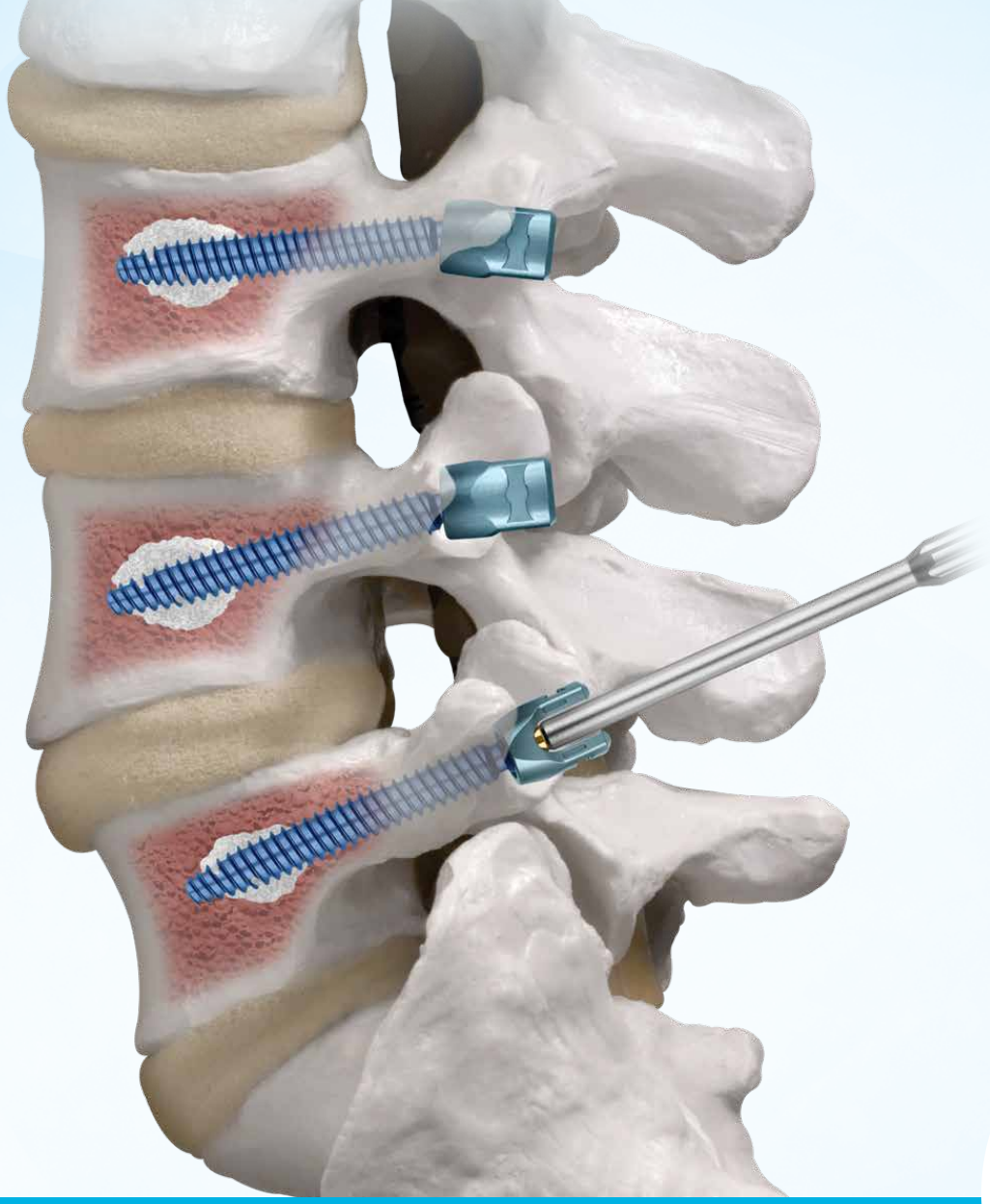




REVLOK®

Fenestrated Screw System

Outside the US Only

GLOBUS MEDICAL

Our mission is to deliver cutting-edge technology, research, and innovative solutions to promote healing in patients with musculoskeletal disorders.

Life moves us

The Surgical Technique shown is for illustrative purposes only. The technique(s) actually employed in each case always depends on the medical judgment of the surgeon exercised before and during surgery as to the best mode of treatment for each patient. Additionally, as instruments may occasionally be updated, the instruments depicted in this Surgical Technique may not be exactly the same as the instruments currently available. Please consult with your sales representative or contact Globus directly for more information.

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REVLOK®

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REVLOK®

Fenestrated Screw System

REVLOK® is an innovative fenestrated screw system that enables safe screw augmentation by injecting bone cement inside the vertebral body.

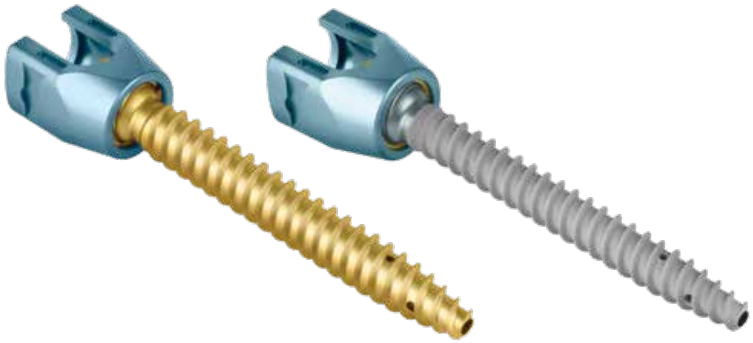
REVLOK® has multiple options to treat the differing bone qualities of the aging spine, including Hydroxyapatite (HA) coated screws, which provide enhanced screw purchase. If bone cement augmentation is desired, a specialized dispensing tip allows for secure bone cement delivery into the screw, enhancing fixation without compromising safety.

Versatility

Screw provides intraoperative adaptability when augmentation is necessary

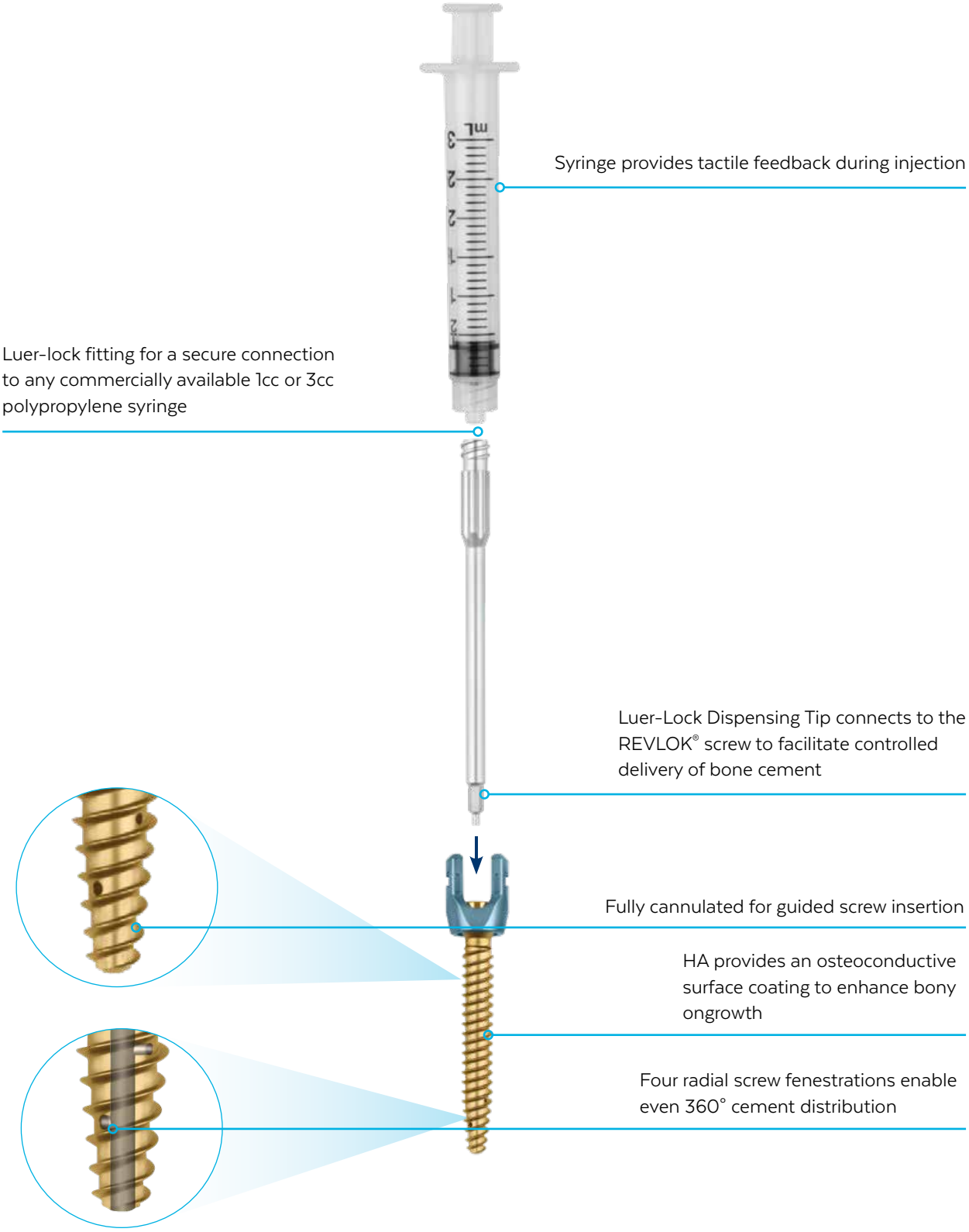
Innovation

Specialized instruments direct bone cement through the fenestrations and minimize the risk of cement flow from the screw tip



Efficient Delivery

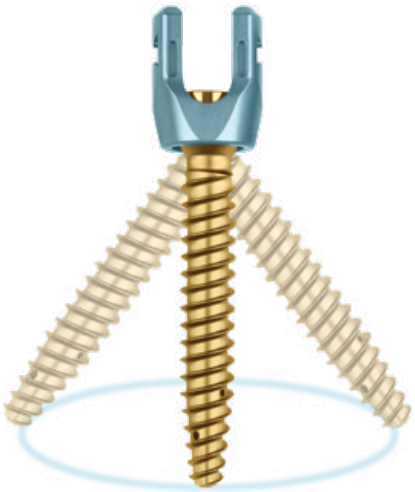
Dispensing tip mates with the screw hex, allowing for multiple screws to be augmented concurrently


Syringe provides tactile feedback during injection
Luer-lock fitting for a secure connection to any commercially available 1cc or 3cc polypropylene syringe
Luer-Lock Dispensing Tip connects to the REVLOK® screw to facilitate controlled delivery of bone cement
Fully cannulated for guided screw insertion
HA provides an osteoconductive surface coating to enhance bony ongrowth
Four radial screw fenestrations enable even 360° cement distribution

IMPLANT OVERVIEW

Screws

- Polyaxial self-tapping screws
- Diameters 5.5, 6.5, 7.5, and 8.5mm
- ±30° angulation (60° total) provides intraoperative adaptability
- Constant outer diameter for maximum bone purchase
- Double lead thread for rapid insertion
- Lengths 25-90mm
- Titanium alloy
- Designed for use with REVERE® instruments, rods, and t-connectors
- Fully cannulated for placement over guide wire



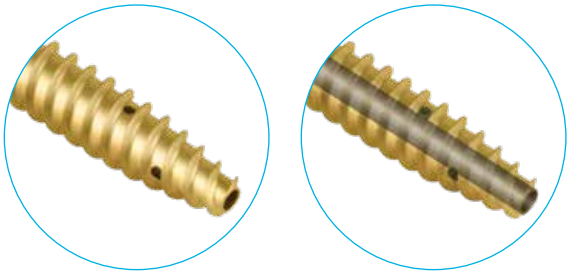
Surface Coating

- HA coating provides an ideal screw-bone interface within the pedicle



Fenestrations

- Series of four side fenestrations offset 90° to facilitate even bone cement flow around the screw



Non-threaded Locking Cap

- Non-threaded design eliminates cross-threading
- Integrated rod reduction capability
- 90° rotation securely captures the rod
- Independent locking mechanism eases deformity corrections



INSTRUMENT OVERVIEW

PEDICLE PREPARATION



Pedicle Awl 602.104



Pedicle Probe, Straight 602.101



Pedicle Probe, Curved 602.102



Pedicle Probe, Thoracic 602.109



Ball Tip Probe 602.105



Ball Tip Probe, Curved 602.106



Ball Tip Probe, Double Ended 624.110

INSTRUMENT OVERVIEW

SCREW INSERTION

1.6mm K-Wire, Blunt Tip, 230mm Long 658.007



Cannulated Hex Driver/K-Wire Depth Gauge 658.009



Holding Sleeve Assembly 624.704



3.5mm Hex Driver, Fenestrated 678.706

AUGMENTATION INSTRUMENTS



Luer-Lock Dispensing Tip, 3.5mm Hex 658.001

**Items in gray are additionally available*

SCREW LOCKING INSTRUMENTS



Rod Template, 150mm 602.501



Rod Holder 624.510



Locking Cap Driver 624.601

REMOVAL INSTRUMENTS



3.5mm Hex Driver, Self-Retaining 624.406

**Items in gray are additionally available*

SURGICAL TECHNIQUE

REVLOK®

Luer-Lock Dispensing Tip Technique

This surgical technique contains instructions on the use of REVLOK® fenestrated screws. For instructions on rod reduction, compression or distraction, final tightening, and T-connector insertion, please refer to the REVERE® Surgical Technique Guide (GMTGD17).

STEP 1 PREOPERATIVE PLANNING/APPROACH

Proper imaging equipment must be utilized to correctly determine which implants best suit the patient's anatomy. Lateral C-arm fluoroscopy or other radiographic methods should be utilized throughout the surgery to ensure correct implant sizing and placement.

The decision to augment the REVLOK® screws may also be made intraoperativley based on tactile feedback during pedicle preparation and screw insertion. If augmentation is deemed necessary, bilateral cement augmentation is recommended.

If bone cement is to be used, a CE-marked radiopaque PMMA bone cement is recommended for use with the REVLOK® screws. Refer to the instructions for use of the desired bone cement to be used for proper mixing, injection, and curing times.

STEP 2 SCREW INSERTION

Locate the pedicle; use a **Pedicle Awl** to perforate the cortex, and a **Pedicle Probe** to open the pedicle pathway. Demarcations every 10mm on the probe indicate the depth of the pathway and help determine proper screw length. A depth gauge may be used to verify depth. REVLOK® screws are self-tapping; however, if tapping is preferred, the correspondingly sized REVERE® Tap may be used. Screws with the maximum possible diameter and length achieve maximum stability.

Special Considerations for Cement Augmentation

Screw fenestrations must be located inside the vertebral body, close to the anterior cortical wall. The screw shaft must be placed into approximately 80% of the vertebral body. If the screw is too short, the risk of leakage into the pedicle increases. Smaller screws (25–35mm) should only be placed in the sacrum. If the screw is too long, the risk of leakage anterior to the vertebral body increases. Do not place screws bicortically if augmentation is to be used. In the event of anterior perforation, cement augmentation should not be applied.



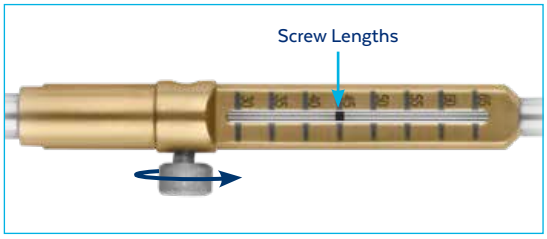
Optimal length: Fenestrations are located well within the vertebral body

SCREW INSERTION (CONT'D)

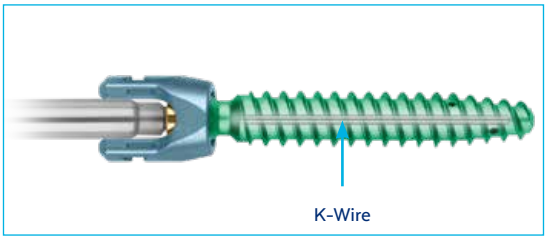
Use a **Ball Tip Probe** to verify that the walls of the prepared pedicle pathway are not violated. Demarcations every 10mm on the probe indicate the depth of the pedicle pathway and can also help determine proper screw length.

Place a **1.6mm K-Wire, Blunt Tip, 230mm** into the **Cannulated Hex Driver/K-Wire Depth Gauge** and line up the laser mark on the K-wire with the appropriate screw length on the Depth Gauge. Rotate the knurled knob clockwise to secure the K-wire to the desired length. Place the cannulated REVLOK® screw over the K-wire until it is seated in the self-retaining feature of the Hex Driver. Insert the screw into the pedicle. Remove the K-wire and Cannulated Hex Driver/K-Wire Depth Gauge. Ensure that the screw head is mobile and free of bone obstruction.

USING THE CANNULATED HEX DRIVER/K-WIRE DEPTH GAUGE



Selecting the appropriate screw length on the Depth Gauge



Cannulated REVLOK® screw seated on the Hex Driver



Cannulated Hex Driver/K-Wire Depth Gauge and REVLOK® Screw (Assembled)

Using the Cannulated Hex Driver/K-Wire Depth Gauge helps prevent the center cannulation of the REVLOK® screw from becoming obstructed with bone, which may hinder screw augmentation. Match the laser mark on the K-wire with the corresponding length on the Cannulated Hex Driver/K-Wire Depth Gauge and rotate the knurled knob clockwise to secure the K-wire. With the K-wire inserted, the cannulated screw acts as a solid screw shaft during screw placement. This forms a "plug" of bone at the distal tip of the screw, ensuring that the bone cement will flow only through the fenestrations and not anteriorly through the central cannulation.

STEP 3 CEMENT PREPARATION

A CE-marked radiopaque PMMA bone cement should be selected and prepared according to the manufacturer's recommendations.

STEP 4 CEMENT INJECTION

Load a 1cc or 3cc syringe with cement and connect the male luer of the syringe to the female luer of the **Luer-Lock Dispensing Tip, 3.5 Hex**. Secure by rotating the lock clockwise. Seat the hex of the Dispensing Tip into the hex of the screw.

Lateral C-arm fluoroscopy or other radiographic methods should be used throughout surgery to observe the flow of bone cement into the vertebral body. Additional C-arm fluoroscopy in the AP projection is recommended.

Inject approximately 0.5cc of cement per screw until cement flows through the fenestrations. Do not augment more than four screws at once. Following the initial injection sequence, add another 0.5–1.0cc of cement to each screw.



Cement injection

Bone cement flow must be monitored under continuous fluoroscopy. A growing cloud pattern should be visible. If a web-like pattern forms, wait approximately 30 to 45 seconds or proceed with another screw and return to the present screw later.

Warning: **Cement flow follows the path of least resistance. Therefore, it is strongly recommended to maintain real-time image intensifier control of the C-arm fluoroscopy in the lateral projection. If the filling pattern does not occur as expected or if the cement is not clearly visible, injection must be stopped immediately.**

If the injection pressure is too high or if the patient requires more cement, switch to the 1cc syringe and continue injection, starting again with the first screw. Screw augmentation is completed once each screw has been augmented with a volume of approximately 2cc-3cc.

Note: Ensure that no cement leakage occurs outside the intended region. In the event of leakage, immediately stop injection. To lower the risk of contamination, leave the syringe and Dispensing Tip connected to the screw for 15 minutes following injection.

Warning: **Any cement remaining in the screw tulip must be removed before hardening using the screwdriver shaft. Inspect the surrounding soft tissues and remove any cement if present.**

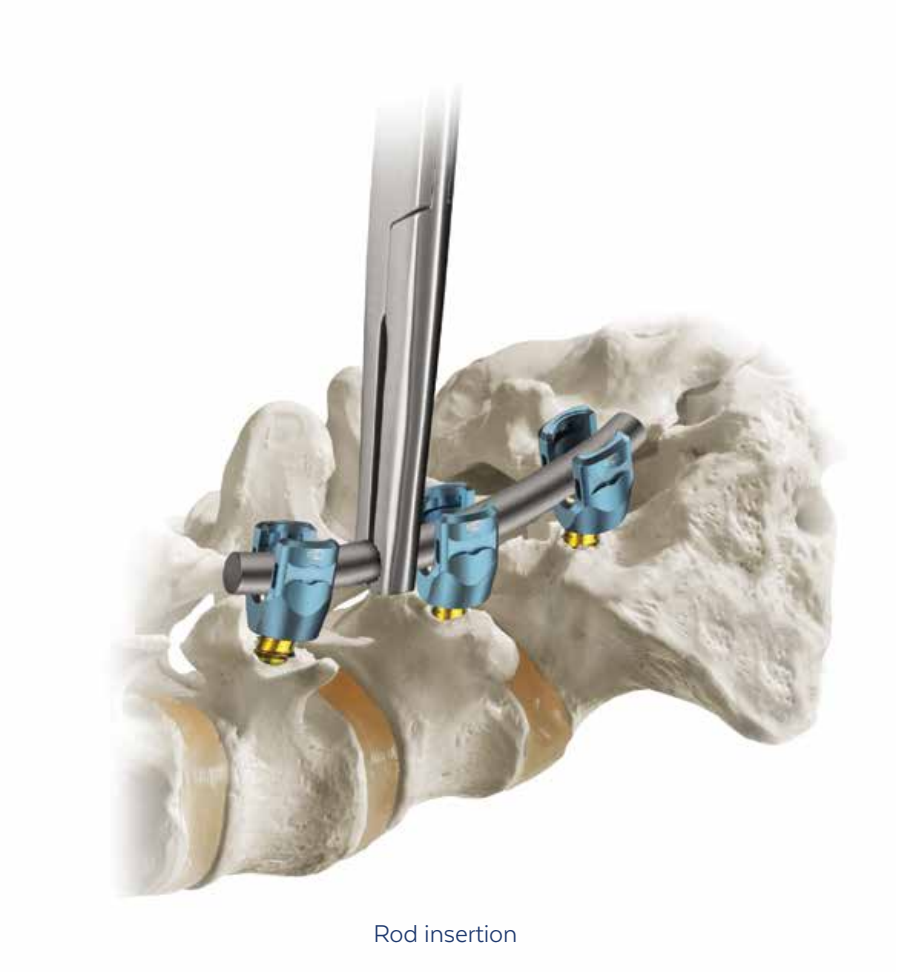
STEP 5 ROD INSERTION AND LOCKING CAP DELIVERY

Rod Preparation

Determine the appropriate length and contour of the rod using the **Rod Template**. Straight and curved rods are available in a variety of lengths. Alternatively, rods may be cut to length using the **Rod Cutter**. Rods may also be contoured using the **Rod Bender.**

Rod Insertion

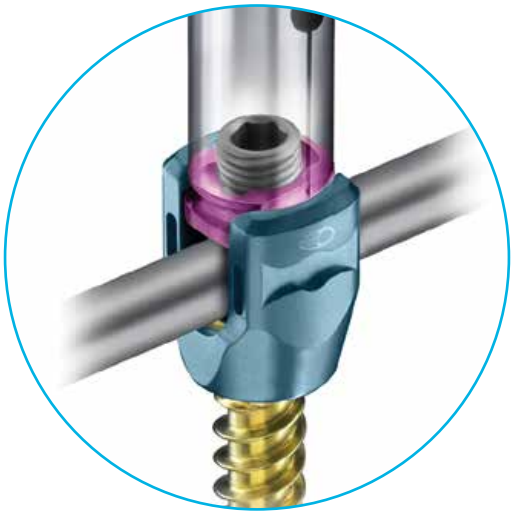
Using the **Rod Holder**, grasp the rod and insert it into the pedicle screws. Alternatively, the **Rod Gripper** may be used.



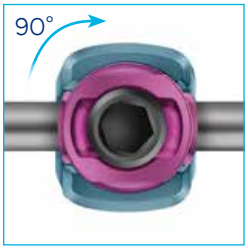
Rod insertion

Locking Cap Insertion

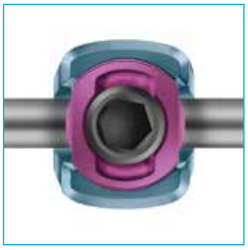
With a loaded **Locking Cap Driver** (loading shown at right), insert the locking cap into the screw head and rotate the driver clockwise 90° to capture the rod. Locking cap insertion requires minimal torque. If the locking cap is difficult to rotate, the rod may not be seated properly and further rod reduction or rod contouring may be required.



Rod captured by screw and cap



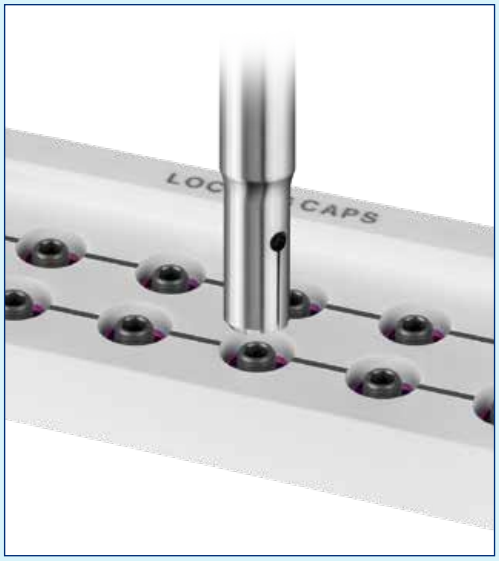
Locking Cap
INSERTED



Locking Cap
LOCKED

LOADING CAP DRIVER

Align the cutout slots on the Locking Cap Driver with the lines on the implant module. Push the Locking Cap Driver down over the locking cap until fully seated.



Load Locking Cap Driver



Aligning Locking Cap Driver with the Locking Cap



Locking Cap Driver Loaded

SURGICAL TECHNIQUE

REVLOK®

Direct Delivery Technique

This surgical technique contains instructions on the use of REVLOK® fenestrated screws. For instructions on rod reduction, compression or distraction, final tightening, and T-connector insertion, please refer to the REVERE® Surgical Technique Guide (GMTGD17).

STEP 1 PREOPERATIVE PLANNING/APPROACH

Proper imaging equipment must be used to correctly determine which implants best suit the patient's anatomy. Lateral C-arm fluoroscopy or other radiographic methods should be utilized throughout the surgery to ensure correct implant sizing and placement.

The decision to augment the REVLOK® screws may also be made intraoperativley based on tactile feedback during pedicle preparation and screw insertion. If augmentation is deemed necessary, bilateral cement augmentation is recommended.

If bone cement is to be used, a CE-marked radiopaque PMMA bone cement is recommended for use with the REVLOK® screws. Refer to the instructions for use of the desired bone cement to be used for proper mixing, injection, and curing times.

STEP 2 SCREW INSERTION

Locate the pedicle; use a Pedicle Awl to perforate the cortex and a Pedicle Probe to open the pedicle pathway. Demarcations every 10mm on the probe indicate the depth of the pathway and help determine proper screw length. A depth gauge may be used to verify depth. REVLOK® screws are self-tapping; however, if tapping is preferred, the correspondingly sized REVERE® Tap may be used. Screws with the maximum possible diameter and length achieve maximum stability.

Special Considerations for Cement Augmentation

Screw fenestrations must be located inside the vertebral body, close to the anterior cortical wall. The screw shaft must be placed into approximately 80% of the vertebral body. If the screw is too short, the risk of leakage into the pedicle increases. Smaller screws (25–35mm) should only be placed in the sacrum. If the screw is too long, the risk of leakage anterior to the vertebral body increases. Do not place screws bicortically if augmentation is to be used. In the event of anterior perforation, cement augmentation should not be applied.



Optimal length: Fenestrations are located well within the vertebral body

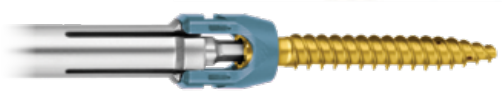
SCREW INSERTION (CONT'D)

The **3.5mm Hex Driver, Fenestrated** is additionally offered, and may be used with the **Holding Sleeve Assembly** for the Direct Delivery Technique. For this technique, select the appropriate pedicle screw diameter and length.

Assemble the 3.5mm Hex Driver, Fenestrated to the Quick Release Ratchet Handle. Slide the Holding Sleeve Assembly over the shaft, rotating the knurled knob counterclockwise (with the ratcheting mechanism in neutral or forward). Ensure that the indication line (groove) on the shaft remains visible. Insert the screwdriver into the screw body. Once engaged, rotate the knurled knob counterclockwise (LOCK) until the screw is firmly in place, holding the threaded portion of the screw straight to engage the hex. The thread on the driver shaft should not be visible when the hex is fully engaged.



Indication line (groove) on shaft



Screw engaged



REVLOK® polyaxial screw loaded onto screwdriver

Drive the screws into the prepared pedicles using the driver assembly. Remove the Quick Release Ratchet Handle from the 3.5mm Hex Driver, Fenestrated. The driver assembly remains attached to the screw for cement injection. Rotate the knurled knob 1/4 turn counterclockwise to tighten the driver on the screw head, ensuring a rigid connection between the screw and the driver. This connection may prevent cement backflow into the screw head.

Saline or radiopaque dye may be injected into the screw and expelled through the fenestrated screw to verify that the pedicle wall has not been violated.

STEP 3 CEMENT PREPARATION

This technique is designed for use with FORTRESS® and FORTRESS® Plus bone cement. FORTRESS® bone cement is offered in standard (FORTRESS®) and quick-to-dough (FORTRESS® Plus) formulations to accommodate varying surgeon preferences.

Cement and Associated Instruments		
	FORTRESS®	**FORTRESS® Plus**
Bone Cement 	4129.2000S FORTRESS® Radiopaque Bone Cement, 20g*	4129.2020S FORTRESS® Plus Radiopaque Bone Cement, 20g*
Cement Mixer and Syringe/Transfer Pack 	658.969S AFFIRM® Cement Mixer and 3cc Syringe Pack	658.959S AFFIRM® Cement Mixer and Transfer Pack
Filler Delivery Device 	658.601S AFFIRM® Filler Delivery Device, Premier**	658.601S AFFIRM® Filler Delivery Device, Premier**

*20g of bone cement = 12cc of bone cement
**6 filler needles per 658.601S filler tray (1 filler needle holds 1.5cc of bone cement)

Handling Characteristics of FORTRESS® Bone Cements at 23°C

The handling characteristics and setting time of the cement may vary with temperature, mixing technique, and humidity. Refer to the FORTRESS® product insert for additional graphs and tables.

Cement Type	Mixing Time	Dough Time	Working Time
FORTRESS®	0-60 seconds	10 minutes	10-23 minutes
FORTRESS® Plus	0-40 seconds	3 minutes	3-15 minutes

Note: Dough time should be measured beginning from the moment of initial contact between the liquid and powder, not from the loading of the filler needle.

CEMENT MIXER AND 3cc SYRINGE PACK

for use with FORTRESS® Bone Cement

1 Pour the powder followed by the liquid into the cement mixer and mix for 60 seconds.



2 Attach a standard 3cc or 5cc syringe to the mixer port. Thread the mixer base clockwise until the blue line is below the luer lock of the syringe. Aspirate cement into the syringe. Thread the mixer base counterclockwise until the blue line is above the luer lock to remove the syringe.



3 **Cement Transfer**

- Connect a filler delivery needle to the syringe and push the plunger to fill the needle with cement
- Expel 1cm of cement from the end of the filler needle (“dry plug”)
- Continue filling remaining needles
- Use the filler plungers for cement injection
- Each filler needle distributes 1.5cc of bone cement



CEMENT MIXER AND TRANSFER PACK

for use with FORTRESS® Plus Bone Cement

1

Remove the threaded luer cap from the syringe.



2

Pour the powder then liquid into the cement mixer and mix for 40 seconds.



3

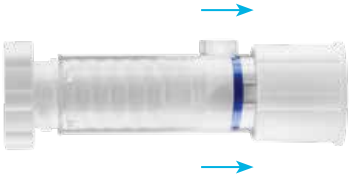
Remove the lid and insert the threaded plunger.

Rotate the threaded plunger clockwise until it reaches the cement.



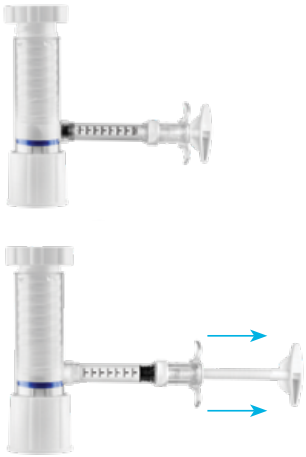
4

Rotate the mixer horizontal with the port facing up. Thread the mixer base clockwise until the blue line is below the luer lock of the syringe. Continue advancing the threaded plunger to remove all remaining air.



5

Insert the syringe into the mixer and load with cement by continuing to advance the threaded plunger.



Note: Do not fill the syringe beyond the 10ml marking.

6

Thread the mixer base counterclockwise until the blue line is above the luer lock.

Remove the syringe while holding it vertically and reattach the threaded luer cap.

Note: If the syringe is to be used more than once in the surgery, do not pull the white tabs proximally towards the clear tabs as this will cause the plunger to manually rotate.



7

Cement Transfer

- Connect a filler delivery needle to the syringe and push the plunger to fill the needle with cement.
- Expel 1cm of cement from the end of the filler needle (“dry plug”).
- Continue filling the remaining needles.
- Use the filler plungers for cement injection.
- Each filler needle distributes 1.5cc of bone cement.



Checking Bone Cement Viscosity

Begin checking viscosity of the FORTRESS® bone cement approximately 8 minutes after the powder and liquid components make contact. If using FORTRESS® Plus, begin checking viscosity approximately 2 minutes after the powder and liquid components make contact.

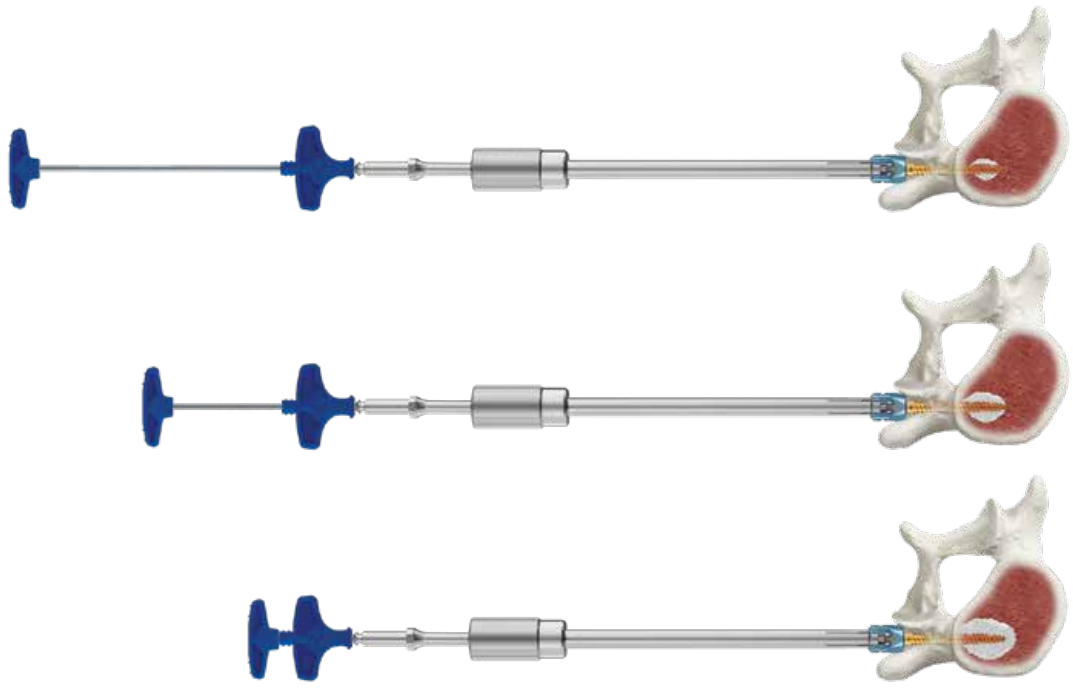
Extrude a small amount of bone cement from the tip of each filler needle onto two fingers by inserting the filler needle plunger in the filler needle cannula. If the bone cement pulls fibers, it is not ready and should stand further. The cement should stick to one finger when compressed into a ball once it has reached dough time.

Note: Dough time should be measured beginning from the moment of initial contact between the liquid and powder, not from the loading of the filler needle. Variations in temperature, working environment, product, and accessories may decrease or increase dough time.



STEP 4 CEMENT INJECTION

Once the cement has reached dough time, insert the primed filler needle into the driver assembly. Holding the filler needle and driver assembly together, inject cement by depressing the filler needle plunger until the desired volume of cement is delivered. Repeat injection for each fenestrated screw.



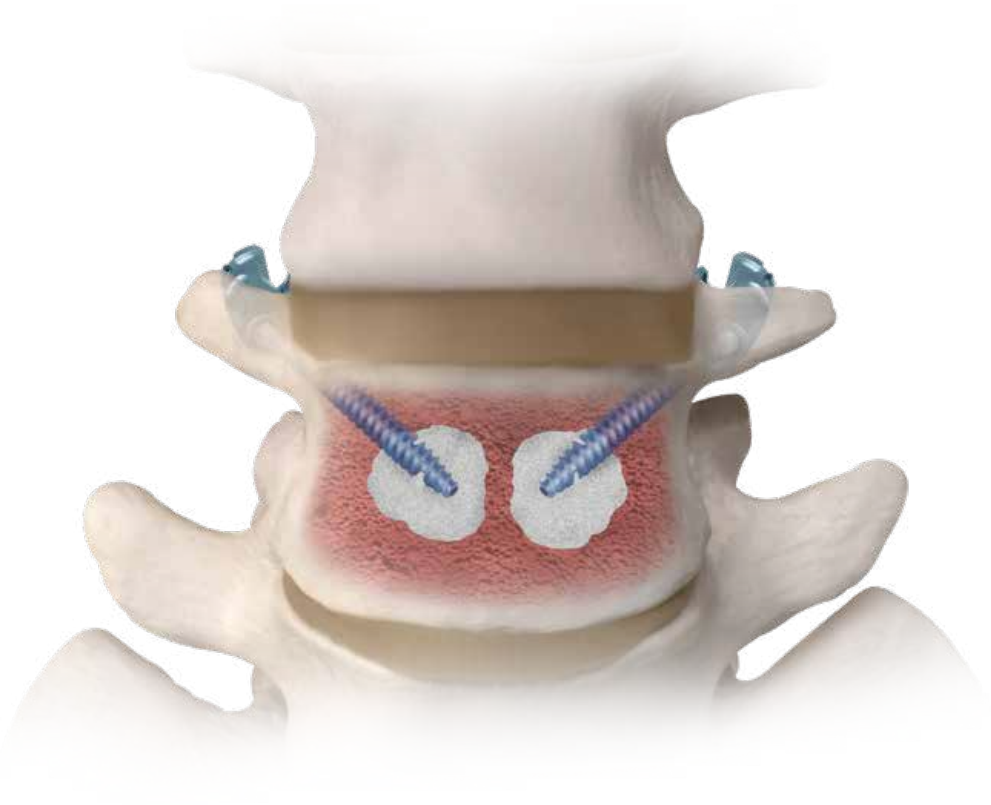
Use lateral C-arm fluoroscopy or other radiographic methods throughout surgery to observe bone cement flow into the vertebral body. Additional C-arm fluoroscopy in the AP projection is recommended.

CEMENT DISTRIBUTION

Each filler needle can distribute 1.5cc of bone cement. The fenestrated screw and 3.5mm Hex Driver, Fenestrated fill with approximately 0.25cc of cement before any is advanced into the vertebral body.

For lumbar vertebrae, up to 1.8cc of cement may be injected per screw. For thoracic vertebrae, up to 0.8cc of cement may be injected per screw.

A growing cloud pattern should be visible. If a web-like pattern forms, wait approximately 30 to 45 seconds or proceed with another screw and return to the present screw later. Immediately stop cement injection if extravasation is detected. Do not augment more than four screws at once. Do not augment screws placed bicortically.



Cement injection, AP view

STEP 5 SCREWDRIVER DISASSEMBLY

To disengage the screwdriver, rotate the knurled knob clockwise in the UNLOCK direction until the line on the shaft is visible. Disengage the screwdriver from the screw. Once removed from the operative field, clean the driver tip of any visible cement.

Hold the quick-connect end of the 3.5mm Hex Driver, Fenestrated and rotate the knurled knob clockwise in the UNLOCK direction until the Holding Sleeve Assembly can be removed. Dispose of the 3.5mm Hex Driver, Fenestrated. Retain the Holding Sleeve Assembly for future use.

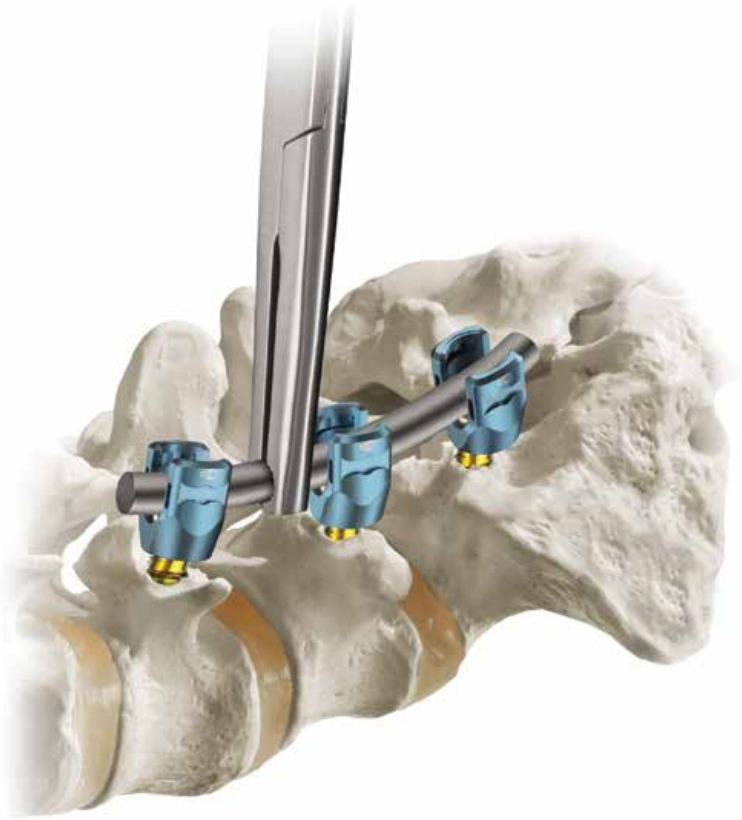
STEP 6 ROD INSERTION AND LOCKING CAP DELIVERY

Rod Preparation

Determine the appropriate length and contour of the rod using the **Rod Template**. Straight and curved rods are available in a variety of lengths. Alternatively, rods may be cut to length using the **Rod Cutter**. Rods may also be contoured using the **Rod Bender.**

Rod Insertion

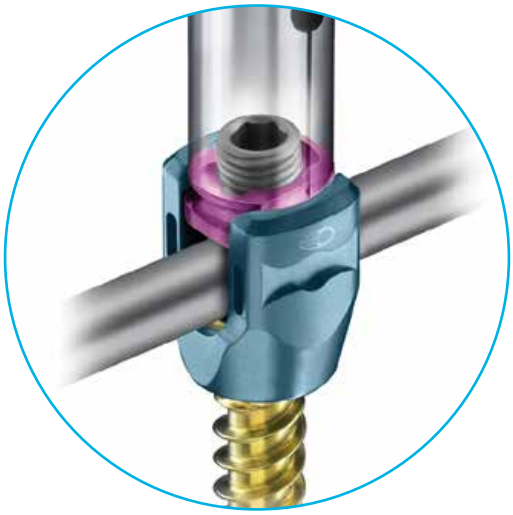
Using the **Rod Holder**, grasp the rod and insert it into the pedicle screws. Alternatively, the **Rod Gripper** may be used.



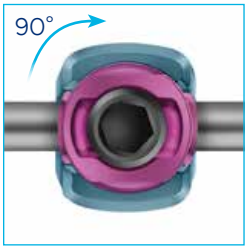
Rod insertion

Locking Cap Insertion

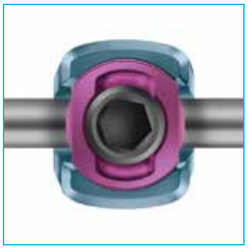
With a loaded **Locking Cap Driver** (loading shown at right), insert the locking cap into the screw head and rotate the driver clockwise 90° to capture the rod. Locking cap insertion requires minimal torque. If the locking cap is difficult to rotate, the rod may not be seated properly and further rod reduction or rod contouring may be required.



Rod captured by screw and cap



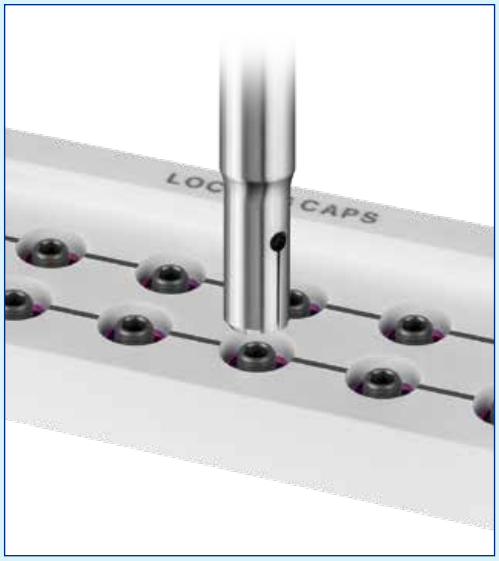
Locking Cap
INSERTED



Locking Cap
LOCKED

LOADING CAP DRIVER

Align the cutout slots on the Locking Cap Driver with the lines on the implant module. Press the Locking Cap Driver down over the locking cap until fully seated.



Load Locking Cap Driver



Aligning Locking Cap Driver with the Locking Cap



Locking Cap Driver Loaded

FINAL CONSTRUCT



Final REVLOK® construct with T-Connector, AP View



Final REVLOK® construct, lateral view

OPTIONAL: REVISION/REMOVAL

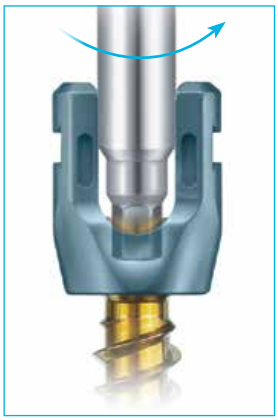
Removal of REVLOK® screws may be accomplished using the same technique as non-fenestrated screws. The cement interface typically breaks as the screw is rotated and is easily removed. To remove a screw, begin by removing the locking cap. Insert the **Self-Retaining 3.5mm Hex Screwdriver** into the set screw of the locking cap. Rotate the Hex Driver counterclockwise until the set screw is no longer in contact with the rod and the locking cap becomes disengaged from the screw head (90° rotation). Repeat for all desired screws. Remove the rod using the Rod Holder. Remove each screw using the Self-Retaining 3.5mm Hex Screwdriver or Ball End Hex Driver if required. If the set screw strips, the locking cap can be released using the Locking Cap Driver (rotating 90° counterclockwise).



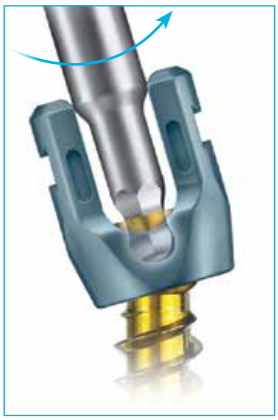
Removing the Locking Cap



Pulling out the rod



Removing a screw using the Self-Retaining Hex Screwdriver



Removing a screw using the Ball End Hex Driver

REVLOK®
IMPLANT AND INSTRUMENT SET 978.901

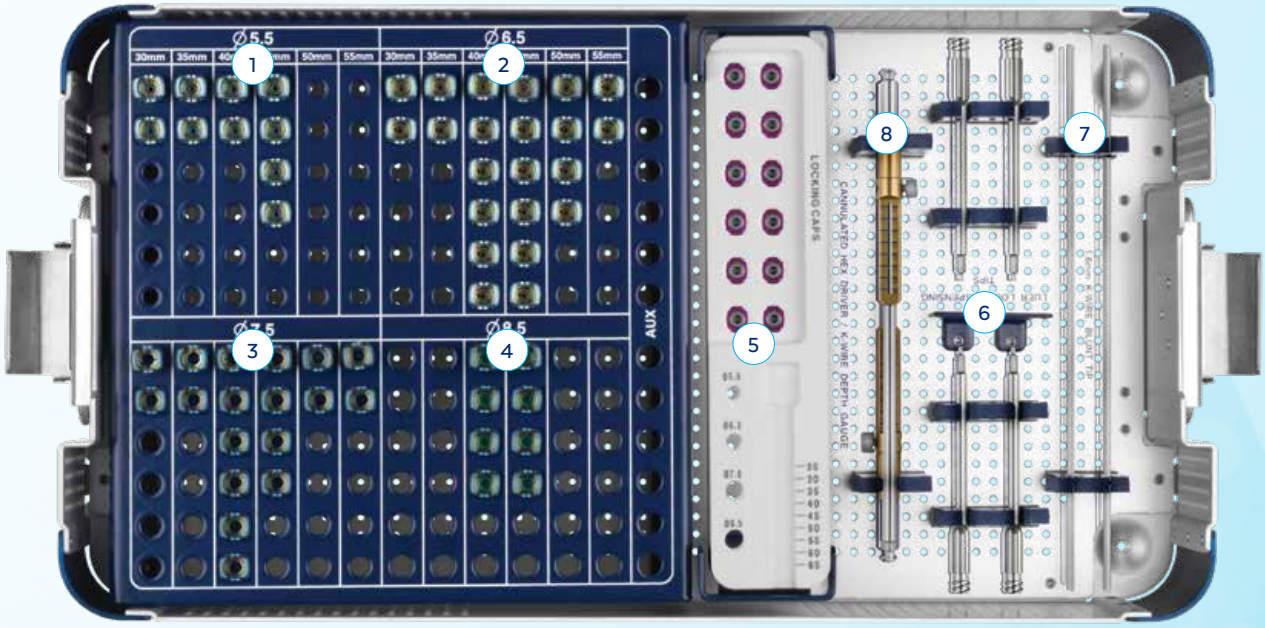
	Implant		Qty
1	178.601	5.5mm REVLOK® 5.5 Screw, 30mm	2
	178.602	5.5mm REVLOK® 5.5 Screw, 35mm	4
	178.603	5.5mm REVLOK® 5.5 Screw, 40mm	6
	178.604	5.5mm REVLOK® 5.5 Screw, 45mm	6
2	178.608	6.5mm REVLOK® 5.5 Screw, 30mm	2
	178.609	6.5mm REVLOK® 5.5 Screw, 35mm	4
	178.610	6.5mm REVLOK® 5.5 Screw, 40mm	6
	178.611	6.5mm REVLOK® 5.5 Screw, 45mm	6
	178.612	6.5mm REVLOK® 5.5 Screw, 50mm	6
	178.613	6.5mm REVLOK® 5.5 Screw, 55mm	2
3	178.618	7.5mm REVLOK® 5.5 Screw, 35mm	2
	178.619	7.5mm REVLOK® 5.5 Screw, 40mm	6
	178.620	7.5mm REVLOK® 5.5 Screw, 45mm	6
	178.621	7.5mm REVLOK® 5.5 Screw, 50mm	6
	178.622	7.5mm REVLOK® 5.5 Screw, 55mm	4
4	178.633	8.5mm REVLOK® 5.5 Screw, 40mm	4
	178.634	8.5mm REVLOK® 5.5 Screw, 45mm	4
	178.635	8.5mm REVLOK® 5.5 Screw, 50mm	4
	178.636	8.5mm REVLOK® 5.5 Screw, 55mm	2
5	178.000	REVLOK® 5.5 Locking Cap	12

	Instruments		Qty
6	658.001	Luer-Lock Dispensing Tip, 3.5 Hex	8
7	658.007	1.6mm K-Wire Blunt Tip, 230mm	4
8	658.009	Cannulated Hex Driver/ K-Wire Depth Gauge	2

Additionally Available

178.600	5.5mm REVLOK® 5.5 Screw, 25mm
178.605	5.5mm REVLOK® 5.5 Screw, 50mm
178.606	5.5mm REVLOK® 5.5 Screw, 55mm
178.607	6.5mm REVLOK® 5.5 Screw, 25mm
178.614	6.5mm REVLOK® 5.5 Screw, 60mm
178.615	6.5mm REVLOK® 5.5 Screw, 65mm
178.616	7.5mm REVLOK® 5.5 Screw, 25mm
178.617	7.5mm REVLOK® 5.5 Screw, 30mm
178.624	7.5mm REVLOK® 5.5 Screw, 65mm
178.625	7.5mm REVLOK® 5.5 Screw, 70mm
178.626	7.5mm REVLOK® 5.5 Screw, 75mm
178.627	7.5mm REVLOK® 5.5 Screw, 80mm
178.628	7.5mm REVLOK® 5.5 Screw, 85mm
178.629	7.5mm REVLOK® 5.5 Screw, 90mm
178.623	7.5mm REVLOK® 5.5 Screw, 60mm
178.630	8.5mm REVLOK® 5.5 Screw, 25mm
178.631	8.5mm REVLOK® 5.5 Screw, 30mm
178.632	8.5mm REVLOK® 5.5 Screw, 35mm
178.637	8.5mm REVLOK® 5.5 Screw, 60mm
178.638	8.5mm REVLOK® 5.5 Screw, 65mm
178.639	8.5mm REVLOK® 5.5 Screw, 70mm
178.640	8.5mm REVLOK® 5.5 Screw, 75mm
178.641	8.5mm REVLOK® 5.5 Screw, 80mm
178.642	8.5mm REVLOK® 5.5 Screw, 85mm
178.643	8.5mm REVLOK® 5.5 Screw, 90mm
624.704	Holding Sleeve Assembly
678.706	3.5mm Hex Driver, Fenestrated

*Items in gray are additionally available


Ø5.5
Ø6.5
30mm
35mm
50mm
55mm
AUX
LOCKING CAPS
1
2
3
4
5
6
7
8

REVLOK®
HA-COATED IMPLANT SET 978.903

Implants		Qty
178.021S	5.5mm REVLOK® HA 5.5 Screw, 30mm	2
178.022S	5.5mm REVLOK® HA 5.5 Screw, 35mm	2
178.023S	5.5mm REVLOK® HA 5.5 Screw, 40mm	2
178.024S	5.5mm REVLOK® HA 5.5 Screw, 45mm	4
178.041S	6.5mm REVLOK® HA 5.5 Screw, 30mm	2
178.042S	6.5mm REVLOK® HA 5.5 Screw, 35mm	2
178.043S	6.5mm REVLOK® HA 5.5 Screw, 40mm	6
178.044S	6.5mm REVLOK® HA 5.5 Screw, 45mm	6
178.045S	6.5mm REVLOK® HA 5.5 Screw, 50mm	4
178.046S	6.5mm REVLOK® HA 5.5 Screw, 55mm	2
178.061S	7.5mm REVLOK® HA 5.5 Screw, 30mm	2
178.062S	7.5mm REVLOK® HA 5.5 Screw, 35mm	2
178.063S	7.5mm REVLOK® HA 5.5 Screw, 40mm	6
178.064S	7.5mm REVLOK® HA 5.5 Screw, 45mm	4
178.065S	7.5mm REVLOK® HA 5.5 Screw, 50mm	2
178.066S	7.5mm REVLOK® HA 5.5 Screw, 55mm	2
178.083S	8.5mm REVLOK® HA 5.5 Screw, 40mm	4
178.084S	8.5mm REVLOK® HA 5.5 Screw, 45mm	4
178.000S	REVLOK® 5.5 Locking Cap	10

Additionally Available	
178.020S	5.5mm REVLOK® HA 5.5 Screw, 25mm
178.025S	5.5mm REVLOK® HA 5.5 Screw, 50mm
178.026S	5.5mm REVLOK® HA 5.5 Screw, 55mm
178.040S	6.5mm REVLOK® HA 5.5 Screw, 25mm
178.047S	6.5mm REVLOK® HA 5.5 Screw, 60mm
178.048S	6.5mm REVLOK® HA 5.5 Screw, 65mm
178.060S	7.5mm REVLOK® HA 5.5 Screw, 25mm
178.067S	7.5mm REVLOK® HA 5.5 Screw, 60mm
178.068S	7.5mm REVLOK® HA 5.5 Screw, 65mm
178.069S	7.5mm REVLOK® HA 5.5 Screw, 70mm
178.070S	7.5mm REVLOK® HA 5.5 Screw, 75mm
178.071S	7.5mm REVLOK® HA 5.5 Screw, 80mm
178.072S	7.5mm REVLOK® HA 5.5 Screw, 85mm
178.073S	7.5mm REVLOK® HA 5.5 Screw, 90mm
178.080S	8.5mm REVLOK® HA 5.5 Screw, 25mm
178.081S	8.5mm REVLOK® HA 5.5 Screw, 30mm
178.082S	8.5mm REVLOK® HA 5.5 Screw, 35mm
178.085S	8.5mm REVLOK® HA 5.5 Screw, 50mm
178.086S	8.5mm REVLOK® HA 5.5 Screw, 55mm
178.087S	8.5mm REVLOK® HA 5.5 Screw, 60mm
178.088S	8.5mm REVLOK® HA 5.5 Screw, 65mm
178.089S	8.5mm REVLOK® HA 5.5 Screw, 70mm
178.090S	8.5mm REVLOK® HA 5.5 Screw, 75mm
178.091S	8.5mm REVLOK® HA 5.5 Screw, 80mm
178.092S	8.5mm REVLOK® HA 5.5 Screw, 85mm
178.093S	8.5mm REVLOK® HA 5.5 Screw, 90mm

*Items in gray are additionally available


GLOBUS
MEDICAL
REVLOK™ HA Cannulated
Polyaxial Screw Set
Life moves us

REVERE®
IMPLANT SET 924.901

REVERE® Pedicle Screws

Length	4mm Diameter
20mm	124.430
25mm	124.431
30mm	124.432
35mm	124.433
40mm	124.434
45mm	124.435



Length	4.5mm Diameter*
25mm	124.441
30mm	124.442
35mm	124.443
40mm	124.444
45mm	124.445
50mm	124.446
55mm	124.447



Length	5mm Diameter
25mm	124.051
30mm	124.052
35mm	124.053
40mm	124.054
45mm	124.055
50mm	124.056
55mm	124.057

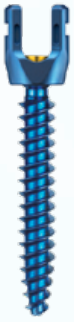


Length	5.5mm Diameter	Qty
25mm	124.451	
30mm	124.452	4
35mm	124.453	4
40mm	124.454	6
45mm	124.455	6
50mm	124.456	2
55mm	124.457	2

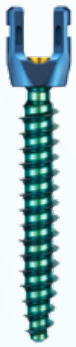
Length	6.5mm Diameter	Qty
25mm	124.461	
30mm	124.462	4
35mm	124.463	4
40mm	124.464	8
45mm	124.465	8
50mm	124.466	6
55mm	124.467	4
60mm	124.468	2
65mm	124.469	2



Length	7.5mm Diameter	Qty
25mm	124.471	
30mm	124.472	4
35mm	124.473	4
40mm	124.474	6
45mm	124.475	6
50mm	124.476	4
55mm	124.477	2
60mm	124.478	2
65mm	124.479	2
70mm	124.071	
75mm	124.072	
80mm	124.073	
85mm	124.074	
90mm	124.075	



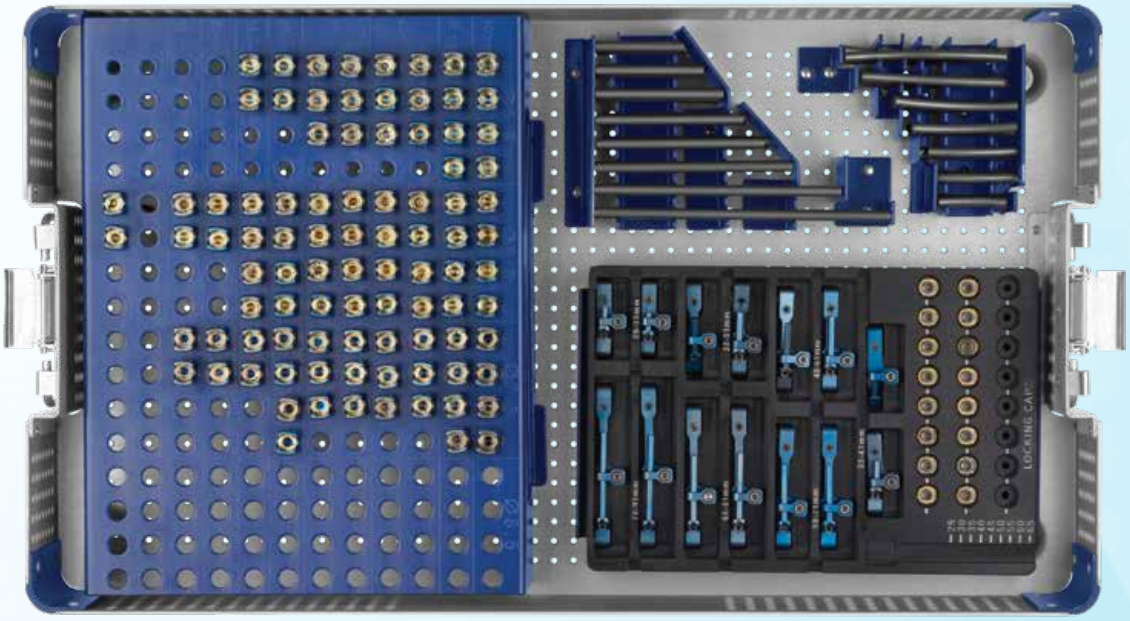
Length	8.5mm Diameter
25mm	124.481
30mm	124.482
35mm	124.483
40mm	124.484
45mm	124.485
50mm	124.486
55mm	124.487
60mm	124.488
65mm	124.489
70mm	124.081
75mm	124.082
80mm	124.083
85mm	124.084
90mm	124.085

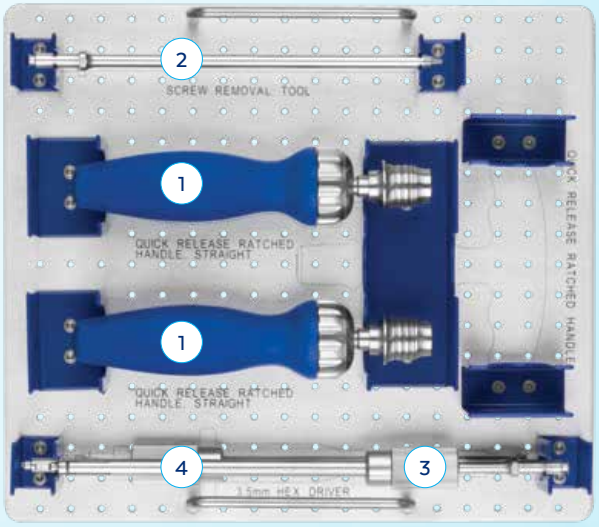


	Instrument		Qty
1	602.407	Quick Release 1/4", Ratchet, Straight Handle	2
2	602.701	Screw Removal Tool	1
3	624.703	3.5mm Hex Driver Rigid Shaft	2
4	624.704	Holding Sleeve Assembly	2
	924.001	REVERE® Implant Graphic Case	

**4.5mm and 5.0mm screws are available in the REVERE® Small Diameter Screw Set (924.906)*

**Items in gray are additionally available*


LOCKING CAP


2
SCREW REMOVAL TOOL
1
QUICK RELEASE RATCHED HANDLE STRAIGHT
1
QUICK RELEASE RATCHED HANDLE STRAIGHT
QUICK RELEASE RATCHED HANDLE
4
3
3.5mm HEX DRIVER

REVERE®
INSTRUMENT I SET 924.902

	Pedicle Preparation Instruments		Qty
1	602.101	Pedicle Probe, Straight	1
2	602.102	Pedicle Probe, Curved	1
3	602.104	Pedicle Awl	1
4	602.105	Ball Tip Probe	2
5	602.106	Ball Tip Probe, Curved	1
6	602.109	Pedicle Probe, Thoracic	1
7	624.110	Ball Tip Probe, Double-Ended	1
8	624.214	4.5mm Tap	1
9	624.215	5.5mm Tap	1
10	624.216	6.5mm Tap	1
11	624.217	7.5mm Tap	1

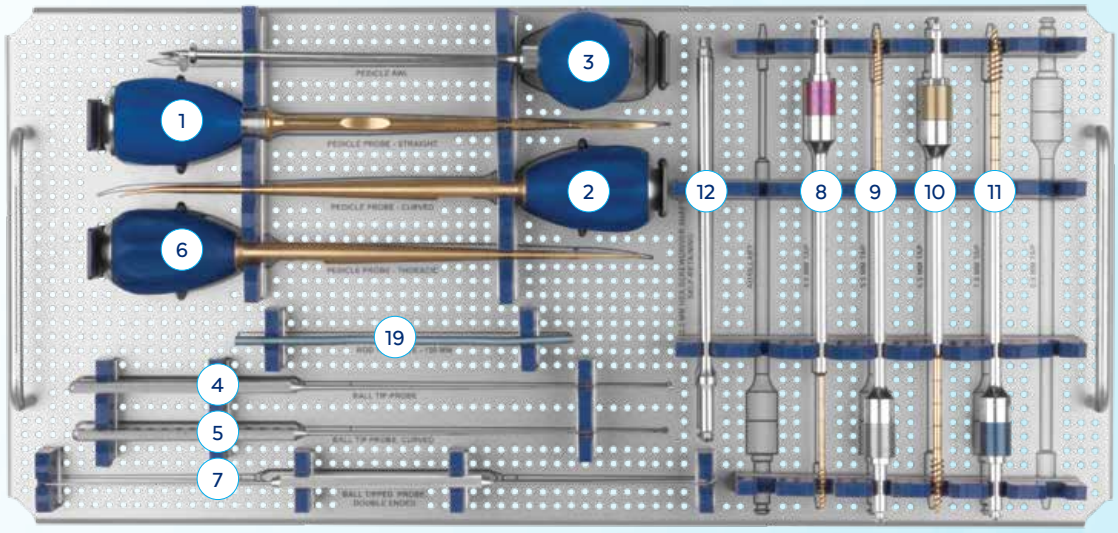
	Screw Insertion		Qty
12	602.408	3.5mm Hex Screwdriver Shaft, Self-Retaining	1
13	624.406	3.5mm Hex Screwdriver, Self-Retaining	1
14	602.420	Ball End Hex Driver	1
15	324.402	Screw Head Positioner	1

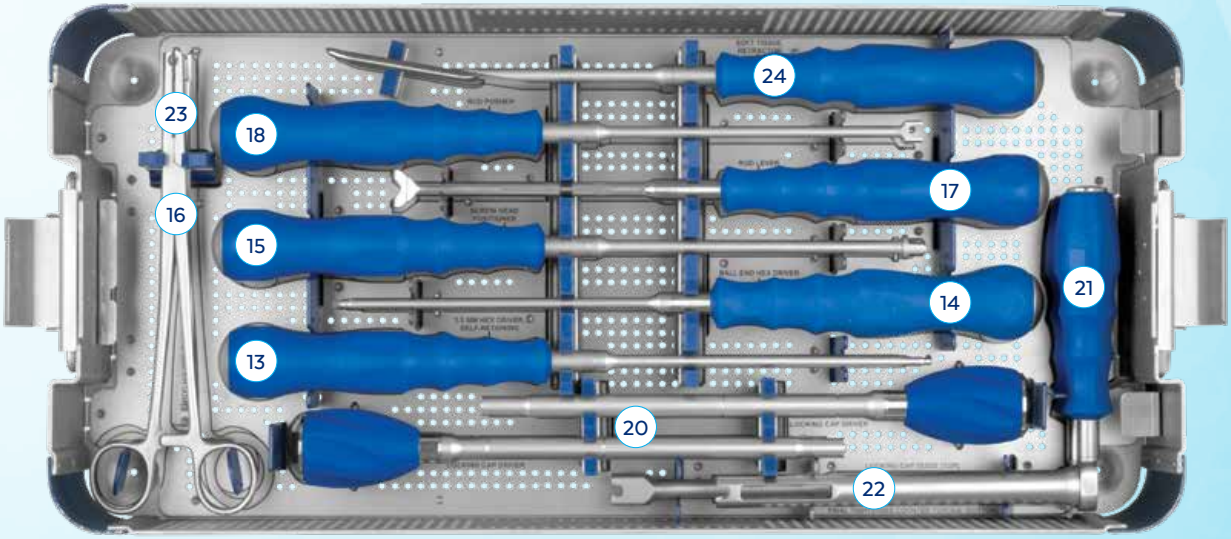
	Rod Manipulation Instruments		Qty
16	624.510	Rod Holder	1
17	624.511	Rod Lever	1
18	624.513	Rod Pusher	1
19	178.047S	Rod Template, 150mm	1

	Screw Locking Instruments		
20	624.601	Locking Cap Driver	2
21	624.602	Locking Cap Guide	1
22	624.603	Final Tightening Counter Torque	2

	T-Connector Instruments		Qty
23	624.606	T-Connector Inserter	1

	Other Instruments		
23	624.514	Soft Tissue Retractor	1
	924.002	REVERE® Instrument I Graphic Case	


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REVERE®
INSTRUMENT II SET 924.903

	Pedicle Preparation Instruments		Qty
1	624.604	Torque-Limiting 3.5mm Hex Driver	1

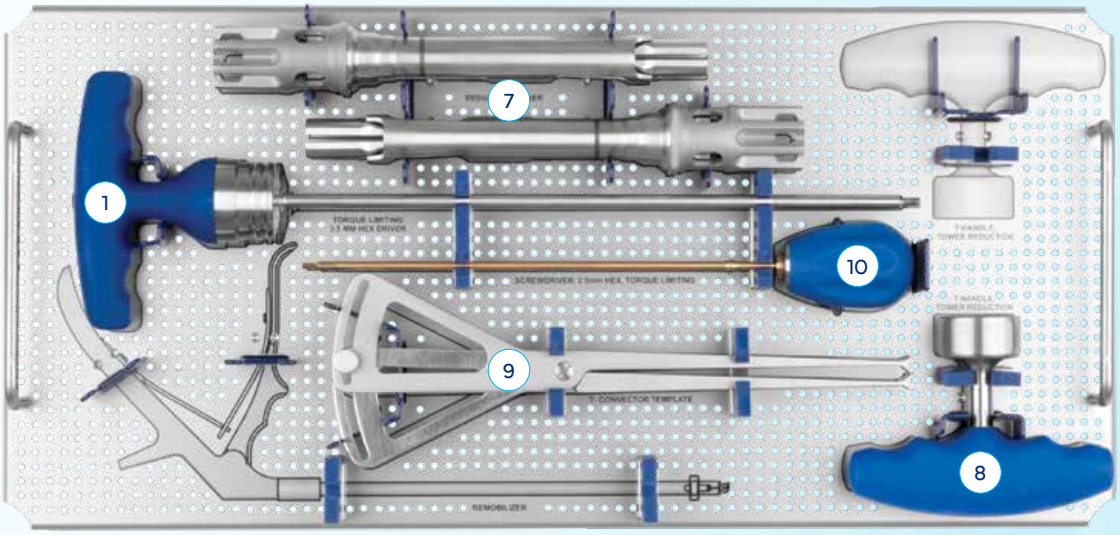
	Rod Manipulation Instruments		Qty
2	602.522	Rod Gripper, 6.0mm Rod	1
3	624.503	Parallel Compressor	1
4	624.504	Parallel Distractor	1
5	624.509	5.5mm Ratcheting Reducer	1
6	624.607	Rod Bender for 5.5 Rod	1
7	624.800	Reduction Tower	2
8	624.801	T-handle, Reduction Tower	1

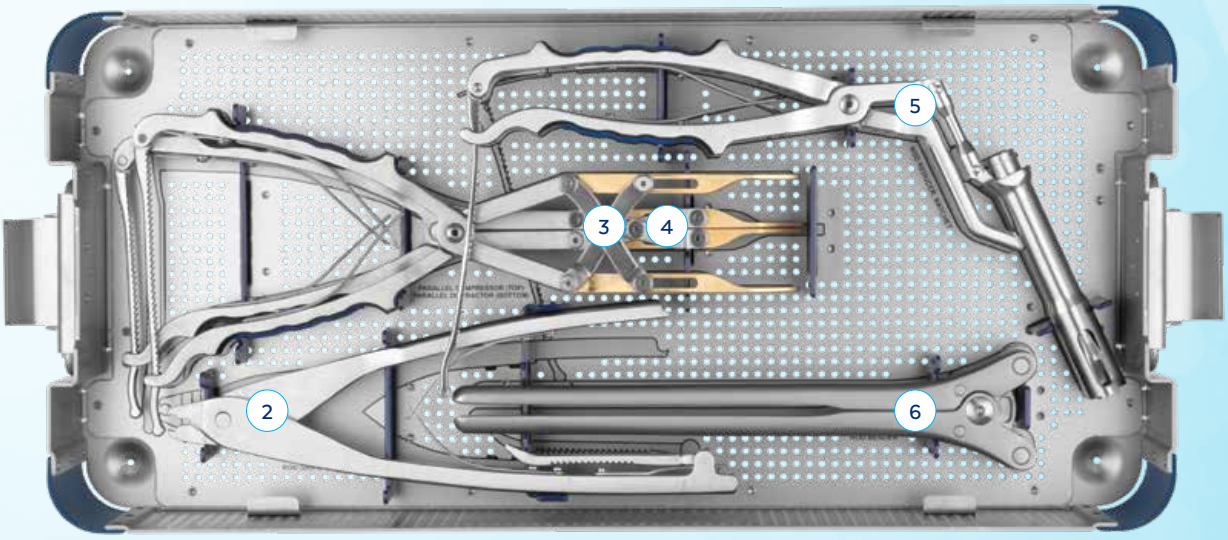
	T-Connector Instruments		Qty
9	624.605	T-Connector Template	1
10	615.210	2.5mm Hex Screwdriver, Torque Limiting, 1.5Nm	1
	924.003	REVERE® Instrument II Graphic Case	

Additionally Available

602.107	Pedicle Marker, Notched
602.108	Pedicle Marker, Beaded
602.401	Quick Release Ratchet Handle
602.406	3.5mm Hex Screwdriver, Self-Retaining
602.430	Torque-Limiting 2.5mm Hex Driver, 2.5Nm
602.508	Rod Cutter (Table Top)
624.027S	Pedicle Access Kit:
675.705S	Spring Clip
675.706S	Insulated Probe 8”
624.107	REVERE® Pedicle Marker, Sphere
624.108	REVERE® Pedicle Marker, Cylinder
624.109	REVERE® Pedicle Marker Holder
624.213	4.0mm Tap
624.218	8.5mm Tap
624.411	3.5mm Screwdriver, Spring-Loaded
624.611	3.5mm Hex Driver, Torque Limiting, SS
624.613	REVERE® Power Bender
624.702	Screw Head Distractor
624.705	3.5mm Hex Driver Shaft, Cannulated

*Items in gray are additionally available


7
1
10
9
8


5
3
4
2
6

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Valley Forge Business Center
2560 General Armistead Avenue
Audubon, PA 19403
www.globusmedical.com

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CE 0297

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07.20 Rev B
REF GMTGD72 Rev A