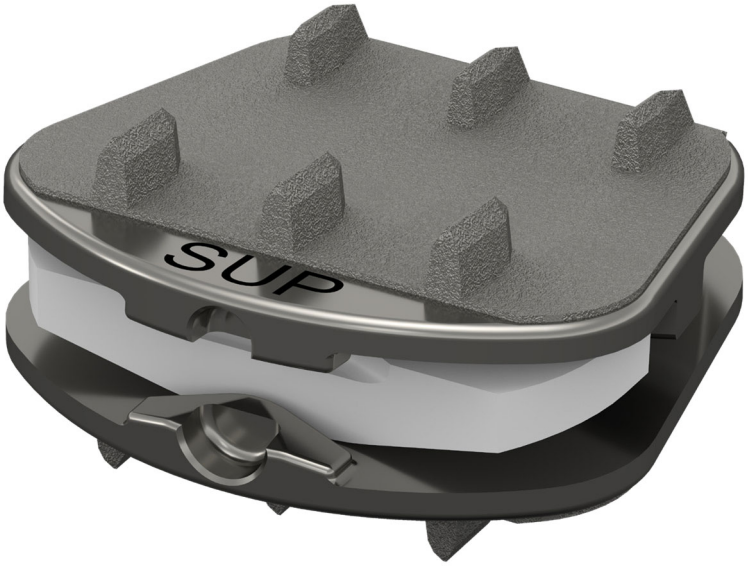
Synergy Disc®

PATIENT LABELING



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1. Glossary of Terms

Annulus Fibrosus: The strong tissue fibers or outer layer of a spinal disc. It surrounds and protects the soft center (called the nucleus pulposus) of a spinal disc.

Anterior Cervical Discectomy and Fusion (ACDF): A spinal surgery in the neck or cervical spine used to relieve pressure on the nerves or spinal cord by removing a damaged spinal disc. After the damaged disc is removed and replaced with an implant, the bones or vertebrae above and below the removed disc are joined (fused) together.

Artificial Disc: A medical device or implant designed to replace a damaged or unhealthy spinal disc. The artificial disc is designed to restore the natural spinal disc height and mimic the natural movement of the spine to preserve spinal motion and alignment.

Cervical Spine: A part of the spine in your neck. It includes the first seven bones or vertebrae of the spinal column. The cervical spine supports the head and allows for movement.

Computerized Tomography (CT): A scan or X-ray that takes detailed images inside the body and combines them to create cross-sectional slices or pictures to see bones, tissues, and organs in the body.

Disc: A spinal disc (also referred to as an intervertebral disc) is a soft cushion between the bones or vertebrae of the spine. The discs absorb shocks and allow the spine to bend and move.

Disc Degeneration: The natural changes that happen as a result of the aging process. As spinal discs age, they lose their height and strength and may become painful, limit motion, or cause spinal instability.

Discectomy: A surgery that removes all or part of an intervertebral spinal disc.

Facet Joint: Small, paired joints on the back of the vertebrae that provide stability and motion.

Foramen: A hole or opening in the spine that allows nerves to pass through from the spinal cord.

Fluoroscopy: A type of X-ray that is taken in real-time and allows surgeons to see inside the body during surgery.

Food and Drug Administration (FDA): An agency that is part of the United States government, charged with making rules for companies that manufacture food, medicine, and medical devices.

Fusion: A spine surgery that joins two or more spinal bones or vertebrae together to stop motion.

Herniated Disc: A disc herniation happens when the inside part or a soft, jelly-like center (nucleus pulposus) of the disc pushes out through a tear in the outer layer (annulus fibrosus) of the spinal disc.
Incision: A surgical cut made in the skin by a surgeon to access the part of the body being operated on, also called the surgical site.

Implant: A medical device that is inserted into the body to support or replace a damaged or unhealthy body part, like a spinal disc, joint, or bone.

Intervertebral (Spinal) Disc: A soft, shock-absorbing cushion between each spinal bone or vertebra. A spinal disc helps maintain spinal stability and motion.

Joint: A joint is a connection between two or more bones that allows for movement or bending.

Ligament: A strong band of soft tissue that connects two bones, providing stability.

Magnetic Resonance Imaging (MRI): A medical imaging technique that uses magnets to create detailed images of the body's organs and soft tissues like muscles and nerves.

Muscle: A strong tissue that moves the body by tightening and relaxing

Myelopathy: A condition where the spinal cord is compressed which may lead to a variety of neurological symptoms.

Nerve: A bundle of fibers that carries messages to and from the brain. Nerves control movement throughout the body. Nerves also control touch and pain.

Nerve Root: A part of the nerve or nerve branch that leaves the spinal cord through an opening (the foramen) on the spine.

Nucleus Pulposus: The soft, gel-like center of a spinal disc that absorbs pressure and provides a cushion between spinal bones or vertebrae.

Osteophyte: Commonly known as bone spurs, they are bony outgrowths that develop on bones, particularly around joints. They often form because of aging, osteoarthritis, or injury, and while they may not always cause symptoms, they can lead to pain, stiffness, and limited mobility if they press on nerves or other structures.

Osteopenia: A condition in which the bones are weaker than normal. The condition may worsen over time, developing into osteoporosis.

Osteoporosis: A condition in which the bones are very weak, even brittle and fragile, with a high potential for breaking.

Physical Therapy (PT): A treatment plan using exercise, movement, and massage to build strength, improve flexibility, and stabilize balance after surgery, injury, or illness.

Radiculopathy: A condition, sometimes called a "pinched nerve", where a nerve leaving the spinal cord is compressed or irritated, which may lead to pain, tingling, numbness, or weakness in the areas where the nerve travels.

Soft Tissue: Soft tissue includes all the parts of the body that aren't bones or organs, like muscles, fat, ligaments, and tendons. Soft tissue connects, supports, or protects the bones and organs in the body.

Spinal Cord: The spinal cord is a bundle of spinal nerves that starts in the neck at the base of the brain and continues down to the lower back. The spinal cord carries messages between the brain and the rest of the body, guiding movement and transmitting feeling.

Spinal Decompression: A surgical treatment that helps relieve pressure on the spinal cord or spinal nerves, relieving pain, numbness, or weakness caused by a herniated (bulging) disc or spinal stenosis.

Spinal Stenosis: A spinal condition mostly associated with aging, where the openings or spaces in the

spine are narrowed from arthritis, thickening of soft tissue, bone spurs, or a herniated disc.

Spine (Spinal Column): The backbone of the body is a column made up of 33 vertebrae that starts at the base of the skull and ends in the lower back. The spine is grouped into three sections: cervical (neck), thoracic (middle back), and lumbar (lower back). The spinal column protects the spinal cord and nerves and supports the body.

Spine Surgery: A medical procedure done to treat various conditions affecting the spine, including degenerative disc disease. Spine surgery is done to relieve pain and restore or improve movement.

Spondylosis: A general term for age-related wear and tear affecting the spinal discs in your neck.
Vertebrae: The individual bones (vertebrae) that stack on top of each other to form the spinal column or backbone. The spinal cord passes through a corridor or hole in the back of the spinal column.

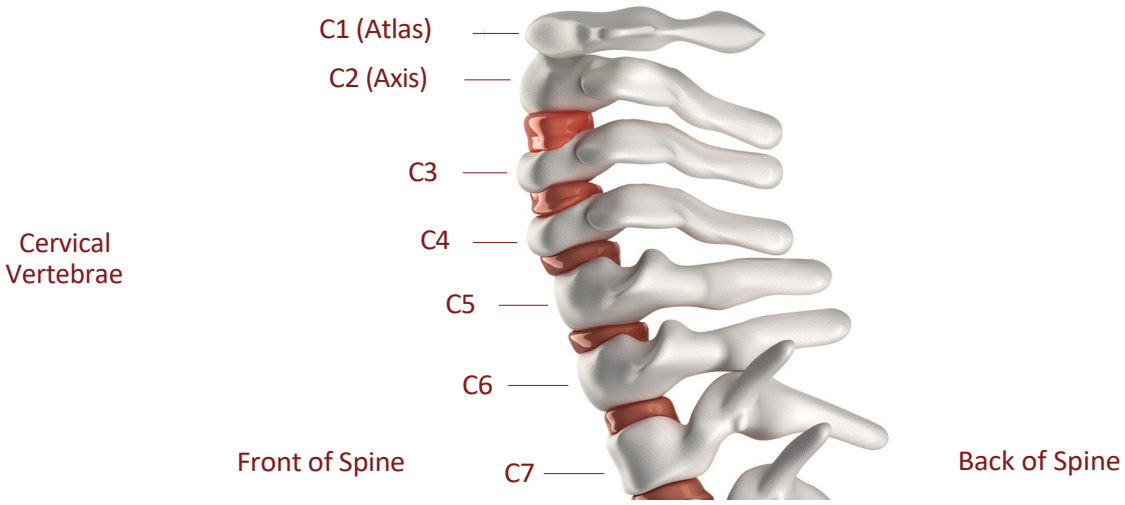
Vertebral Body: The anterior or front part of a vertebra that is thick and round. It supports the body's weight.

X-ray: An image used by doctors to see the bones in the body.

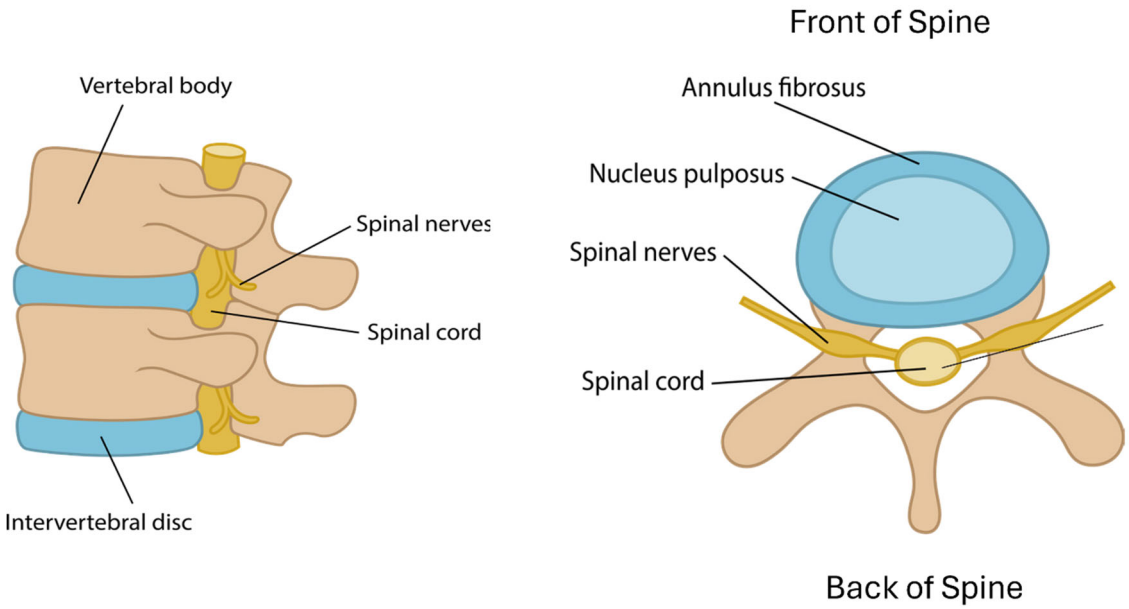
2. Cervical Spine Anatomy

The cervical spine is the upper part of the back between the base of the head or skull and the thoracic spine, which begins around the of the shoulders. The cervical spine is also known as the neck. It is made up of seven bones or vertebrae (C1 to C7) that are stacked on top of each other. The cervical spine supports the head and provides for movement of the neck. The neck moves from side-to- side (rotation), forward (flexion) and backward (extension).

In between each bone (vertebra) are spinal discs. These discs act like shock absorbers to cushion and protect the bones and allow for motion. Each spinal disc is made up of two parts. The inner part is a jelly-like substance and is called the nucleus pulposus. The outer part is a stronger rubber band-like structure called the annulus fibrosus. The annulus protects and holds the nucleus in place. The nucleus is the cushion of the spine. Additionally, there are muscles and ligaments running alongside the bony spine to help with support and movement.



A canal runs down the middle of the bony spine; the spinal cord sits within this bony canal and extends from the brain to your tailbone. The bones protect the spinal cord. There are small openings, or foramina, on the sides of the bony canal that let the spinal nerves leave the spinal cord and go to different parts of the body. The spinal cord carries messages between the brain and the rest of the body to provide movement and sensation (feeling) to the entire body. In the neck, nerves from C1 to C7 branch out and go to the shoulders, arms, and hands to provide movement and feeling.

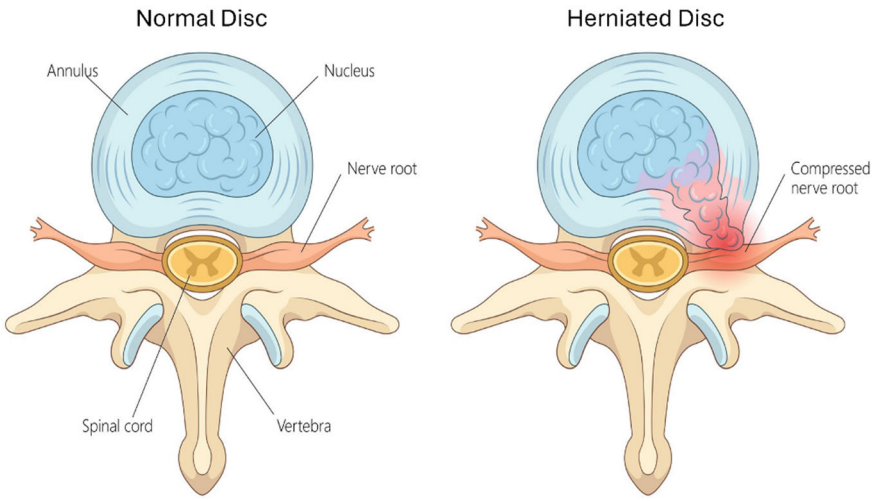


3. Cervical Disc Degeneration

As a person ages, it is common for the spinal discs in the neck (cervical spine) to slowly undergo wear and tear. These discs, which are the cushions between the bones (vertebrae), tend to dry out and lose height over time—a process known as cervical disc degeneration or degenerative disc disease. As the discs become thinner and less flexible, the neck bones move closer together. This change may increase stress on the surrounding joints, ligaments, muscles, and spinal nerves.

As cervical spinal discs degenerate, the body may respond by forming bone spurs (osteophytes) along the edges of the vertebrae to help stabilize the spine. While these bony growths may limit excessive motion, they can also reduce the space within the spinal canal or the openings around nerve roots. This narrowing may cause pressure or compression of the spinal nerves or the spinal cord. In turn, this pressure may cause symptoms such as neck pain, neck stiffness, lack of neck motion, or tingling, numbness, or weakness in the shoulders, arms, or hands.

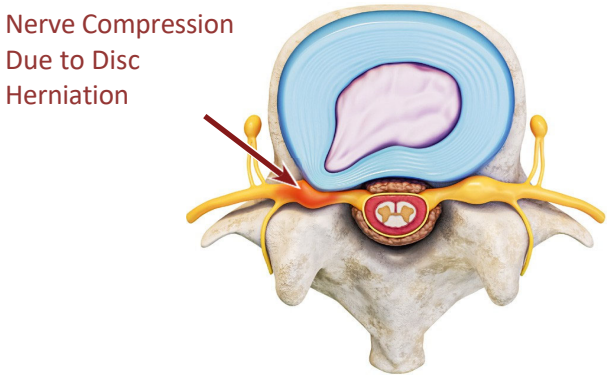
Continued disc degeneration may cause a cervical disc to push into (herniate) the nerve structures, putting pressure on the spinal nerve or the spinal cord. Cervical disc herniation may be felt as tingling, numbness, or as a shooting pain in your arm or hand, or perhaps as muscle weakness; doctors call this radiculopathy.



Taken together, these changes to the cervical spinal discs (disc wear, herniation, and bone spurs) are called cervical degenerative disc disease.

4. Symptoms of Cervical Disc Degeneration

Another condition called cervical myelopathy may also occur due to disc degeneration. This condition results when the spinal cord becomes compressed. This compression or pressure on the spinal cord may be caused by various spinal changes, such as a collapsed disc or a bone spur protruding into the spinal canal. Cervical myelopathy may interfere with the spinal cord's ability to transmit signals between the brain and the rest of the body. Symptoms of cervical myelopathy may include difficulty with the ability to button a shirt, unsteadiness when walking, and muscle stiffness or weakness in the arms or hands.



Spinal Cord Compression
(Myelopathy)

5. Diagnosing Cervical Disc Degeneration

Diagnosing cervical disc disease involves a complete evaluation by a spine surgeon. The surgeon will evaluate your symptoms, take a detailed medical history, do a physical exam, and do imaging studies, like X-rays or Magnetic Resonance Imaging (MRI).

During your physical exam, your surgeon will examine your posture, your neck movement, your muscle strength, your reflexes, and the areas where pain, tingling, or weakness are felt.

Based on this exam, if cervical disc degeneration is suspected, your surgeon may order diagnostic imaging to confirm the diagnosis. X-rays are used to look at the alignment of the spine and measure cervical spine disc height. An MRI provides detailed pictures of the spinal discs, nerve roots, and spinal cord. The MRI allows the spine surgeon to see disc or bone changes, like herniated discs, bone spurs, or the narrowing of the spinal canal.

6. Cervical Disc Degeneration Treatment Options

Treatment options for cervical degenerative disc disease range from non-surgical therapies (e.g., bed rest, physical therapy, and anti-inflammatory medications) to surgical intervention for nerve or spinal cord compression.

In most cases, conservative, non-surgical treatments are the first line of patient care. The goal of these treatments is to reduce symptoms, improve physical function, and help patients return to their daily activities.

If symptoms do not improve with non-surgical care or if there is significant nerve or spinal cord compression, surgical intervention may be recommended. The primary goal of surgery is to relieve pressure on the nerve or spinal cord. This procedure is known as decompression. Decompression involves removing the damaged disc and any bone spurs that are contributing to the compression.

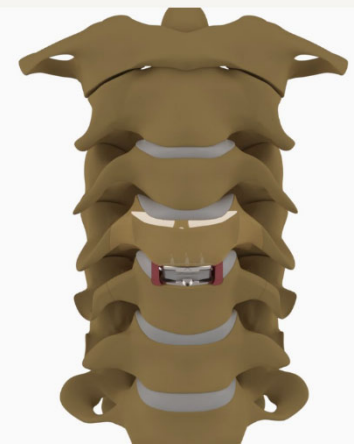
After decompression, the cervical spine surgeon may perform one of two surgeries in the neck: anterior cervical discectomy and fusion (ACDF) or artificial disc replacement (ADR).

In ACDF, the damaged disc is removed from the front of the neck, and a special spacer called an interbody device is inserted into the disc space to replace the disc that was removed. A metal plate and screws are

often affixed to the spine to stabilize (support) the spine while the neck bones (vertebrae) fuse together. An ACDF limits motion in that part of the neck and places additional pressure on the remaining spinal bones.

For patients who meet specific criteria, artificial disc replacement may be an option. After the diseased disc is removed, a device such as the Synergy Disc can be placed (implanted) in the disc space. The artificial disc replacement surgery is designed to restore normal disc height while preserving motion at that spinal segment, while allowing adjacent spinal segments to retain natural motion.

7. Cervical Spine Artificial Disc Replacement Surgery



Artificial disc replacement surgery is a type of spine surgery that helps people with neck or back pain (myopathic symptoms) or pain/numbness/ tingling in the arm (radicular symptoms), caused by a diseased or damaged spinal disc. During artificial disc replacement surgery, a surgeon removes the diseased or damaged disc and replaces it with an artificial disc. An artificial disc is designed to restore height and movement to the spinal cord and to function like a healthy, natural disc. It allows the spine to bend and move in contrast to traditional spinal fusion surgery (ACDF), where the bones are locked, or fused, in place.

Cervical (neck) artificial disc replacement surgery is performed in several steps. First, the cervical spine surgeon makes a small incision or cut across the front of the neck near the diseased or damaged disc. After gently moving aside muscles and soft tissue, the surgeon removes the damaged spinal disc and osteophytes. The space where the disc was then prepared for the new cervical artificial disc. Next, the surgeon carefully places the artificial disc into that disc space. To make sure it's in the right place, the surgeon takes a few X-rays (fluorographs). Once disc placement is optimal, the incision in the neck is closed with stitches.

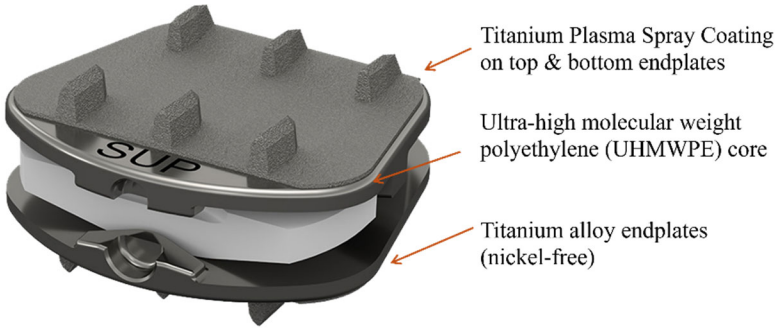
8. Artificial Disc Replacement Surgery with the Synergy Disc®

The Synergy Disc is a cervical artificial disc used in disc replacement surgery. The Synergy Disc is used in patients with cervical degenerative disc disease in one disc space.

The Synergy Disc is made of two titanium alloy endplates that sandwich a plastic core made of ultra-high molecular weight polyethylene, which is a very dense, commonly used medical-grade plastic material. The endplates and core move together to restore motion in the cervical spine.

The outside of both the top and bottom endplates are coated with a titanium spray that helps bone attach and grow onto the endplates. Along with the coating, the fins on the top and bottom endplates anchor the Synergy Disc to the bone above and below the disc space.

The Synergy Disc is available in different sizes so your surgeon can choose the best size to fit your disc space. After a damaged disc is removed, the surgeon measures the space where the damaged disc was, and the surgeon picks the size that fits best in that space. The Synergy Disc is made to match the shape of the disc space, so it fits properly between the bones of the spine to help restore natural motion and alignment.



9. Who Is A Candidate for Artificial Disc Replacement Surgery with the Synergy Disc?

A candidate for the Synergy Disc, a cervical artificial disc replacement device, is a patient with degenerative disc disease who is suffering from serious neck pain, arm pain, numbness, or weakness caused by a damaged disc in the neck.

Surgeons will usually recommend trying other conservative treatments before recommending surgery. Conservative treatments include anti-inflammatory medications, physical therapy, or injections. After some time, if these conservative treatments don't help relieve the pain or symptoms that are affecting daily life, artificial disc replacement surgery may be considered.

This type of surgery is usually best for someone who is in good overall health, has one damaged disc, and wants to keep normal neck movement after surgery. A cervical spine surgeon will review the patient's symptoms, health history, and imaging tests (like an MRI) to decide if artificial disc replacement is the right option.

Please talk to a cervical spine surgeon to learn more about artificial disc replacement surgery, its benefits, and risks. After reviewing your health history, performing an exam, and reviewing X-ray images, an experienced cervical spine surgeon will decide if you are a candidate for this surgery.

10. What are the Indications for the Synergy Disc?

The Synergy Disc is indicated in skeletally mature patients for reconstruction of the disc at one level from C3-C7 following single-level discectomy for intractable radiculopathy (arm pain and/or a neurological deficit) with or without neck pain, or myelopathy due to a single-level abnormality localized to the level of the disc space and at least one of the following conditions confirmed by radiographic imaging (CT, MRI, X-rays): herniated nucleus pulposus, spondylosis (defined by the presence of osteophytes), and/or visible loss of disc height compared to adjacent levels. The Synergy Disc is implanted using an anterior approach.

Patients should have failed at least 6 weeks of conservative treatment or demonstrated progressive signs or symptoms despite non-operative treatment before implantation of the Synergy Disc.

11. Who Should Not Receive a Synergy Artificial Disc Replacement (Contraindications)?

Not every person with neck or arm pain is a candidate for cervical artificial disc replacement surgery. This surgery may not be a good choice for a patient who has more than one diseased or damaged disc, or bones that are not healthy enough or too mobile to support an artificial disc.

Contraindications to the Synergy Disc include, but are not limited to:

- Tumor or trauma
- Intractable radiculopathy or myelopathy necessitating surgical treatment at more than one cervical level
- Allergy or sensitivity to the implant materials (e.g. titanium and polyethylene)
- Bridging osteophytes
- Radiographic instability on lateral, coronal, or flexion/extension radiographs
- Facet disease or degeneration
- Active systemic infection or local infection
- Osteoporosis is defined as Dual-Energy X-ray Absorptiometry (DEXA) bone mineral density T-score less than -2.5
- Advanced cervical spine conditions or diseases at the index level other those included in the Indications for Use (e.g., rheumatoid arthritis, (diffuse idiopathic skeletal hyperostosis (DISH), ankylosing spondylitis).

The expected clinical benefits of cervical disc replacement devices, such as the Synergy Disc implant, when used according to instructions for use and recommended technique, are to restore motion and balance to the intervertebral disc, resulting in a reduction in pain and disability (clinical improvement in function).

12. What are the Warnings for the Synergy Disc?

The Synergy Disc should be used by experienced cervical spine surgeons after receiving individualized training on the use of the Synergy Disc.

Proper selection of implant size, including lordotic angle, and positioning of the Synergy Disc is critical to making sure the Synergy Disc works as expected. Information about correct implant size selection and placement is provided to your doctor.

Due to the closeness to vascular and neurological structures to the implantation site, there are risks of serious or fatal bleeding. There is also a risk of neurological damage or injury to nearby organs. Care must be taken to protect these critical areas.

There is a risk of extra bone growth with all artificial disc replacement implants. This could lead to reduced neck motion or fusion at the treated spinal level or at spinal levels next to the implant.

Exercise care not to damage the implant (articulation surfaces) during installation. The Synergy Disc Implant and a Synergy Disc Instrument System (consisting of the instruments and trials) should be used together for proper implantation.

The Synergy Disc Implant is single patient use only. Do not resterilize or reuse the Synergy Disc. Re-sterilization and/or reusing the Synergy Disc may result in impaired performance and could cause patient injury and/or the transmission of infectious diseases between patients.

13. What are the Precautions Associated with the Synergy Disc?

Below is a list of precautions to be aware of as the safety and effectiveness of the Synergy Disc has not been established in patients with the following conditions:

- Over the age of 70
- Previous spine surgery at the level of the currently requiring surgery (other than nominal removal of part of the vertebral bone with spine joints intact)
- Only symptom is soreness of the neck muscles
- Very limited motion of the level requiring surgery
- Diseases which affect bone development or mineral levels
- Autoimmune diseases
- Insulin-dependent diabetes
- Current or extended use (more than 6 months) of any drug that may interfere with bone or soft tissue healing

14. What are the Potential Risks and Adverse Events Associated with This Type of Surgery?

All surgical procedures carry risks and potential adverse events. Below is a partial list of risks, not a complete list, which may occur in any surgical procedure, with anterior interbody surgeries, and with the Synergy Disc and other disc replacement procedures. Please ask your cervical spine surgeon to explain any risks involved in the surgery in greater detail if you have questions.

Risks associated with any surgical procedure include, but are not limited to:

- Wound infection, cellulitis, abscess
- Wound dehiscence/reopening
- Adverse reactions to anesthesia
- Pulmonary complications, embolism, pulmonary embolism, thromboembolism
- Hemorrhage
- Death

Risks associated with anterior interbody surgery of the cervical spine include, but are not limited to:

- Difficulty swallowing (dysphasia), or speaking (dysphonia)
- Nerve deficits or damage
- Hoarseness, sore throat, or vocal cord paralysis
- Spinal cord, nerve, or nerve root damage, possibly resulting in paralysis or pain, or dural tear, or leaking
- Loss of disc height, loss of proper curvature, correction, height, or reduction of the spine
- Herniation or degeneration of adjacent discs

Risks associated with any implants in the spine, including the Synergy Disc implant, include, but are not limited to:

- Early or late loosening of the components, disassembly, bending, or breakage of any or all of the components
- Implant migration
- Implant fracture
- Foreign body reactions to the implant, including allergic reactions
- Infection development of new radiculopathy, myelopathy, or pain

- Persistent pain
- Bone overgrowth, termed heterotopic ossification (HO)

15. Synergy Disc U.S. Clinical Trial

The Synergy Disc system was evaluated in a clinical trial conducted in the United States. It was studied for the safe and effective treatment of cervical degenerative disc disease in people with one-level cervical degenerative disc disease. Patients in the trial had disc disease that caused problems with nerve function due to pressure on the nerve roots and/or the spinal cord.

The clinical trial enrolled 175 patients who were implanted with the Synergy Disc and followed for at least 24 months. The patients with the Synergy Disc were compared with 184 similar "control" patients who received an anterior discectomy and fusion (ACDF) in a previous clinical trial.

The control group had the standard ACDF procedure using an anterior approach (from the front of the neck) followed by the removal of the diseased disc. The empty disc space was filled with allograft (a type of tissue), and anterior plates were placed as is standard for the ACDF procedure.

Patients in the Synergy Disc study had to be between 18 and 70 years of age, have symptoms of either radiculopathy or myelopathy at only one cervical level, and have failed 6 weeks of conservative care. Osteoporotic patients, patients with other diseases that affect the musculoskeletal system or who were taking medications that interfere with bone/soft tissue healing, and those with a body mass index of more than 40 were excluded from the study. Patients who had a prior ACDF surgery at a different, single cervical (neck) level were allowed in the study.

The clinical benefits of the Synergy Disc system are briefly summarized below; these results include some of the benefits as well as the adverse effects from the Synergy Disc clinical trial through 24 months.

Two years after surgery, 87.1% of patients who received the Synergy Disc and completed the study achieved overall study success compared to 56.6% of the control ACDF patients. Patients were counted as a success only if they met all of the following criteria: at least 15-point improvement in the Neck Disability Index, maintenance or improvement in neurological status, no study failure due to secondary surgical interventions (e.g. surgery at the same disc space as the implant), no device-related serious adverse event, and no evidence of radiographic failure.

Other key results from the study at 24 months after surgery include:

- There were 5 device-related serious adverse events (SAE) in 2.8% (5/177) of the Synergy Disc patients, which was less than the 21 device-related SAEs reported in 10.9% (21/192) of the ACDF patients.
- There were 6 procedure-related SAEs in 3.4% (6/177) of the Synergy Disc patients, which was less than the 23 procedure-related SAEs reported in 12.0% (23/192) of the ACDF patients.
- Another surgery at the treated disc space was needed in 4 of the Synergy Disc patients, compared to 8 of the ACDF patients.
- At two-years, 91.7% (143/156) of the Synergy Disc patients achieved a meaningful improvement (greater than 15-point change) on the Neck Disability Index (NDI), compared to 75.2% (112/149) of ACDF patients. NDI is an outcome measure designed to evaluate a patient's neck function.
- At two-years, 83.9% (130/155) of Synergy Disc patients achieved a greater than 20-point improvement in VAS – Neck Pain score compared to 75.33% (113/150) of ACDF patients.
- At two-years, in response to the question, "How satisfied are you with your treatment?," 84.5% (131/155) of the Synergy Disc patients responded, "Very Satisfied," compared to 61.6% (93/151) of ACDF patients.

The clinical benefit of the Synergy Disc system has not been studied beyond two years. Your cervical spine surgeon can give you more information about this clinical trial and the results.

16. What are the Expected Outcomes and Benefits of the Synergy Disc?

For patients who are Synergy Disc candidates, this surgery offers an additional option of treatment. It may help stop, or reduce, the pain and tingling in your arms and other problems caused by a damaged cervical disc.

Artificial cervical disc replacement with the Synergy Disc should relieve symptoms of nerve root or spinal cord compression caused by degenerative disc disease. Additionally, it may:

- Minimize pain in your back and/or arms
- Minimize tingling in your arms
- Help your neck move more naturally and in all directions
- Help you return to your normal activities of work, family, and recreation.

17. Preparation for Cervical Artificial Disc Replacement Spine Surgery

Before cervical artificial disc replacement surgery, your surgeon will discuss the procedure with you, including what to expect before and after the surgery. It is important to follow their guidance and instructions and ask questions when you don't understand what is being said.

Before surgery, they may discuss the following:

- Available treatment options, along with the benefits and risks of each
- Your current medications and which ones you may need to stop taking before surgery
- Instructions on what to do the night before the surgery, including when you should stop eating and drinking.
- Review any medications and items that you may need at home after surgery
- Answer any questions you may have about the surgery and recovery.

18. What Happens During Cervical Artificial Disc Replacement Surgery with the Synergy Disc?

During cervical artificial disc replacement surgery, a spine surgeon removes the diseased or damaged disc and replaces it with an artificial disc. The steps of the procedure include the cervical spine surgeon:

1. Making a small incision across the front of the neck and gently moving aside the muscles and soft tissue
2. Removing the worn-out spinal disc and osteophytes/bone spurs so that the space where the disc was is prepared for the new cervical artificial disc
3. Measuring for the best artificial disc size
4. Placing the new artificial disc into the disc space
5. Taking a few X-ray pictures to ensure the Synergy Disc is placed correctly
6. The incision in the neck is closed with stitches when the surgeon is sure the Synergy Disc is properly placed

19. What Happens After Cervical Disc Replacement Surgery with the Synergy Disc?

Cervical artificial disc replacement surgery is considered a major surgery. After the surgery is complete, you will

stay in the recovery room for several hours before being moved either to a hospital room or being discharged home. Patients undergoing this type of surgery are typically discharged within a day of surgery.

A nurse will review the discharge instructions with you. It is important to follow these instructions to ensure a complete recovery.

The following topics are important to discuss in the post-operative recovery discussion with your surgeon or nurse.

- Expectations for recovery
- At-home wound care instructions
- Timing of when to take a shower or bath
- Movements or activities that should be avoided
- Timeline of when to start activities
- Post-operative medications
- Physical therapy recommendations
- Follow-up appointments
- When to call if there is a problem after surgery

It is important to contact your surgeon if you are in severe pain or discomfort following surgery. Some pain is expected, but extreme pain is not. After surgery, if you are experiencing any of the following symptoms, please call your surgeon immediately.

- Neck or arm pain, weakness, or numbness is increased or new
- The incision feels warm, looks red, or is very painful
- There is fluid leaking from the incision
- You have a fever or trouble breathing or swallowing

20. Frequently Asked Questions

Will I have a scar after the surgery?
Yes, a small scar (about 1 inch) may be visible on the front of your neck, but the scar usually fades over time.

What if my surgery doesn't work?
If you continue to experience pain, or you experience new pain in your neck and/or arms, call your surgeon immediately so he can assess the effectiveness of the surgery. Your surgeon will discuss your problems with you and may suggest different treatment options.

How often do I have to see my doctor after my surgery?
Typically, your surgeon will see you shortly after your surgery, then again at 6 weeks, and then on a recurring schedule, they will discuss with you. It is important to come in for these appointments so the surgeon can be certain the implant is functioning as it was designed.

Can I return to exercise or sports after surgery?
Your surgeon will discuss your recovery with you and let you know when it is okay to return to exercise and sports. Many patients do return to their activities after surgery.

Can I have an MRI after surgery with the Synergy Disc?
Yes. The Synergy Disc is MRI-compatible. However, MRI machines can vary. Please consult your surgeon before any MRI study.

Will the Synergy Disc last forever?

The Synergy Disc is designed to last for the life of the patient; however, everyone is different, and follow-up visits are important to make sure the Synergy Disc is continuing to work well.

21. More Questions – Call Your Surgeon

This guide is not intended to replace medical advice, instructions, or directions from your surgeon. It is intended to provide useful information on cervical disc replacement surgery and the Synergy Disc in particular. Please contact your surgeon with specific questions about cervical disc replacement surgery or the Synergy Disc.

357 S. McCaslin Blvd., Suite 120
Louisville, CO 80027

Phone: +1.647.692.3493
Email: info@synergyspinesolutions.com
Website: synergyspinesolutions.com