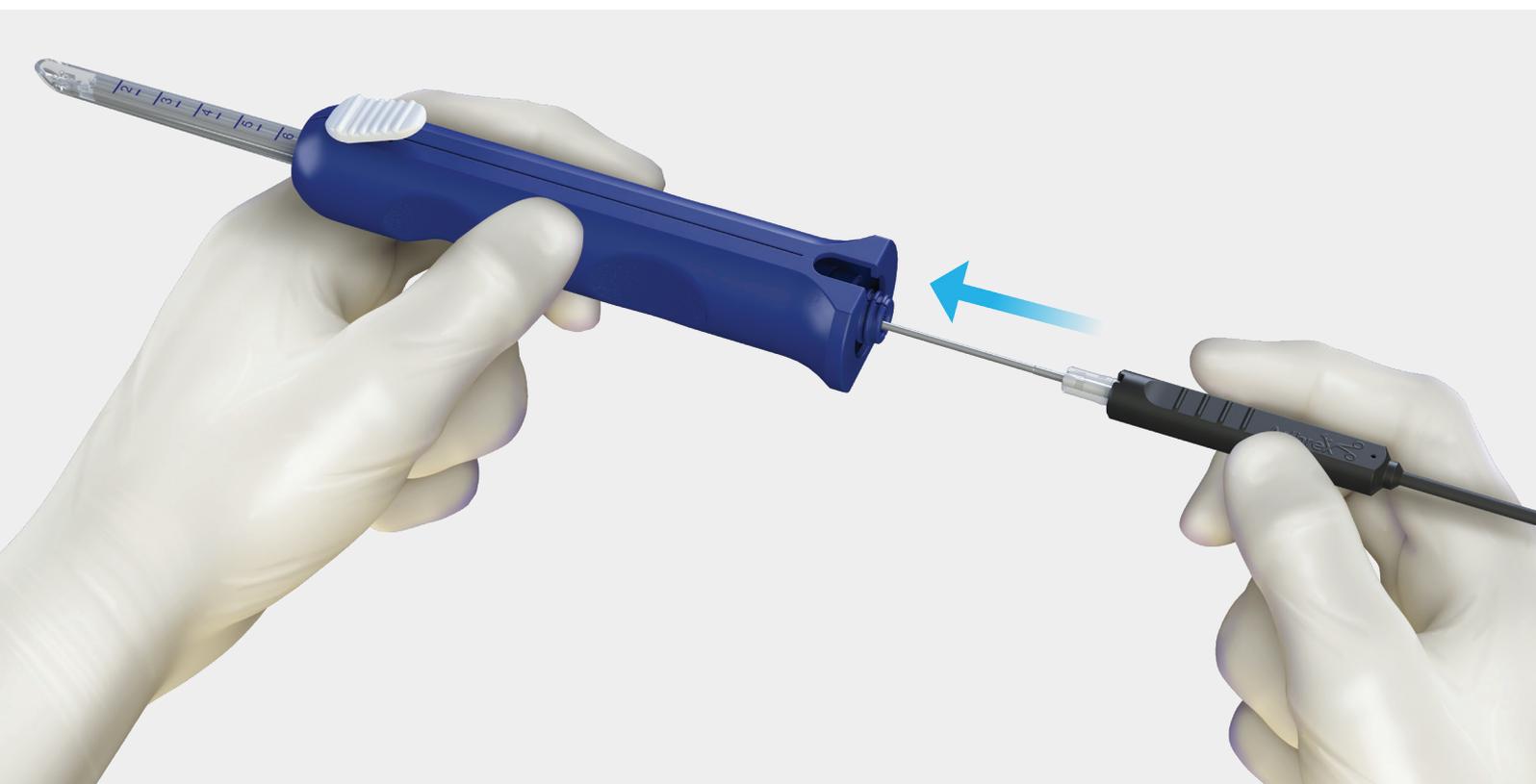


NanoScopic™ Release System

Endoscopic Carpal Tunnel Release Surgical Technique Guide





Make a surgical incision transversely in one of the wrist flexion creases between the flexor carpiulnaris and the palmaris longus. Start soft-tissue dissection on the radial aspect of the incision and take directly down to the antebrachial fascia.

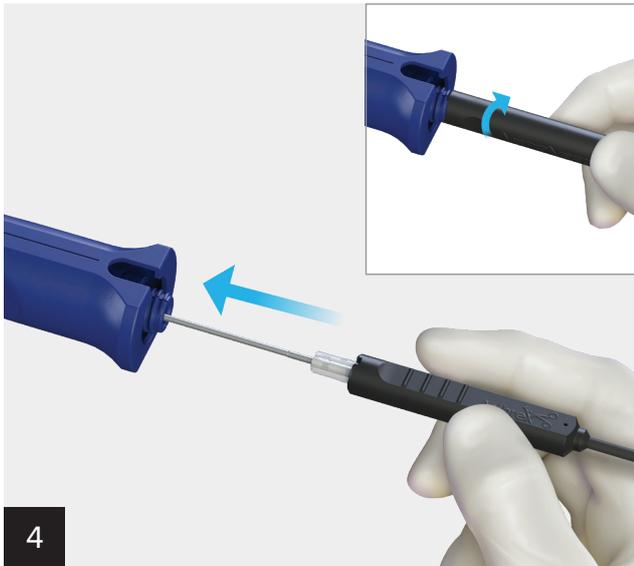
Divide the antebrachial fascia in line with the incision to create access to the carpal tunnel. Place a small 2-pronged skin retractor on the leading edge of the transverse carpal ligament and use it to elevate this structure.



The NanoScopic Centerline™ double-ended instrument includes 1 Hagar dilator for dilating the carpal tunnel and 1 synovial elevator. Aim the dilator at the base of the ring finger while holding the wrist in slight extension. Gently pass the dilator distally down the ulnar side of the tunnel, hugging the hook of the hamate, and advance distally until the tip is past the carpal tunnel.



Use the synovial elevator to dissect adherent synovium from the underside of the transverse carpal ligament. This allows for clear visualization of the transverse fibers of the ligament. Follow the same path as the dilator. A noticeable rough, washboard-like effect will be felt.



4

Insert NanoNeedle Scope into the adapter on the back end of the NanoScopic™ Centerline device. The NanoNeedle Scope should click into the device when rotated slightly.

Note: It is still possible for the NanoNeedle Scope to turn while in the NanoScopic Centerline device.



5

With the patient's wrist in slight extension, insert the NanoScopic Centerline device into the carpal tunnel, pressing the viewing window snugly against the underside of the ligament. While aiming at the base of the ring finger, advance the instrument distally until the distal margin of the transverse ligament is visualized.



6

Once a clear path from the distal end of the transverse carpal ligament (TCL) to the proximal end is confirmed, deploy the knife distally and divide the transverse carpal ligament as the device is withdrawn along the previously established path.

Reinsert the device to confirm complete division of the transverse carpal ligament.



7

Final view of divided transverse carpal ligament.

Ordering Information

| Product Description | Item Number |
|--|---------------|
| NanoScopic™ Release System | AR-8850DS |
| NanoScope™ Tablet Control Unit | AR-3200-0030 |
| Mobile Cart | AR-3502-CRT |
| Mobile Cart NanoScope Console Mount | ATX-2601 |
| NanoScope Console Battery Supply Replacement | 150-0012-00-A |

NanoScopic Release System Contents



NanoScopic Centerline release device
with adapter for NanoNeedle Scope



NanoNeedle Scope, 180 mm



Double-ended synovial
scraper and dilator



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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