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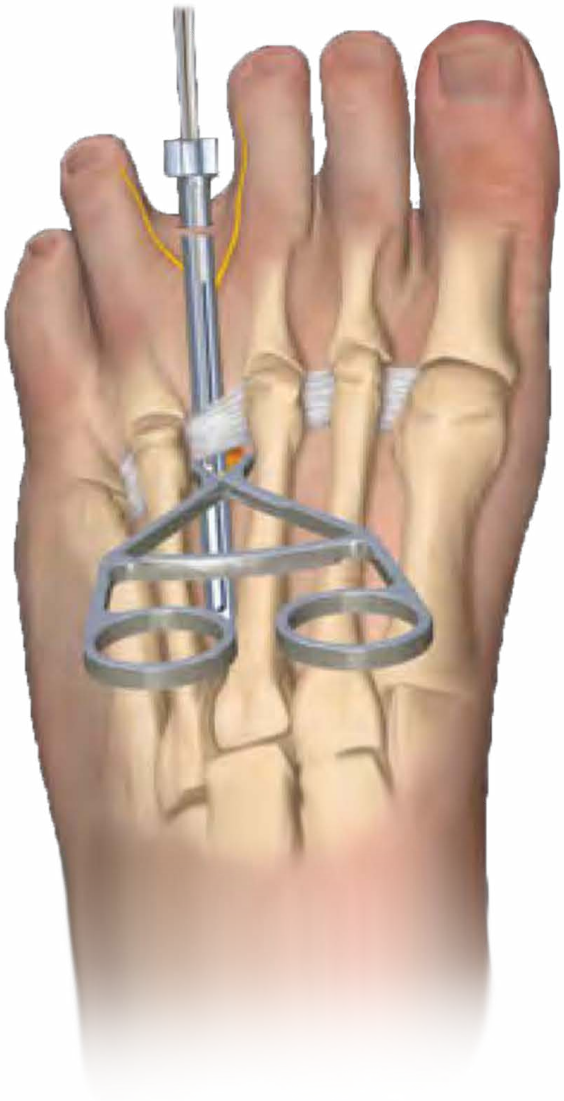
Edintrak® II

Endoscopic decompression of intermetatarsal nerve



Operative technique

Edintrak II

Endoscopic decompression of intermetatarsal nerve

Table of contents

This publication sets forth detailed recommended procedures for using Stryker devices and instruments.

It offers guidance that you should heed, but, as with any such technical guide, each surgeon must consider the particular needs of each patient and make appropriate adjustments when and as required.

A workshop training is recommended prior to first surgery. All non-sterile devices must be cleaned and sterilized before use.

Please remember that the compatibility of different product systems have not been tested unless specified otherwise in the product labeling.

For additional information please refer to the instructions for use (IFU), Ref. V15213 with each instrument. The surgeon must discuss all relevant risks, including the finite lifetime of the device, with the patient, when necessary.

Introduction

Edintrak II is designed for endoscopic decompression of the intermetatarsal nerve, commonly referred to as "Morton's Neuroma". Edintrak II endoscopically divides the transverse intermetatarsal ligament (TIML) of the 2nd and 3rd web space, decompressing the nerve. This system includes procedure specific endoscopic instrumentation providing atraumatic insertion of the oval cannula under the TIML from the digital webspace through a bi-portal approach.

Operative technique

Step 1

General or local anesthesia with monitored sedation can be used for this surgical technique. While straight local anesthesia is an acceptable method for this procedure, one must not infiltrate into the operative site. Hemostasis is imperative to the success of any endoscopic surgical techniques.

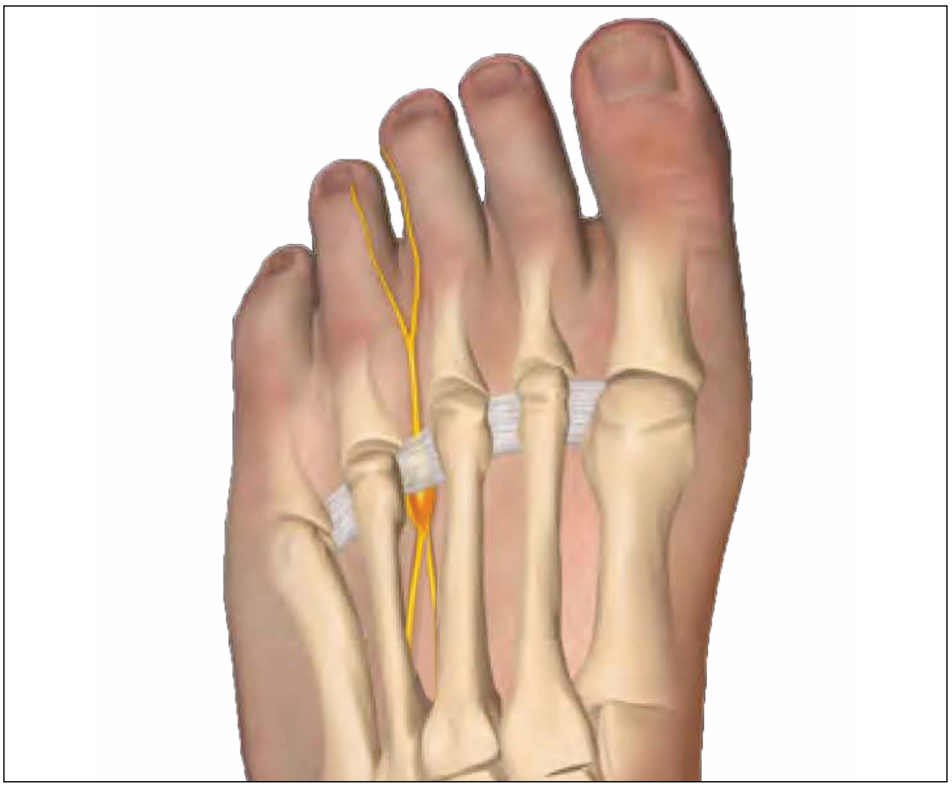


Figure 1

Step 2

Using a skin scribe mark a 2.5cm dorsal longitudinal line proximal to the metatarsal heads.

Make a transverse skin mark at the midpoint of the affected webspace.

The foot is exsanguinated with an Esmark bandage and the ankle cuff is inflated.

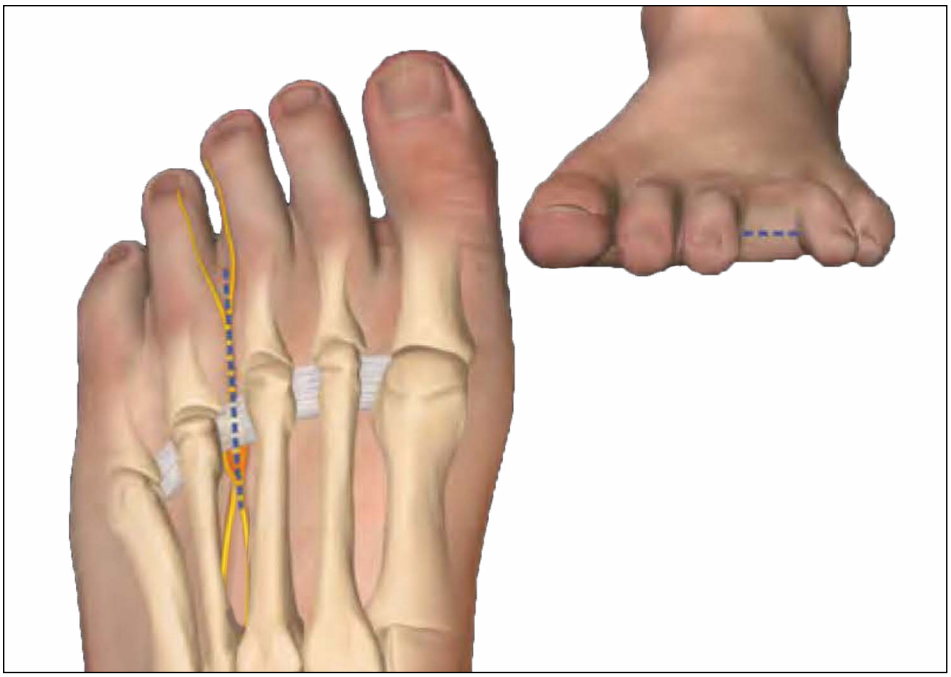


Figure 2

Step 3

Make a dorsal 5-6mm transverse incision proximal to the MPJs.

Use Steven's tenotomy scissors or hemostat to bluntly dissect the incision, spreading the subcutaneous tissue providing access for the metatarsal spreader between the metatarsal shafts.

Make the transverse webspace incision, measuring up to a centimeter.

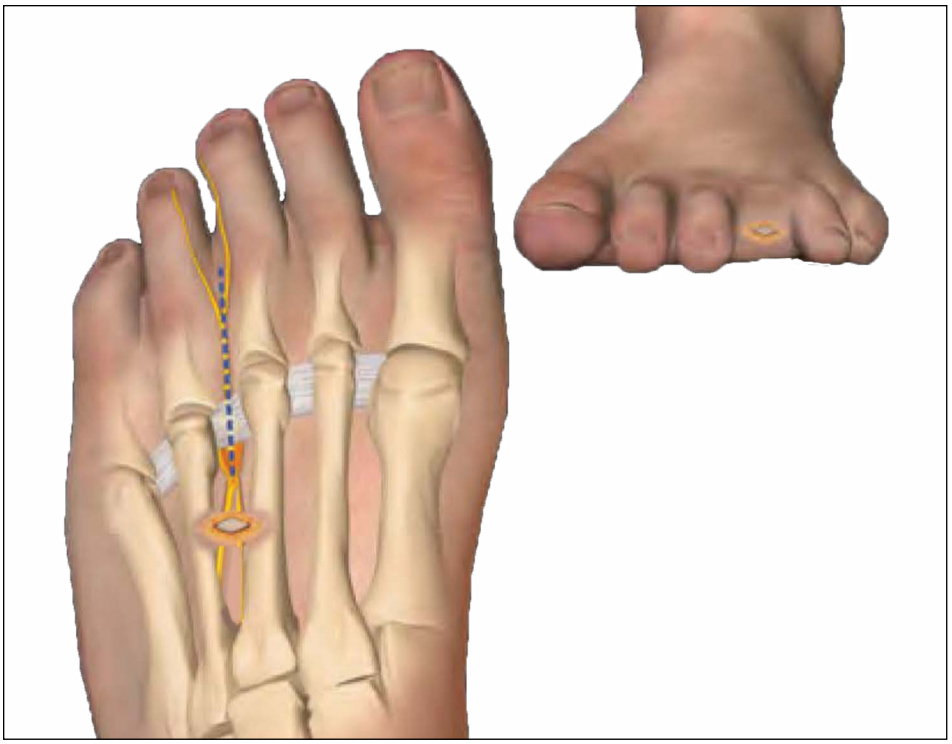


Figure 3

Step 4

Bluntly dissect within the webspace from a dorsal distal to plantar proximal direction so the distal aspect of the TIML is able to be palpated with the elevator.

Palpate the TIML on its inferior surface using the elevator and direct the elevator proximally in the same angle as the metatarsal inclination ankle. This only takes two-finger pencil grip strength to achieve. If resistance is met, the surgeon should redirect the instrumentation. Once this step has been achieved, feel the resistance of the TIML by trying to move the elevator dorsally.

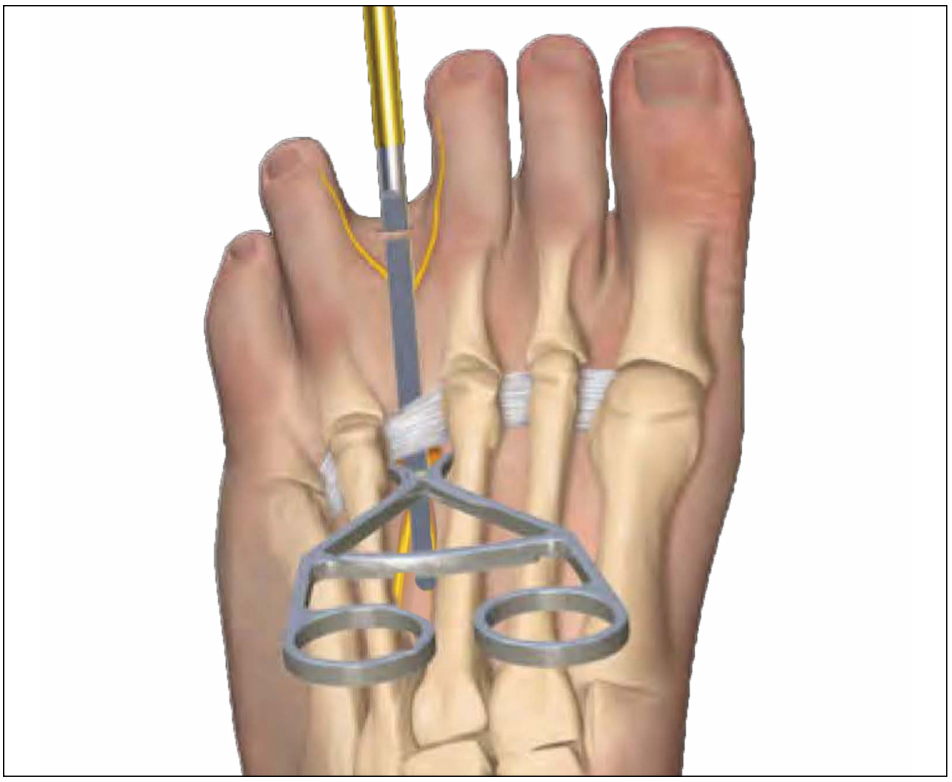


Figure 4

Step 5

The obturator/cannula should be inserted into the webspace incision in an identical manner as the elevator so the hub is at the level of the DIPJ's.

The obturator is removed and the cannula can be swabbed out if necessary with a cotton-tipped applicator.

The scope (2.7mm 30 degree bevel, min 5 inch length) should then be gripped with the surgeons non-dominant hand, and placed into the oval cannula. The proximal and distal margins of the TIML should be identified; surgeon should position the scope at the level of the proximal margin.

Introduce the angled hook knife adjacent to the oval cannula to the level of the proximal margin of the TIML. Engage the proximal margin of the TIML with the hook knife, scope and blade are both withdrawn from the cannula transecting the TIML. Several passes with the hook knife may be necessary to adequately release the TIML.

The metatarsal retractor can be opened more allowing visualization of the transected edges of the TIML.

The obturator is re-introduced into the cannula, and both are then withdrawn.

The elevator is then placed back into the interspace, and the surgeon should be able to pass the instrument dorsally and plantarly between the metatarsal heads without resistance.

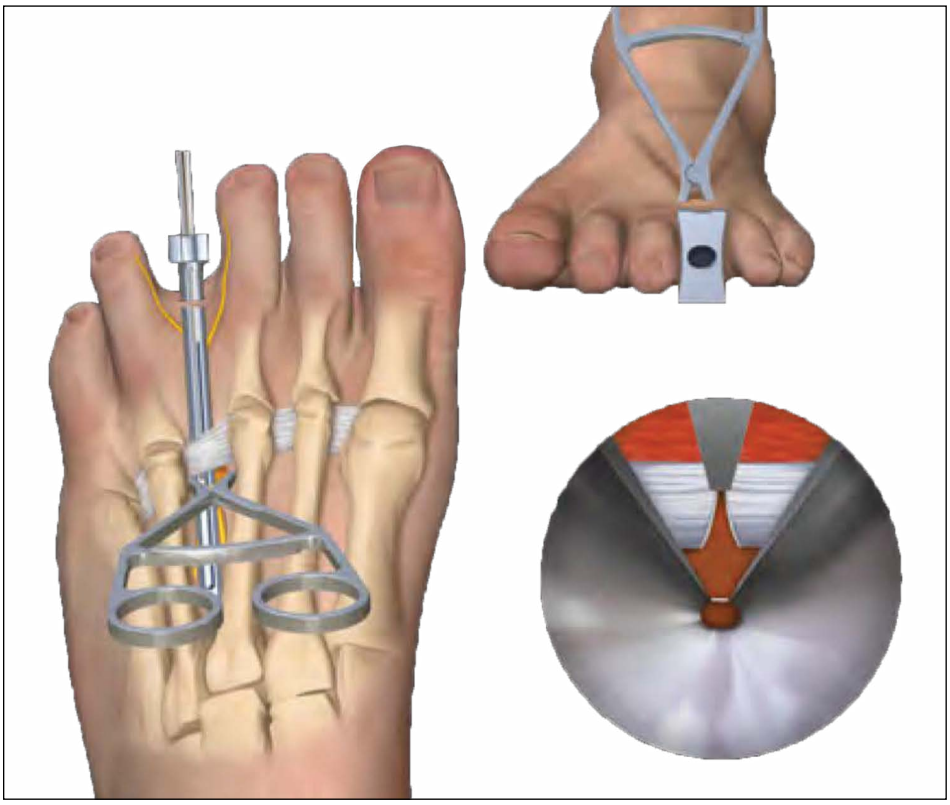


Figure 5

Skin closure is achieved with simple interrupted 5-0 nylon or prolene.

3cc of 0.5% Marcaine plain, and 1cc of dexamethasone phosphate are then placed into the decompressed interspace.

The foot is wrapped in a small compressive gauze dressing and placed in a surgical shoe.

Step 6

Patients are instructed that they may shower regularly, but are not to immerse foot in water, until sutures are removed.

Patients are able to return to a regular shoe that is comfortable and does not cause any discomfort, or they can continue wearing a surgical shoe.

Sutures are removed 10-14 days after surgery.

Patient may perform any activity that does not cause pain or swelling. Usually, they can begin to return to athletics between the 4th and 6th week.

By the 8th week, patients should have no restrictions. A steroid injection may be given for symptoms of neuritis 3 weeks post operative.

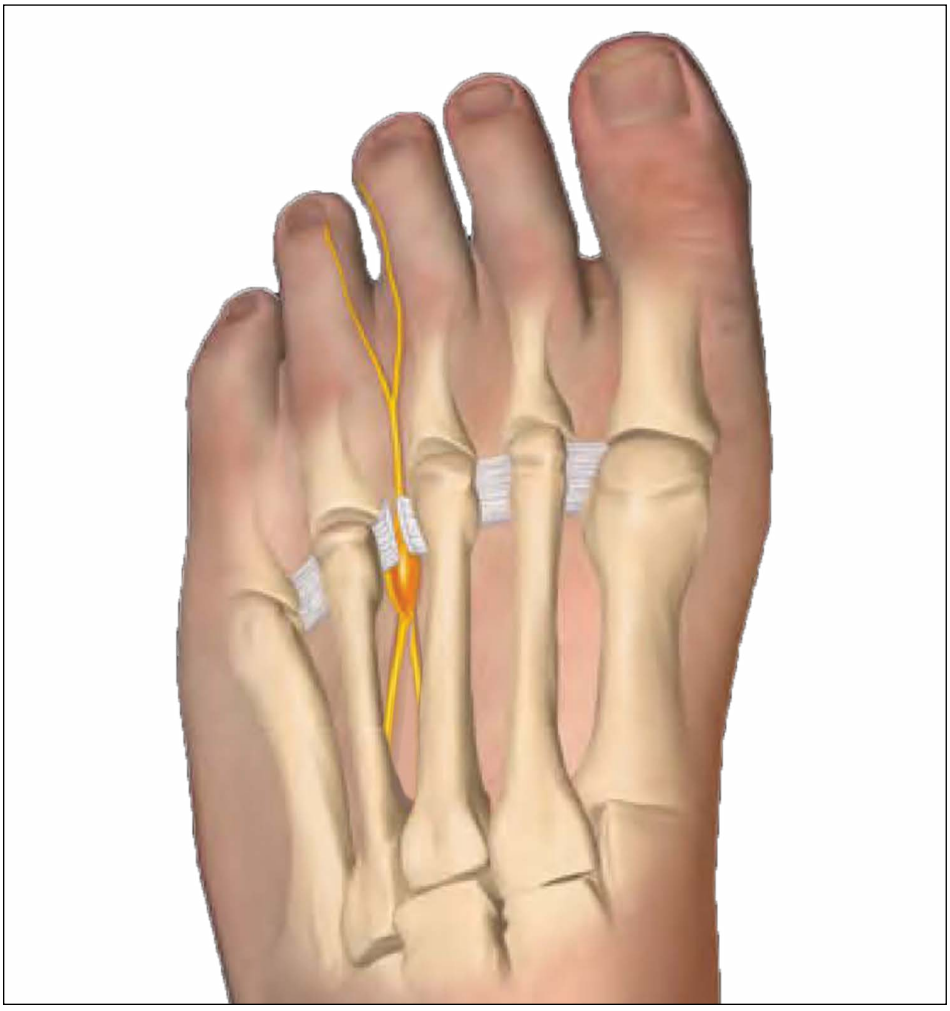


Figure 6

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Foot & Ankle

This document is intended solely for the use of healthcare professionals. A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

The information presented is intended to demonstrate a Stryker product. A surgeon must always refer to the package insert, product label and/or instructions for use, including the instructions for Cleaning and Sterilization (if applicable), before using any Stryker product. Products may not be available in all markets because product availability is subject to the regulatory and/or medical practices in individual markets. Please contact your Stryker representative if you have questions about the availability of Stryker products in your area.

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