

ENDOSCOPIC SOFT TISSUE RELEASE SYSTEM

Endoscopic Tarsal Tunnel Release 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**

Tarsal Tunnel Release

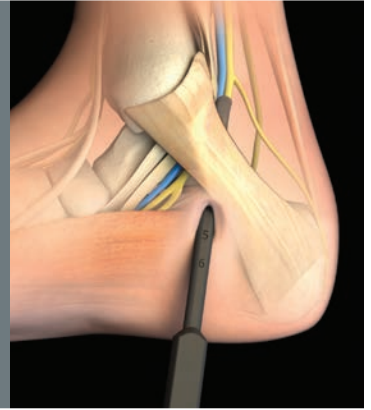
(1)

- 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 fibial nerves as it passes through the porta pedis/abductor hiatus.
- Follow course of pain in pre-op or anatomic course of tibial nerve.



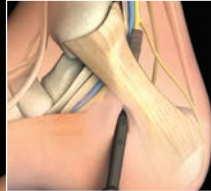
(2)

- 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.

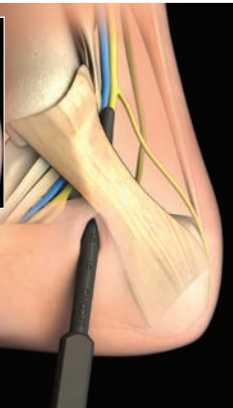


(3)

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

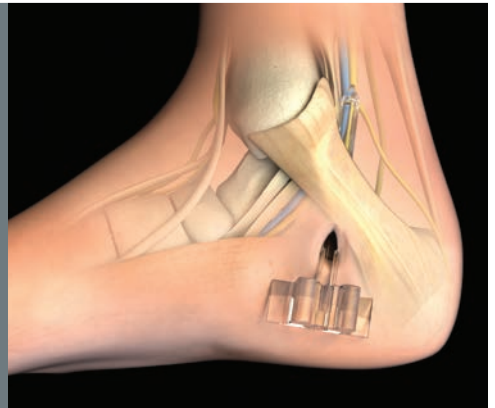


Optional rasp may be used to clear away synovial tissue



(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.



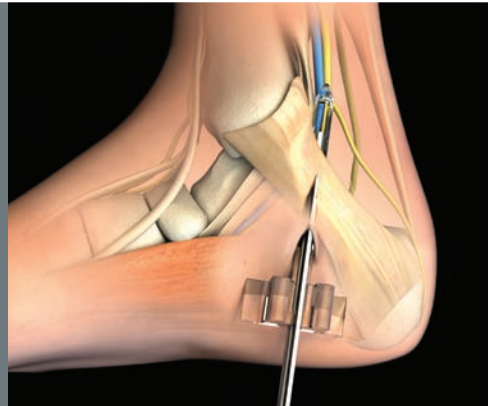
(5)

- 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.



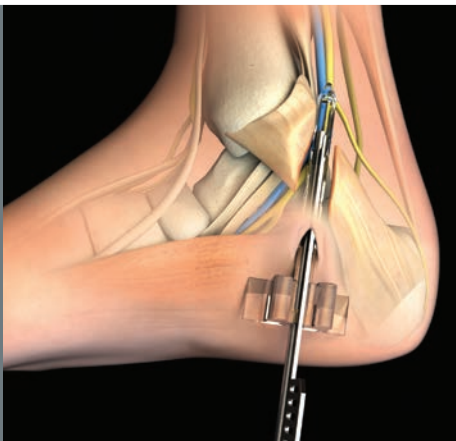
(6)

- 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.



(7)

- Divide the ligament under direct visualization.

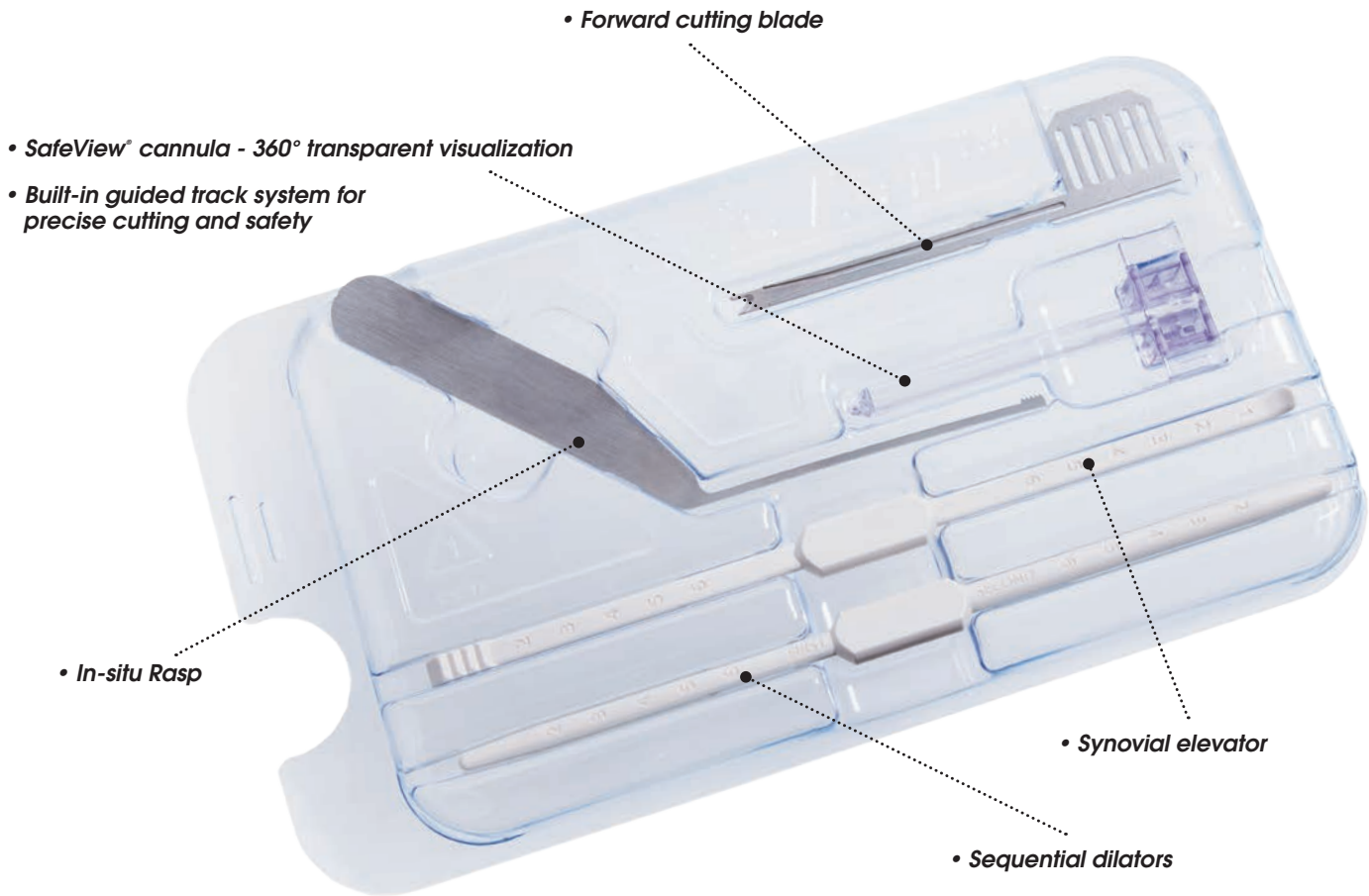


(8)

- 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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