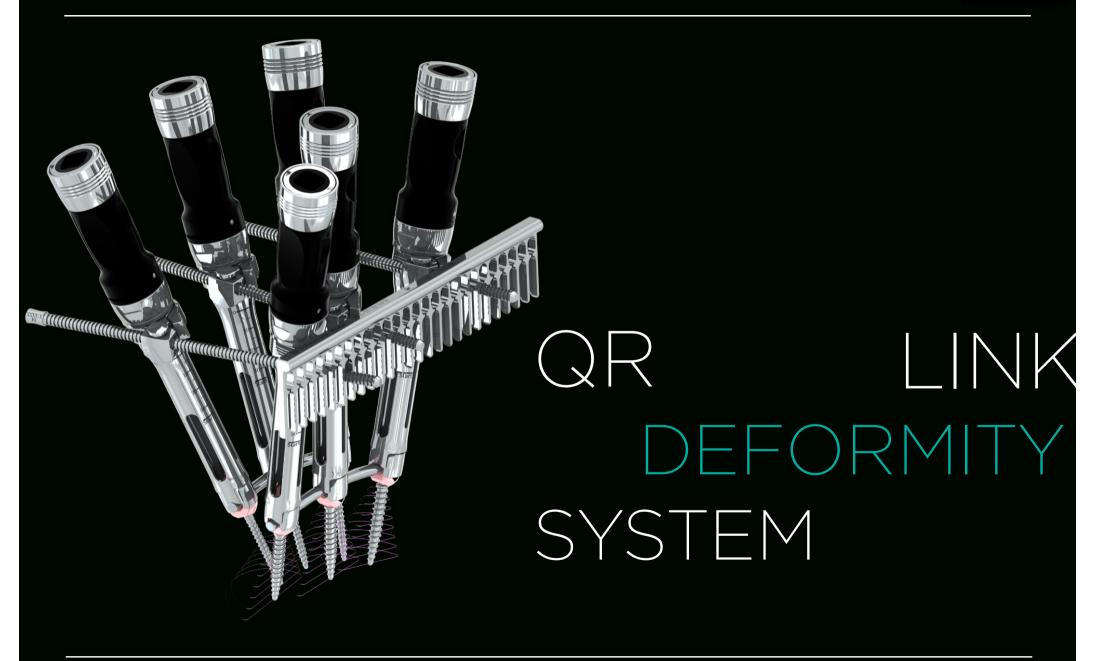
ROMEO®2





ROMEO®2 QR

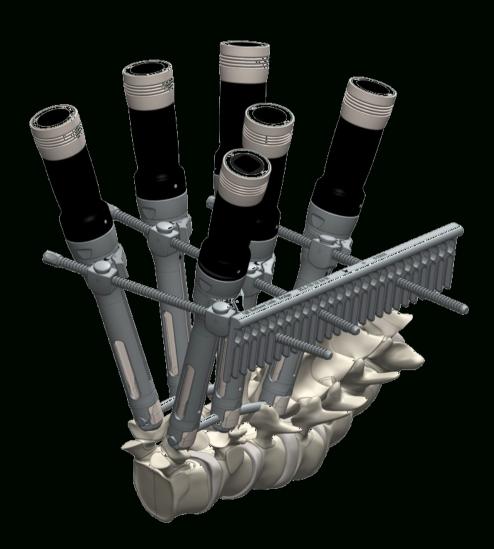


Concept

Product line extension to complete our deformity product offering

Synergy with ROMEO®2 LC instrument set and ROMEO®2 25D pedicle screws

Enter the latest 'En Bloc' apical derotation treatment option





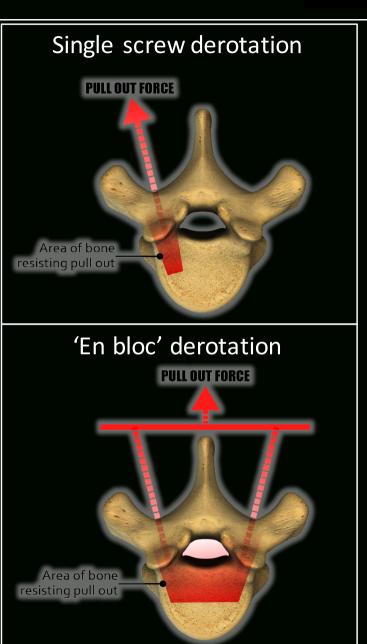
Rationale of QR Link

'En Bloc' derotation is a maneuver on multiple vertebra linked together

Reduction forces are shared between the 2 screws of the same vertebra (DVR & 'En Bloc')

Reduction forces are shared among multiple vertebra ('En Bloc')

Possible diminution on implant density with shorter operative time





'En bloc' derotation preferred screw

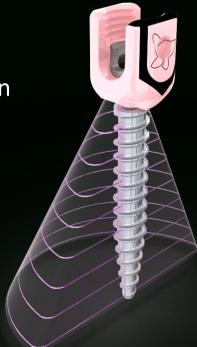
'En Bloc' cluster is applied at the APEX of the curve(s) to enable apical vertebra derotation

ROMEO2 25D screws

➤ Semi-polyaxiality to ease rod introduction

Unidirectional control of the axial vertebral rotation

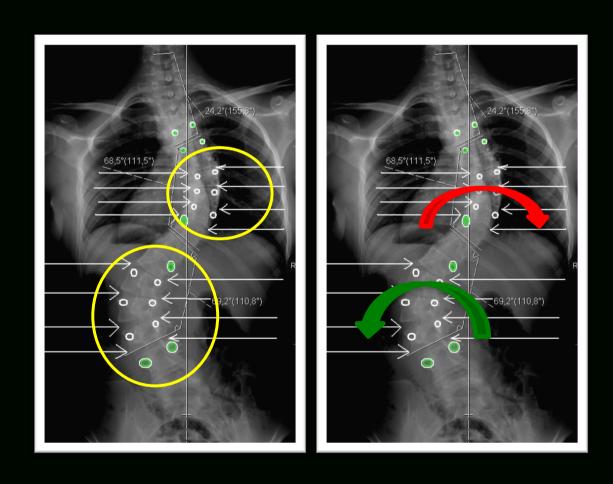
▶ Black laser marking facing curve convexity





'En bloc' derotation surgical strategy

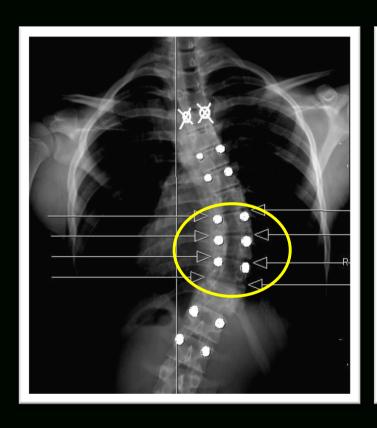
Double curve

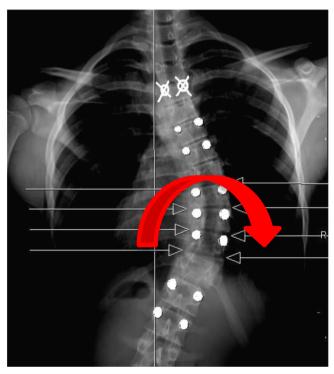




'En bloc' derotation surgical strategy

Single curve

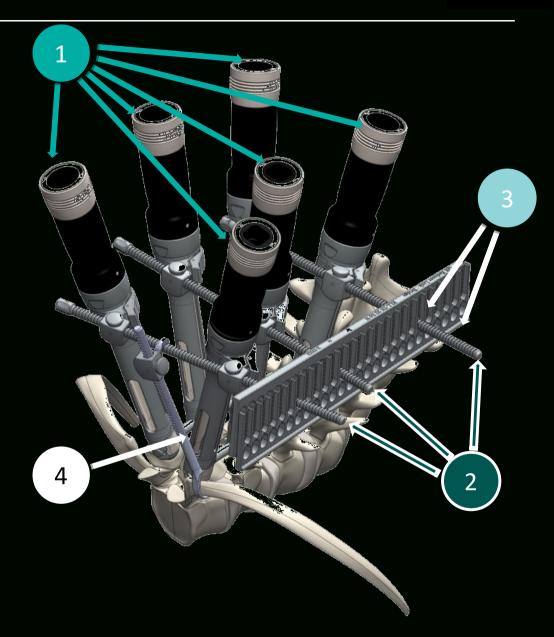




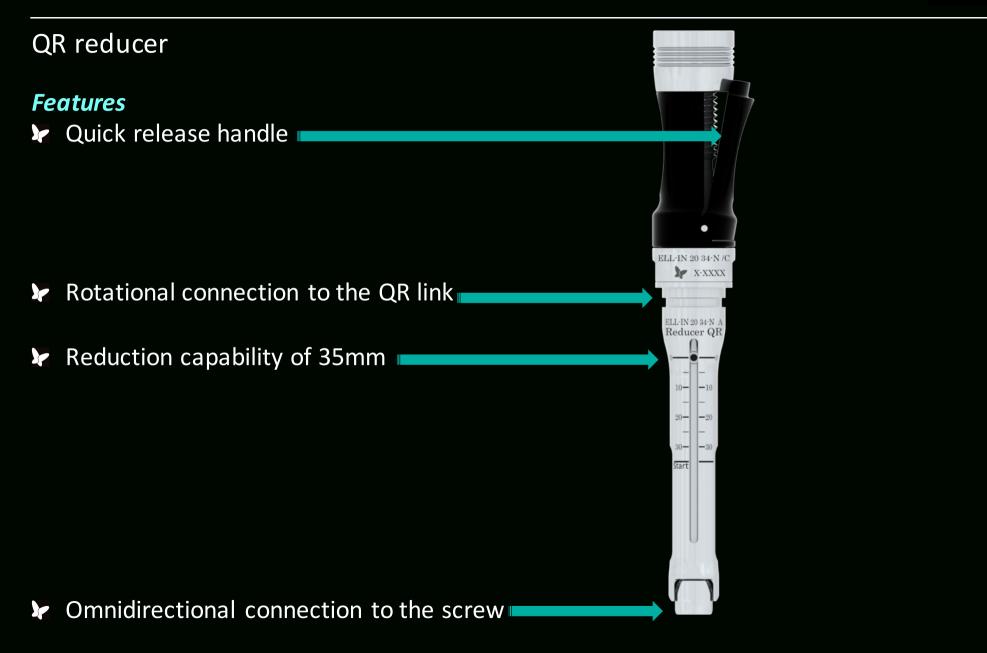


Components

- 1 QR Reducer
- 2 QR Link
- 3 QR Link bridge
- 4 Ribac





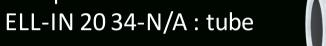




QR reducer

Reference: ELL-IN 20 34-N

Composed of





ELL-IN 20 34-N/B : shaft

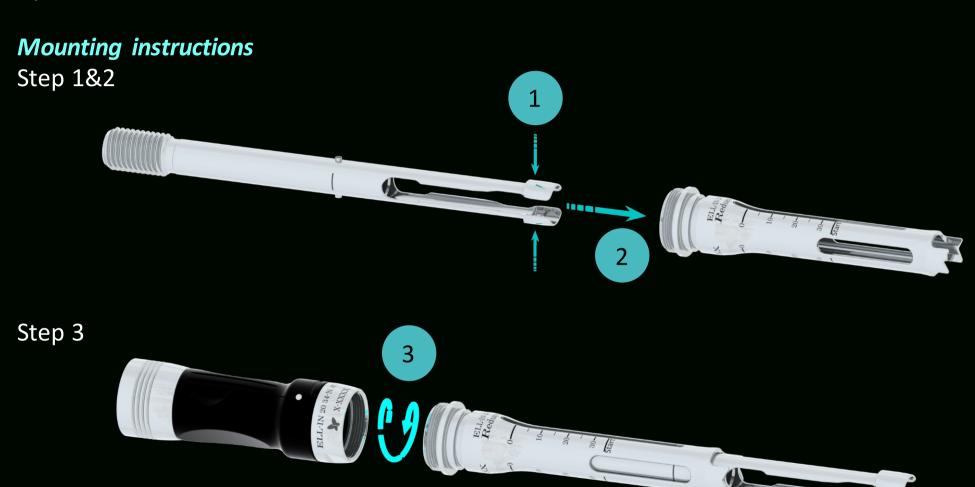


ELL-IN 20 34-N/C: Handle





QR reducer





QR Link

Features

- ➤ Transversal link of the QR reducer
- Ring connect to the QR Reducer

Multi-groove design of the stick for secured link







QR Link

Reference: ELL-IN 21 34-N

Composed of

ELL-IN 21 34-N/A: ring x2

ELL-IN 2134-N/B: stick

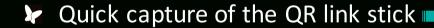




QR Link Bridge

Features

- ➤ Longitudinal link of the QR link stick
- Grasping ridge



Multiple QR link stick attachment options





Devices: RIBAC Option

Features

- Rib attachment to the frame
- Rib hump reduction while apical vertebra derotation
- Attachment to the QR link stick

Attachment to the rib





Clinical case – courtesy of Dr Cunningham

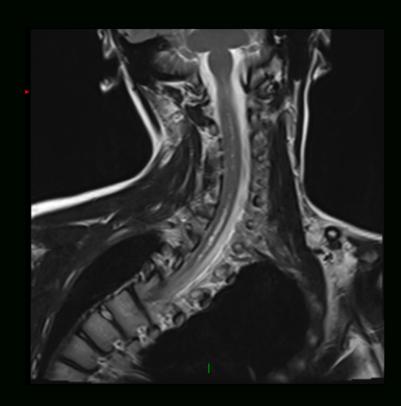
13 yo girl presents with 130 degree right thoracic scoliosis and back pain History of mild hydromyelia, no surgical intervention No tethered cord or Chiari malformation by MRI Neurologically intact

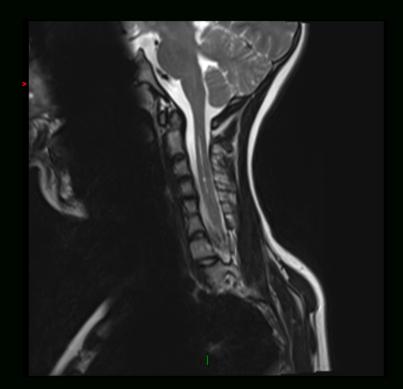




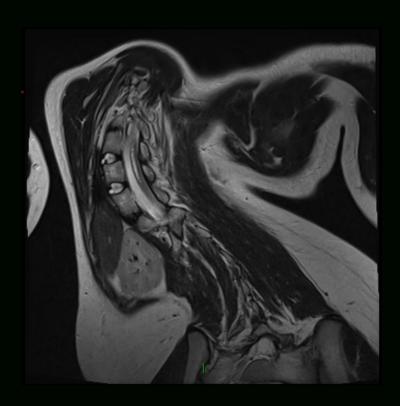


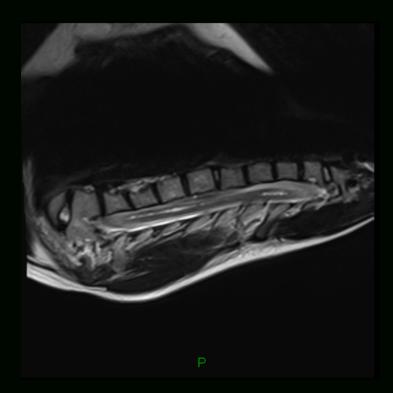


















- Bending studies of limited use due to deformity severity and contact of ribs against pelvis
- Traction film showed correction of curve to 94 degrees





- Due to limited flexibility, staged procedure was planned
- ASF T8-L3 with complete discectomies and far-side annulus resection at each level followed by halo-gravity traction
 - Segmentals preserved
- 9 days later PSIF T2-L4 with multiple Ponte osteotomies



- During traction, developed double vision with right CN VI nerve palsy
 - Resolved 2 months postop
- After posterior fusion, noted decreased abdominal sensation in roughly T10-12 distribution, otherwise neuro intact
 - Abdominal sensation improving at 2 mos postop



Final Correction-2 mths postop







