the Plate Bender may be used (Figure 5). The Plate Bender has two sides: (+) which will increase lordosis and (-) which will decrease lordosis. Position the plate face-up to increase lordosis or face-down to decrease lordosis (Figure 6). Confirm the groove in the roller provides clearance for the Locking Mechanism on the plate.

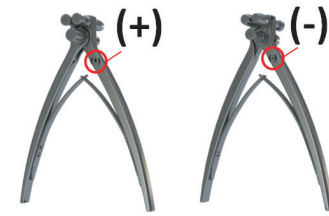


Figure 5

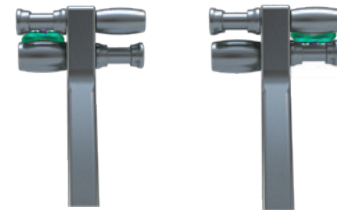


Figure 6

4. Plate Positioning

The Struxxure® Plate is designed with an Anti-Skid Undersurface to resist migration during positioning (Figure 7). The plate can be introduced into the surgical wound with the use of forceps, Plate Holding Double Barrel Fixed DTS Guide, or by hand. Temporary Fixation Pins are available to hold the plate during screw hole preparation (Figure 8). Threaded pins are standard in the Struxxure® set. Non-threaded Fixation Pins are available by request. Position the plate so the cephalad and caudal screws can be started at the anterior Endplate corners in order to use the shortest possible plate and maximize the distance to the adjacent disc spaces (Figure 9). Load the Temporary Fixation Pin onto the Fixation Pin Inserter by pulling up the sleeve on the inserter shaft. Position the pin in the center of the screw hole. Apply slight downward pressure while threading the pin into the screw hole. When fully inserted, the pin can penetrate the bone up to 9.2mm. Placement of two pins diagonally from each other is recommended for stabilization of the plate on the anterior cervical spine. Remove the Temporary Fixation Pins after the plate is sufficiently stabilized with screws.

Anti-Skid Undersurface



Figure 7



Figure 8

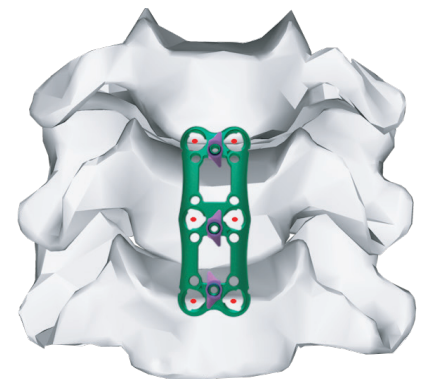


Figure 9

SURGICAL TECHNIQUE

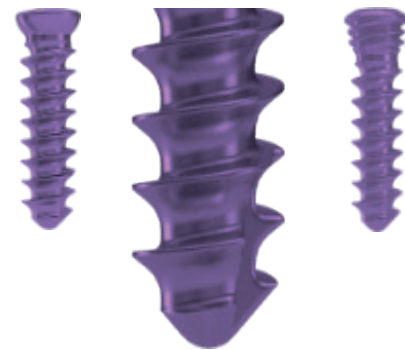
5. Screw Selection

The Struxxure® “E-Z” Start Self-Drilling Screws can reduce the number of surgical steps and procedural length because they can be placed without the need of a pilot hole. Self-Tapping (blunt tip) Screws are also available by request. Struxxure® provides Fixed or Variable Screws allowing surgeons to create Semi-Constrained, Rigid, or Hybrid Cervical Plate constructs. Variable Angle Screws are smooth underneath the screw head and do not contain a thread pattern (Figure 10). Fixed Angle Screws can be identified by the thread pattern directly underneath the screw head that allows the screw to lock into the plate. Fixed Screws also have a ring on the top of the screw head (Figure 11). The Struxxure® 27° variable screw angulation in the cephalad/caudal direction (54° total cone) allows variable screws to be started at the anterior endplate corners and angled away from the endplates to accommodate the shortest possible plate and maximize the distance to adjacent disc levels (Figure 12). Fixed and Variable Screw (hybrid) combinations allow the surgeon to customize biomechanical construct performance at each level based on unique patient needs (Figure 12).

Variable **Fixed**



“E-Z” Start Self-Drilling Screw



Self-Tapping

Variable



Figure 10

Fixed

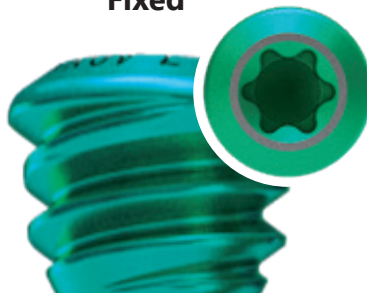
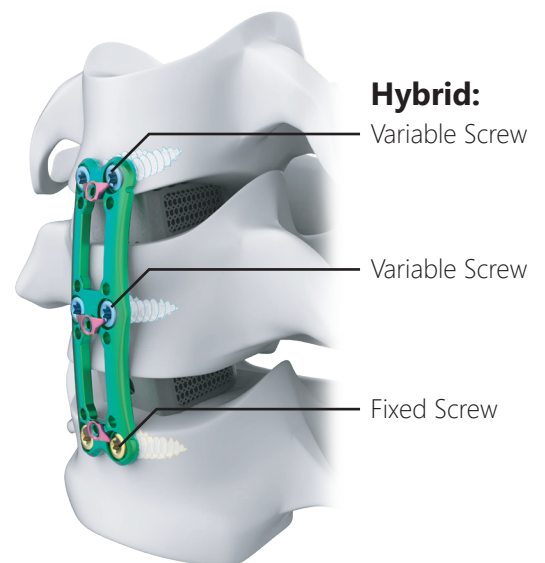


Figure 11

Hybrid:



Variable Screw

Variable Screw

Fixed Screw

Figure 12

SURGICAL TECHNIQUE

5. Screw Selection (Continued)

Fixed Angle Screws lock into the plate at any desired trajectory within the 40° cone of angulation to create a rigid, fully constrained, construct. Variable Angle Screws are placed at any desired trajectory within the 54° cone of angulation (Figure 13). Screw measurement starts from the bottom of the screw head to the distal tip (Figure 14). With the Screw attached to the end of the inserter, the screw length and diameter can be verified using the Screw Gauges located on the Screw Caddy (Figure 15). All screws are color coded based on length and diameter (Figure 16).

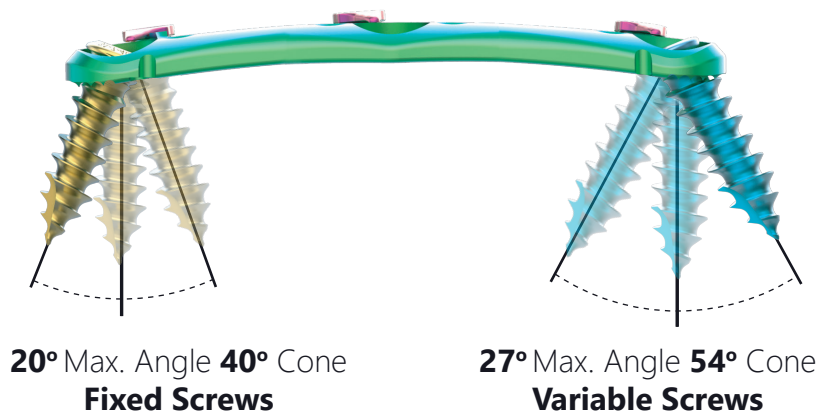


Figure 13

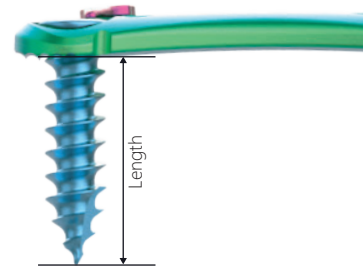


Figure 14



Figure 15

Screw Length

Length (mm)	Shaft Color
10	Sea Foam
12	Gold
14	Aqua
16	Magenta
18	Vector Purple

Figure 16

Primary v. Rescue / Variable v. Fixed

Type	Diam. (mm)	Head Color	Example
Variable	4.0	Same as Shaft	
Variable	4.35	Green	
Fixed	4.0	Same as Shaft w/ Ring	
Fixed	4.35	Green w/ Ring	

SURGICAL TECHNIQUE

6. Establishing Screw Holes

Option 1: The “E-Z” Start Self-Drilling screws can be placed *without* the need of a pilot hole created by an Awl or Drill.

Option 2: Screw holes can be created with an Awl (A) or Spring Loaded Awl (B)(Figure 17).

Option 3: Screw holes can be created with a Drill and a Single Barrel Drill Guide that has a lip that hooks the bottom side of the plate and is allowed to pivot to desired trajectory (Figure 18).

Option 4: Screw holes can be created with a Drill and a Double Barrel Drill Guides that can be used to introduce the plate and also allow the Tap and Screw to pass through the cannulas (Figure 19).



Figure 17

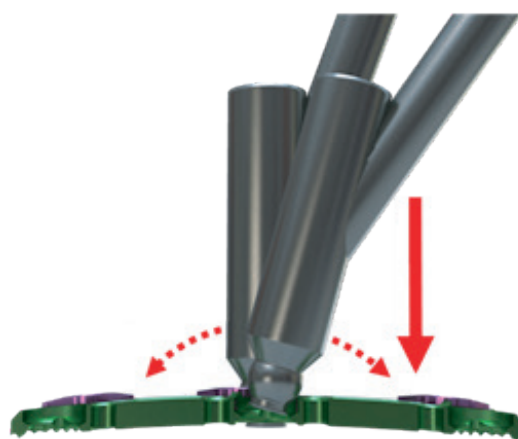




Figure 18



Figure 19

SURGICAL TECHNIQUE

Screws	Ideal Angulation	Maximum Recommended Angulation	Over Angulation	
Variable 	24° Screw top below plate	27° Screw flush to top of plate	28°-29° Screw will sit proud of plate	30°+ Locking cover will not operate properly
Fixed 	18° Screw top below plate	20° Screw flush to top of plate	24° Screw will sit proud of plate	27° Locking cover will not operate properly

Drill Guides



Double Barrel Fixed DTS 15°



Double Barrel Fixed DTS 0°



Trial Drill Guide 10° & 20°



Single Barrel Variable Drill Guide

Variable Screws: Use full angulation of 27°
 Fixed Screws: Do not use full angulation
 Surgeon needs to adjust to 20°



Shoulder stop for use with **long** drill guides.

Visual stop for use with **short** drill guides.

SURGICAL TECHNIQUE

7. Screw Placement

Load the appropriate length Fixed Angle Screw or Variable Angle Screw onto the Screw Inserter directly from the Screw Caddy by placing the tip on the inserter into the hexalobe feature of the screw head while pressing down firmly (Figure 20). The tapered hexalobe functionality between the Screw/Inserter interface should firmly retain the screw secondary to the elongated hexalobe depth in the screw head. Alternatively, THR Screws are attached to the THR Screw Inserter with a clockwise threading turn of the wheel (Figure 21).

Insert screws sequentially at opposite corners of the plate, working toward the center of the plate to help maintain desired positioning against the bone (Figure 22).

Figure 20

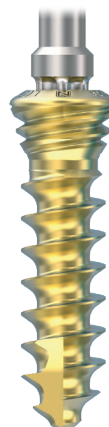


Figure 21

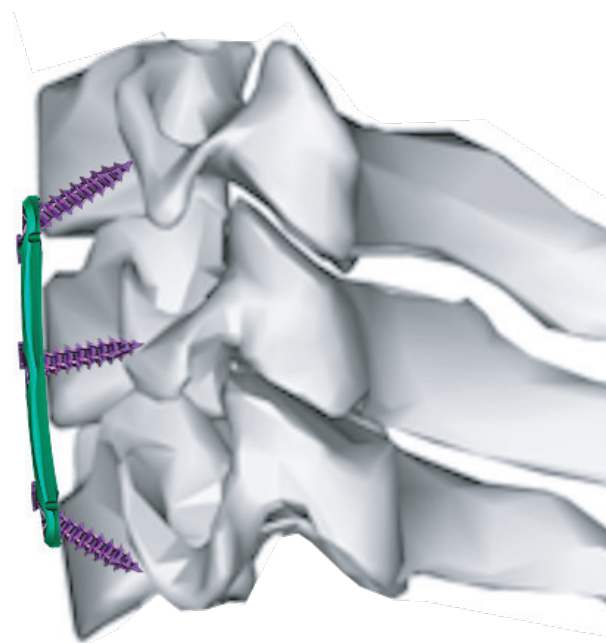
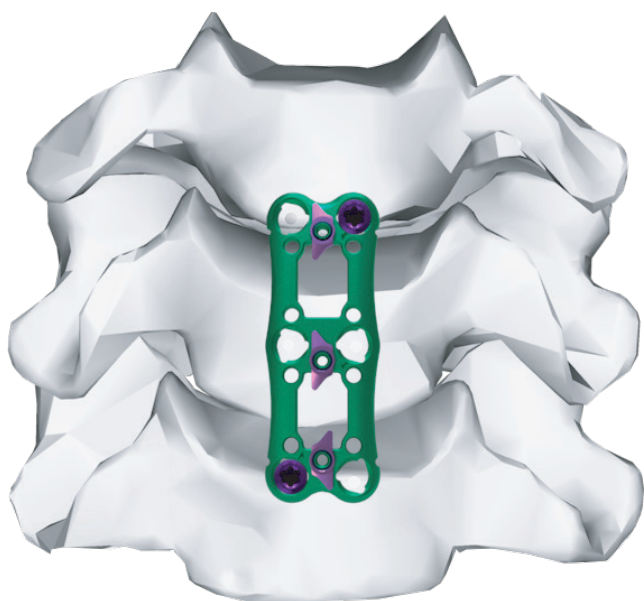
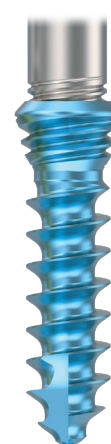


Figure 22

SURGICAL TECHNIQUE

8. Screw Locking

The One Step Integrated Locking Mechanism provides visual and tactile confirmation of screw blockage. The locking mechanism is preinstalled and positioned on the plate to allow insertion of the bone screws. Once all bone screws have been inserted, place the guide post of the Cam Locking Instrument into the small post hole in the center of the locking cam (Figure 23). The T-handle position is oriented the same as the starting position of cam. Turn clockwise approximately 90° to secure it properly (Figure 24). The cam will stop rotating once it abuts the stop post on the plate. The final position of the T-handle may be used to confirm orientation of the cam. Remove Cam Locking Instrument from cam by lifting upward. Visually confirm final locking position of cam and occlusion of screw holes at each level.

Note:

1. If the locking cam cannot be rotated 90°, the bone screws have not been inserted far enough into the plate.
2. In the event the guide post of the Cam Locking Instrument will not seat into the small post hole in the center of the locking cam, make sure the hole is free of debris.

WARNING: If excessive force is applied, the cam can rotate past the stop post. If this occurs, continue rotating the cam in a clockwise direction until visual confirmation of screw blockage occurs.

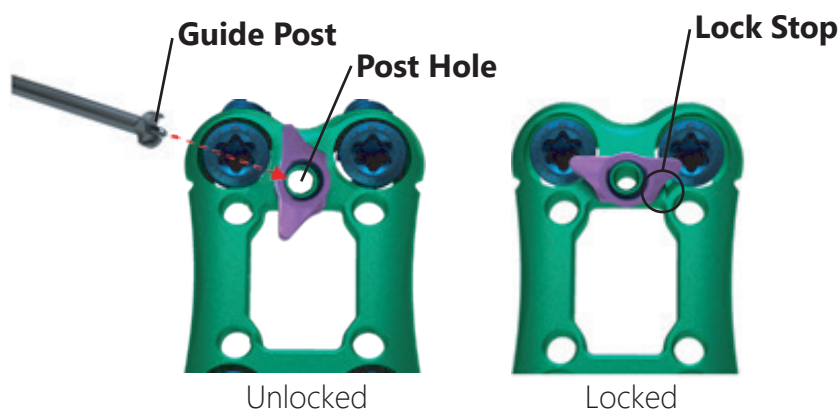


Figure 23

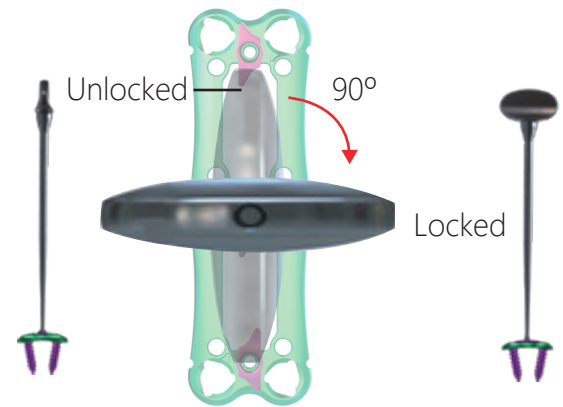


Figure 24

9. Screw Removal/Construct Revision

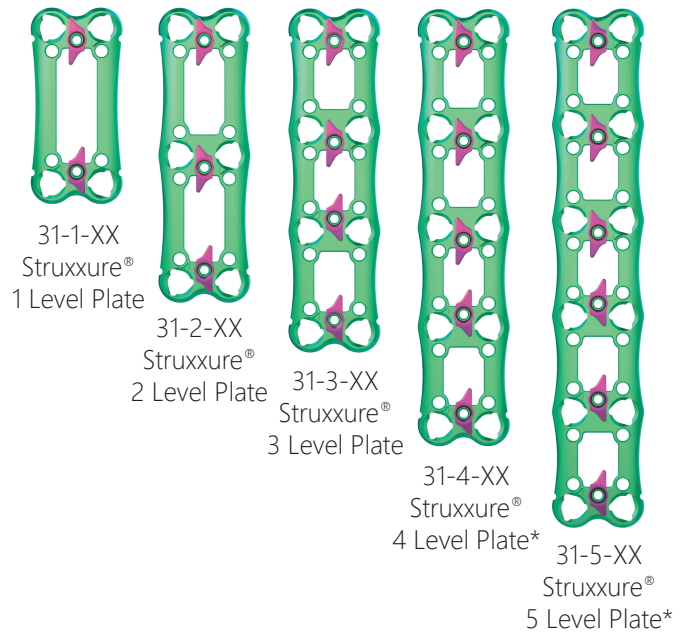
Place the guide post of the Cam Locking Instrument into the small post hole in the center of the locking cam and rotate the lock 90° counterclockwise to its original position (Cam Locking Instrument Lock Tool Handle will be vertical), such that the screw holes are no longer blocked. Use a Screw Removal Instrument by inserting and turning counterclockwise or press the tip of the Inserter into the hexalobe feature of the screw head and turn screw(s) in a counterclockwise direction for removal.

10. Closure

Wound closure is performed in the customary manner.

STRUXXURE® ACP IMPLANTS

StruXXure® Anterior Cervical Plates		End to End	Hole to Hole
31-1-17	1 Level, 17mm	17mm	9mm
31-1-18	1 Level, 18mm	18mm	10mm
31-1-20	1 Level, 20mm	20mm	12mm
31-1-22	1 Level, 22mm	22mm	14mm
31-1-24	1 Level, 24mm	24mm	16mm
31-1-26	1 Level, 26mm	26mm	18mm
31-1-28	1 Level, 28mm	28mm	20mm
31-1-30	1 Level, 30mm	30mm	22mm
31-1-32	1 Level, 32mm	32mm	24mm
31-1-34	1 Level, 34mm	34mm	26mm
31-2-34	2 Level, 34mm	34mm	26mm
31-2-36	2 Level, 36mm	36mm	28mm
31-2-38	2 Level, 38mm	38mm	30mm
31-2-40	2 Level, 40mm	40mm	32mm
31-2-42	2 Level, 42mm	42mm	34mm
31-2-44	2 Level, 44mm	44mm	36mm
31-2-46	2 Level, 46mm	46mm	38mm
31-2-48	2 Level, 48mm	48mm	40mm
31-2-50	2 Level, 50mm	50mm	42mm
31-2-52	2 Level, 52mm	52mm	44mm
31-3-48	3 Level, 48mm	48mm	40mm
31-3-51	3 Level, 51mm	51mm	43mm
31-3-54	3 Level, 54mm	54mm	46mm
31-3-57	3 Level, 57mm	57mm	49mm
31-3-60	3 Level, 60mm	60mm	52mm
31-3-63	3 Level, 63mm	63mm	55mm
31-3-66	3 Level, 66mm	66mm	58mm
31-3-69	3 Level, 69mm	69mm	61mm
31-3-72	3 Level, 72mm	72mm	64mm
31-3-75	3 Level, 75mm	75mm	67mm



4 and 5 Level Plates Available by Special Request

STRUXXURE® ACP IMPLANTS

StruXXure® “E-Z” Start”

Self-Drilling Variable and Fixed Screws

31-6-4010	Variable Angle, 4.0mm x 10mm
31-6-4012	Variable Angle, 4.0mm x 12mm
31-6-4014	Variable Angle, 4.0mm x 14mm
31-6-4016	Variable Angle, 4.0mm x 16mm
31-6-4018	Variable Angle, 4.0mm x 18mm
31-7-4010	Fixed Angle, 4.0mm x 10mm
31-7-4012	Fixed Angle, 4.0mm x 12mm
31-7-4014	Fixed Angle, 4.0mm x 14mm
31-7-4016	Fixed Angle, 4.0mm x 16mm
31-7-4018	Fixed Angle, 4.0mm x 18mm
31-6-4310	Variable Angle, 4.35mm x 10mm
31-6-4312	Variable Angle, 4.35mm x 12mm
31-6-4314	Variable Angle, 4.35mm x 14mm
31-6-4316	Variable Angle, 4.35mm x 16mm
31-6-4318	Variable Angle, 4.35mm x 18mm
31-7-4310	Fixed Angle, 4.35mm x 10mm
31-7-4312	Fixed Angle, 4.35mm x 12mm
31-7-4314	Fixed Angle, 4.35mm x 14mm
31-7-4316	Fixed Angle, 4.35mm x 16mm
31-7-4318	Fixed Angle, 4.35mm x 18mm

StruXXure® THR

Self-Drilling Variable and Fixed Screws






32-6-4010	THR Variable Screw, Self-Drilling, 4.0 x 10mm
32-6-4012	THR Variable Screw, Self-Drilling, 4.0 x 12mm
32-6-4014	THR Variable Screw, Self-Drilling, 4.0 x 14mm
32-6-4016	THR Variable Screw, Self-Drilling, 4.0 x 16mm
32-6-4018	THR Variable Screw, Self-Drilling, 4.0 x 18mm
32-6-4312	THR Variable Screw, Self-Drilling, 4.35 x 12mm
32-6-4314	THR Variable Screw, Self-Drilling, 4.35 x 14mm
32-6-4316	THR Variable Screw, Self-Drilling, 4.35 x 16mm
32-6-4318	THR Variable Screw, Self-Drilling, 4.35 x 18mm
32-7-4010	THR Fixed Screw, Self-Drilling, 4.0 x 10mm
32-7-4012	THR Fixed Screw, Self-Drilling, 4.0 x 12mm
32-7-4014	THR Fixed Screw, Self-Drilling, 4.0 x 14mm
32-7-4016	THR Fixed Screw, Self-Drilling, 4.0 x 16mm
32-7-4018	THR Fixed Screw, Self-Drilling, 4.0 x 18mm
32-7-4312	THR Fixed Screw, Self-Drilling, 4.35 x 12mm
32-7-4314	THR Fixed Screw, Self-Drilling, 4.35 x 14mm
32-7-4316	THR Fixed Screw, Self-Drilling, 4.35 x 16mm
32-7-4318	THR Fixed Screw, Self-Drilling, 4.35 x 18mm

*1mm Screw Increments Available by Special Request
 20mm Screws Available By Special Request
 "Blunt Tip" Self-Tapping Screws Available by Request*

StruXXure® “E-Z” Start”

Self-Drilling Variable and Fixed Screws

Primary v. Rescue / Variable v. Fixed		
Type	Diam. (mm)	Head Color
Variable	4.0	Same as Shaft
Variable	4.35	Green
Fixed	4.0	Same as Shaft w/ Ring
Fixed	4.35	Green w/ Ring

Screw Length	
Length (mm)	Shaft Color
10	 Sea Foam
12	 Gold
14	 Aqua
16	 Magenta
18	 Vector Purple



STRUXXURE® ACP INSTRUMENTS



I10-01-41
Mini Axial
Fixed AO Connect
Handle



I10-01-32
Mini Axial
Fixed AO Connect
Handle**



I31-08-04
Temporary Fixation
Pin Inserter



I31-08-05
Threaded
Temporary Fixation
Pin



I31-08-06
Non-Threaded
Temporary Fixation
Pin



I31-13-01
10mm Awl
AO Connect



I31-13-02
9mm Spring
Loaded Awl**



I31-06-XX
Drill
XX=Length
AO Connect



I31-07-01
3.5mm Tap
AO Connect**



I31-30-01
Plate Bender



I31-02-11
Lock Tool



I31-02-16
Cam Locking
Instrument
AO Connect**



I31-02-12
T-10 Hexalobe
Screw Inserter, 465
Fixed Handle



I31-02-14
T-10 Hexalobe
Screw Inserter,
X15TN Fixed Handle



I31-02-13
T-10 Hexalobe
Modular Screw Inserter
AO Connect**



SP-0058
T-10 Hexalobe
Final Tightener
AO Connect**



I31-14-03L
Single Barrel
Variable Drill Guide
(Long)



I31-14-03S
Single Barrel
Variable Drill Guide
(Short)**



I31-14-01L
Double Barrel 15°
Fixed Drill Guide
(Long)**



I31-14-02L
Double Barrel 0°
Fixed Drill Guide
(Long)**



I31-14-01S
Double Barrel 15°
Fixed Drill Guide
(Short)**



I31-14-02S
Double Barrel 15°
Fixed Drill Guide
(Short)**

I32-02-14
Threaded Inserter

** Non-standard item available by request. Please contact Customer Service.



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70-024, Rev. F

CAUTION: Federal law (USA) restricts this device to sale and use by, or on the order of, a physician.

