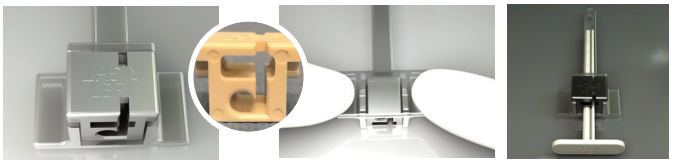
SafeView®|R CTR TECHNIQUE

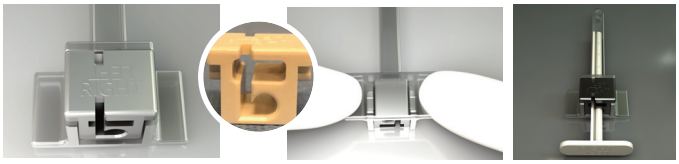
1. CANNULA PREPARATION:

- Determine cannula insert orientation using the insert markings: “Right” should be readable from the proximal end for a right-hand procedure, and “Left” should be readable from the proximal end for a left-hand procedure
- Firmly press the insert into the cannula with your thumb. Alternatively you may flip the assembly over and push down on the cannula with the top of the insert on the table. An audible click will confirm proper insertion of the insert. Insert the obturator into the cannula oriented to the procedure

FOR A PATIENT’S LEFT WRIST



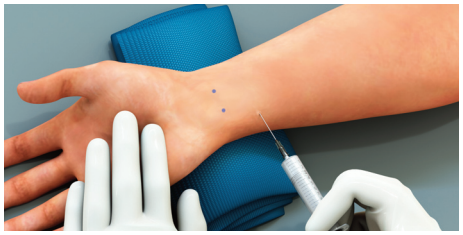
FOR A PATIENT’S RIGHT WRIST



The scope is always positioned radial and the knife ulnar to avoid the median nerve

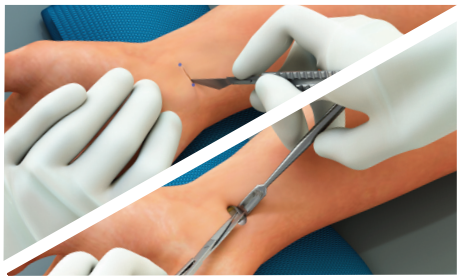
2. SURGICAL PREPARATION:

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



3. INCISION:

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

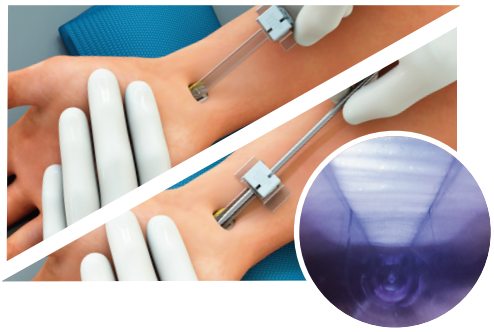


4. SOFT TISSUE PREPARATION:

- 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

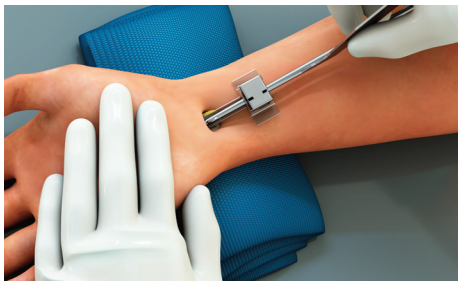
5. CANNULA & CAMERA INSERTION:

- Insert the cannula and obturator to the required depth using the engraved depth markings.
- Insert a 4mm 30° standard arthroscope. Visualize the transverse fibers of the ligament and deep fat distally



6. *In-Situ* RASP:

- Insert the *In-Situ* rasp ulnar to the arthroscope
- Rasp the undersurface of the Transverse Carpal Ligament to remove synovium and confirm desired cutting path



7. KNIFE INSERTION:

- Insert the reverse cutting blade ulnar to the arthroscope completely
- Under direct visualization, engage the distal end of the Transverse Carpal Ligament and pull the blade proximally, dividing the ligament completely

8. 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