

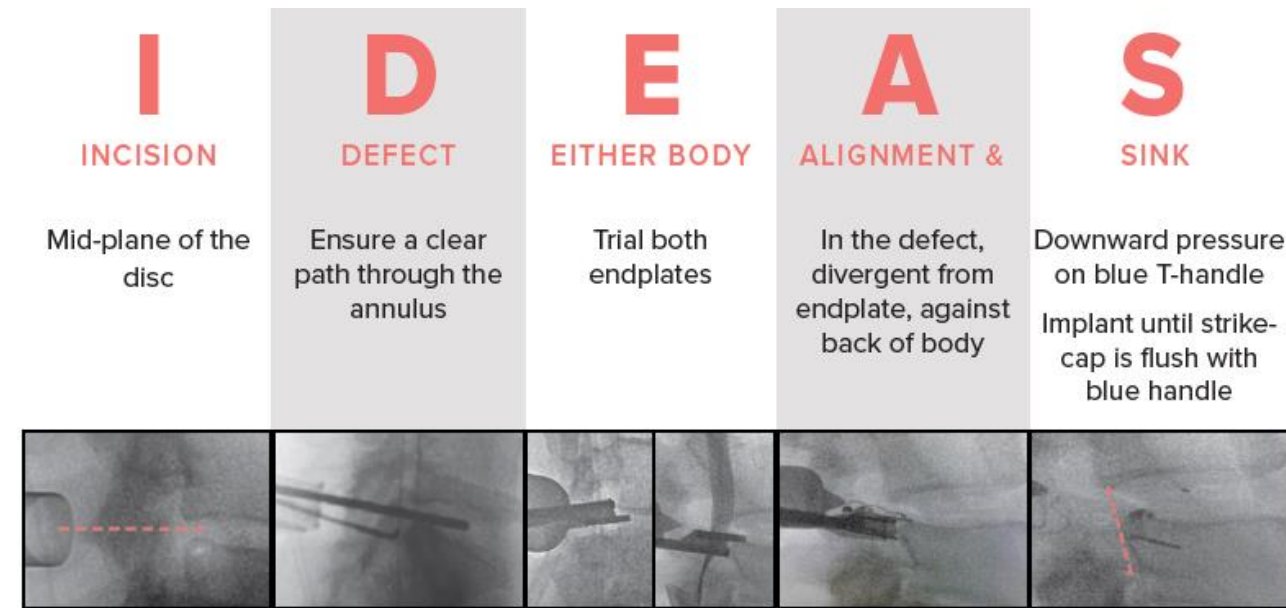
Surgeon Not Wearing Lead

4

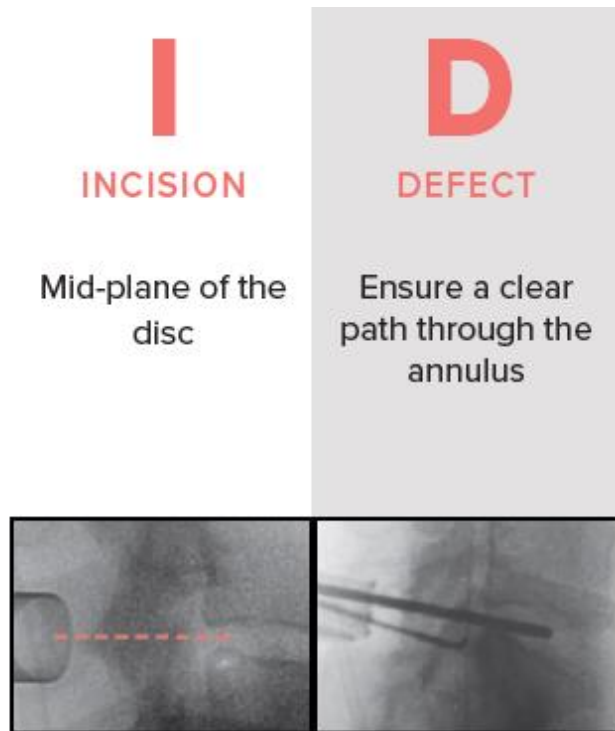
Issue: Surgeon is not wearing lead, plans not to take fluoros, and/or plans to leave tool and walk away for fluoros

Cause: Lead during discectomies is uncommon and can be heavy and uncomfortable

Prevention: Discuss before the case! Explain “IDEAS” and how critical fluoro is for a successful Barricaid implantation. NOTE: IDEAS also explains the key points of the surgical technique as outlined in the Primer.



Stress Importance of Each Image



- **Solution:**

- Confirm visually that the barrier has a clear path into nucleus – this may not require a fluoro but one is recommended. (e.g., can tell by how far the pituitary/Kerrison goes into disc)

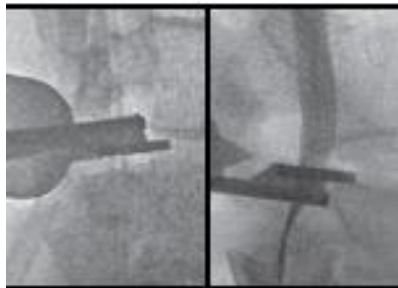
E

EITHER BODY

Trial both
endplates

Trial both endplates:

- Take fluoro to ensure proper alignment



A

ALIGNMENT & ANGLE

In the defect,
divergent from
endplate, against
back of body

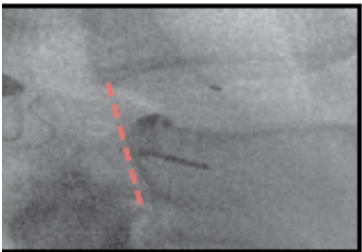


- Absolutely required fluoros:
 - Prior to malleting (to ensure delivery tool orientation/position)
 - After first taps to ensure implant is entering the disc space at a good angle without any barrier/guide-wire buckling

S
SINK

Downward pressure
on blue T-handle

Implant until strike-
cap is flush with
blue handle



- Prior to disassembling delivery tool (ensure anchor depth)
- Final lateral

If surgeon is not committed to taking these images (while holding the tool in position!), don't allow the implantation to proceed