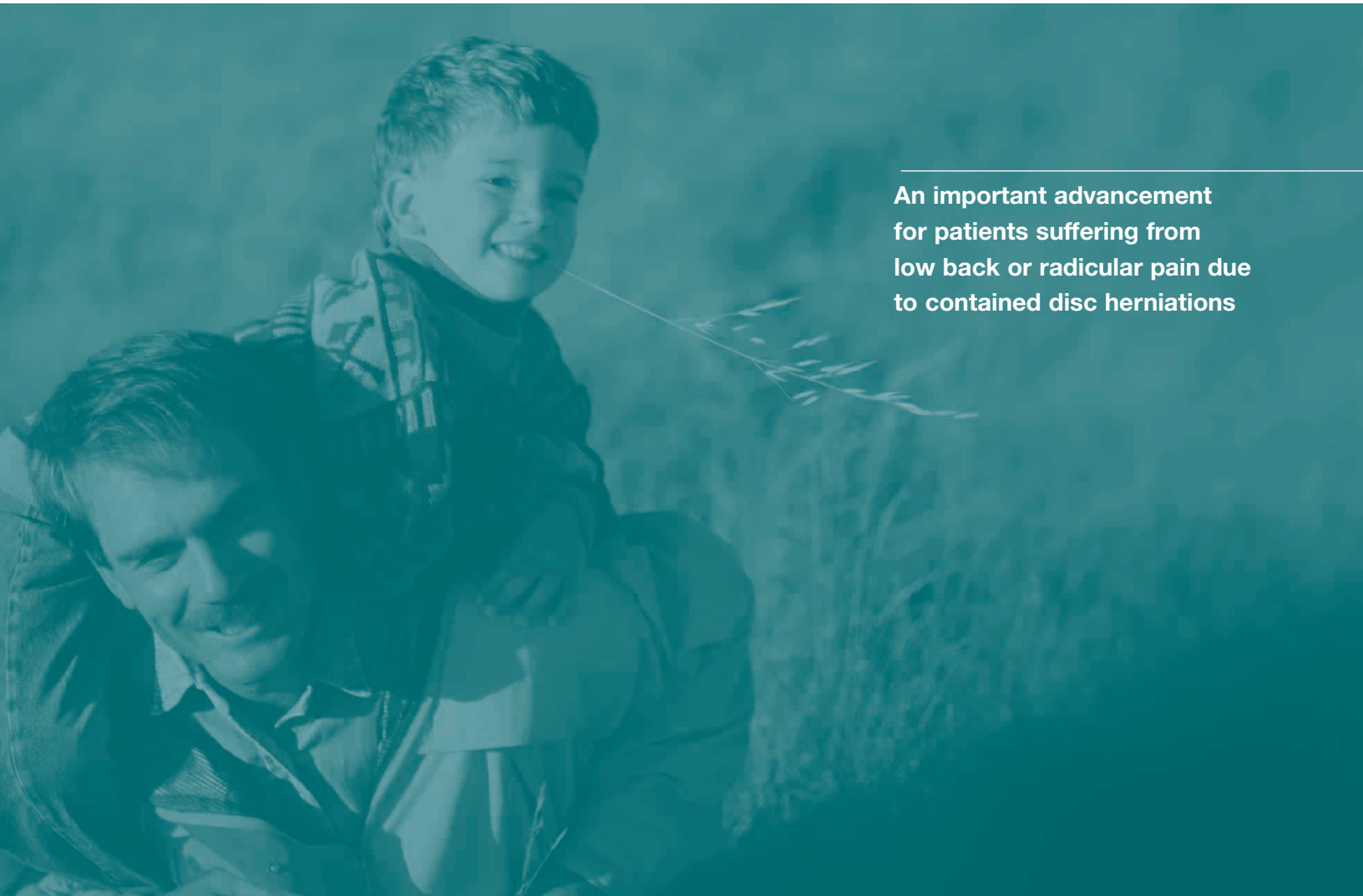
stryker®

Interventional Pain

DEKOMPRESSOR®
Product Guide

Percutaneous Discectomy Probe

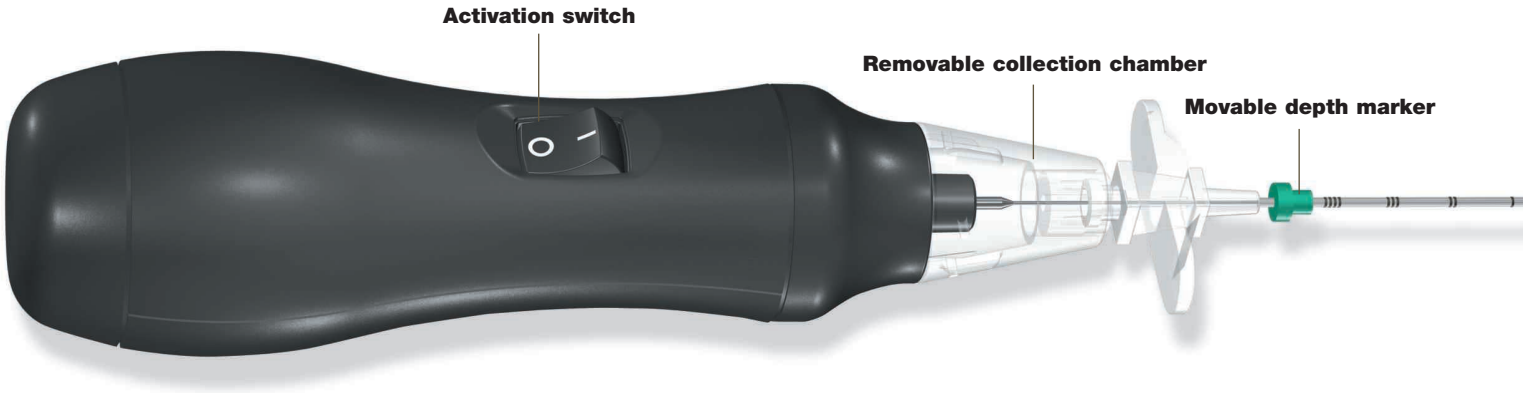


An important advancement for patients suffering from low back or radicular pain due to contained disc herniations

DEKOMPRESSOR®
Percutaneous Discetomy Probe

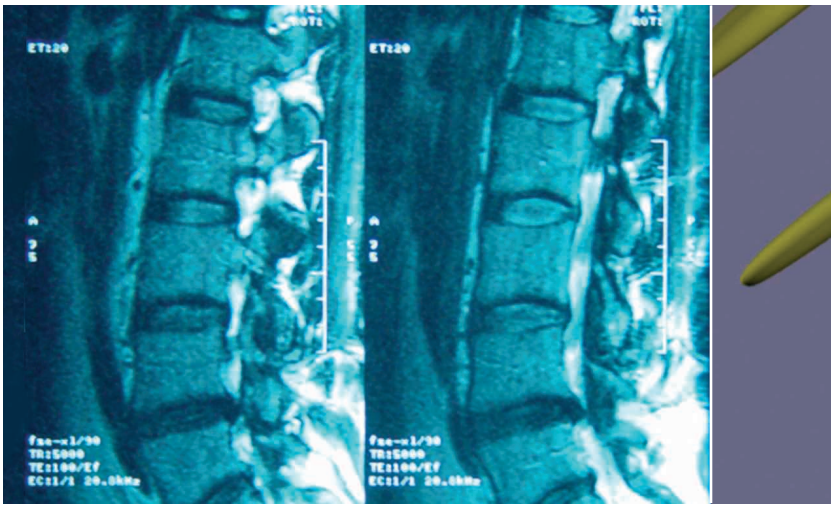
A bright future for patients suffering from some disc herniations

Discectomy of the intervertebral disc nucleus pulposus for relief of low back and radicular pain is the most commonly performed neurosurgical procedure achieving success rates in excess of 90%. Less invasive methods for discectomy and disc pressure reduction will play an important role in the future treatment of patients suffering from contained disc herniations. The DEKOMPRESSOR® 1.5 mm Percutaneous Discectomy Probe utilizes a highly efficient method for removal of intervertebral disc nucleus pulposus through a smallest available channel allowing discectomy entirely under fluoroscopic control.

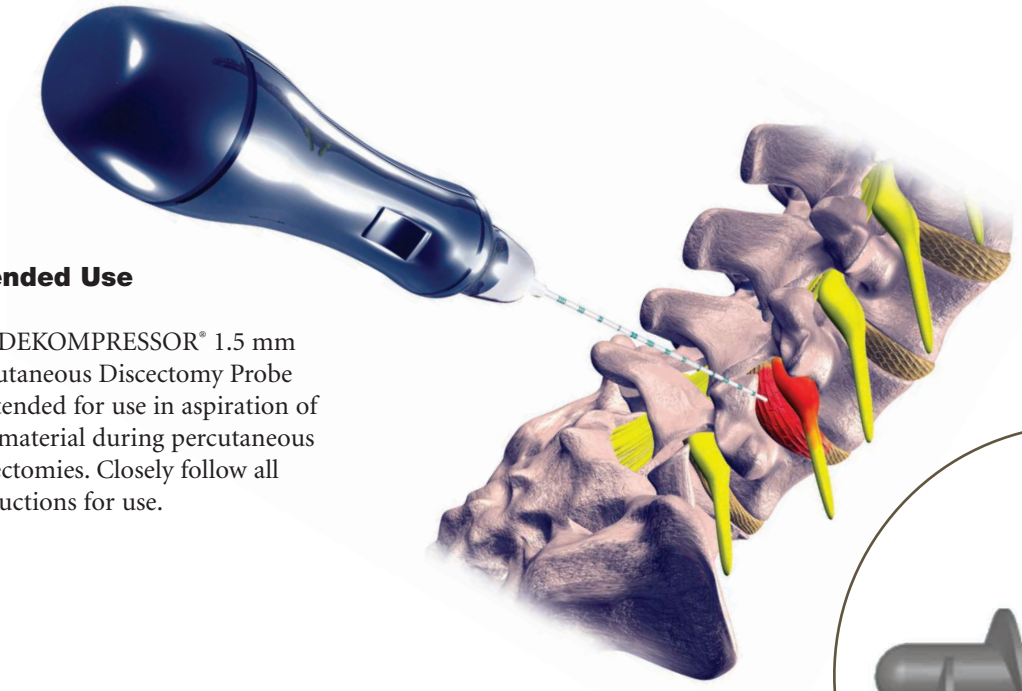


Discectomy using the DEKOMPRESSOR® may result in:

- A reduction in the production of perineural scarring and postoperative fibrosis
- A reduction in permanent structural alterations including those produced by:
  -invasion of the spinal canal
  -dissection of the ligamentum flavum
  -removal of lamina
  -disruption of the disc annulus
- A decrease in:
  -anesthesia
  -procedure time
  -recovery time
- A decrease in complication and morbidity rates
- A decrease in postoperative spinal instability

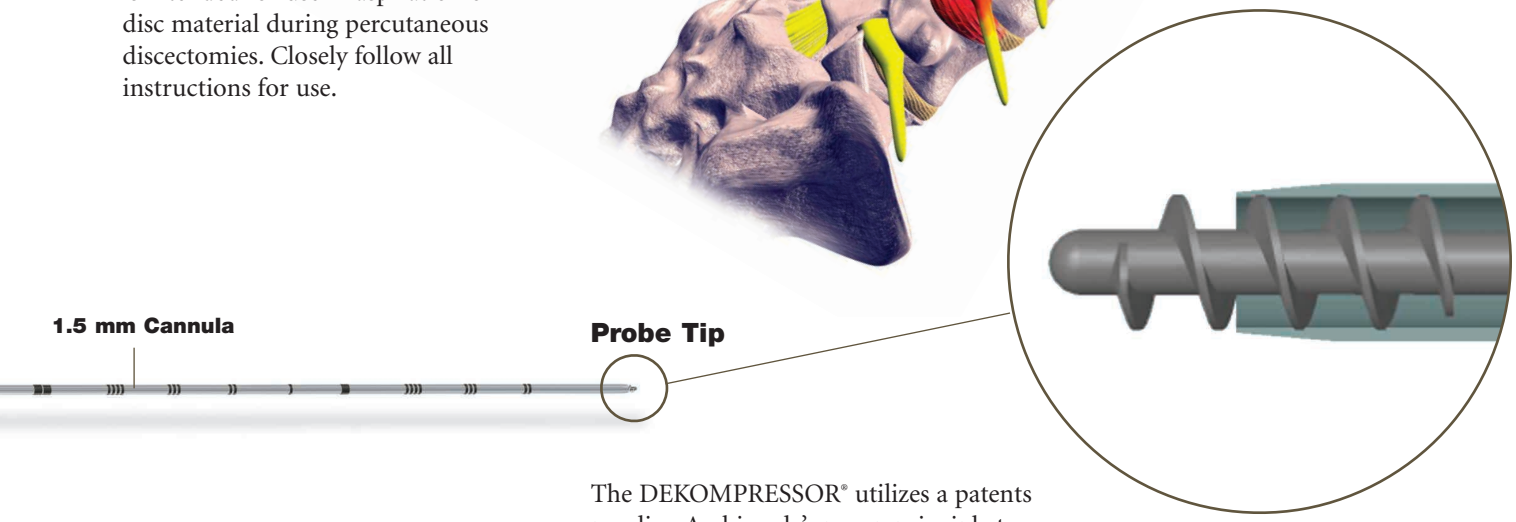


An important advancement
in Percutaneous Discectomy

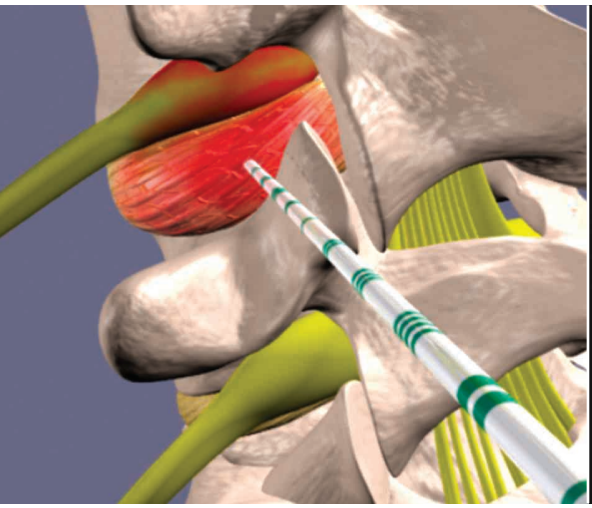


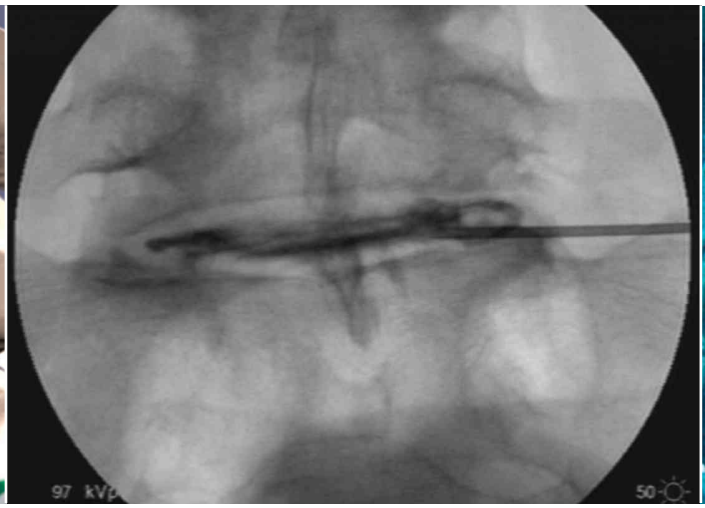
Intended Use

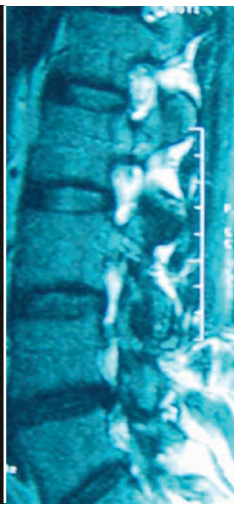
The DEKOMPRESSOR® 1.5 mm Percutaneous Discectomy Probe is intended for use in aspiration of disc material during percutaneous discectomies. Closely follow all instructions for use.



The DEKOMPRESSOR® utilizes a patents pending Archimede's pump principle to efficiently remove nucleus pulposus tissue from bulging or contained herniated discs. This results in pressure reduction in the disc and area surrounding the painful nerve root, which may result in pain relief.







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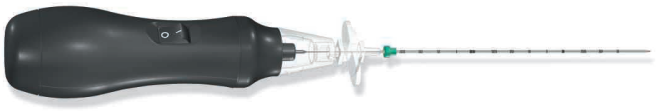

Dekompressor Ordering Information:

Cat. No	Description
407-250-000	6" 17 Gauge Dekompressor® Percutaneous Discectomy Probe
407-253-000	6" 17 Gauge Dekompressor® Introducer Cannula w/Stylet (5/pkg)
407-254-000	6" 17 Gauge Curved Introducer Cannula w/Stylet (5/pkg)
407-255-000	6" 17 Gauge Blunt Introducer Cannula w/Stylet (5/pkg)
407-260-000	9" 17 Gauge Dekompressor® Percutaneous Discectomy Probe
407-280-000	6" 19 Gauge Dekompressor® Percutaneous Discectomy Probe

Description
The DEKOMPRESSOR® is a single use disposable discectomy probe that passes through and works in conjunction with a 1.5 mm introducer cannula to remove intervertebral disc nucleus pulposus material.

Intended Use
The Dekompressor® Percutaneous Discectomy Probe is intended for use in aspiration of disc material during Percutaneous discectomies in the lumbar, thoracic and cervical regions of the spine.

Contraindications
1. Traumatic spinal fracture, infection, tumor, pregnancy, and severe co-existing medical disease are contraindications.
2. The probe is not appropriate for treating patients who present with pain originating from structures other than contained herniated discs. Patients presenting with free fragments, severe bony stenosis, or severely degenerative discs should be excluded.
3. The procedure should be performed under local anesthesia or conscious sedation to allow patient monitoring for signs of segmental spinal nerve irritation. General anesthesia is contraindicated.
4. Patients with severe and rapidly progressing neurological deficits should be excluded.

Special Notes
1. The probe should only be used by physicians who have received training and have previous experience in discography and intradiscal therapies.

Special Notes (cont.)
2. The probe is designed only for use with the introducer cannula provided in the kit.
3. The probe and introducer Cannula are single use disposable items provided sterile. DO NOT ATTEMPT TO RE-STERILIZE OR RE-USE.
4. Disc space infection is a rare but potentially serious complication. The procedure should be performed under sterile technique. Intradiscal and parenteral antibiotics are recommended unless contraindicated. If there is an infection present in the vicinity of the spine, especially near the treatment area, it is mandatory to treat the infection before attempting the procedure.
5. Placement of the introducer cannula and probe requires direct visualization of a safe approach to the postero-lateral disc annulus. Fluoroscopy, or an alternate imaging technology, is essential to the safe conduct of the procedure.

Caution
1. Read all instructions carefully prior to use.
2. U.S. Federal law restricts this device to sale by or on the order of a physician.
3. For single intervertebral disc access only, do not use on multiple intervertebral levels. Do not immerse in liquids.

Complication
Potential complications include: infections, bleeding, nerve damage, worse pain, failure of technique, paralysis, idiosyncratic reaction, anaphylaxsis, & death.

For more information, contact your local Stryker Sales Representative.

1000-906-001 Rev. A

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