

## Asymmetric Disc Distracting Cage

**R**esearchers at the University of South Florida have studied this problem and developed a superior design that promises more effective use and better surgical outcomes.

Surgeons frequently insert interbody cages in the thoracic and lumbar spine in order to re-establish stable spacing between vertebrae that has been lost due to a degenerated or collapsed disc.

The problem with existing designs is the tapered anterior edge is situated directly in the medial aspect of the cage. From an anatomical perspective, this arrangement is less than ideal, and events such as difficult insertion, end plate fracture, and nerve root injury occur at an unacceptable rate.

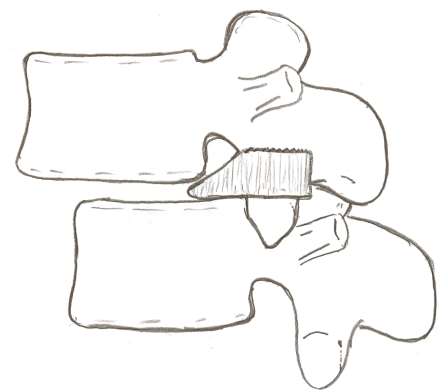
Before the cage can be placed, the subject vertebral bones must be separated, or “distracted”, in order to regain proper alignment. Currently used designs for interbody cages are tapered on the anterior edge to allow the surgeon to distract the disc space with the cage as it is inserted.

The redesigned cage has a protruding wedge that is located eccentrically on the bottom edge. In most cases, this “right triangle” shaped leading edge will allow for easier insertion and distraction, and should prevent the incidence of problems such as end plate fracture and damaged nerves.

### ADVANTAGES:

- **Cage is self-distracting**
- **Asymmetric leading edge allows for easier insertion**
- **Risk of end plate fracture and nerve root damage greatly reduced**

*Superior Interbody Cage Design Allows for Better Surgical Outcomes*



*Asymmetric Self-Distracting Cage*

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