

SafeView® | A CTR TECHNIQUE

1. SURGICAL PREPARATION:

- Create a small bump under the wrist with a rolled surgical towel to help increase the procedural space
- Identify the distal wrist crease and mark 1-2cm proximally
- For local analgesic use, a wheel pattern is suggested



2. INCISION:

- Create a 1.5cm transverse incision ulnar to the palmaris longus
- Proximal release of the forearm fascia helps with cannula insertion



3. SOFT TISSUE PREPARATION:

- Insert the sequential dilator, aiming towards the third web space, to dilate the space. Typical depth is 4-5cm
- The rasp can be used to help clear away tissue and increase visibility
- Insert the synovial elevator, remaining radial to the hook of the hamate, and feel the washboard effect of the transverse fibers to confirm proper anatomic plane



4. CANNULA & CAMERA INSERTION:

- Orient the cannula 45° ulnar and insert the cannula and obturator to the required depth using the engraved depth markings. Rotate the cannula to surf the undersurface of the ligament and create a seal
- Insert a 4mm 30° standard arthroscope. Visualize the transverse fibers of the ligament and deep fat distally



5. *In-Situ* RASP:

- Insert the *In-Situ* rasp superficial to the arthroscope and the handle oriented parallel to the elbow
- Rotate the rasp 90° to an upright position and rasp the undersurface of the Transverse Carpal Ligament to remove synovium and confirm desired cutting path



6. KNIFE INSERTION:

- Retract the skin proximally and insert the knife into the cannula
- Under direct visualization, engage the proximal end of the Transverse Carpal Ligament and divide completely



7. RELEASE CONFIRMATION:

- Following division, rotate the cannula to allow the leaflets to fall into the space for confirmation of full release
- Skin closure is achieved in the usual fashion, and a soft dressing or bandage is applied to allow for light activity

