



DID YOU KNOW?

Minimally-invasive surgery can reduce post operative pain by reducing the amount of damage to muscle tissue compared to traditional surgery.¹

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Minimally Invasive Surgery

Spinal Fixation



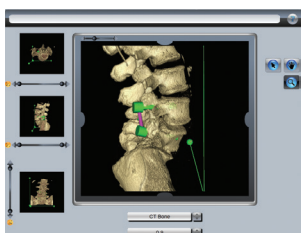
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Minimally Invasive Surgery with Mazor Robotics Renaissance™

What is minimally-invasive surgery (MIS) for spinal fixation?



Spinal fixation is the process of two or more vertebrae fixated together, immobilizing them to prevent nerve irritation and instability. It is used to treat broken

vertebra, a spinal deformity, spinal weakness, spinal instability, or chronic low back pain.

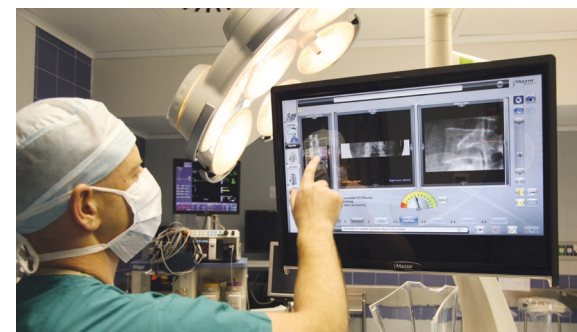
Traditionally, surgeons perform this procedure using an “open” technique. Open surgery provides a direct line of vision to the vertebra through a long incision which may aid in the process of inserting the implants. MIS allows the surgeon to perform the procedure with minimal incisions.

What are the benefits of MIS spinal fixation?

Performing spinal fixation in an open surgery allows direct line of sight, but can result in damage to surrounding healthy tissue, larger scars, and postoperative pain.

MIS uses smaller incisions and studies have shown patients may experience less postoperative pain and a faster recovery.² However, MIS requires an increased amount of intraoperative X-rays to compensate for the surgeon's lack of direct line-of-vision.

What are the advantages of spinal fusion with Mazor Robotics Renaissance?



Mazor Robotics technology guides the surgeon's tools during MIS to ensure the highest levels of accuracy while possibly reducing the use of fluoroscopy (intraoperative images).² MIS spinal fixation helps to preserve surrounding healthy tissue and can result in fewer complications, less blood loss, minimal scars, less pain, faster recovery, and quicker return to daily life.¹



1. Allen, R., Garfin, S. The Economics of Minimally Invasive Spine Surgery. SPINE (2010) 35: S375–S382.
2. Kuntelhardt SR, Martinez R, Baerwinkel S, Burger R, Giese A, Rohde V. Perioperative course and accuracy of screw positioning in conventional, open robotic-guided and percutaneous robotic-guided, pedicle screw placement. Eur Spine J. 2011;20(6):860-868.