Fidji®
Cervical Cage

Surgical Technique

Designed to closely fit cervical anatomy.

zimmer | spine

Indications

Fidji cervical cages are designed primarly for restoring height of the intervertebral space after resection of the disc.

Fidji cervical is intended for use in anterior cervical discectomy and fusion (ACDF) procedures in patients with uni or multi level fusion as instability degenerative, post discectomy syndrome, postraumatic instabilities between C2-C7 discs.

Please refer to the package insert for complete product information including the complete list of indications, contraindications, warnings, precautions and adverse effects.

Implant Description

Fidji cervical cages are available in different shapes and sizes. The anatomic shape fits with the vertebral endplate and the implant cage has a lordotic angle. A removable autostatic fin that juts out on top and bottom of the implant gives an immediate stability. Anti-backout teeth act also as additional stabilizers.

Implants are available also with different heights, and interior surface allows placing bone graft or bone substitute.

Exposure and Discectomy

The patient is placed in the supine position (Fig. 1).

An anterior approach to the cervical spine is used through a right or left cervicotomy, according to the surgeon's preference.

The anterior aspect of the vertebral bodies cephalad and caudal to the segment involved are exposed (Fig. 2).

The longus colli muscles are bluntly dissected from deep adherence then retracted laterally. The surgeon incises the annulus with a scalpel and completely excises the disc by means of a pituitary rongeur until the posterior longitudinal ligament is reached.

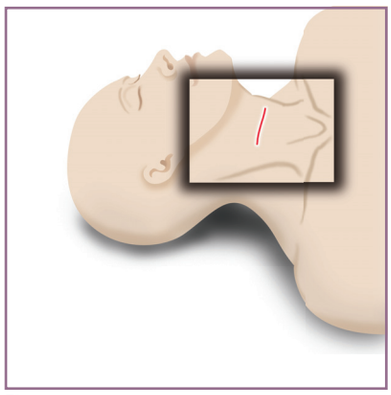

Figure 1

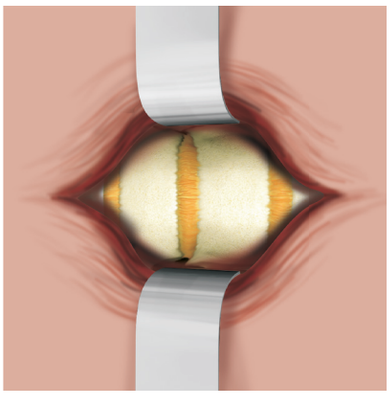

Figure 2

Endplate preparation

After decompressing the spinal cord and nerve roots, the surgeon prepares the endplates using the curette (Fig.3) without damaging the underlying cortical bone (Fig. 4 & 5).

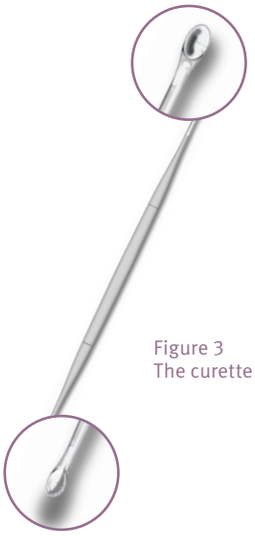

Figure 3
The curette has two different head sizes

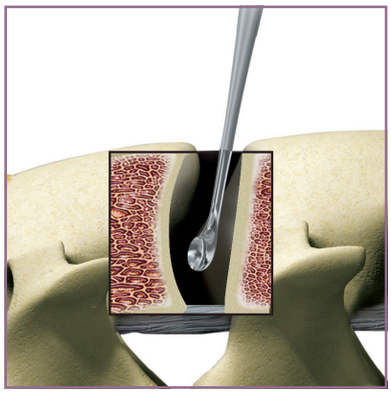

Figure 4

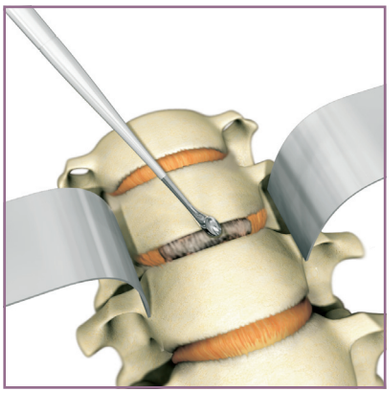

Figure 5

Cage size selection

A trial cage is mounted onto the trial cage holder (Fig.6).

It is generally advisable to select the minimal trial cage height for which proper stability is obtained. To test this stability, distraction is momentarily relaxed.

When the trial cage has been inserted, its position can be verified fluoroscopically thanks to a posterior vertical radiodense marker (Fig.7).

Figure 6

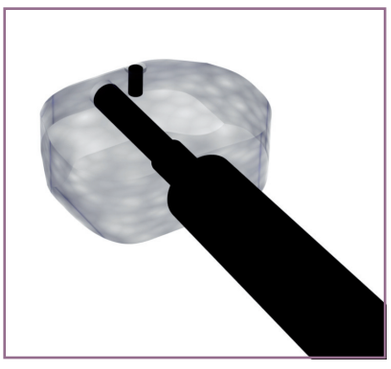

Figure 7

WARNING: ALWAYS INSERT THE TRIAL CAGE HOLDER INTO THE TRIAL AS DEMONSTRATED (FIG.6) IN ORDER TO AVOID ANY DAMAGE TO THE TRIAL.

Optional: The depth of the endplate may be measured using the depth gauge also available in the set.

Cage preparation

The chosen cage is mounted onto the impactor making sure that the positioning knob is aligned in the hole beside the threads in the cage (Fig. 8).

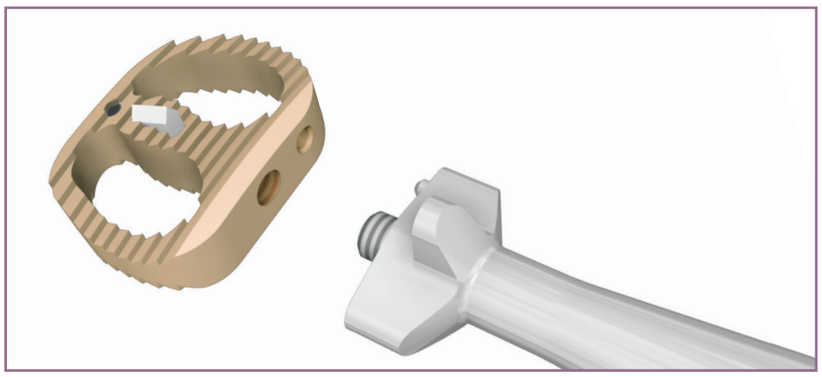

Figure 8

Place the cage in the jig space corresponding to the cage depth (12 mm or 14 mm) (Fig. 9).

The cage may be filled with bone or a bone substitute using the graft tamper (Fig. 10).

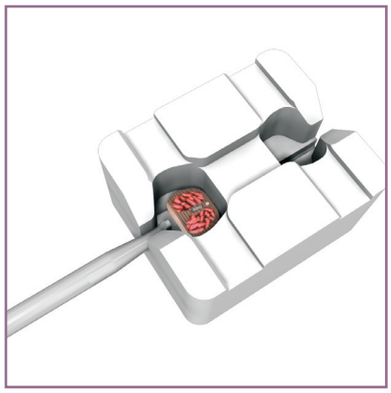

Figure 9

Figure 10

OPTIONAL: If the surgeon decides not to use the cage stabilizing fin, it can be removed using the declipping device followed by the fin remover (Fig. 11 & 12).
No further pressure should be exerted upon the declipping device once the hammer has come into contact with the PEEK* to avoid damaging the cage teeth.

Figure 11

Figure 12

Cage insertion

A cranial/caudal indication close to the handle facilitates proper positioning of the cage (Fig. 13).

The cage is impacted using the impactor while distraction of the interbody space is maintained in such a manner that minimal resistance is felt during insertion (Fig. 14).

The impactor comes with a stop for maximal safety during cage insertion (Fig. 15).

Figure 13

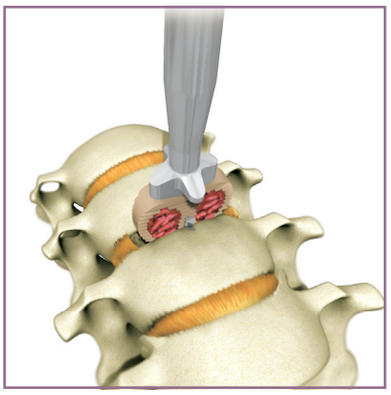
Figure 14

When the impactor has been withdrawn, the implant position may be adjusted using the final impactor (Fig. 16).

Carefully place the distal extremity of the final impactor in the threaded hole of the cage before striking it.

There is a line around the final impactor 3 mm from its extremity (Fig.16) to give the surgeon a visual indication of the depth of impaction. After this ultimate adjustment of cage position, the final impactor is removed. Slight compression is applied to the cage before removing the distractor.

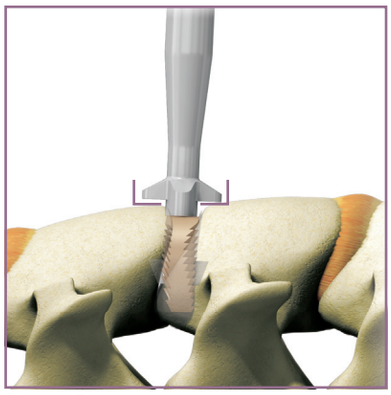
Figure 15

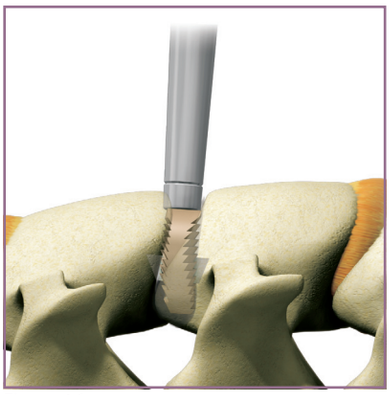
Figure 16

References

Implants

DEPTH X WIDTH (mm)	HEIGHT (mm)	IMPLANT CATALOG NUMBER
12x15	4.5	SN3005-0-00145
	5.3	SN3005-0-00153
	6.1	SN3005-0-00161
	6.9	SN3005-0-00169
	7.7	SN3005-0-00177
12x17	4.5	SN3005-0-00245
	5.3	SN3005-0-00253
	6.1	SN3005-0-00261
	6.9	SN3005-0-00269
	7.7	SN3005-0-00277
14x17	4.5	SN3005-0-00345
	5.3	SN3005-0-00353
	6.1	SN3005-0-00361
	6.9	SN3005-0-00369
	7.7	SN3005-0-00377
14x19	4.5	SN3005-0-00445
	5.3	SN3005-0-00453
	6.1	SN3005-0-00461
	6.9	SN3005-0-00469
	7.7	SN3005-0-00477

Instruments

DESCRIPTION	INSTRUMENT CATALOG NUMBER
Impactor	SN3005-1-00506
Final impactor	SN3005-1-00525
Graft tamper	SN3005-1-00045
Cage jig	SN3005-1-00076
Trial holder	SN3005-1-00552
Declipping device	SN3005-1-00530
Fin remover	SN3005-1-00900
Depth gauge	SN3005-1-00540
Curette	SN3005-1-00800
Trial cage holder	SN3005-1-00760
Container	SN3005-2-00001

Trials

DEPTH X WIDTH (mm)	HEIGHT (mm)	TRIAL CATALOG NUMBER
12x15	4.5	SN3005-1-00145
	5.3	SN3005-1-00153
	6.1	SN3005-1-00161
	6.9	SN3005-1-00169
	7.7	SN3005-1-00177
12x17	4.5	SN3005-1-00245
	5.3	SN3005-1-00253
	6.1	SN3005-1-00261
	6.9	SN3005-1-00269
	7.7	SN3005-1-00277
14x17	4.5	SN3005-1-00345
	5.3	SN3005-1-00353
	6.1	SN3005-1-00361
	6.9	SN3005-1-00369
	7.7	SN3005-1-00377
14x19	4.5	SN3005-1-00445
	5.3	SN3005-1-00453
	6.1	SN3005-1-00461
	6.9	SN3005-1-00469
	7.7	SN3005-1-00477

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