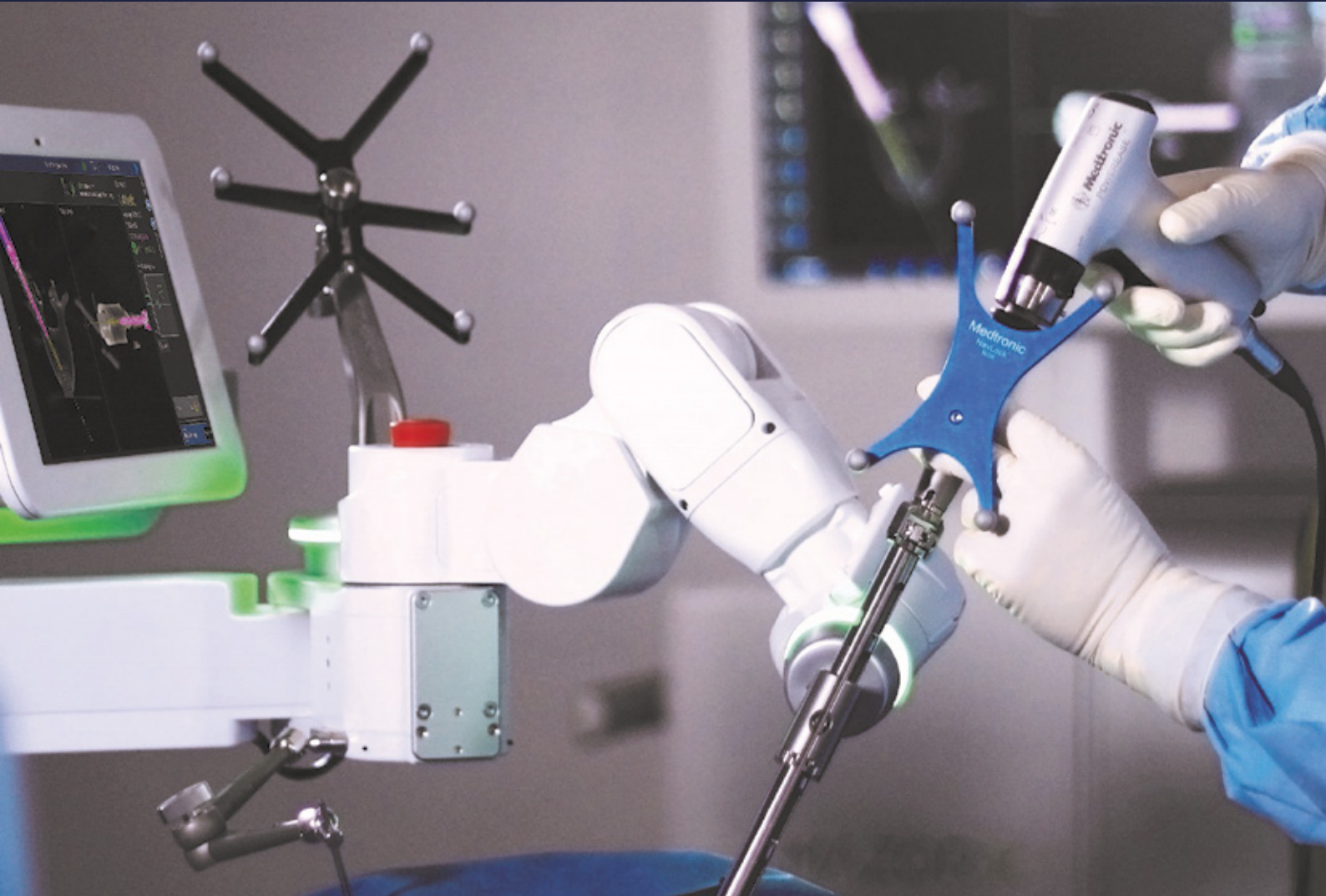


# HELPING TO ADDRESS THE CHALLENGES OF SPINAL SURGERY MAZOR X STEALTH™ EDITION



## Value Summary

Key characteristics of innovative surgical robotic devices are the ability to: **perform tasks repeatedly without fatigue or loss of accuracy<sup>1</sup> and guide the surgeon to the target with high precision.<sup>1</sup>**

Mazor X Stealth™ Edition can be used for diverse challenging spine surgeries: **minimally-invasive degenerative repair, percutaneous fusions, single position lateral decubitus procedures with pedicle screw placement and revision cases.** The anatomical proximity to the central nervous system and main blood vessels means that the misplacement of pedicle screws may result in serious complications, severe morbidity, and the need for revision surgery.<sup>2</sup>

## MAZOR CORE TECHNOLOGY BRINGS BENEFITS TO:

### HOSPITALS

- Improved outcomes<sup>9-11,13</sup>
- Promote patient education
- Differentiate your hospital

### SURGEONS

- Differentiate your practice
- Improve patient outcomes<sup>9-11,13</sup>
- Reduced fluoroscopy<sup>3</sup>
- Increased accuracy for peace of mind<sup>4,5-8</sup>

### PATIENTS

- Promotes faster recovery<sup>4,12</sup>
- Reduced post-operative pain<sup>13</sup>
- Increased accuracy<sup>4,5-8</sup>
- Lowered complication rates<sup>9,10</sup>

## ROBOTIC WORKFLOW

### PLAN

Preoperative **blueprint** of the ideal surgery for each patient created in a virtual 3D environment based on CT SCAN imaging



### MOUNT

Rigid attachment to the patient assures maximum surgical **accuracy** throughout the procedure



### REGISTRATION

3D-synchronization with two fluoroscopic images matched to their corresponding location on the preoperative CT scan



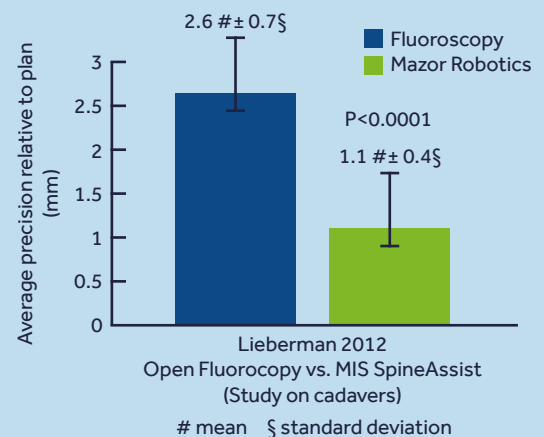
### EXECUTE

Tools and implants guided to the planned location for construct execution with high **precision**

## EXECUTING SPINAL INSTRUMENTATION WITH A HIGH LEVEL OF PRECISION AND PREDICTABILITY\*<sup>3</sup>

Planning is the foundation of a robotic guidance solution. Evidence shows a **significant reduction in deviation from preoperative planning** with Mazor Core Technology compared to fluoroscopy.<sup>3</sup>

Better accuracy and better consistency in achieving spinal instrumentation with Mazor Core Technology.<sup>3</sup>



## ACCURATE SCREW PLACEMENT<sup>4,5-8</sup>

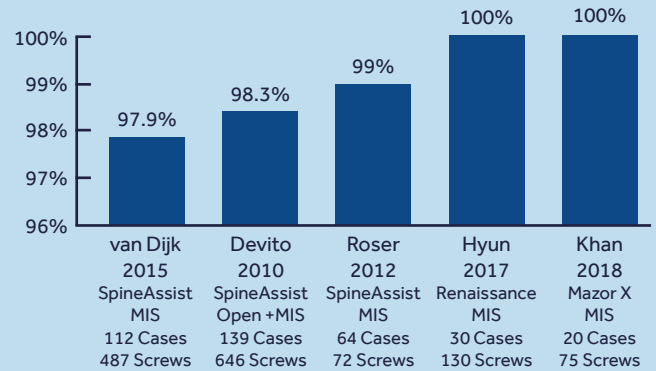
Up to **100%** screw placement accuracy<sup>4,5-8</sup>

Up to **98%** of patients **free from complications**<sup>9</sup> at 90 days<sup>10</sup>

**<1%** of patients required **revision surgery**<sup>11</sup>

## SAFE EVEN IN THE EARLY PHASE OF SURGEON LEARNING CURVE<sup>4-5,7</sup>

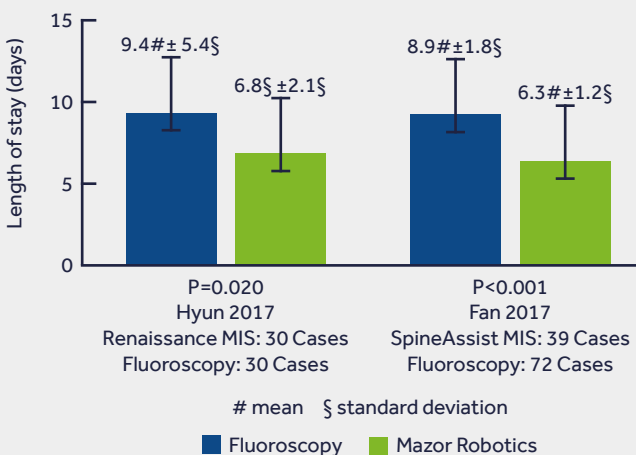
High level of screw placement accuracy achieved with Mazor Core Technology (Gertzbein-Robbins Grade A + B or Ravi Grade I + II)<sup>4,5-8</sup>



Reduced risk of surgical and medical complications with Mazor Core Technology<sup>10</sup>

	Fluoroscopy	Mazor Core Technology
Event free at 90 days	79%	98%
Event free at 365 days	72%	95%

Shorter length of stay with Mazor Core Technology<sup>4,12</sup>



## LENGTH OF HOSPITAL STAY

**2.6 days less** in hospital with MIS enabled by Mazor Core Technology compared to open freehand procedures enabled by fluoroscopy<sup>4,12</sup>

## SURGEON AND STAFF EXPOSURE TO RADIATION

**97.8%** Reduction in **fluoroscopy time**<sup>3</sup>

**98.2%** Reduction in **radiation exposure**<sup>3</sup>

## HIGHLIGHT PATIENT REPORTED OUTCOMES

- Significant improvement in leg and back pain at the final follow-up compared to baseline<sup>13</sup>
- Significantly less disability after surgery compared to before surgery<sup>13</sup>
- 78% of patients reported that they were able to work at the final follow-up<sup>13</sup>

## References

1. Amr, N., Kantelhardt, S., & Giese, A. Navigation and robot-aided surgery in the spine: historical review and state of the art. *Robotic Surgery: Research and Reviews*, 2014; 1: 19-26
2. Marcus HJ, Cundy TP, Nandi D, Yang GZ, Darzi A. Robot-assisted and fluoroscopy-guided pedicle screw placement: A systematic review. *Eur Spine J*, 2014; 23(2): 291–297
3. Lieberman IH, Hardenbrook MA, Wang JC, Guyer RD. Assessment of pedicle screw placement accuracy, procedure time, and radiation exposure using a miniature robotic guidance system. *J Spinal Disord Tech*, 2012; 25(5): 241–248
4. Hyun SJ, Kim KJ, Jahng TA, Kim HJ. Minimally invasive robotic versus open fluoroscopic-guided spinal instrumented fusions. *Spine (Phila Pa 1976)*, 2017; 42(6): 353–358
5. van Dijk JD, van den Ende RPJ, Stramigioli S, Köchling M, Höss N. Clinical pedicle screw accuracy and deviation from planning in robot-guided spine surgery: Robot-guided pedicle screw accuracy. *Spine (Phila Pa 1976)*, 2015; 40(17): E986–E991
6. Devito DP, Kaplan L, Dietl R, et al. Clinical acceptance and accuracy assessment of spinal implants guided with spineassist surgical robot: Retrospective study. *Spine (Phila Pa 1976)*, 2010; 35(24): 2109–2115
7. Khan A, Meyers JE, Siasios I, Pollina J. Next-Generation Robotic Spine Surgery: First Report on Feasibility, Safety, and Learning Curve. *Oper Neurosurg (Hagerstown)*, 2018 Sep 22, (DOI: 10.1093/ons/opy280)
8. Roser F, Tatagiba M, Maier G. Spinal robotics: Current applications and future perspectives. *Neurosurgery*, 2013; 72 (SUPPL. 1): A12–A18
9. Khan A, Meyers JE, Yavorek S, et al. Comparing Next-Generation Robotic Technology with 3-Dimensional Computed Tomography Navigation Technology for the Insertion of Posterior Pedicle Screws. *World Neurosurg* 2019; 123: e474-e481
10. Schroerlucke SR, Wang MY, Cannestra AF, et al. P176 - Complication Rate in Robotic-Guided vs Fluoro-Guided Minimally Invasive Spinal Fusion Surgery: Report from MIS Refresh Prospective Comparative Study. *Spine J* 2017; 17(10): S254–255 (abstracts NASS 32nd Annual Meeting)
11. Staartjes, V. E., Klukowska, A. M., & Schröder, M. L. (2018). Pedicle Screw Revision in Robot-Guided, Navigated, and Freehand Thoracolumbar Instrumentation: A Systematic Review and Meta-Analysis. *World Neurosurgery*, 2018; 116: 433-443
12. Fan Y, Du J, Zhang J, Liu S, Xue X, Huang Y, Zhang J, Hao D. Comparison of Accuracy of Pedicle Screw Insertion Among 4 Guided Technologies in Spine Surgery. *Med Sci Monit*, 2017; 23: 5960-5968.
13. Schröder ML, Staartjes VE. Revisions for screw malposition and clinical outcomes after robot-guided lumbar fusion for spondylolisthesis. *Neurosurg Focus*, 2017; 42(5): E12

\*The plan provides the surgeon with the insight on what they would like to achieve, taking into consideration the needs of each patient. Planning provides the ability to make the procedure predictable.

**DISCLAIMER:** The evidences reported refer to various Mazor robot generations that share the Mazor Core Technology. Previous versions of the Mazor robot are not licensed in accordance with Canadian Law.

See the device manual for detailed information regarding the instructions for use, indications, contraindications, warnings, precautions and potential adverse events. For further information, contact your local Medtronic representative and/or consult the Medtronic website at [www.medtronic.ca](http://www.medtronic.ca).

# Medtronic

**Medtronic Canada**  
99 Hereford Street  
Brampton, Ontario, L6Y 0R3  
Toll free: 800.268.5346  
Tel: 905.460.3800

[medtronic.ca](http://www.medtronic.ca)

© 2019 Medtronic All Rights Reserved. Medtronic, Medtronic logo and Further, Together are trademarks of Medtronic. All other brands are trademarks of a Medtronic company. All Rights Reserved. UC202002406 EC CA-NSS-0016-E Rev. 2021/08