

Capri[®]

Cervical 3D Expandable Corpectomy Cage System



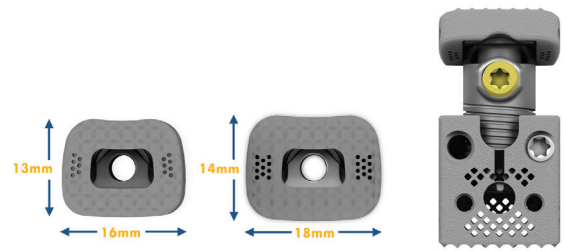
Featuring Lamellar 3D Titanium Technology

The Capri Cervical 3D Expandable Corpectomy Cage System provides an innovative, 3D-printed solution for stabilization of the spine in cases of vertebral body resections resulting from trauma or tumor. Lamellar 3D Titanium Technology incorporates 300-500 μm longitudinal channels, which in conjunction with transverse windows, create an interconnected lattice designed to allow for bony integration.^{1,2} Offered in various footprint options, this versatile system allows for in-situ height expansion and endplate angulation.

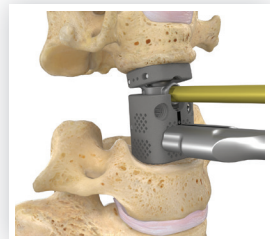
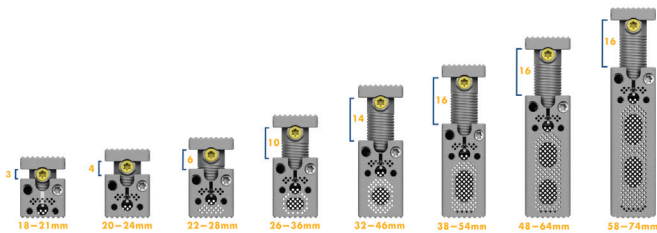
Capri Cervical 3D Expandable Corpectomy Cage System

Corpectomy cage design

- Designed for an anterior cervical approach
- Continuous in-situ adjustment is designed to allow for the corpectomy cage to be locked at the desired height and lordotic angulation within the expansion range of the implant via the locking set screw
- Roughened titanium surfaces designed to increase protein expression in contrast to smooth titanium surfaces^{3,4,5}
- Offered in 13x16mm and 14x18mm footprints

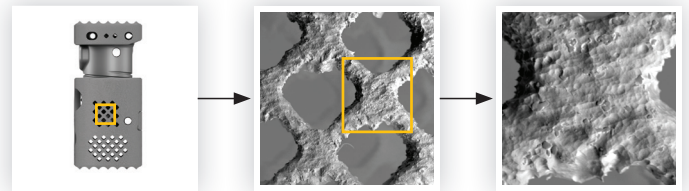


Height expansion

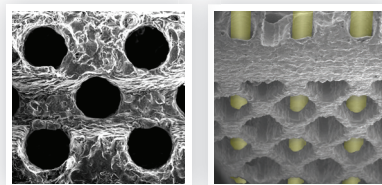


Height/Angulation Driver allows for controlled in-situ height and lordotic adjustment

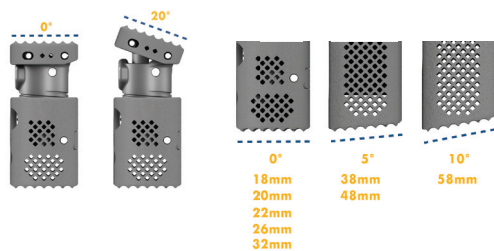
Lamellar 3D Titanium Technology



3-5 μ m surface roughness to allow for direct bony ongrowth^{1,2}



Lordosis



- Height/Angulation Driver allows for controlled in-situ endplate angulation
- Continuous adjustable endplate angulation of 0-20°
- Fixed endplate angulation of 0°, 5°, or 10°

1. Test Report TR-1220

2. Loh OL and Choong C. "Three-dimensional scaffolds for tissue-engineering applications: Role of porosity and pore size." Tissue Engineering Part B 19 (2013): 485-502.

3. Karande TS, Kaufmann JM, and Agrawal CM. "Chapter 3: Functions and Requirements of Synthetic Scaffolds in Tissue Engineering." Nanotechnology and Regenerative Engineering: The Scaffold, Second Edition. Ed. CT Laurencin and LS Nair. Boca Raton: CRC Press, 2014. Pages 63-102.

4. Bobyn JD, Pilliar RM, Cameron HU, and Weatherly GC. "The optimum pore size for the fixation of porous-surfaced metal implants by the ingrowth of bone." Clinical Orthopaedics and Related Research 150 (1980): 263-270.

5. Karageorgiou V and Kaplan D. "Porosity of 3D biomaterials scaffolds and osteogenesis." Biomaterials 26 (2005): 5474-5491.

Spine division

A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate the breadth of Stryker product offerings. A surgeon must always refer to the package insert, product label and/or instructions for use before using any Stryker product. The products depicted are CE marked according to the Medical Device Directive 93/42/EEC. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

Stryker Corporation or its divisions or other corporate affiliated entities own, use or have applied for the following trademarks or service marks: Capri, K2M, Stryker. All other trademarks are trademarks of their respective owners or holders.

CAP3DX-SS-1 24663
Copyright © 2020 Stryker



K2M, Inc.
600 Hope Parkway SE
Leesburg, VA 20175
t: 571 919 2000
www.stryker.com