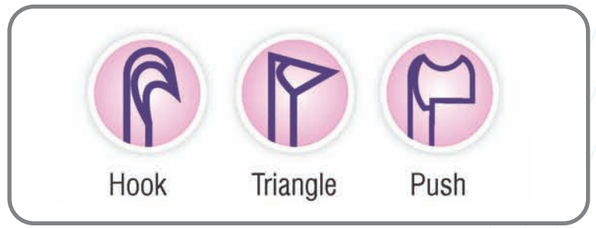
ENDOTRAC™

Endoscopic Plantar Fasciotomy



PRODUCT ORDERING INFORMATION

SYSTEM

3010	Endotrac™	Endoscopic Plantar Fasciotomy

INSTRUMENTATION

3031	Plantar Fasciotomy Obturator
3032	Laser Marked Cannula
3040	Fascial Elevator
3046	Fascial Probe
3050	Blade Handle (2ea)
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)

INSTRATEK™ incorporated
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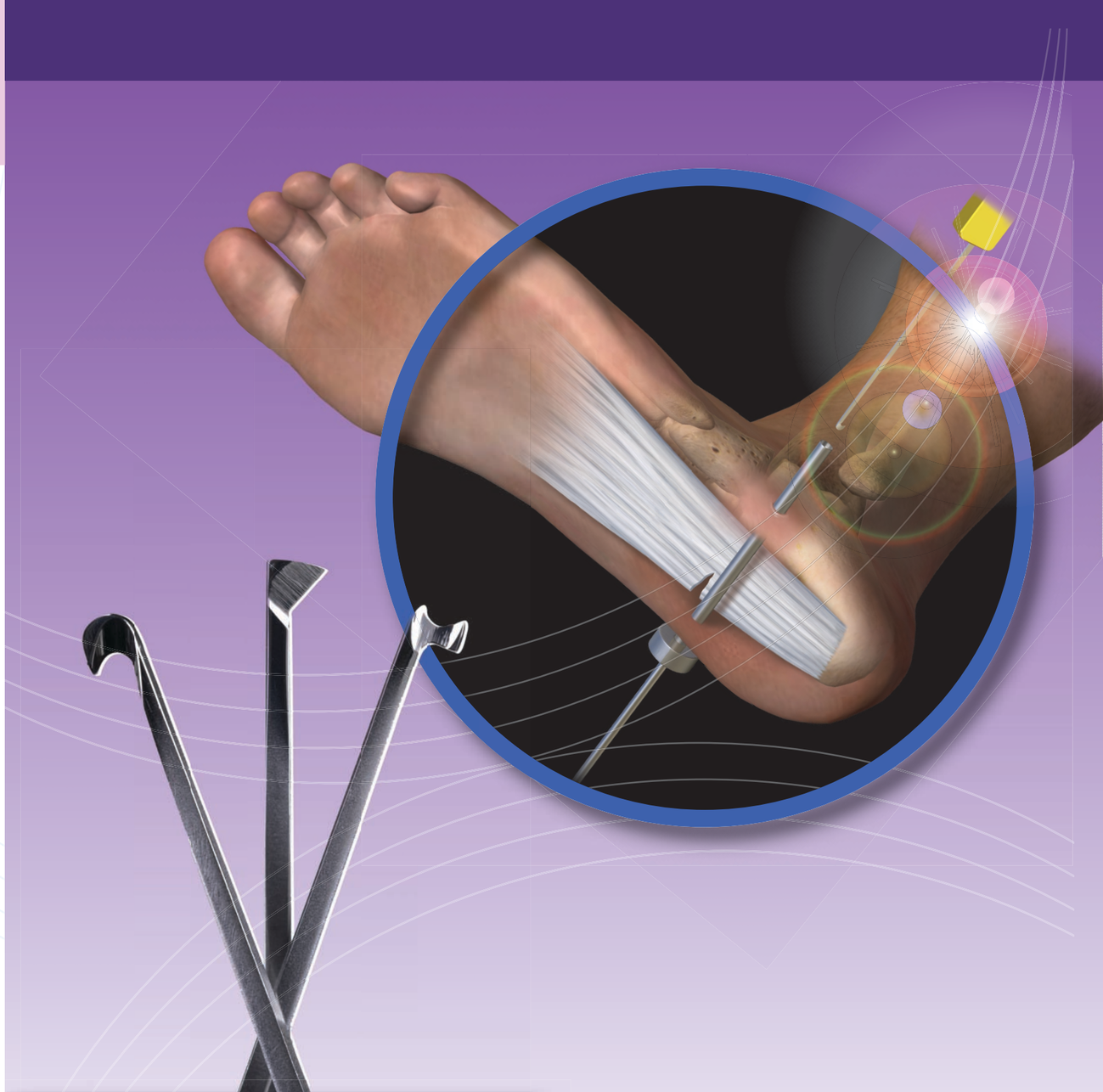


ENDOTRAC™

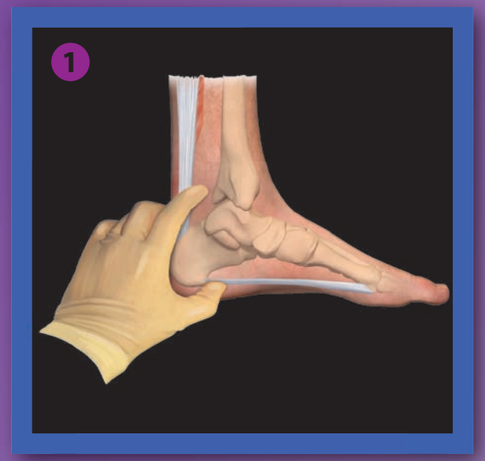
Endoscopic Plantar Fasciotomy

INSTRATEK™ incorporated

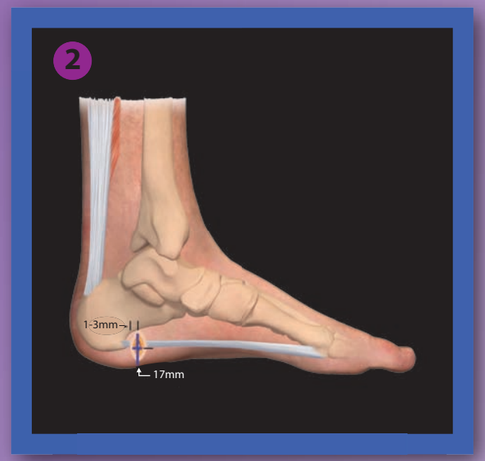
ENDOTRAC™

Instratek pioneered the endoscopic plantar fasciotomy (EPF) technique in 1992 to treat one of the most common pathologic foot disorders, plantar fasciosis. The EPF system is a minimally invasive surgical technique providing patients a significantly reduced recovery time when compared with traditional open surgical techniques for chronic plantar fasciitis (fasciosis). Our patented bi-portal system allows precise placement of the cannula inferior to the surface of the plantar fascia. Our procedure-specific instrumentation provides versatility and clear endoscopic visualization of the plantar fascia with cannula guide markings allowing the surgeon to execute a precise medial 1/3 fascia division.

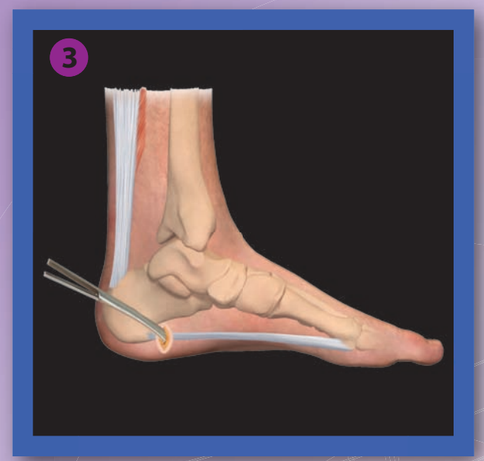
Endoscopic Plantar Fasciotomy (EPF)



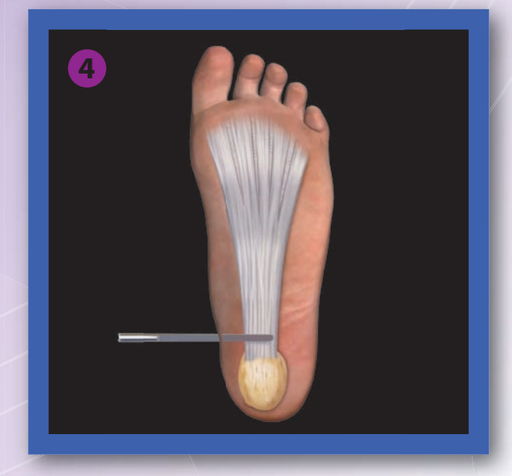
- Plan your medial skin incision portal.
- Using thumb, palpate the calcaneal tubercle or exostosis.



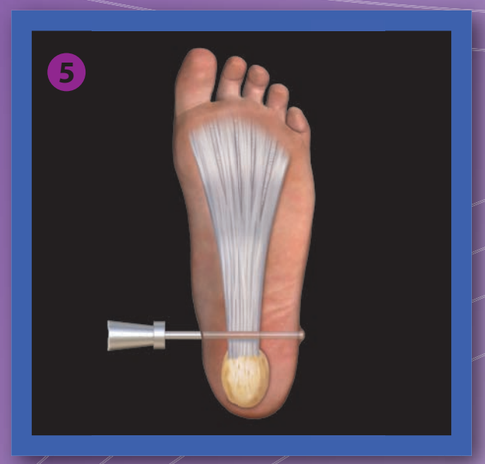
- A vertical skin marking is made 1-3mm distal of the tubercle.
- Using a ruler, measure dorsal 17mm from the patient's plantar aspect. Make a horizontal mark bisecting vertical marking. This represents a focal point for medial portal incision.
- A 5mm superficial incision is made at this location with a #15 blade.



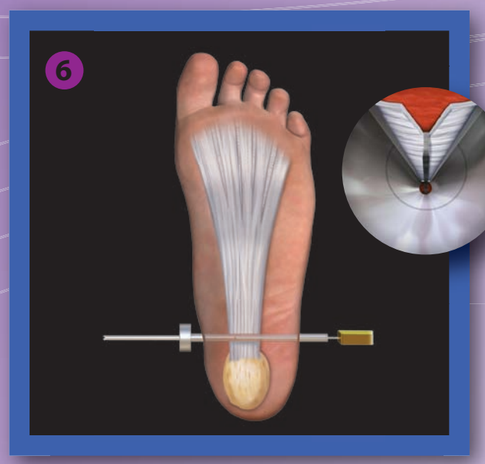
- Using small blunt dissecting scissors, separate the subcutaneous fat creating a portal.



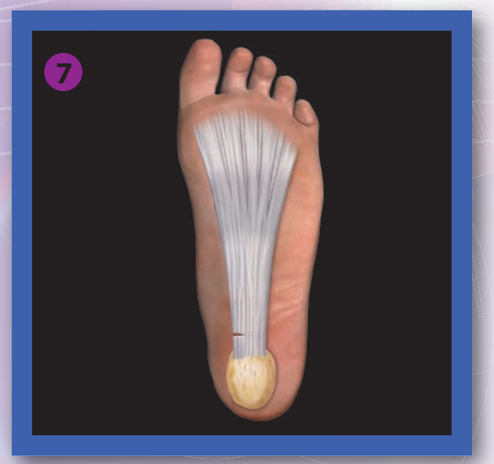
- Introduce the fascial elevator into the incision palpating the medial aspect of the plantar fascia.
- Advance the elevator across the inferior aspect of the fascia, tenting the lateral aspect and creating a channel for introduction of the obturator/cannula.
- Remove the fascial elevator applying gentle dorsal pressure. The fascial elevator will "drop-off" the medial investment of the fascia when exiting the medial portal. This confirms that the fascial elevator is inferior to the fascia.



- Introduce the obturator/cannula assembly in a similar manner.
- Once the tip of the obturator is palpated on the lateral aspect, make a small vertical incision over the tip so the obturator can pass through the soft tissue.
- Remove obturator.



- Introduce a 4.0mm, 30˚ beveled scope in the medial portal and the hook blade in the lateral portal. Advance hook blade medially across the fascia engaging the medial band edge.
- The double banded cannula marking represents approximately where the medial fascia release begins and the single marking represents the location the fascia release should be stopped.
- Withdraw the hook blade laterally, transecting the medial 1/3 of the plantar fascia. Release any remaining fascia fibers.
- Visualization of the intrinsic muscle belly beneath the fascia will confirm a complete release.



- Medial 1/3 fascia released.
- 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.
- Wrap the foot in a small compressive gauze dressing then place in a surgical shoe.

POST OPERATIVE MANAGEMENT:

- Patients may remove the dressing the next morning after surgery and shower regularly, but are prohibited from immersing the foot, until one week after sutures are removed. Sutures are removed 10-14 days after surgery.
- Patients should apply a band-aid and wear a comfortable regular shoe. If the patient cannot tolerate a regular shoe, they can continue in a surgical shoe.
- Patients should not be on their foot in regular shoes more than 5 minutes per hour during the first 4-6 weeks, or once the fascia has healed. If they require more time on their feet, it is recommend they wear a cast boot.
- Patients are encouraged to begin gentle stretching the day after surgery.
- Patients are also counseled to avoid stair climbing, time on ladders and other stressful activity until 8 weeks post op.
- Running and high impact sports are to be avoided for 8-12 weeks, based on how the patient is progressing.