



INVICTUS[®] OCT SPINAL FIXATION SYSTEM

INSTRUCTIONS FOR USE

GENERAL INFORMATION:

The Invictus[™] OCT Spinal Fixation System is intended to help provide immobilization and stabilization of spinal segments as an adjunct to fusion of the craniocervical junction, cervical spine (C1 to C7), and thoracic spine (T1 to T3). The Invictus OCT system is compatible with Arsenal[®] Spinal Fixation System or the Invictus[™] Spinal Fixation System offered by Alphatec Spine using various rod-to-rod connectors and/or transitional rods.

The Invictus OCT implants are manufactured from titanium alloy (Ti-6Al-4V ELI) per ASTM F136, and cobalt chromium (Co-28Cr-6Mo) alloy per ASTM F1537. The Invictus OCT System consists of a variety of shapes and sizes of screws, rods, cross connectors, rod connectors, plates and general surgical instruments that provide internal fixation and stabilization during bone graft healing and/or fusion mass development.

The Invictus OCT implants are provided non-sterile to be steam sterilized by the end user. The instruments are made of stainless steel and other materials and are provided either sterile or non-sterile to be cleaned and sterilized by the end user. The instruments in this system are intended for use in surgical procedures.

INDICATIONS FOR USE:

The Invictus[™] OCT Spinal Fixation System is intended to provide immobilization and stabilization of spinal segments as an adjunct into fusion for the following acute and chronic instabilities of the craniocervical junction, the cervical spine (C1 to C7), and the thoracic spine from T1-T3: traumatic spinal fractures and/or traumatic dislocations; instability of deformity; failed previous fusions (e.g., pseudoarthrosis); tumors involving the cervical 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 Invictus OCT 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 advance stage tumors involving the cervical spine in whom life expectancy is of insufficient duration to permit achievement of fusion.

In order to achieve additional levels of fixation, the Invictus OCT Spinal Fixation System may be connected to the components in the Arsenal[®] Spinal Fixation System or the Invictus[™] Spinal Fixation System offered by Alphatec Spine using various rod-to-rod connectors and/or transitional rods.

CONTRAINDICATIONS:

The system is contraindicated for:

1. Patients with osteopenia, bone absorption, bone and/or joint disease, deficient soft tissue at the wound site or probable metal and/or coating intolerance (e.g., allergy to titanium or cobalt chrome).
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. Spinal surgery cases that do not require bone grafting and/or spinal fusion.



4. Use with bone cement.
5. Patients resistant to following postoperative restrictions on movement especially in athletic and occupational activities.
6. Reuse, or multiple use.

WARNINGS/CAUTIONS:

1. The implants of the system are provided non-sterile and must be cleaned and sterilized prior to use. Refer to the CLEANING and STERILIZATION sections.
2. All instruments except the single-use sterile drills are provided non-sterile and must be cleaned and sterilized prior to surgery. See CLEANING and STERILIZATION sections in this IFU. Sterile drills are disposable devices, designed for single use and should not be reused or reprocessed. Reprocessing of single use instruments may lead to instrument damage and possible improper function.
3. The following statements apply to single use sterile drills:
 - a. Visually inspect the packaging for signs of damage and breaches of packaging integrity prior to use. Do not use devices if package is opened, damaged, or past the expiry date.
 - b. Do not re-sterilize instruments.
 - c. Do not use scratched or damaged devices.
4. The system implants are to be used with the assistance of a bone graft. A successful result may not be achieved in every instance of use with these devices.
5. Without solid bone fusion, these devices cannot be expected to support the spine indefinitely and may fail due to bone-metal interface, rod failure or bone failure.
6. The benefit of spinal fusions utilizing any pedicle screw fixation system has not been adequately established in patients with stable spines.
7. The safety and effectiveness of this device has not been established for use as part of a growing rod construct. This device is only intended to be used when definitive fusion is being performed at all instrumented levels.
8. The product implants are single use devices. Do not reuse. While an implant may appear undamaged, it may have small defects or internal stress patterns that could lead to fatigue failure. In addition, the removed implant has not been designed or validated for the decontamination of microorganisms. Reuse of this product could lead to cross-infection and/or material degradation as a result of the decontamination process.
9. The final operative procedure with the system must include tightening of the set screws in order to maintain construct integrity. Each locking mechanism must be rechecked for tightness before closing the soft tissues as noted in the Intraoperative Management section.
10. Based on the fatigue test results, the physician/surgeon should consider the levels of implantation, patient weight, patient activity level and patient conditions, which may impact the performance of the system when using this device. Use of these systems is significantly affected by the surgeon's proper patient selection, preoperative planning, proper surgical technique, proper selection and placement of implants. No spinal implant can withstand body loads for an indefinite period of time without the support of bone. In the event that successful fusion is not achieved, bending, breakage, loosening, or disassembly of the device will occur.
11. Risks identified with the use of these devices, which may require additional surgery, include device component failure, loss of fixation/stabilization, non-union, vertebral fracture, neurological injury, vascular or visceral injury.
12. Risk factors that may affect successful surgical outcomes include: Alcohol abuse, obesity, patients with poor bone, muscle and/or nerve quality. Patients who use tobacco or nicotine products should be advised of the consequences that an increased incidence of non-union has been reported with patients who use tobacco or nicotine products.



13. It is critical that Set Screws are final tightened as recommended in the Surgical Technique Guide, using the appropriate instrument(s), e.g., Torque Handle. Failure to tighten the Set Screws using the recommended instrument(s) could compromise the mechanical stability of the construct.
14. Do not comingle titanium and stainless steel components within the same construct.
15. The implants and instruments of Alphatec Spine product lines should not be used with any other company's spinal systems.
16. The Invictus OCT occipital plate should only be connected to components of Invictus OCT Fixation System.
17. The Invictus OCT dual tulip must be used with two rods. Failure to use two rods could compromise the mechanical stability of the construct.
18. At minimum, three screws must be placed through the midline screw holes of the occipital plate. Failure to use three screws at midline could compromise the mechanical stability of the construct.
19. Failure to fully seat a tulip beyond the stop within the track of the occipital plate could compromise the mechanical stability of the construct.
20. Failure to confirm that prebent rods are normalized to the plate and rod-to-plate contact is achieved outside the anodized bend zone may result in an unstable construct.

PRECAUTIONS:

1. The implantation of pedicle screw spinal systems should be performed only by experienced spinal surgeons with specific training in the use of this pedicle screw spinal system because this is a technically demanding procedure presenting a risk of serious injury to the patient.
2. Device components should be received and accepted only in packages that have not been damaged. Damaged implants and damaged or worn instruments should not be used. Components must be carefully handled and stored in a manner that prevents scratches, damage, and corrosion.
3. Preoperative planning prior to implantation of posterior cervical screw systems should include review of cross-sectional imaging studies (e.g., CT and/or MRI) to evaluate the patient's cervical anatomy including the transverse foramen, neurologic structures, and the course of the vertebral arteries. If any findings would compromise the placement of these screws, other surgical methods should be considered. In addition, use of intraoperative imaging should be considered to guide and/or verify device placement, as necessary.
4. Use of posterior cervical pedicle screw fixation at the C3 through C6 spinal levels requires careful consideration and planning beyond that required for lateral mass screws placed at these spinal levels, given the proximity of the vertebral arteries and neurologic structures in relation to the cervical pedicles at these levels.

MRI SAFETY INFORMATION:

The Invictus OCT Spinal Fixation System has not been evaluated for safety and compatibility in the magnetic resonance (MR) environment. It has not been tested for heating, migration, or image artifact in the MR environment. The safety of the Invictus OCT Spinal Fixation System in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

POSSIBLE ADVERSE EFFECTS:

The following complications and adverse reactions have been shown to occur with the use of similar spinal instrumentation. These effects and any other known by the surgeon must be discussed with the patient preoperatively.

1. Initial or delayed loosening, disassembly, bending, dislocation and/or breakage of device components



2. Physiological reaction to implant devices due to foreign body intolerance including inflammation, local tissue reaction, and possible tumor formation
3. In the case of insufficient soft tissue at and around the wound site to cover devices, skin impingement and possible protrusion through the skin may occur
4. Loss of desired spinal curvature, spinal correction and/or a gain or loss in height
5. Infection and/or hemorrhaging
6. Bone graft, vertebral body fracture, and/or discontinued growth of fused bone at, above and/or below the surgery level
7. Non-union and/or pseudarthrosis
8. Neurological disorder, pain and/or abnormal sensations
9. Revision surgery
10. Death

PREOPERATIVE MANAGEMENT:

1. Only patients meeting the criteria listed in the indications for use section should be selected.
2. Surgeons should have a complete understanding of the surgical technique, system indications, contraindications, warnings and precautions, safety information, as well as functions and limitations of the implants and instruments.
3. Careful preoperative planning should include construct strategy, pre-assembly of component parts (if required), and verification of required inventory for the case.

INTRAOPERATIVE MANAGEMENT:

1. To prevent possible nerve damage and associated disorders, extreme caution should be taken to avoid the spinal cord and nerve roots at all times, especially upon insertion of spinal hooks.
2. Rods should be contoured in only one direction, one time. Avoid notching, scratching or reverse bending of the devices because these alterations will produce defects in the surface finish and internal stresses which may become the focal point for eventual breakage of the implant.
3. If it is mandatory to cut the rods to a more specific length, rod cutting should be done at a distance from the operative range, and such that a non-sharp edge remains on the rod.
4. Bone taps should be inspected each time prior to use to ensure a sharp cutting edge and the absence of clogging bone debris. Use of the improper length or diameter of bone tap or bone screw may allow loosening of implants, nerve damage, and undesirable fusion.
5. System must include tightening of all set screws to the torque values indicated by the surgical technique with the instruments provided. Each locking mechanism must be rechecked for tightness before closing the soft tissues.
6. Final Set Screw Tightening: All Set Screws must be tightened using the appropriate instrument (e.g., Torque Handle) as indicated in the Surgical Technique Guide.
7. Bone graft must be placed in the area to be fused and graft material must extend from the upper to the lower vertebrae being fused.
8. At minimum, three screws must be placed through the midline screw hole on the occiput in surgery.

POSTOPERATIVE MANAGEMENT:

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

1. Patient should be informed and compliant with the purpose and limitations of the implant devices.
2. The surgeon should instruct the patient regarding amount and time frame after surgery of



any weight bearing activity. The increased risk of bending, dislocation, and/or breakage of the implant devices, as well as an undesired surgical result are possible consequences of any type of early or excessive weight bearing, vibratory motion, fall, jolts or other movements preventing proper healing and/or fusion development.

3. In the case of delayed, mal-, or non-union of bone, the patient must continue to be immobilized in order to prevent bending, dislocation, or breakage of the implant devices. Immobilization should continue until a complete bone fusion mass has developed and been confirmed.
4. Postoperative patients should be instructed to not use tobacco or nicotine products, consume alcohol, and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or aspirin. Complete postoperative management as determined by the surgeon following implant surgery to maintain the desired result.

REPROCESSING OF REUSABLE INSTRUMENTS

General Information for all Instruments:

- **Point-of-Use Processing:** To facilitate cleaning, instruments should be cleaned initially directly after use in order to facilitate more effective subsequent cleaning steps. Place instruments in a tray and cover with a wet towel to prevent drying.
- The cleaning process is the first step in effectively reprocessing reusable instruments. Adequate sterilization depends on thoroughness of cleaning.

Instrument Preparation:

- Cleaning, inspection, lubrication, and sterilization must be performed by hospital personnel trained in the general procedures involving contaminant removal.
- Instruments must be cleaned prior to lubrication and sterilization.
- All instrument hinged, rotating, and articulating parts must be lubricated prior to sterilization with a water soluble and sterilizable lubricant intended for surgical instruments (Hinge-Free[®] for example).

Cleaning Instructions for all Instruments:

- Instruments must be cleaned prior to sterilization. Cleaning, maintenance, and mechanical inspection must be performed by hospital personnel trained in the general procedures involving contaminant removal.
- Disconnect all handles/knobs prior to cleaning.
- Complex instruments, such as those with, cannulas, hinges, retractable features, mated surfaces, and textured surface finishes, require special attention during cleaning. Brush tight tolerance areas with an appropriately sized brush and flush using a water jet or syringe where debris could become trapped.
- Ensure all moving parts of instruments are cleaned at both extents of travel.
- Handle all products with care. Mishandling may lead to damage and possible improper functioning.
- Clean the instruments, trays and inserts using only recommended cleaning solutions. Use of caustic solutions (caustic soda) will damage the instruments.
- Visually inspect each instrument for deterioration such as corrosion and worn components; ensure that the laser markings are legible and verify that all actuating parts move freely. Visual inspection must be performed at each cleaning to determine if an instrument is acceptable for use. If an instrument is not acceptable for use, return to the manufacturer.



Visually inspect the instrument after each cleaning step to ensure the instrument is clean. If not clean, repeat the step until clean.

Cleaning of Instruments, Containers, and Trays:

- All solutions for cleaning must be prepared per the manufacturer’s instructions.
- Instruments provided in a set must be removed from the set for cleaning. Instrument trays, containers, and lids must be thoroughly cleaned separately until visually clean.
- Ensure instruments are in the fully extended, open position throughout cleaning. Disconnect Quick Connect handles from the shafted instruments prior to cleaning.
- Pay special attention during cleaning to complex instruments, such as those with cannulas, hinges, retractable features, mated surfaces, and textured surface finishes.
- Use of water with high mineral content should be avoided.

Manual Cleaning Steps for Instruments (required)

Step 1	Rinse devices in ambient temperature tap water to remove visible soil.
Step 2	Prepare enzymatic solution, such as <i>Prolystica® 2X Concentrate Enzymatic Presoak & Cleaner</i> or equivalent, per manufacturer’s recommendations and submerge device in enzyme solution. Actuate the device while it is submerged and soak for a minimum of 10 minutes.
Step 3	Actuate and scrub the device using an appropriately sized soft bristled brush, such as a <i>Spectrum Surgical code #M-16 or 45-542</i> (or equivalent), to brush the lumen for a minimum of 2 minutes. If needed, actuate at several locations to access all surfaces. Use of a syringe (minimum of 50 ml) or water jet is recommended for the hard to reach areas and repeat 3 times.
Step 4	Rinse devices in DI/RO water for a minimum of 1 minute.
Step 5	Prepare cleaning solution, such as <i>Prolystica® 2X Concentrate Alkaline Detergent</i> , per manufacturer’s recommendations and submerge and actuate devices in cleaning solution and sonicate for a minimum of 10 minutes.
Step 6	Thoroughly rinse devices with DI/RO water to remove all detergent residues.
Step 7	Dry devices with a clean, lint free cloth or filtered compressed air.

Automatic Washer Cleaning Steps for Instruments

Step 1	Complex instruments, such as those with cannulations, lumens, hinges, retractable features, mated surfaces, and textured surface finishes, require special attention during cleaning. Brush tight tolerance areas with an appropriately sized brush and flush using a water jet or syringe with ambient temperature tap water where debris could become trapped. Place them into the Washer/Disinfector and process through a standard surgical instrument cycle.
Step 2	Prewash with cold tap water for 2 minutes.
Step 3	Enzyme wash using cleaner such as <i>Prolystica® 2X Concentrate Enzymatic Presoak & Cleaner</i> or equivalent, per manufacturer’s recommendations, hot tap water, 1 minute.
Step 4	Detergent wash using detergent such as <i>Prolystica® 2X Concentrate Alkaline</i>



	Detergent, per manufacturer's recommendations, hot tap water (66°C/150°F), 2 minutes.
Step 5	Rinse 2 times, hot tap water, 15 seconds.
Step 6	Purified water rinse (66°C/150°F), 10 seconds.
Step 7	Hot air dry (115°C/239°F) for at least 10 minutes.

INSPECTION:

- Inspect each instrument, container, and tray to ensure that all visible contamination has been removed. If contamination is noted, repeat the cleaning/disinfection process.
- Check the action of moving parts (e.g., hinges, box-locks, connectors, sliding parts, etc.) to ensure smooth operation throughout the intended range of motion.
- Check instruments with long slender features (particularly rotating instruments) for distortion.
- Drill bits, reamers, rasps, and other cutting instruments should be inspected after processing with alkaline detergents.
- Inspect instruments for any other damage, wear, and/or corrosion.

STERILIZATION and RESTERILIZATION (for all Reusable Instruments and Implants):

- All implants and reusable instruments are provided non-sterile and must be steam sterilized prior to use in the trays provided, using the validated cycle parameters in the table below.
- Alphatec products have been validated to achieve sterility using FDA cleared sterilization accessories (sterilization wraps and containers).
- Instrument sets have been validated in standard configurations. **No additional items should be added to the set for sterilization.**

Sterilization Parameters

Set Type	Cycle Type	Temperature	Exposure Time	Minimum Drying Time	Minimum Cool Down Time
Invictus OCT Implant Only Set	Pre-vacuum	132°C (270°F)	4 Minutes	30 Minutes	60 Minutes
Invictus OCT Implants/Instrument Mixed Set					
Invictus OCT Instrument Only Set	Pre-vacuum	132°C (270°F)	4 Minutes	45 Minutes	75 Minutes

Sterilization Notes:

- The cycle conditions in the tables above were validated to achieve a SAL of 10⁻⁶.
- These parameters are consistent with the appropriate version of *ANSI/AAMI ST79 "Comprehensive guide to steam sterilization and sterility assurance in health care facilities."*

UDI CONSTRUCTION:

To compile a unique device identifier (UDI) for reusable, reprocessed devices, the device identifier (GTIN) may be ascertained by searching for the part number in the FDA GUDID at



<https://accessgudid.nlm.nih.gov/>. The production identifier(s) (e.g., lot number, serial number) may be found directly marked on the device.

COMPLAINT HANDLING/REPORTING:

All product complaints relating to safety, efficacy or performance of the product should be reported immediately to Alphatec Spine by telephone, e-mail, or letter, per contact information below. All complaints should be accompanied by name, part number, and lot numbers. The person formulating the complaint should provide their name, address, and as many details as possible. You may contact Customer Service directly at: customerservice@atecspine.com.

R_xonly **Caution: Federal law (USA) restricts these devices to sale by or on the order of a physician.**

For a listing of Symbols and Explanations, see atecspine.com/eifu



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