


<b>DI211A-EN</b> (Rev F)	<b>HEDRON™ SPACERS</b>
12/2025    GLOBUS MEDICAL, INC. Valley Forge Business Center 2560 General Armistead Avenue Audubon, PA 19403 USA Customer Service: Phone 1-866-GLOBUS1 (OR) 1-866-456-2871 Fax 1-866-GLOBUS3 (OR) 1-866-456-2873	<b>IMPORTANT INFORMATION ON HEDRON™ SPACERS</b>

For symbols glossary, please refer to [www.globusmedical.com/eIFU](http://www.globusmedical.com/eIFU)

ENGLISH

**WITHIN THE UNITED STATES ONLY**

**IMPORTANT INFORMATION ON HEDRON™ SPACERS**

**DESCRIPTION**

HEDRON™ Cervical Spacers (HEDRON C™, HEDRON IC™, and HEDRON C-MIS™) are anterior cervical interbody fusion devices used to provide structural stability in skeletally mature individuals following discectomy. HEDRON™ Cervical Spacers are additively manufactured from titanium powder, as specified in ASTM F3001.

HEDRON C-MIS™ Spacers are integrated cervical interbody fusion devices that may be used with screws and/or anchors. Screws and anchors are manufactured from titanium alloy as specified in ASTM F136 and F1295.

HEDRON IC™ Spacers may be assembled with COALITION AGX™ Plates to create the HEDRON IC™ Plate-Spacer which is a stand-alone cervical interbody fusion device used to provide structural stability in skeletally mature individuals following discectomy. COALITION AGX™ Plates and bone screws are described in the COALITION™ device insert.

HEDRON™ Lumbar Spacers (including HEDRON A™, HEDRON L™, HEDRON P™, HEDRON RT™, and HEDRON T™) are lumbar interbody fusion devices used to provide structural stability following discectomy. Each HEDRON™ spacer has a different shape to accommodate various surgical approaches to the spine. HEDRON L™ Spacers are inserted using an anterior, anterolateral, or lateral approach; HEDRON A™ anterior or anterolateral; HEDRON P™ and HEDRON RT™ posterior or transforaminal; and HEDRON T™ transforaminal. All approaches may be used in the lumbar spine; only anterior, anterolateral, or lateral approaches may be used in the thoracic spine.

HEDRON IA™ Integrated Lumbar Spacers are integrated anterior lumbar interbody fusion devices used to provide structural stability in skeletally mature individuals following discectomy. HEDRON IA™ Spacers may be used with screws and/or anchors.

HEDRON™ Lumbar Spacers are additively manufactured from titanium powder, as specified in ASTM F3001. Screws and anchors are manufactured from titanium alloy, as specified in ASTM F136 and F1295, and are available with or without hydroxyapatite (HA) coating, as specified in ASTM F1185. Locking screws are manufactured from cobalt chromium alloy, as specified in ASTM F1537.

**INDICATIONS**

HEDRON C™ Spacers and HEDRON IC™ Spacers are interbody fusion devices indicated at one or more levels of the cervical spine (C2-T1) in patients with cervical disc disease, instability, trauma including fractures, deformity defined as kyphosis, lordosis, or scoliosis, cervical spondylotic myelopathy, spinal stenosis, and failed previous fusion. Cervical disc disease is defined as intractable radiculopathy and/or myelopathy with herniated disc and/or osteophyte formation on posterior vertebral endplates producing symptomatic nerve root and/or spinal cord compression confirmed by radiographic studies. These patients should be skeletally mature and have had at least six (6) weeks of non-operative treatment.

HEDRON C™ Spacers and HEDRON IC™ Spacers are intended to be used with supplemental fixation, such as an anterior cervical plate or posterior cervical fixation.

When the HEDRON IC™ Spacer is used with the COALITION AGX™ Plate, the plate-spacer assembly (HEDRON IC™ Plate-Spacer) is a stand-alone device intended for use at one or two levels of the cervical spine (C2-T1) in patients with cervical disc disease, instability, trauma including fractures, deformity defined as kyphosis, lordosis, or scoliosis, cervical spondylotic myelopathy, spinal stenosis, and failed previous fusion. These devices are to be used with two titanium alloy screws which accompany the implant. Hyperlordotic implants ( $\geq 20^\circ$ ) must be used with supplemental fixation in addition to the two screws.

HEDRON C-MIS™ Spacer is an integrated interbody fusion device intended for use at one or two levels of the cervical spine (C2-T1) in patients with cervical disc disease, instability, trauma including fractures, deformity defined as kyphosis, lordosis, or scoliosis, cervical spondylotic myelopathy, spinal stenosis, and failed previous fusion. These devices are intended to be used with or without two screws and/or anchors which accompany the implants. When used with two screws, these devices are intended for stand-alone use at one or two levels. When used with one or more anchors, these devices are intended for use at one level of the cervical spine (C2-T1) with additional supplemental fixation, such as an

anterior cervical plate or posterior cervical screw fixation. Hyperlordotic implants ( $\geq 20^\circ$ ) must be used with supplemental fixation in addition to the two screws or anchors.

HEDRON™ Cervical Spacers are to be filled with autograft bone and/or allogenic bone graft composed of cancellous, cortical, and/or corticocancellous bone or a bone void filler as cleared by the FDA for use in intervertebral body fusion to facilitate fusion.

HEDRON™ Lumbar Spacers (HEDRON A™, HEDRON L™, HEDRON P™, HEDRON T™, and HEDRON RT™) are lumbar interbody fusion devices indicated at one or more levels of the thoracic spine (T1-T12), thoracolumbar junction (T12-L1), or lumbosacral spine (L1-S1) as an adjunct to fusion in patients with the following indications: degenerative disc disease (DDD), disc herniation (with myelopathy and/or radiculopathy), spondyloolsthesis, deformity (degenerative scoliosis or kyphosis), spinal stenosis, and failed previous fusion (pseudarthrosis). DDD is defined as discogenic back pain with degeneration of the disc as confirmed by history and radiographic studies. These patients should be skeletally mature and have had at least six (6) months of non-operative treatment. HEDRON™ Spacers are to be filled with autograft bone and/or allogenic bone graft composed of cancellous and/or corticocancellous bone. These devices are intended to be used with supplemental fixation systems that have been cleared for use in the thoracolumbosacral spine (e.g., posterior pedicle screw and rod systems, anterior plate systems, and anterior screw and rod systems). Hyperlordotic interbody devices ( $\geq 20^\circ$  lordosis) must be used with at least anterior supplemental fixation.

HEDRON IA™ Integrated Lumbar Spacers are integrated lumbar interbody fusion devices indicated for use at one or more levels of the lumbosacral spine (L1-S1), as an adjunct to fusion in patients with the following indications: degenerative disc disease (DDD), disc herniation (with myelopathy and/or radiculopathy), spondyloolsthesis, deformity (degenerative scoliosis or kyphosis), spinal stenosis, and failed previous fusion (pseudarthrosis). DDD is defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies. These patients should be skeletally mature and have had at least six (6) months of non-operative treatment. These devices are intended to be used with or without three screws and/or anchors which accompany the implants. These devices are intended for use with supplemental fixation (e.g. facet screws or posterior fixation). In addition, these devices are intended for stand-alone use in patients with DDD at one or two levels only when  $< 25^\circ$  lordotic implants are used with three screws per implant. HEDRON IA™ Spacers are to be filled with autograft bone and/or allogenic bone graft composed of cancellous and/or corticocancellous bone.

**WARNINGS**

One of the potential risks identified with this system is death. Other potential risks which may require additional surgery, include:

- device component fracture,
- loss of fixation,
- non-union,
- fracture of the vertebrae,
- neurological injury, and
- vascular or visceral injury.

Certain degenerative diseases or underlying physiological conditions such as diabetes, rheumatoid arthritis, or osteoporosis may alter the healing process, thereby increasing the risk of implant breakage or spinal fracture.

Patients with previous spinal surgery at the involved level(s) to be treated may have different clinical outcomes compared to those without previous surgery.

Components of this system should not be used with components of any other system or manufacturer.

The components of this system are manufactured from titanium alloy and cobalt chromium alloy. Mixing of stainless steel implant components with different materials is not recommended for metallurgical, mechanical, and functional reasons.

These warnings do not include all adverse effects that could occur with surgery in general, but are important considerations particular to orthopedic implants. General surgical risks should be explained to the patient prior to surgery.

Use this device as supplied and in accordance with the handling and use information provided below.

**PRECAUTIONS**

The implantation of intervertebral fusion devices should be performed only by experienced spinal surgeons with specific training in the use of this system because this is a technically demanding procedure presenting a risk of serious injury to the patient. Preoperative planning and patient anatomy should be considered when selecting implant size.

Surgical implants must never be reused. An explanted implant must never be reimplanted. Even though the device may appear undamaged, it may have small defects and internal stress patterns which could lead to breakage.

Adequately instruct the patient. Mental or physical impairment which compromises or prevents a patient's ability to comply with necessary limitations or precautions may place that patient at a particular risk during postoperative rehabilitation.

For optimal implant performance, the surgeon should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc. which may impact the performance of the system.

**MRI SAFETY INFORMATION**



The HEDRON™ Spacers are MR Conditional. A patient with this device can be safely scanned in an MR system meeting the following conditions:

- Static magnetic field of 1.5 Tesla and 3.0 Tesla only
- Maximum spatial field gradient of 3,000 gauss/cm (30 T/m) or less
- Maximum MR system reported, whole body averaged specific absorption rate (SAR) of 1 W/kg

Under the scan conditions defined above, the HEDRON™ Spacers are expected to produce a maximum temperature rise of less than or equal to 3.9°C after 15 minutes of continuous scanning.

The image artifact caused by the device is not expected to extend beyond 35mm from the device when imaged with a gradient echo pulse sequence and a 3.0 Tesla MRI system.

## CONTRAINDICATIONS

Use of these devices is contraindicated in patients with the following conditions:

- Active systemic infection, infection localized to the site of the proposed implantation, or when the patient has a suspected or documented allergy, foreign body sensitivity, or known intolerance to any of the implant materials.
- Signs of local inflammation.
- Prior fusion at the level(s) to be treated.
- Severe osteoporosis, which may prevent adequate fixation.
- Conditions that may place excessive stresses on bone and implants, such as severe obesity or degenerative diseases, are relative contraindications. The decision whether to use these devices in such conditions must be made by the physician taking into account the risk versus the benefits to the patient.
- Patients whose activity, mental capacity, mental illness, alcoholism, drug abuse, occupation, or lifestyle may interfere with their ability to follow postoperative restrictions and who may place undue stresses on the implant during bony healing and may be at a higher risk of implant failure.
- Any patient not willing to cooperate with postoperative instructions.
- Any condition not described in the indications for use.
- Fever or leukocytosis.
- Morbid obesity.
- Pregnancy.
- Mental illness.
- Any other condition that would preclude the potential benefit of spinal implant surgery, such as the presence of tumors or congenital abnormalities, fracture local to the operating site, elevation of sedimentation rate unexplained by other diseases, elevations of the white blood count (WBC), or a marked left shift in the WBC differential count.
- Suspected or documented allergy or intolerance to composite materials.
- Any case not needing a fusion.
- Patients with a known hereditary or acquired bone friability or calcification problem should not be considered for this type of surgery.
- These devices must not be used for pediatric cases or where the patient still has general skeletal growth.
- Spondylolisthesis unable to be reduced to Grade 1.
- Any case where the implant components selected for used would be too large or too small to achieve a successful result.
- Any case that requires the mixing of metals from two different components or systems.
- Any patient having inadequate tissue coverage at the operative site or inadequate bone stock or quality.
- Any patient in which implant utilization would interfere with anatomical structures or expected physiological performance.

## COMPLICATIONS AND POSSIBLE ADVERSE EVENTS

Prior to surgery, patients should be made aware of the following possible adverse effects in addition to the potential need for additional surgery to correct these effects:

- Loosening, bending or breakage of components
- Displacement/migration of device components
- Tissue sensitivity to implant material
- Potential for skin breakdown and/or wound complications
- Non-union or delayed union or mal-union
- Infection
- Nerve damage, including loss of neurological function (sensory and/or motor), paralysis, dysesthesia, hyperesthesia, paresthesia, radiculopathy, reflex deficit, cauda equina syndrome
- Dural tears, cerebral spinal fluid leakage
- Fracture of vertebrae
- Foreign body reaction (allergic) to components or debris
- Vascular or visceral injury
- Change in spinal curvature, loss of correction, height and/or reduction
- Urinary retention or loss of bladder control or other types of disorders of the urogenital system
- Ileus, gastritis, bowel obstruction or other types of gastrointestinal system compromise
- Reproductive system compromise including impotence, sterility, loss of consortium and sexual dysfunction.
- Pain or discomfort
- Bursitis
- Decrease in bone density due to stress shielding
- Loss of bone or fracture of bone above or below the level of surgery
- Bone graft donor site pain, fracture, and/or delayed wound healing
- Restriction of activities
- Lack of effective treatment of symptoms for which surgery was intended
- Need for additional surgical intervention
- Death

## PACKAGING

These implants may be supplied pre-packaged and sterile, using gamma irradiation. The integrity of the sterile packaging should be checked to ensure that sterility of the contents is

not compromised. Packaging should be carefully checked for completeness and all components should be carefully checked to ensure that there is no damage prior to use. Damaged packages or products should not be used, and should be returned to Globus Medical. During surgery, after the correct size has been determined, remove the products from the packaging using aseptic technique.

The locking screws and instrument sets are provided nonsterile and are steam sterilized prior to use, as described in the STERILIZATION section below. Following use or exposure to soil, instruments must be cleaned, as described in the CLEANING section below.

## HANDLING AND USE

All instruments and implants should be treated with care. Improper use or handling may lead to damage and/or possible malfunction. Products should be checked to ensure that they are in working order prior to surgery. All products should be inspected prior to use to ensure that there is no unacceptable deterioration such as corrosion (i.e. rust, pitting), discoloration, excessive scratches, notches, debris, residue, flaking, wear, cracks, cracked seals, etc. Non-working or damaged instruments should not be used, and should be returned to Globus Medical.

Implants are single use devices and should not be cleaned. Re-cleaning of single use implants might lead to mechanical failure and/or material degradation. Discard any implants that may have been accidentally contaminated.

## CLEANING

All instruments that can be disassembled must be disassembled for cleaning. All handles must be detached. Instruments may be reassembled following sterilization. The instruments should be cleaned using neutral cleaners before sterilization and introduction into a sterile surgical field or (if applicable) return of the product to Globus Medical.

Cleaning and disinfecting of instruments can be performed with aldehyde-free solvents at higher temperatures. Cleaning and decontamination must include the use of neutral cleaners followed by a deionized water rinse. Note: certain cleaning solutions such as those containing formalin, glutaraldehyde, bleach and/or other alkaline cleaners may damage some devices, particularly instruments; these solutions should not be used.

The following cleaning methods should be observed when cleaning instruments after use or exposure to soil, and prior to sterilization:

1. Immediately following use, ensure that the instruments are wiped down to remove all visible soil and kept from drying by submerging or covering with a wet towel.
2. Disassemble all instruments that can be disassembled.
3. Rinse the instruments under running tap water to remove all visible soil. Flush the lumens a minimum of 3 times, until the lumens flush clean.
4. Prepare Enzo<sup>®</sup> (or a similar enzymatic detergent) per manufacturer's recommendations.
5. Immerse the instruments in the detergent and allow them to soak for a minimum of 2 minutes.
6. Use a soft bristled brush to thoroughly clean the instruments. Use a pipe cleaner for any lumens. Pay close attention to hard to reach areas.
7. Using a sterile syringe, draw up the enzymatic detergent solution. Flush any lumens and hard to reach areas until no soil is seen exiting the area.
8. Remove the instruments from the detergent and rinse them in running warm tap water.
9. Prepare Enzo<sup>®</sup> (or a similar enzymatic detergent) per manufacturer's recommendations in an ultrasonic cleaner.
10. Completely immerse the instruments in the ultrasonic cleaner and ensure detergent is in lumens by flushing the lumens. Sonicate for a minimum of 3 minutes.
11. Remove the instruments from the detergent and rinse them in running deionized water or reverse osmosis water for a minimum of 2 minutes.
12. Dry instruments using a clean soft cloth and filtered pressurized air.
13. Visually inspect each instrument for visible soil. If visible soil is present, then repeat cleaning process starting with Step 3.

## CONTACT INFORMATION

Globus Medical may be contacted at 1-866-GLOBUS1 (456-2871). A surgical technique manual may be obtained by contacting Globus Medical.

## STERILIZATION

These implants are available sterile and instruments are nonsterile.

Sterile implants are sterilized by gamma radiation, validated to ensure a Sterility Assurance Level (SAL) of 10<sup>-6</sup>. Sterile products are packaged in a thermoplastic polyurethane pouch inside a PETG tray with a heat-sealed Tyvek lid or a poly/ Tyvek pouch. The expiration date is provided in the package label. These products are considered sterile unless the packaging has been opened or damaged. Sterile implants meet pyrogen limit specifications.

Nonsterile instruments have been validated to ensure an SAL of 10<sup>-6</sup>. The use of an FDA-cleared wrap is recommended, per the Association for the Advancement of Medical Instrumentation (AAMI) ST79, *Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities*. It is the end user's responsibility to use only sterilizers and accessories (such as sterilization wraps, sterilization pouches, chemical indicators, biological indicators, and sterilization cassettes) that have been cleared by the FDA for the selected sterilization cycle specifications (time and temperature).

When using a rigid sterilization container, the following must be taken into consideration for proper sterilization of Globus devices and loaded graphic cases:

- Recommended sterilization parameters are listed in the table below.
- Only FDA-cleared rigid sterilization containers for use with pre-vacuum steam sterilization may be used.
- When selecting a rigid sterilization container, it must have a minimum filter area of 176 in<sup>2</sup> total, or a minimum of four (4) 7.5in diameter filters.

- No more than one (1) loaded graphic case or its contents can be placed directly into a rigid sterilization container.
- Stand-alone modules/racks or single devices must be placed, without stacking, in a container basket to ensure optimal ventilation.
- The rigid sterilization container manufacturer's instructions for use are to be followed; if questions arise, contact the manufacturer of the specific container for guidance.
- Refer to AAMI ST79 for additional information concerning the use of rigid sterilization containers.

For instruments provided NONSTERILE, sterilization is recommended (wrapped or containerized) as follows:

Method	Cycle Type	Temperature	Exposure Time	Drying Time
Steam	Pre-vacuum	132°C (270°F)	4 minutes	30 minutes
Steam	Pre-vacuum	134°C (273°F)	3 minutes	30 minutes

*These parameters are validated to sterilize only this device. If other products are added to the sterilizer, the recommended parameters are not valid and new cycle parameters must be established by the user. The sterilizer must be properly installed, maintained, and calibrated. Ongoing testing must be performed to confirm inactivation of all forms of viable microorganisms.*

**CAUTION:** Federal (U.S.A.) Law Restricts this Device to Sale by or on the Order of a Physician.