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| DI233A-EN (Rev A) | SCRIPT™ IMPLANT SYSTEM | |
| 05/2026  GLOBUS M E D I C A L 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 | IMPORTANT INFORMATION ON SCRIPT™ IMPLANT SYSTEM | |

For symbols glossary, please refer to www.globusmedical.com/eIFU

ENGLISH

WITHIN THE UNITED STATES ONLY

IMPORTANT INFORMATION ON SCRIPT™ IMPLANT SYSTEM

DESCRIPTION

The SCRIPT™ Implant System consists of Lumbar Spacers which are designed with patient-matched endplate topography to accommodate varying patient anatomy. SCRIPT™ Lumbar Spacers are thoracolumbar interbody fusion devices used to provide structural stability in skeletally mature individuals following discectomy, offered in static, static integrated and expandable designs. Static SCRIPT™ spacers include SCRIPT™ TLIF, SCRIPT™ TLIF-A, SCRIPT™ ALIF, and SCRIPT™ XLIF™. Static integrated spacers include SCRIPT™ ALIF IA, and may be used with screws and/or anchors. Expandable spacers include SCRIPT™ TLIF EX and SCRIPT™ XLIF™ EX. Each SCRIPT™ spacer has a different shape to accommodate various surgical approaches to the spine. SCRIPT™ TLIF and SCRIPT™ TLIF EX are inserted using a posterior or transforaminal approach; SCRIPT™ TLIF-A transforaminal; SCRIPT™ ALIF anterior or anterolateral; SCRIPT™ ALIF IA anterior; and SCRIPT™ XLIF™ and SCRIPT™ XLIF™ EX lateral, anterolateral, or anterior approach. All approaches may be used in the lumbar spine; only anterior, anterolateral, or lateral approaches may be used in the thoracic spine.

Static and static integrated SCRIPT™ Spacers are additively manufactured from titanium powder, as specified in ASTM F3001. Expandable SCRIPT™ Spacers are manufactured from titanium alloy, as specified in ASTM F136 and F1295; the endplates are additively manufactured from titanium alloy powder as specified in ASTM F3001 and an internal component is manufactured from radiolucent PEEK polymer, as specified in ASTM F2026. The drive screw is manufactured from cobalt chromium alloy, as specified in ASTM F1537 or titanium alloy, as specified in ASTM F136. Screws and anchors used with SCRIPT™ ALIF IA 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.

INDICATIONS

SCRIPT™ Lumbar Spacers, including SCRIPT™ ALIF, SCRIPT™ XLIF™, SCRIPT™ XLIF™ EX, SCRIPT™ TLIF, SCRIPT™ TLIF EX, and SCRIPT™ TLIF-A, 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), spondylolisthesis, 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. SCRIPT™ Lumbar Spacers are to be filled with autograft bone and/or allogenic bone graft composed of cancellous and/or corticocancellous bone or a bone void filler as cleared by the FDA for use in intervertebral body fusion to facilitate fusion. 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 (≥20° lordosis) must be used with at least anterior supplemental fixation.

SCRIPT™ ALIF IA 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), spondylolisthesis, 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 ≤20° lordotic implants are used with three screws per implant. SCRIPT™ ALIF IA Lumbar Spacers are to be filled with autograft bone and/or allogenic bone graft composed of cancellous and/or corticocancellous bone or a bone void filler as cleared by the FDA for use in intervertebral body fusion to facilitate fusion.

WARNINGS

SCRIPT™ Spacers are designed from patient imaging data (X-ray and CT). The patient anatomy may change over time. Using imaging data within 6 months from the date of acquisition is recommended. The surgeon is responsible for determining if anatomical changes occurred between the time of imaging and device implantation and assessing if the device matches the patient anatomy.

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.

SCRIPT™ devices are designed as patient-specific implants, and must only be used in the patient for whom it was designed. Only use the SCRIPT™ device if the patient identification markings on the sterile package match the identification of the patient. SCRIPT™ devices supplied STERILE should not be re-sterilized.

Any modifications of the patient anatomy can reduce the SCRIPT™ device fit with patient vertebrae. The patient should be evaluated for potential anatomical changes prior to performing surgery. An alternate standard implant system must be used if the patient-specific SCRIPT™ device cannot be implanted for any reason.

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 SCRIPT™ Lumbar 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 SCRIPT™ Lumbar 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 use 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 bone screws, anchors 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[®] (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

SCRIPT[™] Lumbar Spacers are available sterile. Bone screws, anchors and instruments are available nonsterile.

Sterile implants are sterilized by gamma radiation, validated to ensure a Sterility Assurance Level (SAL) of 10⁻⁶. 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 on the package label. These products are considered sterile unless the packaging has been opened or damaged. Sterile implants meet pyrogen limit specifications.

Nonsterile implants and instruments have been validated to ensure an 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 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.

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