

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

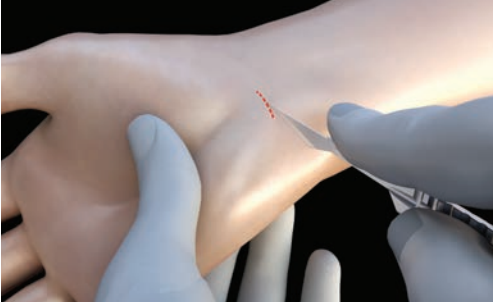
- Provided sterile, single-use
- Save time, save money, reduce infection potential

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

Carpal Tunnel Release

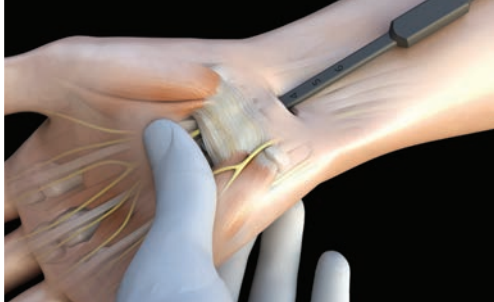
(1)

- Identify the distal wrist crease, and mark 1-2 cm proximally.
- Create a 1 cm transverse incision ulnar to the palmaris longus.
- Identify the volar forearm fascia, and incise in line with the skin incision.
- Identify and protect the median nerve at this level.



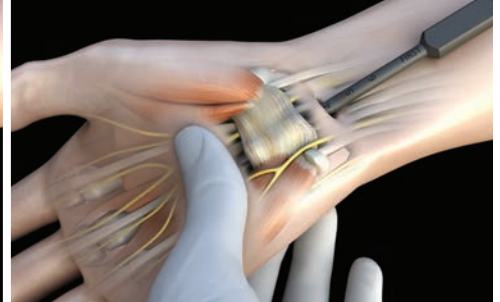
(2)

- Insert the synovial elevator deep to the forearm fascia while remaining radial to the hook of the hamate.
- Palpate the distal edge of the transverse carpal ligament.
- A washboard effect will be felt as the elevator is moved longitudinally along the undersurface of the ligament.



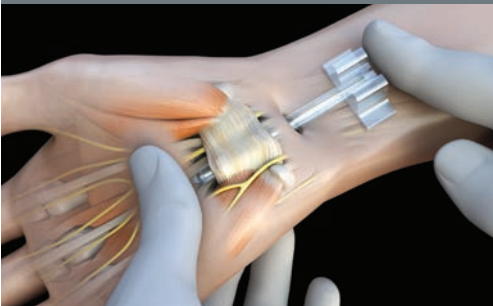
(3)

- Dilate the carpal tunnel space with the sequential dilators, aiming toward the third web space.
- Insertion depth is typically between 4-5 cm.



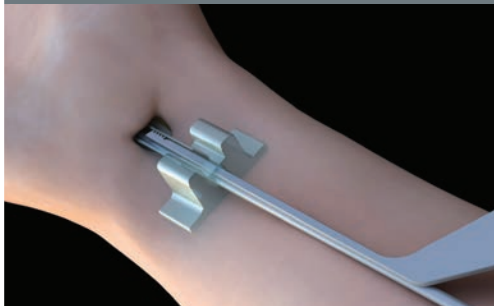
(4)

- Insert the SafeView[®] cannula, and palpate the palm to position the cannula just distal to the transverse carpal ligament.
- Maintain posterior pressure on the hub of the cannula to preserve its position beneath the ligament.



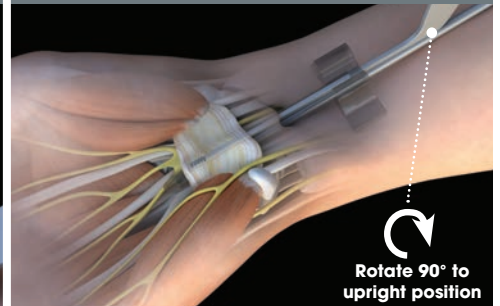
(5)

- Insert a 4mm 30° standard arthroscope, and visualize the ligament and the deep fat distally as it overlaps the fibers of the transverse carpal ligament.
- Insert the In-situ rasp volar to the arthroscope with the handle oriented parallel to the forearm.



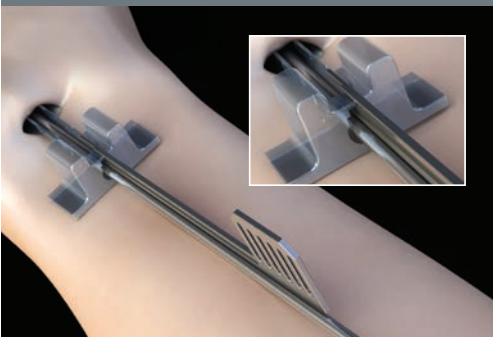
(6)

- Rotate 90 degrees to upright position.
- Rasp the undersurface of the transverse carpal ligament to clear away synovial tissue and improve visualization.



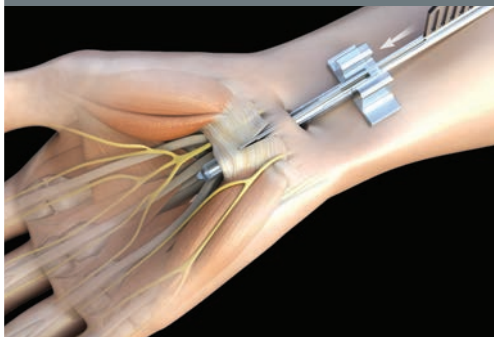
(7)

- Insert the forward cutting knife through the hub of the cannula.



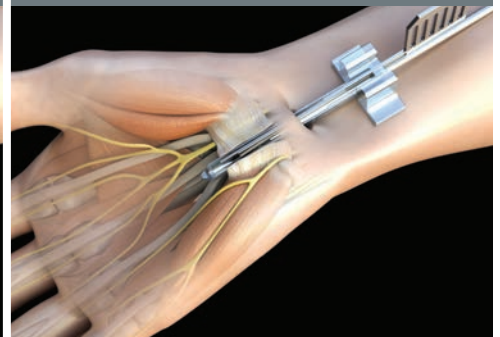
(8)

- Retract the skin proximally, and engage the proximal edge of the transverse carpal ligament.
- Divide the ligament under direct visualization.



(9)

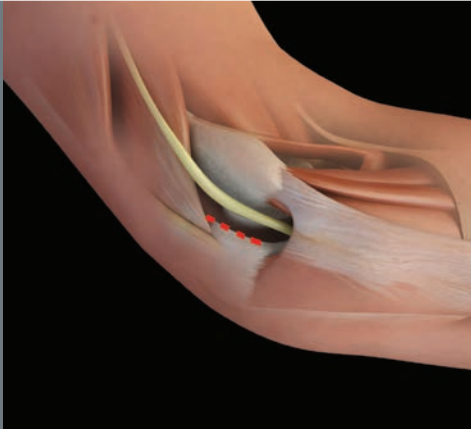
- Following division, divide the volar antebrachial fascia with tenotomy scissors over a distance of 2-3 cm.
- Skin closure is achieved in the usual fashion.
- Apply a soft dressing.



Cubital Tunnel Release

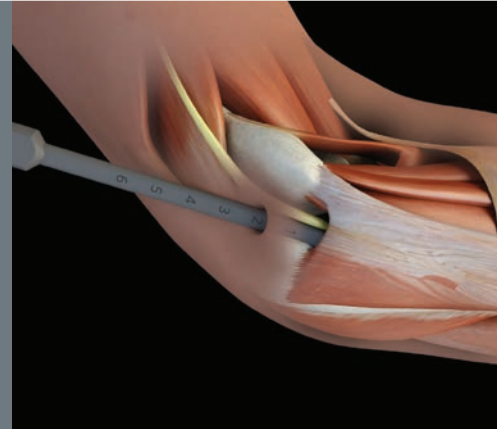
(1)

- Identify the medial epicondyle and olecranon process. A 2 cm longitudinal incision is made at the mid-point of these bony landmarks.
- Divide the arcuate ligament (of Osborne), and identify the ulnar nerve.
- A proximal release of the ulnar nerve may be completed under direct visualization.



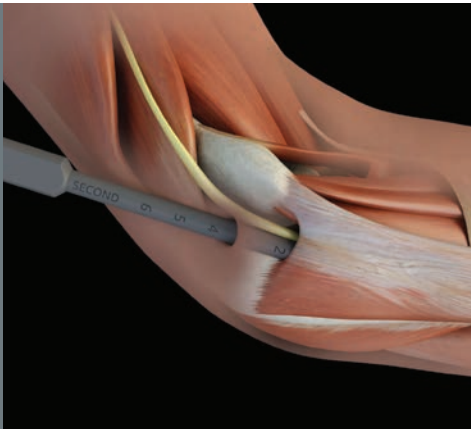
(2)

- To complete the distal release, first insert the synovial elevator deep to the forearm fascia.
- Insertion depth is typically between 5-6 cm.



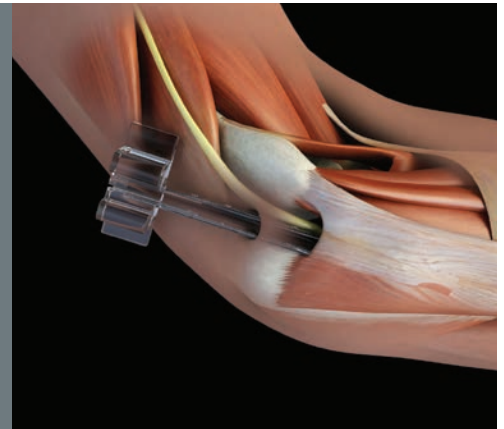
(3)

- Dilate the cubital tunnel space with the sequential dilators.



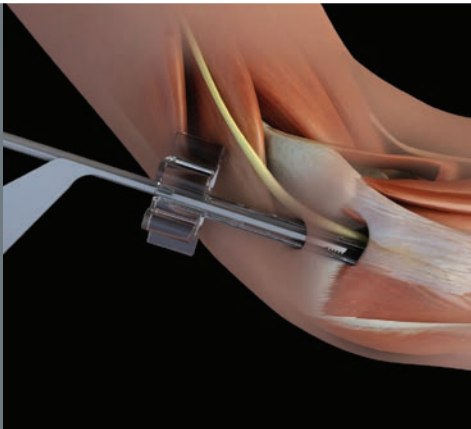
(4)

- Insert the SafeView® cannula. Maintain posterior pressure on the hub of the cannula to preserve its position beneath the fascia.
- Insert a 4 mm 30 degree arthroscope. The cannula is appropriately positioned when the ulnar nerve can be visualized along the entire length of the cannula floor.



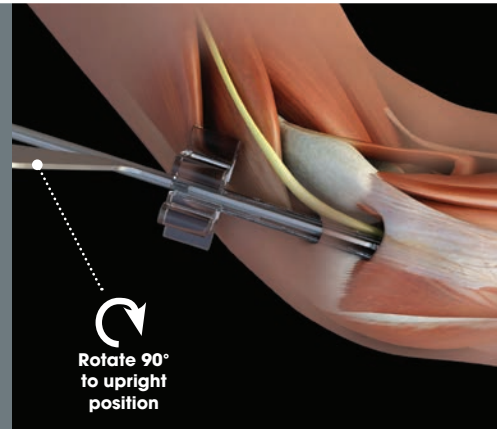
(5)

- Optional:
- An optional rasp may be used to improve visualization of the forearm fascia prior to the release.
 - Insert the rasp superficial to the arthroscope with the handle oriented parallel to the elbow



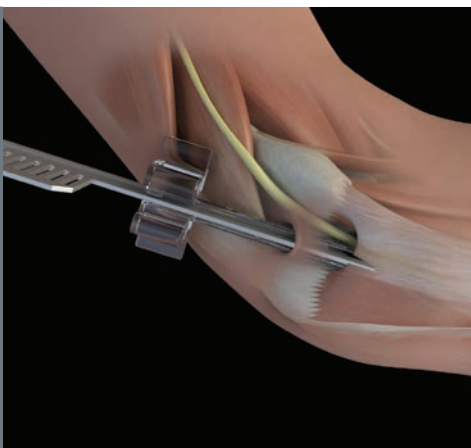
(6)

- Rotate the rasp handle by 90 degrees to an upright position. Rasp the undersurface of the fascia to clear away any synovial tissue.



(7)

- Insert the forward cutting knife through the hub of the cannula.
- Retract the skin proximally, and engage the proximal edge of the forearm fascia.
- Divide the fascia under direct visualization. Care must be taken to ensure that the ulnar nerve is visualized along the entire length of the cannula during division.



(8)

- Following a complete release of the cubital tunnel, the elbow is taken through a full range of motion. If ulnar nerve subluxation is detected, a transposition or epicondylectomy may be needed.
- Skin closure is achieved in the usual fashion.
- Per surgeon preference, apply a bulky soft bandage or long arm splint.

