TRAUMA PLATE SYSTEM
INSTRUCTIONS FOR USE

GENERAL INFORMATION:
The Trauma Plate System provides a comprehensive solution for temporary fixation in the thoracolumbar spine until fusion has occurred. The system offers a variety of plate and screw sizes to meet anatomical requirements. The plate and bone screws are made of Titanium Alloy per ASTM F136. The system offers general instruments made of stainless steel and other materials for the delivery of the plates and screws.

INDICATIONS FOR USE:
The Trauma Plate System is intended for use via the lateral or anterolateral surgical approach above the bifurcation of the great vessels in the treatment of thoracic and thoracolumbar (T1-L5) spine instability or via the anterior surgical approach, below the bifurcation of the great vessels in the treatment of lumbar and lumbosacral (L1- S1) spine instability as a result of fracture (including dislocation and subluxation), tumor, degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by patient history and radiographic studies), pseudoarthrosis, spondylolysis, spondylolisthesis, scoliosis, lordotic deformities of the spine, spinal stenosis, or a failed previous spine surgery.

CONTRAINDICATIONS:
The system is contraindicated for:
1. Patients with osteopenia, osteoporosis, bone absorption or rapid joint disease.
2. Patients with infection in or adjacent to the spine or spinal structures, fever, leukocytosis.
3. Patients with probable titanium and/or titanium alloy intolerance.
4. Patients with deficient soft tissue at the wound site or inadequate bone stock or quality.
5. Patients with morbid obesity or gross distorted anatomy due to congenital abnormalities.
6. Pregnant patients or patients with mental illness or other medical conditions which would prohibit beneficial surgical outcome.
7. Patients resistant to following post-operative restrictions on movement.
8. Use with components from other systems.
9. Use with bone cement.
10. Reuse or multiple uses.

WARNINGS/CAUTIONS/PRECAUTIONS:
1. The Trauma Plate System is an implant device used only to provide temporary internal fixation during the bone fusion process with the assistance of a bone graft. A successful result may not be achieved in every instance of use with this device.
2. Without solid bone fusion, this device cannot be expected to support the lumbar spine indefinitely and may fail due to bone-metal interface or bone failure.
3. Based on the fatigue and dynamic testing results, the physician/surgeon should consider the levels of implantation, patient weight, patient activity level, compliance of the patient, and other patient conditions which may have an impact on the performance and results of this system.
4. **This product is a single use device.** Under no circumstances should it be reused. While the device may appear to be undamaged, it may have small defects or internal stress patterns, as a result of the prior implantation or removal that could lead to fatigue failure. Additionally, please note that the removed implant has not been designed or validated so as to allow for decontamination of microorganisms. Reuse of this product could lead to cross-infection and/or material degradation as a result of the

decontamination process. The company accepts no responsibility for products which have been reused.

5. Potential risks identified with the use of this device, which may require additional surgery, include device component fracture, loss of fixation, non-union, fracture of the vertebrae, and necrosis of bone, neurological injury and vascular or visceral injury.
6. Patients who smoke should be advised of the consequences of the fact that an increased incidence of non-union has been reported with patients who smoke.
7. Spinal surgery is not recommended for patients with alcohol abuse, morbid obesity, poor bone and muscle quality and/or nerve paralysis.
8. The implants and instruments are provided non-sterile and must be cleaned and sterilized before use. Device components should be sterilized using the noted validated sterilization cycle parameters.
9. This device is not approved for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic or lumbar spine. Implantation 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.
10. Patients with previous spinal surgery at the level(s) to be treated may have different clinical outcomes compared to those without previous surgery.
11. Take great care to properly position bone screw holes when using the awl. Excessive over angulation may prohibit proper seating of the bone screws.
12. Make sure the screw is fully seated below the screw retention mechanism prior to inserting an adjacent screw. If a screw is left partially inserted, the screw retention mechanism could become damaged.
13. Bone screws should not be removed more than once to prevent damage to the screw retention mechanism. If necessary, screw removal should only be conducted with the instrumentation provided.
14. Do not disassemble the set screw from the translating plate. Upon implantation, translating plate set screws much be final tightened to create a mechanically stable construct.

MRI SAFETY INFORMATION:

The Trauma Plate 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 Trauma Plate System in the MR environment is unknown. Scanning a patient who has this device may result in patient injury.

POSSIBLE ADVERSE EFFECTS:

Possible adverse effects include:

1. Loss of desired spinal curvature, spinal correction and/or a gain or loss in height.
2. Initial or delayed loosening, disassembly, bending, dislocation and/or breakage of device components.
3. Bone graft fracture, vertebral body fracture or discontinued growth of fused bone at, above and/or below the surgery level.
4. Non-union or pseudoarthrosis.
5. 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.
6. Physiological reaction to implant devices due to foreign body intolerance including inflammation, local tissue reaction, and possible tumor formation.
7. Neurological disorder including paralysis, appearance of radiculopathy and/or abnormal pain development.
8. Displacement of a screw due to incorrect positioning or implant size.
9. Hemorrhaging.

10. Infection.
11. Revision surgery.
12. Death.

PREOPERATIVE MANAGEMENT:

1. Only patients meeting the criteria listed in the indications for the 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 implantation strategy and a verification of required inventory for the case.
4. 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.
5. **The implants and instruments are provided non-sterile and must be cleaned and sterilized before use.**

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.
2. Proper sizing and positioning of bone graft is essential to obtain successful spinal fusion. The bone graft must extend from the upper to the lower vertebrae to be fused.

POSTOPERATIVE MANAGEMENT:

Postoperative management by the surgeon is essential. This includes instructing, warning, and monitoring the compliance of the patient.

1. The patient should have a complete understanding of and compliance with the purpose and limitations of the implant devices. The surgeon should instruct the patient on how to compensate for any loss in range of spinal motion due to bone fusion.
2. Additional or revision surgery may be necessary to correct an adverse effect.
3. 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 consequences of any type of early or excessive weight bearing, vibration motion, fall, jolts or other movements preventing proper healing and/or fusion development.
4. In the case of delayed union 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.
5. Postoperative patients should be instructed not to smoke, consume alcohol, or consume non-steroidals and aspirin, as determined by surgeon.
6. Implant devices should be revised or removed immediately, if appropriate, upon a case of a non-union, pseudoarthrosis or if the devices have been bent, dislocated or broken.
7. The Trauma Plate System implants are designed and intended as temporary fixation devices. The devices should be removed after complete healing has occurred. Devices which are not removed after serving their intended purpose may bend, dislocate, or break and/or cause corrosion, localized tissue reaction, pain, infection, and/or bone loss due to stress shielding. Complete postoperative management to maintain the desired result should also follow implant removal surgery.

8. Retrieved implants should be properly disposed of and are not to be reused under any circumstance.

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. All reusable instruments that have been taken into a sterile surgical field must be decontaminated and cleaned using established hospital methods before sterilization and reintroduction into the sterile surgical field.
- The cleaning and sterilization processes in this IFU have been validated and demonstrate that soil and contaminants have been removed leaving the devices effectively free of viable microorganisms.
- It is recommended that all new relevant clinical practice guidelines be followed as per the CDC guidance, “Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008.”
- It is recommended to rinse the device components with water that meets specifications for *AAMI TIR34 “Water for the reprocessing of medical devices, 2014”* for example, DI/RO water.
- The validated cleaning and sterilization reprocessing steps provided in these instructions are considered recommended guidelines. The user is ultimately responsible for verifying adequate cleanliness of the devices. Any reprocessing methods used aside from those recommended for Alphatec Spine devices should be validated by the user prior to implementation.
- Equipment, materials, and personnel differ between hospitals; therefore, validation and routine monitoring of the process are normally required at a reprocessing facility.

Instrument Preparation and Disassembly:

- Cleaning, inspection, and sterilization must be performed by hospital personnel trained in the general procedures involving contaminant removal.
- Instruments must be cleaned prior to sterilization.

Cleaning of Instruments, Containers, and Trays:

- Instruments provided in a set must be removed from the set and cleaned prior to sterilization. Instrument trays, containers, and lids must be thoroughly cleaned separately until visually clean.
- Cleaning, maintenance, and mechanical inspection must be performed by hospital personnel trained in the general procedures involving contaminant removal.
- 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.
- Clean the instruments, trays and inserts using only recommended cleaning solutions. Use of caustic solutions (caustic soda) will damage the instruments.
- All solutions for cleaning must be prepared per the manufacturer’s instructions.
- Use of water with high mineral content should be avoided.
- 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 instruments are in the fully extended, open position throughout cleaning. Disconnect Quick Connect handles/knobs from the shafted instruments prior to cleaning.
- 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 function.

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

Manual Cleaning Steps for Instruments

Step 1	Rinse devices in ambient temperature tap water to remove visible soil.
Step 2	Prepare enzymatic solution, such as *Polystica*® 2X Concentrate Enzymatic Presoak & Cleaner 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 to brush any lumens 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 hard-to-reach areas and repeat 3 times.
Step 4	Rinse devices in Deionized / Reverse Osmosis (DI/RO) water for a minimum of 1 minute.
Step 5	Prepare cleaning solution, such as *Prolystica® 2X Concentrate Alkaline Detergent*, per manufacturer's recommendations and submerge and actuate devices in cleaning solution and sonicate for a minimum of 10 minutes.
Step 6	Thoroughly rinse instruments with Deionized / Reverse Osmosis (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 *Prolystica® 2X Concentrate Enzymatic Presoak & Cleaner* or equivalent per manufacturer's recommendations, hot tap water (66°C/150°F minimum), for a minimum of 1 minute.
Step 4	Detergent wash using detergent such as *Prolystica® 2X Concentrate Alkaline Detergent* or equivalent, per manufacturer's recommendations, hot tap water (66°C/150°F minimum), for a minimum of 2 minutes.
Step 5	Rinse 2 times, hot tap water (66°C/150°F minimum), for a minimum of 15 seconds.
Step 6	Purified water rinse, hot (66°C/150°F minimum), for a minimum of 10 seconds.
Step 7	Hot air dry, (115°C/239°F minimum), for a minimum of 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.
- Inspect instruments for any other damage, wear, and/or corrosion.
- When necessary, dispose of products in accordance with national regulations and approved hospital practices for surgical instrument disposal.

STERILIZATION AND RESTERILIZATION:

- All implants and reusable instruments are provided non-sterile and must be steam sterilized prior to use using validated cycle parameters in the table below. Each facility should ensure its processing system can effectively apply validated cycle parameters such that equivalent sterility assurance levels are achieved. It is the responsibility of the healthcare facility to qualify their sterilizers' maximum load capacity and determine what effect the loading pattern of the sterilizer has on the sterilization of the devices.
- Alphatec perforated trays have been validated to achieve a sterility assurance level (SAL) of 10^{-6} using FDA cleared sterilization accessories (containers and filters). FDA-cleared reusable or paper filters should be used to achieve and maintain sterility after processing.
- Alphatec perforated container/tray configurations have also been validated to a sterility assurance level (SAL) of 10^{-6} using FDA-cleared sterilization wrap. Perforated container/tray configurations must be double wrapped to allow steam to penetrate and make direct contact with all surfaces.
- Do not stack trays during sterilization.
- Sets have been validated in standard configurations. No additional items should be added to the set for sterilization.
- Certain devices are packaged non-sterile as a single device to be steam sterilized by the end user. Without stacking, place the device in a container basket or use hospital-provided FDA-cleared sterilizers and accessories (e.g., sterilization wraps, sterilization pouches, sterilization trays). Confirm the container basket or sterilizer/accessories are acceptable for use with the ATEC device by referring to the specifications outlined in basket/sterilizer/accessory instructions for use. Verify sterilization can be achieved following the recommended sterilization cycle specifications (time and temperature).
- It is the end user's responsibility to use only sterilizers and accessories (such as sterilization wraps, sterilization pouches, chemical indicators, biological indicators, and sterilization cassettes) that have been cleared by the FDA for the selected sterilization cycle specifications (time and temperature). Recommended sterilization parameters are provided below.

Sterilization Parameters

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

Sterilization Notes:

- These parameters are consistent with the appropriate version of ANSI/AAMI ST79 "Comprehensive guide to steam sterilization and sterility assurance in health care facilities."

RETURNING INSTRUMENTS TO ALPHATEC SPINE:

All used products returning to Alphatec Spine must undergo all steps of cleaning, inspection, and terminal sterilization before being returned to Alphatec Spine. Documentation of decontamination should be included.

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.

For Surgical Technique Guides or additional information regarding the products, please contact your local representative or Alphatec Spine, Inc. Customer Service directly at customerservice@atecspine.com.

℞only 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**

ALPHATEC SPINE, INC
1950 Camino Vida Roble
Carlsbad, CA 92008, USA
(760) 431-9286
(800) 922-1356
www.atecspine.com