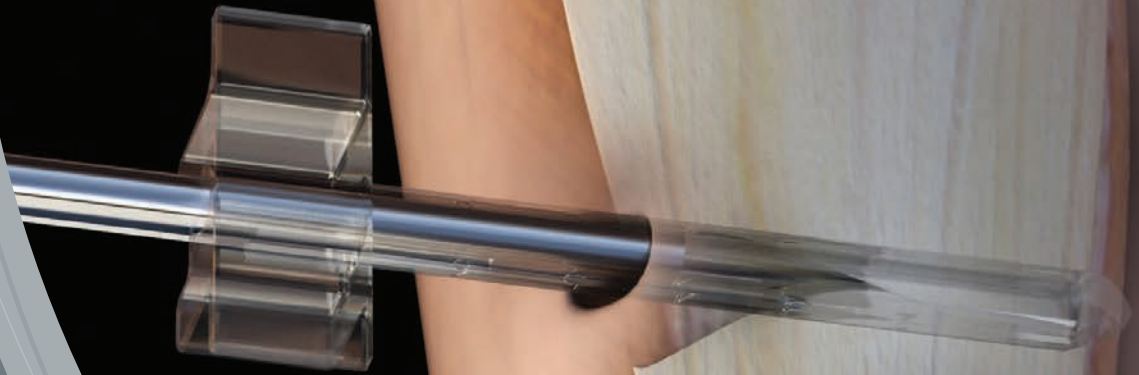


ENDOSCOPIC SOFT TISSUE RELEASE SYSTEM

# Endoscopic Gastrocnemius Recession Technique Guide



mission  
surgical  
innovations

**SafeView™**

360° Panoramic Visualization • Sterile Packaged • Fully Disposable

# 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**

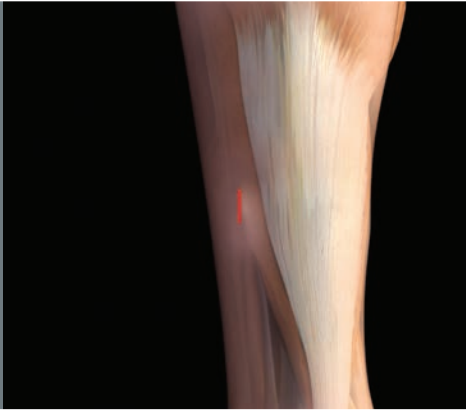
- Provided sterile, single-use
- Save time, save money, reduce infection potential

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

# Gastrocnemius Recession

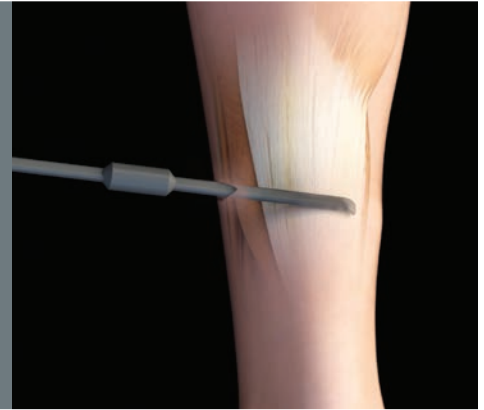
(1)

- 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.



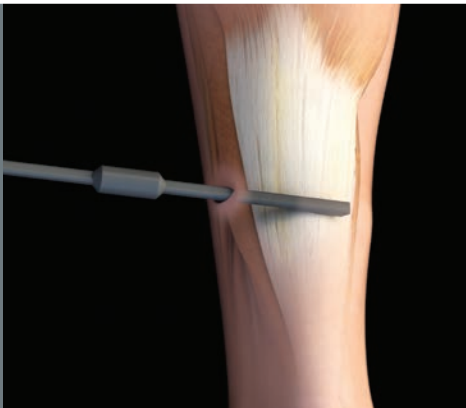
(2)

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



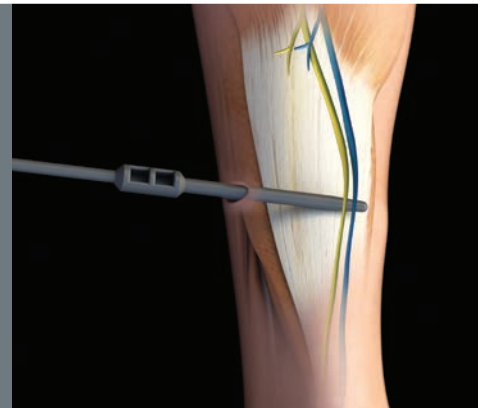
(3)

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



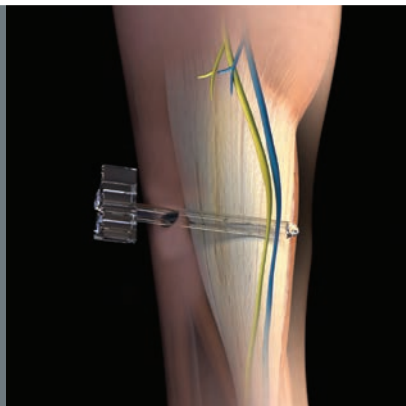
(4)

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



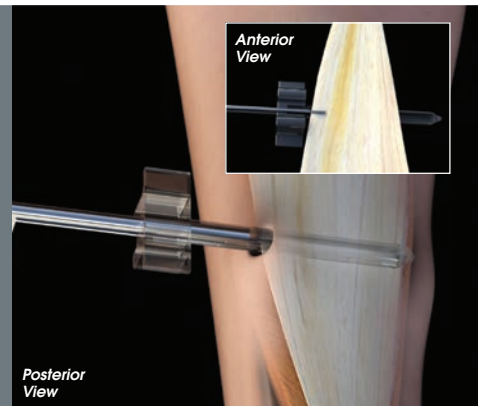
(5)

- 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.



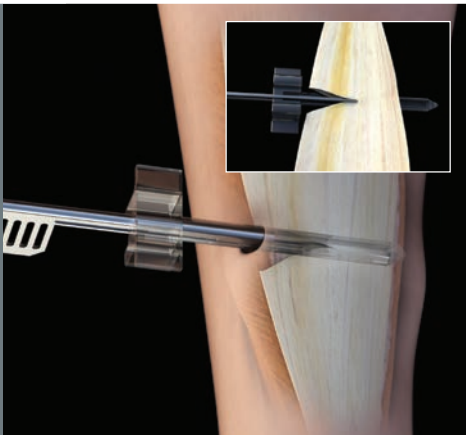
(6)

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



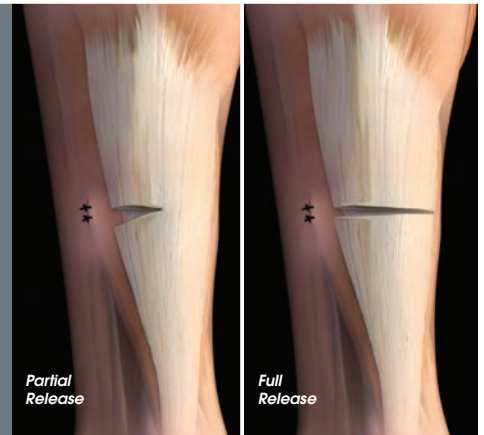
(7)

- Divide tendon under direct visualization.

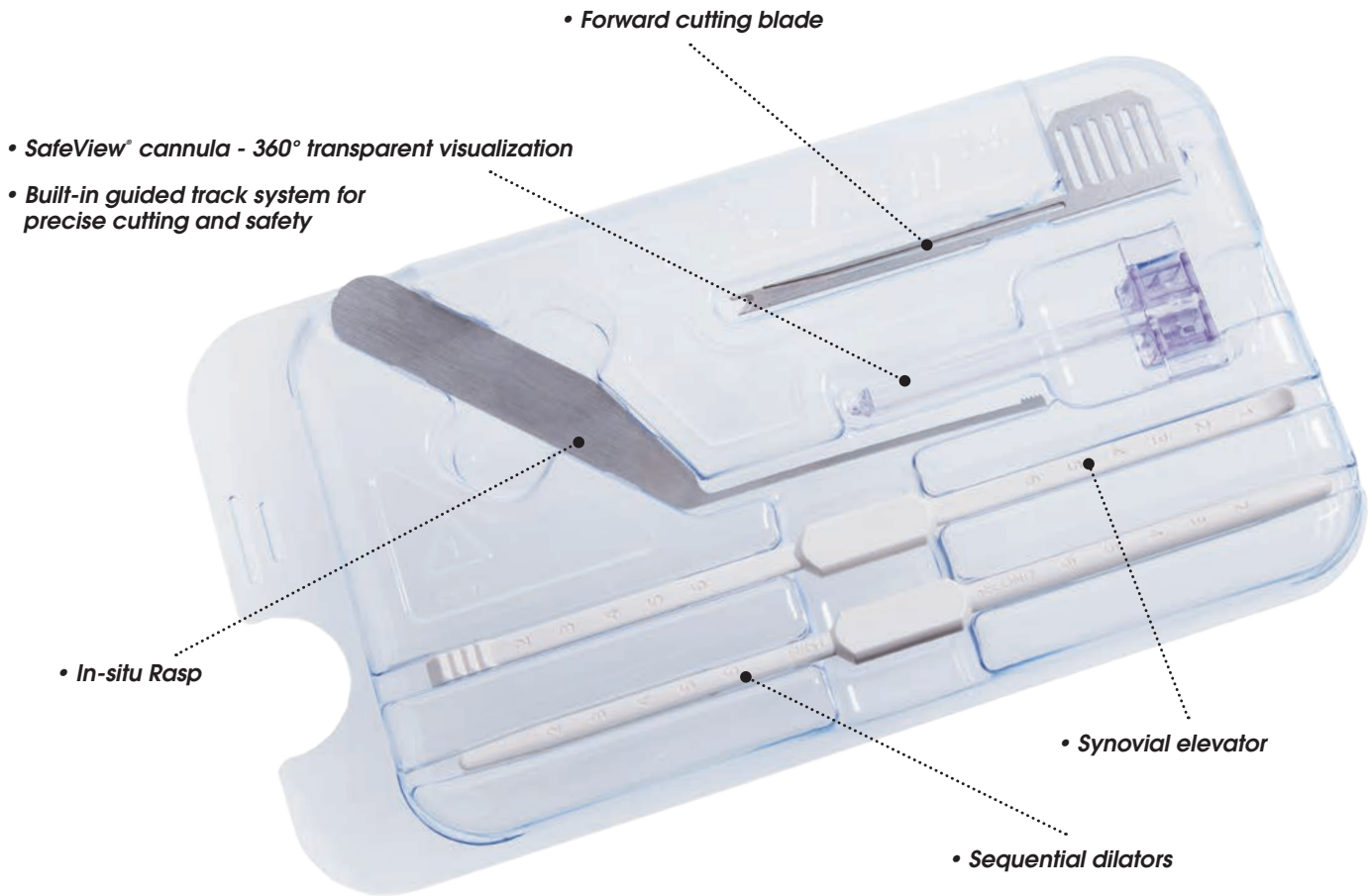


(8)

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



# SafeView<sup>®</sup> Components



## Ordering Information

Part Number	Description
1601.010	SafeView <sup>®</sup> Endoscopic Soft Tissue Release Kit

21st Century Solutions

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**SafeViewSurgery.com**