

SURGICAL TECHNIQUE GUIDE

STAND ALONE ANTERIOR SPINE TRUSS SYSTEM

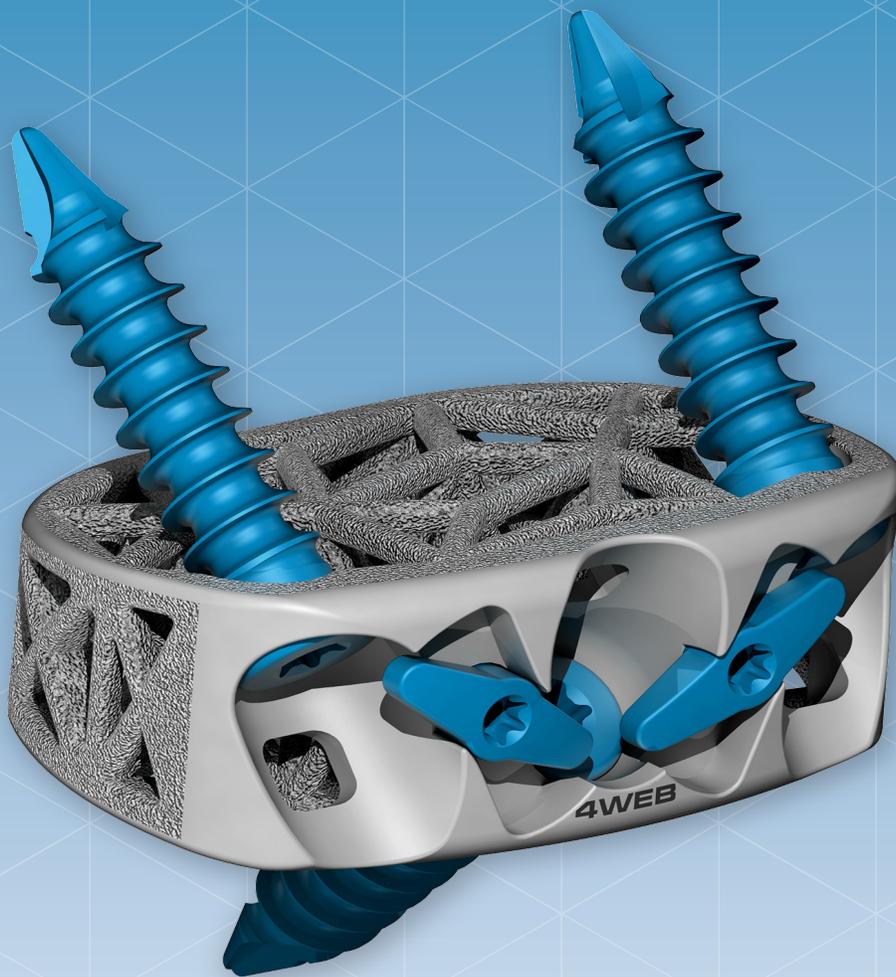


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Federal law (USA) restricts these devices to sales by or on the order of a physician.

Proper surgical procedure and technique are the responsibility of the medical professional. The following guidelines are furnished for information purposes only. Each surgeon must evaluate the appropriateness of the procedure based on his or her medical training and experience. Prior to use of the system, the surgeon should refer to the product's Instructions For Use (IFU) for complete warnings, precautions, indications, contraindications and adverse effects.

TRUSS IMPLANT TECHNOLOGY™



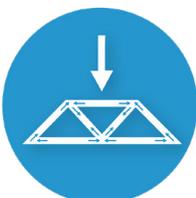
Novel Truss Implant Technology™ provides a Snow Shoe Interface that distributes load across the endplate which minimises point loading and reduces the risk of subsidence.*



Hierarchical surface roughness spans from the macro to nano scale. These surface features have been shown to stimulate increased gene expression of certain osteogenic markers when compared to other interbody surfaces and materials.¹



Open architecture design allows for greater graft volume and bone growth throughout the entire construct.*



Distribution of load through the implant struts delivers strain to adjacent cellular material which stimulates a mechanobiologic response.*



Truss Implant design provides maximum strength with a minimal amount of material, which limits imaging artefacts.

¹ Rowe et al, SMISS, AnnualForum'19, p.52

* Data on file

ASTS-SA OVERVIEW

ASTS-SA has an Advanced Structural Design that incorporates 4WEB Medical's proprietary Truss Implant Technology™. Under normal loading conditions the struts in the truss implant transfer strain to adjacent cellular material which stimulates a mechanobiologic response.* The ASTS-SA product is designed to allow fixation screws to be placed through the truss implant and into the adjacent vertebral bodies creating a zero-profile stand alone construct that removes the need for traditional plate and screw fixation. Supplemental fixation is not required for implants 20° or less of lordosis but is required for implants greater than 20° of lordosis. Additionally, the device features two single-step locking mechanisms that prevents screw back out and provides surgeon users confidence in the performance of the stand alone construct and procedural efficiency. The Stand Alone Anterior product line provides 45° of screw angulation with 5° of variability and is available in multiple footprints, lordotic angles, and heights. The product is delivered in sterile packaging for hospital efficiency and patient safety.

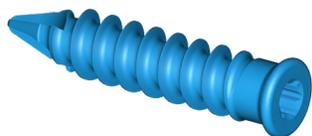
ASTS-SA sizers and instruments are provided non-sterile and require sterilisation prior to use.

ASTS-SA IMPLANT SPECIFICATIONS



FOOTPRINT	LORDOSIS	HEIGHT
21 x 34mm	6°,12°	8-16mm
	16°	10-16mm
	20°	12-18mm
	24°	14-18mm
24 x 36mm	6°,12°	8-16mm
	16°	10-16mm
	20°	12-18mm
	24°	14-18mm
27 x 40mm	6°,12°	8-16mm
	16°	10-16mm
	20°	12-18mm
	24°	14-18mm

ASTS-SA SELF DRILLING SCREW SPECIFICATIONS



DIAMETER	LENGTH
ø5.0mm	23, 27, 31mm
ø5.5mm	23, 27, 31mm

SURGICAL PROCEDURE

APPROACH

- ▲ Position the patient in the supine position (Fig. 1).
- ▲ Perform a standard anterior lumbar approach per surgeon preference.

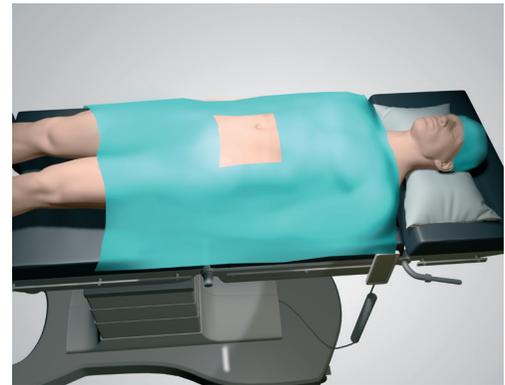


Figure 1

ACCESS AND EXPOSURE

- ▲ Locate the correct operative level under fluoroscopic guidance. A lower abdominal transverse incision, left vertical paramedian incision, or other appropriate incision is made depending on the exposure necessary to access the operative level(s).
- ▲ Once the operative level(s) have been exposed, confirm the centerline of the affected level(s) with fluoroscopic imaging.

NOTE: Any bone removed during access and exposure may be used for autologous graft packing.

DISCECTOMY AND ENDPLATE PREPARATION

- ▲ Perform an annulotomy and subsequent lumbar discectomy within the constraints of the operative window.
- ▲ Additional distraction may be applied as desired to increase visualisation.
- ▲ Remove the superficial layers of the cartilaginous endplates down to bleeding bone while trying to avoid compromising the integrity of the bony endplates (Fig. 2).

NOTE: Appropriate cleaning of the endplates is important to provide blood flow to the autologous bone packed inside the implant. Excessive cleaning, on the other hand, can weaken the endplates.



Figure 2

IMPLANT SIZING

- ▲ Attach the Straight Insertor to the Quick Connect Handle.
- ▲ Select the appropriate sizer and attach it to the Straight Insertor by threading the inserter into the sizer. To secure the sizer to the Straight Insertor turn the knob clockwise. Height, footprint, and lordotic angle measurements are clearly marked on the sizers (Fig. 3).



Figure 3

- ▲ In order to maintain disc height and ensure segment stabilisation select a sizer height that provides a secure fit. Start with the smallest height, progressing to taller heights until the desired fit is achieved.
- ▲ Carefully impact the sizer into the disc space (Fig. 4). Check the correct fit of the sizer with the aid of fluoroscopy and palpation.



Figure 4

NOTE: The ASTS-SA sizers are designed with a 1:1 measurement ratio to the implants. Over distraction of the disc space is to be avoided, the largest implant that can be safely implanted in the disc space is generally the optimal implant size. Maximising the implant surface with the vertebral endplates and providing an appropriate amount of preload through disc space distraction will help to create a stable environment conducive to new bone formation.

IMPLANT INSERTION, SCREW PREPARATION, AND SCREW INSERTION

There are three techniques for inserting the implant and preparing and inserting the screws.

Technique 1 - Guided Inserter Technique:

- ▲ The Guided Technique uses a Guided Inserter with fixed guides to insert the implant into the intervertebral disc space, and to prepare and insert the screws (pages 10-14). There are two Guided Inserters to accommodate implant height: 10-12mm Guided Inserter and 14-20mm Guided Inserter. There is no Guided Inserter to accommodate the 8mm implant.

Technique 2 - Freehand Technique:

- ▲ The Freehand Technique uses a Freehand Inserter to insert the implant and freehand instruments to prepare and insert the screws (pages 15-19).

Technique 3 - Freehand Insertion and Guided Screw Preparation & Insertion Technique:

- ▲ This technique uses a Freehand Inserter and Freehand Guide (ASTS-SA-100008) for screw hole preparation and insertion (pages 20-25), alternately the Freehand Awl Guide (ASTS-SA-100009) for screw hole preparation only.

NOTE: Self Drilling Screws will not pass through the Freehand Awl Guide.

TECHNIQUE 1 – GUIDED INSERTER TECHNIQUE

Inserter Assembly:

- ▲ Attach the Guided Inserter to the Quick Connect Handle. To attach the implant to the Guided Inserter, match the guide holes of the inserter up to the screw holes of the implant (Fig. 5). It is recommended to align the two hole side of the Guided Inserter first and then tighten the knob clockwise until the one-hole side of the Guided Inserter securely engages the implant. If the Guided Inserter is open wider than the inserter pockets of the corresponding implant, rotate the Guided Inserter knob counterclockwise prior to engaging with the implant.



Figure 5

Implant Insertion:

- ▲ Select the implant that corresponds to the appropriate size and attach it to the appropriate Guided Inserter.

NOTE: 10-12mm height implants will fit with the 10-12mm Guided Inserter. 14-20mm height implants will fit the 14-20mm Guided Inserter.

- ▲ Pack the implant with autologous and/or allogenic bone graft (Fig. 6). For best results, cut or morselise the bone graft into 1–2mm sized particles. Place the morselised bone into the top or bottom web structure (top and bottom are interchangeable).



Figure 6

- ▲ Insert the implant into the disc space (Fig. 7 and 8). Use fluoroscopy to confirm proper position and placement of the implant.

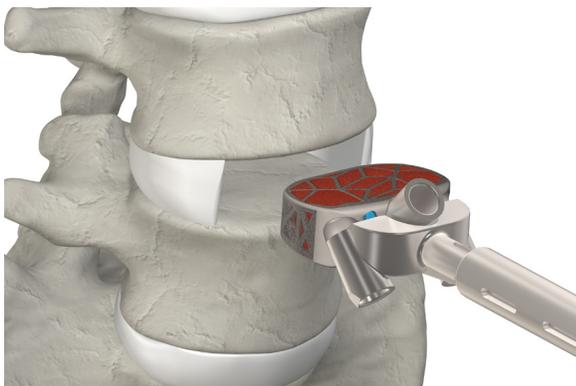


Figure 7



Figure 8

Screw Hole Preparation:

- ▲ It is recommended to use either the Straight Awl (ASTS-SA-100004) or Fixed Angle Awl (ASTS-SA-100005) with the Guided Inserters. The Straight Punch Awl (ASTS-SA-100006) and Angled Punch Awl (ASTS-SA-100007) are designed to be used independent of the Guided Inserters. Select the desired Awl and attach the Quick Connect Handle at the end of the instrument.
- ▲ Insert the distal end of an awl through the Guided Inserter and apply axial force to the handle to puncture the cortical bone of the vertebral body (Fig. 9).
- ▲ Repeat this step through all three guide holes in the inserter.
- ▲ Surgeon preference can be used to determine implant and screw orientation (2 up / 1 down or 1 up / 2 down). It is recommended that the same screw/implant orientation is used for multi-level procedures.

Note: The Straight and Angled Awl provide a maximum of 11.6mm of bone penetration when the awl is fully deployed through the Guided Inserter into the implant screw hole (Fig. 10).

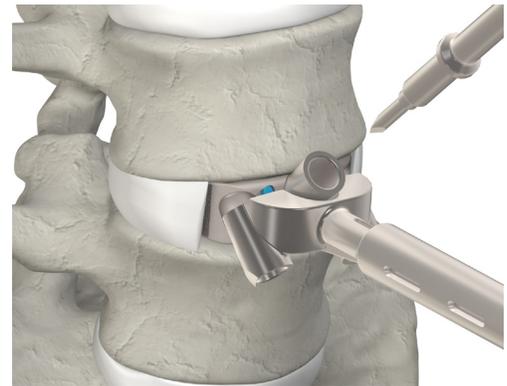


Figure 9



Figure 10

Screw Insertion:

- ▲ The ASTS-SA System offers three drivers: It is recommended to use either the ASTS-SA Straight Driver or Variable Angle Driver for the Guided Technique. The Short Variable Angle Driver is only recommended for the Freehand Technique. All drivers have a self-retaining screw feature.
- ▲ Depending on the angle and position of the implant, select the desired driver and attach the Ratcheting Handle or Quick Connect Handle to the proximal end of the instrument.
- ▲ Select the desired length screw and fix it to the distal end of the desired driver. Insert the screw through the Guide Hole on the Guided Inserter into in the implant (Fig. 11). Drive the screw until it is fully seated in the implant. Repeat this step for all three screws (Fig. 12).

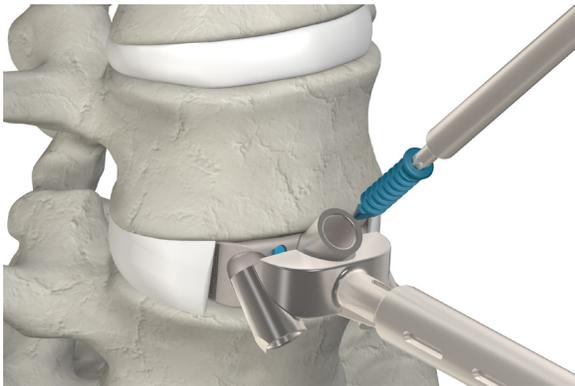


Figure 11



Figure 12

Locking the Anti-Backout Plates:

- ▲ Remove the Guided Inserter from the implant by twisting the knob counter clockwise to release the outer shaft.
- ▲ Connect the Anti Back Out Plate Driver to the Torque Limiting Handle. Use the Anti Back Out Plate Driver to rotate the two Locking Plates approximately 90° (Fig. 13). The wings of the Locking Plate will stop against the recess on the anterior face of the interbody (Fig. 14).

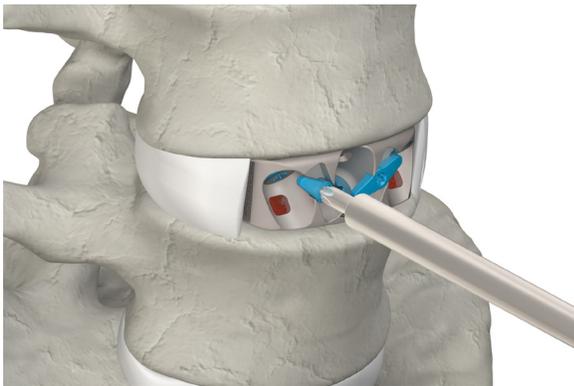


Figure 13

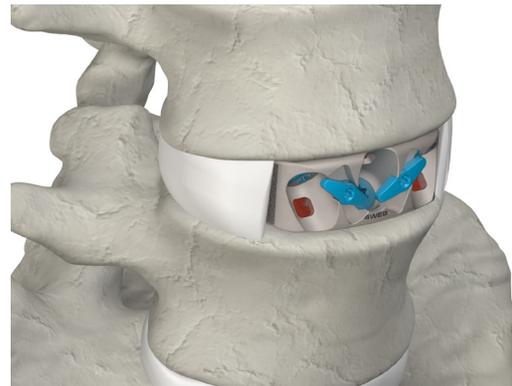


Figure 14

Final Implant Position:

- ▲ Inspect implant for correct position and assembly and confirm with fluoroscopy (Fig. 15).

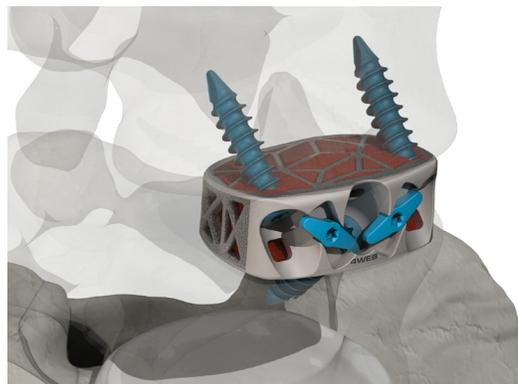


Figure 15

TECHNIQUE 2 – FREEHAND TECHNIQUE

Inserter Assembly:

- ▲ Attach the Freehand Inserter to the Quick Connect Handle (Fig. 16). To secure the Freehand Inserter to the implant turn the knob clockwise until a secure fit is achieved. If the prongs of the Freehand Inserter are open wider than the screw holes, rotate the knob counterclockwise prior to engaging with the implant.



Figure 16

Implant Insertion:

- ▲ Once the appropriate implant has been sized and selected, attach it to the inserter. For implant heights 8-12mm the Freehand Inserter engages through the screw holes. For implant heights 14-20mm the Freehand Inserter engages through the inserter cut outs.
- ▲ Pack the implant with autologous and/or allogenic bone graft (Fig. 17). For best results, cut or morselise the bone graft into 1-2mm sized particles. Place the morselised bone into the top or bottom web structure (top and bottom are interchangeable).



Figure 17

- ▲ Insert the implant into the disc space (Fig. 18 and 19). Use fluoroscopy to confirm proper position and placement of the implant.
- ▲ Remove the Freehand Inserter from the implant by twisting the knob counterclockwise to disengage the prongs from the implant.



Figure 18

Implant Positioning:

- ▲ Additional implant positioning can be achieved using a tamp (Fig. 20). Two tamps are available in this system: ASTS-SA Tamp (ASTS-SA 100010) and ASTS-SA Guided Tamp (ASTS-SA100011).

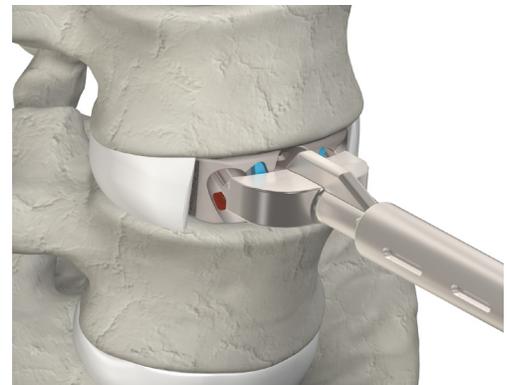


Figure 19



ASTS-SA Tamp (ASTS-SA 100010)



ASTS-SA Guided Tamp (ASTS-SA 100011)

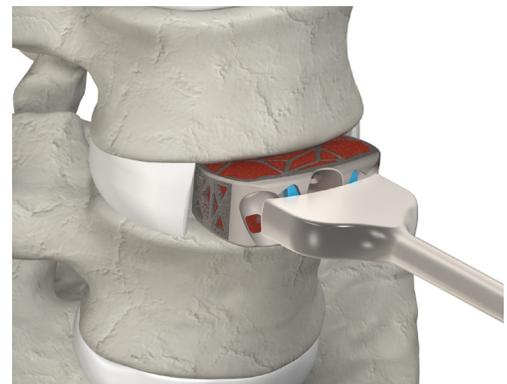


Figure 20

Screw Hole Preparation:

- ▲ The ASTS-SA System offers four awls: Straight Awl (ASTS-SA-100004), Fixed Angle Awl (ASTS-SA-100005), Straight Punch Awl (ASTS-SA-100006), and Angled Punch Awl (ASTS-SA-100007). Select the desired awl and attach the Quick Connect Handle to the end of the instrument.
- ▲ Insert the distal end of the awl through the screw hole in the implant and apply axial force to the handle to puncture the cortical bone of the vertebral body (Fig. 21).
- ▲ Repeat this step through all three screw holes.

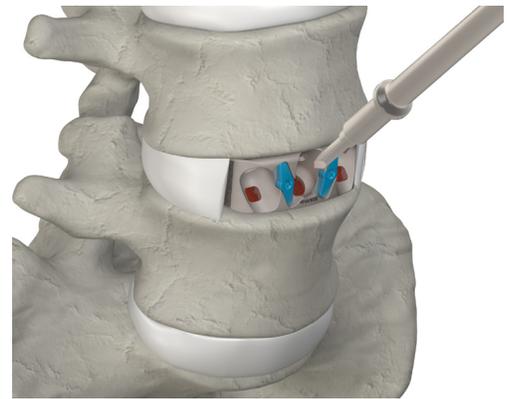


Figure 21

Note: The static awls provide a maximum of 11.6mm of bone penetration when the awl is fully deployed through the screw hole into the vertebral body. The punch awls provide a maximum of 11.6mm of bone penetration when the awl is fully deployed through the screw hole into the vertebral body.

Screw Insertion:

- ▲ The ASTS-SA System offers three drivers: ASTS-SA Straight Driver, Variable Angle Driver, Short Variable Angle Driver. All drivers have a self-retaining screw feature.
- ▲ Depending on the angle and position of the implant, select the desired driver and attach the Ratcheting Handle or Quick Connect Handle to the proximal end of the instrument.
- ▲ Select the desired length screw and fix it to the distal end of the desired driver. Insert the screw through the screw hole on the implant (Fig. 22). Drive the screw until it is fully seated in the implant. Repeat this step for all three screws (Fig. 23).

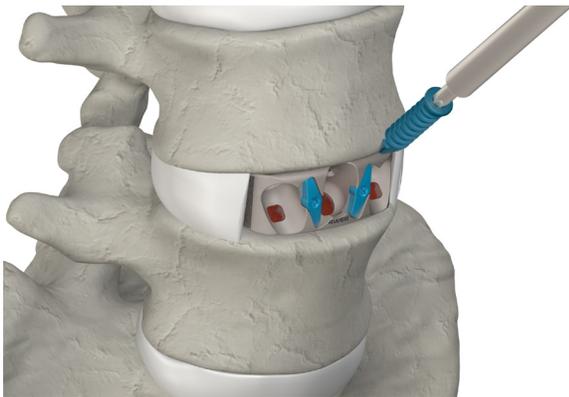


Figure 22

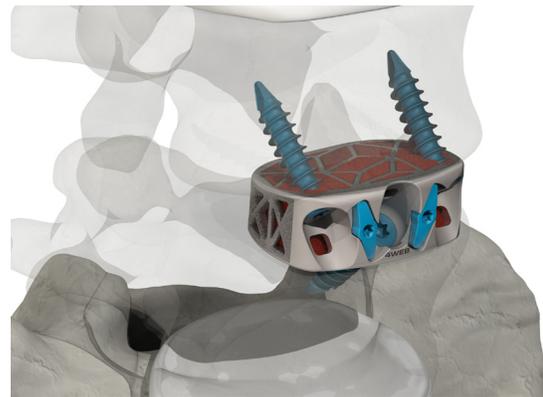


Figure 23

Locking the Anti-Backout Plates:

- ▲ Remove all instrumentation from the implant.
- ▲ Connect the Anti Back Out Plate Driver to the Torque Limiting Handle. Use the Anti Back Out Plate Driver to rotate the two Locking Plates approximately 90° (Fig. 24). The wings of the Locking Plate will stop against the recess on the anterior face of the implant (Fig. 25).

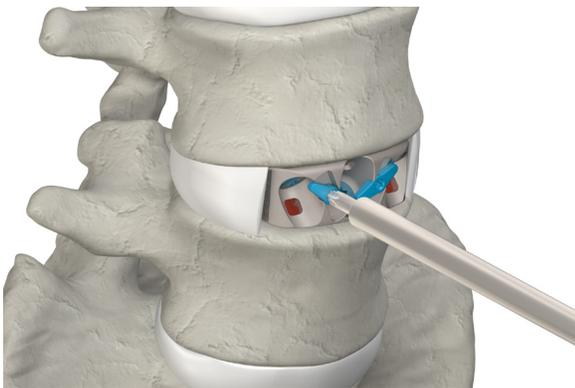


Figure 24

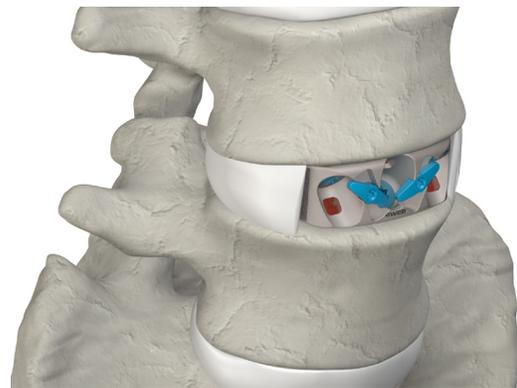


Figure 25

Final Implant Position:

- ▲ Inspect implant for correct position and assembly and confirm with fluoroscopy (Fig. 26).

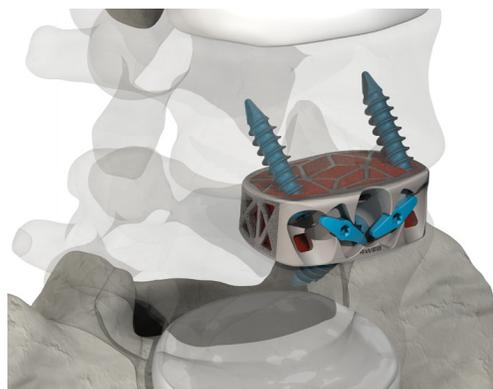


Figure 26

TECHNIQUE 3 - FREEHAND INSERTION AND GUIDED SCREW PREPARATION & INSERTION TECHNIQUE

Inserter Assembly:

- ▲ Attach the Freehand Inserter to the Quick Connect Handle (Fig. 27). To secure the Freehand Inserter to the implant turn the knob clockwise until a secure fit is achieved. If the prongs of the Freehand Inserter are open wider than the screw holes, rotate the knob counterclockwise prior to engaging with the implant.



Figure 27

Implant Insertion:

- ▲ Once the appropriate implant has been sized and selected, attach it to the inserter. For implant heights 8-12mm the Freehand Inserter engages through the screw holes. For implant heights 14-20mm the Freehand Inserter engages through the inserter cut outs.
- ▲ Pack the implant with autologous and/or allogenic bone graft (Fig. 28). For best results, cut or morselise the bone graft into 1-2mm sized particles. Place the morselised bone into the top or bottom web structure (top and bottom are interchangeable).

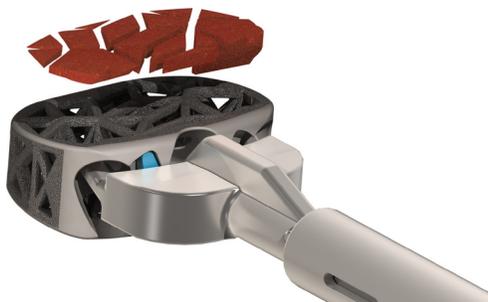


Figure 28

- ▲ Insert the implant into the disc space (Fig. 29 and 30). Use fluoroscopy to confirm proper position and placement of the implant.
- ▲ Remove the Freehand Inserter from the implant by twisting the knob counterclockwise to disengage the prongs from the implant.

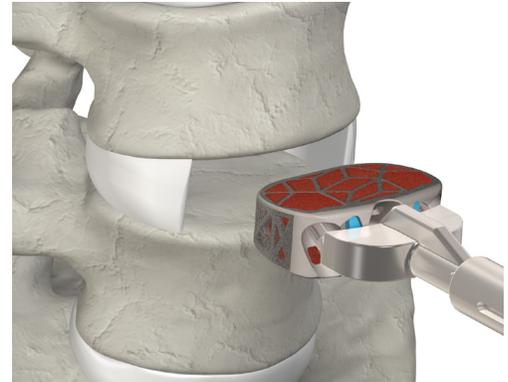


Figure 29

Implant Positioning:

- ▲ Additional implant positioning can be achieved using a tamp (Fig. 31). Two tamps are available in this system: ASTS-SA Tamp (ASTS-SA 100010) and ASTS-SA Guided Tamp (ASTS-SA100011).

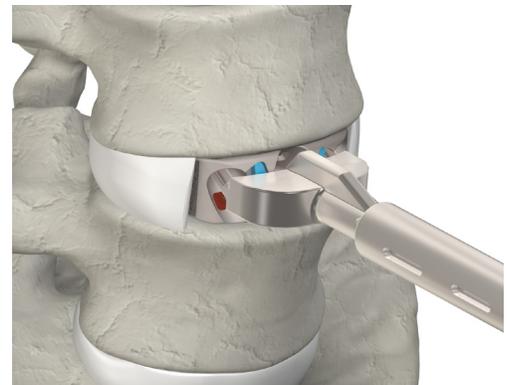


Figure 30



ASTS-SA Tamp (ASTS-SA 100010)



ASTS-SA Guided Tamp (ASTS-SA 100011)

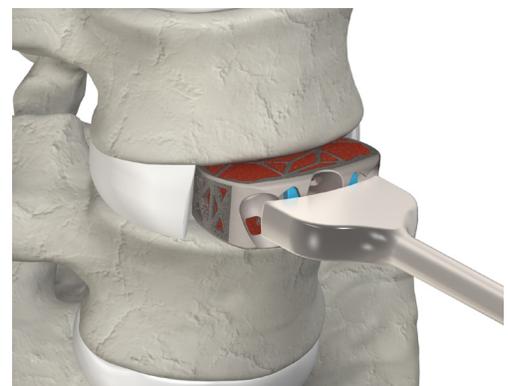


Figure 31

Screw Hole Preparation - Guided:

- ▲ The ASTS-SA System offers two free hand guides: Freehand Guide (ASTS-SA-100008) and Freehand Awl Guide (ASTS-SA-100009). The Freehand Guide allows for guidance of both the static awls and screws, whereas, the Freehand Awl Guide only allows for guidance of the static awls. Select the desired Freehand Guide and attach the Handle at the end of the instrument.
- ▲ It is recommended to use either the Straight Awl (ASTS-SA-100004) or Fixed Angle Awl (ASTS-SA-100005) with the Freehand Guides. The Straight Punch Awl (ASTS-SA-100006) and Angled Punch Awl (ASTS-SA-100007) are designed to be used independent of the guides. Select the desired awl and attach the Quick Connect Handle at the end of the instrument.
- ▲ Insert the desired Freehand Guide into the screw hole of the implant. Insert the distal end of the awl through the Freehand Guide and apply axial force to the handle to puncture the cortical bone of the vertebral body (Fig. 32).
- ▲ Repeat this step through all three screw holes.

Note: The static awls provide a maximum of 11.6mm of bone penetration when the awl is fully deployed through the Freehand Guide (Fig. 33).

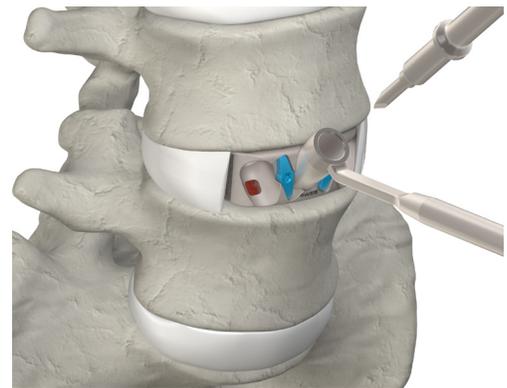


Figure 32



Figure 33

Screw Insertion - Guided:

- ▲ The ASTS-SA System offers three drivers: ASTS-SA Straight Driver, Variable Angle Driver, Short Variable Angle Driver. The Straight Driver and Variable Angle Driver are designed to be used with the Freehand Guide and the Short Variable Angle Driver is designed to be used independent of any guides. All drivers have a self-retaining screw feature.
- ▲ Depending on the angle and position of the implant, select the desired driver and attach the Ratcheting Handle or Quick Connect Handle to the proximal end of the instrument.
- ▲ Select the desired length screw and fix it to the distal end of the driver. Insert the screw through the Freehand Guide into the screw hole of the implant (Fig. 34). Drive the screw until it is fully seated in the implant. Repeat this step for all three screws (Fig. 35).

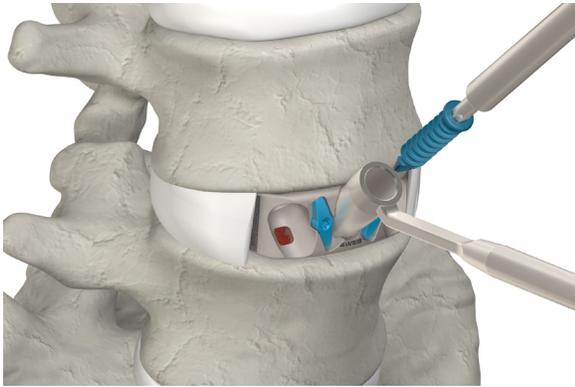


Figure 34



Figure 35

Note: The Freehand Awl Guide does not allow for guided placement of the screw. If using the Freehand Awl Guide, it will have to be removed from the implant for screw placement.

Locking the Anti-Backout Plates:

- ▲ Remove all instrumentation from the implant.
- ▲ Connect the Anti Back Out Plate Driver to the Torque Limiting Handle. Use the Anti Back Out Plate Driver to rotate the two Locking Plates approximately 90° (Fig. 36). The wings of the Locking Plate will stop against the recess on the anterior face of the implant (Fig. 37).

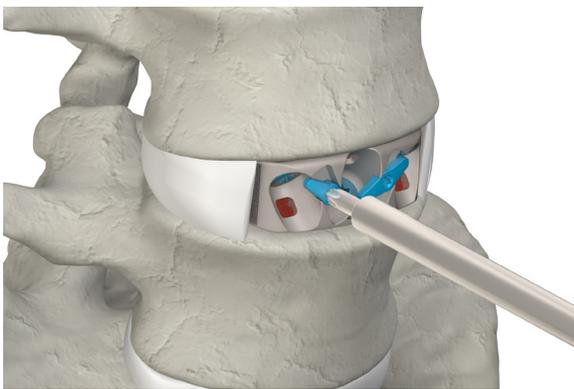


Figure 36

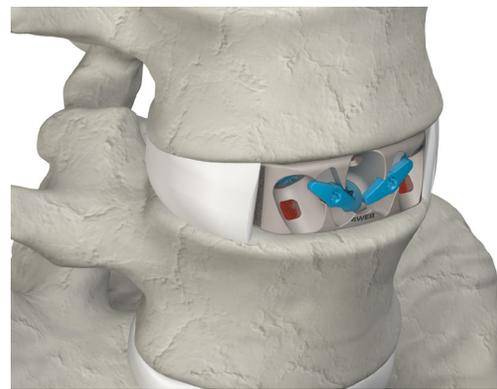


Figure 37

Final Implant Position:

- ▲ Inspect implant for correct position and assembly and confirm with fluoroscopy (Fig. 38).



Figure 38

Implant Removal/Revision:

- ▲ If implant removal is necessary, rotate the Locking Plates to an unlocked position until the screws are no longer retained (Fig. 39). Remove the screws using the screw driver.
- ▲ If implant removal is required, the intervertebral space should be distracted in the same manner as for implant placement. The implant should be disengaged from the superior and inferior endplates with the surgeon's preferred technique.
- ▲ Once distracted the implant may be removed by using either the inserter (Fig. 40). If necessary, the Slap Hammer can be attached to the inserter for additional removal force.

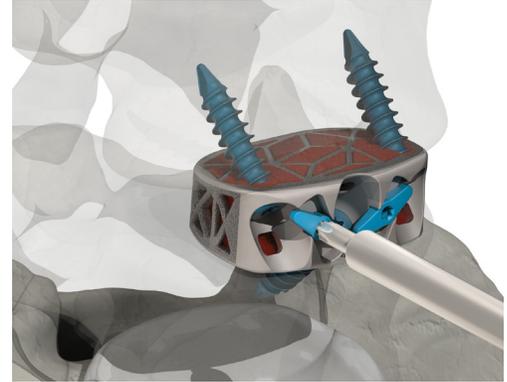


Figure 39



Figure 40

INSTRUMENT CATALOGUE

PART NUMBER	DESCRIPTION
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ASTS-SA-100024	ASTS-SA STRAIGHT DRIVER, T15
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ASTS-SA-100025	ASTS-SA VARIABLE ANGLE DRIVER, T15
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ASTS-SA-100003	ASTS-SA SHORT VARIABLE ANGLE DRIVER
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ASTS-SA-100029	ASTS-SA ANTI BACK OUT PLATE DRIVER, AO
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ASTS-SA-100004	ASTS-SA STRAIGHT AWL
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PART NUMBER	DESCRIPTION
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ASTS-SA-100005	ASTS-SA FIXED ANGLE AWL
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ASTS-SA-100006	ASTS-SA STRAIGHT PUNCH AWL
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ASTS-SA-100007	ASTS-SA ANGLED PUNCH AWL
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ASTS-SA-100008	ASTS-SA FREEHAND GUIDE
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ASTS-SA-100009	ASTS-SA FREEHAND AWL GUIDE
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PART NUMBER	DESCRIPTION
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ASTS-SA-100010	ASTS-SA TAMP
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ASTS-SA-100011	ASTS-SA GUIDED TAMP
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ASTS-SA-100012	ASTS-SA 10-12MM GUIDED INSERTER
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ASTS-SA-100013	ASTS-SA 14-20MM GUIDED INSERTER
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ASTS-SA-100014	ASTS-SA FREEHAND INSERTER
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PART NUMBER	DESCRIPTION
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761-9028-0	ASTS-SA MALLET
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LSTS-000014	RATCHETING STRAIGHT HANDLE
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PSTS-000008/18	STRAIGHT INSERTER
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4WEB-000003	SLAP HAMMER
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PSTS-000013	SILICONE STRAIGHT HANDLE WITH IMPACTOR
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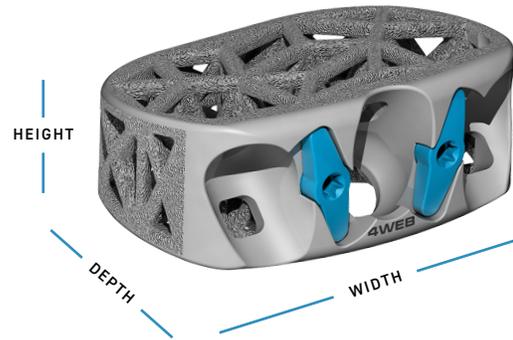


ASTS-SA-100030	TORQUE LIMITING HANDLE, BI-DIRECTIONAL
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IMPLANT CATALOGUE

INTERBODY DEVICES



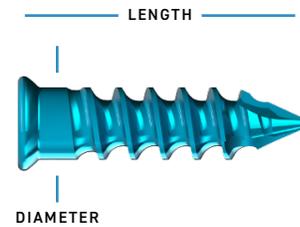
CATALOGUE NUMBER	FOOTPRINT D x W x H	LORDOSIS	GRAFT VOLUME (CC)	ANTERIOR HEIGHT (MM)	POSTERIOR HEIGHT (MM)
ASTS-SA-SM0608-SP	21 x 34 x 8mm	6°	1.67	8.0	6.4
ASTS-SA-SM0610-SP	21 x 34 x 10mm	6°	2.42	10.0	8.4
ASTS-SA-SM0612-SP	21 x 34 x 12mm	6°	3.23	12.0	10.4
ASTS-SA-SM0614-SP	21 x 34 x 14mm	6°	4.08	14.0	12.4
ASTS-SA-SM0616-SP	21 x 34 x 16mm	6°	4.94	16.0	14.4
ASTS-SA-MD0608-SP	24 x 36 x 8mm	6°	2.43	8.0	6.0
ASTS-SA-MD0610-SP	24 x 36 x 10mm	6°	3.42	10.0	8.0
ASTS-SA-MD0612-SP	24 x 36 x 12mm	6°	4.46	12.0	10.0
ASTS-SA-MD0614-SP	24 x 36 x 14mm	6°	5.59	14.0	12.0
ASTS-SA-MD0616-SP	24 x 36 x 16mm	6°	6.70	16.0	14.0
ASTS-SA-LG0608-SP	27 x 40 x 8mm	6°	3.55	8.0	5.5
ASTS-SA-LG0610-SP	27 x 40 x 10mm	6°	4.96	10.0	7.5
ASTS-SA-LG0612-SP	27 x 40 x 12mm	6°	6.39	12.0	9.5
ASTS-SA-LG0614-SP	27 x 40 x 14mm	6°	8.01	14.0	11.5
ASTS-SA-LG0616-SP	27 x 40 x 16mm	6°	9.58	16.0	13.5
ASTS-SA-SM1208-SP	21 x 34 x 8mm	12°	1.28	8.0	4.6
ASTS-SA-SM1210-SP	21 x 34 x 10mm	12°	2.03	10.0	6.6
ASTS-SA-SM1212-SP	21 x 34 x 12mm	12°	2.82	12.0	8.6

CATALOGUE NUMBER	FOOTPRINT D x W x H	LORDOSIS	GRAFT VOLUME (CC)	ANTERIOR HEIGHT (MM)	POSTERIOR HEIGHT (MM)
ASTS-SA-SM1214-SP	21 x 34 x 14mm	12°	3.67	14.0	10.6
ASTS-SA-SM1216-SP	21 x 34 x 16mm	12°	4.52	16.0	12.6
ASTS-SA-MD1208-SP	24 x 36 x 8mm	12°	1.76	8.0	3.9
ASTS-SA-MD1210-SP	24 x 36 x 10mm	12°	2.81	10.0	5.9
ASTS-SA-MD1212-SP	24 x 36 x 12mm	12°	3.81	12.0	7.9
ASTS-SA-MD1214-SP	24 x 36 x 14mm	12°	4.95	14.0	9.9
ASTS-SA-MD1216-SP	24 x 36 x 16mm	12°	6.06	16.0	11.9
ASTS-SA-LG1208-SP	27 x 40 x 8mm	12°	2.44	8.0	3.0
ASTS-SA-LG1210-SP	27 x 40 x 10mm	12°	3.94	10.0	5.0
ASTS-SA-LG1212-SP	27 x 40 x 12mm	12°	5.38	12.0	7.0
ASTS-SA-LG1214-SP	27 x 40 x 14mm	12°	6.93	14.0	9.0
ASTS-SA-LG1216-SP	27 x 40 x 16mm	12°	8.50	16.0	11.0
ASTS-SA-SM1610-SP	21 x 34 x 10mm	16°	1.79	10.0	5.5
ASTS-SA-SM1612-SP	21 x 34 x 12mm	16°	2.56	12.0	7.5
ASTS-SA-SM1614-SP	21 x 34 x 14mm	16°	3.42	14.0	9.5
ASTS-SA-SM1616-SP	21 x 34 x 16mm	16°	4.27	16.0	11.5
ASTS-SA-MD1610-SP	24 x 36 x 10mm	16°	2.41	10.0	4.6
ASTS-SA-MD1612-SP	24 x 36 x 12mm	16°	3.46	12.0	6.6
ASTS-SA-MD1614-SP	24 x 36 x 14mm	16°	4.55	14.0	8.6
ASTS-SA-MD1616-SP	24 x 36 x 16mm	16°	5.66	16.0	10.6
ASTS-SA-LG1610-SP	27 x 40 x 10mm	16°	3.29	10.0	3.4
ASTS-SA-LG1612-SP	27 x 40 x 12mm	16°	4.75	12.0	5.4
ASTS-SA-LG1614-SP	27 x 40 x 14mm	16°	6.28	14.0	7.4
ASTS-SA-LG1616-SP	27 x 40 x 16mm	16°	7.84	16.0	9.4

CATALOGUE NUMBER	FOOTPRINT D x W x H	LORDOSIS	GRAFT VOLUME (CC)	ANTERIOR HEIGHT (MM)	POSTERIOR HEIGHT (MM)
ASTS-SA-SM2012-SP	21 x 34 x 12mm	20°	3.21	12.0	8.5
ASTS-SA-SM2014-SP	21 x 34 x 14mm	20°	4.06	14.0	10.5
ASTS-SA-SM2016-SP	21 x 34 x 16mm	20°	4.91	16.0	12.5
ASTS-SA-SM2018-SP	21 x 34 x 18mm	20°	5.79	18.0	14.5
ASTS-SA-MD2012-SP	24 x 36 x 12mm	20°	3.11	12.0	5.3
ASTS-SA-MD2014-SP	24 x 36 x 14mm	20°	4.21	14.0	7.3
ASTS-SA-MD2016-SP	24 x 36 x 16mm	20°	5.29	16.0	9.3
ASTS-SA-MD2018-SP	24 x 36 x 18mm	20°	6.42	18.0	11.3
ASTS-SA-LG2012-SP	27 x 40 x 12mm	20°	4.15	12.0	3.8
ASTS-SA-LG2014-SP	27 x 40 x 14mm	20°	5.70	14.0	5.8
ASTS-SA-LG2016-SP	27 x 40 x 16mm	20°	7.24	16.0	7.8
ASTS-SA-LG2018-SP	27 x 40 x 18mm	20°	8.83	18.0	9.8
ASTS-SA-SM2414-SP	21 x 34 x 14mm	24°	3.00	14.0	7.4
ASTS-SA-SM2416-SP	21 x 34 x 16mm	24°	3.65	16.0	9.4
ASTS-SA-SM2418-SP	21 x 34 x 18mm	24°	4.30	18.0	11.4
ASTS-SA-MD2414-SP	24 x 36 x 14mm	24°	3.87	14.0	6.0
ASTS-SA-MD2416-SP	24 x 36 x 16mm	24°	4.75	16.0	8.0
ASTS-SA-MD2418-SP	24 x 36 x 18mm	24°	5.64	18.0	10.0
ASTS-SA-LG2414-SP	27 x 40 x 14mm	24°	5.28	14.0	4.1
ASTS-SA-LG2416-SP	27 x 40 x 16mm	24°	6.55	16.0	6.1
ASTS-SA-LG2418-SP	27 x 40 x 18mm	24°	7.82	18.0	8.1

IMPLANT CATALOGUE

SCREWS

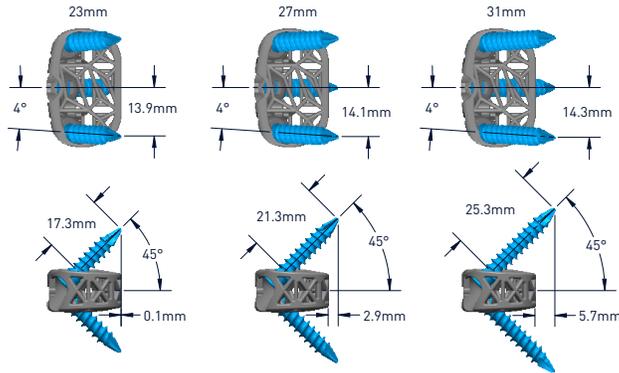


CATALOGUE NUMBER	DIAMETER, LENGTH
ASCR-5023-SD-SP	ø5.0mm, L 23mm
ASCR-5027-SD-SP	ø5.0mm, L 27mm
ASCR-5031-SD-SP	ø5.0mm, L 31mm
ASCR-5523-SD-SP	ø5.5mm, L 23mm
ASCR-5527-SD-SP	ø5.5mm, L 27mm
ASCR-5531-SD-SP	ø5.5mm, L 31mm

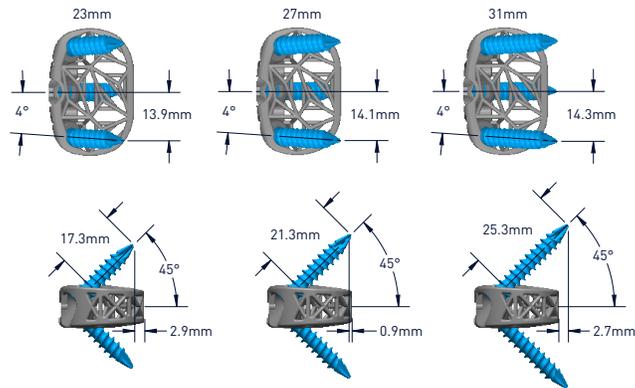
SCREW ANGLULATION CHART

NOMINAL SCREW ANGLULATION

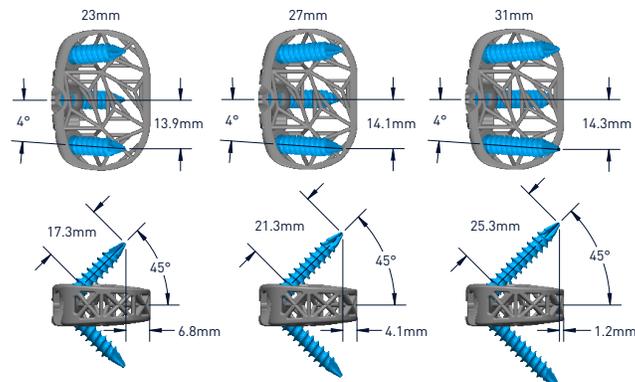
SMALL FOOTPRINT 21 x 34mm



MEDIUM FOOTPRINT 24 x 36mm

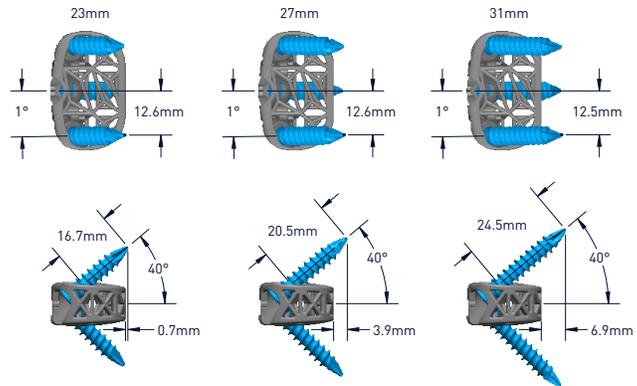


LARGE FOOTPRINT 27 x 40mm

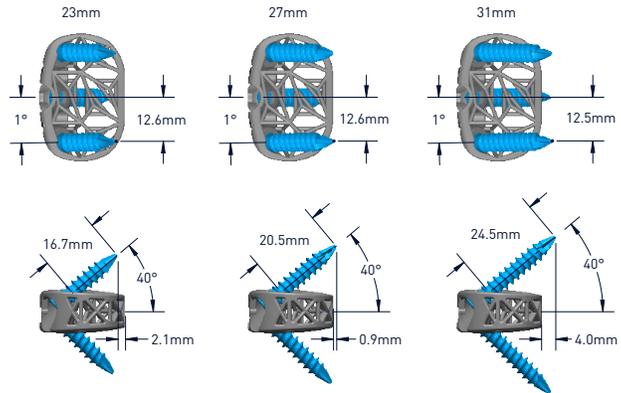


NOMINAL SCREW ANGLUATION -5° SCREW VARIABILITY

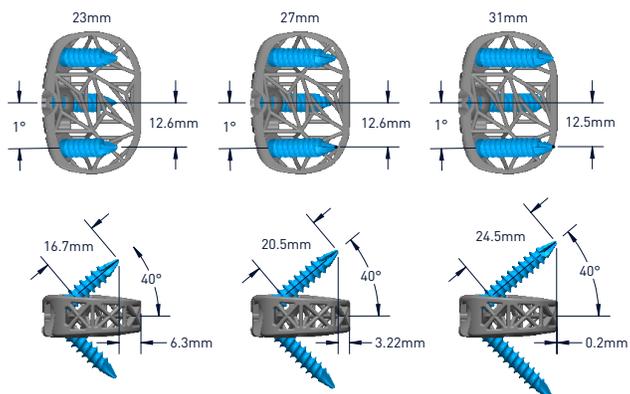
SMALL FOOTPRINT 21 x 34mm



MEDIUM FOOTPRINT 24 x 36mm

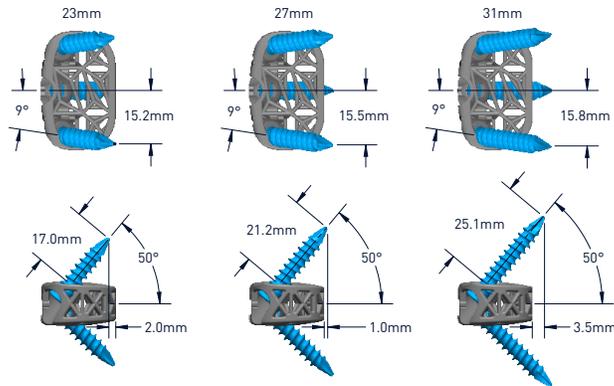


LARGE FOOTPRINT 27 x 40mm

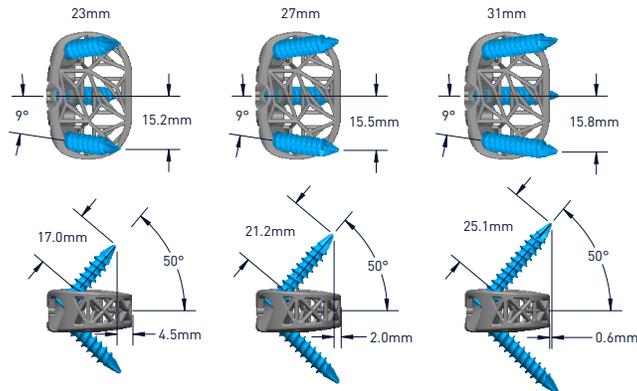


NOMINAL SCREW ANGLUATION +5° SCREW VARIABILITY

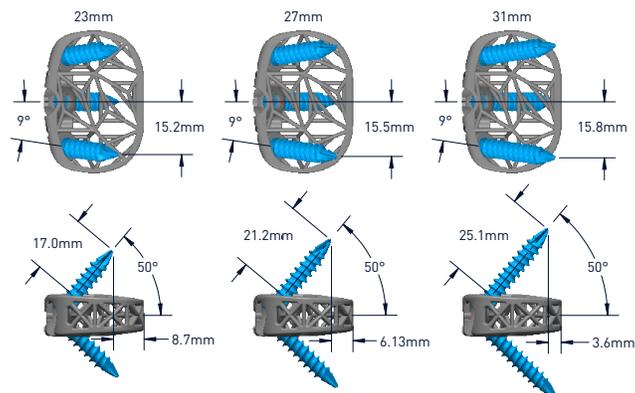
SMALL FOOTPRINT 21 x 34mm



MEDIUM FOOTPRINT 24 x 36mm



LARGE FOOTPRINT 27 x 40mm





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