



**Medtronic**

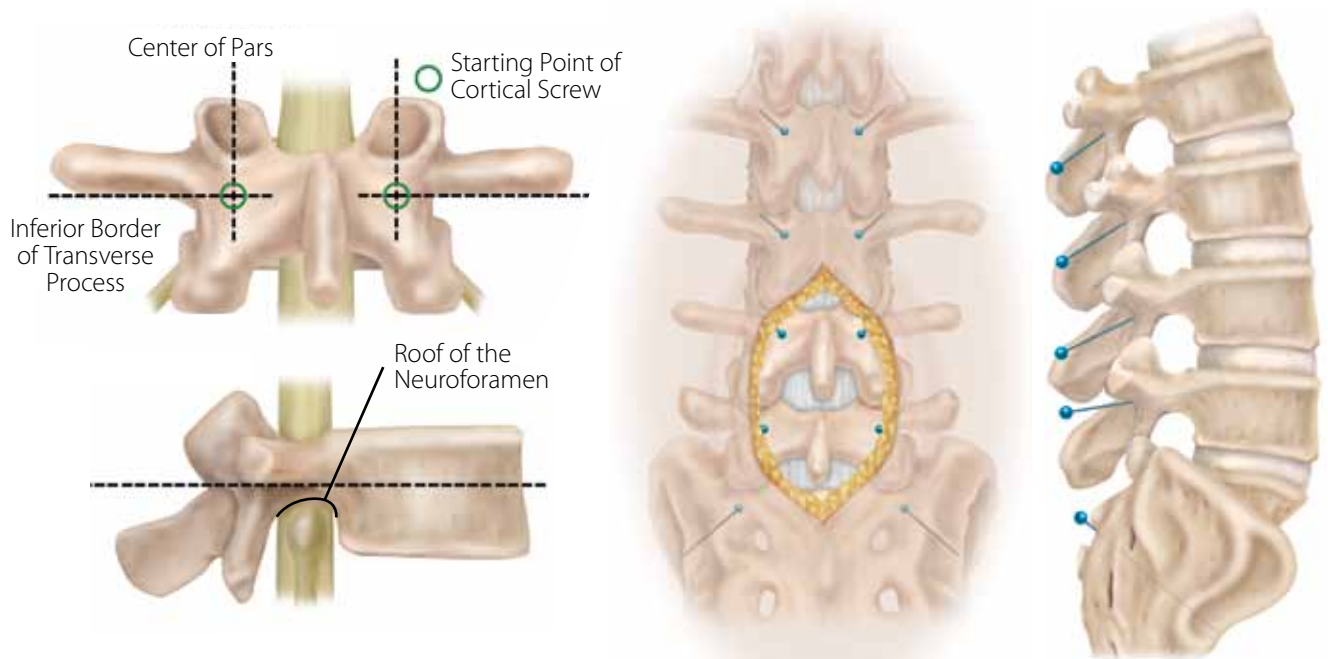
# MAST<sup>®</sup> MIDLF<sup>™</sup> Procedure

## Cortical Screw Placement Reference L1-L5

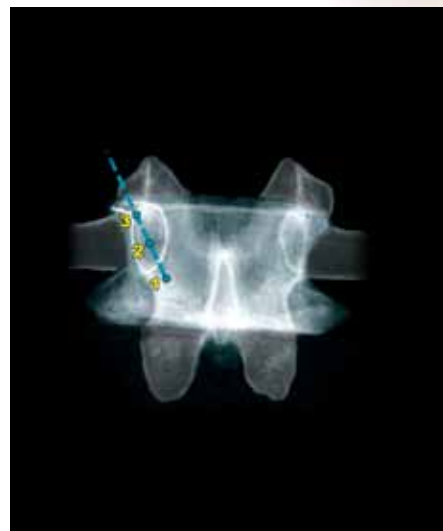
The starting point for a cortical screw is at the inferior aspect of the transverse process and about 3mm to 5mm medial to the lateral edge of the pars (approximate midpoint of the inferior facet of the level above). This allows the starting point to always be at the roof of the neuroforamen.

The trajectory for a cortical screw is approximately 20° medial-to-lateral and 30° to 45° caudal-to-cephalad. This trajectory allows implant placement up and away from the neural elements.

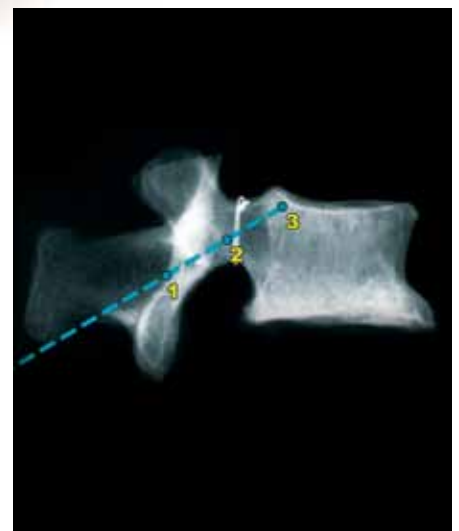
**NOTE:** The recommended entry point at the most cephalad instrumented level is 1mm to 2mm inferior, relative to the starting point for the caudal levels. This starting point and the resulting angle increases the distance from the adjoining facet.



Axial View



A/P View



Lateral View

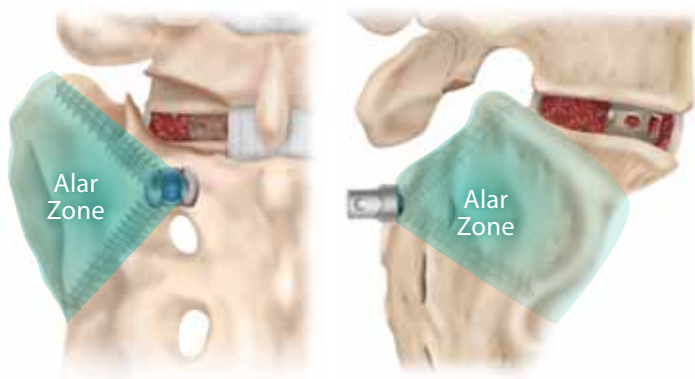
*continued on back*

# Sacral Alar Screw Placement Reference S1

The starting point for a sacral alar screw is midway between the L5/S1 facet and the first dorsal foramen.

The trajectory for a sacral alar screw is flexible within the alar zone. This sacral strategy allows either a down-and-away or up-and-out trajectory. Both enable bicortical purchase (by selecting the appropriate length of screw) and construct alignment of the medially-placed cortical screws.

**NOTE:** A sacral alar fixation strategy involves placing a large sacral pedicle screw into the ala.



Posterior View



Lateral View

## Summary of Indications

The CD HORIZON® Spinal System with or without SEXTANT® instrumentation is intended for posterior, non-cervical fixation as an adjunct to fusion for the following indications: Degenerative disc disease (defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies); spondylolisthesis; trauma; spinal stenosis; curvatures; tumor; pseudarthrosis; and/or failed previous fusion.

Except for hooks, when used as an anterolateral thoracic/lumbar system, the CD HORIZON® Spinal System may also be used for the same indications as an adjunct to fusion.

Tissue or nerve damage caused by improper positioning and placement of implants or instruments may occur.  
Early or late loosening of any or all of the components may occur.

The surgical technique shown is for illustrative purposes only. The technique(s) actually employed in each case will always depend upon the medical judgment of the surgeon exercised before and during surgery as to the best mode of treatment for each patient.

Please see the package insert for the complete list of indications, warnings, precautions, and other important medical information.



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