

<b>DI107B-EN</b> (Rev J)	<b>REVERE™ STABILIZATION SYSTEM</b>	
<p>04/2025</p>  <p><b>GLOBUS MEDICAL, INC.</b> 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</p>	<p><b>IMPORTANT INFORMATION ON THE REVERE™ STABILIZATION SYSTEM</b></p> <p><b>EC/REP:</b> AJW Technology Consulting GmbH Breite Straße 3 40213 Düsseldorf, Germany</p> <p><b>CH/REP:</b> AJW Technology Consulting GmbH Kreuzplatz 2, 8032 Zurich, Switzerland</p>	<p><b>AUSTRALIA SPONSOR:</b> GLOBUS MEDICAL AUSTRALIA PTY LIMITED, Unit 9/5-7 Inglewood Place Baukham Hills NSW 2153, Australia</p> <p> 0297 </p>

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

**ENGLISH**

**OUTSIDE THE UNITED STATES ONLY**

**IMPORTANT INFORMATION ON THE REVERE™ STABILIZATION SYSTEM**

**DESCRIPTION**

The REVERE™ Stabilization System consists of rods, hooks, monoaxial screws, uniplanar screws, polyaxial screws, reduction screws, locking caps, t-connectors, offset housing clamps, head offset connectors, trans iliac connectors, sacral and sacral-iliac plates, staples and staple plates, and associated manual surgical instruments. Screws and rods are available in a variety of sizes to accommodate individual patient anatomy. REVERE™ implants mate with 5.5mm diameter rods; REVERE™ 6.35 implants mate with 6.35mm diameter rods. Implant components can be rigidly locked into a variety of configurations for the individual patient and surgical condition. Polyaxial screws, hooks, and t-connectors are intended for posterior use only. Staples and staple plates are intended for anterior use only. Rods and monoaxial screws may be used anteriorly or posteriorly. Locking caps are used to connect screws or hooks to the rod, trans-iliac connectors and sacral-iliac plates.

The most common use of this screw, hook, and rod system in the posterior thoracolumbar and sacral spine is two rods, each positioned and attached lateral to the spinous process via pedicle screws and/or lamina, pedicle or transverse process hooks.

The most common use of this screw, hook, and rod system in the anterior thoracolumbar spine is one rod, positioned and attached to the vertebral bodies via monoaxial screws through an appropriate size staple.

Screws and hooks attach to the rods using a locking cap with an inner set screw. The size and number of screws are dependent on the length and location of the rod. Screws are inserted into a pedicle of the thoracolumbar and/or sacral spine. The type and number of hooks are also dependent on the location in the spine needing correction and/or stabilization. Hooks are attached to the laminae, pedicles, or transverse process of the posterior spine.

T-connectors are modular components designed to connect the two rods of a construct and act as a structural cross member. The rod-clamping set screws secure the t-connectors to the rods. Additional set screws secure the adjustable cross members at the desired length. T-connectors from the PROTEX™ system may be used with 6.5mm, 6.0mm or 5.5mm rod systems. REVERE™ t-connectors may only be used with 5.5mm rods; REVERE™ 6.35 t-connectors may only be used with 6.35mm rods. Additional connectors may be used to connect two rods, and are also secured using set screws.

REVERE™ hooks and t-connectors, and 5.5mm or 6.35mm diameter rods may be used with the BEACON™ Stabilization System.

REVERE™ screws and locking caps may be used with the TRANSITION™ Stabilization System. Specifically, REVERE™ polyaxial (solid, cannulated and dual outer diameter) screws and monoaxial screws 6.5mm diameter and larger, and 35mm length and larger, may be used with the TRANSITION™ implant assemblies.

The rods are composed of titanium alloy, commercially pure titanium, cobalt chromium molybdenum alloy, or stainless steel, as specified in ASTM F136, F1295, F1472, F67, F1537 and F138. All other REVERE™ implants are composed of titanium alloy or stainless steel, as specified in ASTM F136, F1295, and F138. The screws are available with or without hydroxyapatite (HA) coating, as specified in ASTM F1185. Due to the risk of galvanic corrosion following implantation, stainless steel implants should not be connected to titanium, titanium alloy, or cobalt chromium molybdenum.

**INDICATIONS**

The REVERE™ Stabilization System, when used as a posterior pedicle screw system, is intended to provide immobilization and stabilization of spinal segments in skeletally mature patients as an adjunct to fusion in the treatment of the following acute and chronic instabilities or deformities of the thoracic, lumbar and sacral spine: degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies), degenerative spondylolisthesis with objective evidence of neurologic impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor, pseudoarthrosis and failed previous fusion.

In addition, the REVERE™ Stabilization System is intended for treatment of severe spondylolisthesis (Grades 3 and 4) of the L5-S1 vertebra in skeletally mature patients receiving fusion by autogenous bone graft, having implants attached to the lumbosacral spine and/or ilium with removal of the implants after attainment of a solid fusion. Levels of pedicle screw fixation for these patients are L3-sacrum/ilium.

When used as a posterior non-pedicle screw fixation system, the REVERE™ Stabilization System is intended for the treatment of degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies), spinal stenosis, spondylolisthesis, spinal deformities (i.e. scoliosis, kyphosis, and/or lordosis, Scheuermann's disease), fracture, pseudoarthrosis, tumor resection, and/or failed previous fusion. Overall levels of fixation are T1-sacrum/ilium.

When used as an anterolateral thoracolumbar system, the REVERE™ Stabilization System is intended for anterolateral screw (with or without staples or staple plates) fixation for the following indications: degenerative disc disease (defined as discogenic back pain with degeneration of the disc confirmed by history and radiographic studies), spinal stenosis, spondylolisthesis, spinal deformities (i.e. scoliosis, kyphosis, and/or lordosis), fracture or dislocation of the thoracolumbar spine, pseudoarthrosis, tumor resection, and/or failed previous fusion. Levels of screw fixation are T8-L5.

**WARNINGS**

The safety and effectiveness of pedicle screw spinal systems have been established only for spinal conditions with significant mechanical instability or deformity requiring fusion with instrumentation. These conditions are significant mechanical instability or deformity of the thoracic, lumbar, and sacral spine secondary to degenerative disc disease, degenerative spondylolisthesis with objective evidence of neurologic impairment, fracture, dislocation, scoliosis, kyphosis, spinal tumor and failed previous fusion (pseudoarthrosis). The safety and effectiveness of these devices for any other conditions are unknown.

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.

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

The components of this system are manufactured from titanium alloy, commercially pure titanium, stainless steel and cobalt chromium molybdenum 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 which 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.

**PRECAUTIONS**

The implantation of screw, hook and rod systems should be performed only by experienced spinal surgeons 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 screw diameter and length, and hook size.

The REVERE™ Stabilization System includes 5.5mm REVERE™ implants intended for use with a 5.5mm rod and REVERE™ 6.35 implants intended for use with a 6.35mm rod.

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

Based on fatigue testing results, when using the REVERE™ Stabilization System, the surgeon should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc., which may impact on the performance of this system.

**CONTRAINDICATIONS**

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

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

Factors such as the patient's weight, activity level, and adherence to weight bearing or load bearing instructions have an effect on the stresses to which the implant is subjected.

**PACKAGING**

REVERE™ implants and instruments 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 implants from the packaging using aseptic technique.

The instruments may be provided non-sterile 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

All instruments and implants should be treated with care. Improper use or handling may lead to damage and/or possible malfunction. Instruments should be checked to ensure that they are in working order prior to surgery.

## 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

REVERE<sup>™</sup> implants and instruments are provided sterile or nonsterile. HA-coated implants are only available sterile.

REVERE<sup>™</sup> sterile implants and instruments are sterilized by gamma radiation, validated to ensure a Sterility Assurance Level (SAL) of  $10^{-6}$ . Sterile products are packaged in a heat sealed double pouch or container/pouch. The expiration date is provided on the package label. These products are considered sterile unless the packaging has been opened or damaged.

Nonsterile REVERE<sup>™</sup> implants and instruments have been validated to ensure SAL of  $10^{-6}$ . 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 REVERE<sup>™</sup> implants and 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

For REVERE<sup>™</sup> implants and instruments provided NONSTERILE in REVERE<sup>™</sup> ADDITION<sup>™</sup> Graphic Cases and Trays, sterilization is recommended (wrapped only) as follows:

Method	Cycle Type	Temperature	Exposure Time	Drying Time
Steam	Pre-vacuum	132°C (270°F)	4 minutes	70 minutes + 30 minute cooling time

*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 autoclave must be properly installed, maintained, and calibrated. Ongoing testing must be performed to confirm inactivation of all forms of viable microorganisms..*