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Viker

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- (54) **DEPLOYABLE SEGMENTED TLIF DEVICE**
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- (73) Assignee: **Zimmer Spine, Inc.**, Minneapolis, MN (US)
- (*) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

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- (21) Appl. No.: **13/236,104**
- (22) Filed: **Sep. 19, 2011**

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Related U.S. Application Data

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- (63) Continuation of application No. 11/683,756, filed on Mar. 8, 2007, now Pat. No. 8,021,429.

(57) **ABSTRACT**

- (51) **Int. Cl.**
A61B 17/88 (2006.01)
A61F 2/44 (2006.01)
A61F 2/46 (2006.01)
- (52) **U.S. Cl.**
USPC 606/99; 606/914; 623/17.16
- (58) **Field of Classification Search**
USPC 606/99, 100, 103, 263; 623/13.13, 623/17.11–17.16
See application file for complete search history.

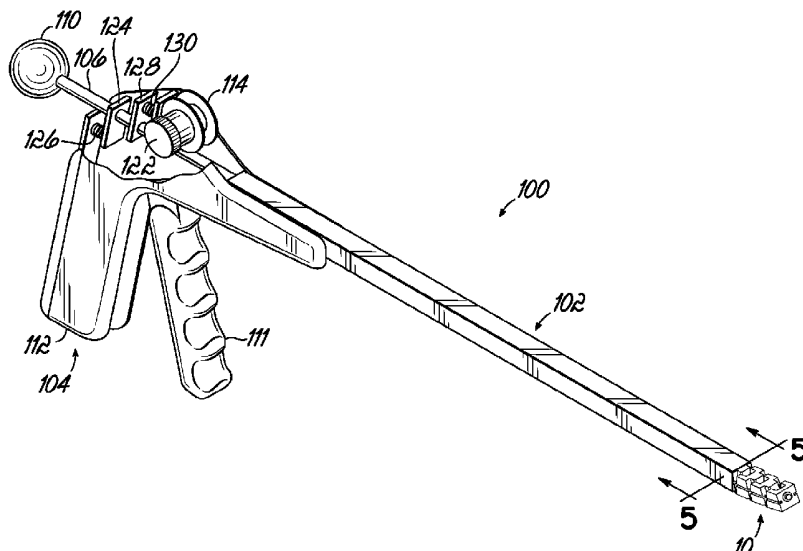
A segmented intervertebral body fusion support includes a plurality of segments, the segments including an initial segment, a final segment and at least one intermediate segment. The intermediate segment has a generally trapezoidal configuration and the initial and final segments include tapered side walls providing triangular gaps between adjacent segments. A draw wire is fixed to the first segment and passes through the remaining segments. By pulling the draw wire relative to the segments, the segments are drawn together in a generally arcuate configuration. The draw wire includes an enlargement that passes through the final segment and engages a plurality of fingers on the final segment, which prevents the draw wire from retracting, maintaining the arcuate configuration. The segmented device can be inserted through a laparoscopic device into the intervertebral space and can be subsequently drawn into the arcuate configuration to establish the desired intervertebral spacing.

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13 Claims, 3 Drawing Sheets

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Page 2

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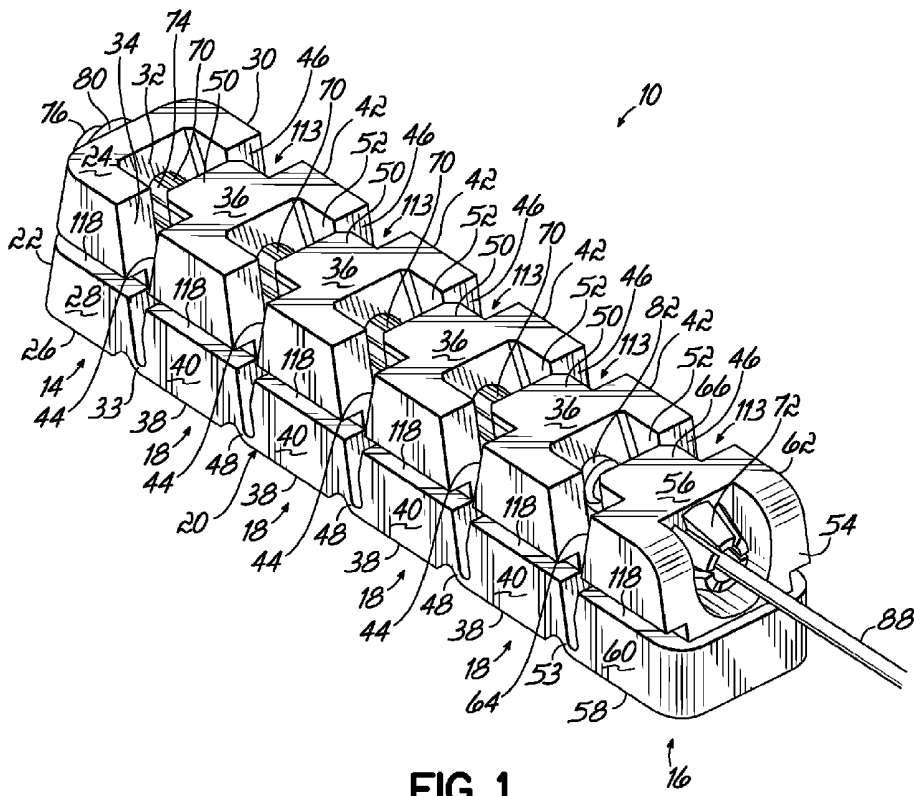


FIG. 1

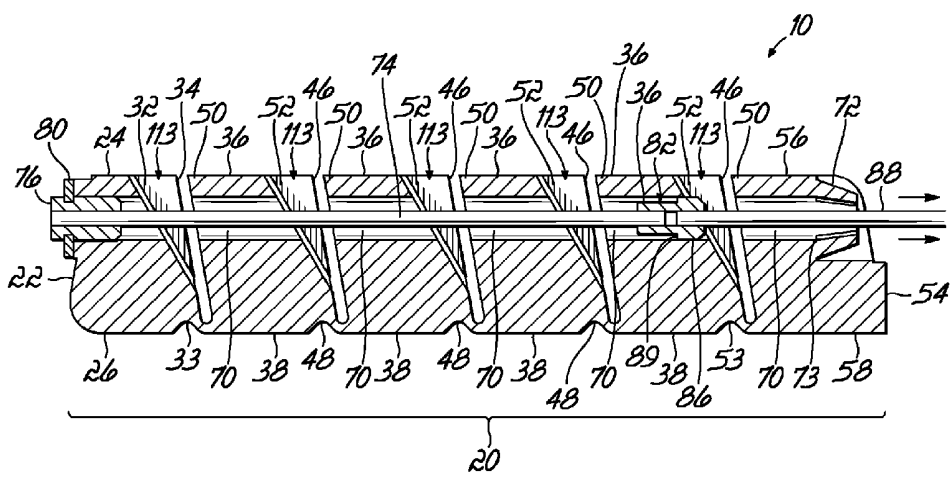


FIG. 2

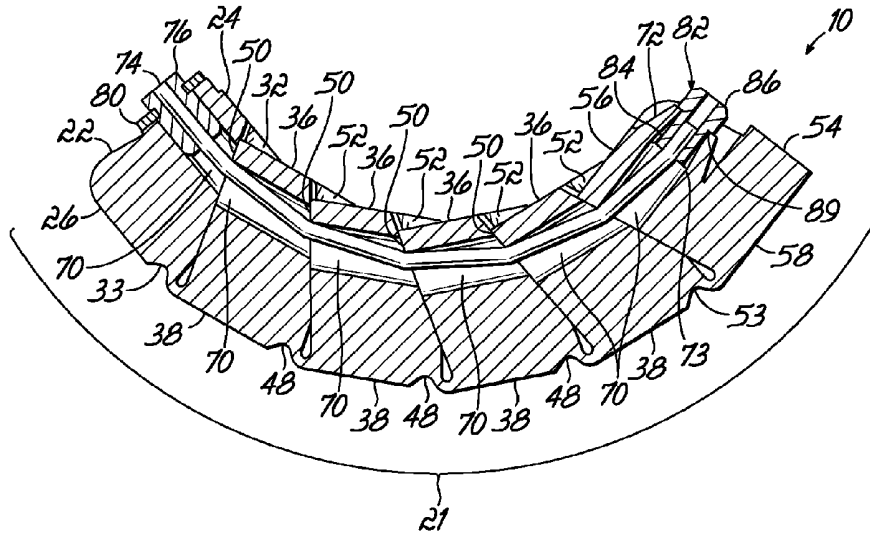


FIG. 3

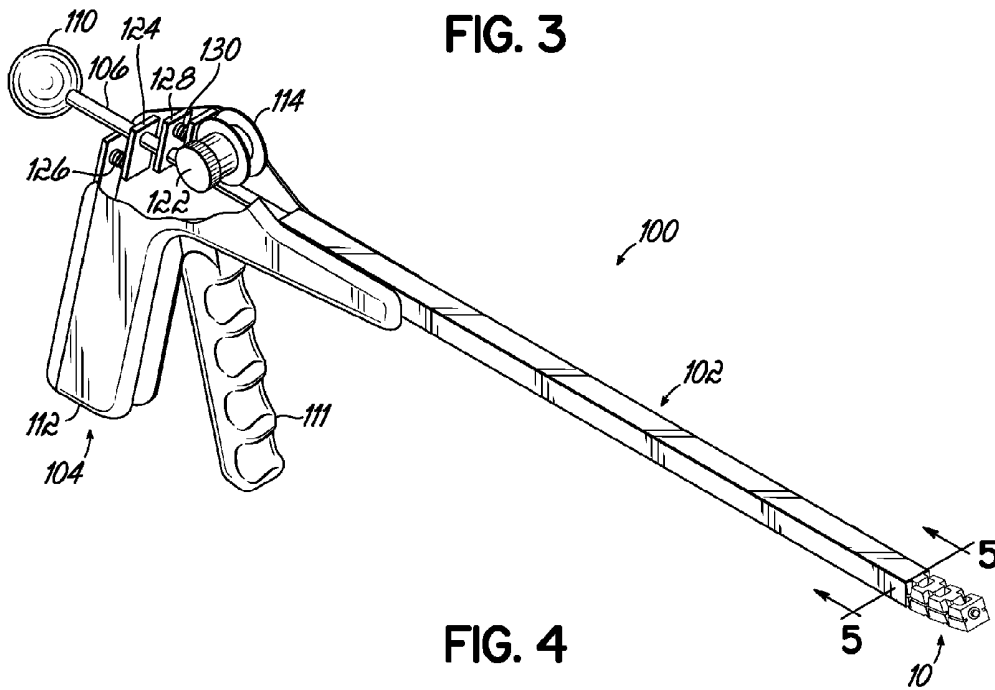


FIG. 4

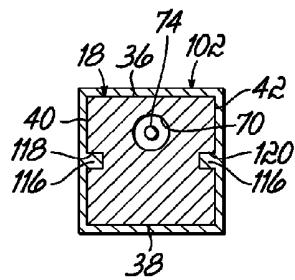


FIG. 5

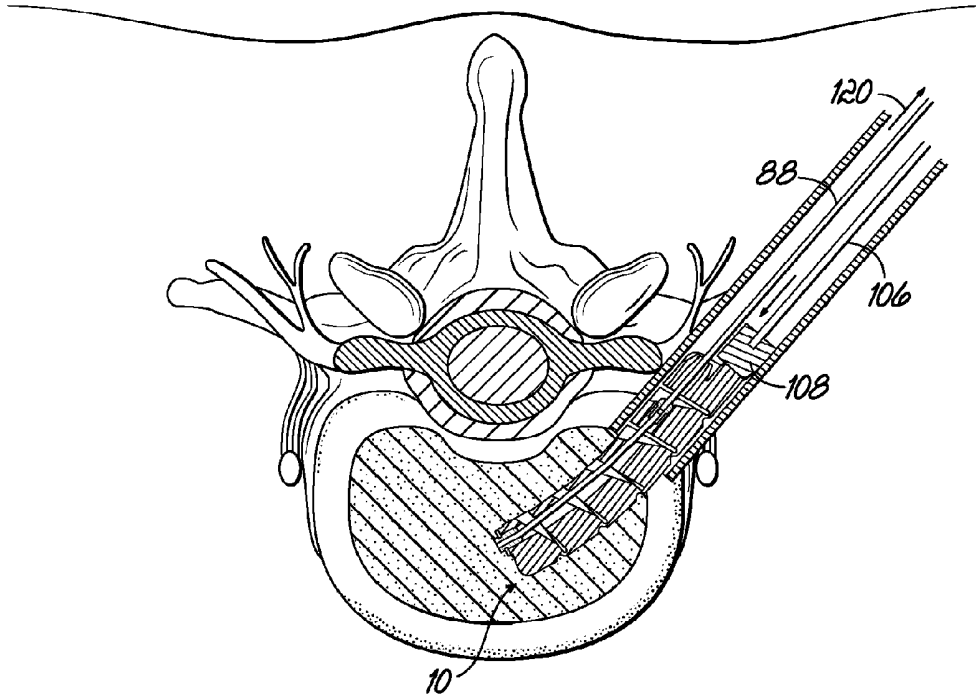


FIG. 6

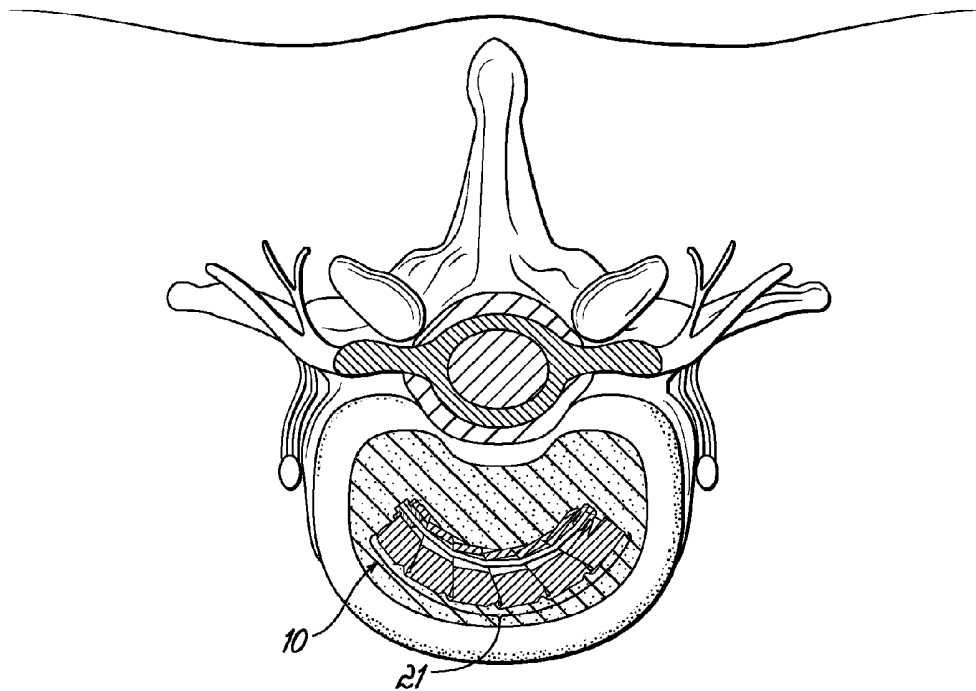


FIG. 7

DEPLOYABLE SEGMENTED TLIF DEVICE**CROSS-REFERENCE TO RELATED APPLICATIONS**

This application is a continuation of U.S. patent application Ser. No. 11/683,756, filed on Mar. 8, 2007, the entire disclosure of which is incorporated herein by reference.

BACKGROUND OF THE INVENTION

Intervertebral discs serve several functions. A primary function of the intervertebral disc is to facilitate mobility of the spine. In addition, the disc provides load bearing, load transferring, and shock absorption between vertebral discs. The disc itself is formed of two major components, a gelatinous nucleus pulposus which is surrounded by an annulus fibrosis.

The intervertebral disc can be damaged in many ways. Mechanical damage can be caused by herniation in which a portion of the nucleus projects through an opening or tear in the annulus. Progressive degeneration can be caused by either genetic or biochemical problems. In such situations, there may be a decrease in the internal nucleus volume resulting in a decrease in disc height preventing the disc from performing its designed functions.

One way to relieve the symptoms of a ruptured or deteriorated disc is by surgical removal of a portion or all of the intervertebral disc. Removal of the disc decreases disc height, which can cause a number of severe problems. Therefore, subsequent to removal of the disc, steps must be taken to restore the disc height, or separation, between the adjacent vertebrae. Many attempts have been made to insert either mechanical devices or various polymeric materials that provide solid support between the vertebrae. These devices have had varying degrees of success.

One device that has been utilized to restore disc height is shown in U.S. Pat. No. 6,387,130. The implant includes a C-shaped curve and is placed anterior within the disc space. This implant has several limitations including the use of a plurality of implants to form the curved implant, lack of a mechanism to keep the plurality of implants in plane during placement in the disc space, and lack of an instrument to effectively deliver the implant. Additionally, a number of other implants are available that due to their predetermined C-shaped profile require a significant degree of manipulation during implantation into the disc space. This manipulation may require a larger surgical access opening in the patient as well as an increased opening in the annulus of the disc.

SUMMARY OF THE INVENTION

The present invention is premised on the realization that an insert formed from a plurality of generally trapezoidal segments can be inserted between adjacent vertebrae to maintain a desired disc space. More particularly, the present invention utilizes a plurality of interconnected trapezoidal segments, which, upon insertion into a disc space, can be drawn into a generally arcuate shape within the disc space to maintain disc height. The trapezoidal segments are preferably hinged to each other. In one embodiment, a continuous strip connects the segments and provides a plurality of interconnected hinges that organize the relationship between the trapezoidal segments allowing the segments to be drawn together and to not move out of plane when creating the finalized implant shape.

The segments have a flexible wire that runs from the first or leading segment to the final trailing segment, which can be pulled or moved relative to the trapezoidal segments to draw the segments together into a generally arcuate shape. A locking mechanism is provided to prevent the trapezoidal segments from separating from each other, maintaining the generally arcuate shape.

The flexible wire preferably includes a breakaway section. Force on the wire will first act to bend the insert into an arcuate shape and lock it into position. Additional force will cause the upstream portion of the wire to break away, allowing it to be removed.

The objects and advantages of the present invention will be further appreciated in light of the following detailed description and drawings in which:

BRIEF DESCRIPTION OF THE DRAWING

FIG. 1 is a perspective view of the present invention;

FIG. 2 is a cross sectional depiction of the implant shown in FIG. 1 prior to deployment;

FIG. 3 is a cross sectional view of the implant shown in FIG. 1 in a deployed position;

FIG. 4 is a perspective view partially broken away of an apparatus used to apply the insert shown in FIG. 1;

FIG. 5 is a cross sectional view taken at lines 5-5 of FIG. 4;

FIG. 6 is a cross sectional diagrammatic view showing the implantation of the device shown in FIG. 1;

FIG. 7 is a diagrammatic cross sectional view of the device shown in FIG. 1 in an implanted state.

DETAILED DESCRIPTION

The present invention is an intervertebral support **10** that is designed to be implanted within the intervertebral space between adjacent vertebrae. The support **10** includes a leading segment **14**, a terminal segment **16** and a plurality of intermediate segments **18**. In one embodiment, four intermediate segments are included. In other embodiments, more or less intermediate segments can be utilized depending on factors such as patient anatomy or implant positioning. The segments **14, 16** and **18** are connected together by a continuous connective portion **20** along the base of the segments **14, 16** and **18** that following implantation forms an anterior wall **21** of the implant (FIG. 7).

The leading segment **14** includes a rounded leading end **22**, radially inner side **24**, radially outer side **26**, and mirror image top **28** and bottom **30** sides. The leading segment **14** can optionally be configured to have a tapered or wedge shaped leading end **22** to facilitate implantation. The terms "radially inward", "radially outward", "top" and "bottom" reference the implanted support **10**. Segment **14** further includes an internal side **34**, which is tapered inwardly and includes a notch **32**. Segment **14** is connected at a hinge **35** to the next intermediate segment **18**.

Each of the intermediate segments **18** are identical. As shown, the intermediate segments **18** include a radially inner side **36**, a radially outer side **38**, a top surface **40** and a bottom surface **42**, and inner walls **44** and **46**. Wall **46** connects to the next adjacent intermediate segment by a hinge **48**. The inner walls **44** and **46** narrow as they extend from the outer side **38** towards the inner side **36** forming a generally trapezoidal cross section. The inner wall **44** further includes a key **50**, which is adapted to reside within the notch **32** of the leading segment **14**. Inner wall **46** includes a notch **52**, which is adapted to receive the key **50** of the next adjacent intermediate segment.

The trailing segment **16**, is connected to intermediate segment **18** by a hinge **53**, and includes a trailing end **54**, a radially inner side **56** and a radially outer side **58**, as well as a top surface **60** and a bottom surface **62**. The inner wall **64** of segment **16** is tapered inwardly from the outer side **58** towards the inner side **56**. This inner wall **64** further includes a key **66** adapted to fit within a notch **52** of intermediate segment **18**.

All of the segments include a central channel **70** that extends from leading end **22** to trailing end **54**. A plurality of inwardly biased fingers **72** surround the terminal end **73** of channel **70**.

Draw wire **74** extends through channel **70** and includes a distal knob **76**, having a lock ring **80** positioned within a channel in knob **76**. This prevents the knob **76** from moving through channel **70**. Draw wire **74** extends to a proximal bead **82** and is swedged into a narrow end **84**. Bead **82** further includes a larger end **86**. A tensioning line **88** is swedged to this larger end **86**.

Bead **82** includes a shoulder **89** between its narrow end **84** and larger diameter end **86**. This shoulder **89** is designed to engage the proximal ends of fingers **72** and prevent the draw wire **74** from retracting into channel **70**.

In order to enable the tensioning line to separate from bead **82**, the draw wire **74** is swedged more tightly to bead **82** than is tensioning line **88**. Preferably, the draw wire **74** will be swedged on bead **82** with 90 pounds of force, whereas the tensioning line **88** will be swedged onto end **84** with only about 20-30 pounds of force. Thus, increasing force applied to tensioning line **88** will eventually cause it to separate from bead **82**, leaving draw wire **74** in position within device **10**.

The support **10** is preferably made from any material that has been approved by the Food and Drug Administration for use in spinal applications. One preferred material is a polymeric material, such as polyether ether ketone (PEEK). Any material that has adequate strength and flexibility as well as compatibility for this intended application may be used.

As shown more particularly in FIGS. 5, 6 and 7, the support **10** is inserted into the intervertebral space through an opening created in the annulus of the intervertebral disk using an applicator **100**. Applicator **100** includes a rectangular barrel **102** fixed to a handle member **104**. Applicator **100** further includes a rod **106** having a plunger **108** at one end and a knob **110** at the opposite end. Rod **106** can be advanced down the barrel **102** by pressing trigger **111** of handle **112**. The tensioning line **88** extends through the barrel **102**, around a tensioning spool **114** to maintain the desired tension on draw wire **74**. A sufficient length of line **88** is on spool **114** to allow the support **10** to be inserted into the intervertebral space. The end of line **88** (not shown) is fixed to the spool **114**. Tensioning spool **114** either has a preset resistance to inhibit rotation, or a screw type mechanism **122** to tighten spool **114**. A tensioning spring can also be employed.

As shown in FIG. 5, the barrel **102** further includes inner ridges **116**. The upper and lower walls of the segments **14, 16** and **18** include channels **118** and **120**, which are adapted to ride on ridges **116** in barrel **102** maintaining the support in a linear position while in barrel **102**.

To insert the support **10** of the present invention, the intervertebral space in the cervical, thoracic, or lumbar region of the spine is accessed by way of an incision through the patient's tissue that leads to the vertebral column. Preferably, the vertebral column is accessed from a transforaminal approach. Alternatively, the vertebral column can be accessed through a lateral, anterior, anterior-lateral, posterior or posterior-lateral approach. The vertebral space is surgically prepared as desired, removing all or some of the nucleus or annulus fibrosis to provide any necessary spacing for the

support **10**. Proper incisions are performed to allow the support to pass to and through the annulus fibrosis to the intervertebral space.

Support **10** is then placed into the disc space. It can be advanced using the handle **111** to move tab **128**, rod **106** and plunger **108** through barrel **104**. This moves support **10** out barrel **104** into the intervertebral space. Alternately, rear knob **110** can be struck with a hammer or similar instrument to provide the necessary force to move the support **10** into the disc space. Spring biased tab **124** prevents the rod **106** from moving in the opposite direction.

As the support **10** is inserted into the space, tension is applied in the direction of arrow **120**, which causes the support **10** to rotate into a generally arcuate or arched position. The radial continuity of the arch, as well as the degree of curvature can vary as desired. Generally, the support **10** will assume a general curved shape. The support **10** can be pre-disposed to have the general curved shape prior to loading into the applicator **100**. Alternatively, the support **10** can be linear prior to loading into the application **100** and the generally curved shape can be achieved through actuation of the applicator **100**.

Once the support **10** is properly inserted, tensioning line **88** is fixed and increased force is applied by plunger **108** against the rear surface **54** of the support **10**. The applied force will exceed the force holding the tensioning line **88** to the rear portion of bead **82**, separating the tensioning wire **88** from bead **82** and allowing the tensioning line **88** to be withdrawn.

More particularly, as the support **10** is inserted into the disc space, the tension on line **88** will cause the adjacent segments to rotate about the hinges and close the gap **113** between the adjacent segments. In one embodiment, the gap **113** has a generally triangular shape. Alternatively, the gap can be of any shape to accommodate movement of the segments in a manner that creates a desired implantation shape of the implant, such as an arcuate shaped implant (C-shaped or V-shaped). This will continue until the support transforms from a linear shape and assumes the configuration shown in FIG. 3. As the support **10** changes to this final shape, the enlarged portion of bead **82** will pass through channel **70** and through the fingers **72**. The fingers **72** expand as the enlarged portion **86** of bead **82** passes through. The fingers **72** then retract, engaging the shoulder **89** between the narrow inner portion **84** of bead **82** and the larger end **86** (see FIG. 3). This will prevent the wire **74** from moving in a direction opposite arrow **120** and permanently lock the support **10** in a generally arcuate position.

The implanted support **10** provides needed support between adjacent vertebrae. The interlocking notch and key configuration of the different segments prevents the adjacent segments from rotating relative to each other providing vertical stability.

The present invention can be modified in a number of ways, as desired. In particular, the connection portion **20** can be removed, and the individual segments connected by a hinge pin mechanism so that the individual segments are formed separately but attached together prior to implantation. Additionally, surfaces of the implant can be modified to have projections or teeth that provide friction between the implant and patient anatomy. Further, the support can be formed from any material that is suitable for implantation and possesses the required strength.

This support structure of the present invention provides many different advantages. It enables a support to be located into the intervertebral area utilizing a minimally invasive surgical procedure. This is particularly beneficial because of the limited space available in such a surgical procedure. Fur-

ther, forcing the device into the intervertebral space as tension is applied causes the structure to bend as it passes into the intervertebral space, again allowing a longer support device to be inserted into the space. Further, the draw wire with the locking bead mechanism maintains this in a permanently arcuate condition. Finally, the interlocking notch and key structure of the adjacent segments prevent relative rotation of the segments about their central axis.

This has been a description of the present invention along with the preferred method of practicing the present invention. However, the invention itself should only be defined by the appended claims.

What is claimed:

1. A system for inserting an interbody fusion support through a foramen into an intervertebral space comprising:
 - an interbody fusion support having a plurality of segments configured to be moved into a curved position, the support further comprising a draw wire; and
 - an apparatus for inserting the support, the apparatus including
 - a handle;
 - a linear barrel connected to the handle and adapted to receive said support;
 - a plunger configured to be inserted through said barrel and apply force to said support to move the support in a first direction; and
 - a tensioner connected to the handle and configured to be inserted through said barrel and to apply force on said draw wire in a second direction as said support moves in said first direction, wherein said tensioner is removably attached to said support, wherein said plunger and said tensioner are configured to operate at the same time within the barrel to advance said support through said barrel and into the intervertebral space.
2. The system of claim 1, wherein said first and second directions are opposite.
3. The system of claim 1, wherein said tensioner includes a spool and a tensioning line removably attached to said draw wire, the spool receiving the tensioning line, wherein the tensioning line is configured to be inserted through said barrel.
4. The system of claim 1, wherein the barrel includes inner ridges configured to maintain said support in a linear position as the support moves through the barrel.
5. The system of claim 1, wherein the apparatus further comprises a biased tab configured to prevent the plunger from moving in the second direction.
6. A method of inserting an interbody fusion support into an intervertebral space, the method comprising:
 - providing a linear support having a plurality of segments, the plurality of segments including a leading segment and a trailing segment, the linear support configured to be moved into a curved position;
 - providing an inserter comprising a handle, a linear barrel connected to the handle and configured to receive said support, a plunger configured to be inserted through said barrel and move said support in a first direction, and a tensioner connected to the handle, the tensioner including a tensioning line, the tensioner configured to apply

- tension on said tensioning line in a second direction opposite the first direction, wherein said plunger and said tensioning line are configured to operate at the same time within the barrel to advance said support through said barrel and into the intervertebral space;
 - inserting said linear support into said barrel and removably attaching said tensioning line to said support;
 - moving said linear support in said first direction with said plunger, leading segment first, through a surgical opening into said intervertebral space while applying tension on said tensioning line in said second direction, forcing said support to curl into the curved position as said support enters said intervertebral space;
 - applying tension on said tensioning line until a locking element engages the trailing segment of the support; and
 - removing said tensioning line by applying additional force on the tensioning line, wherein the locking element prevents the support from moving from the curved position to a linear position when the tensioning line is removed.
7. The method of claim 6, further comprising the step of maintaining a planar connection between the segments when applying tension on the tensioning line.
 8. The method of claim 7, further comprising the step of providing a key and notch relationship between adjacent segments to maintain the planar connection between the adjacent segments.
 9. The method of claim 7, further comprising the step of providing a connection portion on the support to maintain the planar connection between segments.
 10. The method of claim 6, wherein applying tension includes applying a first amount of tension on the tensioning line and wherein removing the tensioning line includes applying a second amount of tension on the tensioning line to separate the tensioning line from the support, wherein the second amount of tension is greater than the first amount of tension.
 11. The method of claim 6, wherein the linear support has a draw member fixed to the leading segment, extending through the plurality of segments and releasably attached to the tensioning line, wherein the locking element includes a first locking element disposed on the draw member and a second locking element disposed on the trailing segment, wherein applying tension includes applying tension on the tensioning line to curl the support until the first locking element moves through the trailing segment and engages the second locking element on the trailing segment.
 12. The method of claim 11, wherein the first locking element includes a bead and the second locking element includes a plurality of flexible fingers on the trailing segment, wherein applying tension includes moving the bead through the trailing segment which thereby opens the fingers, and allowing the fingers to close behind the bead when the bead passes through the fingers, preventing the support from moving back to the linear position.
 13. The method of claim 6, wherein the step of providing a linear support having a plurality of segments includes connecting a plurality of separate segments.

* * * * *

专利名称(译)	可部署的分段TLIF设备		
公开(公告)号	US8496667	公开(公告)日	2013-07-30
申请号	US13/236104	申请日	2011-09-19
申请(专利权)人(译)	ZIMMER脊柱, INC.		
当前申请(专利权)人(译)	ZIMMER脊柱, INC.		
[标]发明人	VIKER THOMAS O		
发明人	VIKER, THOMAS O.		
IPC分类号	A61B17/88 A61F2/44 A61F2/46		
CPC分类号	A61F2/4455 A61F2/4611 A61F2002/30112 A61F2002/30153 A61F2002/30266 A61F2002/30462 A61F2002/30471 A61F2002/305 A61F2002/30561 A61F2002/4415 A61F2220/0025 A61F2220/0075 A61F2220/0091 A61F2230/0004 A61F2230/0019 A61F2230/0082 A61F2250/0071		
其他公开文献	US20120004731A1		
外部链接	Espacenet	USPTO	

摘要(译)

分段的椎间融合支撑件包括多个区段, 所述区段包括初始区段, 最终区段和至少一个中间区段。中间段具有大致梯形的构造, 并且初始和最终段包括锥形侧壁, 在相邻段之间提供三角形间隙。拉丝固定到第一段并穿过其余段。通过相对于区段拉动牵引线, 区段以大致弓形构造被拉到一起。牵引线包括放大部分, 该扩大部分穿过最终部分并与最终部分上的多个指状物接合, 这防止牵引线缩回, 从而保持弓形结构。分段装置可以通过腹腔镜装置插入椎间空间中, 并且随后可以被拉成弓形构型以建立所需的椎间间隔。

