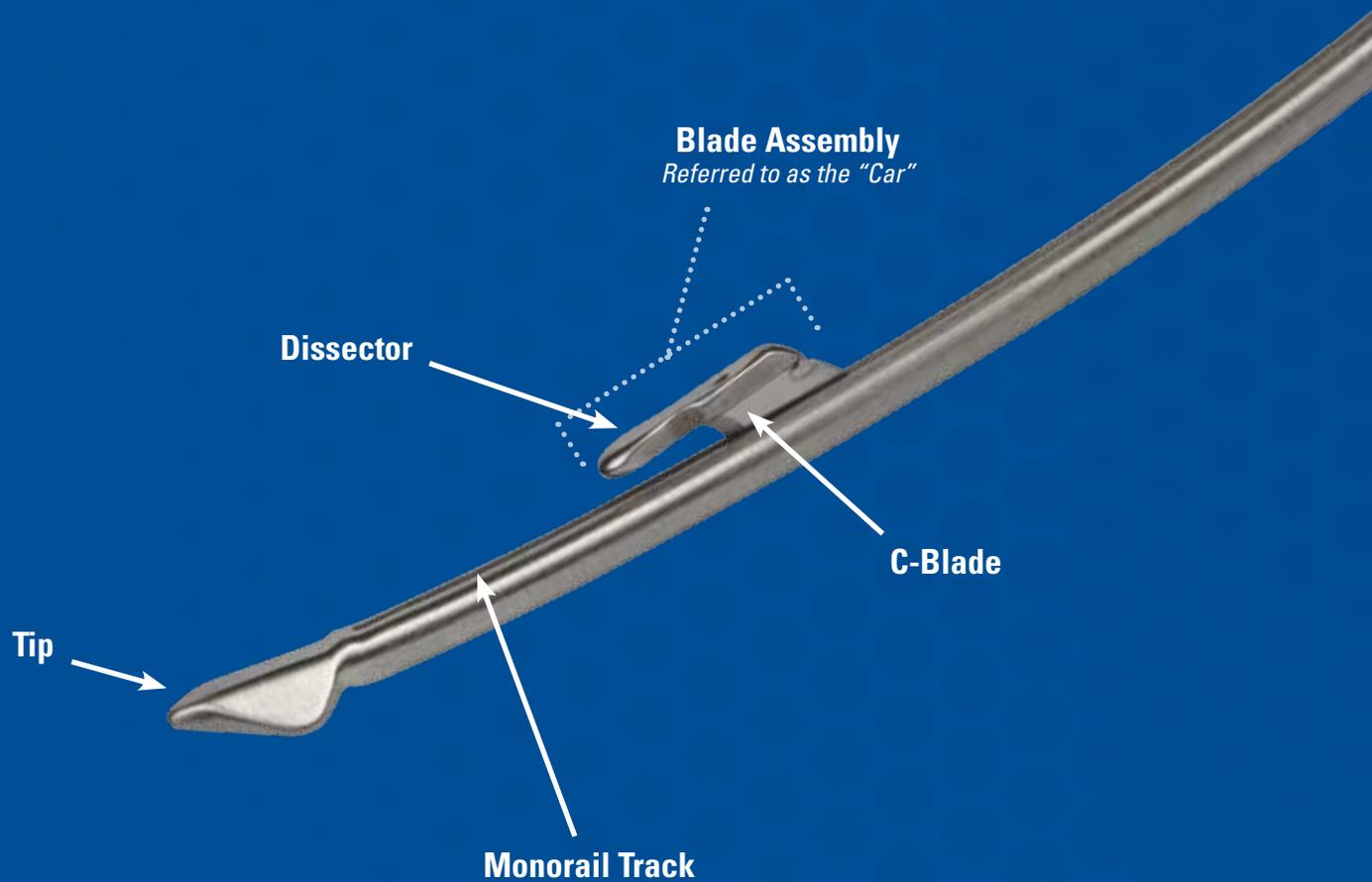


Advansor **TF**TM
Trigger Finger Release

SURGICAL TECHNIQUE





Advansor TF™

The Advansor TF is a Class I single use medical device designed for percutaneous release of the A1 pulley.

The Advansor TF should be inspected for any signs of damage or defect.

- The "car" should be deployed along the track to ensure that it slides smoothly to the full extent of the track.
- The track should be inspected for alignment and any evidence of bending.
- The tissue dissector should be inspected for any evidence of breakage.

The device should not be used and should be returned to the manufacturer if believed to be damaged, misaligned or otherwise defective.

Indications:

Trigger finger release (A1 pulley)

Contraindications:

Patients with severe flexor tenosynovitis
Dupuytren's Contracture
Active localized infection
Congenital Trigger Digit
Previous open release
Trigger Thumb

Patent Pending

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01-10205-ST (Rev. C)

SURGICAL TECHNIQUE

1-5 Patient Preparation

1. Apply a tourniquet to the forearm, if desired.
2. Apply an alcohol wipe to the MP flexion crease region of the involved digit and inject 3 – 4 cc of 1% lidocaine without epinephrine into the skin and subcutaneous tissues.
3. Prep the hand in a standard fashion.
4. Apply a sterile drape to the hand.
5. If using a tourniquet, exsanguinate the arm with elevation or an Esmarch bandage and then inflate the tourniquet to 250 mm Hg.



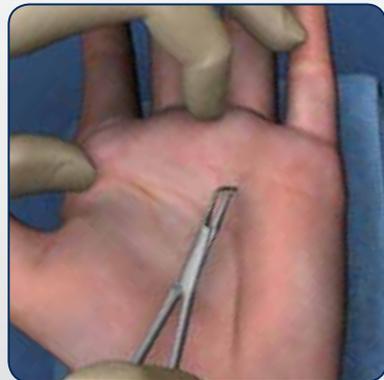
6 Incision

Make a 5 mm transverse skin incision with a 15 blade 2-3 mm proximal to the MP flexion crease.



7 Exposure

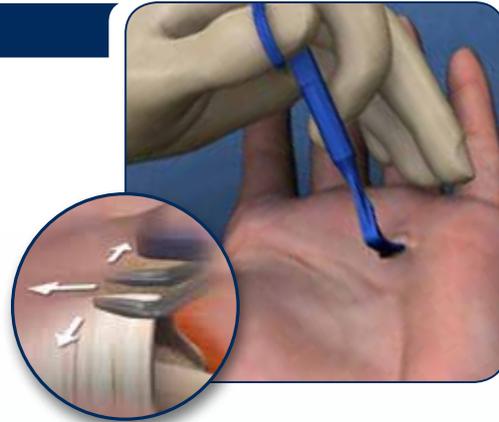
Use a hemostat to separate the subcutaneous tissues spreading transversely over the flexor tendon.



8 Visualization

Insert the retractor and visualize the flexor tendon sheath.

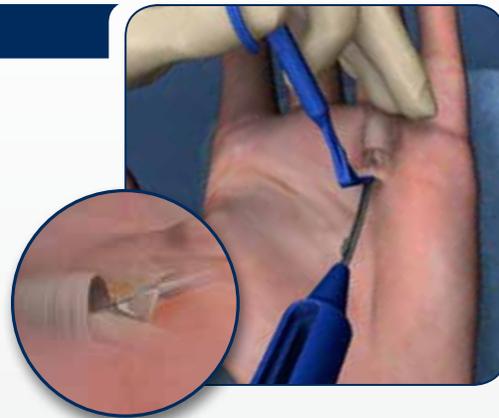
Use the hemostat to spread distally over the A1 pulley.



9 Insertion

With the blade assembly fully retracted, push the tip of the Advansor TF beneath the proximal aspect of the flexor sheath.

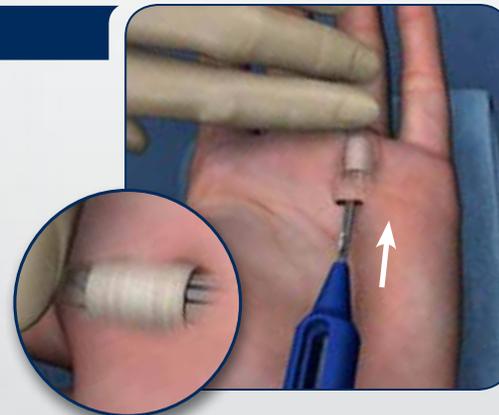
Note: The operative digit should be fully extended throughout the operation.



10 Advancement

Advance the device beneath the flexor sheath to the level of the distal aspect of A1.

Note: The tip of the device will be palpable beneath the skin at approximately the level of the proximal digital flexion crease.

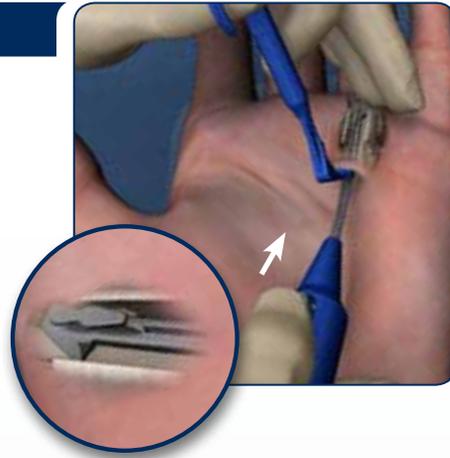


11 A1 Pulley Release

Retract the skin and slide the “car” down the monorail track by advancing the blade actuator on the base of the handle, without advancing or retracting the device itself within the sheath.

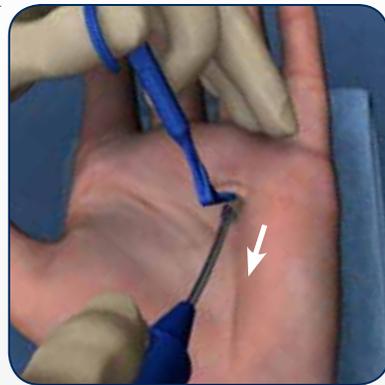
Note:

- *Moderate longitudinal pressure will need to be applied to the blade actuator to advance “the car.”*
- *If the car does not advance, remove the device and reposition it in the flexor sheath.*
- *A grating sensation will be felt and heard by the surgeon as the pulley is released.*
- *The “car” will stop advancing as the dissector terminates at the tip of the monorail track.*



12 Removal

Without retracting the blade, withdraw the entire device through the palmar incision.



13 Removal

Deflate the tourniquet, if used.

14 Post-Op

Apply a sterile bandage to the wound, followed by a light compressive dressing.

