

**X-spine Systems, Inc.**  
**Certex® Spinal Fixation System**

**GENERAL INFORMATION**

The Certex® Spinal Fixation System consists of screws, hooks, rods, plates and connectors. Various sizes of these implants are available so that adaptations can be made to take into account pathology and individual patient anatomy. The Certex Spinal Fixation System components are manufactured from Titanium alloy in accordance with ASTM F136. All implants are intended as single use only and should not be reused under any circumstances.

**INDICATIONS FOR USE**

The intended use of the Certex Spinal Fixation System is to provide immobilization and stabilization of spinal segments as an adjunct to fusion for the following acute and chronic instabilities of the craniocervical junction, the cervical spine (C1 to C7) and the thoracic spine (T1-T3):

- Traumatic spinal fractures and/or traumatic dislocations;
- Instability or deformity;
- Failed previous fusions (e.g., pseudoarthrosis);
- Tumors involving the cervical/thoracic spine; and
- Degenerative disease, including intractable radiculopathy and/or myelopathy, neck and/or arm pain of discogenic origin as confirmed by radiographic studies, and degenerative disease of the facets with instability.

The X-spine Certex Spinal Fixation System is also intended to restore the integrity of the spinal column even in the absence of fusion for a limited time period in patients with advanced stage tumors involving the cervical spine in whom life expectancy is of insufficient duration to permit achievement of fusion.

The X-spine Certex Spinal Fixation System can be linked to X-spine Fortex® Pedicle Screw System and X-spine Xpress™ Minimally Invasive Pedicle Screw System with rod-to-rod connectors and transition rods.

**CONTRAINDICATIONS**

1. Patients with probable intolerance to the materials used in the manufacture of this device.
2. Patients with infection, inflammation, fever, tumors, elevated white blood count, obesity, pregnancy, mental illness and other medical conditions which would prohibit beneficial surgical outcome.
3. Patients resistant to following post-operative restrictions on movement, especially in athletic and occupational activities.
4. Use with components from other manufacturer's systems.
5. Grossly distorted anatomy caused by congenital abnormalities.

6. Any other medical or surgical condition which would preclude the potential benefit of spinal implant surgery.
7. Rapid joint disease, bone absorption, osteopenia. Osteoporosis is a relative contraindication since this condition may limit the degree of obtainable correction, stabilization, and/or the amount of mechanical fixation.
8. Any case where the implant components selected for use would be too large or too small to achieve a successful result.
9. Any patient having inadequate tissue coverage over the operative site or inadequate bone stock or quality.
10. Any patient in which implant utilization would interfere with anatomical structures or expected physiological performance.
11. Any case not described in the indications for use.
12. Reuse or multiple uses.

## **WARNINGS**

1. System implants and instruments are provided non-sterile and must be sterilized before use. Validated sterilization cycle parameter protocols are noted in the STERILIZATION section of this insert.
2. As with all orthopedic and neurosurgical implants, none of the system components should ever be reused under any circumstances. Risks associated with reuse include infection, non-union (pseudarthrosis), serious patient injury or death.
3. The Certex Spinal Fixation System has not been evaluated for safety and compatibility in the MR environment. It has not been tested for heating, migration or image artifact in the MR environment. The safety of the Certex Spinal Fixation System in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

## **PRECAUTIONS**

Potential risks associated with the use of this system, which may require additional surgery, include; device component neurological injury, and vascular or visceral injury. Discard all damaged or mishandled implants. Never reuse an implant, even though it may appear undamaged.

Internal fixation devices cannot withstand activity and load levels equal to those placed on normal healthy bone. Until maturation of the fusion mass is confirmed, do not subject this device to the stress of full weight bearing, or implant failure may result.

Contouring and bending of a system component may reduce its fatigue strength and cause failure under load. If spinal screws are bent or otherwise damaged during insertion or adjustment, the screw should be explanted and replaced.

As with any surgical system the Certex Spinal Fixation System should be used by experienced surgeons with specific training in the use of the spinal system because this is a technically demanding procedure presenting a risk of serious injury to the patient. Preoperative planning and patient anatomy should be considered when selecting implant diameter and length.

Knowledge of surgical techniques, proper reduction, selection and placement of implants, and pre- and post-operative patient management are considerations essential to a successful surgical outcome. Appropriate selection, placement and fixation of the spinal system components are critical factors which affect implant service life. As in the case of all prosthetic implants, the durability of these components is affected by numerous biologic, biomechanics and other extrinsic factors, which limit their service life. Accordingly, strict adherence to the indications, contraindications, precautions, and warnings for this product is essential to potentially maximize service life. (Note: While proper implant selection can minimize risks, the size and shape of human bones present limitations on the size, shape, and strength of the implants).

Patients who smoke have been shown to have an increased incidence of pseudoarthrosis. Such patients should be advised of this fact and warned of the potential consequences. Patients with previous spinal surgery at the level to be treated may have different clinical outcomes compared to those without a previous surgery. Based on the fatigue testing results, the physician/surgeon should consider the level of implantation, patient weight, patient activity level, and other patient conditions, etc. which may have an impact on the performance of the system.

If the patient is involved in an occupation or activity which applies inordinate stress upon the implant (e.g. substantial walking, running, lifting, or muscle strain) resultant forces can cause failure of the device. In some cases, progression of degenerative disease may be so advanced at the time of implantation that the expected useful life of the appliance may be substantially decreased. In such cases, orthopedic devices may be considered only as a delaying technique or to provide temporary relief. Patients should be instructed in detail about the limitations of the implants, including, but not limited to, the impact of excessive loading through patient weight or activity, and be taught to govern their activities accordingly. The patient should understand that a metallic implant is not as strong as normal, healthy bone and will bend, loosen or fracture if excessive demands are placed on it. An active, debilitated, or demented patient who cannot properly use weight supporting devices may be particularly at risk during postoperative rehabilitation.

Care must be taken to protect the components from being marred, nicked or notched as a result of contact with metal or abrasive objects. Alterations will produce defects in surface finish and internal stresses which may become the focal point for eventual breakage of the implant.

Physician Note: The physician is the learned intermediary between the company and the patient. The indications, contraindications, warnings, and precautions given in this document must be conveyed to the patient.

## **PREOPERATIVE MANAGEMENT**

1. The surgeon should consider for surgery only those patients indicated for the use of this device.
2. The surgeon should not consider for surgery those patients contraindicated for the use of this device.
3. The surgeon should have a complete understanding of the device's indications, contraindications, and applications.
4. Use of cross sectional imaging (i.e., CT and/or MRI) for posterior cervical screw placement is recommended due to the unique risks in the cervical spine. The use of planar radiographs alone may not provide the necessary imaging to mitigate the risk of improper screw placement. In addition, use of intraoperative imaging should be considered to guide and/or verify device placement, as necessary.
5. The surgeon should have a complete understanding of the function and limitations of each implant and instrument.
6. Device components should be received and accepted only in packages that have not been damaged or tampered with. Damaged implants and/or instruments should not be used. Components must be carefully handled and stored in a manner that prevents scratches, damage, and corrosion.
7. The type of implant to be used for the case should be determined prior to beginning the surgery.
8. All parts must be clean and sterile before use.

## **INTRAOPERATIVE MANAGEMENT**

1. Extreme caution should be used around the spinal cord and nerve roots. Damage to these structures will cause loss of neurological function.
2. Breakage, slippage, or misuse of instruments or implant components may cause injury to the patient or operative personnel.
3. Whenever possible or necessary, an imaging system should be utilized to facilitate surgery.
4. Caution should be taken in handling the implants; Damage to the implants may affect their performance.
5. Implants should not be reused under any circumstances.

## **INSTRUCTIONS FOR USE**

For additional instructions regarding the proper use and application of all Certex implants and instruments, please refer to the Certex Surgical Technique Manual (available at no charge upon request).

## **POSTOPERATIVE MANAGEMENT**

Postoperative management by the surgeon, including instruction and warning to and compliance by the patient, of the following is essential:

1. The patient should have a complete understanding of and compliance with the purpose and limitations of the implant devices.
2. Postoperative patients should be instructed to limit activity.
3. Rigid external orthosis/bracing should be utilized until fusion is confirmed clinically and radiographically.
4. If required, the device may be disassembled for explantation. Care should be taken to avoid damaging the implant and surrounding tissue as little as possible. The explanted device should be cleaned and disinfected using the instructions provided for cleaning/disinfection of instruments. Information on the procedure and patient should be retained to assist in any investigation.
5. Retrieved implants should be properly disposed of and are not to be reused under any circumstances.

#### **POTENTIAL COMPLICATIONS AND ADVERSE EFFECTS**

1. Early or late loosening of any or all of the components.
2. Disassembly, bending, and/or breakage of any or all of the components.
3. Foreign body (allergic) reaction to implants.
4. Post-operative change in spinal curvature, loss of correction, height, and/or reduction.
5. Infection.
6. Dural tears, persistent CSF leakage, meningitis.
7. Loss of neurological function including paralysis (partial or complete), radiculopathy, and/or the development or continuation of pain, numbness, spasms, or sensory loss.
8. Cauda equina syndrome, neurological deficits, paraplegia, reflex deficits, irritation, and/or muscle loss.
9. Loss of bladder control or other types of urological system compromise.
10. Scar formation possibly causing neurological compromise or compression around nerves and/or pain.
11. Fracture, micro-fracture, resorption, damage, or penetration of any spinal bone.
12. Herniated nucleus pulposus, disc disruption or degeneration at, above, or below the level of surgery.
13. Non-union (pseudarthrosis), delayed union, mal-union.
14. Cessation of any potential growth of the operated portion of the spine.
15. Loss of or increase in spinal mobility or function.
16. Inability to perform the activities of daily living.
17. Death.

#### **PACKAGING, LABELING, AND STORAGE**

The implants are supplied clean and NON-STERILE. They must be sterilized (see below). The implants are delivered in packages. These must be intact at the time of receipt. The implants may be delivered as a complete set. Implants and instruments are contained within specially designed trays which can be sterilized directly. Use care in handling and storage of the implant components. Cutting, sharply bending,

or scratching the surface can significantly reduce the strength and fatigue resistance of the implant system. This, in turn, could induce cracks and/or non-visible internal stresses that could lead to fracture of the implants. Implants and instruments in storage should be protected from corrosive environments such as salt, air, moisture, etc. Inspection and trial assembly are recommended prior to surgery to determine if instruments or implants have been damaged during the storage processes.

## **STERILIZATION**

All Certex Spinal Fixation System implants and instruments are provided clean and non-sterile and must be sterilized before use. All implants and instruments must be free of packaging material and bio-contaminants prior to sterilization. To achieve a sterility assurance level of not less than  $10^{-6}$ , all non-sterile implants and instruments should be autoclave sterilized using the following validated cycle parameters:

*Saturated steam method (pressure 41.9 psia, 205.5 kPa), pre-vacuum air removal (3 pulses), 270° F (132° C), 4-minute exposure time, 30-minute drying time, in a double-wrapped case configuration. Note: Most sterilizers automatically control pressure to ensure saturated steam and may not be adjusted by the user.*

Use FDA cleared sterilizers and sterilization packaging materials/accessories (wraps, biological indicators, chemical indicators, etc.) for both non-sterile implant components and instruments.

Do Not stack instrument trays during sterilization.

## **CLEANING OF INSTRUMENTS**

 Caution: Use of sodium hydroxide (NaOH) is prohibited. Use of corrosive products and/or instruments including abrasive sponges and metal brushes should be avoided. Cleaning must be performed by personnel trained in the general procedures involving contaminant removal. Automated washer/disinfector systems are not recommended as the sole cleaning method for surgical instruments. An automated system may be used in addition to the following manual cleaning procedure.

1. Thoroughly clean all instruments and trays prior to use and as soon as possible after use (within a maximum of 2 hours post-operation) with intensive rinsing under cool tap water (<40°C) to remove gross soil. Do not allow blood and debris to dry on the instruments. If cleaning must be delayed, place instruments in a covered container with appropriate detergent (Enzol® Enzymatic Detergent or equivalent) to delay drying.
2. No instruments within this system require disassembly as part of the cleaning process.
3. The following table describes the required steps for thoroughly cleaning the system instruments.

**Table 1: Cleaning Parameters**

Step	Agent	Time (mm:ss)
<b>Instructions</b>		
1. Initial Clean	Enzol Enzymatic Detergent Solution (or equivalent)	3:00
	Add one (1) ounce (30 mL) of Enzol to one (1) gallon (3.8 L) of tap water. Soak instruments immediately after use and flush detergent through all channels until evidence of organic material is removed. Soak for three (3) minutes. While submerged, use a soft bristle brush that is intended for use with surgical instruments, to gently remove visible debris. Pay close attention to threads, crevices, lumens and hard to reach areas. If organic material is dried-on, extend soak time and use two (2) ounces (60 mL) of Enzol per one (1) gallon (3.8 L) of warm tap water.	
2. Rinse	Deionized water	1:00
	Thoroughly rinse each instrument with deionized water including all channels to remove detergent for one (1) minute.	
3. Ultrasonic Clean	Enzol Enzymatic Detergent Solution (or equivalent)	10:00
	Prepare a fresh solution by adding one (1) ounce (30 mL) of Enzol and one (1) gallon (3.8 L) of warm tap water to a sonication unit (Branson Bransonic® Ultrasonic Cleaner or equivalent). Fully immerse the instruments in the solution and sonicate for ten (10) minutes.	
4. Ultrasonic Rinse	Deionized water	1:00
	Thoroughly rinse each instrument with deionized water including all holes and cannulations to remove detergent for one (1) minute.	
5. Inspection	Unaided eye	
	Inspect each instrument for evidence of organic material. Repeat the ultrasonic clean and rinse steps if needed.	

4. If instruments are not dry, use filtered pressurized air or lint-free wipes to dry.

## INSPECTION

1. Carefully inspect each instrument and tray to ensure all visible blood and soil has been removed. Repeat cleaning if necessary.
2. Inspect instruments and instrument cases for damage. Check action of moving parts to ensure proper operation.
3. If damage or wear is noted that may compromise the proper function of the instrument or instrument case, do not use and contact customer service or your X-spine Systems representative for a replacement.
4. If corrosion is noted, do not use and contact customer service or your X-spine Systems representative for a replacement.

### Manufacturer:



#### X-spine Systems, Inc.

452 Alexandersville Rd.  
Miamisburg, OH 45342 USA  
Phone: (800) 903-0640  
Fax: (937) 847-8410

### Authorized Representative:



#### EMERGO EUROPE

Prinsessegracht 20  
2514AP, The Hague  
The Netherlands

**CAUTION:** Federal Law (USA) restricts these devices to use by or on the order of a physician.



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