BARRICAID®
ANNULAR CLOSURE

Designed to prevent reherniation

Key Questions to Ask About Your Discectomy Surgery

There's a good chance you have a few questions of your own about your discectomy surgery. To help you get started, here are 11 questions to ask your spine surgeon about the surgery and recovery process:

1. **How many times have you done this lumbar discectomy procedure?**

2. **What is the condition of my other lumbar discs?**

3. **Have we exhausted all appropriate nonsurgical treatment options in my case?**

4. **Can you provide me a step-by-step description of the discectomy procedure?**

5. **What are the common risks associated with discectomy, and what role can I play in minimizing them?**
   a. Specifically, what are my chances of experiencing a repeat herniation, and can anything be done either during or after surgery to minimize this risk?

6. **How can I prepare for my discectomy surgery?**

7. **When can I go home after my discectomy surgery?**

8. **What is the discectomy recovery process like?**
   a. Will I have restrictions after surgery?
   b. Will I need a brace after surgery?
   c. Will I need assistance in the days or weeks following surgery?
   d. What steps can I take to maximize my recovery?
   e. Will I need to complete physical therapy after surgery?
   f. Are there any limitations during my recovery period (work, sport, driving)?

9. **How much pain will I have after surgery, and will I receive pain medications?**
   a. Do I need to take any other medication after surgery?

10. **What is the follow-up protocol?**
    a. Who can I call if I have questions after the surgery?
    b. How often will I see you after my surgery?

11. **What results can I expect and how long will they last?**

Beating the odds of reherniation

Barricaid® is the only FDA-approved annular closure device designed to effectively close large defects in the annulus. Barricaid allows you to preserve more of your patient's disc without increasing the risk of reherniation. A Level I Randomized Controlled Trial of 554 patients showed an approximate 50% reduction in reherniation and reoperative recurrence starting at the 90-day mark and running through 3 years post-surgery.[1,2]

The lose-lose of large annular defects

Large annular defects (≥6mm wide) have been linked to high rates of reherniation and reoperation. Repeat surgery for such patients can have a significant impact on surgical outcomes, opioid use, and nonworking status - bad outcomes for you and for the patients you are trying to help.

1 in 3
herniated disc patients
have large holes

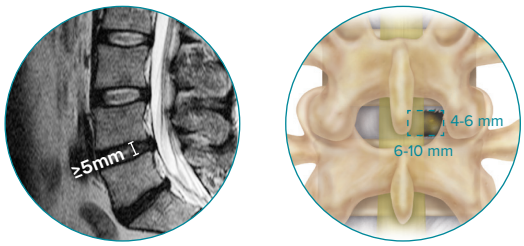
1 in 4
patients with large holes **experience reherniation and renewed pain**

Barricaid patient population: Disc worth preserving with large defect

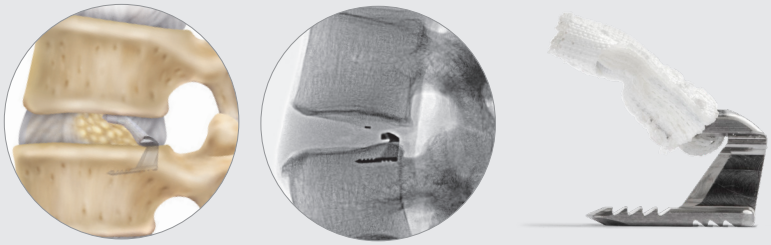
Barricaid is indicated for skeletally mature patients with radiculopathy (with or without back pain) attributed to a posterior or posterolateral herniation at a disc with at least 5mm of disc height. The implant comes in two sizes and is specifically designed to treat annular defects between 4 - 6mm tall and 6 - 10mm wide at a single level between L4 and S1. Patient history, physical examination, and imaging studies will help you determine the suitability of Barricaid for any given patient.

The procedure is straightforward—measure the annular defect, test Barricaid alignment, then anchor and confirm Barricaid positioning under fluoroscopy. The benefit is significant and enduring.

PATIENT SELECTION



Pre-operatively | Intra-operatively



Clinical evidence - Barricaid reduces reoperations

Barricaid's path to FDA approval for use in the United States involved a 554-patients, level I, superiority RCT. Moreover thousands of patients (>7,500) worldwide have been treated with Barricaid over a ten-year period. Studies of seven distinct patient populations (including 2 level-I randomized studies) have led to 50+ peer-reviewed publications. Throughout these multi-year studies, Barricaid has consistently achieved excellent results and superior outcomes when compared to discectomy alone. Patients treated with Barricaid show 50% or higher reductions in repeat herniation and reoperation when compared to discectomy alone.

Patient access support system

Since Barricaid is a new and innovative treatment option, approved by the U.S. Food and Drug Administration for the uses described in this document, some insurance companies may not yet be familiar with the Barricaid device and data. That's why our Barricaid team includes patient-access experts who will work with you and your patients to navigate the prior authorization process.

Contact a local Barricaid representative through info@barricaid.com

[1] Thomé C, Klassen PD, Bouma GJ, et al. Annular closure in lumbar microdiscectomy for prevention of reherniation: a randomized clinical trial. The Spine J. 2018;18:2278-2287.

[2] JC Kienzler, PD Klassen, LE Miller, R Assaker, V Heidecke, S Fröhlich, C Thomé, Three-year results from a randomized trial of lumbar discectomy with annulus fibrosus occlusion in patients at high risk for reherniation, Acta Neurochirurgica 2019 https://doi.org/10.1007/s00701-019-03948-8

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