Europe Market Report for Minimally Invasive Interbody Devices 2017 - MedCore

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Traditionally, these devices were implanted through open surgery. However, a growing number of these devices are being implanted using minimally invasive surgery (MIS) techniques. MIS spinal fusion is made possible by complex and innovative surgical technology, allowing implantation of posterior screw/rod and interbody devices with minimal surgical damage or harm to the patient. Proponents of MIS report that patients experience less trauma, have shorter hospital stays, use less medication after surgery and return to work sooner than patients who undergo open surgery. Skeptics of these techniques question the quality of the operation and cite that reduced access to the spine may compromise their ability to address the pathology.

Interbody devices, which are sometimes referred to as interbody cages, vary widely, and there are multiple ways of classifying them. In terms of design, interbody devices come as cages or spacers, each varying in size and shape.

For the purpose of this report, interbody devices are segmented by surgical approach.

Interbody (IB) devices are designed to replace the intervertebral discs of the spine; this enhances stability in the region and promotes fusion between the two vertebral bodies. These devices are threaded, allowing them to be used in conjunction with bone graft material. Over time, the packed graft is gradually replaced by natural bone, forming a solid piece. IB fusion procedures typically add a posterior fixation device to the associated level. These procedures are often referred to as 360° fusions, as surgeons will implant interbody devices from an anterior approach and flip the patient over to implant a posterior pedicle screw device. This combination increases the fusion success rate over standalone interbody fusion device implantation without the addition of fixation devices.

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Orthofix  
Zimmer Biomet  
Stryker  
Merit Medical  
Globus Medical  
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