

RABEA® PEEK

Vertebral Body Fusion - simple and efficient



ATA SHEET







RABEA®PEEK

Vertebral body fusion - simple and efficient

The simple and efficient selection in cervical interbody fusion. Using an anterior approach and following cervical discectomy the RABEA® cervical implant is indicated for use in:

- Disc herniation
- Mechanical instability
- Calcification of the posterior structures
- Osteochondrosis
- Spinal canal stenosis
- Pseudarthrosis and ineffective fusion

PEEK-OPTIMA®, a revolutionary biocompatible thermoplastic solution for in-vivo applications, is particularly suitable as an implant material. Since its introduction more than 20 years ago, the polymer has become ever more the material of choice for applications requiring outstanding resistance to chemicals, heat, steam, radiation and wear. While being all but totally inert, this polymer combines superior strength, stiffness and impact resistance while allowing excellent, post operative imaging of the operative site.



- Artifact-free in MRI
 - → Optimal postoperative control
- Titanium markers
 - → Easy identification and positioning
- Excellent biocompatibility
 - → In-vivo, PEEK-OPTIMA® is all but totally inert
- Toothed, superior and inferior surfaces
 - → Assuring a secure seating of the implant
- Fenestrated implant
 - → Allowing good bony in-growth
- Oblong form
 - → In accordance with the established Smith-Robinson technique

WIDTH	LENGTH	CATALOGUE NUMBER	
		FLAT OBLONG	5° WEDGE
12	14	PK041214	WK041214
12	16	PK041216	•
12	14	PK051214	WK051214
12	16	PK051216	•
12	14	PK061214	WK061214
12	16	PK061216	•
12	16/14	PK071216	WK071214
12	16	PK081216	•
	12 12 12 12 12 12	12 14 12 16 12 14 12 16 12 14 12 16 12 16	FLAT OBLONG 12 14 PK041214 12 16 PK041216 12 14 PK051214 12 16 PK051216 12 14 PK061214 12 16 PK061216 12 16 PK061216 12 16/14 PK071216

Further sizes available on request

Implants available single packed and sterile, ready to use.



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The three dimensional depiction shows the excellent biomechanical integration of the implant



Bony integration is clearly seen at six months post-op