

SURGICAL TECHNIQUE



REFLECTTM Scoliosis Correction System



Outside the US Only



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At Globus, we move with a sense of urgency to deliver innovations that improve the quality of life for patients with spinal disorders. We are inspired by the needs of these patients and also the needs of the surgeons and health care providers who treat them.

This passion combined with Globus' world class engineering transforms clinical insights into tangible spine care solutions. We are driven to provide the highest quality products to improve the techniques and outcomes of spine surgery so patients can resume their lives as quickly as possible. We extend our reach beyond our world class implants, instrumentation, and service by partnering with researchers and educators to advance the science and knowledge of spine care.

The energy and enthusiasm each of us bring everyday to Globus is palpable. We are constantly in the pursuit of better patient care and understand that speed is critical because life cannot wait.





REFLECT[™] Scoliosis Correction System

REFLECT[™] is a scoliosis correction system that offers a comprehensive set of implants and instruments for deformity correction without fusion. The centerpiece of the system is a flexible, durable, and biocompatible polymer cord with a long history of clinical use.

Ergonomically designed, innovative instruments provide exceptional ease of use and precise control for stabilization of the spine through a minimally invasive thoracoscopic and mini-open anterior or posterior surgical approach. With a focus on control, the system offers multiple tensioning options each with a gauge and ratcheting hold feature to deliver and maintain corrective force during surgery.

The CREO[®] System further enhances the efficiency of the approach by providing a unique non-threaded locking cap ideal for cord capture. An extensive selection of hydroxyapatite (HA) coated screws with blunt tips to aid in obtaining bicortical purchase are additional features that make REFLECT[™] a truly optimized scoliosis correction system.

REFLECT[™] scoliosis correction system



Minimally Invasive

Multi-functional instruments facilitate REFLECT[™] cord insertion and tensioning using a mini-open anterior or posterior approach. In addition, REFLECT[™] is designed to be implanted through a thoracoscopic approach to help minimize tissue disruption and scar tissue formation.

Optimized Implant Offering

Low profile screws with a non-threaded locking mechanism and diameter-specific staples, used in conjunction with the REFLECT[™] cord, create an optimized construct for spinal alignment to maintain stability while allowing growth in skeletally immature patients.



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The Surgical Technique shown is for illustrative purposes only. The technique(s) actually employed in each case always depends on the medical judgment of the surgeon exercised before and during surgery as to the best mode of treatment for each patient. Additionally, as instruments may occasionally be updated, the instruments depicted in this Surgical Technique may not be exactly the same as the instruments currently available. Please consult with your sales representative or contact Globus directly for more information.

IMPLANT OVERVIEW

Cord

- Composed of Polyethylene Terephthalate (PET)
- 250-800mm lengths
- 4.0mm diameter
- Angled edges to easily mate with tensioning instruments
- Available with or without collet to mate with tensioning instruments



Staples

- Three pronged staple for vertebral body fixation
- Diameter specific staples available to increase resistance to screw toggle
- Available in 5.0, 5.5, 6.0, 6.5, 7.0mm diameters
- Low profile design
- Threaded for easy and secure placement
- Color-coded to match corresponding screw diameter

CREO[®] HA-Coated Monoaxial Screws

- HA-coating to promote bony ongrowth
- Double lead thread for rapid insertion
- Blunt tip for safe bicortical purchase
- Constant outer diameter to maintain purchase
- Low profile, top-loading screw design
- 2.5mm incremental lengths available for precise depth placement
- CREO[®] 4.75 screws in 5.0-6.5mm diameters, 20-55mm lengths

Locking Cap

- Non-threaded design eliminates cross-threading
- 90° rotation securely captures the cord while allowing optimal cord clearance
- Cord adjusts within screw head before final tightening, allowing for better manipulation to achieve curve correction
- Low torque mechanism (4.5Nm)









INSTRUMENT OVERVIEW

Portal Instruments



Adjustable Trocar 6041.4011





Port, 40mm 6041.4004

Port, 60mm 6041.4006

Staple Insertion Instruments



6.5mm Staple Inserter, Threaded 629.102

Screw Preparation/Insertion



4.75 Self-Retaining Monoaxial Screwdriver, Long 6067.3036

Cord Manipulation and Insertion Instruments



Rod Template, 350mm, Grip End 6067.0526

4.75 Counter Torque, Anterior 6041.4003	
4.75 Locking Counter Torque, Anterior 6041.4013	

4.75 Locking Cap Driver, Long 6067.1015

Compressor Instruments

MIS Compressor, Threaded Shaft, PEEK 6041.4313S (Disposable)

MIS Compressor, Tube 6041.4304S (Disposable)



MIS Compressor, Tube End Cap, PEEK 6041.4314S (Disposable)



Set Screw Driver, 2.5mm Hex, 1.0Nm Torque 676.600



MIS Compressor, Inline Handle 6041.4305



MIS Compressor, T-Handle 6041.4306



MIS Compressor Knob, Small 6041.4307



MIS Compressor Knob, Large 6041.4317

Compressor Instruments (cont'd)



MIS Compressor, Pistol Grip 6041.4308

Final Tightening Instruments



4.75 Self-Centering Driver Shaft, 1/4" Quick-Connect, Long 6067.0057

Driver Shaft, 1/4" Quick-Connect, Extra Long 6067.0056

Self-Retaining Driver Shaft, 1/4" Quick-Connect, Extra Long 6067.0062



4.5Nm Torque Limiting Ratcheting T-Handle, 1/4" Connect 6041.0604

Auxiliary Instruments



Additionally Available Instruments



MIS Compressor, Threaded Shaft Assembly, Grip End Collet 6041.4312 (Disposable)

REFLECT[™] SURGICAL TECHNIQUE

Step 1 Approach and Preparation

The REFLECT[™] Scoliosis Correction System may be implanted using an anterior (thorocoscopic or mini-open thoracotomy) or posterior spinal approach. An anterior thoracoscopic approach is shown in this technique guide. For a posterior approach, follow the CREO[®] Stabilization System Technique Guide for instructions on screw insertion and follow the remaining steps in this REFLECT[™] Technique Guide.

The patient is placed under general anesthesia and positioned in the lateral decubitus position with the convexity of the curve oriented up. The anesthesiologist should work closely with the treating surgeon to ensure management of pulmonary ventilation during the procedure.

The operative area is carefully cleaned and an incision is made at the appropriate level(s).

Please refer to the product insert for complete description, indications, contraindications, precautions, and warnings.

Step 2 Port Placement

A C-arm and a straight metallic object, used as a marker, are utilized to identify the vertebral levels and port sites. The superior and inferior **Ports** are the most critical since the vertebrae at these levels are at the greatest angle in relation to the apex of the curve. The Port planes are visualized with a C-arm in the A/P plane being sure the endplates are parallel and well defined. The C-arm must be rotated until it is parallel to the vertebral body endplates, not perpendicular to the table.

Incisions should be placed two or three interspaces apart, enabling the surgeon to reach multiple levels through each skin incision. A camera should be inserted through an additional Port for visualization.

Determine the appropriate length Port for each incision. Use the **Adjustable Trocar** or **Trocar**, **Palm Handle** to insert the 40mm length Ports. If a 60mm or 80mm length Port is needed, the Adjustable Trocar must be used.

Rotate the blue handle on the Adjustable Trocar counterclockwise to increase length and clockwise to decrease length. When the blue handle is completely rotated clockwise, the Adjustable Trocar is 40mm in length. When the blue handle is flush with the black horizontal lines on the beige shaft, the length is 60mm or 80mm as etched (see image at right).



Step 3 Staple Insertion

When treating stiffer curves, a moderate discectomy may be performed. Discectomy and endplate preparation may be performed before or after implant insertion.

Note: Disc removal instruments are available in the following sets: Lateral Disc Prep Instrument Set (975.914) Lateral Disc Prep Instrument II Set (975.917) Anterior Disc Prep Instruments I (925.901)

Determine the staple sizes corresponding to the diameter of the screw to be used at each level. Load the staple onto the corresponding diameter **Staple Inserter, Threaded**. The inserter incorporates an awl which perforates and marks the vertebral body for centered screw placement.

Position the staple on the anterior aspect of the vertebral body adjacent to the rib head. Care should be taken to remain just anterior to the rib head to ensure optimal placement. One prong is typically placed posteriorly.

After the staple is fully seated, remove the inserter by rotating counterclockwise to disengage from the staple. Confirm the proper position using C-arm fluoroscopy in anteroposterior and lateral views.



Loaded staple inserter positioned over the vertebral body

How to Load Staple Inserter

Position the Staple Inserter, Threaded, over the threaded staple module. Thread the inserter clockwise into the selected staple.





Inserter aligned with threaded staple



Fully loaded staple inserter

Step 4 Screw Insertion

Preparation

Use the **Anterior Probe** to prepare the screw pathway. Etched demarcations and grooves every 5mm on the distal end of the probe indicate depth and can help determine proper screw length. The grooves are visible in fluoroscopic images. The length between the distal tip of the probe and the first etching/groove is 25mm. The length between etches/grooves is 5mm. The "3", "4" and "5" represent 3cm, 4cm and 5cm lengths, respectively.

Three larger grooves at the proximal end of the probe, which can be seen above the skin incision, allow for proper orientation of the grooves at the distal end when using fluoroscopy.



CREO[®] screws are self-tapping; however, screw holes may be tapped if desired. Determine the appropriate size tap (taps are undersized by 0.2mm compared to the referenced screw diameter). Attach the **Screw Tap, Long** to the **Quick Release 1/4" Ratchet, Straight Handle** and drive the tap to the desired depth, aiming for the contralateral rib head.

Use a **Ball Tip Probe, Long** to verify that the posterior wall of the vertebral body is not violated. Etched demarcations every 10mm on the probe indicate depth and can help determine proper screw length. The distance between the distal tip of the probe and the first etching is 20mm. The distance between all remaining grooves is 10mm. The etching "2" through "6" represent 2cm through 6cm lengths, respectively.



Select the appropriate monoaxial screw diameter and length. Verify the size by checking the length and diameter markings on the screw head or the sterile packaging.

Tap attached to straight handle

Screw Insertion (cont'd)

Loading the Screwdriver

Assemble the **Rigid Monoaxial Screwdriver, 1/4**" **Quick-Connect, Long** to the straight handle. Ensure the finger grip is pulled back towards the handle and the knob is completely rotated counterclockwise.

Orient the distal tip of the rigid screwdriver with the screw such that the tabs on the rigid screwdriver fit into the screw head, as shown at right. Rotate the handle clockwise to engage the tabs on the rigid screwdriver into the screw head.

Rotate the knob clockwise until tight. Press the oblong button on the finger grip to activate the lock. The lock automatically slides distally to secure the screw. The screw is now ready for use.

Note: The knob may be further tightened after the lock has been activated by rotating the knob clockwise. The lock prevents the screwdriver from unthreading and disengaging from the screw.

Alternatively, the **Self-Retaining Monoaxial Screwdriver, Long** attached to the straight handle may be used.



Rigid screwdriver ready to load with tabs oriented into the cord slot Rigid screwdriver locked and ready for use

Inserting Screws

Drive the screw into the prepared vertebral body through the center of the staple. The screw is properly oriented for cord insertion when the CREO® 4.75 etch and the finger grips are facing in the anterior or posterior direction. Repeat for all desired levels.

To disengage the rigid screwdriver, grasp the lock by the finger grips on each side. Pull the lock back towards the screwdriver handle. The button will click and release. Rotate the knob counterclockwise and disengage the screwdriver from the screw. CREO® etching oriented in the anterior/posterior direction

Inserting the screw through the center of the staple

Step 5 Cord Insertion

Once the screws are placed, the **Rod Template, 350mm** may be used to determine the cord length. If necessary, cut the cord to the required length using a bovie.

MIS Compressor Pistol Assembly

 Insert the MIS Compressor, Tube into the tube fitting on the MIS Compressor, Pistol Grip. Ensure the connection is tight.
Place a PEEK Cap on the other end of the tube and press firmly.



Insert the threaded end of the MIS Compressor, Threaded Shaft Assembly, Grip End Collet or the MIS Compressor, Threaded Shaft, into the open end of the tube. Ensure the collet end or threaded end is exposed.

Press the unlock (\bigcirc) button on the pistol and slide the threaded shaft into the pistol until the entire threaded portion is covered by the tube.



MIS Compressor



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Loading the MIS Compressor, Threaded Shaft

Insert the REFLECT[™] Cord into the MIS Compressor, Threaded Shaft Assembly, Grip End Collet, leading with the beveled end. Ensure that the beveled end is used to insert the cord smoothly into the MIS Compressor. Gently twist while advancing the cord until the beveled end is past the set screw. Final tightening of the set screw is necessary to ensure proper instrument function and is accomplished using the **Set Screw Driver, 2.5mm Hex, 1.0Nm Torque**. Ensure the set screw is completely backed out and the cord is completely inserted into the collet. The set screw should bear on the full cord, not on the beveled end. Use care when backing out the set screw, as it can separate from the collet body. Insert the driver into the set screw. Rotate clockwise until it reaches the torque limit (1.0Nm) and rotate to two audible clicks.



2.5mm driver tightening set screw



Cord with beveled end NOT inserted completely into the collet - set screw incorrectly tightened on the beveled end.

Note: The **Rod Holder** may be used to stabilize the collet during set screw final tightening.

Alternatively, thread the REFLECT[™] cord with collet clockwise onto the MIS Compressor, Threaded Shaft until finger tight.



Cord Insertion

Use the loaded MIS Compressor to insert the cord into the screws. Retract the cord into the tube until the desired position is achieved. Ensure that at least 2cm of the cord is exposed outside of the tube to allow the cord to seat properly within the screw head. **Rib Shears** may be used to cut the tube to a shorter length if necessary.

A separate incision inferior to the most caudal screw is used to insert the cord to allow access to the most caudal screw. Pass the cord caudal to cranial and place into the most cranial screw head. The Rod Holder may also be used to hold the cord during insertion.



Collet completely covered by the tube



Loaded MIS Compressor inserts the cord into the most cranial screw through the most inferior port



Counter Torque Attachment

To unlock or position the locking counter torque for screw capture, rotate the knob counterclockwise on the locking counter torque until the etched black line on the inner shaft is completely exposed. Attach the **Anterior Counter Torque** or **Locking Counter Torque, Anterior** to the most cranial screw.

Rotate the knob on the locking counter torque clockwise until finger tight to lock onto the screw head. When the locking counter torque is locked, the etched black line on the inner shaft is completely covered. The knob is etched with two thin and two thick lines to aid in counting rotations.

The counter torque may also be used to apply apical translation to aid in correcting the curve.



Locking Counter Torque, Anterior

Locking Cap Insertion



Note: When loading the cap driver from the module, expose only one row of locking caps to avoid displacing them.



With a loaded **Locking Cap Driver, Long**, insert the locking cap through the counter torque into the most cranial screw. The locking cap is correctly aligned in the screw head when the etched lines on the cap driver and counter torque are aligned (see above). The locking cap is fully seated when the cap driver etched ring is flush with the top of the counter torque.

Rotate the cap driver clockwise 90° to capture the cord. Once the cap has provisionally captured the cord and is fully rotated 90°, the cap driver etched line is perpendicular to the counter torque etched line.

Note: Locking cap driver insertion and removal through the locking counter torque requires minimal effort. If the locking cap driver is difficult to insert/remove, loosen the locking counter torque by rotating the knob counterclockwise approximately one rotation.

Final Tightening

Final tightening of the most cranial set screw is necessary to allow for cord compression and is accomplished using the **Driver Shaft, 1/4" Quick-Connect, Extra Long** and the **4.5Nm Torque Limiting Ratcheting T-Handle, 1/4" Connect**. Attach the torque limiting handle to the driver shaft. Insert the driver assembly through the locking cap driver and counter torque over the most cranial screw to align and fully seat the driver into the set screw. Rotate the driver assembly clockwise until it reaches the torque limit (4.5Nm) and then rotate to two audible clicks.

Alternatively, the **Driver Shaft, 1/4" Quick-Connect, Self Centering, Long** may be used with the torque limiting handle to final tighten the locking caps directly through the counter torque or locking counter torque.



Driver assembly inserted through locking cap driver and counter torque in most cranial screw Self-centering driver assembly inserted through locking counter torque in most cranial screw

Cord Tensioning

Sequential Cord Tensioning

Release the cord outside of the tube and insert into the most adjacent caudal screw head.

Attach a counter torque to the most adjacent caudal screw. Insert a loaded locking cap driver and rotate 90° to provisionally capture the cord.

Ensure that the tube is flush against the counter torque. Apply tension using the selected MIS Compressor. Monitor the applied force using the indicator on the compressor. Once the desired tension is achieved, final tighten the locking cap.

Follow detailed steps on pages 22-23 for the selected MIS Compressor.



Repeat the process of cord exposure, counter torque attachment, locking cap insertion, cord tensioning and locking cap final tightening at all levels. Subsequently, trim the residual cord leaving at least 2cm at the caudal end to accommodate potential future cord adjustment. If using the cord with collet, ensure the collet is removed. Fluoroscopic imaging may be used to confirm the desired tension.

Global Cord Tensioning

To perform full construct compression through tensioning the cord, provisionally capture the cord in all screws and only apply tension at the most caudal screw. Once tension is achieved for the entire construct as desired, final tighten the locking caps in all screws.

MIS Compressor Options and Functionality

Three handle options are available for the compressor: Inline with T-Handle, Inline with Knob, or Pistol.

Option A: Inline Handle with T-Handle Applies up to 150N of compressive force

- Compress the lever on the inline handle and push down on the T-handle to:
 - Release more of the cord
 - Release tension
- Pull the T-handle away from the Inline handle to:
 - Advance the cord into the tube
 - Place the MIS compressor tube flush against the counter torque
 - Tension the cord between the final tightened screw and the most caudal screw

Compressive force is indicated by the etching on the inline handle closest to the collet (50N increments).

Option B: Inline Handle with Large or Small Knob Applies up to 150N of compressive force

This option allows for fine adjustment of compression.

- Rotate the knob counterclockwise to:
 - Release more of the cord
 - Release tension
- Rotate the knob clockwise to:
 - Retract the cord into the tube
 - Place the MIS compressor tube flush against the counter torque
 - Tension the cord between the final tightened screw and the most caudal screw

Compressive force is indicated by the etching on the inline handle closest to the collet (50N increments).





Option C: Pistol Applies up to 450N of compressive force

Press the unlock () button to unlock the threaded shaft and allow the cord to move within the instrument

- Slide the threaded shaft away from the tube and gauge sleeve to:
 - Release more of the cord
 - Release tension
- Slide the threaded shaft away from the tube and gauge sleeve to:
 - Advance the cord into the tube
 - Place the MIS compressor tube flush against the counter torque
- Compress the ratchet handles to tension the cord between the final tightened screw and the screw captured by the counter torque Release the ratchet arm to release tension Compressive force is indicated by the etching on the gauge sleeve (100N increments).

MIS Compressor Inline Handle Disassembly

Press the silver button on the MIS Compressor, T-handle, to open the hole in the center of the handle.



Rotate the knob clockwise until it can be tilted and disengaged from the angled thread.



Press the lever on the inline handle and slide the entire threaded shaft out of the assembly.



Press the collet on the inline handle and remove the tube.





Final Construct



Final construct Lateral view



Oblique view

Curve Correction

The patient's growth and curve correction must be monitored over time. Intervention may be required to replace the cord or to remove the construct.

Optional: Cord or Construct Removal

Do not re-tension an existing cord. If re-tensioning is required, remove the existing cord and locking caps and replace with new implants. Tension the new cord as described in step 6.

For cord removal, the **Self-Retaining Driver Shaft**, **1/4**" **Quick-Connect**, **Extra Long**, may be used. Attach a counter torque and insert the driver shaft into the set screw of the locking cap. Rotate counterclockwise until the set screw is no longer in contact with the cord and the locking cap becomes disengaged from the screw head (90° rotation). Repeat at all levels. Remove the cord using the Rod Holder.

For construct removal, follow the instructions above for cord removal. Remove each screw using the self-retaining driver. Thread the staple inserter clockwise onto the staple. Apply upward force on the inserter to remove the staple.

CREO[®] 4.75 HA-COATED MONOAXIAL SCREWS SET







CREO® 4.75 HA-Coated Monoaxial Screws

Part No.	Diameter/Length	Qty	Part No.	Diameter/Length	Qty
5067.04265	5.0x25mm	2	5067.1034S	6.0x32.5mm	6
5067.04295	5.0x27.5mm	2	5067.10365	6.0x35mm	6
5067.04315	5.0x30mm	2	5067.10395	6.0x37.5mm	4
5067.0434S	5.0x32.5mm	2	5067.10415	6.0x40mm	2
5067.04365	5.0x35mm	2	5067.1046S	6.0x45mm	2
5067.05265	5.5x25mm	2	5067.06265	6.5x25mm	2
5067.05295	5.5x27.5mm	2	5067.06295	6.5x27.5mm	4
5067.05315	5.5x30mm	2	5067.06315	6.5x30mm	6
5067.05345	5.5x32.5mm	2	5067.0634S	6.5x32.5mm	6
5067.05365	5.5x35mm	2	5067.06365	6.5x35mm	6
5067.10265	6.0x25mm	2	5067.06395	6.5x37.5mm	4
5067.10295	6.0x27.5mm	4	5067.06415	6.5x40mm	2
5067.10315	6.0x30mm	6	5067.0646S	6.5x45mm	2

Additionally Available Screw Sizes

Part No.	Diameter/Length	Part No.	Diameter/Length
5067.04215	5.0x20mm	5067.0546S	5.5x45mm
5067.04245	5.0x22.5mm	5067.05515	5.5x50mm
5067.04395	5.0x37.5mm	5067.0556S	5.5x55mm
5067.04415	5.0x40mm	5067.06215	6.5x20mm
5067.04465	5.0x45mm	5067.06245	6.5x22.5mm
5067.04515	5.0x50mm	5067.06515	6.5x50mm
5067.04565	5.0x55mm	5067.06565	6.5x55mm
5067.05215	5.5x20mm	5067.10215	6.0x20mm
5067.0524S	5.5x22.5mm	5067.10245	6.0x22.5mm
5067.05395	5.5x37.5mm	5067.10515	6.0x50mm
5067.05415	5.5x40mm	5067.1056S	6.0x55mm

Part No. Description

Qty

1140.12505	REFLECT [™] Cord with Collet, 250mm	4
1140.18005	REFLECT [™] Cord with Collet, 800mm	
4140.02505	REFLECT [™] Cord, 250mm	
4140.0800S	REFLECT [™] Cord, 800mm	
9067.0801	CREO® 4.75 HA-Coated Monoaxial Screws Soft Case	e

NOTE: Set configuration may vary depending on location. Please consult your Globus Medical Sales Representative.

CREO[®] IMPLANTS AND THORACOSCOPIC INSTRUMENTS I SET



CREO[®] Implants and Thoracoscopic Instruments I Set 9067.9802

	Part No.	Description	Qty
1	1067.0000	CREO® 4.75 Locking Cap	20
2	1067.2205	4.75mm Grip End Rod, Titanium Alloy, 250mm Length	2
3	6041.4013	4.75 Locking Counter Torque, Anterior	2
4	6041.4308	MIS Compressor, Pistol Grip	1
	9041.1000	REVERE® 4.5 Locking Cap Module, T25 Set Screw	1
	9067.0802	CREO® Implants and Thoracoscopic Instruments I Graphic Case	

THORACOSCOPIC INSTRUMENTS II SET





Thoracoscopic Instruments II Set 9067.9803

	Part No.	Description	Qty
(1)	129.602	6.5mm Threaded Staple, 3 Prong	9
(2)	129.603	6.0mm Threaded Staple, 3 Prong	9
3	129.604	5.5mm Threaded Staple, 3 Prong	9
4	129.605	5.0mm Threaded Staple, 3 Prong	9
5	602.117	Ball Tip Probe, Long	1
6	629.102	6.5mm Staple Inserter, Threaded	1
7	629.103	6.0mm Staple Inserter, Threaded	1
8	629.104	5.5mm Staple Inserter, Threaded	1
9	629.105	5.0mm Staple Inserter, Threaded	1
10	630.407	Quick Release 1/4" Ratchet, Straight Handle	2
	929.008	Threaded Staple Module, 5.0-5.5mm	1
	929.009	Threaded Staple Module, 6.0-6.5mm	1
11	6041.0250	5.0mm Tap, Extra Long	1
12	6041.0255	5.5mm Tap, Extra Long	1
13	6041.0260	6.0mm Tap, Extra Long	1
14	6041.0265	6.5mm Tap, Extra Long	1
15	6041.4002	Anterior Probe	1
16	6041.4003	4.75 Counter Torque, Anterior	2
17	6041.4004	Port, 40mm	6
18	6041.4006	Port, 60mm	3
19	6041.4011	Adjustable Trocar	1
20	6067.3031	4.75 Rigid Monoaxial Screwdriver, 1/4" Quick-Connect, Long	2
21	6067.3036	4.75 Self-Retaining Monoaxial Screwdriver, 1/4" Quick-Connect, Long	2
	9067.0803	Thoracoscopic Instruments II Graphic Case	

Additionally Available Staples and Instruments

Part No.	Description
129.601	7.0mm Threaded Staple, 3 Prong
629.101	7.0mm Staple Inserter, Threaded
6041.4008	Port, 80mm
6041.4001	Trocar, Palm Handle
6041.0245	4.5mm Screw Tap, Long

NOTE: Set configuration may vary depending on location. Please consult your Globus Medical Sales Representative.

THORACOSCOPIC INSTRUMENTS III SET





Thoracoscopic Instruments III Set 9067.9804

	Part No.	Description	Qty
(1)	643.110	Rib Shears	1
2	676.600	Set Screw Driver, 2.5mm Hex (1.0Nm Torque)	1
3	6041.0510	Rod Holder	1
4	6041.0604	4.5Nm Torque Limiting Ratcheting T-Handle, 1/4" Connect	1
5	6041.4304S	MIS Compressor, Tube	2
6	6041.4305	MIS Compressor, Inline Handle	1
7	6041.4306	MIS Compressor, T-Handle	1
8	6041.4307	MIS Compressor Knob, Small	1
9	6041.43135	MIS Compressor, Threaded Shaft PEEK	2
10	6041.43145	MIS Compressor, Tube End Cap, PEEK	2
11	6041.4317	MIS Compressor Knob, Large	1
12	6067.0057	Self-Centering Driver Shaft, 1/4" Quick-Connect, Long	1
13	6067.0062	Self-Retaining Driver Shaft, 1/4" Quick-Connect, Extra Long	1
14	6067.0526	Rod Template, 350mm, Grip End	1
15	6067.1015	4.75 Locking Cap Driver, Long	2
16	6067.0056	Driver Shaft, 1/4" Quick-Connect, Extra Long	1
	9067.0804	Thoracoscopic Instruments III Graphic Case	

Additionally Available Instrument

Part No.	Description
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6041.4312 MIS Compressor, Threaded Shaft Assembly, Grip End Collet

NOTE: Set configuration may vary depending on location. Please consult your Globus Medical Sales Representative.

Notes

Notes





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