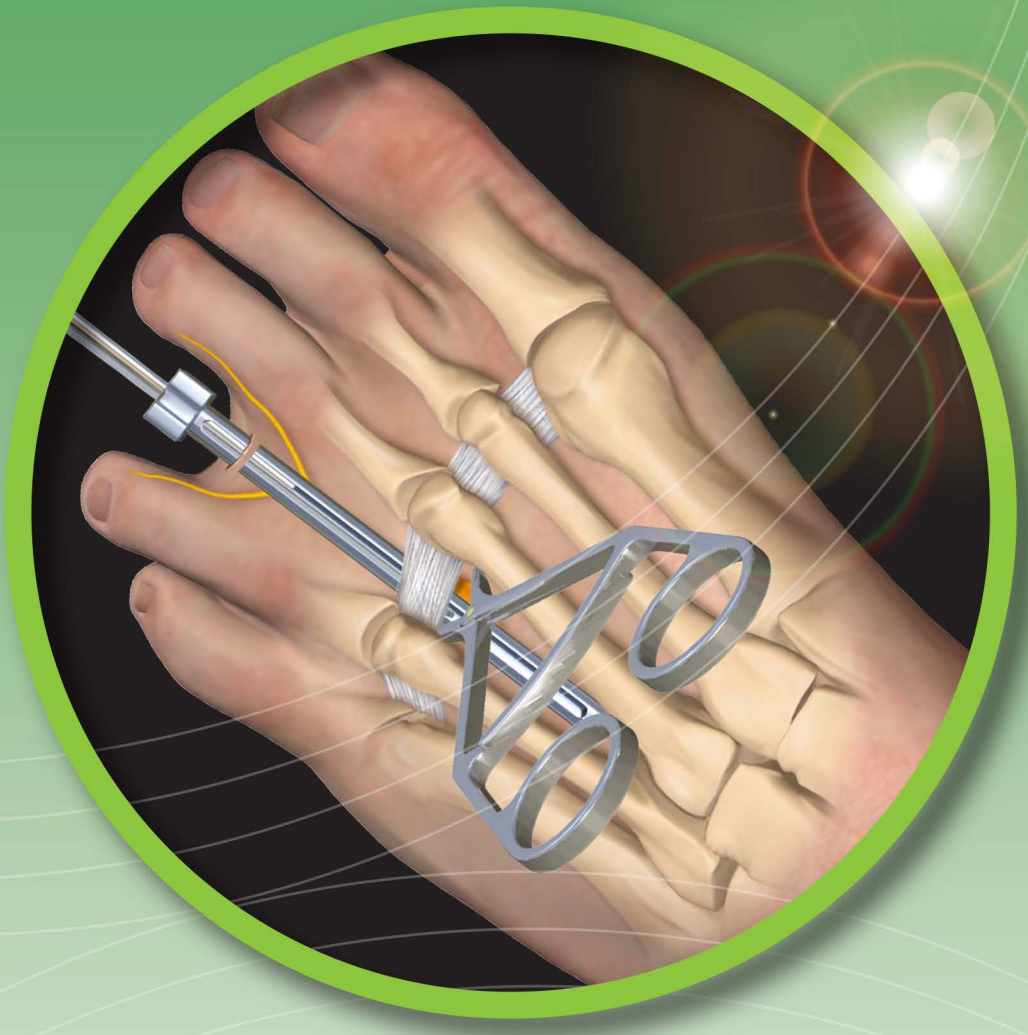

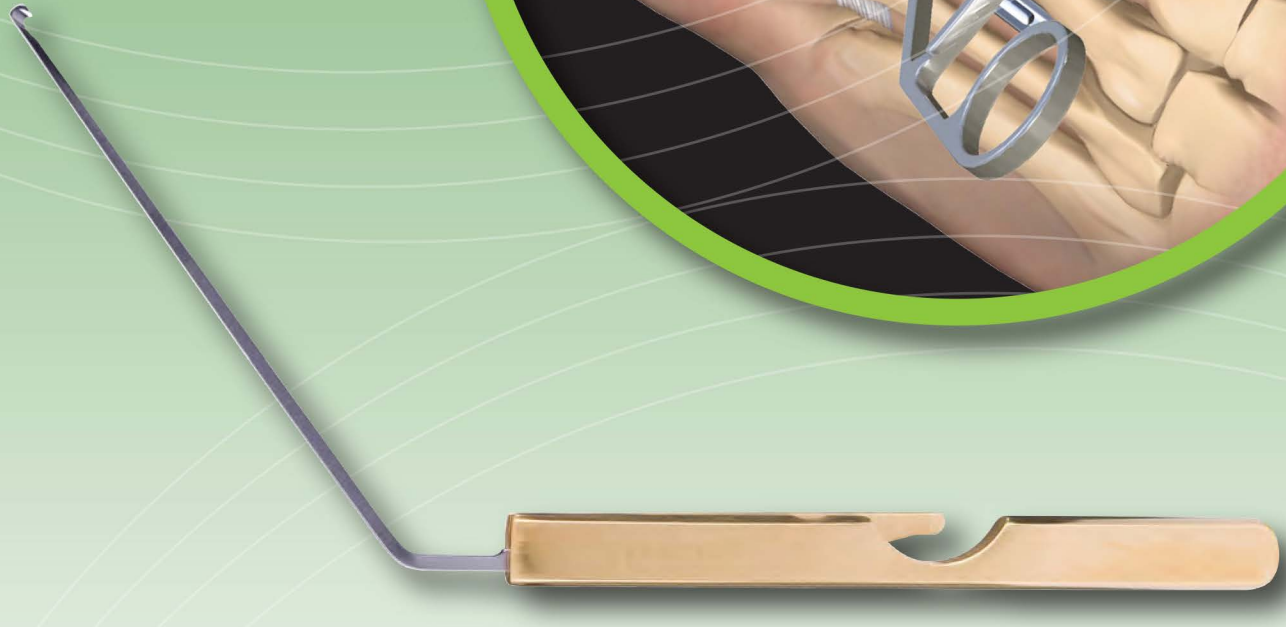

EDINTRAK™ II

Endoscopic Decompression of
Intermetatarsal Nerve - Morton's Entrapment

INSTRATEK®

EDINTRAK™ II

Instratek Edintrak II is designed for endoscopic decompression of the intermetatarsa
neuroma (Recurrent Morton's Neuroma). This minimally invasive technique allows f
web space, decompressing the nerve. Our system includes procedure specific end
provides protection of the plantar neurovascular structures while allowing endosco

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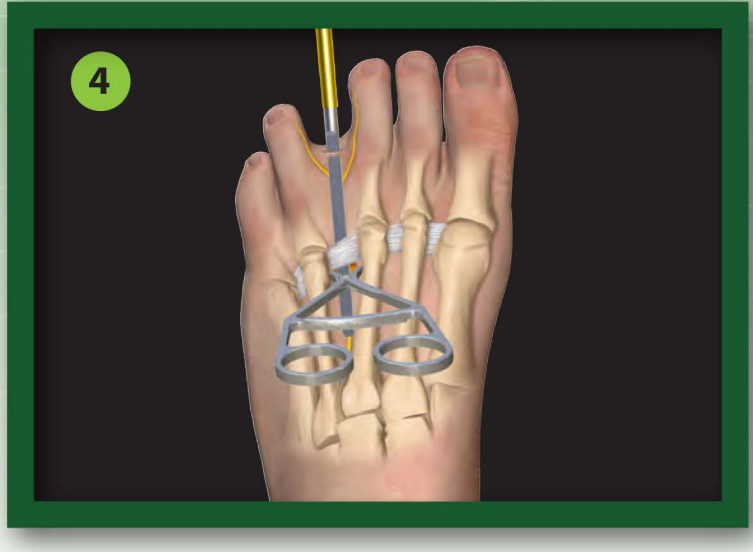
- General or local anesthesia with monitored sedation can be used for this surgical technique. While straight local anesthesia is an acceptable method for this procedure, one must not infiltrate into the operative site. Hemostasis is imperative to the success of any endoscopic surgical technique.

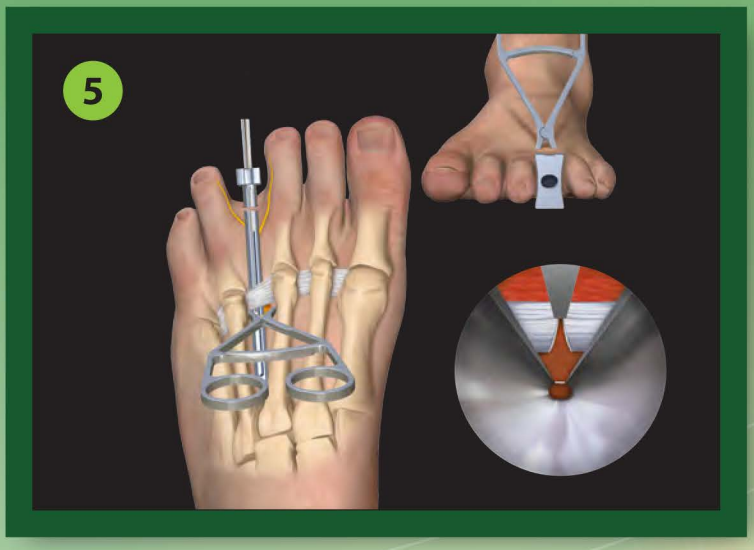
- Using a skin scribe mark a 2.5cm dorsal longitudinal line proximal to the metatarsal heads.
- Make a transverse skin mark at the midpoint of the affected webspace.
- The foot is exsanguinated with an Esmark bandage and the ankle cuff is inflated.

- Make a dorsal 5-6mm transverse incision proximal to the MPJs.
- Use Steven's tenotomy scissors 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.



- Bluntly dissect with a pair of tenotomy scissors 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 angle. 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.

al nerve, commonly referred to as "Morton's Neuroma". Endoscopic neurolysis has superior efficacy without the serious potential complication of amputation or faster recovery when compared with open techniques. Edintrak II endoscopically divides the transverse intermetatarsal ligament (TIML) of the 2nd and 3rd doscopic instrumentation providing atraumatic insertion of the oval cannula under the TIML from the digital web space through a bi-portal approach. This pic visualization and complete division of the TIML.



- 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˚ 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.
- 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 decompressed interspace.
- The foot is wrapped in a small compressive gauze dressing and placed in a surgical shoe.

POST OPERATIVE MANAGEMENT:

- Patients are allowed to remove their dressing and surgical shoe the morning after surgery.
- 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.

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PRODUCT ORDERING INFORMATION

SYSTEM

4010-O	**Edintrak™ II**	Endoscopic Decompression of Intermetatarsal Nerve - Morton's Entrapment

INSTRUMENTATION

4031-O	Oval Obturator
4032-O	Oval Cannula
4033	Micro Blade Handle
4034	Micro Probe
4035	Micro Elevator
4036	Metatarsal Spreader
4037	Sterilization Tray

DISPOSABLES

4058	Sterile Micro Hook Blade (EDIN I)
4058-A	Sterile Micro Angled Hook Blade (EDIN II)
4060	5 Biodegradable Micro Tip Swabs

*Compatible with any 2.7mm O.D., 30˚ beveled rod lens scope (5-6 inch working length)

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