Aesculap® Arcadius XP L®

Stand-Alone Interbody Device (SIBD)

Aesculap Spine

B BRAUN
SHARING EXPERTISE

Aesculap® Arcadius XP L®

Content

Aesculap® Arcadius XP® L

A

System Overview

The Arcadius XP® L is a unique interbody device offering an intuitive approach to ALIF procedures. Arcadius XP® L combines enhanced stability, improved imaging properties, and operational simplicity. Plasmapore XP® osteoconductive coating was developed to promote implant stability and bony ingrowth. The unique implant design and flexible instrumentation provide accessibility for screw insertion at all indicated levels and challenging patient anatomies.

System Features

- Plasmapore XP® coating
- Wide variety of implant options
- Generous graft window
- Surface texturing
- Five X-Ray marker pins
- Midline accessibility for screw insertion
- Diverging screw design
- Dual locking mechanism
- Self-centering, self-drilling and self-tapping bone screws
- Comprehensive array of instrumentation

Arcadius XP® L Design Advantages

- **Built on Experience** –
  Aesculap maximized 20 years of success in applying Plasmapore® coatings to Titanium orthopedic and spine implants[1,2,3] to develop the Plasmapore XP® coating for PEEK spinal implants
- **Innovative Surface Enhancing Technology –**
  Plasmapore XP® is an osteoconductive pure Titanium porous coating with proven biocompatibility[4]
- **Enhanced Stability –**
  The benefits of a stable diverging bone screw design plus the roughened surface area provided by the osteoconductive Plasmapore XP® coating imply enhanced implant stability due to the experiences with Plasmapore®[5]
- **Stable Implant Fit –**
  Wide variety of implant sizes allows compatibility with varying patient anatomies
- **Accessibility from all Angles –**
  Unique implant design and flexible instrumentation provide ease in screw insertion
- **Simple and Secure Locking Mechanism –**
  Integrated dual locking mechanism with single-step activation
- **Excellent Imaging Properties –**
  Plasmapore XP® coating and X-Ray marker pins allow for improved visibility during imaging

Indications

Intended Use

The Arcadius XP L® Interbody Fusion System is a stand alone device intended to be used with four bone screws if no supplement fixation is used to stabilize the lumbar spine through an anterior approach.

Use for:

- Degenerative disc disease (DDD) and instability
- Spondylolisthesis up to Grade 1
- Post-discectomy syndrome
- Post-traumatic instability

Levels of anterior lumbar interbody fusion for these indications are from L2-S1.

Note:
For further information please see instructions for use No. 015555.

1 Swamy G, Pace A, Quah C, Howard P. The Bicontact cementless primary total hip arthroplasty: Long-term results. Int Orthop (SICOT) 2010.

2 Kroppenstedt S, Gulde M, Schönmayr R. Radiological comparison of instrumented posterior lumbar interbody fusion with one or two closed-box PLASMAPORE coated titanium cages. Follow-up study over more than seven years. Spine. 2008;33(19):2083-8.

3 Arregui R, Aso J, Martinez-Quinones JV, Consolini F, Lamban N, Dominguez M. Cespace: Cervical interbody fusion system. Preliminary retrospective study in 104 cases (120 implants). Neurocirugia. 2011;22:542-53.

4 Aesculap AG, BTC Biological Test Center. Evaluation of the local and systemic reaction to a PLASMAPORE XP coated implant in the distal femora of new zealand white rabbits. Final Report 2011.

5 Fink U. Plasmapore: A plasma-sprayed microporous titanium coating to improve the long-term stability. Acutalités en Biomatériaux. 1996;III:97-104.

Aesculap® Arcadius XP L®

B

Surgical Technique

Fig. 1

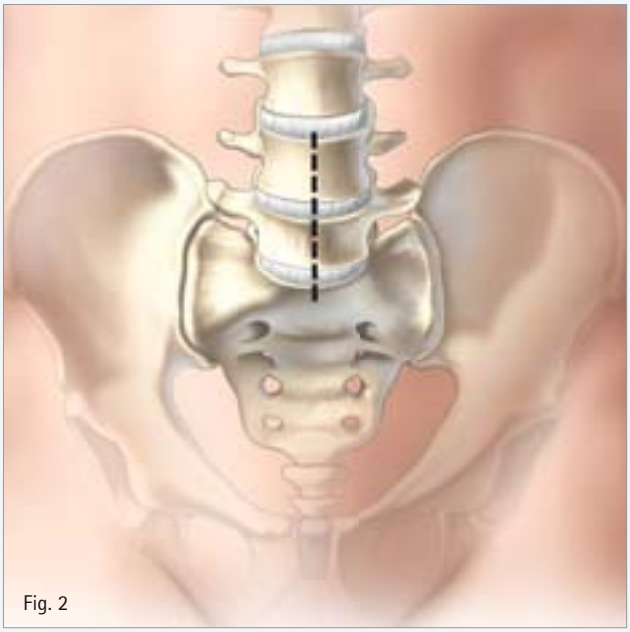


Fig. 2

1. Patient Positioning and Exposure (Fig. 1-2)

Anterior access will be required for insertion of the Arcadius XP L® device. As with any procedure, it is important to understand the lordotic angle of disc spaces and the surrounding anatomy in order to plan for anterior surgery. Pre-operative radiographs should be taken to measure disc heights and the required graft range. It is recommended to examine the lateral radiograph to assure that the surgical incision will allow for proper access to the corresponding disc space.

- Place the patient in supine position. A lumbar roll can be placed under the patient's lower back to allow for increased lordosis of the targeted level(s) (Fig. 1).

The surgical approach should be accomplished in a manner consistent with a standard anterior lumbar fusion procedure.

- Provide the level of exposure to the implantation site that the surgeon deems necessary to perform the surgery (Fig. 2).

Note: Identification of the iliolumbar and ascending lumbar vein is recommended with ligation and division as needed. This is an important step in any anterior lumbar procedure, especially at the L4-L5 level.

Utilize anterior-posterior (AP) fluoroscopy to confirm the operative level and accurately delineate the midline.

- The midline should be marked for continued reference during the remainder of the case, as precise midline placement of the device is an important goal.

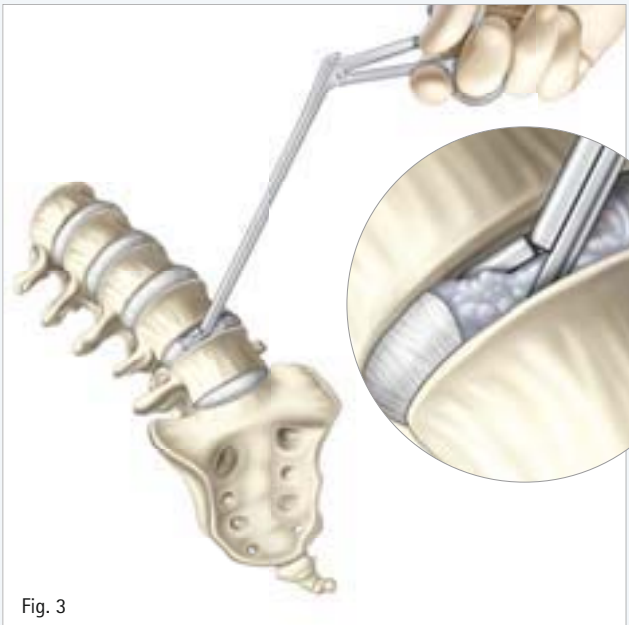


Fig. 3

Fig. 4

2. Preparation (Fig. 3–4)

Prepare the intervertebral space by utilizing anterior discectomy instruments that the surgeon feels are necessary and clinically prudent to properly prepare the disc space and vertebral endplates.

- Expose the disc and remove disc material (Fig. 3).
- Carefully resect the cartilaginous endplates and ensure preservation of the bony vertebral endplates.
- Distractors can be used to gradually achieve the desired working height.
  - Attach a T-handle to a distractor.
  - Insert the distractor into the disc space horizontally
  - Rotate distractor by 90° to achieve specified working height (Fig. 4).

Note: Each distractor contains a 9° lordotic angle.

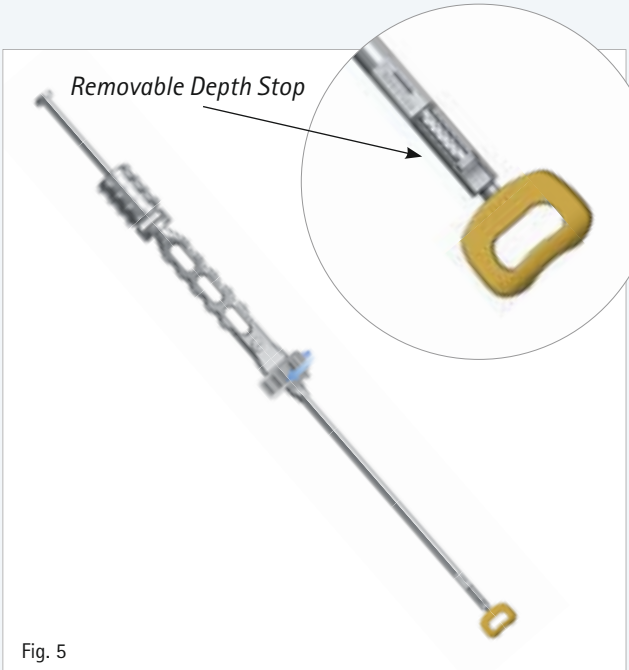


Fig. 5


Fig. 6

3. Implant Sizing (Fig. 5-6)

Trial implants are available in two footprint sizes, three lordotic angles, and six heights. Each trial implant is color-coded by lordotic angle, and labeled with the corresponding footprint, height and lordotic angle.

- Select an appropriate sized trial implant based on patient anatomy and pre-operative radiographic analysis.
- Attach the trial implant to the trial insertion instrument.
  - Attach the slap hammer handle to the trial insertion instrument.
  - Thread the trial implant onto the trial insertion instrument by turning the large proximal knob in a clockwise direction (Fig. 5).

Note: Either Slap Hammer FJ666R or Slap Hammer Handle SJ708T with Slap Hammer Extension SJ709R can be used.

Note: The trial insertion instrument contains a removable depth stop. It is recommended that the depth stop is utilized to ensure that the trial implant is seated flush with the anterior border of the vertebral body.

- Reference the midline marker and utilize the slap hammer or mallet to gently advance the trial into the disc space (Fig. 6).
- Manipulate the trial implant as needed to attain the desired position.
- Continue to evaluate trial implants until a firm fit is achieved.
- Assess final trial implant fit and position with intraoperative AP and lateral fluoroscopy.

Fig. 7

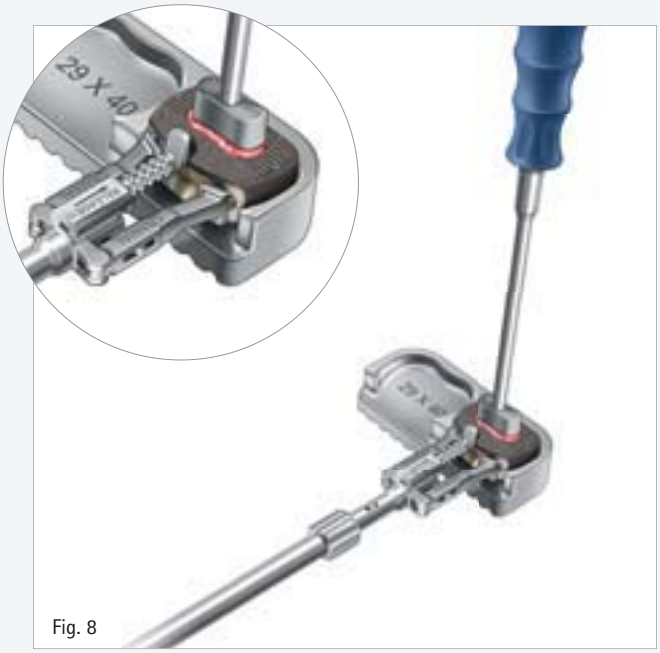


Fig. 8

4. Implant Preparation and Insertion (Fig. 7–10)

- Select implant that corresponds to the final trial implant size evaluated.

Note: The dimensions of the trial implants were designed to match the Arcadius XP L® implants (footprint, height and lordotic angle).

Implant Preparation

- Attach the Arcadius XP L® implant to the implant insertion instrument (Fig. 7).
  - Attach selected handle to the implant insertion instrument.
  - Ensure that the small distal knob of the implant insertion instrument is fully tightened prior to use. This knob can be loosened for sterilization purposes.
  - The distal end of the implant inserter is labeled with the word 'Cranial' for orientation purposes during implant insertion. Orient the implant inserter in the Cranial position and align distal end with the lateral screw holes of the selected implant.
  - Attach and secure selected implant to the distal end of the implant insertion instrument by turning the large proximal knob in a clockwise direction.
- Fill the implant with autograft material by utilizing the packing block and tamp.
  - Place the implant into the corresponding footprint space of the packing block and fill with autograft material.
  - Use the tamp to firmly pack autograft material into the implant (Fig. 8).

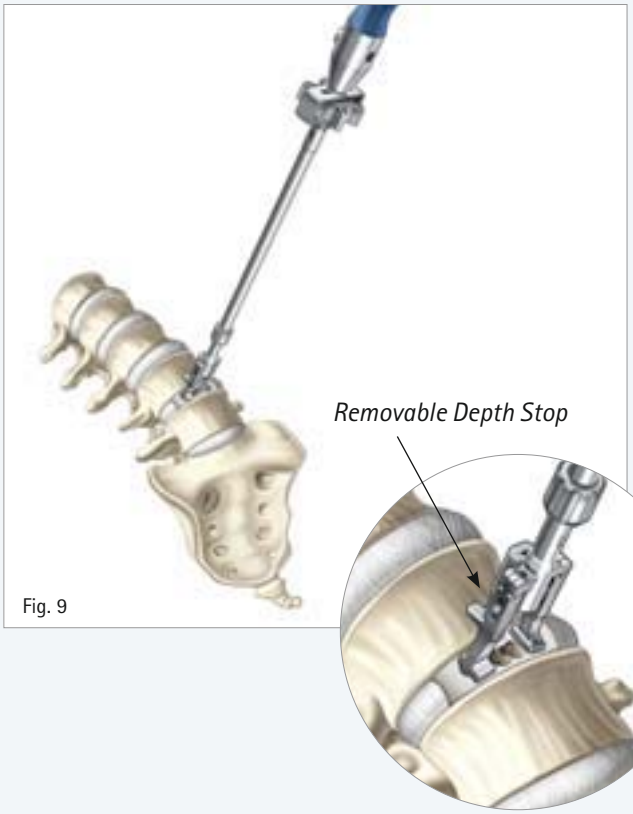


Fig. 9

Arcadius XP® L X-Ray Marker Alignment

Neutral Example

Rotated Example

Fig. 10

Note: It is recommended to confirm implant position prior to removing the implant inserter.

Note: The implant insertion instrument contains a removable depth stop. It is recommended that the depth stop is utilized to ensure that the implant is seated flush with the anterior border of the vertebral body.

Implant Insertion

- Ensure that the implant inserter is oriented in the Cranial position.
- Reference the midline and gently advance the implant into the disc space (Fig. 9).

CAUTION: It is important to consider the midline and neutral alignment while implanting this device to avoid placing neural elements at risk.

- Assess implant position with intraoperative AP and lateral fluoroscopy.

Assessment of Implant Position

- Obtain an AP fluoroscopic image to confirm midline placement of the device.
- Obtain a lateral fluoroscopic image to confirm that the anterior edge of the implant is seated flush with the anterior border of the vertebral body.
- Observe the X-Ray markers in both the AP and lateral views to ensure that the implant is not rotated within the disc space (Fig. 10).
- Manipulate the implant as needed to attain the desired position.
- Obtain additional AP and lateral fluoroscopic images to document midline placement and neutral alignment.

Note: It is recommended that the Implant Insertion Instrument is left attached to the implant for medial screw hole preparation and screw insertion.

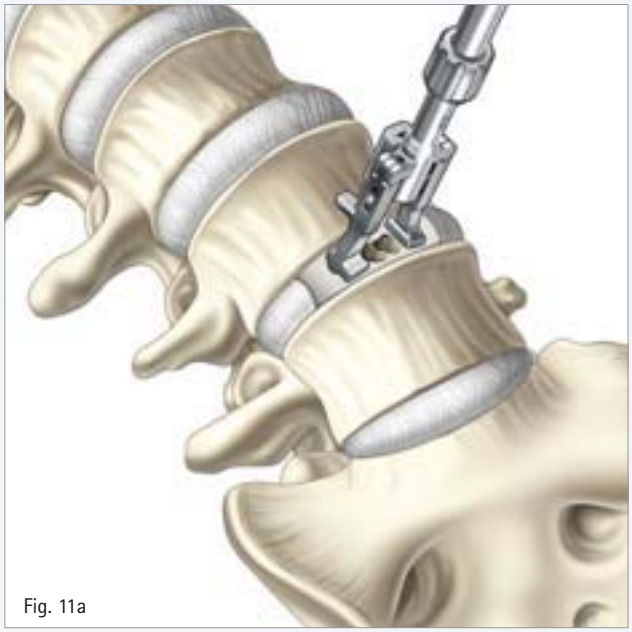


Fig. 11a

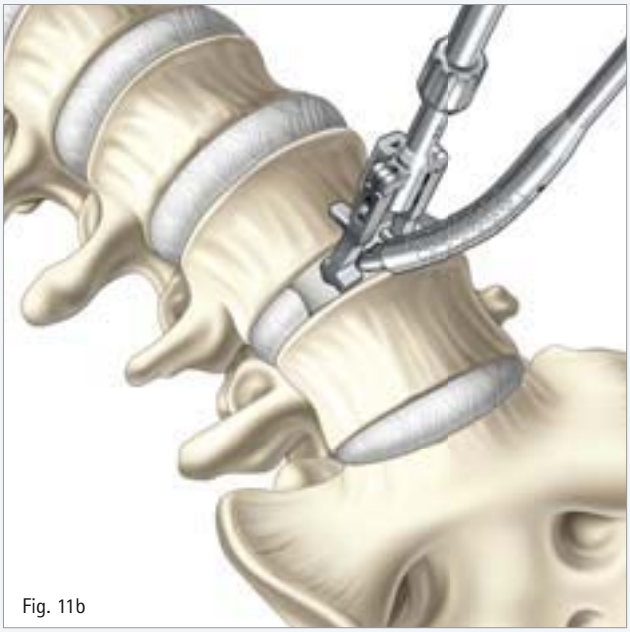


Fig. 11b

5. Screw Preparation and Insertion (Fig. 11–16)

For ease of bone screw insertion, it is recommended that a pilot hole is created at the intended screw placement site.
A variety of instruments are available to meet surgeon preference for screw hole preparation and screw insertion. (See page 15 & 29 for instrument selection)

Note: All screwdrivers are self-retaining.

- The Arcadius XP L® device is intended to be used with four bone screws.
  - Bone screws are available in two lengths: 25 mm and 30 mm.

Note: It is important to consider the implant footprint size, height and lordotic angle when selecting the proper screw length. Please refer to the implant and screw diagram on pages 22/23 to determine the proper screw length for the implant used.

5a. Medial Screw Hole Preparation and Screw Insertion

- Featured Instruments: Implant Insertion Instrument (ME015R) with Flexible Bone Awl (SJ607R) and U-Joint Screwdriver (ME014R).
- Maintain final implant position as determined with fluoroscopy.

Note: It is recommended to prepare screw holes and insert screws utilizing X-Ray guidance.

- The implant insertion instrument can be utilized for implant stabilization during medial screw hole preparation and insertion (Fig. 11a).

Note: Use of the implant insertion instrument for medial screw hole preparation and screw insertion is optional and is not required.

Fig. 12

Fig. 13

Medial Screw Hole Preparation

- Attach desired handle to flexible bone awl.
- Guide the flexible bone awl through the distal opening of the implant insertion instrument (caudal side) (Fig. 11b).
- Insert the flexible bone awl into one of the medial screw holes until a hard stop is reached. A hard stop indicates that the flexible awl has punctured the cortical layer of bone (Fig. 12).

Note: The flexible bone awl is self-guiding and self-centering and does not require use of a drill guide.

Medial Screw Insertion

- Select a bone screw based on the implant size used and the implant and screw diagram on pages 22/23.
- Attach desired handle and selected bone screw to the U-Joint screwdriver.
- Guide the screw through the distal opening of the implant insertion instrument (caudal side).
- Insert the screw into the prepared medial screw hole (Fig. 13).
- Turn the U-Joint screwdriver in a clockwise motion to advance the bone screw into the vertebral body.
- Ensure that the bone screw has threaded past the locking rim and is fully seated.

- Upon screw insertion the surgeon will feel an increase in torque as the shoulder of the screw passes through the locking rim, followed by a decrease in torque after the shoulder of the screw passes through the locking rim.
- An increase in torque will indicate that the screw is approaching full insertion into the implant, and a hard stop will indicate that the screw is fully seated.

B

Surgical Technique

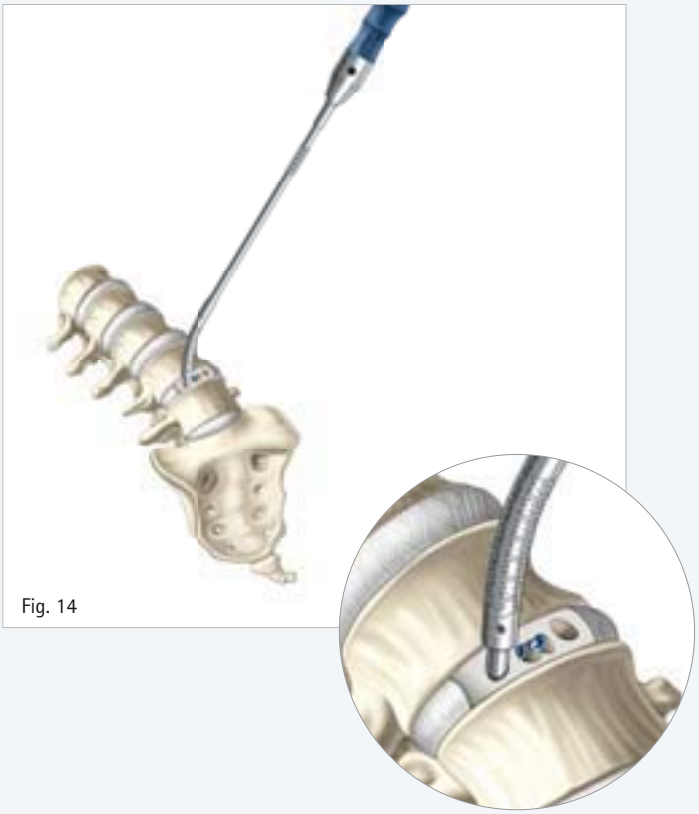


Fig. 14

Fig. 15

Note: Please refer to page 19 for a detailed description of the Arcadius XP L® locking mechanism.

- Repeat the steps outlined above for pilot hole creation and bone screw placement to insert the second medial screw.

5b. Lateral Screw Hole Preparation and Screw Insertion

- Featured Instruments: Flexible Bone Awl (SJ607R) and U-Joint Screwdriver (ME014R).
- Remove the implant insertion instrument to gain access to lateral screw holes.

Note: It is recommended to prepare screw holes and insert screws utilizing X-Ray guidance.

Lateral Screw Hole Preparation

- Attach desired handle to flexible bone awl.
- Guide the flexible bone awl into one of the lateral screw holes and insert until a hard stop is reached. A hard stop indicates that the flexible awl has punctured the cortical layer of bone (Fig. 14).

Fig. 16

Recommended Drill Guide Selection

When the straight bone awl, flexible drill, or straight drill are utilized for screw hole preparation, the corresponding drill guide must be used.

Lateral Screw Insertion

- Select a bone screw based on the implant size used and the implant and screw diagram on pages 22/23.
- Guide the U-Joint screwdriver with screw attached into the prepared lateral screw hole.
- Turn the U-Joint screwdriver in a clockwise motion to advance the bone screw into the vertebral body (Fig. 15).
- Ensure that the bone screw has threaded past the locking rim and is fully seated.

- Repeat the steps outlined above for pilot hole creation and bone screw placement to insert the final lateral screw.
- A fully assembled construct is shown above (Fig. 16).

Screw Hole Preparation Instrument	Required Drill Guide	Extension Distance (mm)	Extension Distance through Average Implant (mm)
Flexible Bone Awl	N/A	21.5	Medial screw holes: 13.4 Lateral screw holes: 15.4
Straight Bone Awl	Straight Drill Guide	16.3	Medial screw holes: 11.4 Lateral screw holes: 13.3
Flexible Drill	Angeled Drill Guide	16.3	Medial screw holes: 11.4 Lateral screw holes: 13.3
Straight Drill	Straight Drill Guide	16.3	Medial screw holes: 11.4 Lateral screw holes: 13.3

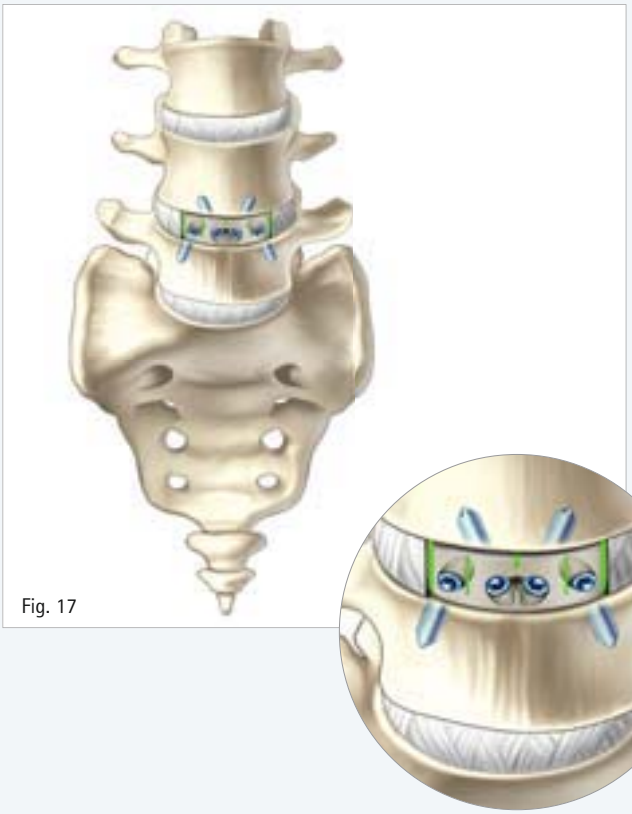


Fig. 17

Fig. 18

6. Verification of Final Implant Placement

- It is recommended that final AP and lateral radiographs are obtained.
  - The final AP image should confirm midline placement of the device (Fig. 17).
  - The final lateral image should confirm that the anterior edge of the implant is seated flush with the anterior border of the vertebral body (Fig. 18).
  - The final AP and lateral images should reflect neutral alignment of the Arcadius XP L® construct (Fig's. 17 & 18).

Note: The green lines in Figures 17 & 18 represent the location of the implant X-Ray markers in both the AP and lateral views.

Correct

Neutral Alignment

Incorrect

Rotated Alignment

Arcadius XP L® X-Ray Marker Alignment
The drawings above illustrate the X-Ray markers of the Arcadius XP L® construct in neutral and rotated alignment.

7. Implant Removal

- Attach desired handle to preferred screwdriver.
- Guide and attach the screwdriver to a bone screw in the Arcadius XP L® implant.
- Retract the bone screw from the vertebral body by turning the screwdriver in a counter-clockwise motion.

Note: If a fully seated bone screw is removed from the implant, a small piece of PEEK debris from the locking rim of the locking mechanism may be present.

- Repeat the bone screw removal process for the remaining bone screws in the Arcadius XP L® implant.
- Attach desired handle to the implant extraction instrument.
- Turn the implant extraction instrument in a clockwise direction to secure into an implant screw hole.
- Apply an extraction force to the implant extraction instrument to remove the implant from the disc space.

Aesculap® Arcadius XP L®

C

Implant Information

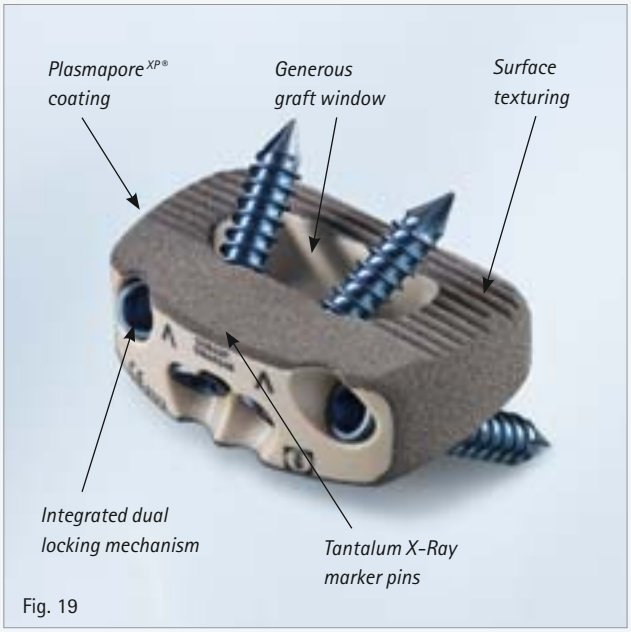


Fig. 19


Fig. 20

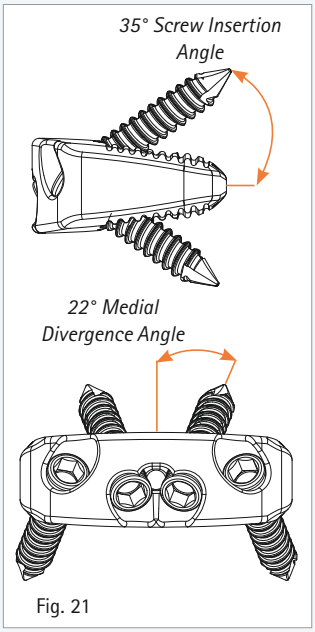


Fig. 21

Implant Information (Fig. 19)
- Manufactured from radiolucent PEEK-OPTIMA®
- With porous Titanium coating Plasmapore XP®
- Variety of Options for Optimized Fit
  - Two implant footprints: 25 mm x 35 mm, 29 mm x 40 mm
  - Six heights: 10 mm, 12 mm, 14 mm, 16 mm, 18 mm, 20 mm
  - Three lordotic angles: 4°, 9° and 14°
- Medial orientation of screw holes for accessibility
- Wide central opening for packing of bone graft material
- Surface Texturing for additional stability
- 5 Tantalum marker pins for X-Ray verification

Note: X-Ray markers are located 1 mm from edge of implant.

Bone Screw Information (Fig. 20)
- Manufactured from a Titanium alloy (Ti6Al4V)
- Bone screws are self-centering, self-drilling, and self-tapping
- Bone screw diameter is 4.5 mm
- Available in 2 lengths
  - 25 mm – blue in color
  - 30 mm – gold in color

Construct Information (Fig. 21)
- Diverging Screw Design
  - 22° medial divergence
- Screw insertion angle
  - 35° cranial-caudal orientation
- Dual locking mechanism

PEEK-OPTIMA is a registered trademark of Invibio Biomaterial Solutions.

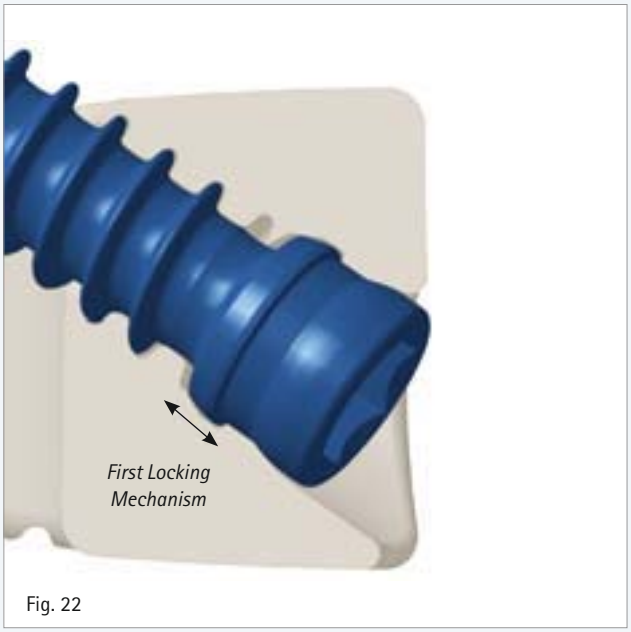


Fig. 22

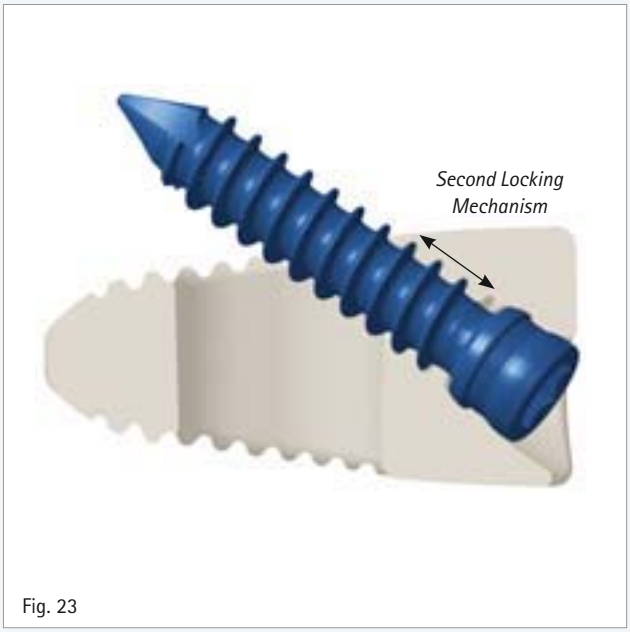


Fig. 23

Locking Mechanism Information
The Arcadius XP L® incorporates a dual locking mechanism feature to prevent bone screws from backing out.

First Locking Mechanism
There is an internal locking rim integrated into each screw hole of the Arcadius XP L® implant.

- The first locking mechanism is activated during bone screw insertion.
  - During insertion, the shoulder of the bone screw will pass through the lead-in taper of the locking rim. This will cause the locking rim to expand. At this point, the surgeon will feel a noticeable increase in insertion torque.
  - After the shoulder of the bone screw passes through the lead-in taper of the locking rim, the locking rim will seat and lock into final position. At this point, the surgeon will feel a noticeable decrease in insertion torque (Fig. 22).

Second Locking Mechanism
The inner threads of the Arcadius XP L® implant and the threads of the bone screw comprise the second locking mechanism.

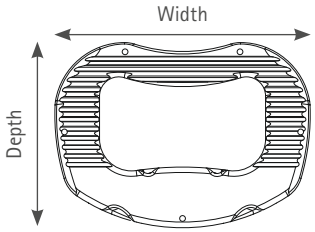
- The second locking mechanism is activated by fully inserting and seating the bone screw into the Arcadius XP L® implant.
  - After the first locking mechanism has been activated, continue to advance the bone screw.
  - As the bone screw approaches full insertion, the surgeon will feel a noticeable increase in insertion torque.
  - Continue to hand-tighten the bone screw until a hard stop is reached. This indicates that the bone screw is fully seated and the second locking mechanism has been activated. It is not necessary to apply excessive torque to the bone screw (Fig. 23).

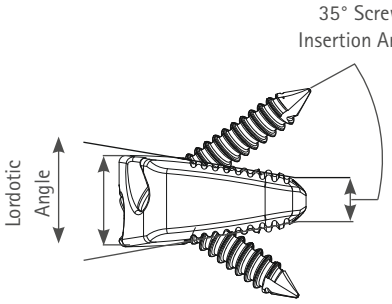
CAUTION: It is important that the two locking mechanisms are engaged to prevent screws from backing out!

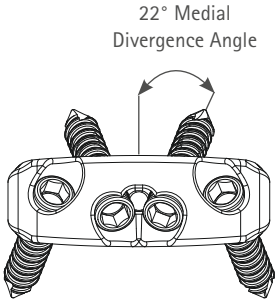
Aesculap® Arcadius XP L®

D

Implant Overview



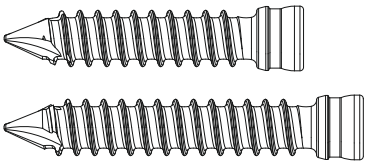




Art. no.	Description	Height	Width	Depth	Angle
SO810P	Arcadius XP L®	10 mm	35 mm	25 mm	4°
SO812P	Arcadius XP L®	12 mm	35 mm	25 mm	4°
SO814P	Arcadius XP L®	14 mm	35 mm	25 mm	4°
SO816P	Arcadius XP L®	16 mm	35 mm	25 mm	4°
SO818P	Arcadius XP L®	18 mm	35 mm	25 mm	4°
SO820P	Arcadius XP L®	20 mm	35 mm	25 mm	4°
SO840P	Arcadius XP L®	10 mm	35 mm	25 mm	9°
SO842P	Arcadius XP L®	12 mm	35 mm	25 mm	9°
SO844P	Arcadius XP L®	14 mm	35 mm	25 mm	9°
SO846P	Arcadius XP L®	16 mm	35 mm	25 mm	9°
SO848P	Arcadius XP L®	18 mm	35 mm	25 mm	9°
SO850P	Arcadius XP L®	20 mm	35 mm	25 mm	9°
SO870P	Arcadius XP L®	10 mm	35 mm	25 mm	14°
SO872P	Arcadius XP L®	12 mm	35 mm	25 mm	14°
SO874P	Arcadius XP L®	14 mm	35 mm	25 mm	14°
SO876P	Arcadius XP L®	16 mm	35 mm	25 mm	14°
SO878P	Arcadius XP L®	18 mm	35 mm	25 mm	14°
SO880P	Arcadius XP L®	20 mm	35 mm	25 mm	14°
SO825P	Arcadius XP L®	10 mm	40 mm	29 mm	4°
SO827P	Arcadius XP L®	12 mm	40 mm	29 mm	4°
SO829P	Arcadius XP L®	14 mm	40 mm	29 mm	4°
SO831P	Arcadius XP L®	16 mm	40 mm	29 mm	4°
SO833P	Arcadius XP L®	18 mm	40 mm	29 mm	4°
SO835P	Arcadius XP L®	20 mm	40 mm	29 mm	4°

Art. no.	Description	Height	Width	Depth	Angle
SO855P	Arcadius XP L®	10 mm	40 mm	29 mm	9°
SO857P	Arcadius XP L®	12 mm	40 mm	29 mm	9°
SO859P	Arcadius XP L®	14 mm	40 mm	29 mm	9°
SO861P	Arcadius XP L®	16 mm	40 mm	29 mm	9°
SO863P	Arcadius XP L®	18 mm	40 mm	29 mm	9°
SO865P	Arcadius XP L®	20 mm	40 mm	29 mm	9°
SO885P	Arcadius XP L®	10 mm	40 mm	29 mm	14°
SO887P	Arcadius XP L®	12 mm	40 mm	29 mm	14°
SO889P	Arcadius XP L®	14 mm	40 mm	29 mm	14°
SO891P	Arcadius XP L®	16 mm	40 mm	29 mm	14°
SO893P	Arcadius XP L®	18 mm	40 mm	29 mm	14°
SO895P	Arcadius XP L®	20 mm	40 mm	29 mm	14°

PEEK-OPTIMA®
Plasmapore XP® surface coating, pure titanium according to ISO 5832-2.



Art. no.	Description	Diameter	Total Length
SJ701T	Arcadius XP L® Bone Screw	4.5 mm	25 mm
SJ702T	Arcadius XP L® Bone Screw	4.5 mm	30 mm

ISOTAN® F titanium forged alloy Ti6Al4V according to ISO 5832-3

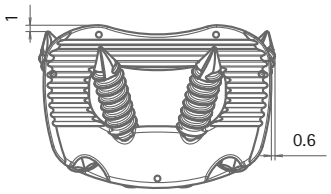
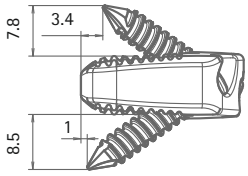
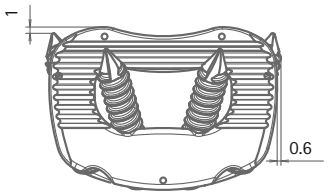
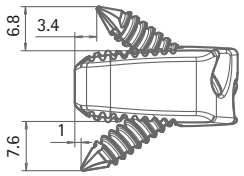
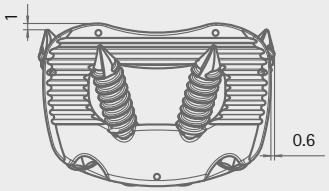
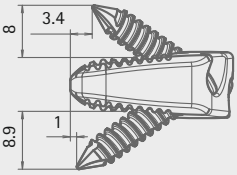
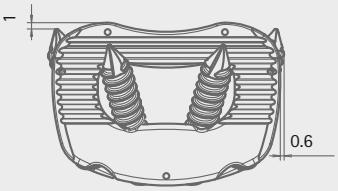
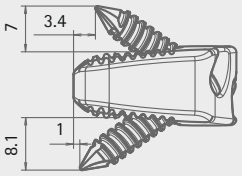
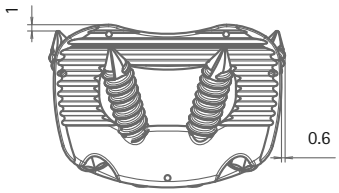
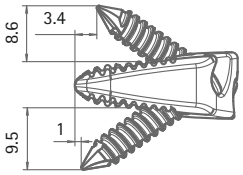
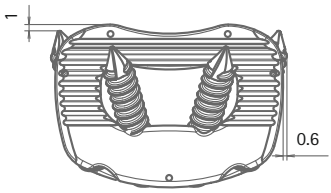
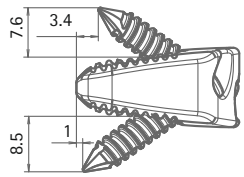
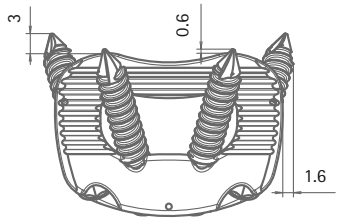
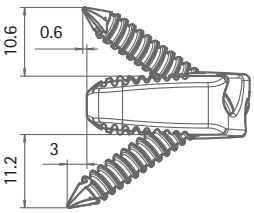
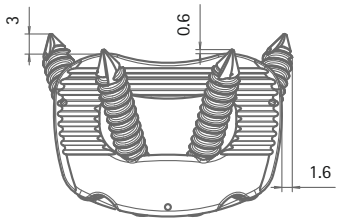
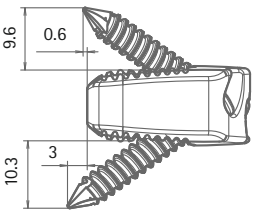
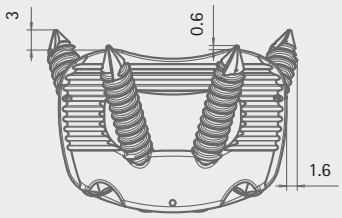
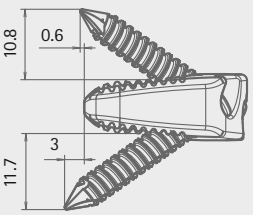
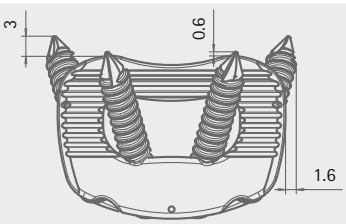
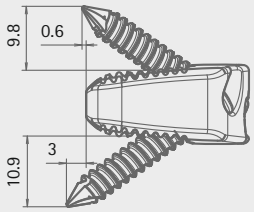
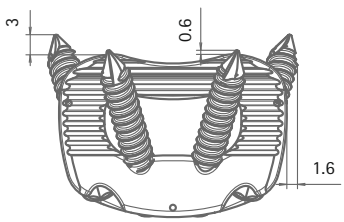
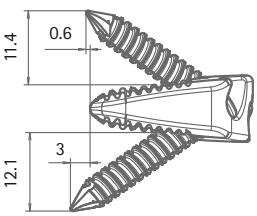
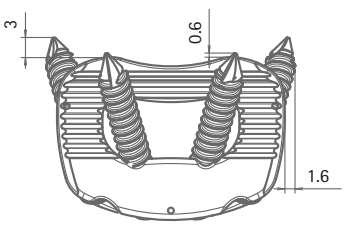
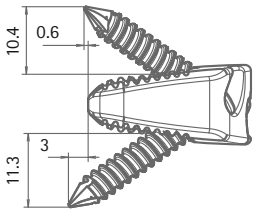
PEEK-OPTIMA is a registered trademark of Invibio, Ltd Lancashire FY5 4QD / UK.

Aesculap® Arcadius XP L®

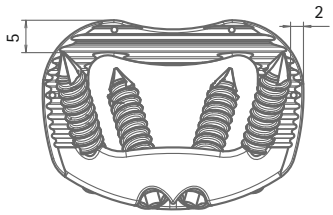
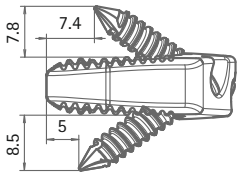
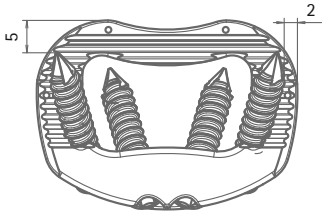
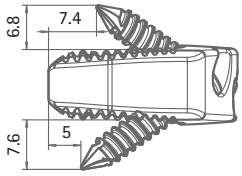
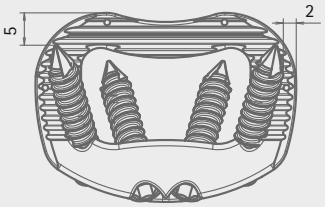
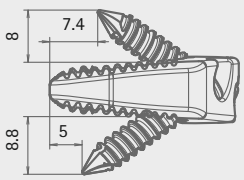
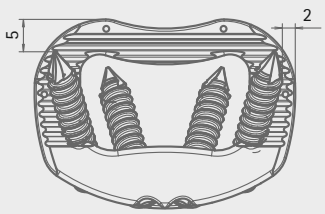
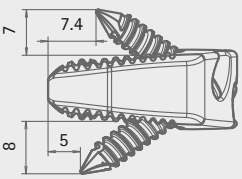
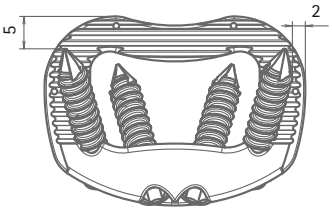
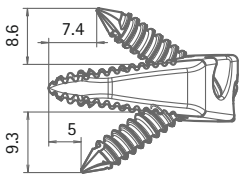
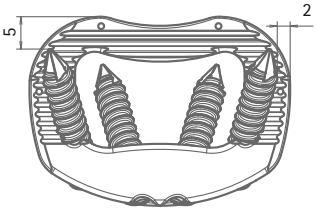
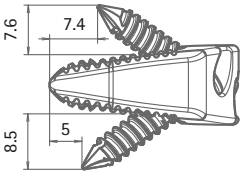
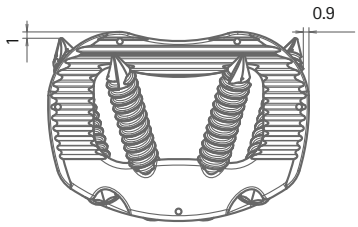
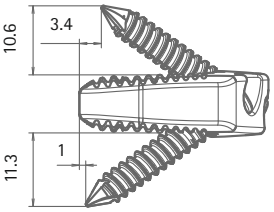
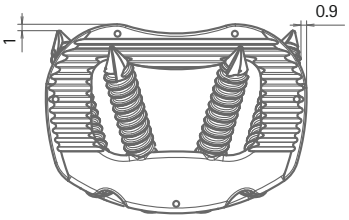
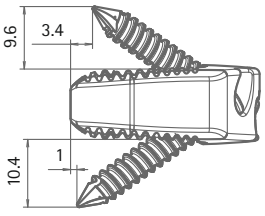
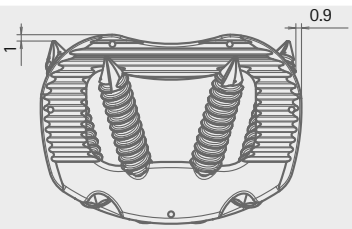
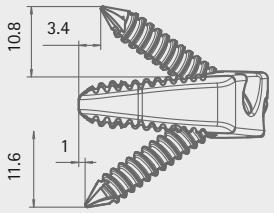
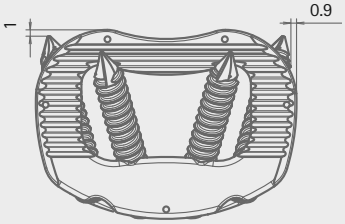
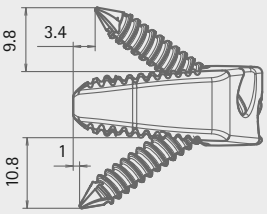
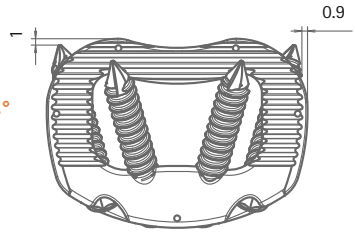
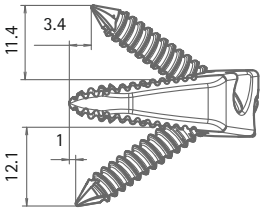
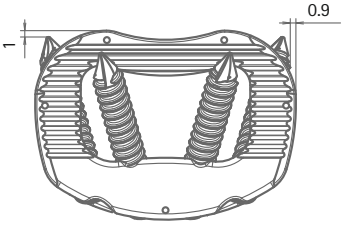
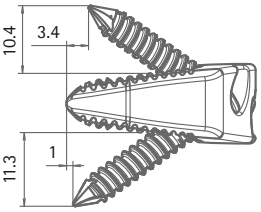
E

Implant and Screw Diagrams

Small Implant Footprint (25 mm x 35 mm)

	Implant Height 10 mm		Implant Height 12 – 20 mm	
25 mm Bone Screws				
4°				
9°				
14°				
30 mm Bone Screws				
4°				
9°				
14°				
	Axial View	*Lateral View*	*Axial View*	*Lateral View*

Large Implant Footprint (29 mm x 40 mm)

	Implant Height 10 mm		Implant Height 12 – 20 mm	
	Axial View	*Lateral View*	*Axial View*	*Lateral View*
25 mm Bone Screws				
4°				
9°				
14°				
30 mm Bone Screws				
4°				
9°				
14°				

Aesculap® Arcadius XP L®

F

Instrument Overview

Handles

	Art. no.	Description	Recommended	Optional
	FW440R	Standard Handle	2	
	SJ705R	Ratchet Handle		2
	SJ033R	T-Handle	1	
	FJ666R	Slap Hammer Handle	1	

Preparation

	Art. no.	Description	Recommended	Optional
	FK822R	Box Curette, Straight	1	
	FK780R	Scoop, Straight	1	

Distractors

	Art. no.	Anterior Height	Lordotic Angle	Recommended	Optional
	SJ020R	10 mm	9°	1	
	SJ022R	12 mm	9°	1	
	SJ024R	14 mm	9°	1	
	SJ026R	16 mm	9°	1	
	SJ028R	18 mm	9°	1	
	SJ030R	20 mm	9°	1	

Distractor (SJ024R) with T-Handle (SJ033R)

Aesculap® Arcadius XP L®

F

Instrument Overview

25 mm x 35 mm Trial Implants

Art. no.	Lordotic Angle	Height	Recommended	Optional
SJ664T	4°	10 mm	1	
SJ666T	4°	12 mm	1	
SJ668T	4°	14 mm	1	
SJ670T	4°	16 mm	1	
SJ672T	4°	18 mm	1	
SJ674T	4°	20 mm	1	
SJ676T	9°	10 mm	1	
SJ678T	9°	12 mm	1	
SJ680T	9°	14 mm	1	
SJ682T	9°	16 mm	1	
SJ684T	9°	18 mm	1	
SJ686T	9°	20 mm	1	
SJ688T	14°	10 mm	1	
SJ690T	14°	12 mm	1	
SJ692T	14°	14 mm	1	
SJ694T	14°	16 mm	1	
SJ696T	14°	18 mm	1	
SJ698T	14°	20 mm	1	

Trial Insertion Instrument

Art. no.	Description	Recommended	Optional
ME020R	Trial Insertion Instrument	1	

Trial Insertion Instrument (ME020R) assembled with Slap Hammer Handle (FJ666R) with Trial Implant

Trial Insertion Instrument (ME020R) assembled with Slap Hammer Handle (SJ708T) and Slap Hammer Extension (SJ709R) with Trial Implant

29 mm x 40 mm Trial Implants

Art. no.	Lordotic Angle	Height	Recommended	Optional
SJ764T	4°	10 mm	1	
SJ766T	4°	12 mm	1	
SJ768T	4°	14 mm	1	
SJ770T	4°	16 mm	1	
SJ772T	4°	18 mm	1	
SJ774T	4°	20 mm	1	
SJ776T	9°	10 mm	1	
SJ778T	9°	12 mm	1	
SJ780T	9°	14 mm	1	
SJ782T	9°	16 mm	1	
SJ784T	9°	18 mm	1	
SJ786T	9°	20 mm	1	
SJ788T	14°	10 mm	1	
SJ790T	14°	12 mm	1	
SJ792T	14°	14 mm	1	
SJ794T	14°	16 mm	1	
SJ796T	14°	18 mm	1	
SJ798T	14°	20 mm	1	

Aesculap® Arcadius XP L®

F

Instrument Overview

Implant Insertion Instrument

	Art. no.	Description	Recommended	Optional
	ME015R	Implant Inserter / Manipulator	1	

Implant Inserter (ME015R) with Standard Handle (FW440R)

Implant Extraction Instrument

	Art. no.	Description	Recommended	Optional
	ME018R	Implant Extraction Instrument	1	

Impactor

	Art. no.	Description	Recommended	Optional
	SJ606R	Impactor	1	

Packing Block and Tamp

	Art. no.	Description	Recommended	Optional
	SJ604R	Packing Block		1
	SJ608R	Tamp		1

Drills

	Art. no.	Description	Recommended	Optional
	SJ723R	Flexible Drill	1	
	SJ725R	Straight Drill	1	

Bone Awls

	Art. no.	Description	Recommended	Optional
	SJ607R	Flexible Bone Awl	1	
	ME017R	Straight Bone Awl	1	

Drill Guides

	Art. no.	Description	Recommended	Optional
	SJ724R	Straight Drill Guide	1	
	SJ722R	Angled Drill Guide	1	

Recommended Drill Guide Selection

Flexible Drill (SJ723R) through Angled Drill Guide (SJ722R) with Standard Handle (FW440R)

Straight Drill (SJ725R) through Straight Drill Guide (SJ724R) with Standard Handle (FW440R)

Flexible Bone Awl (SJ607R) with Standard Handle (FW440R) – no drill guide required

Straight Bone Awl (ME017R) through Straight Drill Guide (SJ724R) with Standard Handle (FW440R)

Aesculap® Arcadius XP L®

F

Instrument Overview

Screwdrivers

	Art. no.	Description	Recommended	Optional
	ME014R	U-Joint Screwdriver	1	
	SJ706R	Flexible Screwdriver	1	
	ME013R	Straight Ball Hex Screwdriver	1	
	ME016R	Straight Hex Screwdriver		1

Flexible Screwdriver (SJ706R) with Standard Handle (FW440R)
and 30 mm Bone Screw (SJ702T)

Aesculap AG | Am Aesculap-Platz | 78532 Tuttlingen | Germany
Phone +49 7461 95-0 | Fax +49 7461 95-26 00 | www.aesculap.com

Aesculap – a B. Braun company

Brochure No. 096002 0313/1/1