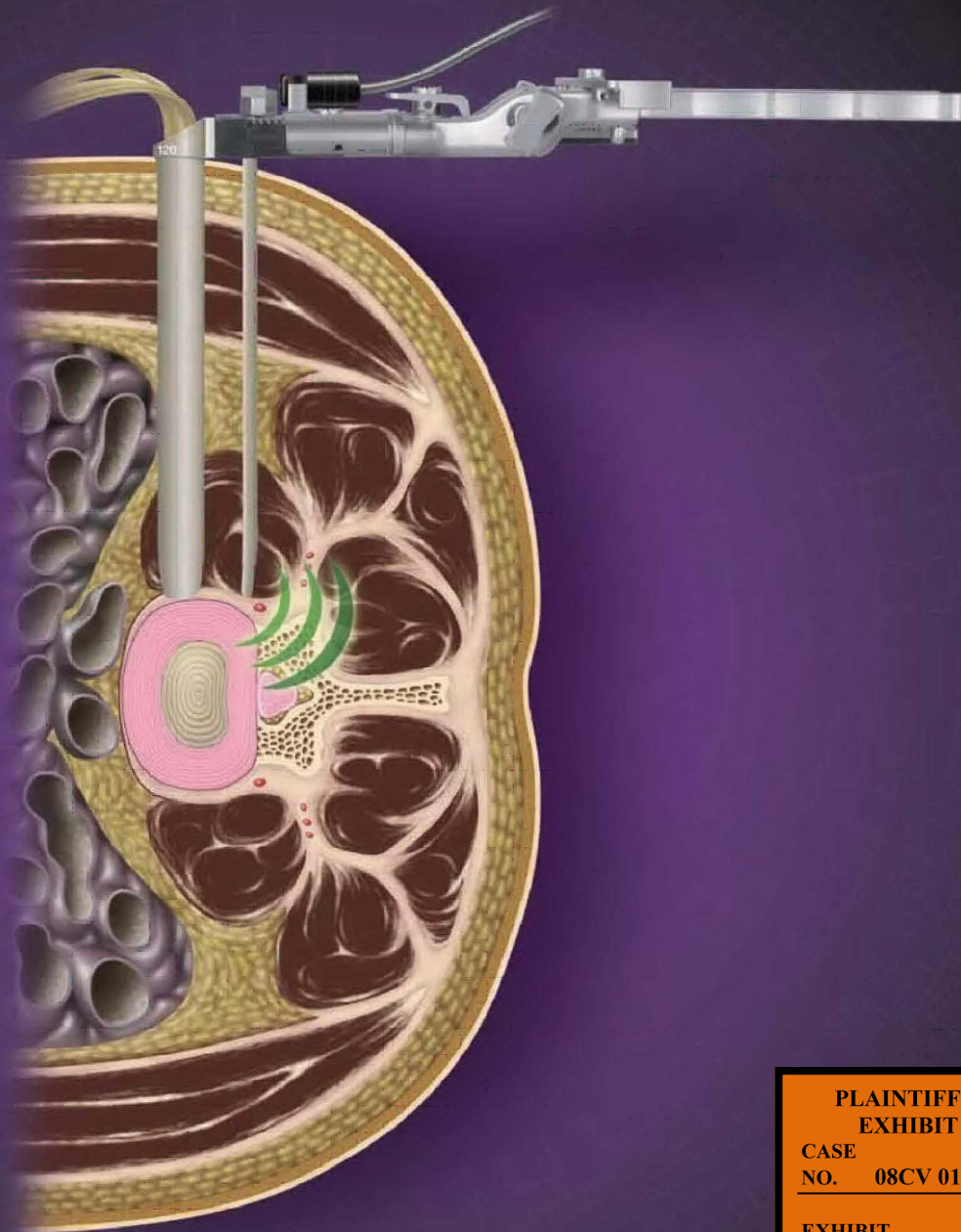


XLIF[®]

S U R G I C A L T E C H N I Q U E

MAXCESS[®]PLAINTIFF'S
EXHIBITCASE
NO. 08CV 01512EXHIBIT
NO. PX1699 **NUVASIVE[®]**
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PREFACE

Luiz Pimenta, M.D., Ph.D.

Until now, widespread acceptance of minimally invasive techniques has evaded spine surgery. One reason for this was the inherent difficulty new technologies (e.g., endoscopes, optical trocars, CO₂) typically introduced while attempting to achieve the same surgical objectives as conventional surgery. The XLIF® surgical technique is different, however, because it incorporates two systems, described below, that help to avoid these obstacles while enabling safe and reproducible minimally disruptive spine surgery.

The MaXcess® System provides maximum surgical access while minimizing the soft tissue disruption that often occurs during open surgery. The MaXcess System allows the fundamentals of conventional surgical techniques to be achieved, while eliminating the unfamiliar requirements of operating coaxially through tubular portals. Additionally, since there are no adjunctive visualization tools (e.g., endoscope, monitor), the MaXcess System enables direct illuminated visualization of the patient's anatomy through conventional methods.

The NeuroVision® JJB System is another important technology that enables safety and reproducibility during minimally disruptive techniques. This system is the only surgeon-driven technology that provides dynamic, discrete information on nerve location and condition. The XLIF technique described in this guide utilizes a direct lateral, retroperitoneal, transpsoas approach to access the intervertebral disc. NeuroVision is used to enable a safe trajectory past the nerves in the psoas muscle by communicating nerve proximity and directional information. This enables the surgeon to locate and avoid the lumbar plexus while accessing the disc. NeuroVision is the only nerve avoidance system that has demonstrated safety and reproducibility during a lateral transpsoas technique.

XLIF adoption has grown significantly since its introduction. Initially, the XLIF technique was used to address mainly single-level degenerative conditions in the lumbar spine. Since then, the indications have evolved and expanded. Today it is used routinely as a minimally disruptive solution to address many degenerative, deformity, and other conditions that require anterior column support and/or reconstruction.

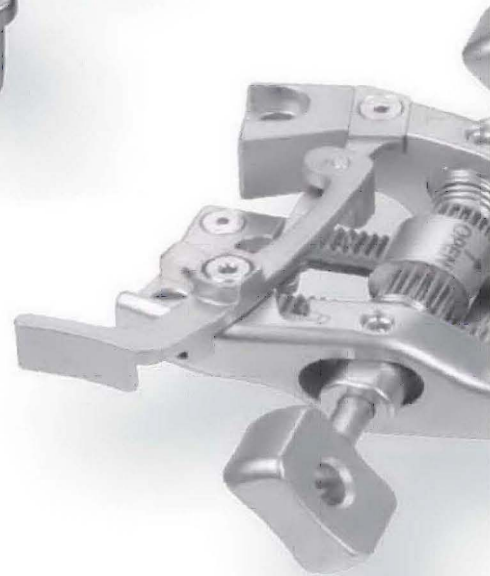
As we continue to evolve spine surgery and decrease patient morbidity, it is imperative that the techniques do not undermine the surgical fundamentals that have served us well. The XLIF technique satisfies this requirement and should be considered as one of the many viable treatment options available to the spine surgeon.

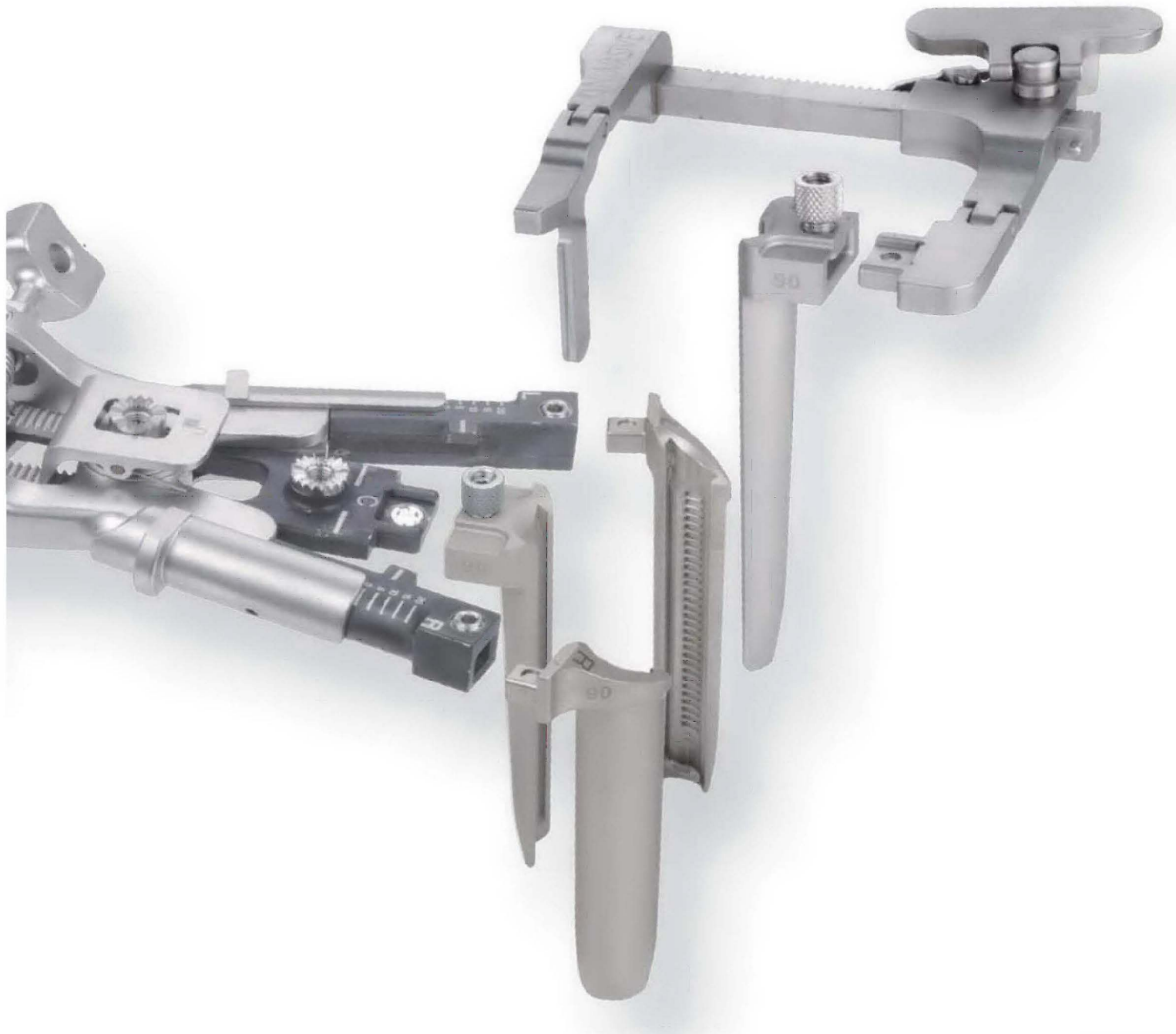
Obrigado,



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