

Spine Next®  
E v o l u e r a u t r e m e n t



## Wallis

mechanical normalisation system



Treat the pain  
Pre**S**erve mobility  
Keep **a**ll options **o**pen

In the management of the degenerative disc disease, flexible stabilisation of the lumbar spine is potentially a very attractive alternative to spinal fusion, especially for young patients. Disc replacement is certainly another interesting procedure but it requires major surgery.

Your surgeon has considered the Wallis implant to be the best treatment for your condition. This implant is most commonly used in the treatment of **intervertebral disc herniation** and for **tears in the outer layer of the disc**.

The initial flexible vertebral fixation concept began in 1984 in order to restore the normal kinematics of the diseased level. This design acts to normalise the movement of the diseased disc which helps to reduce pain and promote disc healing by reducing load and stress.

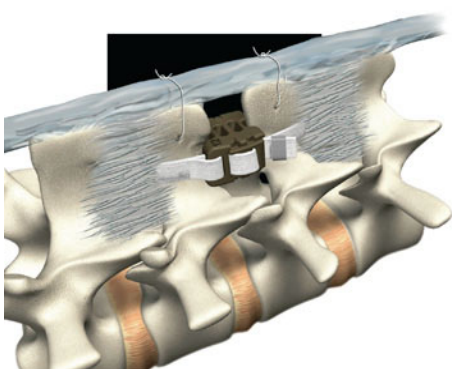
After 15 years experience the second generation implant has been developed called the "Wallis Implant." Contrary to spinal screws, the Wallis implant will preserve the mobility of the segment. It will also eliminate any bone disruption, is totally reversible and will keep all other options of treatment open. The Wallis implant was introduced into Australia in 2002 and has received Therapeutic Goods Administration approval.

The Wallis is an interspinous implant dedicated to lumbar degenerative instabilities such as:

- ~ Herniated disc
- ~ Modic 1 degenerative lesions
- ~ Degenerative disc disease at a level adjacent to a previous fusion
- ~ Narrowing of the spinal canal treated without laminectomy

The Wallis non-fusion interspinous implant:

- ~ Restores and preserves disc height
- ~ Allows shock absorption and load sharing
- ~ Preserves anatomy with minimal bone and ligament removal



Its anatomical design and material (PEEK) act to **treat the pain** while **preserving the mobility and anatomy** of the treated segment.

### Implant mechanical solution

The interspinous placement of the implant allows **restoration of disc height** and **reduction of the load** on the **disc** and the **facets**. During movements of forward and backward bending the disc loading conditions are reduced, which leads to **pain relief** with **preserved mobility**.

