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**Michelson**

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(54) **LORDOTIC INTERBODY SPINAL FUSION IMPLANTS**

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(\* ) Notice: Subject to any disclaimer, the term of this patent is extended or adjusted under 35 U.S.C. 154(b) by 0 days.

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(65) **Prior Publication Data**

(74) *Attorney, Agent, or Firm*—Martin & Ferraro, LLP

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(57) **ABSTRACT**

**Related U.S. Application Data**

(60) Continuation of application No. 09/412,090, filed on Oct. 4, 1999, now Pat. No. 6,447,544, which is a continuation of application No. 08/813,283, filed on Mar. 10, 1997, now Pat. No. 6,302,914, which is a division of application No. 08/482,146, filed on Jun. 7, 1995, now Pat. No. 5,609,635.

The present application is directed to interbody spinal fusion implants having a structural configuration that provides for the maintaining and creating of the normal anatomic angular relationship of two adjacent vertebrae of the spine to maintain and create spinal lordosis. The spinal fusion implants are sized to fit within the disc space created by the removal of disc material between two adjacent vertebrae and conform wholly or in part to the disc space created. The spinal fusion implants of the present invention have upper and lower surfaces that form a support structure for bearing against the end plates of the adjacent vertebrae. The upper and lower surfaces are disposed in a converging angular relationship to each other such that the implants have an overall “wedged-shape” in an elevational side view. The angular relationship of the upper and lower surfaces places and maintains the vertebrae adjacent to those surfaces in an angular relationship to each other, creating and maintaining the desired lordosis.

(51) **Int. Cl.**  
**A61F 2/44** (2006.01)

(52) **U.S. Cl.** ..... **623/17.11**

(58) **Field of Classification Search** ... 623/17.11–17.16, 623/11.11, 16.11, 66.1; 606/60, 61; 128/898  
See application file for complete search history.

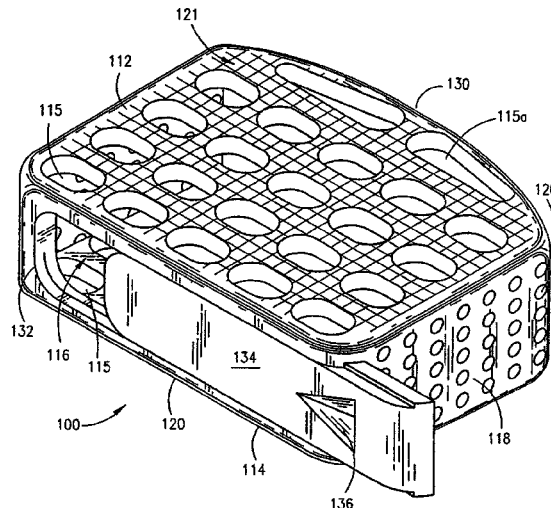
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**277 Claims, 10 Drawing Sheets**



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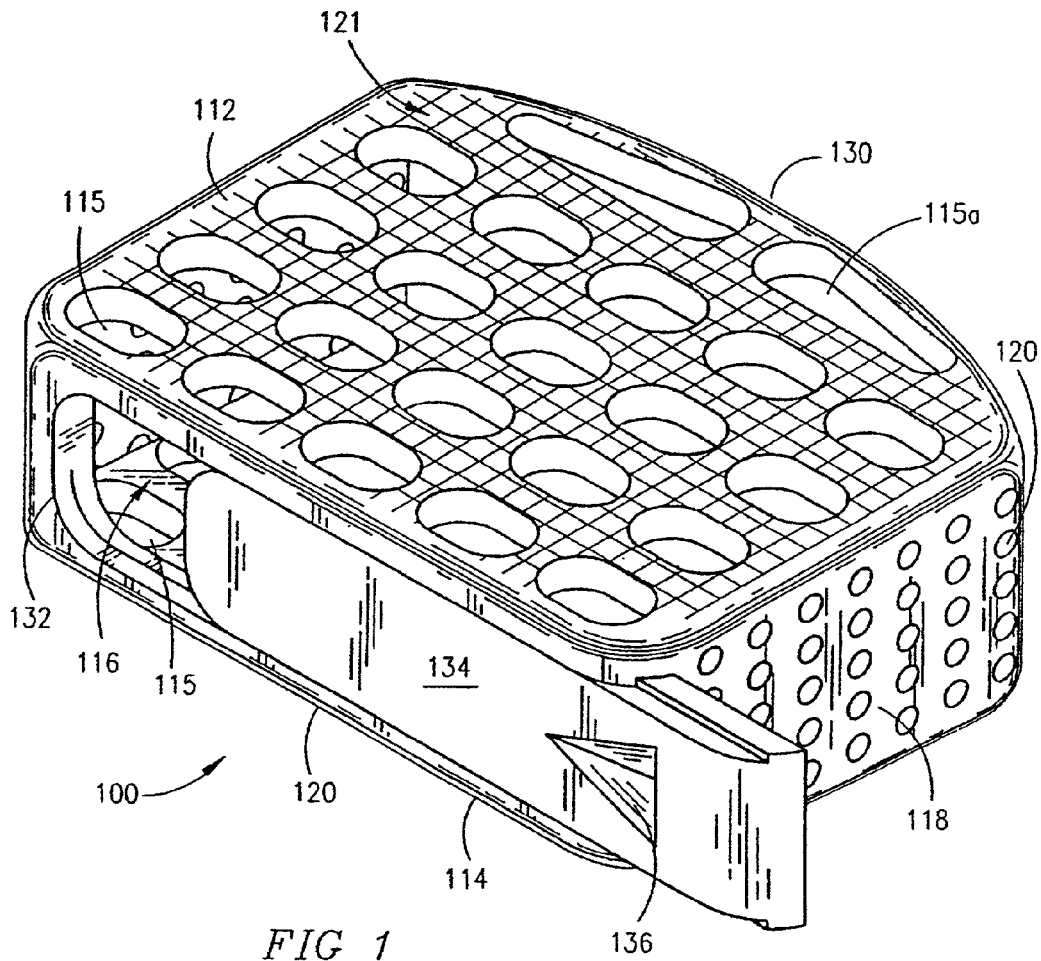
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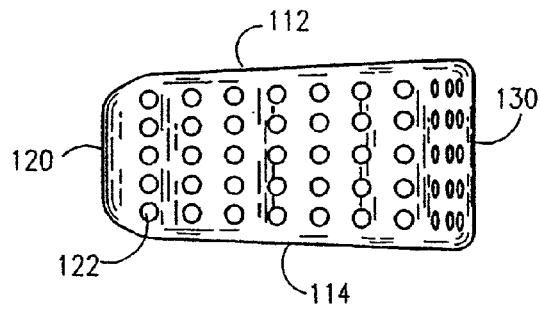


FIG 3

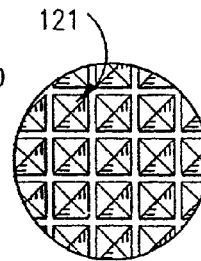


FIG 7

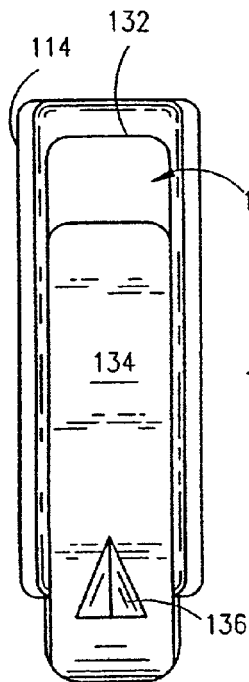


FIG 5

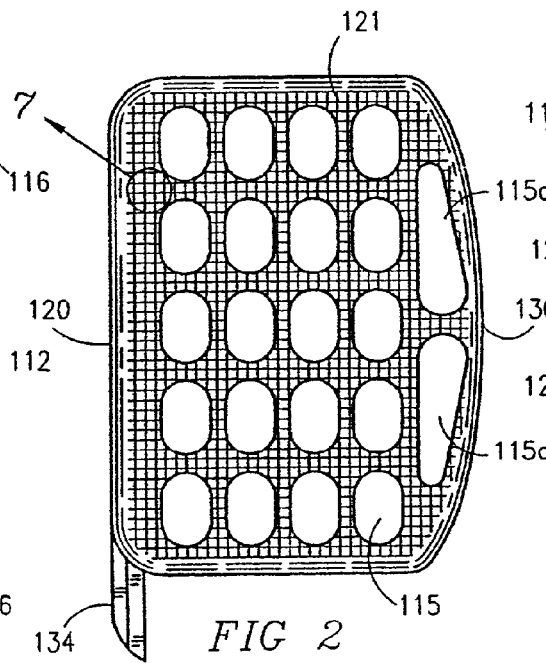


FIG 2

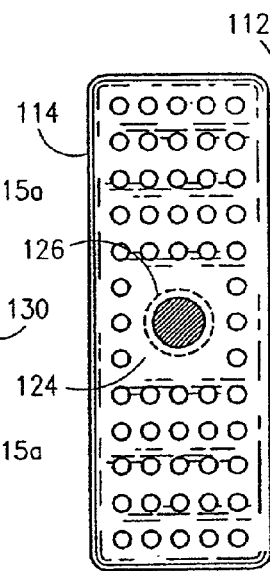


FIG 6

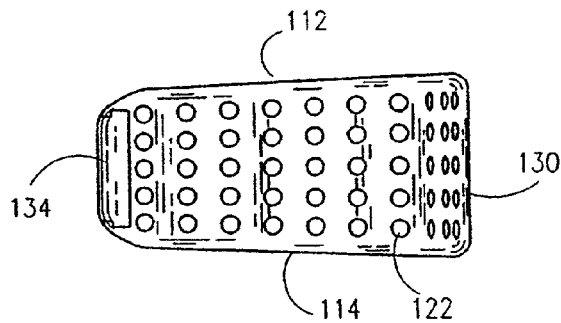


FIG 4

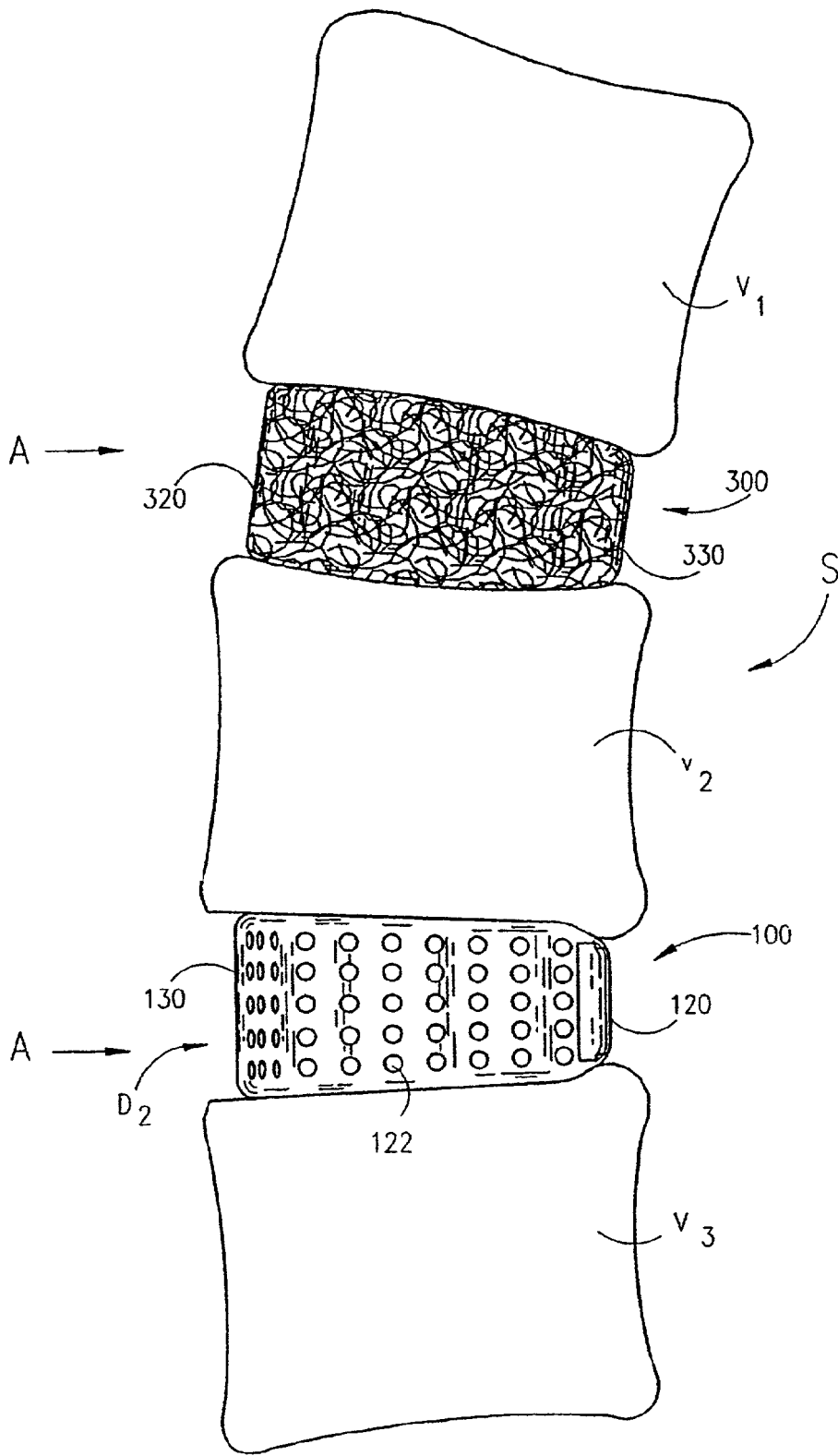
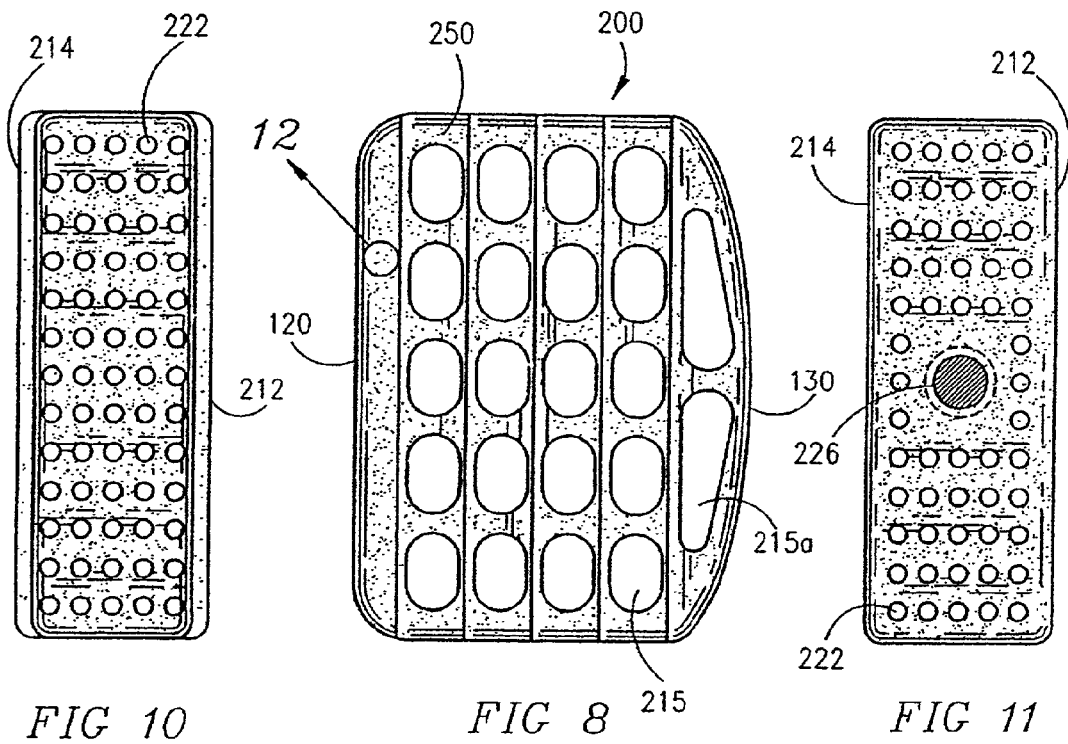
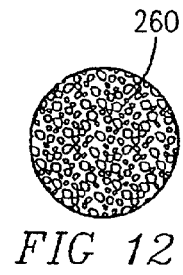
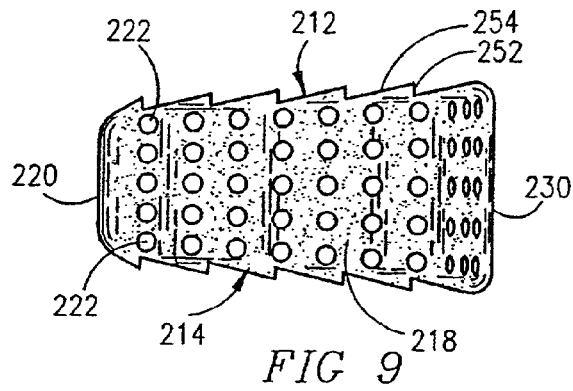


FIG 7A



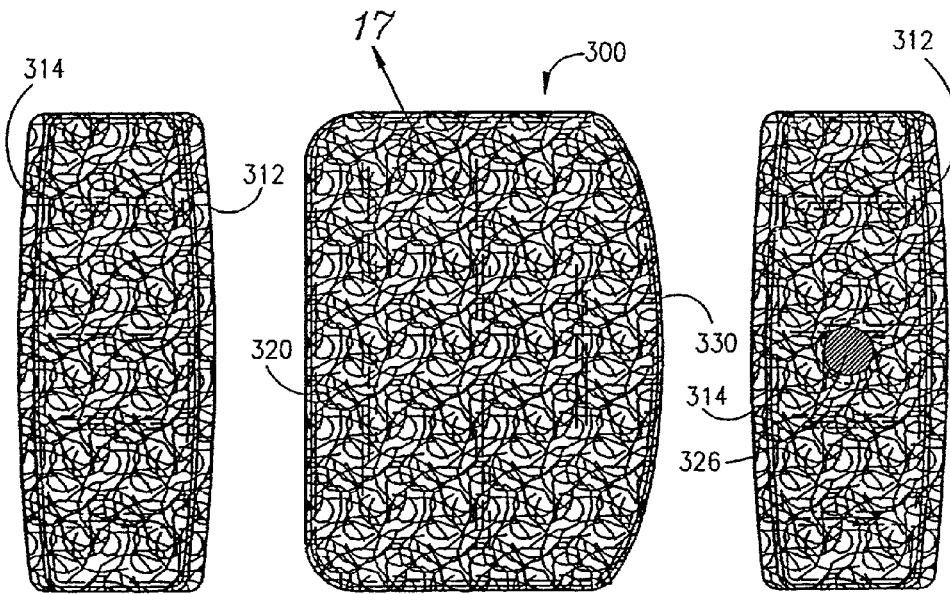
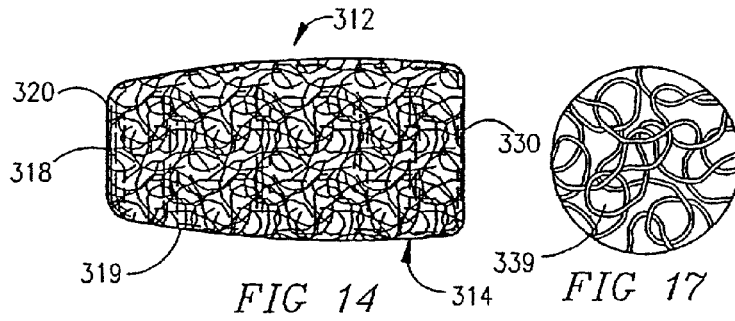


FIG 15

FIG 13

FIG 16

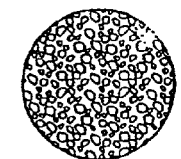
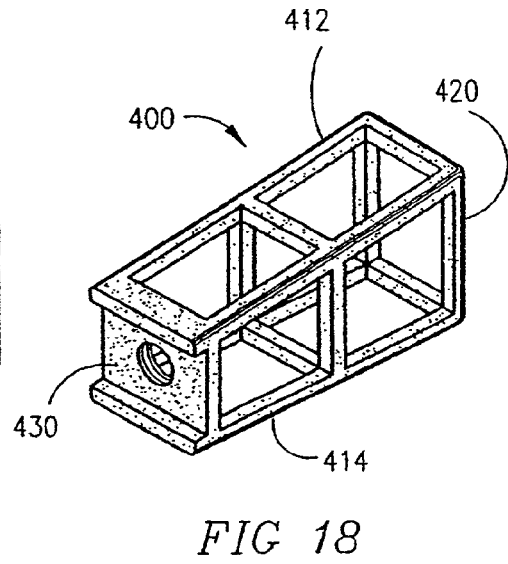
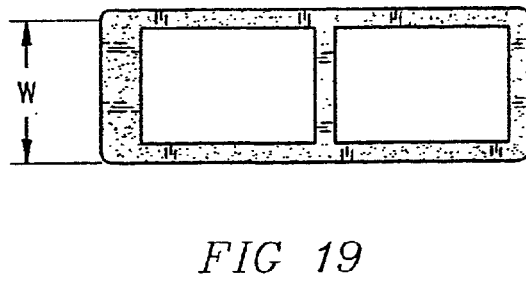
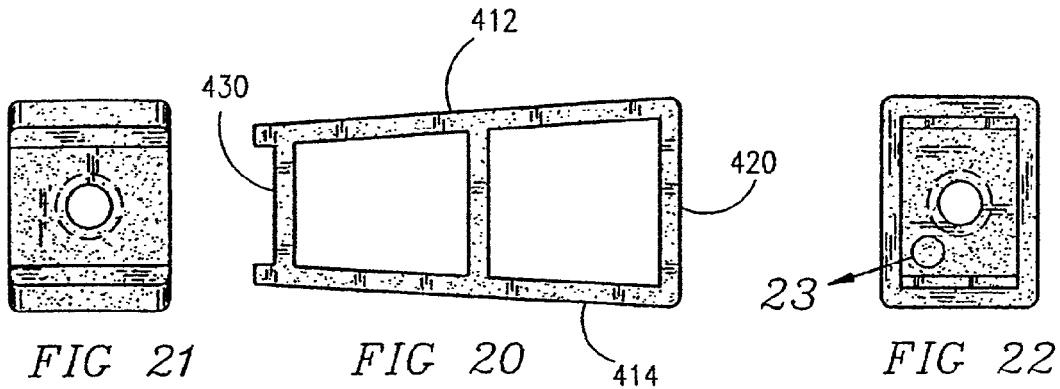
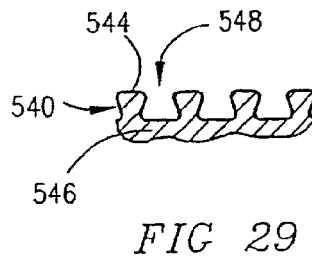
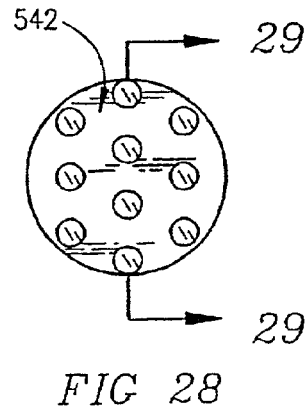
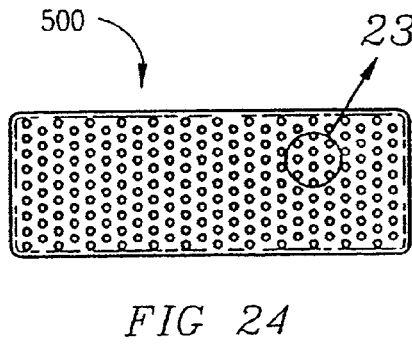
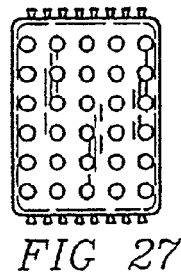
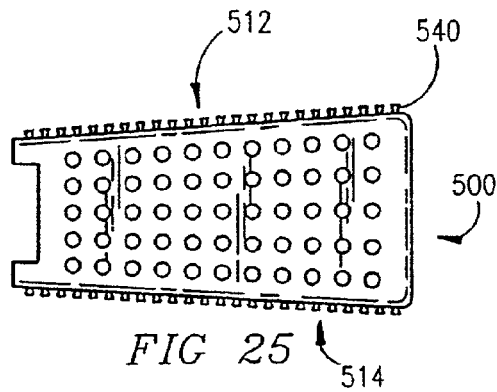
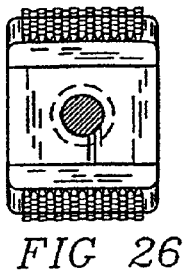


FIG 23





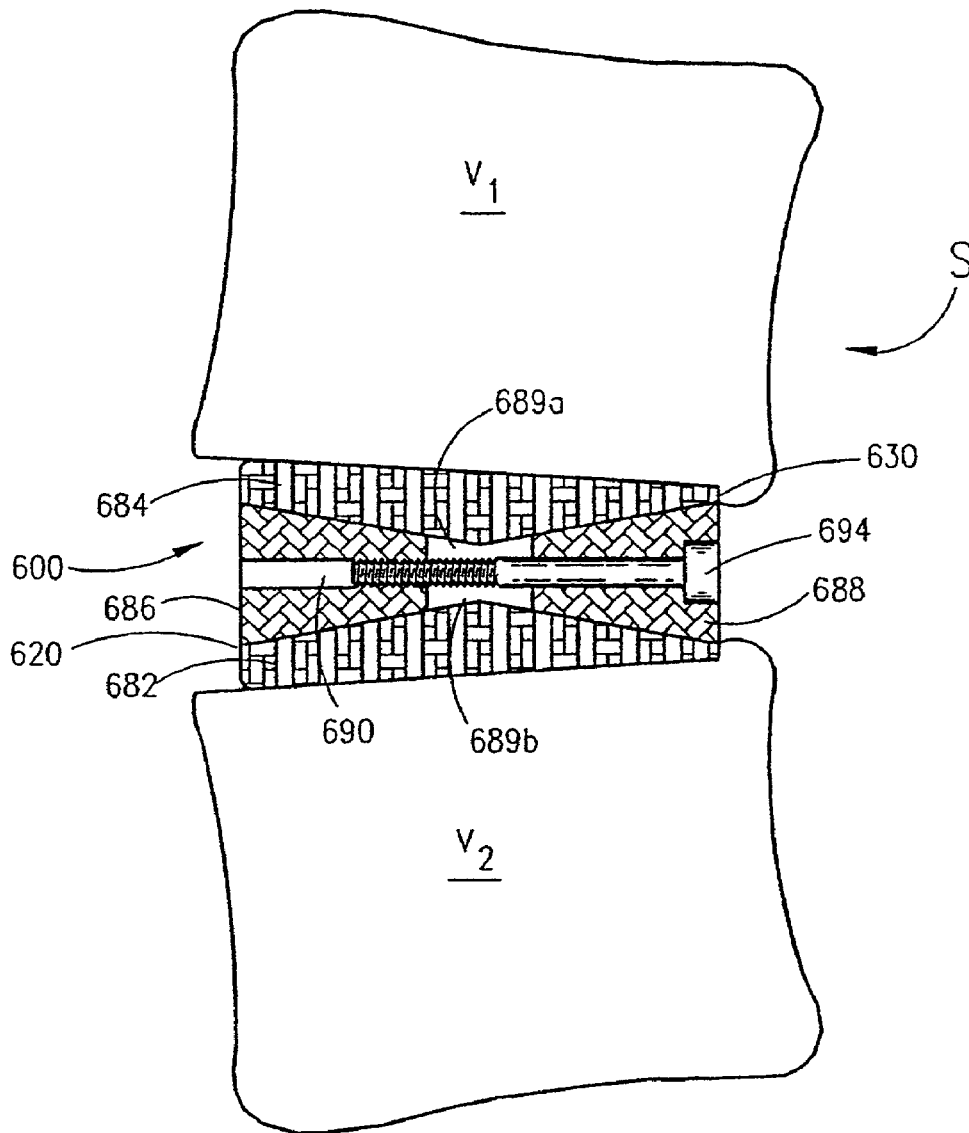


FIG 30

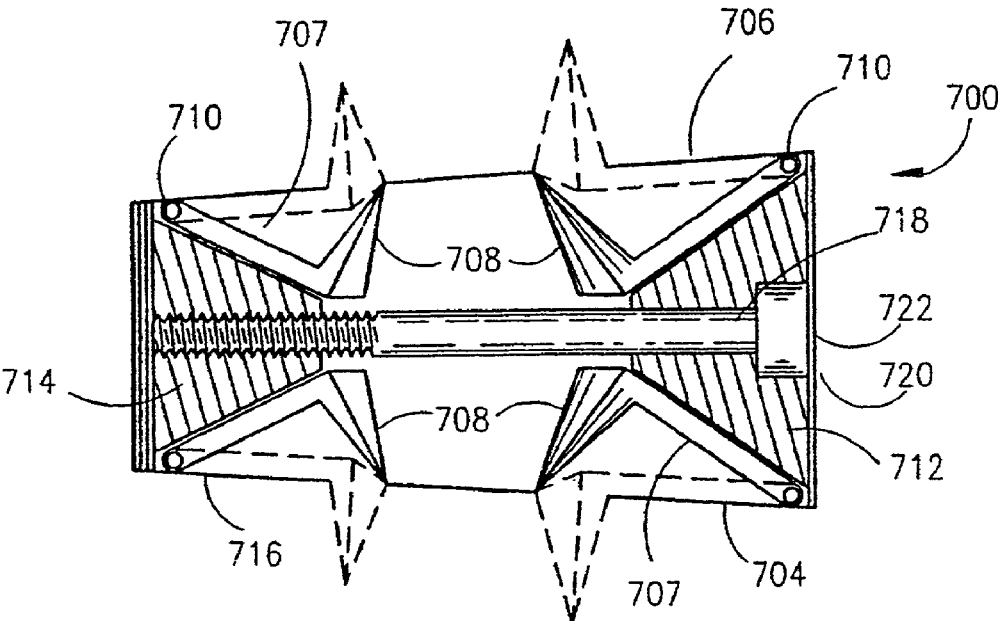


FIG 31

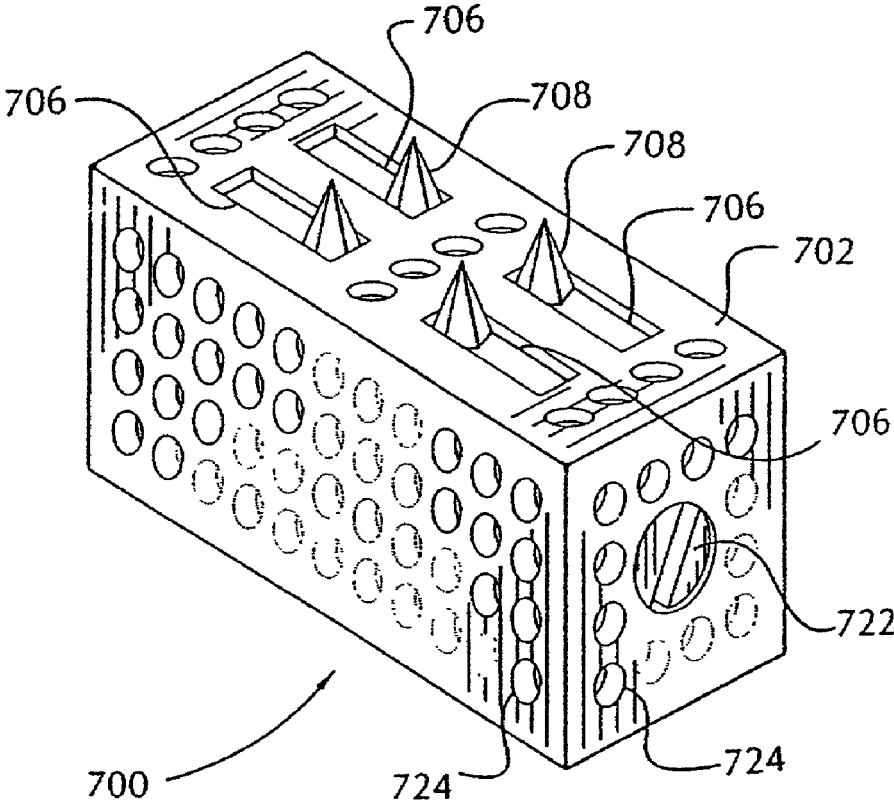


FIG 32

## LORDOTIC INTERBODY SPINAL FUSION IMPLANTS

### RELATED APPLICATIONS

This is a continuation of application Ser. No. 09/412,090, filed Oct. 4, 1999, now U.S. Pat. No. 6,441,544; which is a continuation of application Ser. No. 08/813,283, filed Mar. 10, 1997, now U.S. Pat. No. 6,302,914; which is a divisional of application Ser. No. 08/482,146, filed Jun. 7, 1995, now U.S. Pat. No. 5,609,635; all of which are incorporated herein by reference.

### BACKGROUND OF THE INVENTION

#### 1. Field of the Invention

The present invention relates generally to interbody spinal fusion implants, and in particular to spinal fusion implants configured to restore and maintain two adjacent vertebrae of the spine in correct anatomical angular relationship.

#### 2. Description of The Related Art

Both the cervical and lumbar areas of the human spine are, in a healthy state, lordotic such that they are curved convex forward. It is not uncommon that in degenerative conditions of the spine that lordosis is lost. This effectively shortens the spinal canal which decreases its capacity. Further, the absence of lordosis moves the spinal cord anteriorly where it may be compressed against the posterior portions of the vertebral bodies and discs. Finally, such a loss of lordosis disturbs the overall mechanics of the spine which may cause cascading degenerative changes throughout the adjacent spinal segments.

The surgical treatment of those degenerative conditions of the spine in which the spinal discs are in various states of collapse, and out of lordosis, commonly involves spinal fusion. That is the joining together of adjacent vertebrae through an area of shared bone. When the shared bone is in the area previously occupied by the intervertebral disc that is referred to as an interbody fusion. Further history in this regard is provided in application Ser. No. 08/263,952 entitled Artificial Spinal Fusion Implants ("Parent Application") incorporated herein by reference.

The Parent Application taught the use of artificial spinal fusion implants that were capable of being placed between adjacent vertebrae, and which implants were capable of containing and providing fusion promoting substances including bone at the fusion site. These devices were further capable of restoring the height of the disc space and of supporting the spine, and were self-stabilizing as well as being stabilizing to the spinal area where implanted.

### SUMMARY OF THE INVENTION

The present invention is directed to interbody spinal fusion implants having a structural configuration that provides for the maintaining and creating of the normal anatomic angular relationship of two adjacent vertebrae of the spine to maintain and create spinal lordosis. The spinal fusion implants of the present invention are sized to fit within the disc space created by the removal of disc material between two adjacent vertebrae and conform wholly or in part to the disc space created. The spinal fusion implants of the present invention have upper and lower surfaces that form a support structure for bearing against the end plates of the adjacent vertebrae. In the preferred embodiments, the upper and lower surfaces are disposed in a converging angular relationship to each other such that the implants of the present invention have an overall

"wedged-shape" in an elevational side view. The angular relationship of the upper and lower surfaces places and maintains the vertebrae adjacent to those surfaces in an angular relationship to each other, creating and maintaining the desired lordosis.

The implants of the present invention may have surface irregularities to increase their surface area, and/or to further engage the adjacent vertebrae and to enhance stability. The lordotic implants of the present invention may have surface irregularities that are uniform in height along the longitudinal axis of the upper and lower vertebrae engaging surfaces, or may increase in height from one end of the implant to the other. That is, the implant body and the surface formed and the projections may be similarly wedged. The outer contour of the surface projections may be more or less rectangular while the underlying implant may be wedge-shaped; or the reverse wherein the underlying implant body is more or less rectangular while the contour of the surface projections are wedge-shaped from one end of the implant to the other.

The implants of the present invention have various faces which may be curved so as to conform to the shape of the vertebral surfaces adjacent to the area of the disc removal. Specifically the upper and/or lower surfaces may be convex, and/or the front and/or rear surfaces may be convex. The surfaces of the implants of the present invention may have openings which may or may not pass all the way through them, and a central chamber in communication to the surface through holes. The openings may be of random sizes, and/or shapes, and/or distributions. The implants themselves may be composed of materials, and/or have surface treatments, to encourage microscopic bone ingrowth into the implants.

In the performing of a posterior lumbar interbody fusion, it is not possible to replace the removed portions of the disc, if a total nuclear discectomy has been performed, with a single large implant as the delicate dural sac containing the spinal cord, and the nerve roots cover at all times at least some portion of the posterior disc space. As set forth in the Parent Application, the use of "modular implants" is appropriate in such cases. The modular implants being approximately as long as the depth of the disc material removed, but being considerably narrower, such that they can be introduced into the disc space from the posterior aspect to either side of the dural sac, and then aligned side to side within the disc space so that a number of them each having a length consistent with the depth of the disc removed in that area would in combination have a width equal to the width of the disc material removed.

The modular implants of the present invention may be generally wedge-shaped and may have upper and lower surfaces conforming to the contours of the vertebral endplates, which contours include but are not limited to being relatively flat or convex. As the disc spaces in the lumbar spine are generally lordotic, said implants in the preferred embodiment would be taller anteriorly, that is at the implant's insertion end, and less tall posteriorly, that is at the implant's trailing end. To introduce an implant that is taller at its insertion end than the space available at the posterior aspect of the disc space, even when that disc space is optimally distracted, is problematic.

The modular implants of the present invention provide two solutions to the problem. In the first embodiment, the modular implants may have a reduced size at their insertion end, including but not limited to a bullet nose, a convexity, and a chamfer to a smaller front surface. This then provides that the implant has an area small enough to be introduced into the posterior aspect of the disc space when the disc space is adequately distracted and the contour of that specialized lead-

ing portion of the implant is such that it then allows for a ramping up of the adjacent vertebrae relative to the implant as the implant is advanced forward into the disc space.

The implants of the present invention provide a second solution to this same problem. In the preferred embodiment of the modular implant, the implant is again wedge-shaped in the side elevational view and is taller at its insertion end than at its trailing end. However, the implant incorporates at its trailing end a means for engaging insertion instrumentation such as the box and threaded opening configuration disclosed in the Parent Application. Since in the preferred embodiment these implants are wedge-shaped in the side elevational view when upright but are generally rectangular when viewed from the top plan view, these implants are therefore designed to be introduced into the disc space on their side such that the side walls of the implants are adjacent to the end plates of the adjacent vertebrae. The implants have a side-to-side dimension that is less than the dimension through the insertion end of the implant when upright. It is possible to easily insert these implants with them on their side and then to use the insertion instrument engaged to the implant to rotate the implants ninety degrees into the fully upright position, once they have been fully inserted. Once inserted, the upper and lower surfaces are adjacent to the endplates of the adjacent vertebrae and create and maintain the desired angular relationship of the adjacent vertebrae as the upper and lower walls are angled with respect to each other.

In an alternative embodiment of the present invention, a mechanical implant which may be inserted in a collapsed position and which may then be adjusted to increase in height so as to provide for the optimal restoration of the height of the space between the adjacent vertebrae is disclosed. The mechanical implant may be wedge-shaped, and have upper and lower surfaces, the contours of which generally conform to the contacted areas of the adjacent vertebral endplates and which contours may include but are not limited to being relatively flat, or convex. Further, the mechanical implant may be wedge-shaped or generally rectangular, but capable of increasing in both height and the extent of wedging when adjusted. This may easily be achieved by having one of the two wedge mechanisms employed in the example given being larger, or steeper than the other. Alternatively, a single wedge may be utilized, and if it is desired to achieved increased height at one end of the implant while restricting the height at the other, then the end of the implant may incorporate a hinge means and the height expansion at the other end achieved by drawing a wedge member, bar, ball, or other means from the far end toward the hinged end so as to drive said upper and lower surfaces apart in a wedged fashion.

In an alternative embodiment of the present invention, an implant having a mechanically deployable bone engaging means is taught. Such an implant is generally wedge-shaped in the side elevational view and has upper and lower surfaces generally conforming to the contour of the vertebral endplates where contacted by the implant, and which upper and lower surfaces may be but are not limited to being either flat or convex. The use of such deployable bone engaging means are particularly of value in that the largest possible implant may be inserted into a disc space and the vertebral engaging means, which if fixed to the surface would have blocked the insertion of the implant, may then be deployed after the insertion such that the distance from the tip of the upper and lower bone engagement means exceeds the height of the space available for insertion. Such a feature is of particular value when the implant itself is wedge-shaped as the considerable compressive loads across the lumbar spine would tend to drive a wedge-shaped implant out of the disc space.

#### OBJECTS OF THE PRESENT INVENTION

It is an object of the present invention to provide a spinal fusion implant that is easily inserted into the spine, having a tapered leading end;

It is another object of the present invention to provide a spinal fusion implant that tapers in height from one end to the other consistent with the taper of a normal spinal disc;

It is yet another object of the present invention to provide a spinal fusion implant that is capable of maintaining anatomic alignment and lordosis of two adjacent vertebrae during the spinal fusion process;

It is still another object of the present invention to provide a spinal fusion implant that is self stabilizing within the spine;

It is yet another object of the present invention to provide a spinal fusion implant that is capable of providing stability between adjacent vertebrae when inserted;

It is further another object of the present invention to provide a spinal fusion implant that is capable of spacing apart and supporting adjacent vertebrae in an angular relationship during the spinal fusion process;

It is still further another object of the present invention to provide a spinal fusion implant that fits between to adjacent vertebrae and preserves the end plants of those vertebrae; and

It is another object of the present invention to provide a spinal fusion implant having a shape which conforms to the endplates of the adjacent vertebrae; and

These and other objects of the present invention will become apparent from a review of the accompanying drawings and the detailed description of the drawings.

#### BRIEF DESCRIPTION OF THE DRAWINGS

FIG. 1 is a perspective view of the lordotic interbody spinal fusion implant of the present invention with a slidable door shown in a partially open position providing access to the internal chamber of the implant.

FIG. 2 is a top plan view of the lordotic interbody spinal fusion implant of the present invention.

FIG. 3 is a left side elevational view of the lordotic interbody spinal fusion implant of the present invention.

FIG. 4 is a right side elevational view of the lordotic interbody spinal fusion implant of the present invention.

FIG. 5 is a front end view of the lordotic interbody spinal fusion implant of the present invention showing the slidable door in a partially open position.

FIG. 6 is a rear end view of the lordotic interbody spinal fusion implant of the present invention showing the means for engaging insertion instrumentation.

FIG. 7 is an enlarged fragmentary view along line 7 of FIG. 2 illustrating the bone engaging surface configuration of the lordotic interbody spinal fusion implant of the present invention.

FIG. 7A is an elevational side view of a segment of the spinal column having the lordotic implant of the present invention inserted in the disc space at different disc levels between adjacent vertebrae to restore and maintain the correct anatomical alignment of the adjacent vertebrae.

FIG. 8 is a top plan view of an alternative embodiment of the lordotic interbody spinal fusion implant of the present invention.

FIG. 9 is a left side elevational view of the lordotic interbody spinal fusion implant of FIG. 8.

FIG. 10 is a front end view of the lordotic interbody spinal fusion implant of FIG. 8.

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FIG. 11 is a rear end view of the lordotic interbody spinal fusion implant of FIG. 8 showing the means for engaging insertion instrumentation.

FIG. 12 is an enlarged fragmentary view along line 12 of FIG. 8 illustrating the surface configuration the lordotic interbody spinal fusion implant of the present invention.

FIG. 13 is a top plan view of an alternative embodiment of the lordotic interbody spinal fusion implant of the present invention made of a mesh-like material.

FIG. 14 is a left side elevational view of the lordotic interbody spinal fusion implant of FIG. 13.

FIG. 15 is a front end view of the lordotic interbody spinal fusion implant of FIG. 13.

FIG. 16 is a rear end view of the lordotic interbody spinal fusion implant of FIG. 13 showing the means for engaging insertion instrumentation.

FIG. 17 is an enlarged fragmentary view along line 17 of FIG. 13 illustrating the surface configuration of the lordotic interbody spinal fusion implant of the present invention.

FIG. 18 is a perspective view of an alternative embodiment of the lordotic interbody spinal fusion implant of the present invention.

FIG. 19 is a top plan view of the lordotic interbody spinal fusion implant of FIG. 18.

FIG. 20 is a left side elevational view of the lordotic interbody spinal fusion implant of FIG. 18.

FIG. 21 is a rear end view of the lordotic interbody spinal fusion implant of FIG. 18.

FIG. 22 is a front end view of the lordotic interbody spinal fusion implant of FIG. 18.

FIG. 23 is an enlarged fragmentary view along line 23 of FIG. 22 illustrating the surface configuration the lordotic interbody spinal fusion implant of the present invention.

FIG. 24 is a top plan view of an alternative embodiment of the lordotic interbody spinal fusion implant of the present invention.

FIG. 25 is a left side elevational view of the lordotic interbody spinal fusion implant of FIG. 24.

FIG. 26 is a rear end view of the lordotic interbody spinal fusion implant of FIG. 24.

FIG. 27 is a front end view of the lordotic interbody spinal fusion implant of FIG. 24.

FIG. 28 is an enlarged fragmentary view along line 28 of the lordotic interbody spinal fusion implant of FIG. 24 illustrating the surface configuration of the lordotic interbody spinal fusion implant of the present invention.

FIG. 29 is a sectional view along lines 29-29 of FIG. 28 the lordotic interbody spinal fusion implant of the present invention.

FIG. 30 is a side elevational view of a segment of the human spinal column shown with an alternative embodiment of the lordotic spinal fusion implant of the present invention that is adjustable and expandable shown in sectional view inserted in the disc space levels to restore and maintain the correct anatomical alignment of the adjacent vertebrae.

FIG. 31 is a side cross sectional view of, an alternative embodiment of the lordotic implant of the present invention having movable projections, in the form of spikes 708, which are movable from a first position within the implant 700 to a second position extending to the exterior of the implant.

FIG. 32 is a perspective view of the embodiment of FIG. 31.

#### DETAILED DESCRIPTION OF THE DRAWINGS

Referring to FIGS. 1 through 7 the lordotic interbody spinal fusion implant of the present invention for use in the disc

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space between two adjacent vertebrae, generally referred to by the numeral 100, is shown. The implant 100 has a generally rectangular configuration, having an upper surface 112 and a lower surface 114. In the preferred embodiment, the upper and lower surfaces 112 and 114 of implant 100 are disposed in a converging angular relationship toward each other such that the implant 100 appears "wedge-shaped" from a side elevational view as shown in FIGS. 3 and 4. The upper and lower surfaces 112 and 114 have an interior surface which form a support structure for bearing against the endplates of the adjacent vertebrae between which the implant 100 is inserted. The angular relationship of the upper and lower surfaces 112 and 114 places and maintains the vertebrae adjacent to those surfaces in an angular relationship, creating and maintaining the desired lordosis of the spine.

The upper and lower surfaces 112 and 114 of the implant 100 may be flat or curved to conform to the shape of the end plates of the adjacent vertebrae between which the implant 100 is inserted. The implant 100 conforms to the shape of the nucleus pulposus and a portion of the annulus fibrosus removed from the vertebrae. The upper and lower surfaces 112 and 114 comprise surface roughenings that provide a surface suitable for engaging the adjacent vertebrae to stabilize the implant 100 within the disc space once surgically implanted. The surface roughenings of the upper and lower surfaces 112 and 114 comprise a surface knurling 121 and/or grooves.

Referring to FIG. 7, an enlarged fragmentary view of the surface knurling 121 of the implant 100 is shown as a diamond-shaped bone engaging pattern. The implant 100 may have surface knurling 121 throughout the entire upper and lower surfaces 112 and 114, throughout only a portion of the upper and lower surfaces 112 and 114, or any combination thereof, without departing from the scope of the present invention. It is also appreciated that the surface knurling 121 may have various configuration other than the configuration shown.

In this embodiment, the implant 100 is hollow and comprises a plurality of openings 115 of passing through the upper and lower surfaces 112 and 114 and into a central hollow chamber 116. The openings 115 provide for bone growth to occur from the vertebrae through the openings 115 to the internal chamber 116. While the openings 115 have been shown in the drawings as being circular, it is appreciated that the openings 115 may have any shape, size, configuration or distribution suitable for use in a spinal implant without departing from the scope of the present invention. For example, the openings may have a tear-drop configuration as shown in opening 115a in FIGS. 1 and 2. The upper and lower surfaces 112 and 114 of the implant 100 are supported and spaced apart by a side wall 118, which may also comprise a plurality of openings 122.

The implant 100 has an insertion end 120 and a trailing end 130 both of which may be curved or flat. The trailing end 130 of the implant may be convex to conform to the curvature of the vertebrae and has a means for engaging an implant insertion instrument comprising a depressed portion 124 with a central threaded opening 126 for receiving the engaging end of a driving instrument. The insertion end 120 of the implant 100 comprises an access opening 132 and a slidable door 134 which closes the opening 132. The slidable door 134 covers the opening 132 into the chamber 116 and permits the insertion of autogenous bone material into the chamber 116.

In use, the slidable door 134 is placed in the open position for loading material into the chamber 116. The slideable door 134 has a depression 136 for facilitating the opening and closing of the door 134. The internal chamber 116 can be

filled and hold any natural or artificial osteoconductive, osteoinductive, osteogenic, or other fusion enhancing material. Some examples of such materials are bone harvested from the patient, or bone growth inducing material such as, but not limited to, hydroxyapatite, hydroxyapatite tricalcium phosphate; or bone morphogenic protein. The implant 100 itself is made of material appropriate for human implantation such as titanium and/or may be made of, and/or filled and/or coated with a bone ingrowth inducing material such as, but not limited to, hydroxyapatite or hydroxyapatite tricalcium phosphate or any other osteoconductive, osteoinductive, osteogenic, or other fusion enhancing material.

The fusion enhancing material that is packed within the chamber 116 of the implant 100 serves to promote bone ingrowth between the implant 100 and the adjacent vertebrae. Once the bone ingrowth occurs, the implant 100 will be a permanent fixture preventing dislodgement of the implant as well as preventing any movement between the adjacent vertebrae.

The slidable door 134 is then closed prior to implantation. In the closed position, the slideable door conforms to the curvature of the insertion end 120 of the implant 100. Various methods of packing the implant 100 with the autogenous bone material may be used to obtain a completely packed implant 100.

The method of inserting the implant 100 is set forth in detail in application Ser. No. 08/263,952, incorporated herein by reference. The threaded end of a driving instrument is attached to the threaded opening 126 in the trailing end 130 of the implant 100 and the fitting of the driving instrument into the depressed portion 124 prevents movement of the implant 100 in relationship to the driving instrument. The implant 100 is then placed at the entrance to the disc space between the two adjacent vertebrae V. The driver instrument is then tapped with a hammer sufficiently hard enough to drive the implant 100 into the disc space.

The size of the implant 100 is substantially the same size as the disc material that it is replacing and thus will be larger or smaller depending on the amount of disc material removed to create the disc space in which it is to be used. In the preferred embodiment in regard to the lumbar spine the implant 100 has a width W approximately 28-48 mm wide, approximately 36 mm being preferred. The implant 100 has a height H conforming to the restoration of the anatomic height of the disc space the average height would range from 8-16 mm, with 10-12 of which being the preferred average height. The depth D along mid-longitudinal axis MLA would at its maximum range from 20 to 34 mm with 26 to 32 being the preferred maximum depth. In the cervical spine the width of the implant is in the range of approximately 14-28 mm, with the preferred width being 18-22 mm. The implant has a height in the range of approximately 5-10 mm with the preferred height being 6-8 mm. The implant has a depth in the range of approximately 11-21 mm with the preferred depth being 11-13 mm.

Referring to FIG. 7A, a side elevational view of the lateral aspect of a segment of the spinal column S is shown with the implant 100 inserted in the disc space D<sub>2</sub> between two adjacent vertebrae V<sub>2</sub> and V<sub>3</sub>. The implant 100 is inserted in the direction of arrow A into the disc space D<sub>2</sub> and maintains the two vertebrae V<sub>2</sub> and V<sub>3</sub> in angular relationship to each other such that the natural lordosis of that segment of the spinal column S is restored. The forward advancement of the implant 100 is blocked by the natural bone processes B in the endplates of the vertebrae V<sub>2</sub> and V<sub>3</sub>. Backing out of the implant 100 is prevented by the bone engaging surface knurling 121 of the upper and lower surfaces 112 and 114.

Referring to FIG. 8-12, an alternative embodiment of the lordotic interbody spinal fusion implant of the present invention, generally referred to by the numeral 200, is shown. The implant 200 has a similar overall configuration as the implant 100 described above. In the preferred embodiment, the implant 200 is solid and comprises a plurality of channels 215 passing from the upper surface 212 to the lower surface 214 through the implant 200. The channels 215 provide for bone ingrowth and facilitate the incorporation of the implant 200 into the spinal fusion mass. The channels may also be loaded with fusion promoting materials such as those described above, prior to implantation. It is appreciated that the channels 215 need not pass all the way through the implant 200, but can have a configuration similar to wells, which may hold fusion promoting materials and permit bone ingrowth into the upper and lower surfaces 212 and 214 of the implant 200.

In addition to the channels 215, the implant 200 may have small openings 222 on the side wall 218 which may or may not pass through the entire implant 200. The same openings 222 may be in communication with the channels 215 such that bone ingrowth may occur from the openings 222 to the channels 215 to lock the implant 200 into the fusion mass. If the openings 222 do not pass through the entire implant 200, they may function as small wells for holding fusion promoting materials or described above.

In the preferred embodiment of implant 200, the channels 215 have a diameter in the range of 0.1 mm to 6 mm, with 2-3 mm being the preferred diameter. The openings 222 have a diameter in the range of 0.1 mm to 6 mm, with 1-3 mm being the preferred diameter range. It is appreciated that although the channels 215 and openings 222 are shown having a generally rounded configuration, it is within the scope of the present invention that the channels 215 and openings 222 may have any size, shape, configuration, and distribution suitable for the intended purpose.

The implant 200, has a plurality of ratchetings 250 on the upper and lower surface 212 and 214 for engaging the bone of the adjacent vertebrae. The ratchetings 250 comprise a bone engaging edge 252 and angled segment 254.

Referring specifically to FIG. 9, the implant 200 has a wedge-shaped elevational side view in which the trailing end 230 is taller than the insertion end 220. The plurality of ratchetings 250 are oriented in the direction of the insertion end 220 to provide for a one-way insertion of the implant 200 as the bone engaging edge 252, or ridge, engages the vertebrae and prevents the implant from backing out once implanted. Alternatively, the trailing end ratchetings could be of a lesser height such that the overall shape of the ratchetings as a group is convex.

Referring to FIG. 11, the trailing end 230 of implant 200 has means for engaging insertion instrumentation comprising a thread opening 226 as described above for implant 100.

Referring to FIG. 12, an enlarged fragmentary view along line 12 of FIG. 8 illustrating the surface configuration the implant 200 is shown. The upper and lower surfaces 212 and 214 of implant 200, in addition to the ratcheting 250 comprise a porous texture 260 to present an irregular surface to the bone to promote bone ingrowth. The porous texture 260 is also able to hold fusion promoting materials and provides for an increased surface area to engage the bone in the fusion process and to provide further stability. The porous texture 260 may also be present on the side walls 218. It is appreciated that the outer surface and/or the entire implant 200, may comprise any other porous material or roughened surface sufficient to hold fusion promoting substances and/or allow for bone ingrowth and/or engage the bone during the fusion process. The implant 200 may be further coated with bioac-



tive fusion promoting substances including, but not limited to, hydroxyapatite compounds, osteogenic proteins and bone morphogenic proteins or may be from bioabsorbable material.

Referring to FIGS. 13-17, an alternative embodiment of the lordotic interbody spinal fusion implant, generally referred to by the numeral 300, is shown. The implant 300 is made of a mesh-like material comprising strands, which may be made of metal, that are pressed together and molded. The upper and lower surfaces 312 and 314 may be convex and conform to the natural surface curvature of the end plates of the vertebrae. In addition, the entire implant 300 may be molded to a shape that conforms to the shape of the disc space created by the removal of disc material from between two adjacent vertebrae. In this manner, the implant 300 has curved upper and lower surfaces 312 and 314, a curved side wall 318 and chamfered edges 319.

Referring to FIG. 7A, the implant 300 is shown inserted in the direction of arrow A into the disc space  $D_1$  between adjacent vertebrae  $V_1$  and  $V_2$ . The implant 300 conforms to the endplates of the adjacent vertebrae  $V_1$  and  $V_2$  as the upper and lower surfaces 312 and 314 are convex, and the side walls 318 are curved to conform to the natural curvature of the vertebrae  $V_1$  and  $V_2$ . In this manner, the implant 300 has the same dimensions as the disc material removed from between the two adjacent vertebrae  $V_1$  and  $V_2$ .

The implant 300 may be made wholly or in part of a solid material and/or a porous material, and/or a mesh-like material. The implant 300 may have a surface comprising of a porous material, a mesh-like material, or have a surface that is roughened. It is appreciated that the implant 300 may be solid or may be partially hollow and include at least one internal chamber in communication with said upper and lower surfaces.

As shown in FIG. 17, the mesh-like material comprises strands that are formed and pressed together such that interstices 339, capable of retaining fusion promoting material and for allowing for bone ingrowth, are present between the strands in at least the outer surface of implant 300. Alternatively, it is appreciated that the implant 300 may be made of a cancellous material, similar in configuration to human cancellous bone, having interstices allowing for bone ingrowth. As the implant 300 may be made entirely or in part of the cancellous material, the interstices may be present in the outer surface of the implant 300 and/or within the entire implant to promote bone ingrowth and hold bone fusion promoting materials.

Referring to FIGS. 18-23 an alternative embodiment of the implant of the present invention, generally referred to by the numeral 400, is disclosed. The implant 400 has a substantially rectangular shape having upper and lower surfaces 412 and 414. The upper and lower surfaces 412 and 414 support the adjacent vertebrae and are disposed in a converging angular relationship to each other in the same manner described above.

The implant 400 has a width W that is substantially less than the width of the implants 100-300 such that a series of such implants 400 are used as the interbody spinal implant, each placed closely adjacent to one another to approximate the size of the removed disc. The size of the implant 400 is approximately 26 millimeters in length and is wide enough so that four of them will substantially fill the intervertebral space, depending on which vertebrae are fused.

In the performing of a posterior lumbar interbody fusion, it is not possible to replace the removed portions of the disc, if a total nuclear discectomy has been performed, with a single large implant as the delicate dural sac containing the spinal

cord and nerve roots covers at all times at least some portion of the posterior disc space. The use of modular implants 400 that are inserted separately into the disc space is appropriate in such case. The modular implants 400 being approximately as long as the depth of the disc material removed, but being considerably narrower, such that they could be introduced into the disc space from the posterior aspect to either side of the dural sac, and then realigned side to side with the disc space so that a number of them each having a length consistent with the depth of the disc removed in that area would in combination have a width equal to the width of the disc material removed. As the disc spaces in the lumbar spine are generally lordotic, the insertion end 420 of the modular implants 400 would have to be taller and less tall posteriorly at the trailing end 430.

To introduce the modular implant 400 that is taller at its insertion end 420 than the space available at the posterior aspect of the disc space, even when that disc space is optimally distracted, is problematic. The modular implants 400 of provide two solutions to the problem. The modular implants 400 may have a reduced size at their insertion end 420, including but not limited to, a bullet nose, a convexity, and a chamfer to a smaller front surface. This then provides that the implant 400 has an area small enough to be introduced into the posterior aspect of the disc space when the disc space is adequately distracted and the contour of that specialized insertion end of the implant 400 is such that it then allows for a ramping up of the adjacent vertebrae relative to the implant 400 as the implant is advanced forward into the disc space.

Alternatively, or in combination with the above, since in the preferred embodiment the implants 400 are wedge-shaped in the side elevational view when upright but are generally rectangular when viewed from the top plan view, these implants may be introduced into the disc space on their side such that the side walls of the implants are adjacent to the end plates of the adjacent vertebrae. The implants 400 have a side-to-side dimension that is less than the dimension through the insertion end of the implant 400 when upright. It is possible to easily insert the implant 400 first on their side and then to use the insertion instrument engaged to the implant 400 to rotate the implant ninety degrees into the fully upright position, once it has been fully inserted. Once inserted, the upper and lower surfaces 412 and 414 are adjacent to the endplates of the adjacent vertebrae and create and maintain the desired angular relationship of the adjacent vertebrae as the upper and lower surfaces 412 and 414 of the implant 400 are angled with respect to each other.

The implant 400 has large openings 415 in the form of rectangular slots for holding fusion promoting materials to promote bone growth from the vertebrae through the upper and lower surfaces 412 and 414 and into the interior of the implant 400. As the implant 400 is modular and more than one is implanted at a time, the large openings 415 are also present in the side walls 418 of the implant 400 to provide for bone growth from one implant to another implant such that after successful fusion, the modular implants 400 are interconnected to form a single unit.

Referring to FIG. 21, the trailing end 430 of the implant 400 is shown having an insertion instrument engaging means comprising a rectangular slot 424 and threaded opening 426.

Referring to FIG. 23, an enlarged fragmentary view along line 23 of FIG. 22 illustrating the surface configuration of the implant 400 is shown. The surface configuration of the implant 400 is the same as the porous texture 260 described above.

Referring to FIG. 24, an alternative embodiment of the lordotic interbody spinal fusion implant of the present inven-

tion, generally referred to by the numeral **500**, is shown. The implant **500** is a modular implant and has a similar overall configuration as implant **400**. The implant **500** instead of having slots **415** has an upper and lower surfaces **512** and **514** that are capable of receiving and holding bone, or other materials capable of participating in the fusion process and/or capable of promoting bone ingrowth. In the preferred embodiment, the upper and lower surfaces **512** and **514** comprise a plurality of posts **540** that are spaced apart to provide a plurality of interstices **542** which are partial wells with incomplete walls capable of holding and retaining milled bone material or any artificial bone ingrowth promoting material. The implant **500** may be prepared for implantation by grouting or otherwise coating the surface **538** with the appropriate fusion promoting substances.

Referring to FIGS. **28** and **29**, an enlarged view of the upper surface **512** of the implant **500** and a partial cross section thereof are shown. In the preferred embodiment, the posts **540** have a head portion **544** of a larger diameter than the remainder of the posts **540**, and each of the interstices **542** is the reverse configuration of the posts **544**, having a bottom **546** that is wider than the entrance **548** to the interstices **542**. Such a configuration of the posts **540** and interstices **542** aids in the retention of bone material in the surface **538** of the implant **500** and further assists in the locking of the implant **500** into the bone fusion mass created from the bone ingrowth. As the bone ingrowth at the bottom **546** of the interstices **542** is wider than the entrance **548**, the bone ingrowth cannot exit from the entrance **548** and is locked within the interstice **542**. The surface **538** of the implant **500** provides for an improvement in the available amount of surface area which may be still further increased by rough finishing, flocking or otherwise producing a non smooth surface.

In the preferred embodiment, the posts **540** have a maximum diameter in the range of approximately 0.1-2 mm and a height of approximately 0.1-2 mm and are spaced apart a distance of approximately 0.1-2 mm such that the interstices **542** have a width in the range of approximately 0.1 to 2 mm. The post sizes, shapes, and distributions may be varied within the same implant.

It is appreciated that the implant **500** shares the same structure and features of the implant **400** described above.

FIG. **30** is a side elevational view of a segment of the human spinal column **S** shown in lordosis with an alternative embodiment of the lordotic spinal fusion implant referred to by the numeral **600**, that is adjustable and expandable shown inserted in a space to restore and maintain the correct anatomical alignment of the adjacent vertebrae. The implant **600** comprises a lower member **682** and an upper member **684** which when fitted together form an essentially rectangular implant. The upper member **684** and the lower member **682** have hollow portions that face one another and receive tapered wedges **686** and **688** that fit within the hollow portion of the upper and lower members **682** and **684**. The upper and lower members **682** and **684** each have a wedged interior surface **689a** and **689b** which are angled towards the interior of the implant **600**. The wedges **682** and **684** are such that at their large end, they are higher than the combined hollow space between the upper and lower members **684** and **682**, and shallower at the other end than the hollow space between the upper and lower members.

The wedges **686** and **688** have a central threaded opening **690** and **692** in alignment with each other for receiving threaded screw **694**. As the screw **694** is threaded into the opening **690**, the wedges **686** and **688** abut the interior sloped surfaces **689a** and **689b** of the upper and lower members **682** and **684**. As the screw **694** is turned, the wedges **686** and **688**

are drawn together, and the sloped portions of the wedges force the upper member **682** away from the lower member **684**. As the interior sloped surfaces **689a** and **689b** have a greater slope near the trailing end **630**, than near the insertion end **620**, the upper and lower members **682** and **684** are forced apart more at the insertion end **620** than at the trailing end **630**. As a result, the upper and lower members **682** and **684** are disposed at a converging angular relationship to each other and support the adjacent vertebrae  $V_1$  and  $V_2$  in the same angular relationship.

Referring to FIG. **31**, an alternative embodiment of the implant of the present invention, generally referred to by the numeral **700**, is shown. The implant **700** has movable projections, in the form of spikes **708**, which are movable from a first position within the implant **700** to a second position extending outside of the implant. The implant **700** is of a generally rectangular configuration, having a top surface **702** and a bottom surface **704** of the implant with slots **706** for permitting pivotal member **707** having spikes **708** at their ends to project through said slots **706**. The spikes **708** are pinned at one end **710** within the implant **700**.

The implant **700** has opposing wedge shaped members **712** and **714** having a central threaded opening **716** for receiving a threaded screw **718** having a head **720** and a slot **722**. The wedges **712** and **714** are facing each other so that upon turning of the screw **718**, will the two wedges **712** and **714** are drawn together to cause the spikes **708** to pivot about their end **710** and project to the exterior of the implant **700** through the aligned slots **706**. The implant **700** may comprise a series of holes **724** on its surfaces for promoting bone ingrowth and fusion.

In use, after the removal of the disc material, the implant **700** with the spikes **708** in their withdrawn position, is inserted into the disc space. Then the screw **718** is turned until the spikes **708** are forced to enter the vertebrae and the implant **700** is thus held firmly in place.

While the invention has been described with regards to the preferred embodiment and a number of alternative embodiments, it is recognized that other embodiments of the present invention may be devised which would not depart from the scope of the present invention.

What is claimed is:

1. An interbody spinal fusion implant for insertion into a recipient site formed at least in part within a disc space in between adjacent vertebral bodies of a human spine, said implant comprising:

a leading end for insertion first into the recipient site, a trailing end opposite said leading end and a mid-longitudinal axis through said leading and trailing ends, a depth along said mid-longitudinal axis, and a width and a height each perpendicular to the depth, said implant having a maximum width greater than the depth of said implant and greater than the height of said implant;

a top and a bottom between said leading and trailing ends adapted to space apart the adjacent vertebral bodies, said top and said bottom having at least one opening there-through, said openings being in communication with one another to permit for the growth of bone from adjacent vertebral body to adjacent vertebral body through said implant, at least one of said openings being surrounded by said implant, said top and said bottom being in an angular relationship relative to the mid-longitudinal axis along at least a portion of the depth of said implant sufficient to maintain the adjacent vertebral bodies in an angular relationship to each other; and opposite sides between said top and said bottom, and between said leading and trailing ends, said implant

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having a non-arcuate cross section through said top, bottom, and opposite sides transverse to the mid-longitudinal axis along at least a portion of the depth of said implant, said trailing end including a curved portion between said opposite sides to conform to the natural anatomical curvature of the adjacent vertebral bodies, said curved portion having a radius of curvature greater than a maximum dimension between said leading end and said trailing end along the mid-longitudinal axis of said implant, said leading end having a width between said opposite sides, said leading end being straight across a majority of the width of said leading end and across the mid-longitudinal axis of said implant.

2. The implant of claim 1, wherein each of said top and said bottom comprises an interior surface, said interior surfaces being spaced apart to define a hollow interior in communication with said openings.

3. The implant of claim 2, wherein said implant includes an access opening for accessing said hollow interior.

4. The implant of claim 3, wherein said access opening is larger than the largest of said openings.

5. The implant of claim 3, wherein said access opening is configured to permit insertion of osteogenic material into said hollow interior.

6. The implant of claim 5, wherein said osteogenic material includes a fusion promoting material.

7. The implant of claim 5, wherein said osteogenic material is bone.

8. The implant of claim 5, wherein said osteogenic material is a material other than bone.

9. The implant of claim 3, further comprising a cover for closing said access opening.

10. The implant of claim 9, wherein said cover cooperatively engages said access opening.

11. The implant of claim 10, wherein said cover comprises a slidable door.

12. The implant of claim 10, wherein said cover includes a surface deviation to facilitate opening and closing of said access opening with said cover.

13. The implant of claim 1, wherein said top and said bottom further comprise at least a second opening.

14. The implant of claim 1, wherein at least one of said openings are approximately 1 mm to 3 mm in diameter.

15. The implant of claim 1, wherein at least one of said openings is macroscopic in size.

16. The implant of claim 1, wherein at least one of said openings is microscopic in size.

17. The implant of claim 1, wherein at least one opening in said top and at least one opening in said bottom form a channel through said implant.

18. The implant of claim 1, wherein said trailing end includes at least one perforation.

19. The implant of claim 1, further comprising a plurality of openings capable of retaining fusion promoting material.

20. The implant of claim 19, wherein said plurality of openings comprise wells.

21. The implant of claim 1, wherein said sides have at least one aperture.

22. The implant of claim 21, wherein said at least one aperture is sized in the range of approximately 1 mm to 3 mm.

23. The implant of claim 21, wherein said at least one aperture is in communication with said openings in said top and said bottom.

24. The implant of claim 1, wherein said leading and trailing ends form junctions with said sides, the junctions of said sides and at least one of said trailing end and said leading end being rounded.

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25. The implant of claim 1, wherein said sides are generally flat.

26. The implant of claim 1, wherein the shape of said sides is generally trapezoidal.

27. The implant of claim 1, wherein said implant is configured to generally taper from said trailing end to said leading end.

28. The implant of claim 1, wherein said implant is a wedge.

29. The implant of claim 1, wherein the width of said implant is approximately 32 mm for use in the lumbar spine.

30. The implant of claim 1, wherein the width of said implant is in the range of approximately 28 mm to 48 mm for use in the lumbar spine.

31. The implant of claim 1, wherein said implant has a generally rectangular cross section transverse to the mid-longitudinal axis along at least a portion of its depth.

32. The implant of claim 1, wherein said leading end is at least in part curved.

33. The implant of claim 1, wherein at least a portion of said leading end is tapered for facilitating insertion of said implant into the recipient site.

34. The implant of claim 1, wherein said trailing end is convex.

35. The implant of claim 1, wherein the maximum depth of said implant is less than the posterior to anterior depth of the end plates of the adjacent vertebral bodies.

36. The implant of claim 1, wherein said implant is adapted for insertion from a posterior aspect of the vertebral bodies.

37. The implant of claim 1, wherein said implant is adapted for insertion from an anterior aspect of the vertebral bodies.

38. The implant of claim 1, wherein said implant is sized to replace a substantial portion of the disc with a single implant.

39. The implant of claim 1, wherein said implant has substantially the same shape as a space created by the removal of at least a substantial portion of the nucleus pulposus and a portion of the annulus fibrosus from between the two adjacent vertebral bodies.

40. The implant of claim 1, wherein the height of said implant is substantially equal to the height of the space created by the removal of disc material from between the adjacent vertebral bodies.

41. The implant of claim 1, wherein said implant has substantially the same height, width and depth as a space created by the removal of at least generally the nucleus pulposus and at least a portion of the annulus fibrosus from between the two adjacent vertebral bodies.

42. The implant of claim 1, wherein said implant dimensionally corresponds to the space created by the removal of at least generally all of the nucleus pulposus and a portion of the annulus fibrosus when said adjacent vertebral bodies are distracted and placed in angular relationship to each other.

43. The implant of claim 1, wherein the depth of said implant is in the range of approximately 11 mm to 21 mm for use in the cervical spine.

44. The implant of claim 1, wherein the width of said implant is in the range of approximately 14 mm to 28 mm for use in the cervical spine.

45. The implant of claim 1, wherein said implant has a maximum height in the range of approximately 5 mm to 10 mm, and the maximum width of said implant is in the range of approximately 14 mm to 28 mm, and the depth of said implant is in the range of approximately 11 mm to 21 mm for use in the cervical spine.

46. The implant of claim 1 for use in the lumbar spine, wherein the depth of said implant is in the range of approximately 20 mm to 34 mm.

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47. The implant of claim 1, wherein said implant has a maximum height in the range of approximately 8 mm to 16 mm, and the maximum width of said implant is in the range of approximately 28 mm to 48 mm, and the depth of said implant is in the range of approximately 20 mm to 34 mm for use in the lumbar spine.

48. The implant of claim 1, wherein the depth of said implant is substantially the same as the depth of a space created by the removal of the nucleus pulposus from between the two adjacent vertebral bodies.

49. The implant of claim 1, wherein the width of said implant is substantially equal to the transverse width of a space created by the removal of the nucleus pulposus from between the two adjacent vertebral bodies.

50. The implant of claim 1, wherein said top has a fixed shape which is generally configured to match the contours of the endplate of one of the two adjacent vertebral bodies.

51. The implant of claim 1, wherein said bottom has a fixed shape which is generally configured to match the natural contours of the endplate of one of the two adjacent vertebral bodies.

52. The implant of claim 1, further comprising at least one protrusion extending from said top and said bottom for engaging the adjacent vertebral bodies to maintain said implant within the disc space.

53. The implant of claim 52, wherein said protrusion comprises a ridge.

54. The implant of claim 52, wherein said protrusion comprises a plurality of ridges facing the same direction to prevent expulsion of said implant in a direction opposite to said same direction.

55. The implant of claim 52, wherein said protrusion comprises a tooth.

56. The implant of claim 52, wherein said protrusion comprises a ratchet.

57. The implant of claim 56, wherein said protrusion comprises a plurality of ratchets facing the same direction to prevent expulsion of said implant in a direction opposite to said same direction.

58. The implant of claim 1, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

59. The implant of claim 58, wherein said irregular surface comprises at least one groove.

60. The implant of claim 58, wherein said irregular surface includes knurling.

61. The implant of claim 58, wherein said irregular surface includes at least one spike.

62. The implant of claim 61, wherein said implant includes means for retracting and extending said at least one spike.

63. The implant of claim 1, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

64. The implant of claim 63, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

65. The implant of claim 63, wherein a height of each roughening measured from the mid-longitudinal axis of the implant decreases from said trailing end to said leading end.

66. The implant of claim 63, wherein said surface roughenings comprise at least one groove.

67. The implant of claim 1, wherein said top and said bottom have a bone ingrowth surface.

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68. The implant of claim 1, wherein said implant has an exterior surface that is at least in part porous.

69. The implant of claim 1, wherein said implant comprises a mesh-like material having a plurality of interstices for receiving fusion promoting material.

70. The implant of claim 1, wherein said implant is porous.

71. The implant of claim 1, wherein said implant includes an exterior surface, at least a portion of which is treated to promote bone ingrowth between said surface and a vertebral body.

72. The implant of claim 1, in combination with a fusion promoting material other than bone in contact with said implant.

73. The implant of claim 1, wherein said implant comprises a bone ingrowth material other than bone.

74. The implant of claim 1, further comprising a material that intrinsically participates in the growth of bone from one of the adjacent vertebral bodies to the other of the adjacent vertebral bodies.

75. The implant of claim 1, wherein said implant is treated with a fusion promoting substance.

76. The implant of claim 75, wherein said fusion promoting substance is bone.

77. The implant of claim 1, wherein said implant is stronger than bone.

78. The implant of claim 1, in combination with an osteogenic material in contact with said implant.

79. The implant of claim 78, wherein said osteogenic material is a material other than bone.

80. The implant of claim 1, wherein said implant comprises a bone ingrowth material for promoting bone ingrowth between said implant and said two adjacent vertebral bodies.

81. The implant of claim 1, wherein said implant is at least in part bioresorbable.

82. The implant of claim 1, wherein said implant is adapted to be centrally placed within the disc space.

83. The implant of claim 1, wherein at least one of said leading and trailing ends of said implant is configured to engage a driving instrument for implanting said implant within the disc space between the two adjacent vertebral bodies.

84. The implant of claim 1, further comprising an expander moving said top and bottom apart in said diverging angular relationship.

85. The implant of claim 1, wherein said trailing end has a height greater than said leading end.

86. The implant of claim 1, wherein at least one of said top and bottom is substantially flat.

87. The implant of claim 86, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

88. The implant of claim 87, wherein said irregular surface comprises at least one groove.

89. The implant of claim 87, wherein said irregular surface includes knurling.

90. The implant of claim 86, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

91. The implant of claim 90, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

92. The implant of claim 1, wherein at least one of said top and bottom is generally planar.

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93. The implant of claim 92, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

94. The implant of claim 93, wherein said irregular surface comprises at least one groove.

95. The implant of claim 93, wherein said irregular surface includes knurling.

96. The implant of claim 92, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

97. The implant of claim 96, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

98. The implant of claim 1, wherein each of said top and bottom are substantially flat.

99. The implant of claim 98, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

100. The implant of claim 99, wherein said irregular surface comprises at least one groove.

101. The implant of claim 99, wherein said irregular surface includes knurling.

102. The implant of claim 98, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

103. The implant of claim 102, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

104. The implant of claim 1, wherein each of said top and bottom are generally planar.

105. The implant of claim 104, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

106. The implant of claim 105, wherein said irregular surface comprises at least one groove.

107. The implant of claim 105, wherein said irregular surface includes knurling.

108. The implant of claim 104, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

109. The implant of claim 108, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

110. The implant of claim 1, wherein said implant has a generally quadrilateral cross section transverse to the mid-longitudinal axis along at least a portion of its depth.

111. The implant of claim 1, wherein the width of said implant is greater than one-half of the width of a disc space into which said implant is adapted to be inserted.

112. The implant of claim 1, wherein said implant is sized to replace a substantial portion of a spinal disc with a single implant.

113. The implant of claim 1, in combination with a fusion promoting substance in contact with said implant.

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114. The implant of claim 113, wherein said fusion promoting substance includes at least one of bone, bone morphogenetic protein, hydroxyapatite, and hydroxyapatite tricalcium phosphate.

115. The implant of claim 1, in combination with an implant driver adapted to insert said implant into the implantation space.

116. An interbody spinal fusion implant for insertion into a recipient site formed in between adjacent vertebral bodies of a human spine, said implant comprising:

a leading end for insertion first into the recipient site, a trailing end opposite said leading end and a mid-longitudinal axis through said leading and trailing ends, a depth along said mid-longitudinal axis, and a width and a height each perpendicular to the depth, said implant having a maximum width greater than the depth of said implant and greater than the height of said implant;

a top and a bottom between said leading and trailing ends adapted to space apart the adjacent vertebral bodies, said top and said bottom having at least one opening there-through, said openings being in communication with one another to permit for the growth of bone from adjacent vertebral body to adjacent vertebral body through said implant, at least one of said openings being surrounded by said implant, said top and said bottom being in an angular relationship relative to the mid-longitudinal axis along at least a portion of the depth of said implant sufficient to maintain the adjacent vertebral bodies in an angular relationship to each other; and

opposite sides between said top and said bottom, and between said leading and trailing ends, at least one of said opposite sides having at least one aperture in communication with said openings of said top and said bottom, said implant having a non-arcuate cross section through said top, bottom, and opposite sides transverse to the mid-longitudinal axis along at least a portion of the depth of said implant, said trailing end including a curved portion between said opposite sides to conform to the natural anatomical curvature of the adjacent vertebral bodies, said curved portion having a radius of curvature greater than a maximum dimension between said leading end and said trailing end along the mid-longitudinal axis of said implant, said leading end having a width between said opposite sides, said leading end being straight across a majority of the width of said leading end and across the mid-longitudinal axis of said implant.

117. The implant of claim 116, wherein each of said top and said bottom comprises an interior surface, said interior surfaces being spaced apart to define a hollow interior in communication with said openings.

118. The implant of claim 117, wherein said implant includes an access opening for accessing said hollow interior.

119. The implant of claim 118, wherein said access opening is larger than the largest of said openings.

120. The implant of claim 118, wherein said access opening is configured to permit insertion of osteogenic material into said hollow interior.

121. The implant of claim 120, wherein said osteogenic material includes a fusion promoting material.

122. The implant of claim 120, wherein said osteogenic material is bone.

123. The implant of claim 120, wherein said osteogenic material is a material other than bone.

124. The implant of claim 118, further comprising a cover for closing said access opening.

125. The implant of claim 124, wherein said cover cooperatively engages said access opening.

126. The implant of claim 125, wherein said cover comprises a slidable door.

127. The implant of claim 125, wherein said cover includes a surface deviation to facilitate opening and closing of said access opening with said cover.

128. The implant of claim 116, wherein said top and said bottom further comprise at least a second opening.

129. The implant of claim 116, wherein at least one of said openings are approximately 1 mm to 3 mm in diameter.

130. The implant of claim 116, wherein at least one of said openings is macroscopic in size.

131. The implant of claim 116, wherein at least one of said openings is microscopic in size.

132. The implant of claim 116, wherein at least one opening in said top and at least one opening in said bottom form a channel through said implant.

133. The implant of claim 116, wherein said trailing end includes at least one perforation.

134. The implant of claim 116, further comprising a plurality of openings capable of retaining fusion promoting material.

135. The implant of claim 134, wherein said plurality of openings comprise wells.

136. The implant of claim 116, wherein said at least one aperture is sized in the range of approximately 1 mm to 3 mm.

137. The implant of claim 116, wherein the junctions of said sides and at least one of said trailing end and said leading end are rounded.

138. The implant of claim 116, wherein said sides are generally flat.

139. The implant of claim 116, wherein the shape of said sides is generally trapezoidal.

140. The implant of claim 116, wherein said implant is configured to generally taper from said trailing end to said leading end.

141. The implant of claim 116, wherein said implant is a wedge.

142. The implant of claim 116, wherein the width of said implant is approximately 32 mm for use in the lumbar spine.

143. The implant of claim 116, wherein the width of said implant is in the range of approximately 28 mm to 48 mm for use in the lumbar spine.

144. The implant of claim 116, wherein said implant has a generally rectangular cross section transverse to the mid-longitudinal axis along at least a portion of its depth.

145. The implant of claim 116, wherein said leading end is at least in part curved.

146. The implant of claim 116, wherein at least a portion of said leading end is tapered for facilitating insertion of said implant into the recipient site.

147. The implant of claim 116, wherein said trailing end is convex.

148. The implant of claim 116, wherein the maximum depth of said implant is less than the posterior to anterior depth of the end plates of the adjacent vertebral bodies.

149. The implant of claim 116, wherein said implant is adapted for insertion from a posterior aspect of the vertebral bodies.

150. The implant of claim 116, wherein said implant is adapted for insertion from an anterior aspect of the vertebral bodies.

151. The implant of claim 116, wherein said implant is sized to replace a substantial portion of a spinal disc with a single implant.

152. The implant of claim 116, wherein said implant has substantially the same shape as a space created by the removal of at least a substantial portion of the nucleus pulposus and a portion of the annulus fibrosus from between the two adjacent vertebral bodies.

153. The implant of claim 116, wherein the height of said implant is substantially equal to the height of the space created by the removal of disc material from between the adjacent vertebral bodies.

154. The implant of claim 116, wherein said implant has substantially the same height, width and depth as a space created by the removal of at least generally the nucleus pulposus and at least a portion of the annulus fibrosus from between the two adjacent vertebral bodies.

155. The implant of claim 116, wherein said implant dimensionally corresponds to the space created by the removal of at least generally all of the nucleus pulposus and a portion of the annulus fibrosus when said adjacent vertebral bodies are distracted and placed in angular relationship to each other.

156. The implant of claim 116, wherein the depth of said implant is in the range of approximately 11 mm to 21 mm for use in the cervical spine.

157. The implant of claim 116, wherein the width of said implant is in the range of approximately 14 mm to 28 mm for use in the cervical spine.

158. The implant of claim 116, wherein said implant has a maximum height in the range of approximately 5 mm to 10 mm, and the maximum width of said implant is in the range of approximately 14 mm to 28 mm, and the depth of said implant is in the range of approximately 11 mm to 21 mm for use in the cervical spine.

159. The implant of claim 116, for use in the lumbar spine, wherein the depth of said implant is in the range of approximately 20 mm to 34 mm.

160. The implant of claim 116, wherein said implant has a maximum height in the range of approximately 8 mm to 16 mm, and the maximum width of said implant is in the range of approximately 28 mm to 48 mm, and the depth of said implant is in the range of approximately 20 mm to 34 mm for use in the lumbar spine.

161. The implant of claim 116, wherein the depth of said implant is substantially the same as the depth of a space created by the removal of the nucleus pulposus from between the two adjacent vertebral bodies.

162. The implant of claim 116, wherein the width of said implant is substantially equal to the transverse width of a space created by the removal of the nucleus pulposus from between the two adjacent vertebral bodies.

163. The implant of claim 116, wherein said top has a fixed shape which is generally configured to match the contours of the endplate of one of the two adjacent vertebral bodies.

164. The implant of claim 116, wherein said bottom has a fixed shape which is generally configured to match the natural contours of the endplate of one of the two adjacent vertebral bodies.

165. The implant of claim 116, further comprising at least one protrusion extending from said top and said bottom for engaging the adjacent vertebral bodies to maintain said implant within the disc space.

166. The implant of claim 165, wherein said protrusion comprises a ridge.

167. The implant of claim 165, wherein said protrusion comprises a plurality of ridges facing the same direction to prevent expulsion of said implant in a direction opposite to said same direction.

168. The implant of claim 165, wherein said protrusion comprises a tooth.

169. The implant of claim 165, wherein said protrusion comprises a ratchet.

170. The implant of claim 169, wherein said protrusion comprises a plurality of ratchets facing the same direction to prevent expulsion of said implant in a direction opposite to said same direction.

171. The implant of claim 116, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

172. The implant of claim 171, wherein said irregular surface comprises at least one groove.

173. The implant of claim 171, wherein said irregular surface includes knurling.

174. The implant of claim 171, wherein said irregular surface includes at least one spike.

175. The implant of claim 174, wherein said implant includes means for retracting and extending said at least one spike.

176. The implant of claim 116, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

177. The implant of claim 176, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

178. The implant of claim 176, wherein a height of each roughening measured from the mid-longitudinal axis of the implant decreases from said trailing end to said leading end.

179. The implant of claim 176, wherein said surface roughenings comprise at least one groove.

180. The implant of claim 116, wherein said top and said bottom have a bone ingrowth surface.

181. The implant of claim 116, wherein said implant has an exterior surface that is at least in part porous.

182. The implant of claim 116, wherein said implant comprises a mesh-like material having a plurality of interstices for receiving fusion promoting material.

183. The implant of claim 116, wherein said implant is porous.

184. The implant of claim 116, wherein said implant includes an exterior surface, at least a portion of which is treated to promote bone ingrowth between said surface and a vertebral body.

185. The implant of claim 116, in combination with a fusion promoting material other than bone in contact with said implant.

186. The implant of claim 116, wherein said implant comprises a bone ingrowth material other than bone.

187. The implant of claim 116, further comprising a material that intrinsically participates in the growth of bone from one of the adjacent vertebral bodies to the other of the adjacent vertebral bodies.

188. The implant of claim 116, wherein said implant is treated with a fusion promoting substance.

189. The implant of claim 188, wherein said fusion promoting substance is bone.

190. The implant of claim 116, wherein said implant is stronger than bone.

191. The implant of claim 116, in combination with an osteogenic material in contact with said implant.

192. The implant of claim 191, wherein said osteogenic material is a material other than bone.

193. The implant of claim 116, wherein said implant comprises a bone ingrowth material for promoting bone ingrowth between said implant and said two adjacent vertebral bodies.

194. The implant of claim 116, wherein said implant is at least in part bioresorbable.

195. The implant of claim 116, wherein said implant is adapted to be centrally placed within a disc space.

196. The implant of claim 116, wherein at least one of said leading and trailing ends of said implant is configured to engage a driving instrument for implanting said implant within the disc space between the two adjacent vertebral bodies.

197. The implant of claim 116, further comprising an expander moving said top and bottom apart in said diverging angular relationship.

198. The implant of claim 116, wherein said trailing end has a height greater than said leading end.

199. The implant of claim 116, wherein at least one of said top and bottom is substantially flat.

200. The implant of claim 199, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

201. The implant of claim 200, wherein said irregular surface comprises at least one groove.

202. The implant of claim 200, wherein said irregular surface includes knurling.

203. The implant of claim 199, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

204. The implant of claim 203, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

205. The implant of claim 116, wherein at least one of said top and bottom is generally planar.

206. The implant of claim 205, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

207. The implant of claim 206, wherein said irregular surface comprises at least one groove.

208. The implant of claim 206, wherein said irregular surface includes knurling.

209. The implant of claim 205, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

210. The implant of claim 209, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

211. The implant of claim 116, wherein each of said top and bottom are substantially flat.

212. The implant of claim 211, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

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213. The implant of claim 212, wherein said irregular surface comprises at least one groove.

214. The implant of claim 212, wherein said irregular surface includes knurling.

215. The implant of claim 211, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

216. The implant of claim 215, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

217. The implant of claim 116, wherein each of said top and bottom are generally planar.

218. The implant of claim 217, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

219. The implant of claim 218, wherein said irregular surface comprises at least one groove.

220. The implant of claim 218, wherein said irregular surface includes knurling.

221. The implant of claim 217, further comprising a plurality of surface roughenings for engaging said adjacent vertebral bodies and for maintaining said implant in place, said surface roughenings being present on at least a portion of said top and said bottom.

222. The implant of claim 221, wherein said roughenings cover substantially the entire top and bottom of said implant, said roughenings being generally tapered from said trailing end to said leading end.

223. The implant of claim 116, wherein said implant has a generally quadrilateral cross section transverse to the mid-longitudinal axis along at least a portion of its depth.

224. The implant of claim 116, wherein the width of said implant is greater than one-half of the width of the disc space into which said implant is adapted to be inserted.

225. The implant of claim 116, wherein said implant is sized to replace a substantial portion of a spinal disc with a single implant.

226. The implant of claim 116, in combination with a fusion promoting substance in contact with said implant.

227. The implant of claim 226, wherein said fusion promoting substance includes at least one of bone, bone morphogenetic protein, hydroxyapatite, and hydroxyapatite tricalcium phosphate.

228. The implant of claim 116, in combination with an implant driver adapted to insert said implant into the implantation space.

229. The implant of claim 1, wherein said implant is sized to be wholly contained within the recipient site.

230. The implant of claim 116, wherein said implant is sized to be wholly contained within the recipient site.

231. The implant of claim 3, wherein said leading end includes said access opening.

232. The implant of claim 13, wherein at least two of said openings are of different sizes.

233. The implant of claim 1, wherein said implant is made at least in part of metal.

234. The implant of claim 1, wherein said trailing end is curved along a portion of said trailing end across the mid-longitudinal axis of said implant.

235. The implant of claim 1, wherein said trailing end is curved across the entire width of said implant.

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236. The implant of claim 1, wherein at least one of said top and said bottom includes a portion extending across the entire depth of said implant generally halfway between said opposite sides.

237. The implant of claim 1, wherein said at least one opening has a central longitudinal axis and a maximum dimension transverse to the central longitudinal axis, the maximum dimension of said at least one opening being less than the maximum width of said implant.

238. The implant of claim 118, wherein said leading end includes said access opening.

239. The implant of claim 128, wherein at least two of said openings are of different sizes.

240. The implant of claim 116, wherein said implant is made at least in part of metal.

241. The implant of claim 116, wherein said trailing end is curved along a portion of said trailing end across the mid-longitudinal axis of said implant.

242. The implant of claim 116, wherein said trailing end is curved across the entire width of said implant.

243. The implant of claim 116, wherein at least one of said top and said bottom includes a portion extending across the entire depth of said implant generally halfway between said opposite sides.

244. The implant of claim 116, wherein said at least one opening has a central longitudinal axis and a maximum dimension transverse to the central longitudinal axis, the maximum dimension of said at least one opening being less than the maximum width of said implant.

245. An interbody spinal fusion implant for insertion into a recipient site formed at least in part within a disc space in between adjacent vertebral bodies of a human spine, said implant comprising:

a leading end for insertion first into the recipient site, a trailing end opposite said leading end and a mid-longitudinal axis through said leading and trailing ends, a depth along the mid-longitudinal axis, and a width and a height each perpendicular to the depth, said implant having a maximum width greater than the depth of said implant and greater than the height of said implant; and a top and a bottom between said leading and trailing ends adapted to space apart the adjacent vertebral bodies, opposite sides between said top and said bottom, and between said leading and trailing ends, said top and said bottom each having a plurality of openings there-through, said openings being in communication with one another to permit for the growth of bone from adjacent vertebral body to adjacent vertebral body through said implant, at least one of said openings being surrounded by said implant, said top and said bottom being in an angular relationship relative to the mid-longitudinal axis along at least a portion of the depth of said implant sufficient to maintain the adjacent vertebral bodies in an angular relationship to each other, said trailing end including a curved portion between said opposite sides to conform to the natural anatomical curvature of the adjacent vertebral bodies, said curved portion having a radius of curvature greater than a maximum dimension between said leading end and said trailing end along the mid-longitudinal axis of said implant, said leading end having a width between said opposite sides, said leading end being straight across a majority of the width of said leading end and across the mid-longitudinal axis of said implant.

246. The implant of claim 245, wherein each of said top and said bottom comprises an interior surface, said interior



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surfaces being spaced apart to define a hollow interior in communication with said openings.

247. The implant of claim 245, wherein said implant is a wedge.

248. The implant of claim 245, wherein said implant has a generally quadrilateral cross section transverse to the mid-longitudinal axis along at least a portion of its depth.

249. The implant of claim 245, wherein said implant has a generally rectangular cross section transverse to the mid-longitudinal axis along at least a portion of its depth.

250. The implant of claim 245, wherein said trailing end has a height greater than said leading end.

251. The implant of claim 245, further comprising at least one protrusion extending from said top and said bottom for engaging the adjacent vertebral bodies to maintain said implant within the disc space.

252. The implant of claim 251, wherein said protrusion comprises at least one of a ridge, a tooth, and a ratchet.

253. The implant of claim 251, wherein said protrusion comprises a plurality of ratchets facing the same direction to prevent expulsion of said implant in a direction opposite to said same direction.

254. The implant of claim 245, further comprising an irregular surface for engaging the adjacent vertebral bodies and for maintaining said implant in place, said irregular surface being present on at least a part of said top and said bottom.

255. The implant of claim 254, wherein said irregular surface comprises at least one groove.

256. The implant of claim 254, wherein said irregular surface includes knurling.

257. The implant of claim 245, wherein said implant is at least in part bioresorbable.

258. The implant of claim 245, in combination with a fusion promoting substance in contact with said implant.

259. The implant of claim 258, wherein said fusion promoting substance includes at least one of bone, bone morphogenetic protein, hydroxyapatite, and hydroxyapatite tricalcium phosphate.

260. The implant of claim 245, wherein at least two of said openings are of different sizes.

261. The implant of claim 245, wherein at least one of said top and said bottom includes a portion extending across the entire depth of said implant generally halfway between said opposite sides.

262. The implant of claim 245, wherein said trailing end is at least in part convex.

263. The implant of claim 245, wherein said trailing end is curved along a portion of said trailing end across the mid-longitudinal axis of said implant.

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264. The implant of claim 245, wherein said trailing end is curved across the entire width of said implant.

265. The implant of claim 245, wherein at least one of said plurality of openings has a central longitudinal axis and a maximum dimension transverse to the central longitudinal axis, the maximum dimension of said at least one of said plurality of openings being less than the maximum width of said implant.

266. The implant of claim 245, wherein said implant has a non-arcuate cross section through said top and bottom transverse to the mid-longitudinal axis along at least a portion of the depth of said implant.

267. The implant of claim 1, wherein said opposite sides are at least in part parallel to one another.

268. The implant of claim 116, wherein said opposite sides are at least in part parallel to one another.

269. The implant of claim 1, wherein said trailing end includes a portion in a plane being at an acute angle to both said top and said bottom.

270. The implant of claim 116, wherein said trailing end includes a portion in a plane being at an acute angle to both said top and said bottom.

271. The implant of claim 245, wherein said trailing end includes a portion in a plane being at an acute angle to both said top and said bottom.

272. The implant of claim 245, wherein said implant is made at least in part of metal.

273. The implant of claim 3, wherein said access opening and said at least one opening of said top and said bottom each have a shape, the shape of said access opening being different than the shape of said at least one opening of said top and said bottom.

274. The implant of claim 118, wherein said access opening and said at least one opening of said top and said bottom each have a shape, the shape of said access opening being different than the shape of said at least one opening of said top and said bottom.

275. The implant of claim 245, wherein said implant includes a hollow interior in communication with said openings.

276. The implant of claim 275, wherein said implant includes an access opening for accessing said hollow interior.

277. The implant of claim 276, wherein said access opening and said plurality of openings each have a shape, the shape of said access opening being different than the shape of said plurality of openings.

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