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| DI206B-EN (Rev D) | AERIAL™ INTERSPINOUS FIXATION | |
| <p>08/2025</p>  <p>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</p> | <p>IMPORTANT INFORMATION ON AERIAL™ INTERSPINOUS FIXATION</p> <p>[CE REP]: AJW Technology Consulting GmbH Breite Straße 3 40213 Düsseldorf, Germany</p> <p>[CH REP]: AJW Technology Consulting GmbH Kreuzplatz 2, 8032 Zurich, Switzerland</p> | <p>AUSTRALIA SPONSOR: 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

ENGLISH

OUTSIDE THE UNITED STATES ONLY

IMPORTANT INFORMATION ON AERIAL™ INTERSPINOUS FIXATION

DESCRIPTION

AERIAL™ Interspinous Fixation is an expandable non-cervical interspinous fixation device that is used to provide supplemental stabilization of spinal segments to support fusion. The components are available in a range of sizes to fit the anatomical needs of a variety of patients. AERIAL™ implants are composed of titanium alloy (per ASTM F136), cobalt chrome (per ASTM F1537), and PEEK radiolucent polymer (per ASTM F2026).

INDICATIONS

The AERIAL™ Interspinous Fixation is a posterior non-pedicle supplemental fixation device, intended for use in the non-cervical spine (T1-S1). It is intended for plate fixation/attachment to the spinous processes for the purpose of achieving supplemental fusion in the following conditions: degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies), spondylolisthesis, trauma (i.e., fracture or dislocation), and/or tumor.

WARNINGS

This device is not intended for screw attachment or fixation to the posterior elements (pedicles) of the cervical, thoracic, or lumbar spine.

The safety and effectiveness of AERIAL™ has not been established for spinal indications beyond those stated in the Indications section.

PRECAUTIONS

Implantation of these devices should be performed only by experienced spinal surgeons with specific training in the use of the system due to a risk of serious injury to the patient. Preoperative planning and patient anatomy should be considered when selecting implants.

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

Extreme caution should be used around the spinal cord and nerve roots. Damage to the nerves will cause loss of neurological functions. Whenever possible or necessary, an imaging system should be utilized to facilitate surgery.

Correct handling of the implant is extremely important. The operating surgeon should avoid any notching or scratching of the device. The implants should not be contoured as this may create stress patterns which could lead to breakage or may disrupt implant function.

Implants can loosen, fracture, corrode, migrate, cause pain, or stress shield bone even after fusion occurs, particularly in young, active patients. While the surgeon must have the final decision on implant removal, we recommend that whenever possible and practical for the individual patient, fixation devices should be removed once their service as an aid to healing is accomplished. Implant removal should be followed by adequate postoperative management.

Correct selection of the implant is extremely important. The potential for surgical success is increased by the selection of the proper size, shape and design of the implant. While proper selection can minimize risks, size and shape of human bones present limitations on the size and strength of implants. Internal fixation devices cannot withstand the activity levels and/or loads equal to those placed on normal, healthy bone. These devices are not designed to withstand the unsupported stress of full weight or load-bearing.

When using the device, the surgeon should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc., which may impact the performance of this system.

The patient must be adequately instructed as to the risks and limitations of this system, and should be supplied with post-operative care and management instructions. Postoperative

care and patient activity must be planned in such away as to avoid excess loading of the spinal column. Excessive loads or delayed or non-union may result in implant failure. The patient should be advised that non-compliance with post-operative instructions could lead to poor results, including implant failure.

Patients who smoke have been shown to have an increased incidence of non-union or pseudarthrosis. These patients should be informed of this increased risk and counseled to discontinue tobacco use prior to and immediately after surgery.

Due to the risk of galvanic corrosion following implantation, stainless steel implants should not be used in conjunction with titanium or titanium alloy implants. AERIAL™ implants should not be connected to components of other systems or manufacturers.

CONTRAINDICATIONS

The contraindications include, but are not limited to: Active infectious process or significant risk of infection (immunocompromise); local inflammation, fever, or leukocytosis, morbid obesity; pregnancy; mental illness; distorted anatomy caused by congenital abnormalities; any medical or surgical condition which would preclude the potential benefit of spinal implant surgery, such as the presence of tumors or congenital abnormalities; rapid joint disease, bone absorption osteopenia, and/or osteoporosis; suspected or documented material allergy or intolerance; incompetent or missing posterior arch (e.g. laminectomy, pars defect, severe osteoporosis); any case where metals must be mixed from different components; any case where the implant components selected for use would be too large or too small to achieve a successful result; any case where fracture healing is not required; any patient in which implant utilization would interfere with anatomical structures or expected physiological performance; any patient unwilling to follow post-operative instructions; any case not described in the indications.

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.

MRI SAFETY INFORMATION



The AERIAL™ Interspinous Fixation is 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 specified absorption rate (SAR) of 1 W/kg

Under the scan conditions define above, the AERIAL™ Interspinous Fixation is 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.

PACKAGING

These implants and instruments are provided nonsterile and steam sterilized prior to use, as described in the STERILIZATION section below. Following use or exposure to soil, instruments and instrument trays and cases 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.

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

Instruments should be cleaned separately from instrument trays and cases. Lids should be removed from cases for the cleaning process, if applicable. All instruments that can be disassembled must be disassembled for cleaning. All handles must be detached. Instruments may be reassembled following sterilization. The products 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 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 and instrument trays and cases 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[®] (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[®] (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 and instruments are available nonsterile.

Nonsterile implants and instruments have been validated to ensure an SAL of 10⁻⁶. The use of a 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 are designed for the selected sterilization cycle specifications (time and temperature). Sterile implants meet pyrogen limit specifications.

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 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 in² 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 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 |

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.