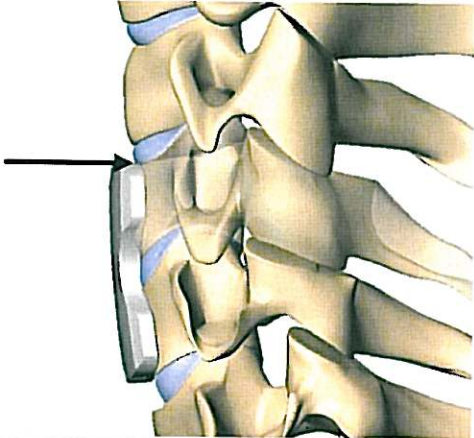
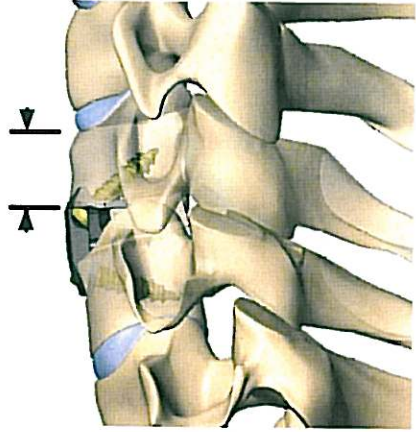
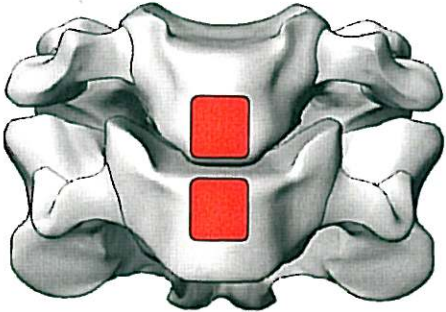
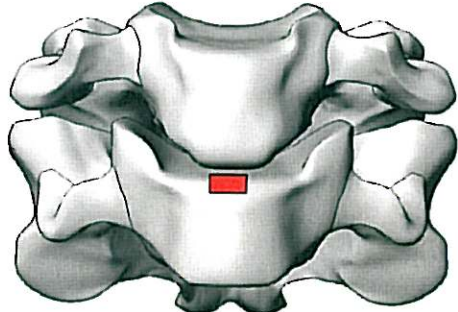
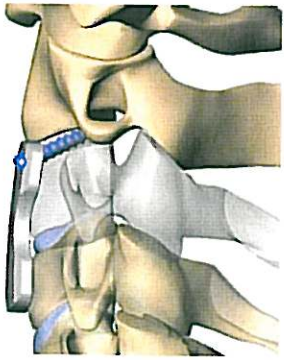
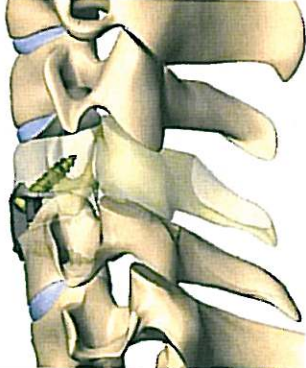
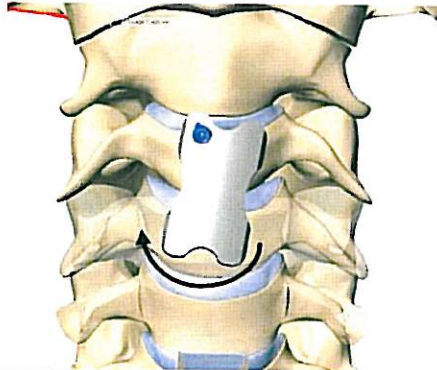
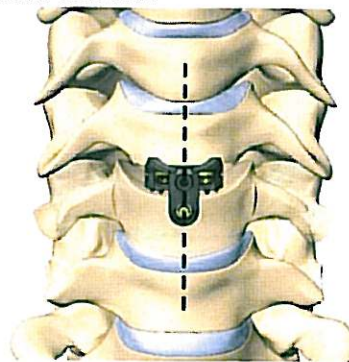


<p align="center"><b>Clinical Issues – Relative to Cervical Plates</b></p>	<p align="center"><b>InterPlate Features</b></p>
<p>Excess plate length causing adjacent level disease</p> 	<p>InterPlate is intervertebral, it <b>cannot</b> impinge on adjacent discs</p> 
<p>Complete anterior surface of spine must be gardened so the plate lays flat</p>  <p align="center">GARDENING FOR CERVICAL PLATE</p>	<p>Only the tab groove affects the anterior surface</p>  <p align="center">A NIBBLE FOR INTERPLATE</p>
<p>Intradiscal screw placement</p> 	<p>The screws are intervertebral and <b>cannot</b> be inadvertently placed into an adjacent disc</p> 

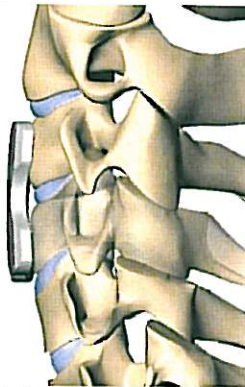
Oblique plate alignment and screw misplacement



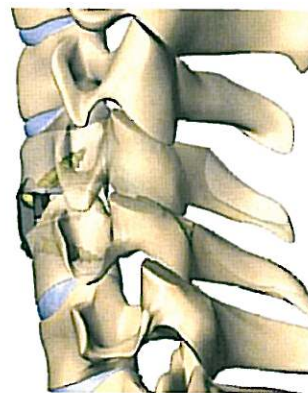
InterPlate is confined to midline of the vertebral column



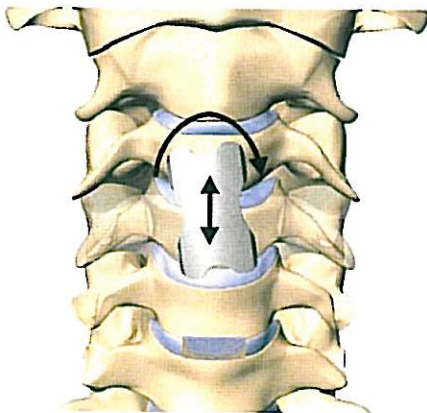
Entire plate volume is on anterior surface of spine



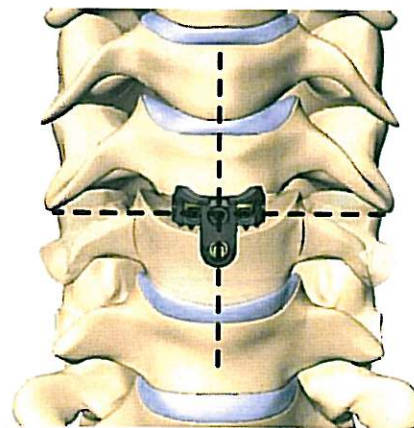
InterPlate is intervertebral



"Eyeball" placement of first two screws is critical to set plate location and orientation. Plate can move during screw placement.

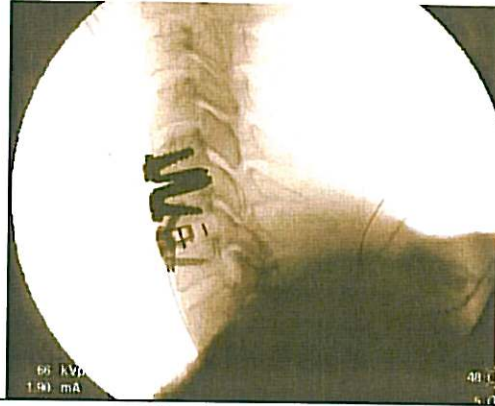


The InterPlate self-centers and is fixed between the vertebrae during screw insertion. It acts as a template for screw location.



It may not be possible to implant a plate next to existing hardware. Existing instrumentation may have to be removed to treat an adjacent level.

InterPlate may be implanted next to existing hardware.



- Alignment and gardening are time consuming
- Incision is entire length of plate
- Depending on design can stress shield
- Plates are metallic due to mechanical demands

- A small nibble and simplified alignment.
- Small incision at level treated
- Accommodates graft loading
- Radiolucent polymers are a viable option