

Integrated spine navigation solution

SpineMap 3D Navigation Software
SpineMask Tracker



Total spine navigation solution

Optimize your surgical experience with our intuitive SpineMap 3D 3.1 Software. Our spine navigation solution includes a personalized surgical workflow designed to help support OR efficiency.

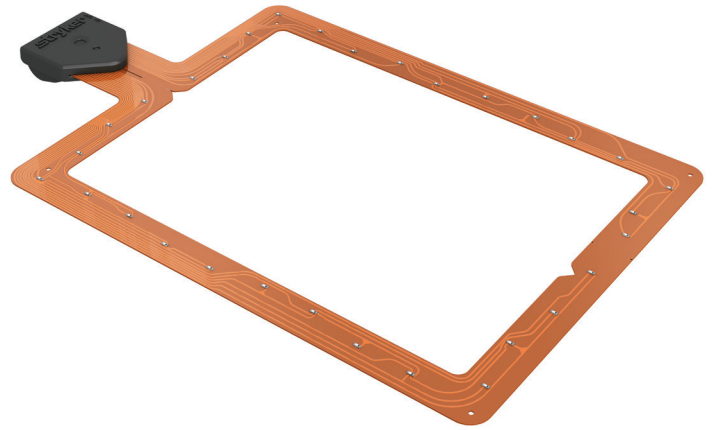


NAV3i Platform

- Stryker's proprietary navigation camera with active technology
- 32" HD surgeon monitor
- Navigation camera arm with large range of motion makes it easy to accommodate various procedures and approaches
- Footprint and overall design helps maximize space in the OR
- Uninterruptible power supply (maximum six minutes)

SpineMask Tracker

- Non-invasive patient tracking
- Enables minimally invasive approaches for pedicle screw placement
- Seamless OR integration – compatible with a wide variety of imaging devices



SpineMap 3D Software

- Offers intra-operative flexibility
- Compatible with a variety of intra-operative imaging devices for automatic registration
- Intra-operative virtual k-wire and pedicle screw planning
- Enhanced navigation experience with user-defined views and workflows



Integrated instrumentation

- Seamless integration of KWIC Needle and Rotational Navigation Adapter
- Interchangeable tips with one-step calibration
- Ease of integration into surgical workflow



Rotational Navigation Adapter with nGenius Universal Tracker and interchangeable instrument tips



Xia 3 Polyaxial Screwdriver and Xia 3 Thoracic Probe

KWIC Needle

Navigation

The Stryker KWIC Needle is a manual surgical instrument intended to be used in spine surgery to facilitate placement of guidewires. The device may also be used to aspirate autologous blood or bone marrow by use of a syringe. The blood or bone marrow may be combined with bone graft or bone void filler. The Stryker KWIC Needle may be used as part of a planning and intraoperative guidance system to enable open or percutaneous image guided surgery. The Stryker KWIC Needle is indicated for any medical condition in which the use of image guided surgery may be appropriate, and where a reference to a rigid anatomical structure, such as the skull or vertebra, can be identified relative to medical images.

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