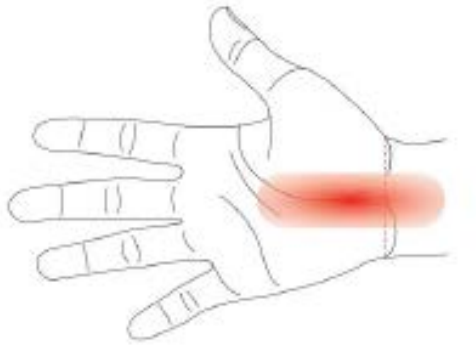
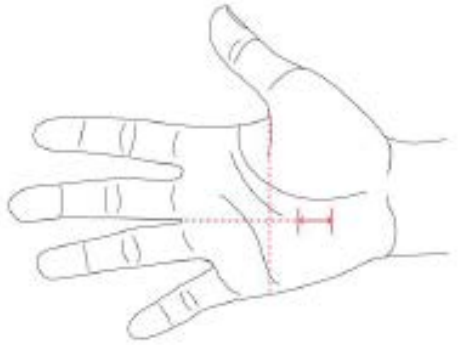
Carpal Tunnel Release Guide and Blade Set

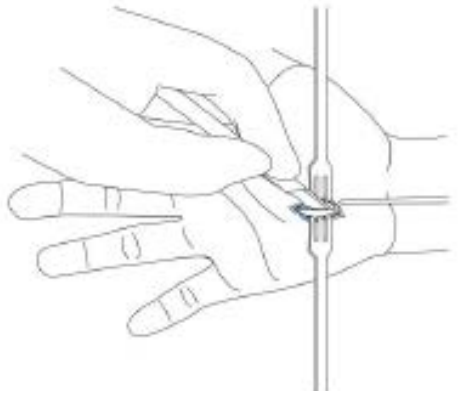


Surgical Technique

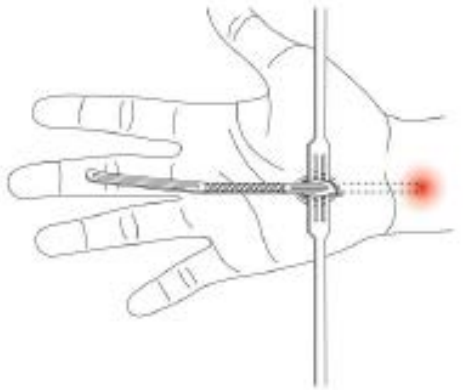
Anesthesia
An anesthetic is injected along the midline of the palm up to the skin fold on the proximal wrist to numb the carpal tunnel and subcutaneous tissue. Be careful not to injure the median nerve.



Preparation
A transverse line is drawn from the most proximal area of the palm of the hand. A second line runs longitudinally from the radial edge of the ring finger proximally. The distal point for the incision is approximately 1 cm proximal to the intersection of these two lines. From here The skin incision is marked proximally over a length of 1.5 – 2 cm.



Opening
A blood sample is applied and the hand is disinfected. The palmar skin incision is made and deepened through the fascia to the distal portion of the transverse carpal retinaculum without injuring the surrounding vessels. The opening is kept clear with two multi-pronged transverse prongs and a single pronged prong proximally and the distal portion of the transverse carpal retinaculum is identified. Under vision, the distal portion of the transverse carpal retinaculum is incised as far proximally as possible with a size 15 blade.



Insertion of the Guide
The curved end of the guide rail is pushed from the distal incised section proximally under the still intact portion of the transverse carpal retinaculum. The curved tip of the guide is then pushed further proximally along the underside of the transverse carpal retinaculum until it is below the proximal portion.

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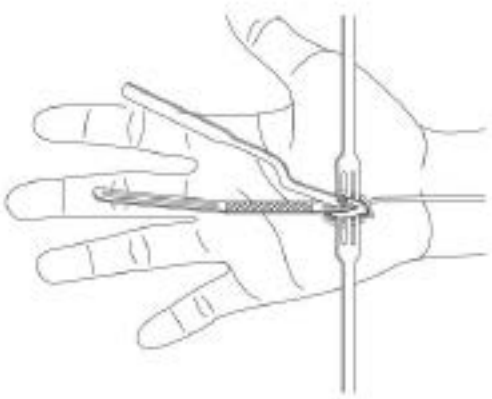

Cutting Guide
The guide rail must be close to the retinaculum. The blade is now placed in the groove of the guide rail and pushed proximally until the transverse carpal retinaculum is completely detached.

After the blade has been pulled back, the blunt end of the guide bar can be used to feel whether the transverse carpal ligament has been severed.

Wound Closure
Rinse the wound and close the wound. A short hand bandage is applied so that it does not hinder full finger and thumb movement in flexion and extension.

Rehabilitation
Encourage patients to perform postoperative range of motion exercises but avoid heavy lifting. The stitches are usually removed after 7 – 10 days and the hand is subjected to increasing strain in the following weeks.

Indications
Patients with carpal tunnel syndrome for whom the full range of conservative treatment options have not been successful.

Contraindications
- Repeated carpal tunnel release
- Anatomical distortion
- Neurological damage
- Previous soft tissue injury in the Operating area

Precautions
To use the system safely and effectively, the surgeon should be familiar with the recommended surgical technique and the instruments to be used.

Packaging and sterility
The individual Carpal Tunnel Release Blades are delivered non-sterile and must be prepared and sterilized before use. For processing in the (central) Sterilization is subject to the “Handling, Preparation and Sterilization Instructions”. If the blades are dull, they must be discarded. The guide rail must also be sterilized before use.