

VERTICALE® SI FIXATION SYSTEM

INSTRUMENTATION GUIDE



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NOTE: This guide describes the instrumentation of the VERTICALE® SI Fixation System. - This guide does not replace briefing by a physician experienced in the instrumentation used in spinal surgery.

We would be happy to assist you in finding a hospital that provides an opportunity to observe surgical procedures.



INTRODUCTION

VERTICALE® SI FIXATION SYSTEM

The VERTICALE® SI Fixation system is intended for use in posterior pelvic ring and iliosacral stabilization procedures.



Benefits and features:

- 7.2 mm SI-screws with preassembled polyaxial plate or washer to fit anatomical and pathological requirements
- Fixed-angle locking plate screw to enhance primary fixation of the SI-Screw
- Screw augmentation option
- Quattro-lead thread at proximal screw shaft for enhanced fixation in iliac cortex
- Wide screw selection to fit anatomical and pathological requirements
- Full threated screw in 70-140mm with preassembled plate or washer
- Lag-screw in 70-140mm with preassembled plate

Indications

The VERTICALE® SI Fixation System is intended to be used in the following medical indications:

- Pelvic ring instabilities
- Iliosacral instabilities

Contraindications

- Anticipated or documented allergy or intolerance to the materials (e.g. titanium)
- Any case in which the chosen implants would be too large or too small to achieve a successful result
- Any patient for whom the use of the implant would conflict with anatomical structure
- Missing bone structures that render good anchoring of the implant impossible (e.g. in fractures, tumours or osteoporosis)

NOTE: Please also note the Instructions for Use provided with each product. They may include additional advice that leads to exclusion of the implant procedure.

VERTICALE® SI FIXATION STANDARD INSTRUMENTATION

Position and planning

The prone position is used for access to the sacrum and posterior SI regions. Prior to starting the procedure fluoroscopic AP, inlet and outlet x-rays should be obtained to ensure adequate visualization. inlet outlet Fig. 1 Intra-operative imaging control

Intraoperative C-arm imaging

During setup for surgery, it is important to confirm the adequacy of fluroscopic imaging. This is essential to avoid errors in SI-screw placement.

The following should be clearly identifiable:

- sacral foramina (outlet view)
- spinal canal (inlet view)
- S1 body (inlet view)

If these structures cannot be clearly seen, a safe trajectory for the SI screw cannot be determined.

It is recommended that before beginning an SI screw fixation procedure, appropriate preoperative planning for screw length, trajectory and location needs to be verified.

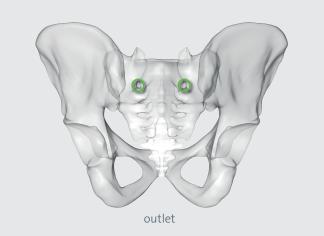


Fig. 2 Intra-operative imaging - outlet view

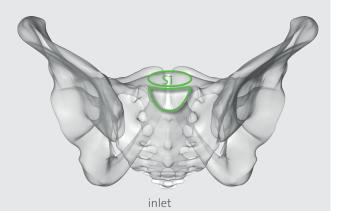


Fig. 3 Intra-operative imaging - inlet view

Landmarks for stab incision

On a lateral projection, identify the S1 body and iliac cortical densities (ICDs), here overlapping correctly.

The entry point should be posterior in S1 and inferior to the ICD, which parallels the sacral alar slope. The direction of the entry point is usually slightly caudal and posterior. The ICD thus marks the antero-superior boundary of the safe zone for an iliosacral screw. Having a safe entry point avoids injurying the L5 nerve root if it penetrates this cortex.

A 3-4 cm incision is made at the identified site



Fig. 4 Intra-operative imaging - lateral view

Placement of guide wire



When the desired entry position is identified, the 3.2mm guide wire is tapped 2-3 mm into the planned screw entry point. Confirmation of position is recommended using imaging intensifier in a lateral view.

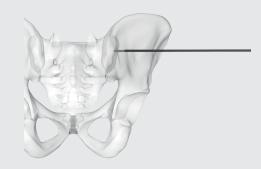


Fig. 5 Placement of guide wire - outlet view

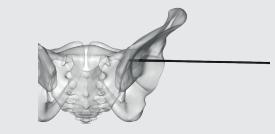


Fig. 6 Placement of guide wire - inlet view

If correct entry point is identified the guide wire is advanced 1 cm into the sacral ala according to chosen screw channel.

NOTE: If you use a hammer to advance the guide wire the guide wire protection sleeve must be used. Do not hammer on the guide wire tip to avoid damaging the



Fig. 7 Do not use a hammer with the guidewire without protection sleeve

Placement of guide wire

Once the guidewire tip is lateral to the neural foramen in the outlet view, confirm that it is in the desired position using fluoroscopic imaging.

The desired trajectory is within, but close to the anterior alar cortex on the inlet view, and cranial to the ventral foramen of the 1st sacral nerve root.

If the trajectory of the guidewire would compromise either the sacral foramen or the spinal canal, the guidewire is removed and then reinserted from a similar entry point but in a corrected trajectory.

When the correct trajectory for the guidewire is confirmed, it is further advanced to the S1 vertebral body.

When the guide wire reaches the centre of S1, the position is again verified in lateral, inlet, and outlet view.

Advance the guide wire into the desired position for the SIscrew placement and length.

The wire must be far enough from cortices and neural foramina to accommodate the desired SI-screw.



Fig. 8 Placement of guide wire - inlet view



Fig. 9 Placement of guide wire - outlet view

VI-6023 **VERTICALE** Dilator 17 VI-4024 VERTICALE MIS Dilator 4 (20 mm)

For blunt preparation of the tussie to access the iliac cortex, the 17mm Dilatation tube is placed over the wire. Slide the VERTICALE MIS Dilator (20 mm) over the 17 mm Dilatation Tube and push it down onto the iliac cortex. The 17 mm Dilatation Tube is removed. The Working Tube provides sufficient room for a protective screw bed preparation using an awl or drill and for the insertion of the SI-screw with washer.

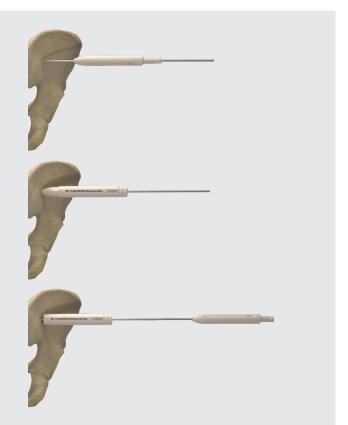


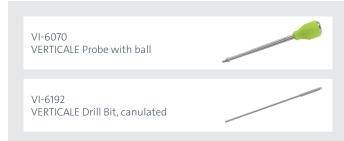
Fig. 10 Dilatation of soft tissues to perform lateral access to the os Ilium

VI-6860 **VERTICALE SI Screw Indicator**

The screw length is measured using the VERTICALE SI Screw Indicator, which is guided over the guide wire and pushed onto the iliac cortex. The end of the guide wire indicates to the appropriate length of the SI-screw.



Fig. 11 Identification of screw length.



In normal bone the screw bed may be prepared for correct screw insertion using the VERTICALE Probe with ball tip to open the iliac cortex and the cannulated VERTICALE Drill Bit, to over-drill the guide wire to enhance SI-screw insertion.

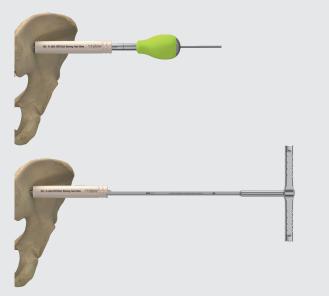
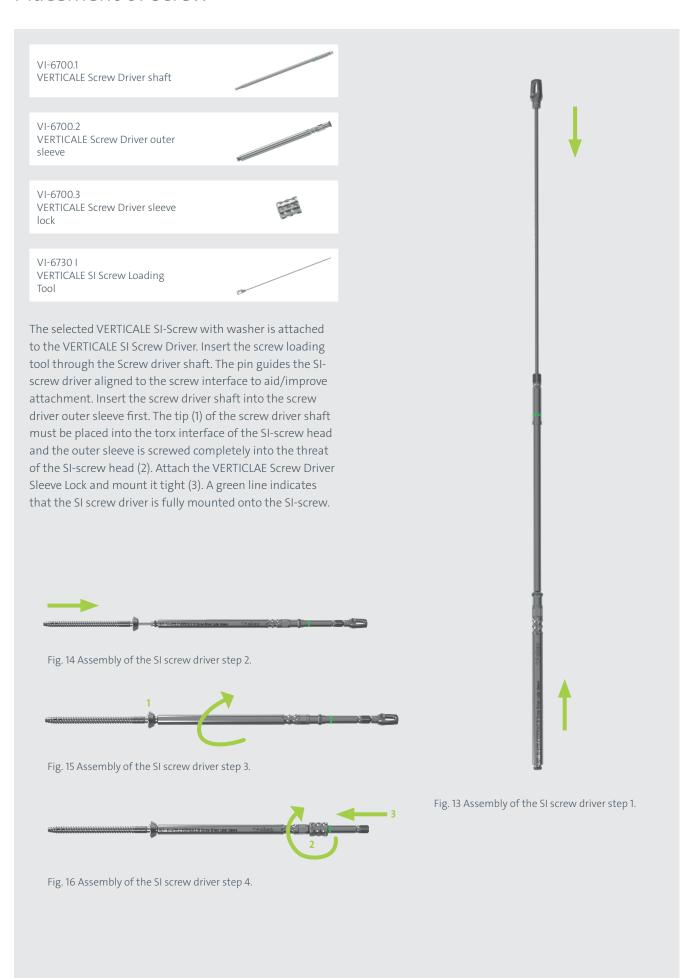


Fig. 12 Preparation of bone bed with probe and drill.

Placement of screw



Placement of screw

Ratchet T-Handle, short



Attach the T-handle and guide the screw over the guide wire. Control screw insertion and guide wire position using imaging intensive control.

In normal bone the force for screw insertion will increase as the washer reaches the iliac cortex.

Tactile feed-back may not be observed in soft bones. It is therefore recommended to control the positioning of the washer onto the iliac cortex in an oblique inlet view.



Fig. 17 Insertion of SI screw

VI-6000 **VERTICALE** Holding Clamp



When the SI-screw reaches the desired position the guide wire is removed.

If indicated the SI-screw may be augmented (see page 23).

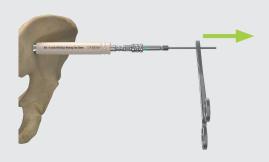


Fig. 18 Removal of guide wire.

NOTE: The SI screw driver is maintained in place if screw augmentation is planned.

Placement of screw

VERTICALE SI Wrench



To remove the SI-screw driver, firstly the sleeve lock is removed. Secondly, unscrew the SI-screw driver outer sleeve. The VERTICALE SI Screw Driver Removal Tool may be used to detach the outer sleeve if necessary. If the outer sleeve is fully unthreaded the SI-screw driver can be removed without resistance.

Remove the 20mm working tube. Upon completion of the SI-screw procedure, use fluoroscopy images to confirm the correct placement of the SI-screw. This should include AP, inlet, outlet, and lateral images of the posterior pelvis.



Fig. 19 Removal of SI screw driver

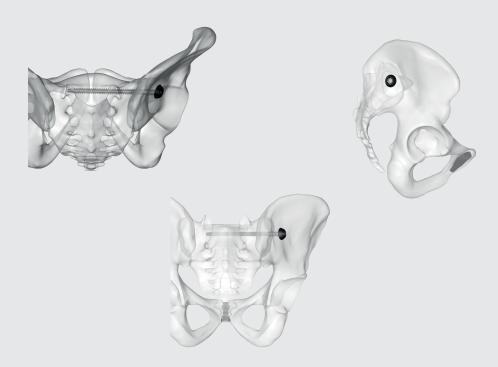
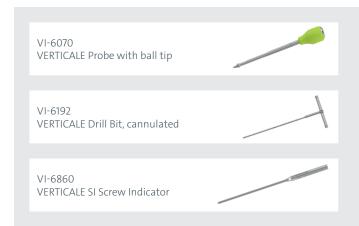


Fig. 20 Verification of final implantation using imaging intensifyer control in inlet, outlet and lateral view.



After placement of the guide wire in the desired position the tissues are dissected down to bone, by spreading with an appropriate blunt clamp, or with scissors to ensure a 3-4 cm access to the iliac cortex for a protective screw bed preparation using the awl with stop or the drill.

The screw length is measured with the VERTICALE SI Screw Indicator, which is guided over the guide wire and pushed onto the iliac cortex. The end of the guide wire indicates the appropriate length of the SI-screw.

In normal bone the screw bed may be prepared for proper screw insertion using the VERTICALE Probe with ball tip to open the iliac cortex and the cannulated VERTICALE Drill Bit with T-handle to over-drill the guide wire to enhance SI-screw insertion.



Fig. 21 Identification of screw length.

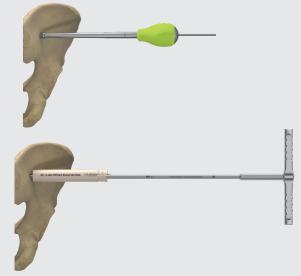


Fig. 22 Preparation of bone using probe and drill.



The selected SI-screw with plate is attached to the VERTICALE SI Screw Driver: Insert the screw loading tool through the Screw driver shaft. The pin guides the SIscrew driver aligned to the screw interface to enhance attachment. Insert the screw driver shaft into the screw driver outer sleeve first. The torx (1) of the screw driver shaft must be placed into the torx interface of the SI-screw head and the outer sleeve is screwed completely into the threat of the SI-screw head (2). Attach the VERTICLAE SI Screw Driver Sleeve Lock and mount it tight (3). A green line indicates that the SI screw driver is fully mounted onto the SI-screw.

Slide the VERTICALE SI Plate inserter outer sleeve from lateral onto the plate (4). Insert the VERTICALE SI Plate inserter inner sleeve (5) and lock it to the outer sleeve by a quarter turn (6).



Fig. 23 Assembly of SI Screw driver onto the SI screw step 1.



Fig. 24: Assembly of SI Screw driver onto the SI screw step 2.

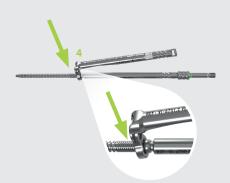


Fig. 25 Assembly of the Plateholder onto the SI plate - Step 1.



Fig. 26 Assembly of the Plateholder onto the SI plate - Step 2.

Attach the T-handle and guide the screw over the guide wire. Control the screw insertion and guide wire position using imaging intensive control.



Fig. 27 Insertion of SI screw with plate

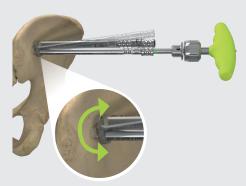


Fig. 28 Orientation of Plate

In a normal bone the force for screw insertion will increase when the plate reaches the iliac cortex.

This tactile feed-back may not be observed in soft bones. Therefore it is recommended to control the positioning of the plate onto the iliac cortex in an oblique inlet view until the plate is firmly attached on the iliac cortex.

The SI screw should not be inserted completely until the plate is guided into the desired position. If needed unscrew the SI screw until the plate can be moved. A marking on the Plate Inserter outer sleeve indicates the orientation of the plate.

Positon the plate into the desired position and enhances the SI screw until the plate is positioned firmly onto the ilia cortex.



Fig. 29 Define final postion of the plate.

VI-6000 VERTICALE Holding Clamp



The correct positon of the plate onto the cortex can be verified using the VERTICALE SI Plate Indicator. Also the length of the plate fixation screw can be identified. If the line of the plate indicator is visible it indicates that the plate is fully seated onto the iliac cortex.



Fig. 30 Determin position of plate onto the os ilium.

Remove the guide wire.



Fig. 31 Removal of guide wire.



VI-6141 VERTICALE Ratchet T-Handle,



Using the Plate Fixation Screw Indicator the length and position of the plate fixation screw can be verified. The length is indicated on the plate indicator.

Remove the plate indicator and the plate fixation screw

Attach the selected plate fixation screw to the VERTICALE Screw Driver Hex 3.5. Attach the T-handle with 4Nm torque and guide the Plate fixation screw through the SI Plate inserter. Use the VERTICALE SI Wrench as counter-torque. The screw must be inserted into the bone and the plate using the torque limiting T-Handle 4Nm until there is a tactile release which indicates that the required torque has been applied.

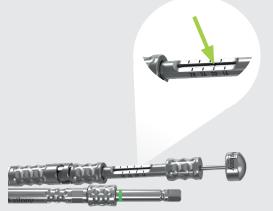


Fig. 32 Indicate required length of the plate fixation screw.



Fig. 33 Insertion of plate fixation screw.



Fig. 34 final tightening of plate fixation screw

VERTICALE SI Wrench



Remove the Screwdriver Hex 3.5. If indicated the SI-screw may be augmented (see chapter 8).

NOTE: The SI screw driver is maintained if screw augmentation is planned.

To remove the SI-screw driver, firstly remove the sleeve lock. Secondly, unscrew the SI-screw driver outer sleeve. The SI screw driver removal tool may be used to detach the outer sleeve. If the outer sleeve is fully unthreaded, the SI-screw driver can be removed without resistance.

NOTE: Remove the SI screw driver before removal of the Plate inserter sleeve.

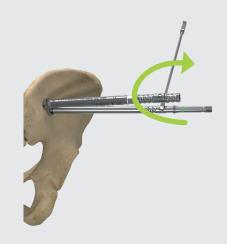


Fig. 35 Removal of SI Screw driver

Now unlock the Plate inserter inner sleeve from the outer sleeve by a quarter turn and remove it. The plate inserter outer sleeve must be slipped off the plate. The marking on the sleeve indicates the direction of movement.

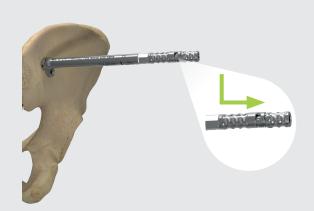


Fig. 36 Removal of SI plate holder - Step 1



Upon completion of the SI-screw with plate procedure, use appropriate imaging to confirm the correct placement of the SI screw. This should include AP, inlet, outlet, and true lateral images of the posterior pelvis.

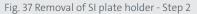




Fig. 38. Final Positiopn of SI screw with plate

Augmentation of the SI-screw

VI-6510 VERTICALE SI Cement Adapter



S-VI-6500 VERTICALE SI Cement



If required the SI-Screw can be augmented using PMMA bone cement.

For cement augmentation of the VERTICALE SI Screw the VERTICALE SI Cement Kit is needed. The kit contains:

- **VERTICALE SI Cement Plug**
- **VERTICALE SI Cement Cannula**
- **VERTICALE SI Cement Pusher**

When the SI-screw is placed in its desired position the guide wire and T-Handle are removed. The screw driver should remain in position.

To avoid cement extrusion at the distal tip of the SI-screw a plug is applied first. Guide the SI Cement Plug through the screw driver until it reaches the screw-bone interface. Push the plug firmly to the front and turn the handle of the Cement Plug. The tip of the plug breaks off and closes the distal cannulation of the screw.



Fig. 39 Insertion of SI screw



Fig. 40 Close the tip of the SI screw shaft using the SI cement

Now attach the VERTICALE SI Cement Adapter on the screw driver shaft.

The SI Cement Cannula is mounted through the SI Cement Adapter until it firmly locks.





Fig. 41 Attach the SI cement adapter on the SI screw driver shaft.



Fig. 42 Insert and lock the SI cement cannula in the SI cement adapter

Augmentation of the SI-screw

Prepare the cement following appropriate manufacturer guideline and connect the application system to the Luer lock of the cement cannula.

Cement application should be performed using imaging intensifier control.

To apply the cement which remains inside the Cement Cannula the Cement Pusher can be used. Remove all instruments.



Fig. 43 Application of PMMA cement.

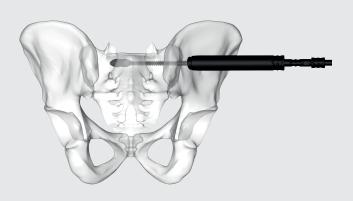




Fig. 44 Control of cement application in outlet and lateral view.

VERTICALE® SI FIXATION PRODUCT INFORMATION

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VERTICALE® SI Fixation Implants

System: VERTICALE

Implant type: SI Screw with Washer

Screw shaft diameter: 7.2 mm

Configuration: Polyaxial, cannulated and fenestrated shaft, full threated

Material: Ti6Al4V ELI

Article number	Description	Illustration
S-VOW-7070-CL1	VERTICALE SI screw with washer 7,2 x 70	
S-VOW-7075-CL1	VERTICALE SI screw with washer 7,2 x 75	
S-VOW-7080-CL1	VERTICALE SI screw with washer 7,2 x 80	(TI)
S-VOW-7085-CL1	VERTICALE SI screw with washer 7,2 x 85	
S-VOW-7090-CL1	VERTICALE SI screw with washer 7,2 x 90	
S-VOW-7095-CL1	VERTICALE SI screw with washer 7,2 x 95	
S-VOW-7100-CL1	VERTICALE SI screw with washer 7,2 x 100	
S-VOW-7105-CL1	VERTICALE SI screw with washer 7,2 x 105	
S-VOW-7110-CL1	VERTICALE SI screw with washer 7,2 x 110	
S-VOW-7115-CL1	VERTICALE SI screw with washer 7,2 x 115	
S-VOW-7120-CL1	VERTICALE SI screw with washer 7,2 x 120	
S-VOW-7125-CL1	VERTICALE SI screw with washer 7,2 x 125	
S-VOW-7130-CL1	VERTICALE SI screw with washer 7,2 x 130	
S-VOW-7135-CL1	VERTICALE SI screw with washer 7,2 x 135	
S-VOW-7140-CL1	VERTICALE SI screw with washer 7,2 x 140	

System: VERTICALE

Implant type: SI Screw with Plate

Screw shaft diameter: 7.2 mm

Configuration: Polyaxial, cannulated and fenestrated shaft, full threated

Material: Ti6Al4V ELI

Article number	Description	Illustration
S-VOP-7070-CL1	VERTICALE SI screw w. plate 7,2 x 70	
S-VOP-7075-CL1	VERTICALE SI screw w. plate 7,2 x 75	
S-VOP-7080-CL1	VERTICALE SI screw w. plate 7,2 x 80	
S-VOP-7085-CL1	VERTICALE SI screw w. plate 7,2 x 85	
S-VOP-7090-CL1	VERTICALE SI screw w. plate 7,2 x 90	
S-VOP-7095-CL1	VERTICALE SI screw w. plate 7,2 x 95	
S-VOP-7100-CL1	VERTICALE SI screw w. plate 7,2 x 100	
S-VOP-7105-CL1	VERTICALE SI screw w. plate 7,2 x 105	
S-VOP-7110-CL1	VERTICALE SI screw w. plate 7,2 x 110	
S-VOP-7115-CL1	VERTICALE SI screw w. plate 7,2 x 115	
S-VOP-7120-CL1	VERTICALE SI screw w. plate 7,2 x 120	
S-VOP-7125-CL1	VERTICALE SI screw w. plate 7,2 x 125	
S-VOP-7130-CL1	VERTICALE SI screw w. plate 7,2 x 130	
S-VOP-7135-CL1	VERTICALE SI screw w. plate 7,2 x 135	
S-VOP-7140-CL1	VERTICALE SI screw w. plate 7,2 x 140	

VERTICALE®SI Fixation Implants

Article number	Description	Illustration
S-VOP-7070-CS1	VERTICALE SI lag screw w. plate 7,2 x 70	
S-VOP-7075-CS1	VERTICALE SI lag screw w. plate 7,2 x 75	
S-VOP-7080-CS1	VERTICALE SI lag screw w. plate 7,2 x 80	
S-VOP-7085-CS1	VERTICALE SI lag screw w. plate 7,2 x 85	omans.
S-VOP-7090-CS1	VERTICALE SI lag screw w. plate 7,2 x 90	
S-VOP-7095-CS1	VERTICALE SI lag screw w. plate 7,2 x 95	
S-VOP-7100-CS1	VERTICALE SI lag screw w. plate 7,2 x 100	
S-VOP-7105-CS1	VERTICALE SI lag screw w. plate 7,2 x 105	
S-VOP-7110-CS1	VERTICALE SI lag screw w. plate 7,2 x 110	
S-VOP-7115-CS1	VERTICALE SI lag screw w. plate 7,2 x 115	
S-VOP-7120-CS1	VERTICALE SI lag screw w. plate 7,2 x 120	
S-VOP-7125-CS1	VERTICALE SI lag screw w. plate 7,2 x 125	A
S-VOP-7130-CS1	VERTICALE SI lag screw w. plate 7,2 x 130	
S-VOP-7135-CS1	VERTICALE SI lag screw w. plate 7,2 x 135	
S-VOP-7140-CS1	VERTICALE SI lag screw w. plate 7,2 x 140	

System: VERTICALE

Implant type: SI Lag Screw with Plate

Screw shaft diameter: 7.2 mm

Configuration: Polyaxial, cannulated and fenestrated shaft, partially threated

Length of threat: 20 mm for screws in length 70-90 mm 32 mm for screws in length 95-140 mm

Material: Ti6Al4V ELI

Article number	le number Description	
S-VOP-0016-X1	VERTICALE SI Plate fixation screw 16 mm	
S-VOP-0018-X1	VERTICALE SI Plate fixation screw 18 mm	
S-VOP-0020-X1	VERTICALE SI Plate fixation screw 20 mm	_ ** W W
S-VOP-0022-X1	VERTICALE SI Plate fixation screw 22 mm	444411
S-VOP-0024-X1	VERTICALE SI Plate fixation screw 24 mm	* * * * * * * *
S-VOP-0026-X1	VERTICALE SI Plate fixation screw 26 mm	
S-VOP-0028-X1	VERTICALE SI Plate fixation screw 28 mm	
S-VOP-0030-X1	VERTICALE SI Plate fixation screw 30 mm	

System: VERTICALE

Implant type: Plate Fixation Screw

Configuration: Solid, locking, self-tapping

Material: Ti6Al4V ELI

VERTICALE® SI FIXATION Instruments

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VERTICALE® MIS Instruments

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	VERTICALE Plate inserter outer sleeve	VI-6751.2	17, PI 05
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T	Ratchet T-Handle, short	GI-2111	14, PI 04
Т	Ratchet T-Handle, 4Nm	GI-6141	PI 04
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