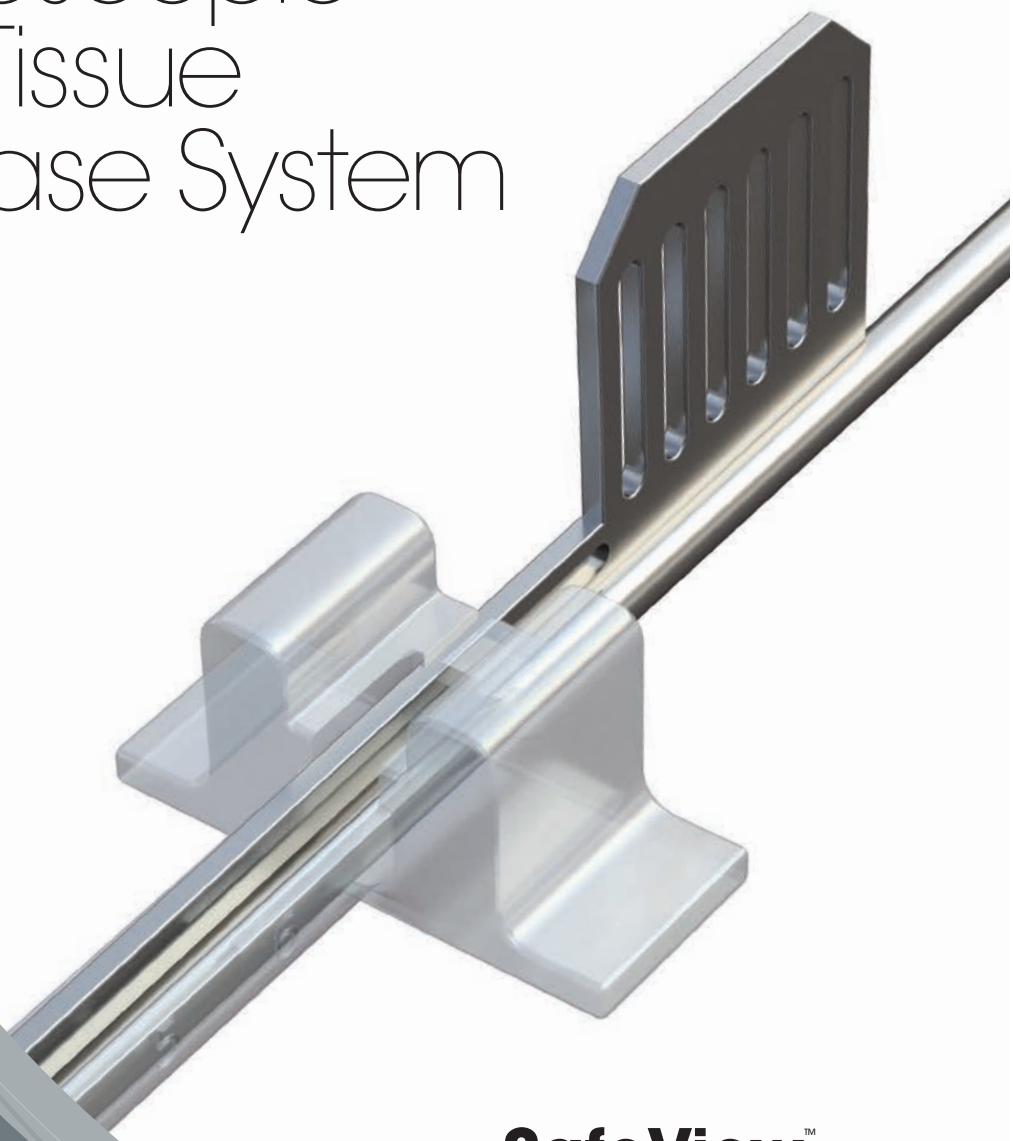
LOWER EXTREMITY TECHNIQUE GUIDE

Endoscopic Soft Tissue Release System



SafeView™

360° Panoramic Visualization

Sterile Packaged • Fully Disposable

mission surgical innovations

IMPROVE

- O.R. Efficiency
- Surgical Results
- Cost Containment

SafeView® Endoscopic Soft Tissue Release System

Next-Generation Features & Outcome-Driven Benefits

SafeView® Technology

- Transparent cannula
- Minimized cannula size
- Minimized incision
- 360° panoramic visualization
- Limited displacement to adjacent structures
- Easier, less disruptive insertion

Precision Control

- Independently operate arthroscope and knife blade within cannula
- Proprietary track technology
- Unlimited view on demand
- Precise and repeatable tissue release

Intuitive System

- Ergonomic instrument design
- Universal scope compatibility
- Simplified surgical steps
- Easily assimilated into any practice

Sterile Format

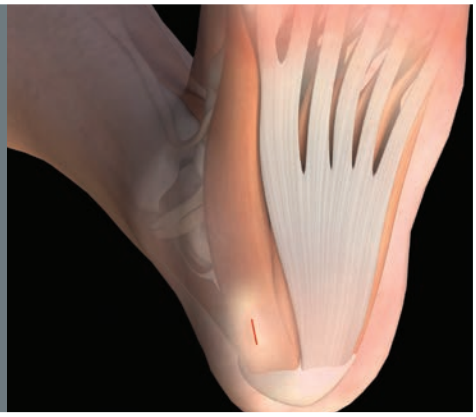
- Provided sterile, single-use
- Save time, save money, reduce infection potential

For more info please visit us at **SafeViewSurgery.com** or call **856.242.6979**

Plantar Fascia Release

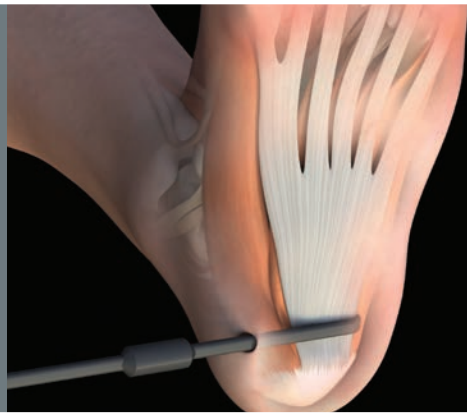
1

- Palpate the medial plantar calcaneal tubercle and make an incision 1-3mm distal and approximately 17mm above the plantar heel fat pad.



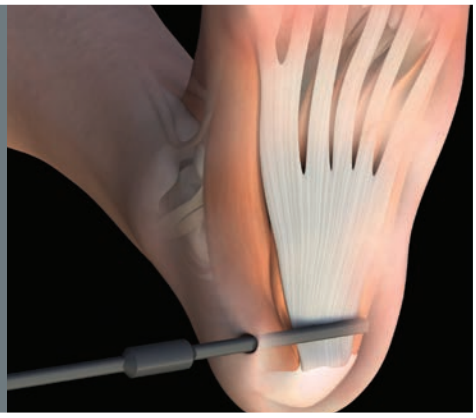
2

- Insert the elevator inferior to the plantar fascia ligament.
- A "washboard effect" will be felt as the elevator is moved along the inferior plane of the plantar fascia ligament.



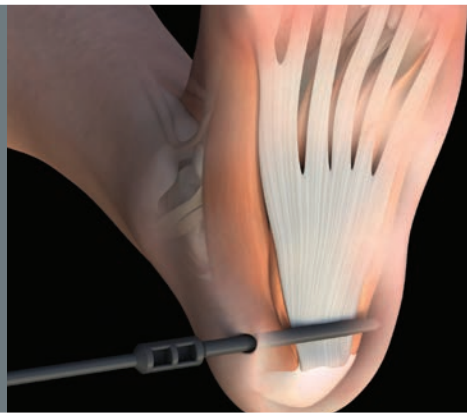
3

- Optional: Rasp may be used to clear away synovial tissue.



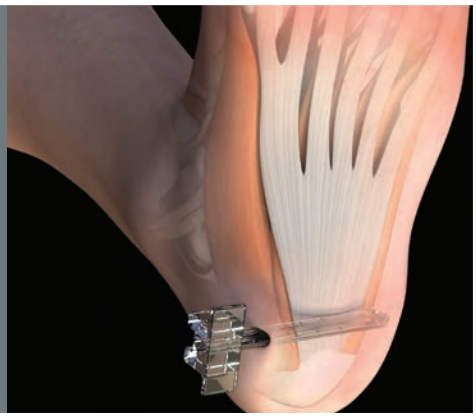
4

- Dilate the inferior plane of the plantar fascia ligament using the sequential dilators.
- Insertion depth varies based on patient size and body morphology.



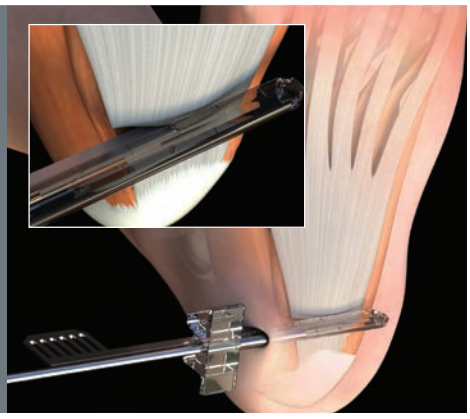
5

- Insert the SafeView™ cannula medially and palpate to the lateral edge of the plantar fascia ligament.
- Orient the SafeView™ cannula to allow the knife blade to cut superiorly while visualizing the protected fat pad below. Insert a 4mm 30° standard arthroscope, and visualize the ligament.



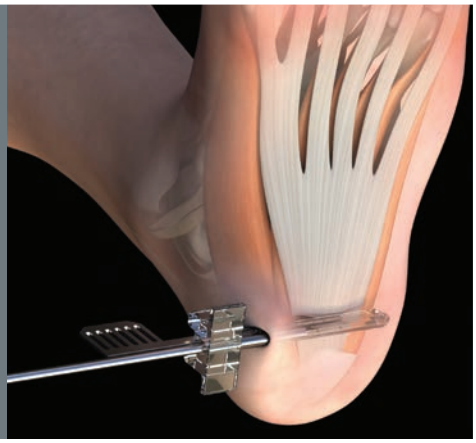
6

- Insert the forward cutting knife through the hub of the cannula.
- Retract the skin proximally and engage the medial edge of the plantar fascia ligament.
- Apply adequate pressure to incise the fascial bands, taking care to not violate the deeper intrinsic musculature.



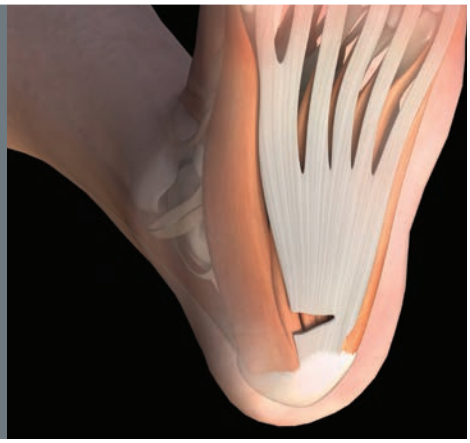
7

- Divide the ligament under direct visualization.



8

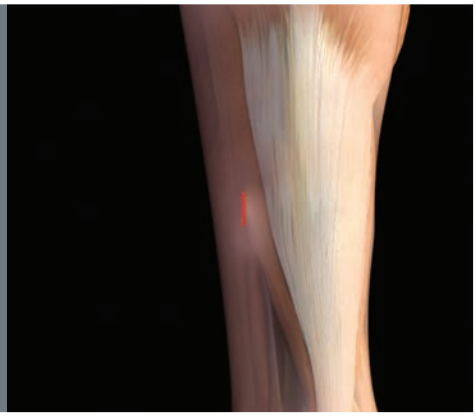
- Skin closure is achieved in the usual fashion. Apply a soft, mildly compressive dressing.



Gastrocnemius Recession

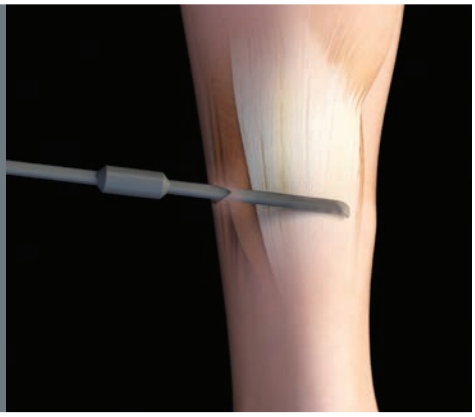
1

- With patient supine, externally rotate the leg to expose the medial leg and calf.
- Palpate the medial edge of the gastrocnemius fascia just below the medial head of the gastrocnemius muscle.
- Incision should be .5-1cm in length and approximately 2cm below the gastrosoleal junction.



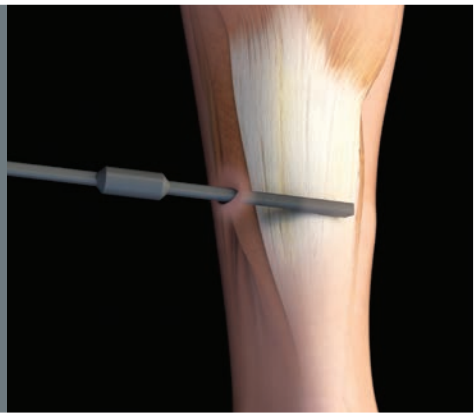
2

- After incising the deeper fascial layer, insert the elevator posterior to the gastrocnemius tendon.



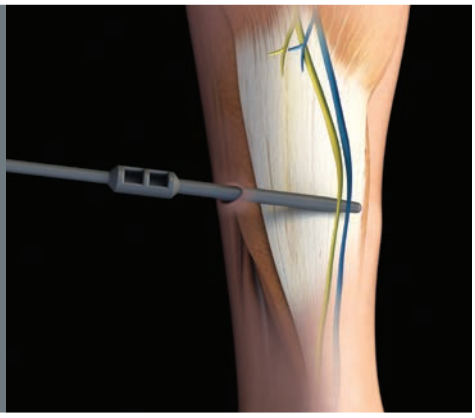
3

- Optional: Rasp may be used to free subcutaneous tissue from fascial layer.



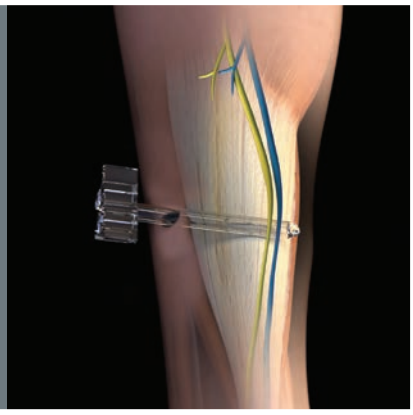
4

- Dilate posterior to the gastrocnemius tendon using the sequential dilators.
- Insertion depth varies based on patient size and body morphology.



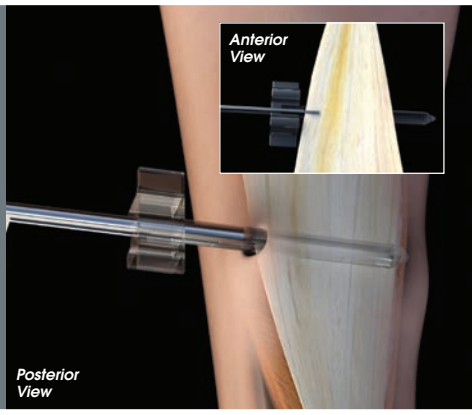
5

- Locate the medial aspect of the gastrocnemius tendon. Insert the SafeView™ cannula and advance laterally. Palpate to position just posterior to the gastrocnemius tendon.
- Insert a 4mm 30° standard arthroscope and visualize the tendon.
- The sural nerve and lesser saphenous vein MAY be visualized posterior to the SafeView™ cannula but may not always be seen.



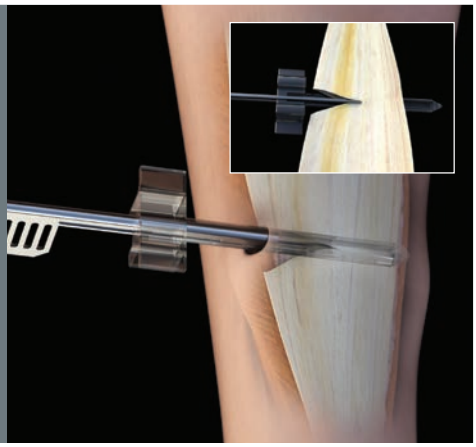
6

- Insert the forward cutting knife through the hub of the cannula
- Retract the skin proximally and engage the medial edge of the gastrocnemius tendon.



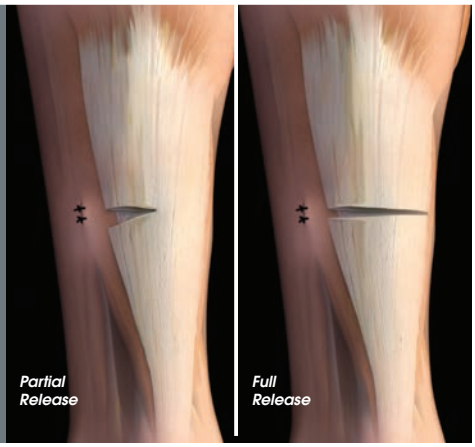
7

- Divide tendon under direct visualization.



8

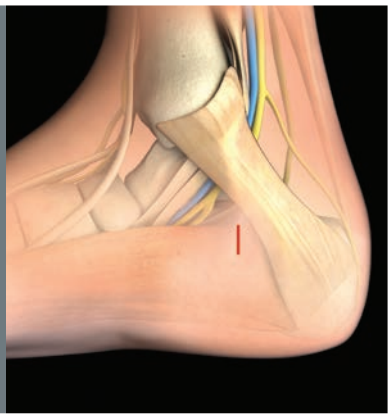
- Skin closure is achieved in the usual fashion.
- Apply a soft, mildly compressive dressing.



Tarsal Tunnel Release

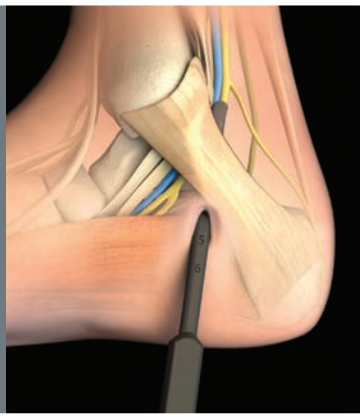
1

- Pre-operatively mark patient with a surgical skin marker prior to anesthesia to ensure course of patient pain pattern in the tarsal tunnel for clarity in the distal and proximal distribution of nerve entrapment.
- 1.5cm vertical incision over porta pedis or abductor hiatus. Use Metzenbaum scissors to release superficial fascia overlying the tibial nerve as it dives into the fascial opening of abductor hiatus.
- Surgeon should release fascia on either side of the conjoined branch of tibial nerves as it passes through the porta pedis/abductor hiatus.
- Follow course of pain in pre-op or anatomic course of tibial nerve.



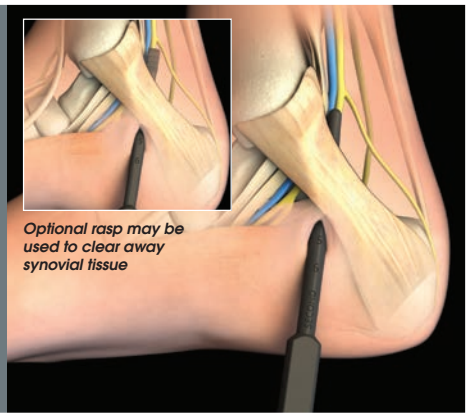
2

- Insert elevator under the flexor retinaculum and palpate the proximal edge.
- A 'washboard effect' will be felt as the elevator is moved the undersurface of the flexor retinaculum.



3

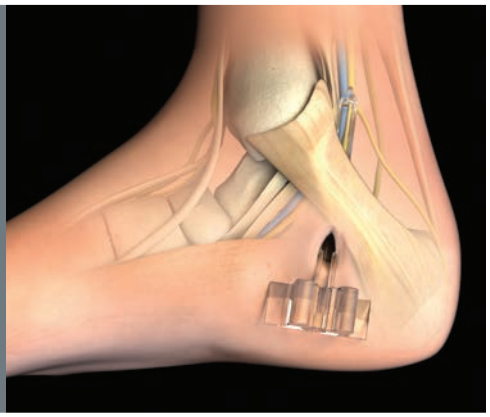
- Dilate the tarsal tunnel space with the sequential dilators.
- Insertion depth is typically between 8-12cm.



Optional rasp may be used to clear away synovial tissue

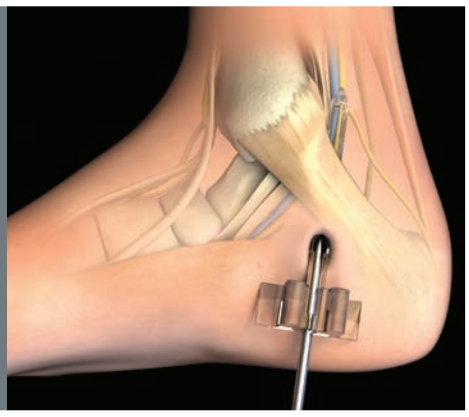
4

- Insert the SafeView™ cannula and palpate to position the cannula just proximal to the flexor retinaculum ligament.
- Maintain posterior pressure on the hub of the cannula to preserve its position beneath the ligament.



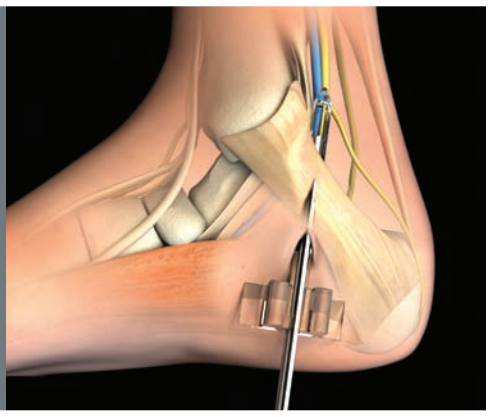
5

- Insert a 4mm 30° standard arthroscope and visualize the ligament.
- Identify tibial vein just underneath the cannula ensuring that cutting knife will not lacerate the vein or its branches.
- The tibial nerve and/or artery may or may not be visualized in this step.



6

- Insert the forward cutting knife through the hub of the cannula.
- Retract the skin proximally and engage the distal edge of the flexor retinaculum ligament.



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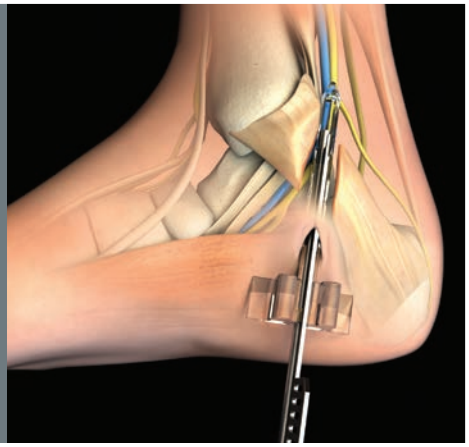
- Divide the ligament under direct visualization.



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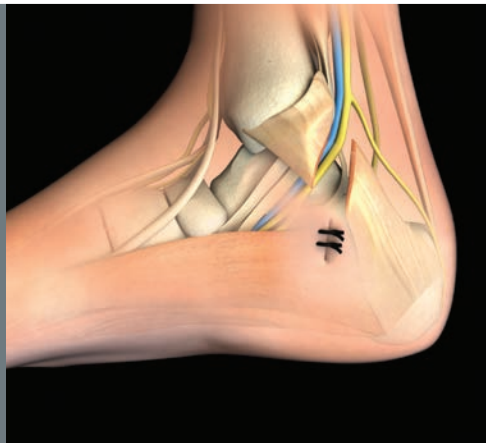
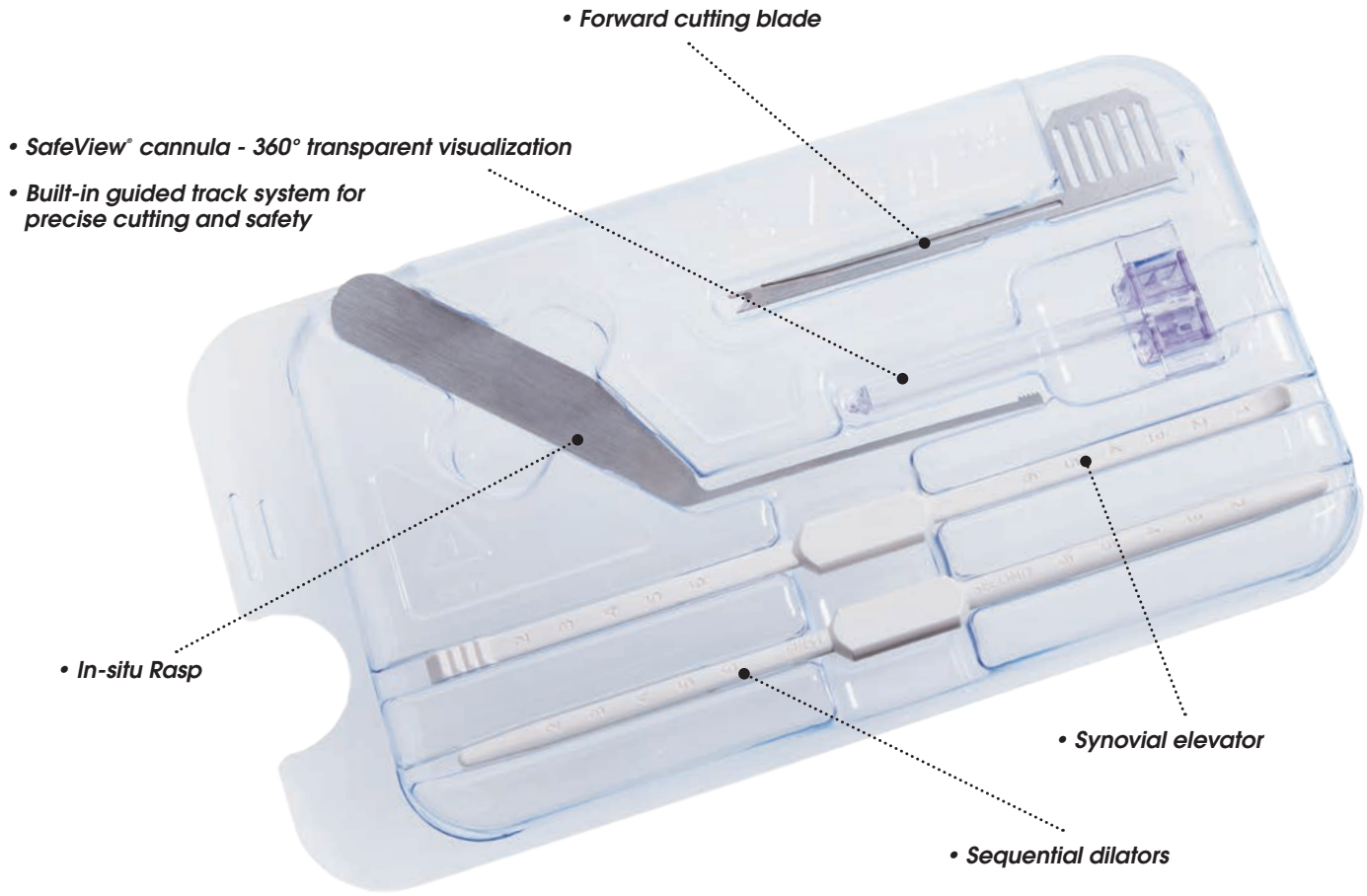
- Skin closure is achieved in the usual fashion.
- Apply a soft, mildly compressive dressing.



SafeView® Components



Ordering Information

Part Number	Description
1601.010	SafeView® Endoscopic Soft Tissue Release Kit

21st Century Solutions

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