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# The PRESTIGE® Cervical Disc Has Given Me Back My Life.

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-Stacey B.

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Each day, thousands of Americans suffer from neck and arm pain as a result of degenerative conditions in the neck. For many, the pain affects their ability to do the things they love, such as playing sports and spending quality time with family.

If non-surgical treatment options have failed to relieve your pain, there is a new treatment you should know about. It's called the PRESTIGE® Cervical Disc.

Developed by Medtronic, the PRESTIGE® Cervical Disc is an artificial disc that offers an alternative to a procedure called spinal fusion. Although spinal fusion often provides good results, a potential disadvantage is loss of motion and flexibility in the treated vertebral segment.

Proven safe and effective in the largest completed clinical trial of its kind, the PRESTIGE® Cervical Disc is a new treatment option that has the potential to relieve your pain while preserving your neck's range of motion.

Isn't it time you started enjoying life again?  
Contact us to learn more about the Medtronic  
PRESTIGE® Cervical Disc.



PRESTIGE® Cervical Disc

 **BAPTIST**

<Contact Name>  
Baptist Memorial Health  
6305 N. Humphreys Blvd.  
Suite 210  
Memphis, TN 38120  
Phone: (901) 227-9000  
Fax: (901) 226-4519  
<http://www.bmhcc.org/>

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**BRIEF SUMMARY OF INDICATIONS, CONTRAINDICATIONS, AND WARNINGS FOR THE PRESTIGE® CERVICAL DISC:**

The PRESTIGE® Cervical Disc is indicated in skeletally mature patients for reconstruction of the disc from levels C3-C7 following single-level discectomy for intractable radiculopathy and/or myelopathy. The PRESTIGE® Device is implanted via an open anterior approach. Intractable radiculopathy and/or myelopathy should present with at least one of the following items producing symptomatic nerve root and/or spinal cord compression which is documented by patient history (e.g., pain [neck and/or arm pain], functional deficit, and/or neurological deficit), and radiographic studies (e.g., CT, MRI, x-rays, etc.): 1) herniated disc, and/or 2) osteophyte formation.

The PRESTIGE® Cervical Disc should not be implanted in patients with an active infection or with an allergy to stainless steel.

The PRESTIGE® Cervical Disc should only be used by surgeons who are experienced in the surgical procedure and have undergone adequate training with the device. A lack of adequate experience and/or training may lead to a higher incidence of adverse events, such as neurological complications.

The safety and effectiveness of this device has not been established in patients with the following conditions: more than one cervical level with DDD; not skeletally mature; clinically significant cervical instability; prior fusion at adjacent cervical level; severe facet joint pathology of involved vertebral bodies; prior surgery at treated level; osteopenia, osteomalacia, or osteoporosis as defined by bone mineral density T-score of -3.5, or -2.5 with vertebral crush fracture; spinal metastases; chronic or acute renal failure or history of renal disease; taking medications known to potentially interfere with bone/soft tissue healing (e.g. steroids); pregnant; cervical instability; severe insulin dependent diabetes; and were not refractory to at least six weeks of unsuccessful conservative treatment or had signs of progression or spinal cord/nerve root compression with continued non-operative care.

Implanted metal alloys release metallic ions into the body (especially those devices with metal-on-metal articulating surfaces). The long term effect of these ions on the body is not known.

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- 37-year-old wife, mother and competitive Ironman® triathlete
  - C6-C7 disc herniation
  - Artificial cervical disc replacement
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<Contact Name> • Baptist Memorial Health  
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