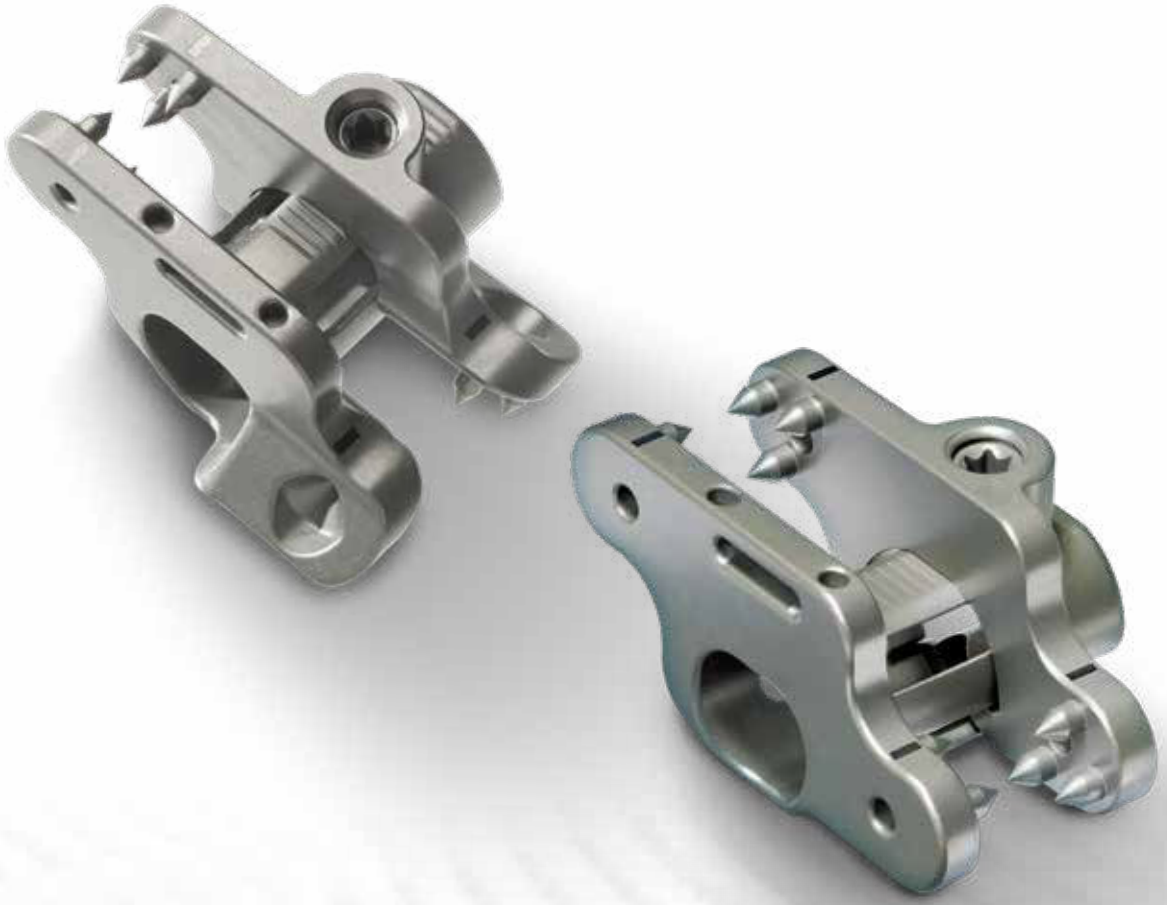
Aspen®

MIS Fusion System

The Aspen System is a less invasive alternative to pedicle screws.



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Rapid Recovery

Patients treated with the Aspen System and interbody fusion (A/LLIF) have reported robust clinical improvement early in the post-operative period, including statistically significant improvement in ODI, SF-36, and ZCQ* scores at just six weeks.[4]

Approach Your MIS Procedures With Confidence

As surgeons and patients increasingly demand minimally invasive alternatives to traditional pedicle screws, spinous process fixation has fulfilled an unmet clinical need in spinal fusion surgery. The Aspen System consists of a family of spinous process fixation devices designed for rigid, posterior fixation to promote fusion from T1 to S1.

Engineered for Performance

Proven Efficacy

- A randomized, controlled, multi-center clinical trial showed that the Aspen System could be a significantly faster and less invasive alternative to pedicle screw fixation in support of interbody fusion1
- Biomechanical testing has demonstrated comparable stability of the Aspen System to pedicle screw fixation in support of both TLIF and ALIF3,4

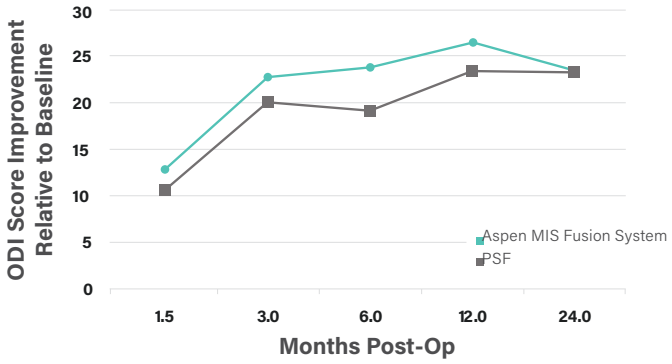
- Versatile Design
- Spiked-plate design provides reliable bony fixation under both static and fatigue loading conditions
- The Z-shape of the Aspen implant allows it to contour to patient anatomy
- Integrated load sharing central barrel can retain 0.5cc to 3.0cc of bone graft material

- Comprehensive Offering
- Includes a flared plate option with 45° angle at one end for anatomical fit for L5–S1
- Small footprint ensures easy positioning for varying patient anatomy from T1–S1
- Offset plate allows for optimal placement in the strongest bone of the spinous process

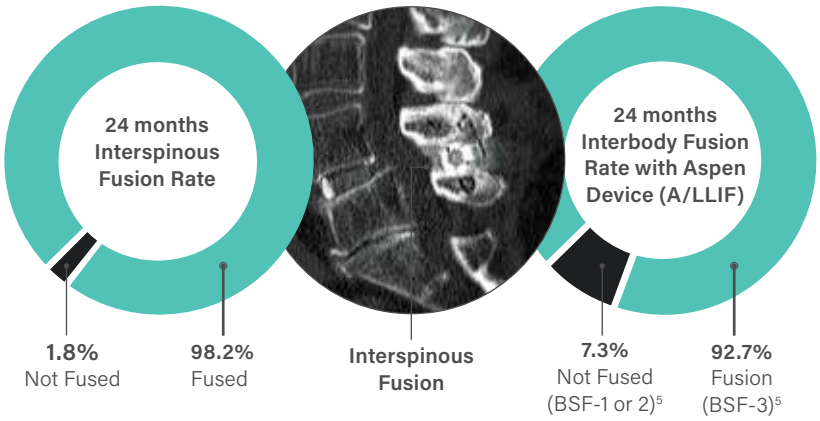
The Aspen Impact

Clinical Results[1,2]

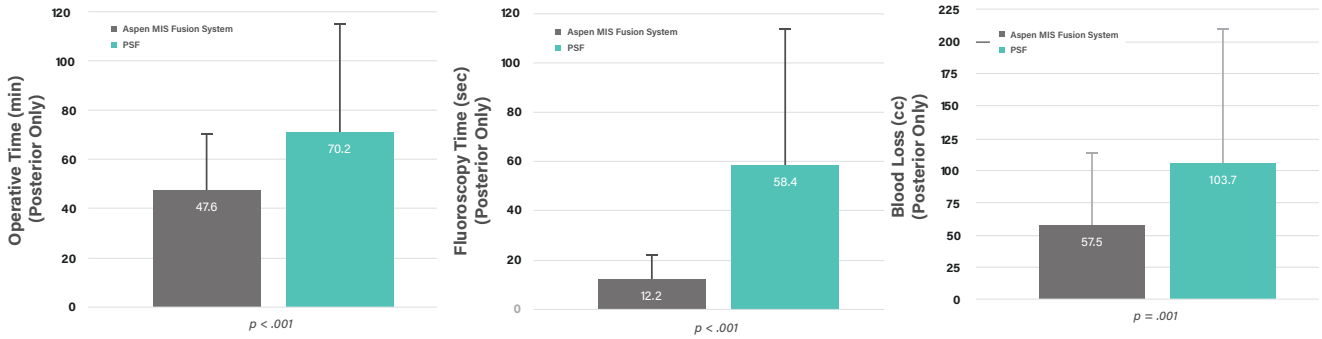
At 24 months, interspinous process fixation presents as a clinically effective adjunct to single-level interbody fusion (ALIF/LLIF).



Robot Fusion Rates[1,2]



Intraoperative Outcomes[1]



*ODI—Oswestry Disability Index; SF-36 - Short Form Health Survey; ZCQ—Zurich Claudication Questionnaire

Optimal Customization

Standard

BARREL DIAMETER	BARREL LENGTH	PLATE A/P DEPTH	PLATE LENGTH
8mm | 10mm	21mm	16mm	35mm
12mm | 14mm			(ø16=37mm;
16mm | 18mm			ø18=39mm)

Flared

BARREL DIAMETER	BARREL LENGTH	PLATE A/P DEPTH	PLATE LENGTH
8mm | 10mm	21mm	16mm	35mm
12mm | 14mm			(ø16=37mm;
16mm | 18mm			ø18=39mm)

References:

1. Kim K, et al. Interspinous Process Fixation versus Pedicle Screw Fixation in Circumferential Fusion: Outcomes from a Prospective Randomized Multi-Center Trial. North American Spine Society (NASS) Annual Meeting, Oct 2016. Boston, MA. Podium Presentation.
2 .Data on File.
3. Karahalios DG, et al. Biomechanics of a lumbar interspinous anchor with anterior lumbar interbody fusion. J Neurosurg Spine. 2010;12(4):372–380.
4. Kaibara T, et al. Biomechanics of a lumbar interspinous anchor with transforaminal lumbar interbody fusion. World Neurosurg. 2010;(73)5:572–77.
5. Fogel GR, Toohey JS, Neidre A, Brantigan JW. Fusion assessment of posterior lumbar interbody fusion using radiolucent cages: X-ray films and helical computed tomography scans compared with surgical exploration of fusion. Spine J. 2008;8:570–7.

For more information, visit highridgemedical.com

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