



Serrated Radial Ribs

LONESTAR®

CERVICAL STAND ALONE SYSTEM

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The surgical technique shown is for illustrative purposes only. The technique(s) actually employed in each case will always depend upon the medical judgment of the surgeon exercised before and during surgery as to the best mode of treatment for each patient. Please see Instructions for Use for the complete list of indications, warnings, precautions, and other important medical information.

INTRODUCTION / DEVICE DESCRIPTION

LONESTAR® is a stand-alone cervical interbody fusion device used to provide structural stability in skeletally mature individuals following discectomy. The implant is composed of a Titanium Alloy cover plate, screws, and interbody spacer. LONESTAR interbody spacers are available in heights ranging from 6mm to 14mm, and widths of 15mm and 17mm. The available depths of the implant are 13mm and 15mm, offered in 0° and 7° of lordosis. The implants are available with standard and enhanced stability features. LONESTAR is manufactured with a PEEK posterior portion and a titanium anterior portion used in conjunction with screws that allow intradiscal fixation to the vertebral body and titanium cover plates to prevent screw back out.



LONESTAR for Standard Stability during Implantation



LONESTAR, Serrated Radial Ribs for Enhanced Stability during Implantation

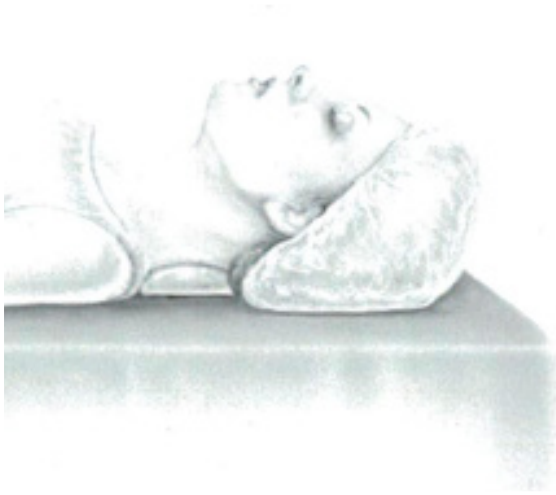


Fig. 1

1. PATIENT POSITIONING

Carefully place the patient in the supine position on the operating table ensuring all bony prominences are padded and the cervical spine in neutral to a slightly extended position following the induction of anesthesia (**Fig. 1**). When treating C6-7 it is important to ensure that the shoulders do not limit x-ray visualization. For all cases both the cephalad and caudal vertebrae being treated should be completely visible.

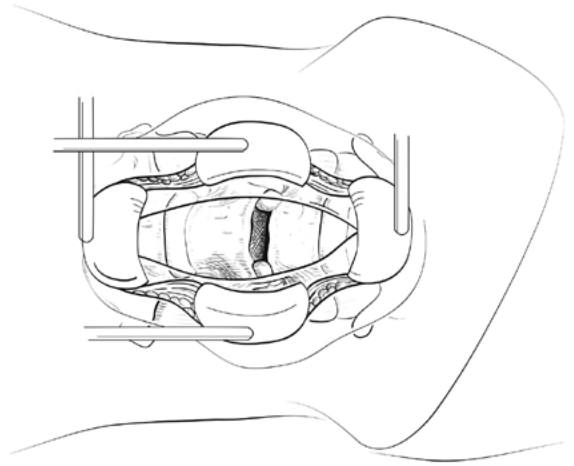


Fig. 2

2. EXPOSURE / DISCECTOMY

A standard anterior approach is utilized and the operative level is confirmed with intraoperative fluoroscopy or x-ray. Complete discectomy, neuro-decompression and endplate preparation are then completed (**Fig. 2**).

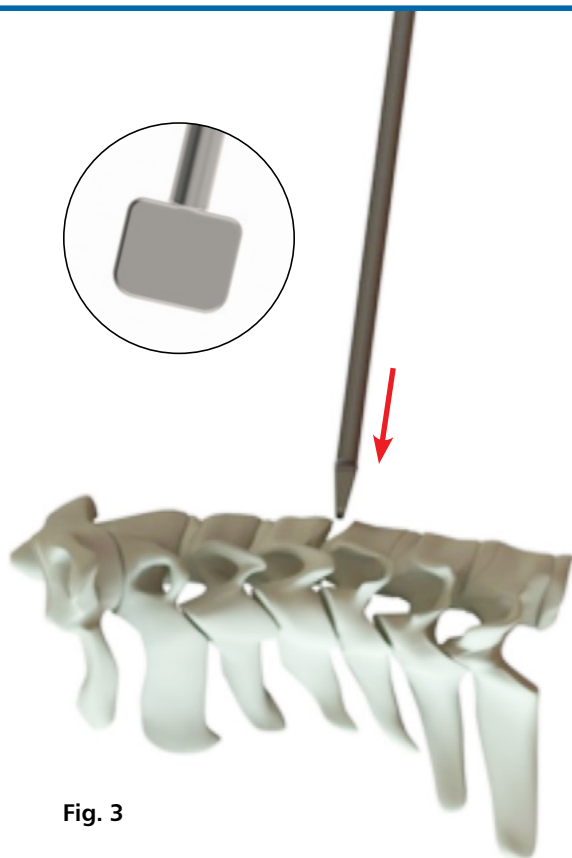


Fig. 3

A Wedge Distractor (83-9043) may be used to loosen the disc space prior to trailing (**Fig. 3**). Upon impaction, the Wedge Distractor will distract from 2-6mm. This may also aid in removing the disc material and preparing the endplates for the implant. Distraction of the disc space is essential to restoring anatomic disc height. Additional distraction may be used; however, care should be taken not to over-distract the space.

CAUTION: There is no depth limiting stop on the inserter, wedge distractor, trials, or rasps. Instruments should be impacted only as deep as intended for interbody spacer placement. Lateral fluoroscopy is recommended to confirm desired position of the interbody.

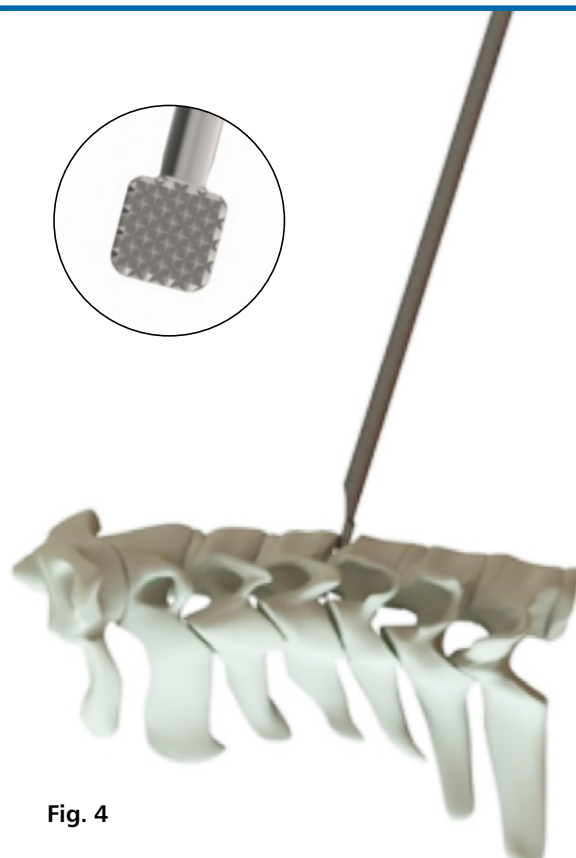


Fig. 4

A Universal Rasp (83-9040) may be used to prepare the end plates. Move the universal rasp anterior/posterior and medial/lateral around the vertebral endplates until desired preparation is achieved (**Fig. 4**). Selection of the proper interbody spacer is essential. Insert the trials, in sequential order, into the disc space to determine the proper interbody spacer size (height, footprint, and lordosis). With the segment fully distracted, the trial spacer should fit tightly between the endplates in footprint, height, depth and lordotic angle. The use of lateral fluoroscopy will assist in determining proper implant depth.

Note: Rasps may also be used to determine the appropriate size of interbody.

Note: The rasps and trials mirror the interbody footprint.

Standard Interbody Spacer Sizing		
Implant sizes		
Footprint	Height	Sagittal Profile
15mm W x 13mm L	6-9mm	7°
17mm W x 15mm L	6-9mm	7°
Note: Additional footprints available as special order only.		

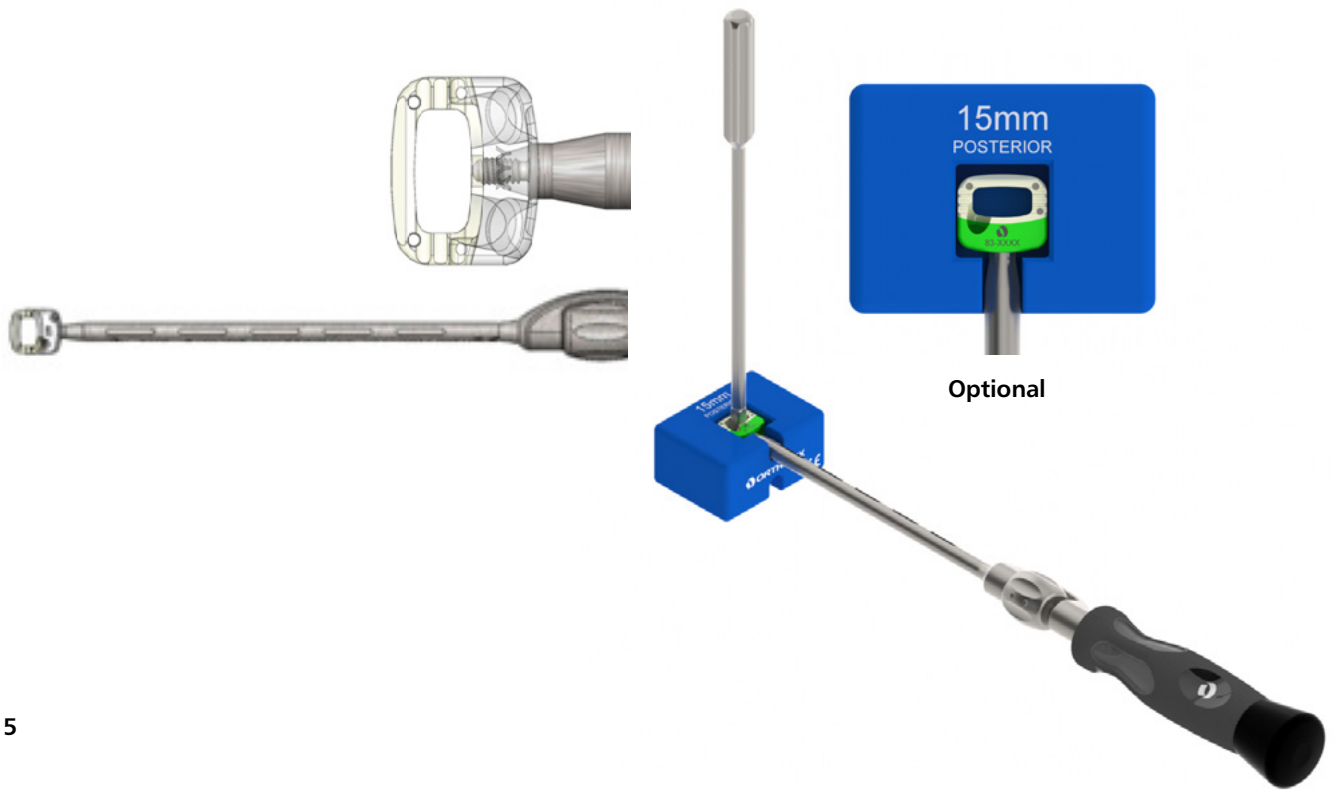


Fig. 5

3. INTERBODY SPACER INSERTION

Once the size has been determined, attach the **Interbody Spacer** to the **Implant Inserter (83-9003)**. To attach the interbody spacer, engage the implant inserter into the threaded hole of interbody spacer and turn the knob clockwise until finger tight (**Fig. 5**).

It is recommended to pack autograft and/or allograft comprised of cancellous and/or corticocancellous bone graft into the window of the interbody spacer to help promote fusion. An optional **Graft Block (83-9030)** and **Graft Tamp (83-9037)** are available for use with the standard interbody spacers but not with the Lonestar, Serrated Radial Ribs spacers as they will not seat in the graft block correctly.

CAUTION: There is no depth limiting stop on the inserter, wedge distractor, trials, or rasps. Instruments should be impacted only as deep as intended for interbody spacer placement. Lateral fluoroscopy is recommended to confirm desired position of the interbody.

Note: The distance from the center of the tantalum marker to the posterior edge of the implant is 2.0mm.



Fig. 6

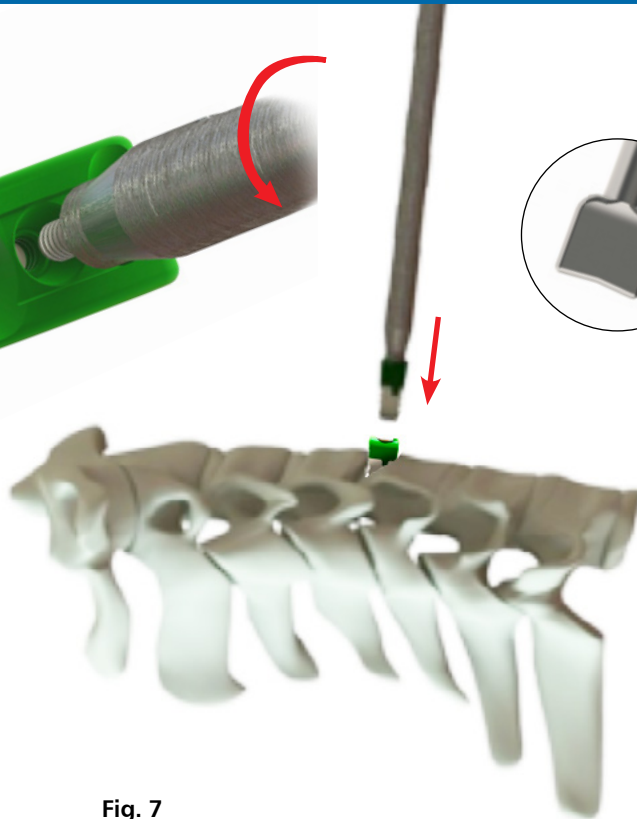


Fig. 7

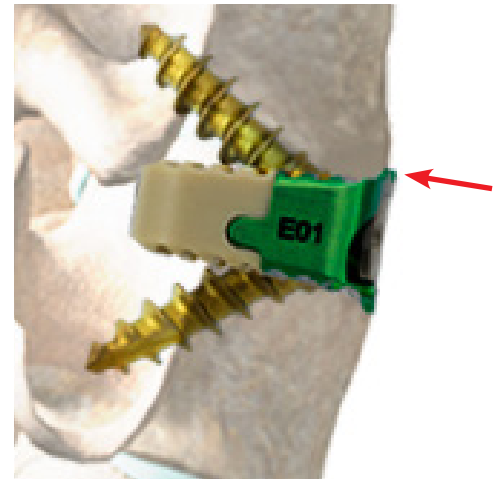


Fig. 8

Insert the **Interbody Spacer** into the disc space using the **Inserter (83-9003)**. The depth of the interbody spacer can be assessed by visualizing the tantalum markers on the posterior aspect of the implant which are 2mm from the edge of the implant under the guidance of fluoroscopy. The inserter may remain attached to the interbody spacer during awl, drill and screw insertion if more control over interbody position is desired during these steps. To release the interbody spacer, turn the knob on the implant inserter counterclockwise (**Fig. 6**).

If repositioning is needed, use the **Tamp (83-9005)** to adjust the interbody spacer position (**Fig. 7**). The use of fluoroscopy is recommended to reduce the risk of unintentionally damaging neural structures.

Note: The tamp should be seated in cover plate recess during impaction.

Note: The serrated portion of the Lonestar Serrated Radial Ribs interbody is intended to rest on the anterior portion of the vertebral body and not be inserted fully into the disk space (**Fig 8**).

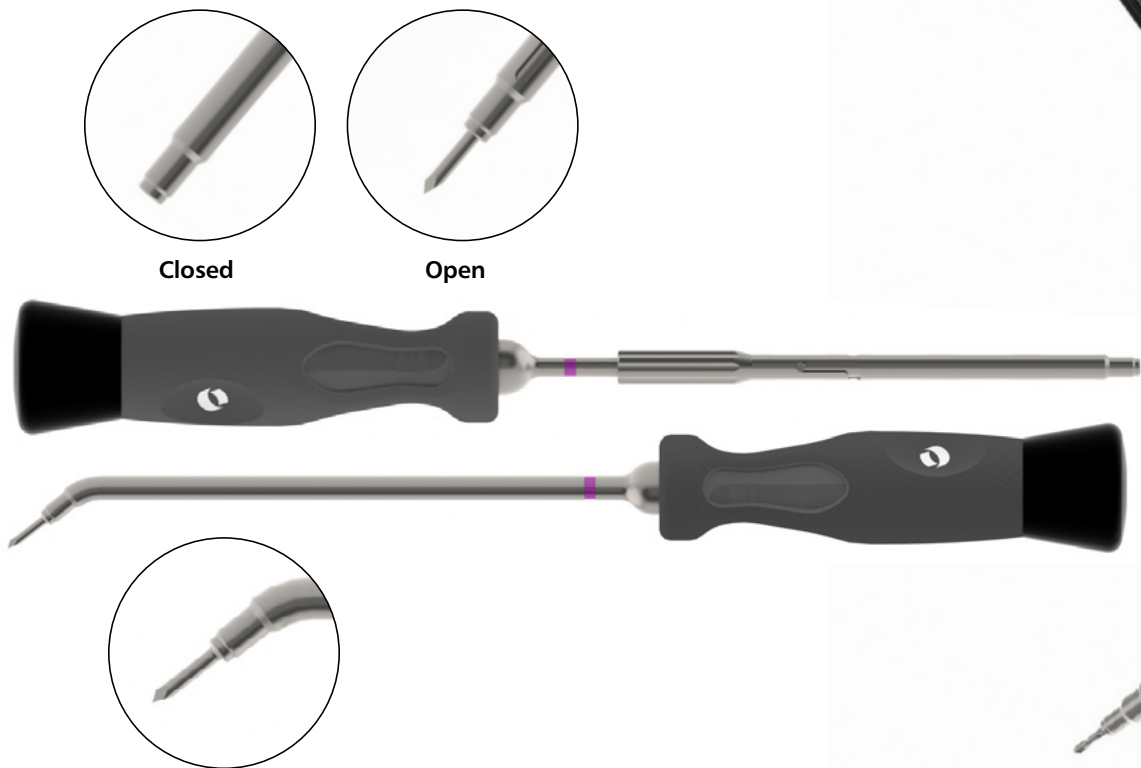


Fig. 9

4. HOLE PREPARATION FOR SCREW PLACEMENT

This system includes self-drilling and self-tapping screws. The following options are provided for creating the starter holes through the cortical bone.

Awls

After determining which awl will be used, sleeved awl (83-9002) or angled awl (83-9044), fully seat the awl through the interbody screw hole and impact through the cortical bone (Fig. 9). The awl is designed to penetrate 12mm into the vertebral body when fully impacted.

Note: The awl's sleeve should remain in the covered position during initial insertion and impaction.

Note: Recommended procedure is to place the first screw without fully tightening it before creating the second starter hole.



Fig. 10

Drill

When using the drill (83-9012), always use the drill guide (83-9004) to establish accurate trajectory and depth for each pilot hole (Fig. 10). Note that the drill is single use, and offered in sizes corresponding to the available screw lengths (10-18mm).

- Attach the drill to the modular handle (69-1030).
- Insert the drill guide into the interbody spacer screw hole.
- Place the drill through the drill guide.
- Drill by turning the handle clockwise until the drill bottoms out on the drill guide.
- To reverse, turn the handle counterclockwise.

The trajectory and depth of drilling and screw length selection should be guided by lateral fluoroscopic monitoring to ensure the depth is appropriate for the vertebral body.

83-9004	DRILL GUIDE
83-9010*	DRILL – 10mm
83-9012	DRILL – 12mm
83-9014	DRILL – 14mm
83-9016	DRILL – 16mm
83-9018*	DRILL – 18mm

*By special request only

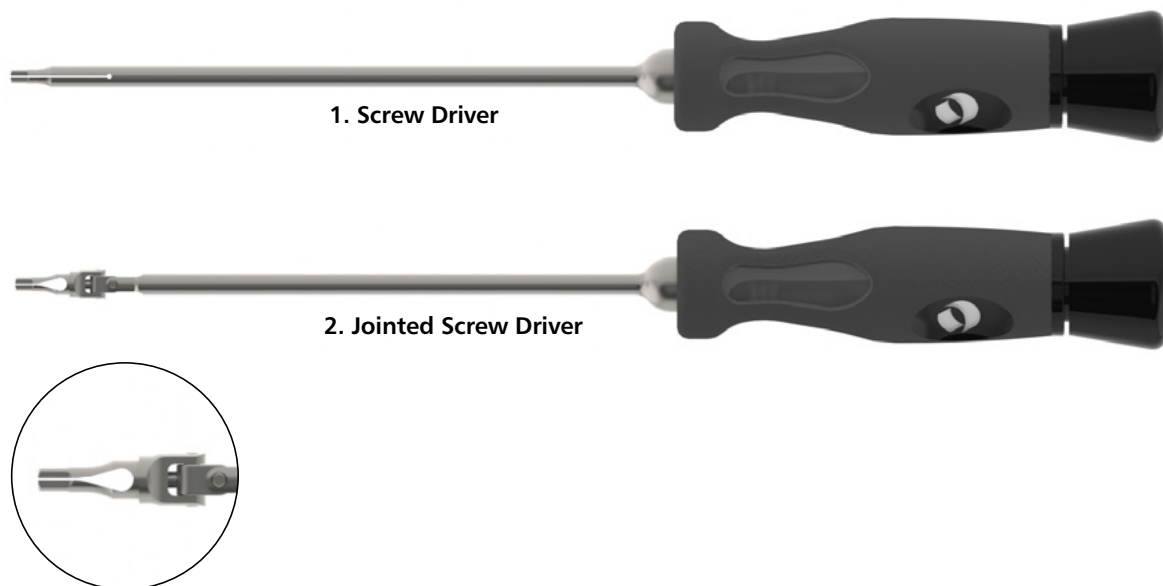






Fig. 11

5. SCREWS

Ø3.6mm primary screws are offered in both self-tapping and self-drilling options in lengths ranging from 10-18mm. The screws come color coded according to length for ease of use. Ø4.0mm rescue screws are available as well in the same configurations

Purple	10mm	
Magenta	12mm	
Gold	14mm	
Dark Blue	16mm	
Green	18mm	

There are two screw driver options for use with all screws. Both screw drivers have a square drive mechanism to reduce stripping (**Fig. 11**).



1. Screw Driver (**83-9001**)
2. Jointed Screw Driver (**83-9048**)

To implant the screws, load the screw onto the desired driver, which will self-retain the screw during placement. Begin by threading the screw through either interbody spacer screw hole, turning the handle clockwise until finger tight.

CAUTION: To avoid stripping the screw hole, do not overtighten the screw into the interbody spacer.

Note: It is recommended to place the first screw then awl or drill the second hole and place the second screw. Once the two screws are inserted, fully tighten the screws.

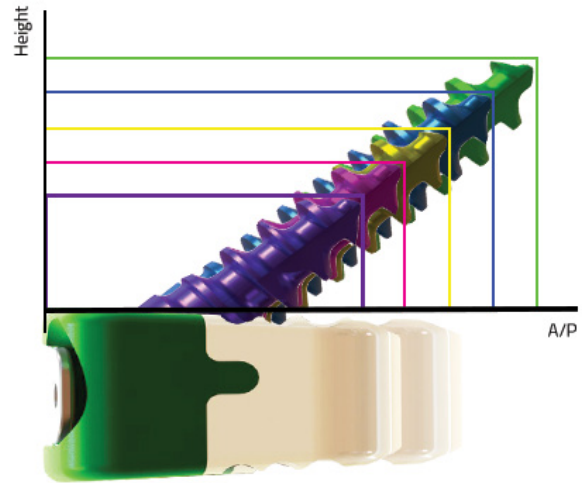
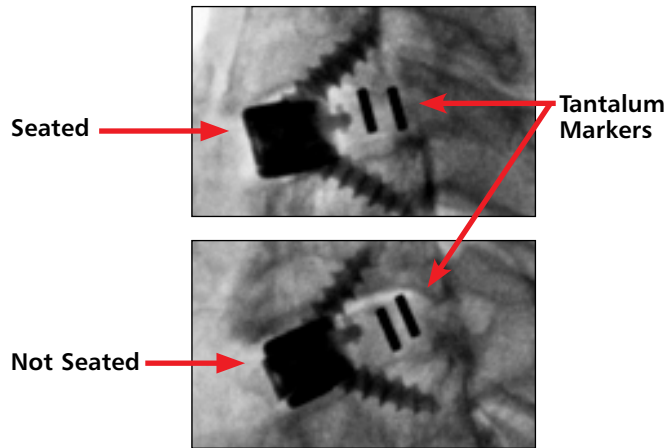


Fig. 12

CAUTION: Once seated, the position of the screw heads should be completely recessed within the interbody spacer. The cover plate will not engage the interbody spacer properly if the screws are not fully seated (**Fig 12**).

NOTE: The screws engage the bone at a 38° angle. Therefore the total distance the screw engaged the vertebrae is as follows:

Bone Screw Length	A/P (mm)	Height (mm)
10	11.16	3.78
12	12.71	5.01
14	14.26	6.25
16	16.81	7.48
18	17.37	8.71



Fig. 13

6. COVER PLATE

In order to secure the screws in place, a cover plate is provided to prevent screw back out. The cover plates are available in two sizes corresponding to the interbody spacer height:

1. 6-9mm	(83-7110)
2. 10-14mm	(83-7120)*

**By special request only*

To load the cover plate onto the cover plate holder (83-9041), align the two holes of the cover plate to the pins of the cover plate holder and press down until cover plate snaps onto the cover plate holder (Fig 13).

Once the cover plate is loaded on the holder, center the cover plate inside the recess in the interbody spacer and thread the cover plate screw into the threaded hole. The **Cover Plate Driver (83-9042)** has a “click out” torque limiting mechanism which provides audible and tactile confirmation of torque to assure the cover plate screw was tightened.

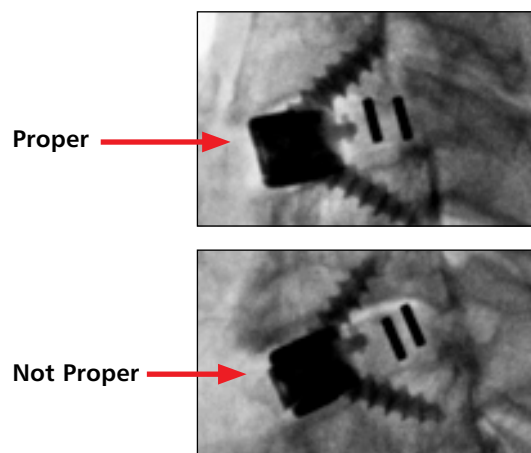


Fig. 14

CAUTION: To ensure proper engagement, prior to final tightening, ensure that the cover plate is fully aligned within the recess in the interbody spacer.

CAUTION: To ensure that the cover plate is properly seated on the implant after final tightening, the screw head should be completely seated into the LONESTAR implant. Improper seating of the cover plate is seen in this fluoroscopic image (Fig. 14).





Fig. 15



Fig. 16

7. IMPLANT REMOVAL

If removal of the construct is required:

1. Attach the cover plate driver (**83-9042**) to the cover plate screw and turn counterclockwise (**Fig. 15**).
2. Once the cover plate is removed, use the screwdriver (**83-9001**) to remove the bone screws by turning counterclockwise.
3. Remove the interbody spacer by engaging the implant inserter (**83-9003**) with the threaded hole of the interbody spacer and turning the center knob clockwise until finger tight (**Fig. 16**). Then pull out the interbody spacer. If necessary, distract the vertebrae inferior and superior to the interbody spacer for removal.



LONESTAR Implant Components

Description: The LONESTAR Cervical Stand Alone implant is a stand-alone spacer system designed to provide the biomechanical strength to a traditional or minimal invasive ACDF procedure with less disruption of patient anatomy and preserve the anatomical profile. The LONESTAR Cervical Stand Alone system helps to preserve the natural sagittal anatomic profile of the cervical spine while providing anterior column support and stability.

The LONESTAR implant consists of a hybrid PEEK and titanium Spacer along with Titanium Bone Screws and a Titanium Cover Plate. The LONESTAR Cervical Stand Alone spacers are designed with a zero anterior profile and are implanted using an anterior approach.

The LONESTAR Cervical Stand Alone implants and instruments are provided non-sterile and will require thorough cleaning and sterilization prior to each use. The LONESTAR Cervical Stand Alone implants are not compatible with components or metal from any other manufacturer's system.

Indications for Use: The LONESTAR Cervical Stand Alone System is indicated for spinal fusion procedures at one level in the cervical spine (C2-T1), in skeletally mature patients with degenerative disc disease (DDD). DDD is defined as neck pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies.

The LONESTAR Cervical Stand Alone System is used with autograft bone material and/or allograft comprised of cancellous and/or corticocancellous bone graft; and the two titanium alloy screws which accompany the implant.

Patients must have undergone a regimen of at least six (6) weeks of non-operative treatment prior to being treated with the LONESTAR Cervical Stand Alone System in the cervical spine.

Contraindications:

The LONESTAR Cervical Stand Alone System, as with other orthopedic implants, is contraindicated for use in patients:

1. With active infections in which the use of an implant could preclude adequate and appropriate treatment of the infection.
2. With rapidly progressive joint disease or bone absorption syndromes such as Paget's disease, osteopenia, osteoporosis, or osteomyelitis which may prevent adequate fixation.
3. With conditions that may place excessive stresses on bone and implants, such as severe obesity, pregnancy or degenerative diseases. The decision to use this system in such conditions must be made by the physician taking into account the risks versus the benefits to the patient.
4. With known or suspected metal allergies.
5. With prior fusion at the level to be treated.

Potential Adverse Events: Potential adverse effects include, but are not limited to:

1. Failure of the device to provide adequate mechanical stability
2. Loss of fixation of the implant
3. Device component failure
4. Migration or bending of the device
5. Loss of bony alignment
6. Non-union
7. Fracture of bony structures
8. Resorption without incorporation of any bone graft utilized
9. Immunogenic response to the implant materials

Note: As with any major surgical procedure, there are risks involved in orthopedic surgery. Infrequent operative and postoperative complications known to occur are: early or late infection, which may result in the need for additional surgeries, damage to blood vessels, spinal cord or peripheral nerves, pulmonary emboli, loss of sensory and/or motor function, impotence, permanent pain and/or deformity. Rarely, some complications may be fatal.

Warnings and Precautions – The surgeon should be aware of the following when using implants:

1. The correct selection of the implant is extremely important. The potential for success is increased by the selection of the proper size, shape, and design of the implant. No implant can be expected to withstand the unsupported stresses of the body full weight bearing. The size, shape and condition of the human bones are also contributing factors to the success of the surgery.
2. **DO NOT USE DAMAGED IMPLANTS.** The correct handling of the implant is extremely important. Implants should not be bent, notched or scratched. These operations can produce defects in surface finish and internal stress concentrations, which may become the focal point for eventual failure of the device.
3. Single use only – LONESTAR Cervical Stand Alone implants and drills are SINGLE USE ONLY. Reuse could result in injury or require reoperation due to breakage or infection.
4. Single use only – No surgical implants should be reused. Any implant once used should be discarded. Even though the device appears undamaged, it may already have small defects and internal stress patterns that may lead to fatigue failure. Do not attempt to re-sterilize single-use implants that come in contact with body fluids.
5. Non-sterile – The LONESTAR Cervical Stand Alone implants and instruments are provided non-sterile, and therefore, must be thoroughly cleaned and sterilized before each use.
6. Postoperative care is important. The patient should be instructed in the limitations of the implant and should be cautioned regarding weight bearing and body stress on the device prior to secure bone healing.
7. Based on the dynamic testing results, the physician should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc., which may impact on the performance of the intervertebral body fusion device.
8. The implantation of the intervertebral body fusion device should be performed only by experienced spinal surgeons with specific training in the use of this device because this is a technically demanding procedure presenting a risk of serious injury to the patient.

MRI Compatibility Information

The LONESTAR Cervical Stand Alone System has not been evaluated for safety and compatibility in the Magnetic Resonance (MR) environment. The LONESTAR Cervical Stand Alone System has not been tested for heating or migration in the MR environment.

Standard BOM

Part #	Description	Height	Qty
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Self-Drilling & Self-Tapping Screws

83-3412	3.6mm x 12mm Primary Self-Drilling Screw	NA	6
83-3414	3.6mm x 14mm Primary Self-Drilling Screw	NA	6
83-3416	3.6mm x 16mm Primary Self-Drilling Screw	NA	4
83-3512	3.6mm x 12mm Primary Self-Tapping Screw	NA	6
83-3514	3.6mm x 14mm Primary Self-Tapping Screw	NA	6
83-3516	3.6mm x 16mm Primary Self-Tapping Screw	NA	4
83-3812	4.0mm x 12mm Rescue Self-Drilling Screw	NA	4
83-3814	4.0mm x 14mm Rescue Self-Drilling Screw	NA	4
83-3816	4.0mm x 16mm Rescue Self-Drilling Screw	NA	4
83-3912	4.0mm x 12mm Rescue Self-Tapping Screw	NA	4
83-3914	4.0mm x 14mm Rescue Self-Tapping Screw	NA	4
83-3916	4.0mm x 16mm Rescue Self-Tapping Screw	NA	4

Interbody

83-5306	15mm W x 13mm L, 7° Lordotic	6mm	3
83-5307	15mm W x 13mm L, 7° Lordotic	7mm	3
83-5308	15mm W x 13mm L, 7° Lordotic	8mm	3
83-5309	15mm W x 13mm L, 7° Lordotic	9mm	3
83-7506	17mm W x 15mm L, 7° Lordotic	6mm	3
83-7507	17mm W x 15mm L, 7° Lordotic	7mm	3
83-7508	17mm W x 15mm L, 7° Lordotic	8mm	3
83-7509	17mm W x 15mm L, 7° Lordotic	9mm	3

Interbody-Serrated Radial Ribs

84-5306	15mm W x 13mm L, 7° SRR	6mm	3
84-5307	15mm W x 13mm L, 7° SRR	7mm	3
84-5308	15mm W x 13mm L, 7° SRR	8mm	3
84-5309	15mm W x 13mm L, 7° SRR	9mm	3
84-7506	17mm W x 15mm L, 7° SRR	6mm	3
84-7507	17mm W x 15mm L, 7° SRR	7mm	3
84-7508	17mm W x 15mm L, 7° SRR	8mm	3
84-7509	17mm W x 15mm L, 7° SRR	9mm	3

Cover Plate

83-7110	Cover Plate	6mm - 9mm	6
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Standard BOM

Part #	Description	Height	Qty
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Rasp/Trial

83-9226	Rasp-15mm W x 13mm L, 7° Lordotic	6mm	1
83-9227	Rasp-15mm W x 13mm L, 7° Lordotic	7mm	1
83-9228	Rasp-15mm W x 13mm L, 7° Lordotic	8mm	1
83-9229	Rasp-15mm W x 13mm L, 7° Lordotic	9mm	1
83-9526	Trial-15mm W x 13mm L, 7° Lordotic	6mm	1
83-9527	Trial-15mm W x 13mm L, 7° Lordotic	7mm	1
83-9528	Trial-15mm W x 13mm L, 7° Lordotic	8mm	1
83-9529	Trial-15mm W x 13mm L, 7° Lordotic	9mm	1
83-9846	Rasp-17mm W x 15mm L, 7° Lordotic	6mm	1
83-9847	Rasp-17mm W x 15mm L, 7° Lordotic	7mm	1
83-9848	Rasp-17mm W x 15mm L, 7° Lordotic	8mm	1
83-9849	Rasp-17mm W x 15mm L, 7° Lordotic	9mm	1
83-9746	Trial-17mm W x 15mm L, 7° Lordotic	6mm	1
83-9747	Trial-17mm W x 15mm L, 7° Lordotic	7mm	1
83-9748	Trial-17mm W x 15mm L, 7° Lordotic	8mm	1
83-9749	Trial-17mm W x 15mm L, 7° Lordotic	9mm	1

Instruments

69-1030	Modular Handle A/O Quick Connect	NA	4
83-9001	Screw Driver	NA	1
83-9002	Awl	NA	1
83-9003	Implant Inserter	NA	2
83-9004	Drill Guide	NA	1
83-9005	Tamp	NA	1
83-9012	Drill - 12mm	NA	2
83-9038	Mallet	NA	1
83-9040	Universal Rasp	NA	1
83-9041	Cover Plate Holder	NA	1
83-9042	Cover Plate Driver	NA	2
83-9044	Angled Awl	NA	1
83-9048	Joint Screw Driver	NA	1

Case

83-9000	Instrument Tray Kit	NA	1
83-9105	Implant Caddy Kit	NA	1
83-9106	Serrated Radial Ribs -Implant Caddy Kit	NA	1
83-1000	Implant/Instrument Case	NA	1
83-0105	Implant Caddy	NA	1


Order by Request Only

Part #	Description	Height	Qty*
Self-Drilling & Self-Tapping Screws			
83-3410	3.6mm x 10mm Primary Self-Drilling Screw	NA	—
83-3418	3.6mm x 18mm Primary Self-Drilling Screw	NA	—
83-3510	3.6mm x 10mm Primary Self-Tapping Screw	NA	—
83-3518	3.6mm x 18mm Rescue Self-Drilling Screw	NA	—
83-3810	4.0mm x 10mm Rescue Self-Drilling Screw	NA	—
83-3818	4.0mm x 18mm Rescue Self-Drilling Screw	NA	—
83-3910	4.0mm x 10mm Rescue Self-Tapping Screw	NA	—
83-3918	4.0mm x 18mm Rescue Self-Tapping Screw	NA	—
Interbody			
83-5310	15mm W x 13mm L, 7° Lordotic	10mm	—
83-5311	15mm W x 13mm L, 7° Lordotic	11mm	—
83-5312	15mm W x 13mm L, 7° Lordotic	12mm	—
83-5313	15mm W x 13mm L, 7° Lordotic	13mm	—
83-5314	15mm W x 13mm L, 7° Lordotic	14mm	—
83-5406	15mm W x 13mm L, 0° Parallel	6mm	—
83-5407	15mm W x 13mm L, 0° Parallel	7mm	—
83-5408	15mm W x 13mm L, 0° Parallel	8mm	—
83-5409	15mm W x 13mm L, 0° Parallel	9mm	—
83-5410	15mm W x 13mm L, 0° Parallel	10mm	—
83-5411	15mm W x 13mm L, 0° Parallel	11mm	—
83-5412	15mm W x 13mm L, 0° Parallel	12mm	—
83-5413	15mm W x 13mm L, 0° Parallel	13mm	—
83-5414	15mm W x 13mm L, 0° Parallel	14mm	—
83-5510	15mm W x 15mm L, 7° Lordotic	10mm	—
83-5511	15mm W x 15mm L, 7° Lordotic	11mm	—
83-5512	15mm W x 15mm L, 7° Lordotic	12mm	—
83-5610	15mm W x 15mm L, 0° Parallel	10mm	—
83-5611	15mm W x 15mm L, 0° Parallel	11mm	—
83-5612	15mm W x 15mm L, 0° Parallel	12mm	—
83-7306	17mm W x 13mm L, 7° Lordotic	6mm	—
83-7307	17mm W x 13mm L, 7° Lordotic	7mm	—
83-7308	17mm W x 13mm L, 7° Lordotic	8mm	—
83-7309	17mm W x 13mm L, 7° Lordotic	9mm	—
83-7310	17mm W x 13mm L, 7° Lordotic	10mm	—
83-7311	17mm W x 13mm L, 7° Lordotic	11mm	—
83-7312	17mm W x 13mm L, 7° Lordotic	12mm	—
83-7313	17mm W x 13mm L, 7° Lordotic	13mm	—
83-7314	17mm W x 13mm L, 7° Lordotic	14mm	—
83-7410	17mm W x 13mm L, 0° Parallel	10mm	—
83-7411	17mm W x 13mm L, 0° Parallel	11mm	—
83-7412	17mm W x 13mm L, 0° Parallel	12mm	—

Order by Request Only

Part #	Description	Height	Qty*
Interbody- Con'd			
83-7510	17mm W x 15mm L, 7° Lordotic	10mm	—
83-7511	17mm W x 15mm L, 7° Lordotic	11mm	—
83-7512	17mm W x 15mm L, 7° Lordotic	12mm	—
83-7513	17mm W x 15mm L, 7° Lordotic	13mm	—
83-7514	17mm W x 15mm L, 7° Lordotic	14mm	—
83-7606	17mm W x 15mm L, 0° Parallel	6mm	—
83-7607	17mm W x 15mm L, 0° Parallel	7mm	—
83-7608	17mm W x 15mm L, 0° Parallel	8mm	—
83-7609	17mm W x 15mm L, 0° Parallel	9mm	—
83-7610	17mm W x 15mm L, 0° Parallel	10mm	—
83-7611	17mm W x 15mm L, 0° Parallel	11mm	—
83-7612	17mm W x 15mm L, 0° Parallel	12mm	—
83-7613	17mm W x 15mm L, 0° Parallel	13mm	—
83-7614	17mm W x 15mm L, 0° Parallel	14mm	—
Interbody-Serrated Radial Ribs			
84-5310	15mm W x 13mm L, 7° SRR	10mm	—
84-7510	17mm W x 15mm L, 7° SRR	10mm	—
Cover Plate			
83-7120	Cover Plate	10mm-14mm	—
Rasp/Trial			
83-9220	Rasp-15mm W x 13mm L, 7° Lordotic	10mm	—
83-9221	Rasp-15mm W x 13mm L, 7° Lordotic	11mm	—
83-9222	Rasp-15mm W x 13mm L, 7° Lordotic	12mm	—
83-9223	Rasp-15mm W x 13mm L, 7° Lordotic	13mm	—
83-9224	Rasp-15mm W x 13mm L, 7° Lordotic	14mm	—
83-9520	Trial-15mm W x 13mm L, 7° Lordotic	10mm	—
83-9521	Trial-15mm W x 13mm L, 7° Lordotic	11mm	—
83-9522	Trial-15mm W x 13mm L, 7° Lordotic	12mm	—
83-9523	Trial-15mm W x 13mm L, 7° Lordotic	13mm	—
83-9524	Trial-15mm W x 13mm L, 7° Lordotic	14mm	—
83-9840	Rasp-17mm W x 15mm L, 7° Lordotic	10mm	—
83-9841	Rasp-17mm W x 15mm L, 7° Lordotic	11mm	—
83-9842	Rasp-17mm W x 15mm L, 7° Lordotic	12mm	—
83-9843	Rasp-17mm W x 15mm L, 7° Lordotic	13mm	—
83-9844	Rasp-17mm W x 15mm L, 7° Lordotic	14mm	—
83-9740	Trial-17mm W x 15mm L, 7° Lordotic	10mm	—
83-9741	Trial-17mm W x 15mm L, 7° Lordotic	11mm	—
83-9742	Trial-17mm W x 15mm L, 7° Lordotic	12mm	—
83-9743	Trial-17mm W x 15mm L, 7° Lordotic	13mm	—
83-9744	Trial-17mm W x 15mm L, 7° Lordotic	14mm	—

* Quantities represented with a dash are not included in the set and can be ordered separately.

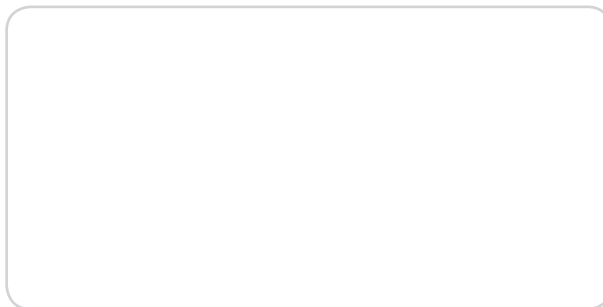
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