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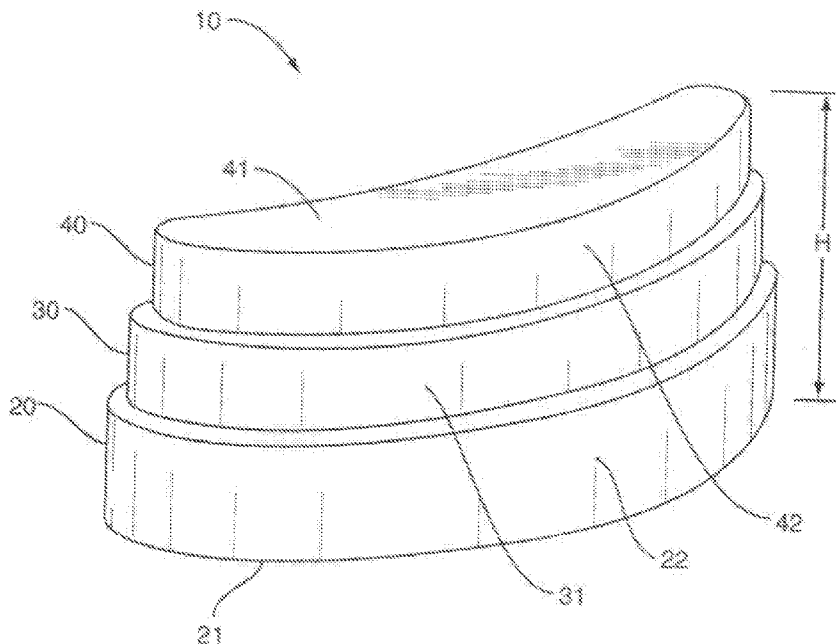
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- (71) Applicant (for all designated States except US): **WARSAW ORTHOPEDIC, INC.** [US/US]; 2500 Silveus Crossing, 2500 Silveus Crossing, Warsaw, Indiana 46581 (US).
- (71) Applicants: **PATTERSON, Barry** [US/US]; 1107 30th Street South, Birmingham, Alabama 35205 (US). **WALKER, Don Byron II** [US/US]; 207 Wisconsin Avenue, Muscle Shoals, Alabama 35661 (US).
- (72) Inventors; and
- (75) Inventors/Applicants (for US only): **EDIE, Jason A.** [US/US]; 66 West Calhoun, Memphis, Tennessee 38103 (US). **COOPER, Lloyd Guyton Bowers** [US/US]; 210

Mountain Avenue, Birmingham, Alabama 35213 (US). **WINDHAM, Jerrod B.** [US/US]; 6 Ross Circle, Auburn, Alabama 36830 (US). **DAWSON, John C.** [US/US]; 1827 North Paulina St 1F, Chicago, Illinois 60622 (US).

- (74) Agent: **JARO, Michael J.**; 710 Medtronic Parkway MS LC340, Minneapolis, Minnesota 55432, (US).
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(54) Title: IMPLANT WITH NESTED MEMBERS AND METHODS OF USE



(57) Abstract: The application is directed to implants that are adjustable between collapsed and expanded orientations. The collapsed orientation includes a smaller height to facilitate insertion into the patient. The expanded orientation includes a larger height for spacing and/or supporting the vertebral members. The implants generally include three or more separate sections that are nested together in the collapsed orientation. The sections move outward away from each other in the expanded orientation. An expansion means may be operatively connected to one or more of the sections to move the implants between the orientations. Methods of use are also included for moving the implants between the collapsed and expanded orientations.

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IMPLANT WITH NESTED MEMBERS AND METHODS OF USE

Background

5 The present application is directed to vertebral implants and methods of use, and more particularly, to implants that are adjustable between a first reduced size to ease insertion into the patient, and a second enlarged size to space vertebral members.

10 The spine is divided into four regions comprising the cervical, thoracic, lumbar, and sacrococcygeal regions. The cervical region includes the top seven vertebral members identified as C1-C7. The thoracic region includes the next twelve vertebral members identified as T1-T12. The lumbar region includes five vertebral members L1-L5. The sacrococcygeal region includes nine fused vertebral members that form the sacrum and the coccyx. The vertebral members of the spine are aligned in a curved configuration that includes a cervical curve, thoracic curve, and lumbosacral curve. Intervertebral discs are
15 positioned between the vertebral members and permit flexion, extension, lateral bending, and rotation.

20 Various conditions may lead to damage of the intervertebral discs and/or the vertebral members. The damage may result from a variety of causes including a specific event such as trauma, a degenerative condition, a tumor, or infection. Damage to the intervertebral discs and vertebral members can lead to pain, neurological deficit, and/or loss of motion.

25 Various procedures include replacing the entirety or a section of a vertebral member, the entirety or a section of an intervertebral disc, or both. One or more replacement implants may be inserted to replace the damaged vertebral members and/or discs. The implants reduce or eliminate the pain and neurological deficit, and increase the range of motion.

30 The implants may be adjustable between a first, reduced size that facilitates insertion into the patient in a minimally invasive manner. Once inserted, the implant may be expanded to a larger second size.

Summary

The application is directed to implants and methods of use for positioning between vertebral members. The implants may include a series of members that are nested together. The members may include sidewalls, and the inferior and superior members may also include contact surfaces that contact the vertebral members. The implant may be positionable between collapsed and expanded orientations. In the collapsed orientation, the members may be nested together and the sidewalls may be in a multiple-overlapping arrangement. In the expanded orientation, the members may extend outward from each other thus increasing an overall height of the implant.

In one method of use, the implant is inserted into a patient while in the collapsed orientation. Once positioned, the height of the implant is increased with the members being moved towards the expanded orientation. The height of the implant may vary depending upon the desired size.

Brief Description of the Drawings

Figure 1 is a perspective view of an implant in an expanded orientation according to one embodiment.

Figure 2 is a perspective view of an implant in a collapsed orientation according to one embodiment.

Figure 3 is an exploded perspective view of an implant according to one embodiment.

Figure 4 is a partial perspective view of an implant in an expanded orientation according to one embodiment.

Figure 5 is a schematic view of an implant according to one embodiment.

Figures 6A-6D are perspective views of an implant moving from a collapsed orientation to an expanded orientation according to one embodiment.

Figures 7A-7B are perspective views of an implant moving from a collapsed orientation to an expanded orientation according to one embodiment.

Figure 8 is a perspective view of an implant according to one embodiment.

Detailed Description

The application is directed to implants that are adjustable between collapsed and expanded orientations. The collapsed orientation includes a smaller height to facilitate insertion into the patient. The expanded orientation includes a larger height for spacing and/or supporting the vertebral members. The implants generally include three or more members that are nested together in the collapsed orientation. The members may move outward away from each other in the expanded orientation. An expansion means may be operatively connected to one or more of the sections to move the implants between the orientations.

Figure 1 illustrates an implant 10 in the expanded orientation with a height H. The implant 10 includes a first member 20, second member 30, and a third member 40 that are in a telescoping arrangement. The second member 30 extends outward from the first member 20, and the third member 40 extends outward from the second member 30. The first member 20 includes a contact surface 21 that contacts a first vertebral member, and the third member 40 includes contact surface 41 that contacts a second vertebral member. The contact surfaces 21, 41 may be textured to grip the vertebral body. For example, teeth, ridges, or grooves can be formed to improve gripping capability.

Figure 2 illustrates the implant 10 in a collapsed orientation. The members 20, 30, 40 are nested together with an overall height H' that is less than the height H. The first member 20 is sized to receive the second member 30, which itself is sized to receive the third member 40. The collapsed orientation allows for insertion of the implant 10 into the patient in a minimally-invasive manner. Once the implant 10 is inserted, the height can be increased as necessary. The implant 10 may be used within the patient at a variety of different heights that range between height H and height H'.

Figure 3 illustrates an exploded view of the implant 10 that includes first, second, and third members 20, 30, 40. The first member 20 includes sidewalls 22 that extend outward from the contact surface 21. The sidewalls 22 and contact surface 21 form an interior space 23 that is sized to receive the other members 30, 40.

The second member 30 includes a sidewall 31 with a shape and size that corresponds to the first member 20. An interior space 32 is formed within the sidewalls and is sized to fit within the interior space 23 of the first member 20. The third member 40 includes a contact surface 41 and an outwardly-extending sidewall 42. The shape and

size of the sidewall 42 corresponds to the second member 30 and is sized to fit within the interior space 32 of the second member 30. In some embodiments, one or more of the sidewalls 22, 31, 42 contact during the movement between the collapsed and expanded orientations. The surfaces of the sidewalls 22, 31, 42 may be substantially smooth to facilitate the sliding movement. Alternatively, the members 20, 30, 40 may be sized such that the sidewalls 22, 31, 42 do not touch.

As illustrated in Figure 1, the members 20, 30, 40 are in an overlapping configuration in the expanded orientation. The amount of overlap may vary depending upon the overall height of the implant 10. In a reduced height that is only slightly greater than the collapsed height H' , the amount of overlap is large. In the expanded height H , the amount of overlap is small. In one embodiment, the sidewalls 22, 31, 42 overlap forming a three-ply arrangement when the implant 10 is in the collapsed orientation. In the expanded orientation, the amount of overlap is less with a two-ply arrangement between sidewalls 22, 31, and sidewalls 31, 42. The amount of overlap of the sidewalls 22, 31, 42 may vary between members 20, 30, 40. By way of example, the amount of overlap between sidewall 22 and 31 may be a first amount, with the overlap between sidewall 31 and 42 being a second, different amount. The overlap gives torsional support to the implant 10 and prevents the members 20, 30, 40 from separating during the application of twisting force applied about an axis that extends vertically through the implant 10.

As illustrated in Figure 4, one or more of the members 20, 30, 40 may further include a rib 44. In this embodiment, third member 40 includes a rib 44 that extends outward from the sidewall 42. Second member 30 includes a receiver 34 sized to receive the rib 44. The rib 44 moves within the receiver 34 during movement of the implant 10 between the collapsed and expanded orientations. Rib 44 and receiver 34 maintain the alignment between the second and third members 30, 40. Likewise, rib 34 of the second member 30 fits within receiver 19 on the first member 20. Figure 4 illustrates a single rib 44 and receiver 34 pair. Multiple ribs and receivers may be positioned along the various members 20, 30, 40 as necessary to maintain the alignment.

The height of the sidewalls 22, 31, 42 may be the same or different. In one embodiment, sidewall 22 of the first member 20 is greater than the other sidewalls 31, 42. This causes the second and third members 30, 40 to completely nest within the first

member 20 in the collapsed orientation. The sidewalls 22, 31, 42 may further include substantially the same heights.

As illustrated in Figure 5, the members 20, 30, 40 may further include flanges 25, 35, 45. The flanges 25, 35, 45 extend from the sidewalls 22, 31, 42 and contact together to control an extent of expansion and prevent overextension of one or more of the members 20, 30, 40. The flanges 25, 35, 45 may extend around the entire periphery or a limited section of each member 20, 30, 40. In the embodiment of Figure 5, flanges 35a, 45 are positioned at the bottom of members 30, 40, with flanges 25, 35b positioned at the top of members 20, 30. The flanges 25, 35, 45 may also be positioned at other locations along the members 20, 30, 40 depending upon the amount of desired expansion of the implant 10, and amount of sidewall overlap.

In some embodiments as illustrated in Figure 4, the sidewalls 22, 31, 42 are substantially continuous and extend around the entire periphery of the member 20, 30, 40. In other embodiments as illustrated in Figure 3, one or more of the sidewalls 31, 42 include gaps 33, 43. Gaps 33, 43 may be positioned at various points about the sidewalls and may have a variety of shapes and sizes.

Members 20, 30, 40 may further include struts 27, 37, 47 within the sidewalls 22, 31, 42 as illustrated in Figure 3. Each of the struts 27, 37, 47 is formed by an outer wall that forms an enclosed chamber 49. The chamber 49 is sized to fit within the interior space formed by the sidewalls. The struts 27, 37, 47 include a telescoping configuration that nest together in the collapsed orientation. In the embodiment of Figure 3, the strut 27 of the first member 20 is the largest, with the struts 37, 47 being smaller to fit inside within in the collapsed orientation. In the embodiment of Figure 3, the struts 27, 37, 47 are substantially circular, although other embodiments may include different shapes.

Figure 3 illustrates an embodiment with each member 20, 30, 40 including a single strut.

In other embodiments, each member 20, 30, 40 may include two or more struts. An expansion means 60 may be operatively connected with the interior space to move the implant 10 between the expanded and collapsed orientations. In one embodiment as illustrated in Figure 3, a port 61 extends through the sidewall 22 of the first member 20 and leads into the chamber 49 formed within the strut 27. A conduit 62 may further lead from the port 61 into the strut 27. Alternatively, the port 61 may be positioned through the sidewall 22 and strut 27 and directly into chamber 49. The port 61 provides for

introducing fluid into the chamber 49 that is moved by pump 100. A valve (not illustrated) is disposed in the port 61 that allows introduction of fluid into the chamber 49 and prevents fluid from exiting. A variety of fluids may be introduced into the chamber 49, including saline, water, and air. One example of an expansion means is disclosed in U.S. Patent Application No. 11/412671 filed on April 27, 2006 and titled Expandable Intervertebral Spacers and Methods of Use. This Application is assigned to Medtronic Sofamor Danek and is herein incorporated by reference in its entirety.

In use, the implant 10 is placed in the collapsed orientation and inserted into the patient. Once positioned within the patient, the pump 100 moves fluid through the port 61 and into the chamber 49. This causes the members 20, 30, 40 to begin moving outward towards the expanded orientation. The amount of expansion and speed of expansion are dependent on the amount of pressure of the fluid being introduced through the port 61. In one embodiment, the pump 100 is removed from the inlet 61 and the implant 10 may remain within the patient. The valve seals the fluid within the chamber 49 and prevents escape. In another embodiment, the pump 100 removes the fluid from the chamber 49 at a predetermined time. The removal of the fluid causes the members 20, 30, 40 to move towards the collapsed orientation. Once the fluid is removed, the implant 10 may be removed from the patient.

The expansion means may further include a jack mechanism 120 as illustrated in Figure 5. The device 120 may include a telescoping arm 121 that is positioned between the contact surfaces 21, 41. A gear 123 may be operatively connected to the arm 121, with a rotational input 122 leading from the sidewall 22 to the gear 123. Rotation of the gear 123 via the input 122 causes the arm 121 to expand and contract. This movement causes the implant 10 to move between the expanded and collapsed orientations. In one embodiment, arm 121 is constructed of telescoping members. The members telescope together in an overlapping arrangement in the collapsed position. One example of a jack mechanism is disclosed in U.S. Patent Application No. 11/415042 filed on May 1, 2006 and titled Expandable Intervertebral Spacers and Methods of Use. This Application is assigned to Medtronic Sofamor Danek and is herein incorporated by reference in its entirety.

Use of the implant 10 with a jack mechanism 120 is similar to the fluid embodiment described above. The implant 10 is inserted into the patient while in the

collapsed orientation. Once inserted, the surgeon accesses the rotational input 122 to apply a rotational force to the gear 123. This causes the arm 121 to expand and move the implant 10 towards the expanded orientation. The implant 10 may either remain within the patient in the expanded orientation, or may be moved back to the collapsed orientation for removal.

In the embodiment of Figure 1, the implant 10 includes three members 20, 30, 40. The implant 10 may also include more than three members. Figures 6A-6D illustrate an embodiment with four separate members 20. Other embodiments may feature more than four members as necessary. The size and shape of the members may also vary depending upon the embodiment. Figure 1 illustrates an embodiment with an oval or kidney shape. Figure 4 illustrates an embodiment with a rectangular shape, Figures 6A-6D illustrate a triangular shape, and Figures 7A-7B illustrate a circular shape. In some embodiments, the different members may include different shapes. Figure 8 includes a first member 20 that is substantially oval shape, a second member 30 that is substantially circular, and a third member 40 that is substantially rectangular. The members 20, 30, 40 are sized to nest together in the collapsed orientation. One or more shelves 39 may extend across a member 20 to enclose the interior space. Shelves 39 are particularly useful when the nested member is either considerably smaller than the receiving member, or includes a different shape.

In some embodiments, deployment of the implant 10 from the collapsed orientation comprises different order of movement of each of the members. Figures 7A and 7B illustrate an embodiment with the members 20 nested together as illustrated in Figure 7A. Movement towards the expanded orientation causes each of the members 20, 30, 40 to move outward as illustrated in Figure 7B. Each member 20, 30, 40 may move the same amount, or some members may move a greater amount. In another embodiment, the members 20 move in an ordered sequence as illustrated in Figures 6A-6D. A first amount of movement from the collapsed orientation of Figure 6A to a partially expanded orientation of Figure 6B comprises movement between the first and second members 20, 30. Members 40 and 50 remain within the second member 30. Continued movement as illustrated in Figure 6C causes movement between the second member 30 and the third member 40. The fourth member 50 remains stationary relative to the third member 40.

Continued movement as illustrated in Figure 6D finally results in fourth member 50 moving relative to the third member 40.

The contact surfaces 21, 41 may include a variety of shapes and orientations. In one embodiment as illustrated in Figure 1, surfaces 21, 41 are substantially parallel. In other embodiments, surfaces 21, 41 may be positioned at an angle to conform to the curvature of the spine including the cervical, thoracic, and lumbosacral curves. In one embodiment, wedge-shaped inserts may be attached to the surfaces 21 and/or 41 to address the curves of the spine.

The implant 10 may be inserted into the patient from a variety of approach angles. One embodiment includes access via an anterior approach to the cervical spine. Other applications contemplate other approaches, including posterior, postero-lateral, antero-lateral and lateral approaches to the spine, and accessing other regions of the spine, including the cervical, thoracic, lumbar and/or sacral portions of the spine.

Figure 3 includes an embodiment with fluid introduced into the chamber 49. In another embodiment (not illustrated), the members 20, 30, 40 mate together to form an enlarged, enclosed interior space to receive the fluid. The fluid is moved into and out of the interior space to control the height of the device 10. The difference with this embodiment is the larger area for receiving the fluid and providing the expansion force to the members 20, 30, 40. As with the other embodiment, the amount of expansion and speed of expansion are dependent on the amount of pressure of the fluid being introduced through the port 61.

Spatially relative terms such as "under", "below", "lower", "over", "upper", and the like, are used for ease of description to explain the positioning of one element relative to a second element. These terms are intended to encompass different orientations of the device in addition to different orientations than those depicted in the figures. Further, terms such as "first", "second", and the like, are also used to describe various elements, regions, sections, etc and are also not intended to be limiting. Like terms refer to like elements throughout the description.

As used herein, the terms "having", "containing", "including", "comprising" and the like are open ended terms that indicate the presence of stated elements or features, but do not preclude additional elements or features. The articles "a", "an" and "the" are

intended to include the plural as well as the singular, unless the context clearly indicates otherwise.

The present invention may be carried out in other specific ways than those herein set forth without departing from the scope and essential characteristics of the invention.

5 The present embodiments are, therefore, to be considered in all respects as illustrative and not restrictive, and all changes coming within the meaning and equivalency range of the appended claims are intended to be embraced therein.

Claims

What is claimed is:

1. An implant positionable between first and second vertebral members, the implant comprising:

5 a first member including first sidewalls that extend around and form a first interior space;

 a second member including second sidewalls that extend around and form a second interior space;

10 a third member including third sidewalls that extend around and form a third interior space;

 the members positionable between collapsed and expanded orientations;

 the collapsed orientation comprising the third member nested within the second interior space and the second member nested within the first interior space with the first, second, and third sidewalls overlapping in a triple ply;

15 the expanded orientation comprising the third member extending from the second member and the second member extending from the first member with the third sidewall being spaced apart from the first sidewall.

20 2. The implant of claim 1, wherein each of the members further comprises a wall positioned within the first, second, and third interior spaces that mate together to form an enclosed chamber.

 3. The implant of any of the preceding claims, wherein the third interior space includes a greater height than either of the first and second interior spaces.

25 4. The implant of any of the preceding claims, wherein the first sidewalls include a receiver and the second sidewalls include a rib, the rib sliding within the receiver while the members move between the collapsed and expanded orientations.

30 5. The implant of any of the preceding claims, further comprising an expansion means positioned within the first, second, and third interior spaces for moving the members between the collapsed and expanded orientations.

6. The implant of any of the preceding claims, wherein the first interior space is larger than the second interior space, and the second interior space is larger than the third interior space.

5

7. The implant of any of the preceding claims, wherein the first, second, and third members each include a substantially similar shape.

10

8. The implant of any of claims 1 - 6, wherein the third member has a first shape and the second member has a second shape that is different than the first shape.

9. The implant of any of the preceding claims, wherein the first and third members further comprise contact surfaces that contact the first and second vertebral members.

15

10. The implant of any of claims 1 or 3 - 9, further comprising an enclosed chamber formed within the first, second, and third members.

20

11. The implant of claim 10, wherein each of the members comprises an inner wall that mate together in a telescoping manner to form the enclosed chamber.

12. The implant of any of the preceding claims, further comprising a mechanical jack positioned between the first member and the third member to move the members between the collapsed and expanded orientations.

25

13. The implant of any of the preceding claims, further comprising an enclosed chamber formed between the first member and the third member and a port that leads into the chamber, the chamber adapted to contain fluid to move the device from the collapsed orientation towards the expanded orientation.

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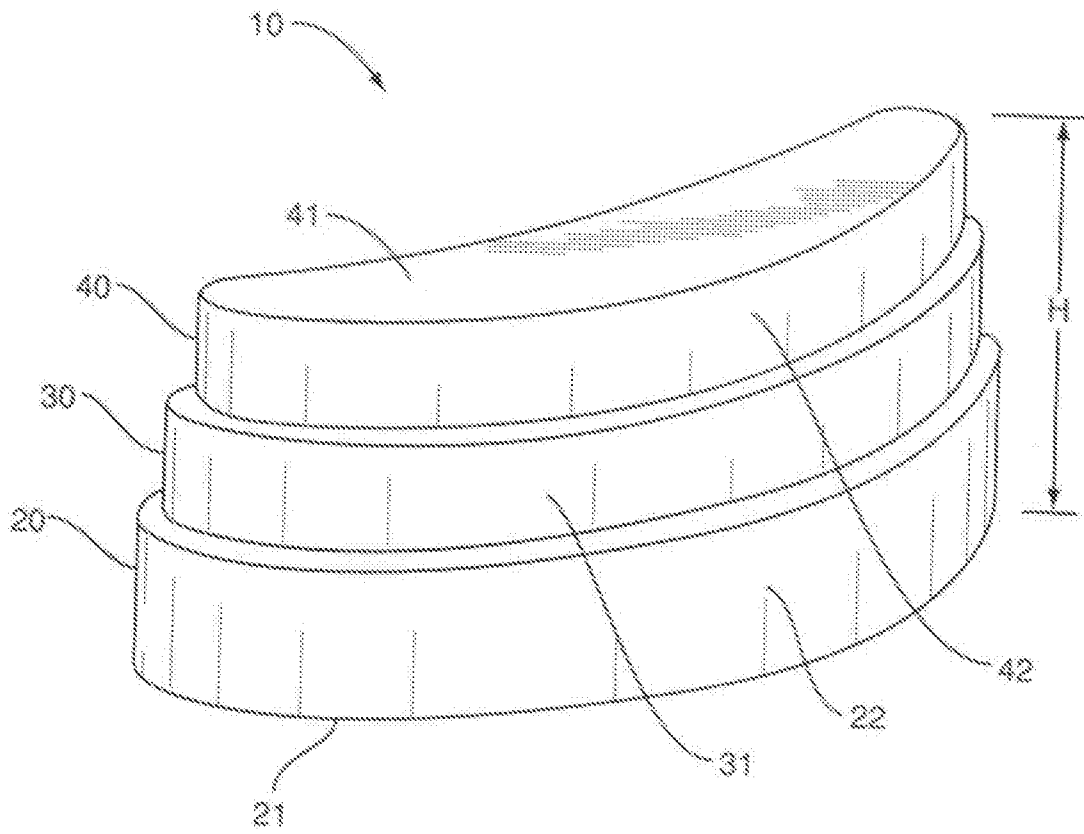


FIG. 1

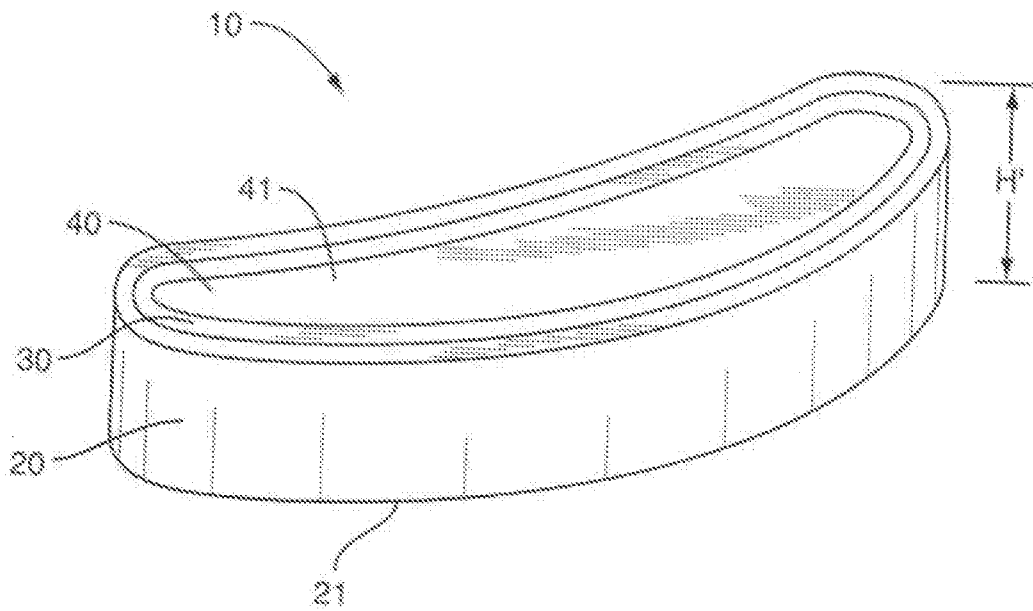
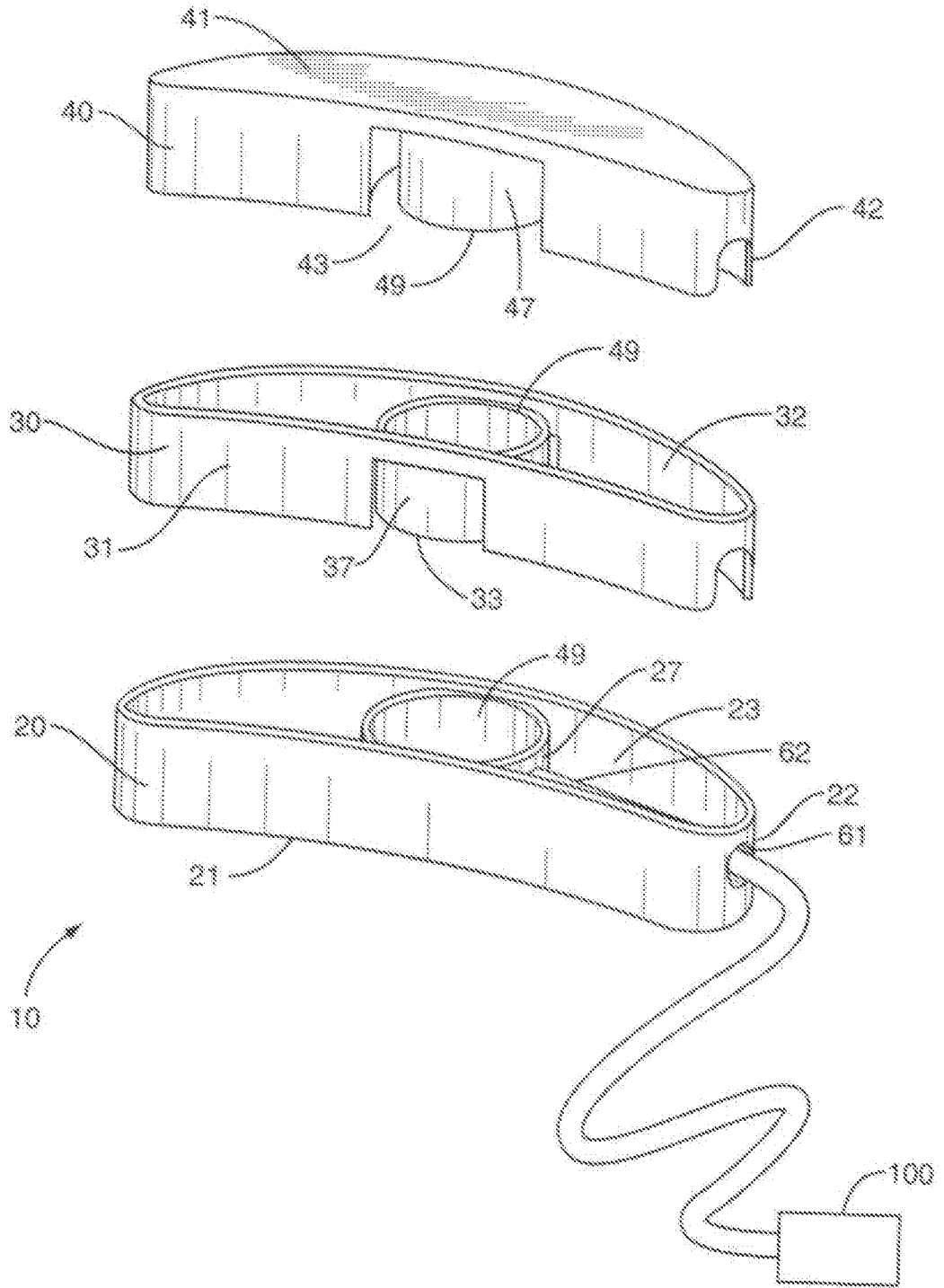


FIG. 2



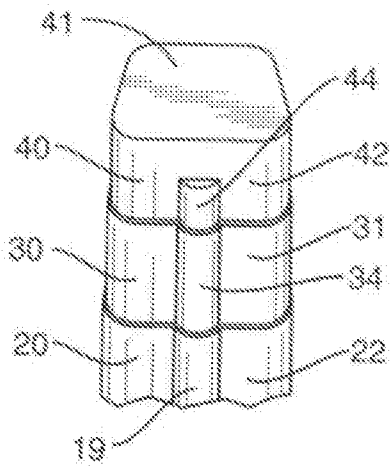


FIG. 4

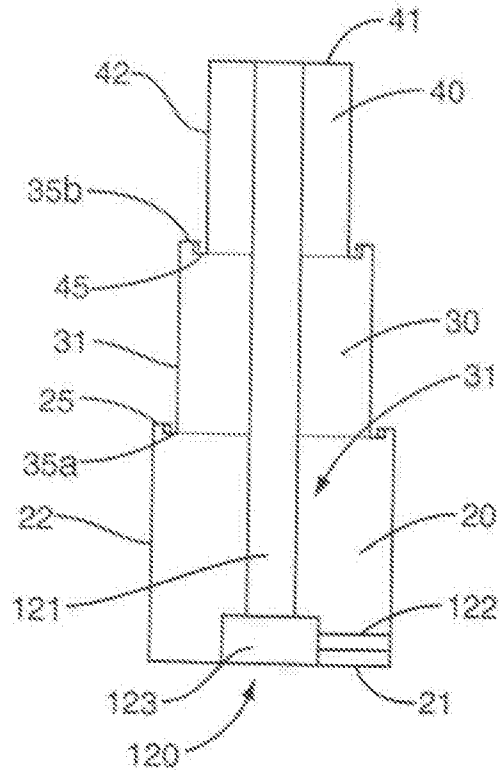


FIG. 5

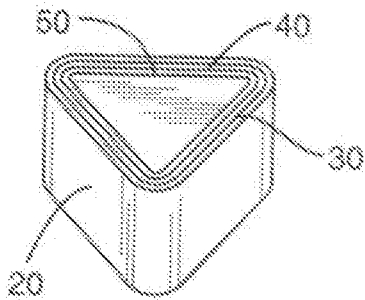


FIG. 6A

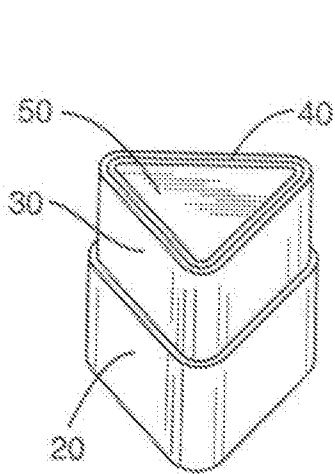


FIG. 6B

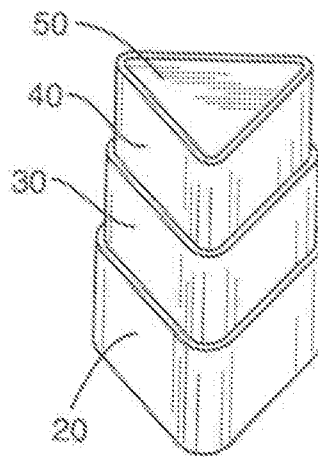


FIG. 6C

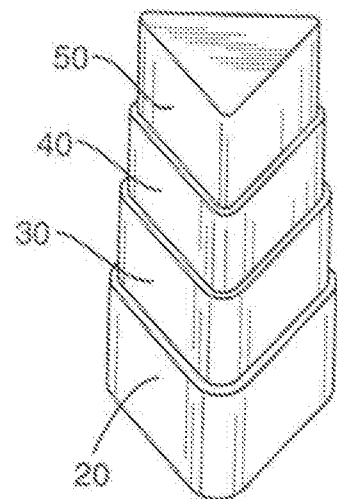


FIG. 6D

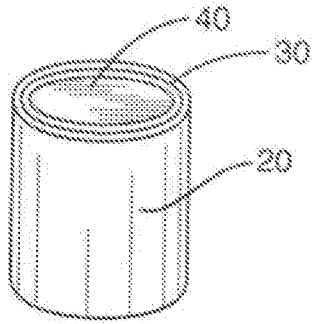


FIG. 7A

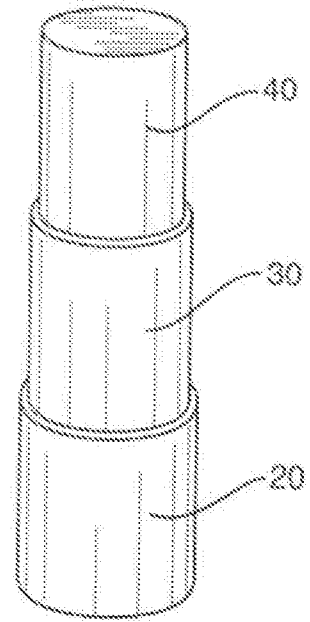


FIG. 7B

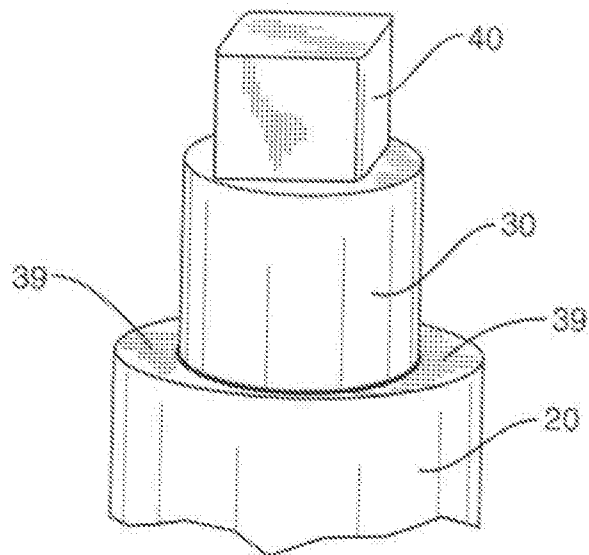


FIG. 8