ENDOTRAC™

Endoscopic Gastrocnemius Recession

PRODUCT ORDERING INFORMATION

SYSTEM

3010	**Endotrac™ Endoscopic Gastrocnemius Recession**

INSTRUMENTATION

3031-G	Gastrocnemius Obturator
3032	Laser Marked Cannula
3040	Fascial Elevator
3046	Fascial Probe
3050	Blade Handle (2 ea)
3080	Sterilization Tray

DISPOSABLES

3053	Sterile Push Blade
3054	Sterile Triangle Blade
3054-A	Sterile 25˚ Angled Triangle Blade
3055	Sterile Hook Blade
3055-A	Sterile 25˚ Angled Hook Blade
3056	Sterile Hook/Triangle Blade Pack

*Compatible with any 4.0mm O.D., 30˚ beveled rod lens scope (5-6 inch working length)

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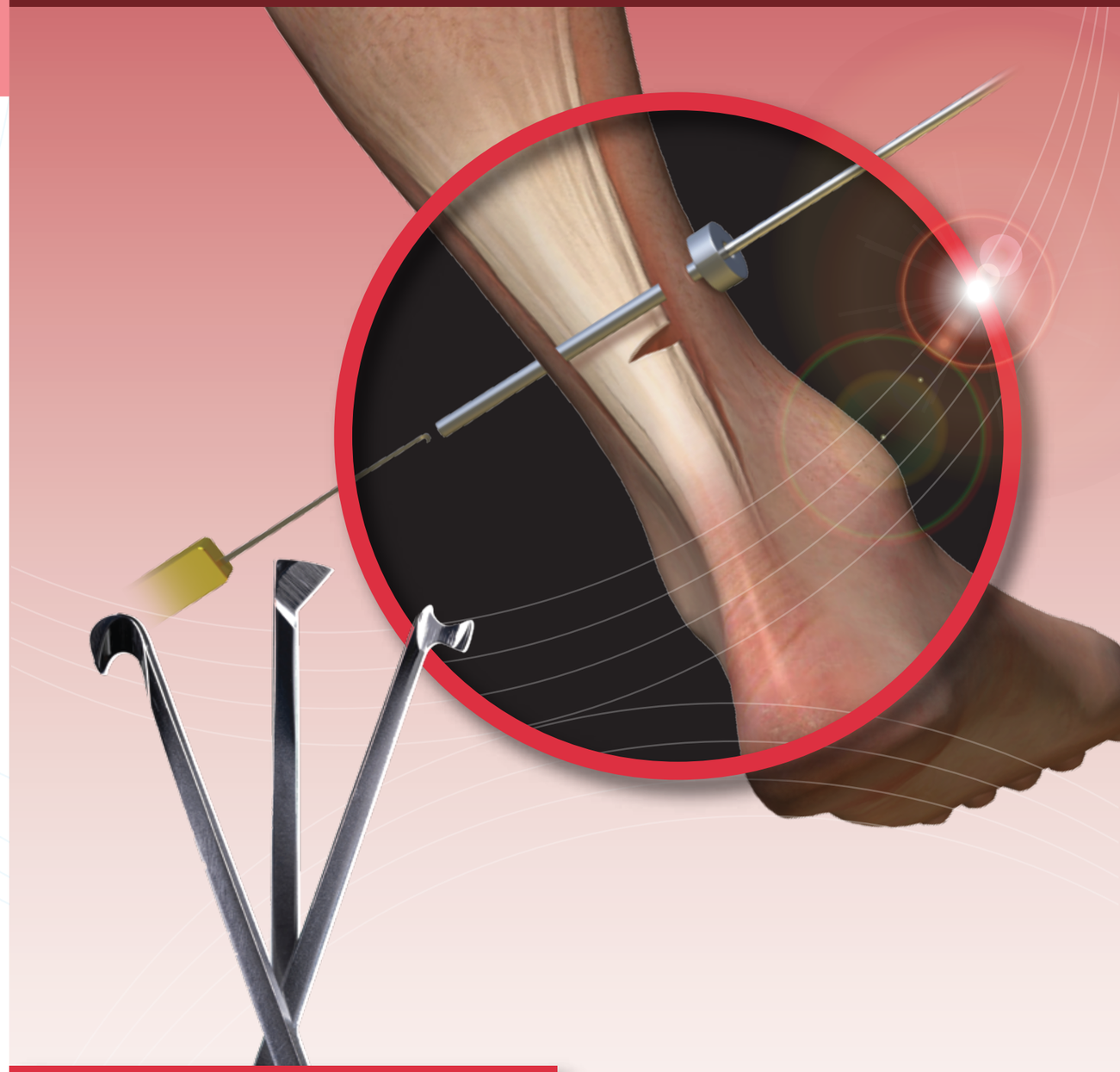
EGR 80000-LIT Rev B



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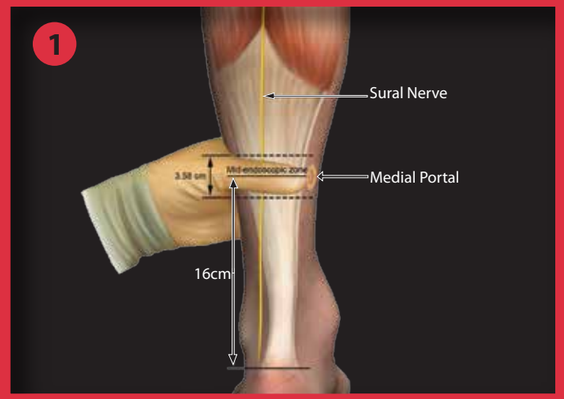
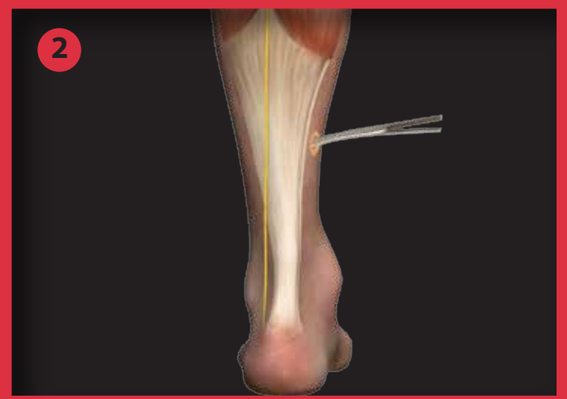
Instratek Endoscopic Gastrocnemius Recession (EGR) system is designed for the treatment of gastrocnemius equinus. Equinus is defined as a limitation of ankle joint motion and is a major contributor of many common foot disorders including hallux valgus, plantar fasciitis (fasciosis), Charcot arthropathy, hypermobile flatfoot (adult and pediatric), and hammer digit syndrome. The EGR system includes the endoscopic instrumentation to assist in precise placement of the cannula superficial to the gastrocnemius aponeurosis. Our bi-portal approach allows clear endoscopic visualization for safe division of the aponeurosis.

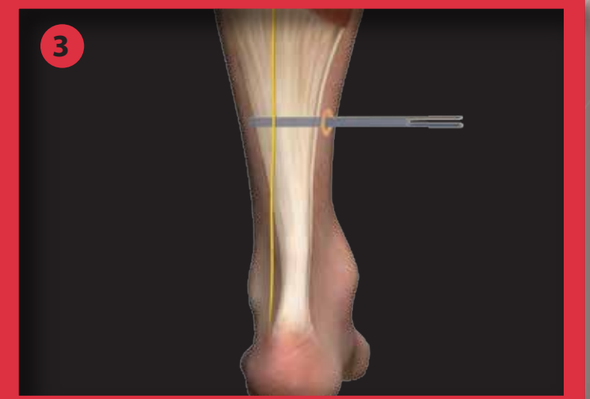
Endoscopic Gastrocnemius Recession (EGR)



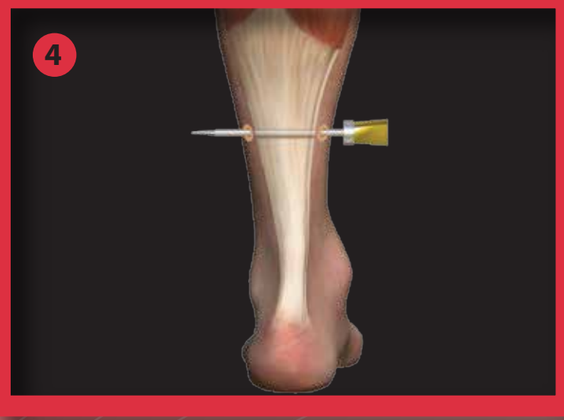
- Hemostasis is achieved with a thigh tourniquet and preparation and draping are according to standard operative protocol.
- Position the cannula approximal 16cm proximal from the calcaneal insertion of the Achilles tendon. This is referred to as the mid endoscopic zone.
- Confirm anatomy by palpating distal to proximal, noting where Achilles begins to fan out.



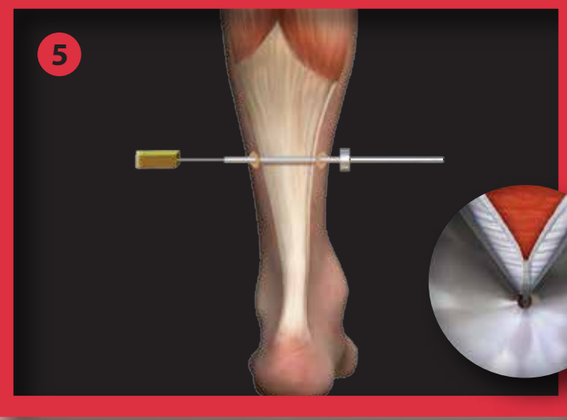
- Estimate the approximate location of the sural nerve, make a skin marking from the center of the popliteal fossa, between the two heads of the gastroc to 1cm posterior of the lateral malleolus at the level of the ankle.
- On the medial aspect of the calf, use thumb to palpate anteriorly locating where the gastroc "falls-off" or ends. Place medial 1cm incision vertically.
- Bluntly dissect through the subcutaneous fat down to the deep crural fascia.



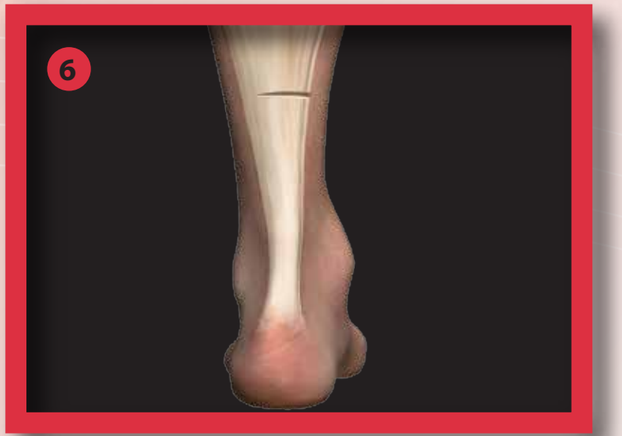
- Using the fascial elevator, separate the subcutaneous fat from the posterior aspect of the gastrocnemius.
- Pass the fascial elevator completely across, tenting the tissue on the lateral aspect. There should be minimal resistance; if resistance is met, redirect elevator.



- Gently apply anterior pressure while passing the blunt obturator cannula assembly laterally. Once the tip of the obturator is palpated on the lateral aspect, a small incision is made over the tip of the obturator to allow exposure of the cannula through the skin. Remove obturator.



- Introduce a 4.0mm scope with 30º bevel in medial cannula portal and insert hook blade through lateral portal of cannula. Advance hook blade medially, engaging the medial edge of the aponeurosis. Withdraw hook blade laterally, transecting the aponeurosis to the desired amount. The fibers of the muscle belly will be visualized beneath the gastrocnemius.
- Skin closure is achieved with simple interrupted 5-0 nylon or prolene.
- 3 cc of .5% Marcaine plain, and 1 cc of dexamethasone phosphate are then placed into the surgical site.
- The leg is wrapped in a small compressive gauze dressing and placed in a surgical boot.



POST OPERATIVE MANAGEMENT:

- Patients may remove the dressing the next morning after surgery and can shower for less than 5 minutes without immersing the foot, until sutures are removed. Sutures can be removed 10-14 days after surgery.
- In EGR cases without other surgical procedures preformed concurrently, the patient is allowed to walk immediately in a below the knee removable walking boot.
- Patients are advised to remove their surgical boot the day of surgery and move their ankle actively and passively to decrease the chance of developing a DVT. They are encouraged to gently stretch the gastroc during the first 4 weeks, with knee extended.
- Between 8-12 weeks, patients who have undergone isolated EGR can usually resume full athletic activity.
- Some patients may experience muscle weakness for up to one year after the procedure.

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