Overview
This minimally-invasive procedure uses special guides and fluoroscopic imaging to allow a surgeon to precisely implant stabilizing screws and rods in the spine while minimizing damage to muscles, tendons and other soft tissue in the back.

Preparation
After anesthesia is administered and the patient is positioned, the spine is scanned with an imaging system. This allows the surgeon to plot the paths of the pedicle screws down to the vertebrae. The surgeon then creates the entry points - a few tiny incisions on the back.

Positioning Guides
A probe is inserted through the first incision and guided with fluoroscopic imaging to the spine. When the probe is correctly positioned at the point where the screw will be inserted, a guide wire is placed gently down to the pedicle and the probe is removed. The surgeon repeats this for each screw placement point.

Placing the Screws
The pedicle screws are threaded onto the guide wires, gently placed down to the vertebrae, and carefully screwed into the bone.
Placing the Rods
To stabilize the spine, metal rods are needed to connect the pedicle screws. The benefit of using the Sextant device is the ability to insert the connecting rods without a large incision. A guide is positioned. One at a time, the rods are attached to the device and inserted through small incisions. Each rod is gently placed into the screw heads, locking the screws together.

End of Procedure
The instruments are removed, and the incisions are closed. The patient will typically require a hospital stay of 1-3 days after the procedure. The surgeon will determine the length of the stay, and will guide the post-operative recovery. Because the Sextant does not require large incisions, healing time may be faster than for open surgery.