

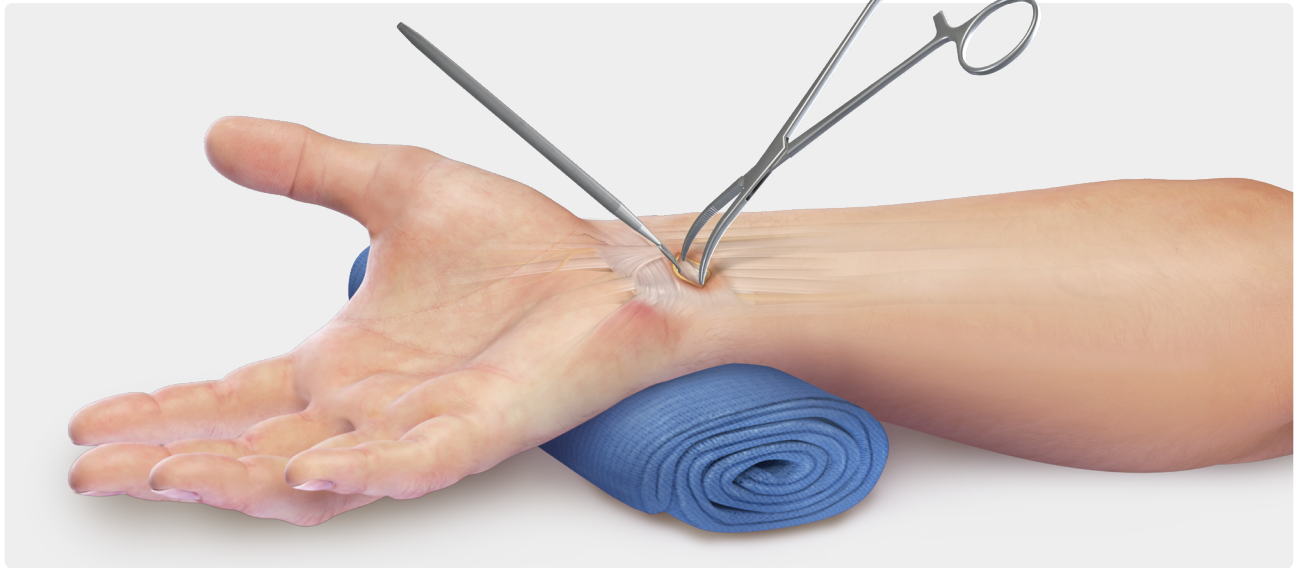
NanoScopic™ Release System 2.0

Endoscopic Carpal Tunnel Release Surgical Technique Guide



NanoScopic™ Release System 2.0

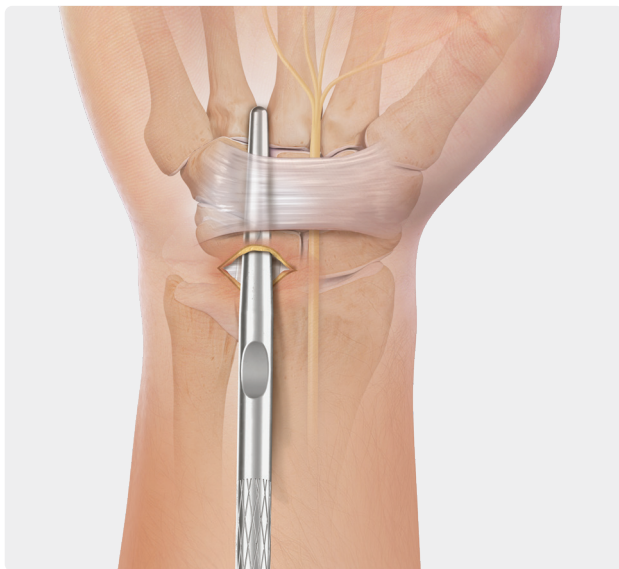
Surgical Technique



1

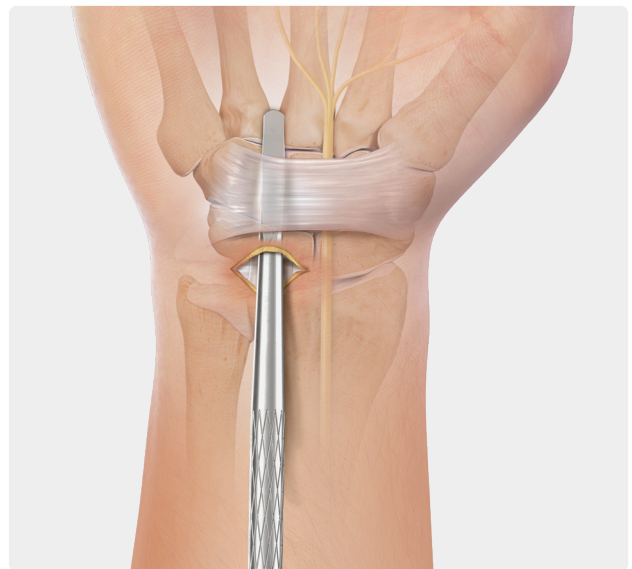
Make a surgical incision transversely in one of the wrist flexion creases between the flexor carpi ulnaris and the palmaris longus. Start soft-tissue dissection on the radial aspect of the incision and take directly down to the antebrachial fascia.

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.



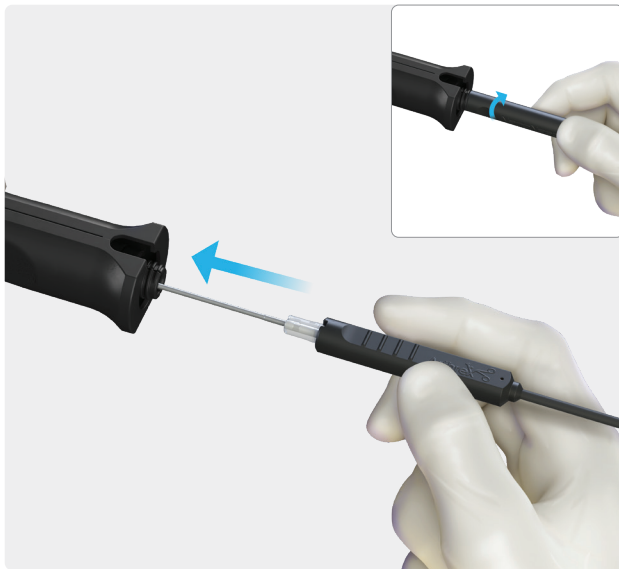
2

The NanoScopic Centerline™ double-ended instrument includes a Hagar dilator for carpal tunnel dilation and a synovial elevator. With the patient's wrist in slight extension, aim the dilator toward the base of the ring finger. Advance it gently along the ulnar side of the tunnel, staying close to the hook of the hamate, until the tip passes beyond the carpal tunnel.



3

Use the synovial elevator to release adherent synovium from the undersurface of the transverse carpal ligament to clearly expose its transverse fibers. Follow the same path used by the dilator. You will feel a distinct, rough washboard-like effect.



4

Leave the calibration cap on the NanoNeedle™ scope 2.0 and follow the on-screen instructions to complete calibration once plugged in.

Insert the NanoNeedle scope 2.0 into the adapter on the back end of the NanoScopic Centerline™ device. The NanoNeedle scope 2.0 should click into the device when rotated slightly.

Note: It is still possible for the NanoNeedle scope 2.0 to turn while in the NanoScopic Centerline device.



5

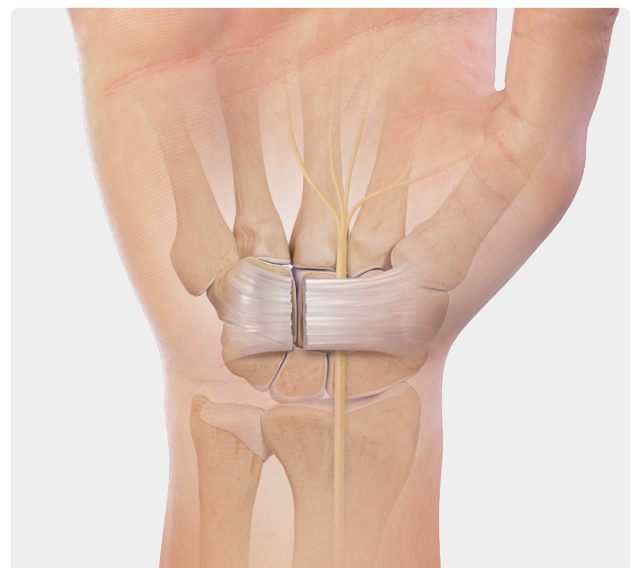
With the patient's wrist in slight extension, insert the NanoScopic Centerline device into the carpal tunnel, pressing the viewing window snugly against the underside of the ligament. While aiming at the base of the ring finger, advance the instrument distally until the distal margin of the transverse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



6

Once a clear path from the distal end of the transverse carpal ligament to the proximal end is confirmed, deploy the knife distally by pressing the trigger paddle down and divide the transverse carpal ligament while withdrawing the device and cutting in a retrograde fashion 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

NanoScopic™ release system 2.0	AR-9850DS
NanoVision™ console	AR-3200-0031
Mobile cart	AR-3502-CRT

Compatible With NanoScopic Release System 2.0

Synergy Vision™ system	
Synergy Vision camera control unit	AR-3200-0026
Synergy Vision Connect™ camera control unit	AR-3200-0027

Products advertised in this brochure/surgical technique guide may not be available in all countries. For information on availability, please contact Arthrex Customer Service or your local Arthrex representative.

NanoScopic Release System 2.0 Contents



NanoNeedle™ scope 2.0, 180 mm



NanoScopic Centerline™ release device with adapter for NanoNeedle scope 2.0



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 or outcomes.



Arthrex manufacturer, authorized representative, and importer information (Arthrex eIFUs)



US patent information