

Am I a Candidate for the M6-C Artificial Cervical Disc?

M6TM
artificial cervical disc

Please answer the following questions to help determine if you may be a candidate for artificial cervical disc replacement using the M6-C™ artificial cervical disc. If you answer "yes" to all three questions, cervical disc replacement may be a viable treatment option. Please consult your doctor to learn more. If you need help finding a surgeon who has been trained on the M6-C artificial cervical disc procedure, please use the "Find a Physician" locator on this page.

- 1 Do you have arm pain and/or numbness, weakness with or without neck pain? Yes No
- 2 Have you tried at least 6 weeks of conservative treatment or are your symptoms getting progressively worse? Yes No
- 3 Has a physician indicated that you may be a candidate for a one level cervical spine procedure such as cervical disc replacement or spinal fusion? Yes No

About the M6-C Artificial Cervical Disc

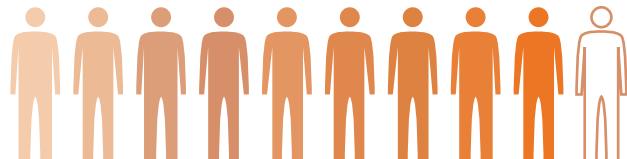


The M6-C artificial cervical disc is an innovative next-generation option for people needing artificial disc replacement as an alternative to spinal fusion. This unique product is designed to mimic your natural disc's structure and movement, including backward and forward, up and down, side to side, and rotate left and right. In addition, the M6-C disc is the only disc featuring a shock-absorbing nucleus and fiber annulus that work together to replicate the controlled range of movement and cushioning effect of your natural spine. By allowing your spine to move naturally, the M6-C disc is designed to also potentially minimize the stress to discs above and below the treated level.

U.S. Clinical Study Results for the M6-C Artificial Cervical Disc

U.S. Clinical Study Shows Significant Improvement in Pain, Function and Quality of Life Scores, as well as Reduction in Opioid Medications Use.

9 out of 10 M6-C Patients Reported Improvement in Neck Pain



More than 91% of the M6-C disc patients demonstrated a meaningful clinical improvement in neck pain compared to 77.9% of ACDF patients

Indications for Use

The M6-C artificial cervical disc is indicated for reconstruction of the disc following single level discectomy in skeletally mature patients with intractable degenerative cervical radiculopathy with or without spinal cord compression at one level from C3 – C7. Degenerative cervical radiculopathy is defined as arm pain and/or a neurological deficit (numbness, weakness, deep tendon reflexes changes) with or without neck pain due to disc herniation and/or osteophyte formation and confirmed by radiographic imaging (CT, MRI, x-rays). The M6-C artificial cervical disc is implanted via an anterior approach. Patients should have failed at least 6 weeks of conservative treatment or exhibit progressive neurological symptoms which could lead to permanent impairment prior to implantation of the M6-C artificial cervical disc.

