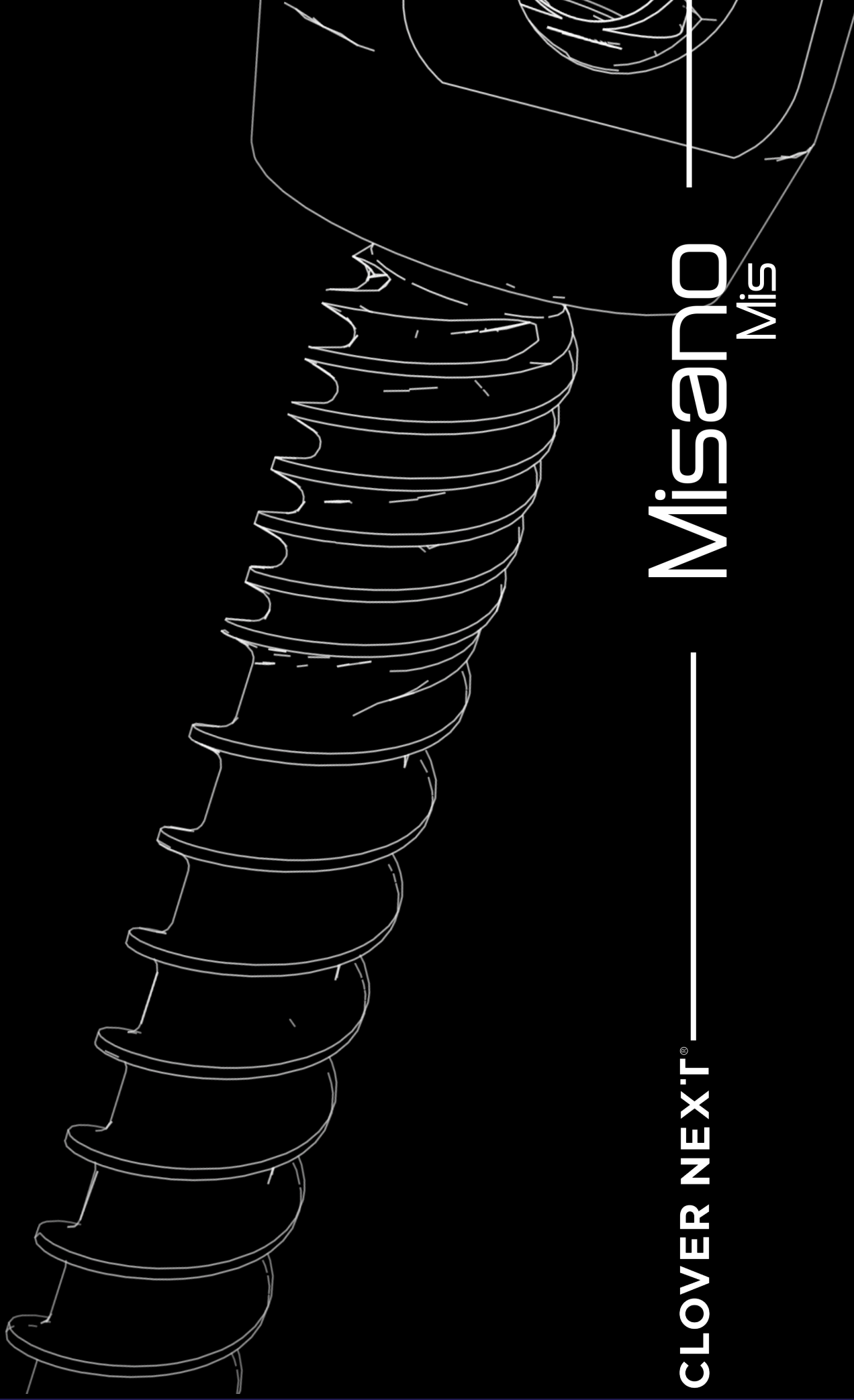




● CLOVER NEX'Γ

Misano^{Mis}



Self-tapping screw allowing insertion even without tapping

DUAL-LEAD thread for rapid insertion and FOUR-LEAD thread for enhanced pedicle purchase

Sophisticated yet compact instrumentation

Cannulated and fenestrated screw for injection of cement or bone substitute

Sterile packaging

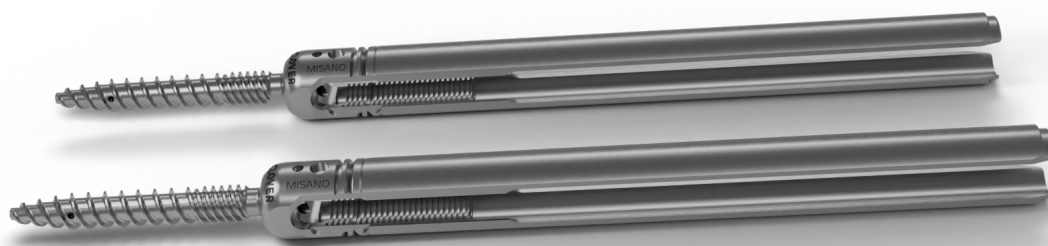
Stabilization system thoracolumbar vertebral

Misano is a thoraco-lumbosacral stabilization system, fully manufactured in titanium, that enables the use of a single pedicle screw, MIS or open, for the treatment of all degenerative, traumatic, and deformity-related spinal pathologies.

The self-tapping screw can be inserted without the use of a tap; it features a distal double-lead thread ensuring rapid insertion, which then transitions to a four-lead thread providing high pedicle holding strength. All screws are cannulated to allow placement over a guide wire and fenestrated to permit cement augmentation.

The Next thoraco-lumbosacral stabilization system consists of monoaxial and polyaxial pedicle screws, locking nuts, straight and pre-curved rods in titanium and cobalt-chrome, an extensive range of hooks, offsets, connectors and cross-links, and is designed to facilitate solid arthrodesis of the treated spinal segment.





When appropriately used, the Misano thoracolumbosacral system is indicated to promote robust thoracic, lumbar and sacral arthrodesis. It is recommended for spinal deformities, degenerative disc disease, traumatic vertebral fractures, vertebral tumors, spinal stenosis, spondylolisthesis, pseudoarthrosis, and previous unsuccessful attempts at spinal fusion.

Any surgical decision differing from the manufacturer's recommendations remains at the discretion and under the full responsibility of the surgeon.

Do not use 4.5 mm diameter screws in the lumbar and lumbosacral spine, nor couple 4.5 mm screws with CoCr rods.

Features



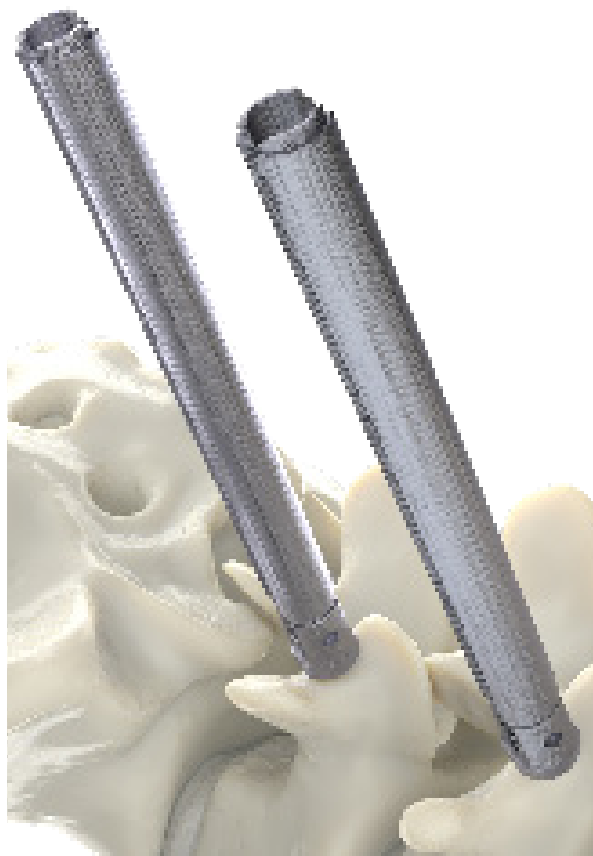
TITANIUM ALLOY



ALLOY CO-CR
UPON REQUEST



ETO STERILE



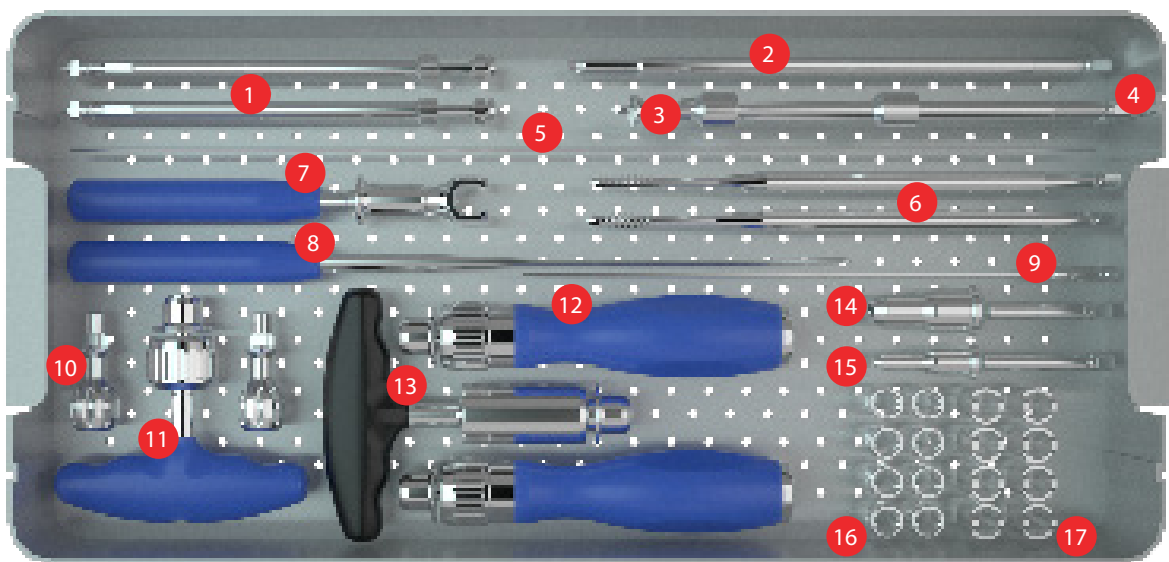
#LESSISMORE

INSTRUMENTS



Next has invested significantly in the design and refinement of its instruments with the aim of creating ergonomic, functional, and compact instrumentation, engineered for the surgeon and surgical team.

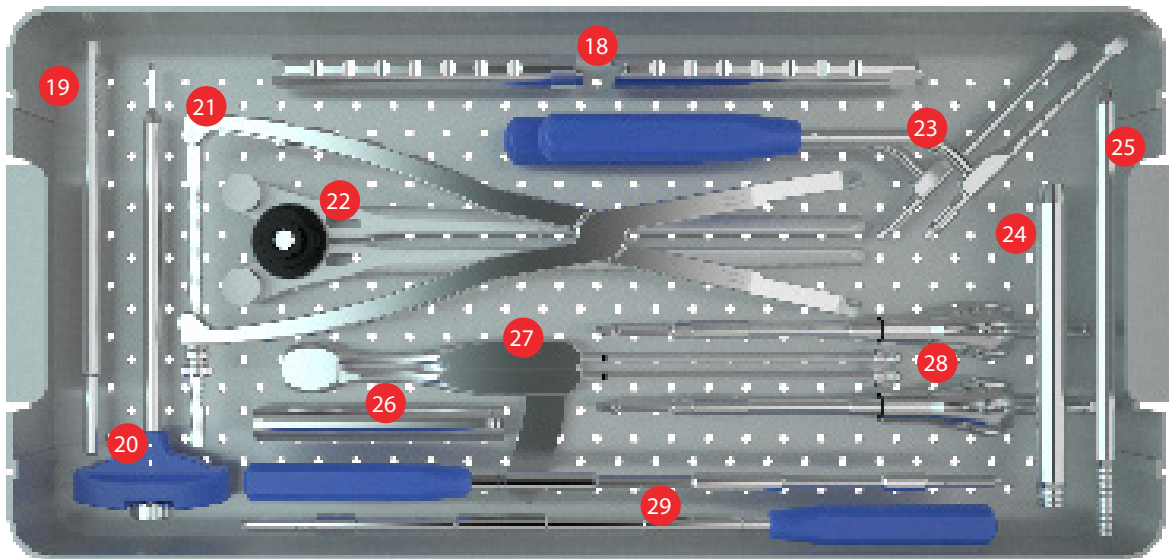
TRAY 1



1	CEMENT NEEDLE ADAPTER	MSN-K0SS00200S	8	TISSUE DISSECTOR	MSN-T0SS00000S
2	DUAL LEAD CAP SCREWDRIVER	MSN-I1SS28525S	9	PIPE CLEANER	MSN-J2SS00000S
3	REAMING AWL	MSN-A1SS03507S	10	TULIP ALIGNMENT	MSN-K0SS00055S
4	SCREW TAB REMOVER	MSN-Z2SS00002S	11	RATCHETING T HANDLE	MSN-H1SS00100S
5	GUIDE WIRE TROCAR	MSN-K0NT00500S	12	RATCHETING HANDLE	MSN-H0SS00100S
6	TAP 4.5MM	MSN-J0S S00045S	13	DINAMOMETRIC T HANDLE 9NM	MSN-H1SS00090S
	TAP 5.5MM	MSN-J0SS00055S	14	PIVOT 2	MSN-Z1SS00002S
	TAP 6.5MM	MSN-J0SS00065S	15	PIVOT 1	MSN-Z1SS00001S
	TAP 7.5MM	MSN-J0SS00075S	16	SUPERIOR RING	MSN-K2SS00015S
7	COUNTER TORQUE HANDLE	MSN-H2SS00000S	17	SLIDING RING	MSN-K2SS00025S

INSTRUMENTS

TRAY 2



18	MIS GAUGE	MSN-K3SS00138S	24	DILATOR N.2	MSN-L2SS14409S
19	MIS ROD PUSHER	MSN-P1SS00001S	25	DILATOR N.1	MSN-L0SS20002S
20	MIS TROCAR	MSN-A1SS02922S	26	DILATOR N.3	MSN-L2SS11514S
21	MIS COMPRESSOR	MSN-N0SS00002S	27	MIS CALIPER	MSN-M1SS00000S
22	ROD BENDER	MSN-F0SS00000S	28	DUAL LEAD MIS SCREWDRIVER	MSN-I2SS23520S
23	MIS ROD HOLDER	MSN-D1SS00000	29	CAP HOLDER	MSN-I0SS30025S

INSTRUMENTS

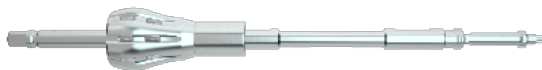
CEMENT NEEDLE ADAPTER MSN-K0SS00200S



CAP SCREWDRIVER MSN-I1SS28525S



DUAL LEAD MIS SCREWDRIVER MSN-I2SS23520S



GUIDE WIRE TROCAR MSN-K0NT00500S



COUNTER TORQUE HANDLE MSN-H2SS00000S



TAP 4.5MM MSN-J0SS00045S



TAP 5.5MM MSN-J0SS00055S



TAP 6.5MM MSN-J0SS00065S



TAP 7.5MM MSN-J0SS00075S



TAP 8.5MM MSN-J0SS00085S



INSTRUMENTS

RATCHETING HANDLE MSN-H0SS00100S



TULIP ALIGNMENT MSN-K0SS00055S



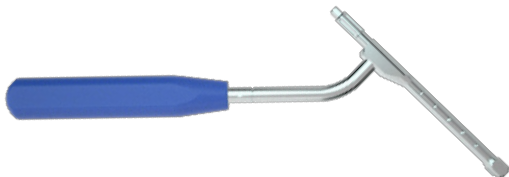
RATCHETING T HANDLE MSN-H1SS00100S



DINAMOMETRIC
T HANDLE 9Nm MSN-H1SS00090S



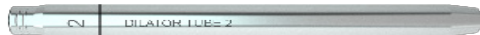
MIS ROD HOLDER MSN-D1SS00000



DILATOR N.1 MSN-L0SS20002S



DILATOR N.2 MSN-L2SS14409S



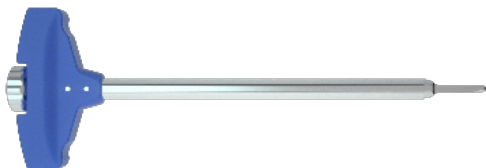
DILATOR N.3 MSN-L2SS11514S



MIS ROD PUSHER MSN-P1SS00001S



MIS TROCAR MSN-A1SS02922S



CAP HOLDER

MSN-I2SS24520S



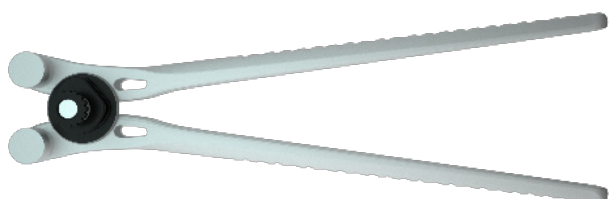
MIS CALIPER

MSN-M1SS00000S



ROD BENDER

MSN-F0SS00000S



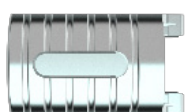
TISSUE DISSECTOR

MSN-T0SS00000S



SLIDING RING

MSN-K2SS00025S



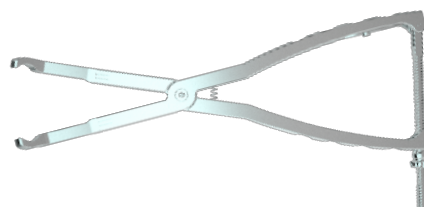
REAMING AWL

MSN-A1SS13507S



MIS COMPRESSOR

MSN-N0SS00002S



PIPE CLEANER

MSN-J2SS00000S



MIS GAUGE

MSN-K3SS00138S



SUPERIOR RING

MSN-K2SS00015S

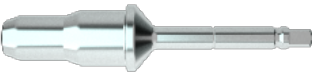


INSTRUMENTS

PIVOT 1 MSN-Z1SS00001S



PIVOT 2 MSN-Z1SS00002S

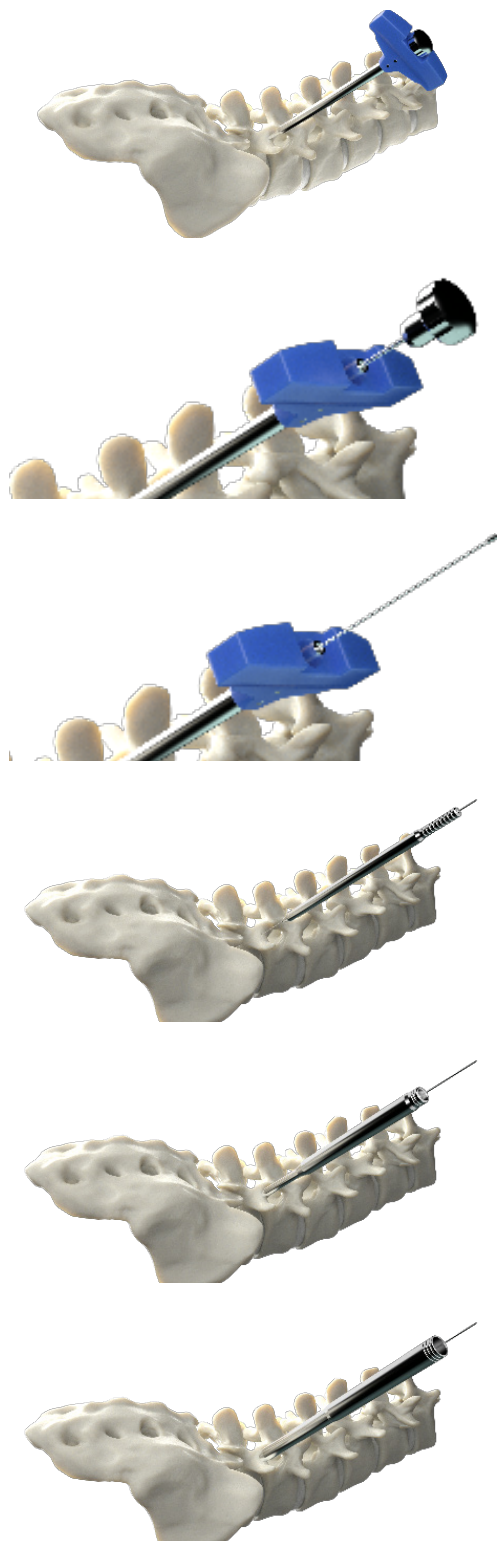


SCREW TAB REMOVER MSN-Z2SS00002S



MIS SURGICAL TECHNIQUE

1 —



Preparation of the pedicle

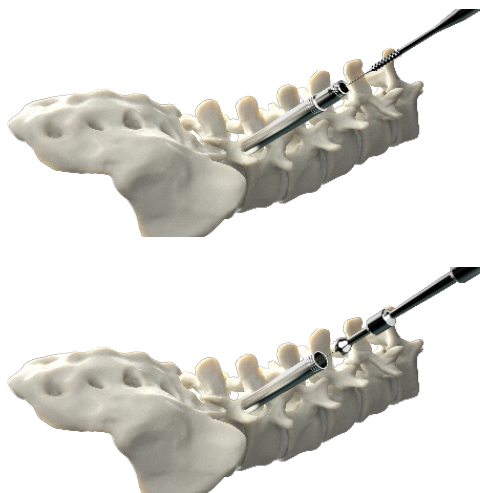
After identifying the entry point, position the trocar and advance into the pedicle under radiographic control.

Once the appropriate depth has been reached, remove the stylet and handle, and insert the guide wire, ensuring it reaches the vertebral body to guarantee minimum anchorage.

Then remove the trocar carefully, ensuring the guide wire remains in place.

Proceed with insertion of dilator tube no. 1, followed by dilator tubes no. 2 and no. 3, the latter featuring a toothed distal end to achieve anchorage to the articular process and prevent unwanted translations during the procedure.

MIS SURGICAL TECHNIQUE



Remove dilator tube no. 1 while verifying that the guide wire remains correctly positioned.

If desired by the operator, prepare the screw pathway using the tap, which should be undersized by one diameter relative to the screw intended for implantation.

If considered appropriate, after removing dilator tube no. 2, use the cutting awl to optimize screw trajectory and seating.

2 —



Screw assembly

Proceed with screw assembly.

Engage the MIS screwdriver to the ratchet handle.

Then assemble the screw to the screwdriver by inserting it through the tulip head and rotating the locking ring clockwise to achieve final tightening.

MIS SURGICAL TECHNIQUE

3 —



Screw insertion

Insert the screw into the pedicle following the guide wire and advance by screwing.

Then withdraw the screwdriver by rotating the previously used locking ring counterclockwise; remove the guide wire and dilator tube no. 3.

Slide the protective ring along the tulip to prevent early deformation, and if deemed necessary, insert the upper ring to prevent interference between screws during subsequent steps.

Repeat the same steps for insertion of the remaining screws.

Opt. —



Cementing

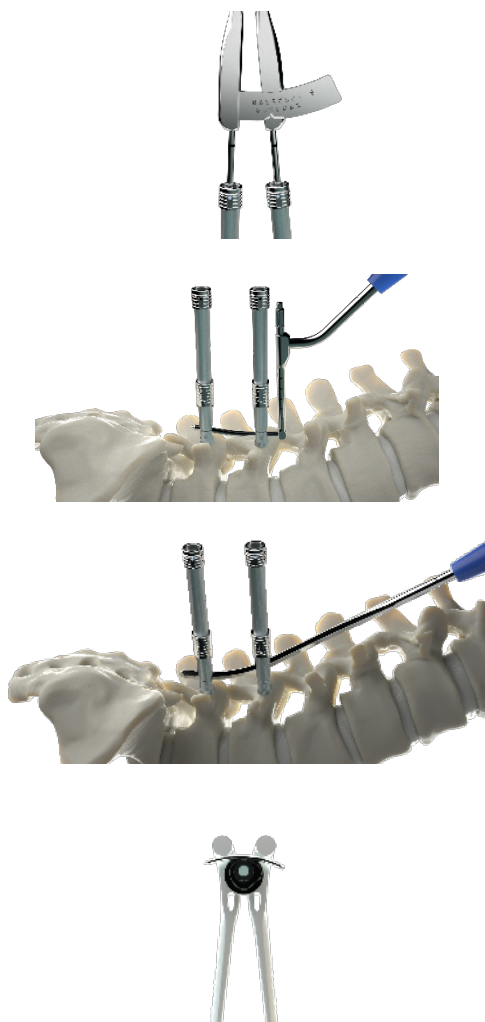
Connect the cement-injection guide by inserting its tip into the screw, then rotate the guide's locking ring clockwise to secure it.

After confirming that both components are firmly connected, introduce the disposable bone filler for screw cementation.

Before injecting the cement, ensure that the bone filler is fully seated against the screw shaft.

MIS SURGICAL TECHNIQUE

4 —



Rod insertion

After all screws are in place, measure the distance between them using the appropriate rod gauge to select the correct rod length.

Note that the gauge shows the actual distance between screw heads; therefore, it is advisable to select a rod at least 5 mm longer than the measured value.

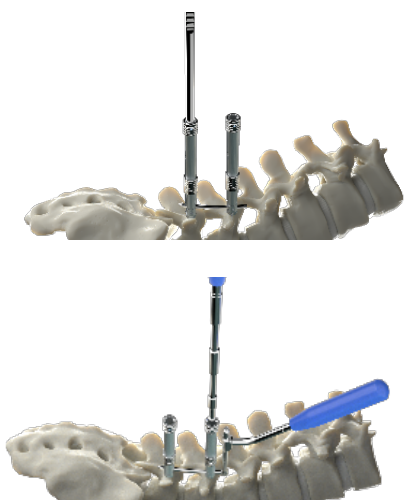
If necessary, use the tissue dissector to create adequate space for rod insertion.

Connect the rod to the MIS rod holder by inserting the hexagonal rod end into the dedicated slot and securing it by rotating the locking collar clockwise.

If rod contouring is needed, use the rod-bending pliers.

Introduce the rod through the tulip heads previously aligned along an ideal sagittal plane.

5 —



Inserting the tightening nut

Using the rod pusher, verify correct rod seating and push it downward as needed.

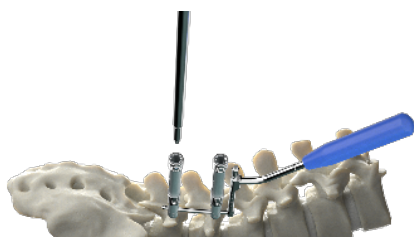
Once the rod is properly seated in all screw heads, insert the locking nuts using the dedicated nut-placement holders.

MIS SURGICAL TECHNIQUE

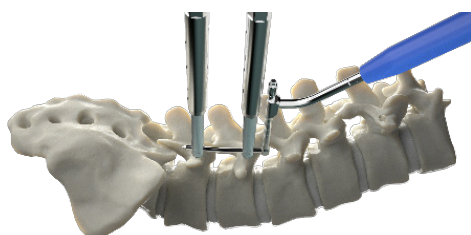


After positioning the nuts, connect the ratchet handle to the locking-nut screwdriver and tighten the nuts until the rod is fully seated within the tulips.

Once the rod is secured to the screws, remove the protective rings from the tulips.



6 —

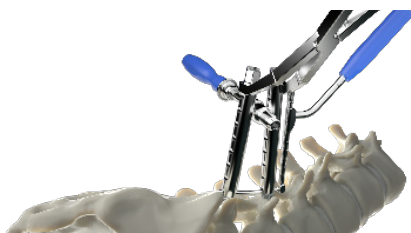


Compression and distraction

Cover the tulip heads with the MIS gauge and use pivot 1 or pivot 2 as the central fulcrum—after securing them to a handle.

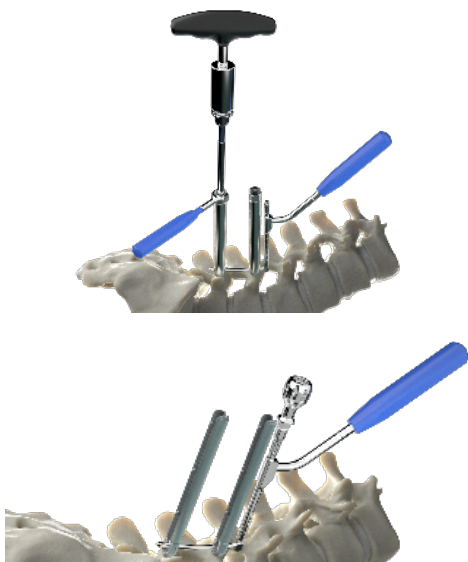
To perform compression, use the MIS compressor and apply force below the pivot.

To perform distraction, use the MIS compressor and apply force above the pivot.



MIS SURGICAL TECHNIQUE

7 —

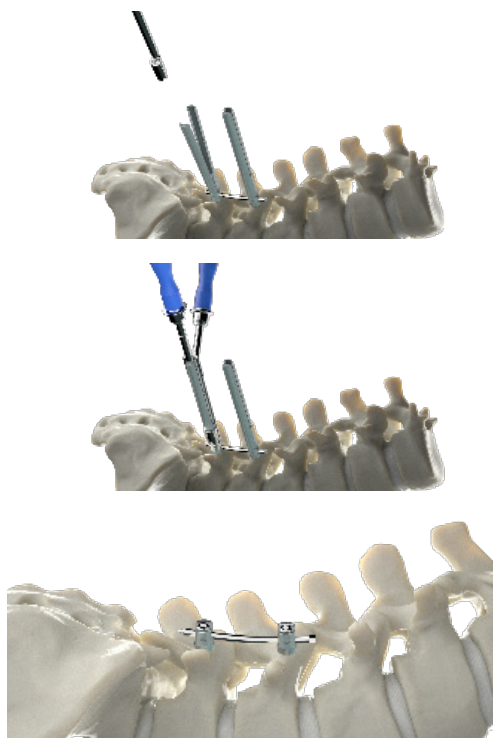


Final tightening

Using the counter-torque handle connected to the MIS gauge, perform final tightening with the 9 Nm torque-limiting T-handle assembled to the locking-nut screwdriver.

Remove the MIS gauge from the tulips and then unscrew the rod holder using the locking collar, removing the instrument afterward.

8 —



Tulip removal

Using the tulip-removal system attached to a handle, engage each tulip and lever it off the screw head.

To prevent shifts or minor deformation of the construct caused by the force required to break the tulips, a counter-torque device connected to a handle may be used.

MONOAXIAL SCREW CANNULATED - FENESTRATED	D5.5	FROM L30 TO L55
	D6.5	FROM L30 TO L55
	D7.5	FROM L30 TO L55
	D8.5	FROM L30 TO L55
POLIAXIAL SCREW CANNULATED - FENESTRATED	D4.5	FROM L25 TO L40
	D5.5	FROM L30 TO L55
	D6.5	FROM L30 TO L55
	D7.5	FROM L30 TO L90
	D8.5	FROM L30 TO L90
	D9.5	FROM L45 TO L90
TITANIUM PRECURVED ROD	D5.5	FROM L25 TO L100
TITANIUM ROD	D5.5	FROM L110 TO L500
CO-CR ROD	D5.5	FROM L110 TO L500
CLAMPING CAP FOR SCREWS AND HOOKS		
DOMINOES		
LONGITUDINAL CONNECTION ELEMENT		
MODULAR CROSSLINK		S - M - L - XL
ANGLED OFFSET		FROM L20 TO L60
OFFSET		FROM L20 TO L60
LUMBAR WIDE HOOK		FROM SIZE 7 TO SIZE 11
PEDICLE HOOK		FROM SIZE 5 TO SIZE 9
TORACHIC LAMINAR HOOK		FROM SIZE 5 TO SIZE 9
OLBIQUE HOOK - DX/SX		
OFFSET HOOK - DX/SX		
LUMBAR NARROW HOOK		FROM SIZE 7 TO SIZE 11



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