Jazz™ Lock
Posterior fixation system of the Spine
1- Clinical Studies
1-1 Correction efficacy

1-2 Safety


2- Preclinical Study / Biomechanic

INDICATIONS

JAZZ™ Lock is a temporary implant to be used in orthopedic surgery. JAZZ™ Lock is a bony anchor designed to provide temporary stabilization of the spine for bony fusion or consolidation of a fracture.

JAZZ™ Lock is designed for a posterior approach. The indications for use include the following applications:

- Spinal trauma surgery, used in sublaminar, interspinous or facet wiring techniques;
- Spinal reconstructive surgery, incorporated into constructs for the purpose of correction of spinal deformities such as scoliosis, kyphosis and spondylolisthesis;
- Spinal degenerative surgery, used as an adjunct to spinal fusions.
IMPLANT PACKAGING

JAZZ™ Lock is delivered in sterile packaging. The two locking parts, referred to as Connector hereinafter, are packed in a single box, the Band (or braid) is provided in separate sterile packaging.

SURGICAL APPROACH

Patient is positioned and the site prepared for a posterior approach.

CONNECTOR AND BAND PREPARATION

First, pass the distal end of the Band (metallic strip side) through the Connector from top to bottom, the Locking Insert (PEEK part) being the top part.

At this stage, it is recommended that the surgeon reviews the position of the metal buckle to facilitate ease of tensioning – see page 8 ‘Tensioner and Band Assembly and Positioning’ step.

Whether he or she decides to use the Tensioner directed cranial or caudal.
OPERATIVE TECHNIQUE

BAND PASSAGE AROUND THE ANATOMICAL STRUCTURES

The distal end of the Band must be manually pre-formed to facilitate insertion and passage beneath the laminas.

Depending on the operated level and the surgery parameters, the surgeon may choose to pass under both laminas at once, or take the intermediate step of passaging under the first lamina, then the 2nd.

Whatever the case, after passage the distal end of the braid is grasped and pulled using the Braid Puller Forceps.

SECOND PASSAGE OF THE BAND THROUGH THE CONNECTOR

The distal end of the Band must then be flattened to facilitate the second passage back through the Connector.

Flattening is an important step that will ease passage back through the Connector.

This passage is from bottom to top, i.e. through the Locking Base (titanium part) first.

CLOSING OF THE BAND

The Band is closed using the pre-mounted buckle:

1. Passing at first through the buckle being on the same side than the tip of the Band (A), from bottom to top,
2. Then passing the Band through the buckle on the opposite side of the tip of the Band (B), from top to bottom,
3. Finally passing again inside the first part of buckle (A), but this time from top to bottom.

Depending on the desired path to the Tensioner, the length of the loop is to be adjusted.
CONNECTOR POSITIONING AND LOCKING

Using the Crimper provided in the ancillary tray, position the distal end of the instrument as a cradle under the Locking Base of the Connector. Ensure that the portion of the Band emerging from the Connector is positioned in the Crimper Guide of the instrument. Make sure the Connector is fully seated in the distal end of the instrument.

Push the Connector down along the Band, as close as possible to its final position, ideally in contact with the vertebrae.

**Important!**

Slide the buckle of the Band down to about 3 cm from the implant.

Closure of the Connector can be achieved with the Crimper. Lock the Connector by firmly but progressively squeezing the Crimper handle, fully inserting the Locking Insert portion into the Locking Base.

**Important!**

Make sure the Connector is fully seated in the distal end of the instrument and that both strands of the Band pass in the Crimper Guide.
CONNECTION TO THE TENSIONER

The Stem (G) and the Straight Handle (F) can be then connected to the Tensioner.

TENSION / REDUCTION OF THE BAND

Tension and the reduction maneuvers are performed by turning the Straight Handle (F) clockwise.

The anti-backout mechanism of the Mobile Capstan Rack (B) prevents the loss of any tension/reduction. It can be released by using the Mobile Rack Trigger (A).
TENSIONER AND BAND ASSEMBLY AND POSITIONING

The three Tensioner components, JAZZ™ Lock tensioner Stem (G), Ratchet (C) and Straight Handle (F) can be assembled.

Position the distal end of the Stem (G) on the Connector Locking Base. Position both Braid strands in the Braid Guide (H) on the Stem (G). The Band loop is connected around the Capstan (D) and engaged onto the Wheel (E) at the extremity of the Ratchet (C). The Band buckle should be positioned approximately 3 cm from the Connector, in order to avoid contact with the Tensioner.

The Tensioner can be positioned with the Capstan (D) directed either cranial or caudal.

Important!
Make sure the Stem (G) fits perfectly onto the Connector.
OPERATIVE TECHNIQUE

TENSIONING

Tensioning is performed by turning the Straight Handle (F) clockwise.

To assemble the 2nd Connector on the contralateral side, repeat the entire procedure.

Tensioning of the 2nd implant can be performed alternately with the first.

BAND CUTTING

Once the desired tension of both Connectors is achieved, cut the superior part of the Band, 5 to 10 mm above the Connectors.
## REFERENCES

**IMPLANTS**

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**JAZZ™ Lock**

**JAZZ™ – Band / Braid only**
REFERENCES

INSTRUMENTS

Tensioner Generation 2
(Assembly)

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Braid Forceps

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Components

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Braid Puller Forceps

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Straight Handle

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Crimper

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Stem

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WARNINGS AND PRECAUTIONS

- Refer to the instruction leaflet about indications and contra-indications and technical specifications of the product.