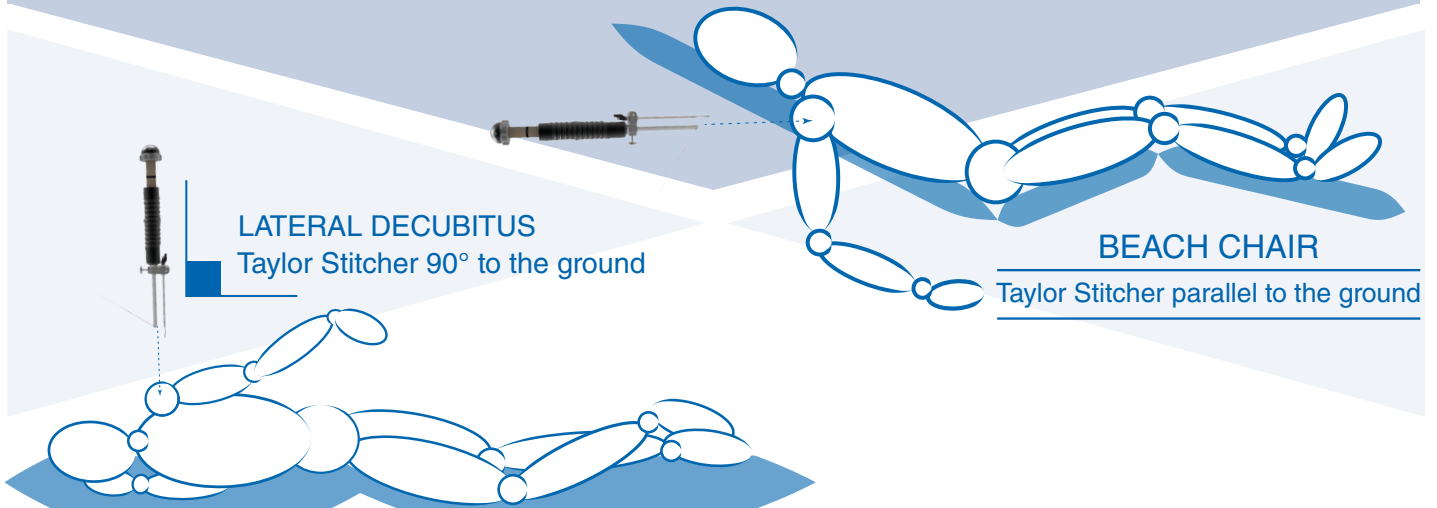




SURGICAL TECHNIQUE

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PATIENT POSITIONING



PRE-OPERATIVE CHECKS AND INSTRUMENT PREPARATION

CHECK THE CORRECT ASSEMBLY OF THE INSTRUMENT.

BEFORE USING THE INSTRUMENT CHECK FOR A CORRECT ALIGNMENT OF THE STN NEEDLE WITHIN THE TARGETING FRAME.

The needle should pass through the hole in targeting frame tip when the targeting frame is locked in the forward position and the needle is extended.

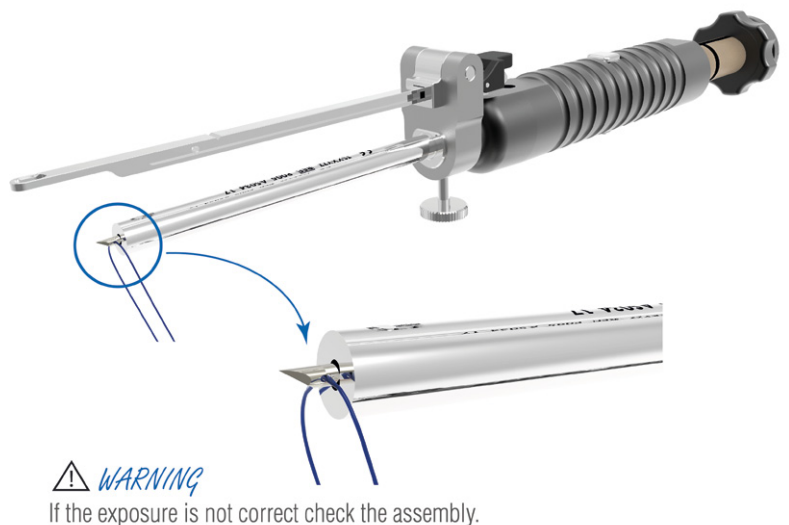


LOAD THE SUTURES.

ROTATE THE POSTERIOR GRAY KNOB COUNTER-CLOCKWISE AND RETRACT THE STN NEEDLE UNTIL THE MECHANICAL STOP.

LOAD A SUTURE SHUTTLE (E.G. PDS SIZE 1) OR DIRECTLY 1 OR 2 SUTURES INTO THE EYELET OF THE STN NEEDLE.

ADJUST THE CORRECT TIP EXPOSURE OF THE STN NEEDLE AS IN FIGURE.





1. PREPARATION OF THE FOOTPRINT AND CLEANING OF THE LATERAL AREA OF THE GREAT TUBEROSITY

► CREATE THE FIRST LATERAL INSTRUMENT PORTAL.

See below portal 1. (Fig. 2)

► PERFORM THE BURSECTOMY.

Take care to release the deltoid fascia and the lateral bursa, and prepare the margin of the lesion.

The lateral aspect of the greater tuberosity must be cleaned, for a clearer view and a proper cleared working volume. (Fig.1)

Tip:

Exposure of the cancellous bone is recommended in the footprint area.

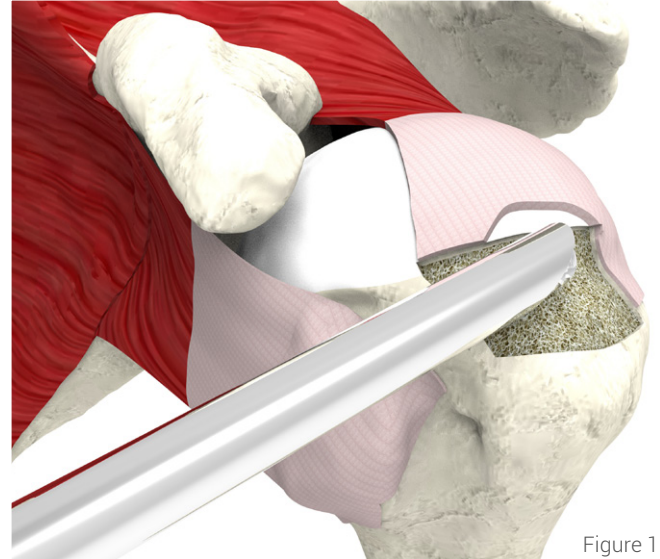


Figure 1

2. PREPARATION OF THE ACCESS POINTS

► CREATE THE WORKING PORTAL N. 2 (FIG. 2) FOR THE CANNULA OF TAYLOR STITCHER, 1,5 CM DISTAL TO PORTAL N.1 (FIG. 2).

Tip:

It is suggested to use a posterior lateral portal for optic (for a better view of the lateral entry hole).



Figure 2

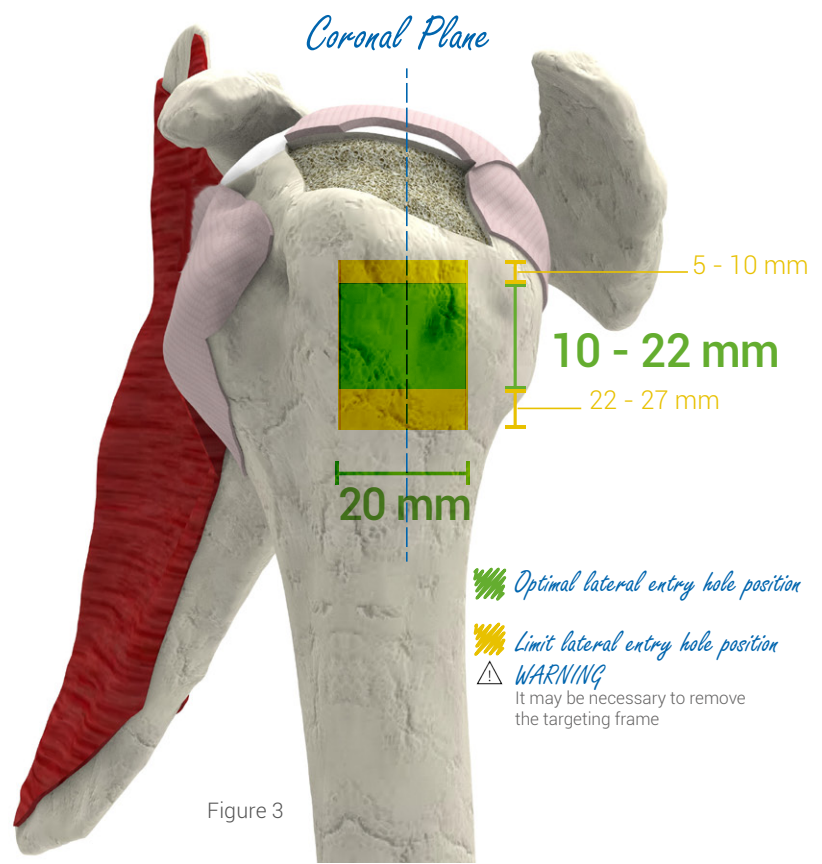


Figure 3

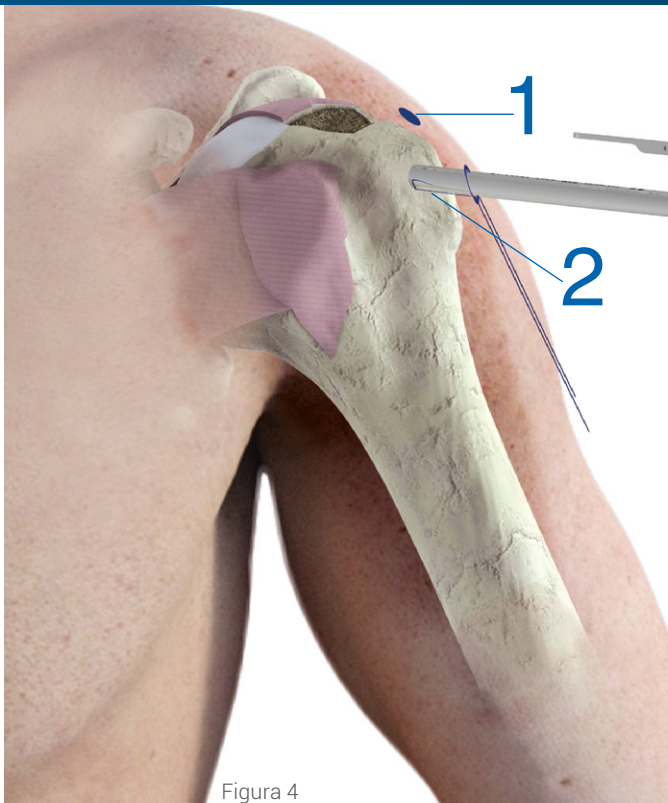


Figura 4

3. INSERTION OF TAYLOR STITCHER

- ▶ RETRACT AND RE-LOCK THE TARGETING FRAME.
- ▶ INSERT THE CANNULA OF TAYLOR STITCHER IN THE MORE DISTAL PORTAL N.2 (FIG. 4).

Tip:

To free the tip from soft tissues push it over the greater tuberosity and return to the previous entry position. Using the scope, check that the tip is clearly visible and free from soft tissue.

4. INSERTION OF THE TARGETING FRAME

- ▶ UNLOCK THE TARGETING FRAME AND PUSH IT INTO THE PROXIMAL PORTAL (N. 1 FIG. 5) TO THE LOCK POSITION (N. 3 FIG. 6).
- ▶ LOCK THE TARGETING FRAME IN THE DESIRED EXIT POINT ON THE FOOTPRINT.
- ▶ ENGAGE BONE ON THE LATERAL SIDE WITH THE STN TIP (SINK THE TIP AND STABILIZE THE POSITION).

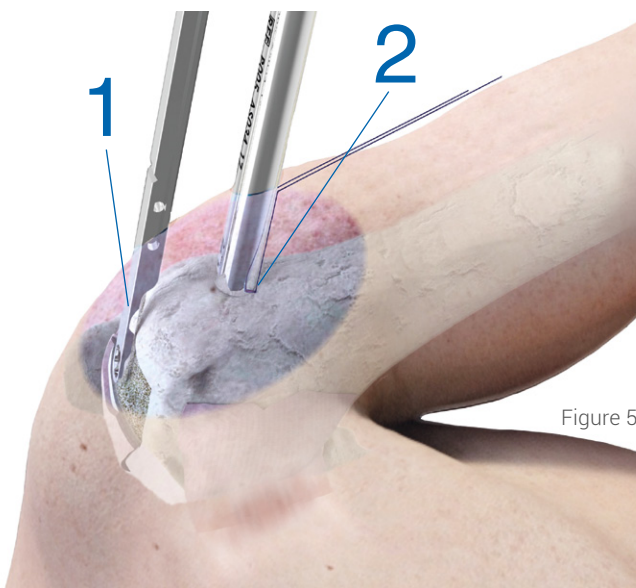


Figure 5

5. ACTIVATION OF TAYLOR STITCHER

- ▶ ROTATE THE GREY KNOB BACKWARDS TO RELEASE THE PISTON.

Tip:

Now the system is activated and you can tap the piston to release the STN needle and create the transosseous hole.

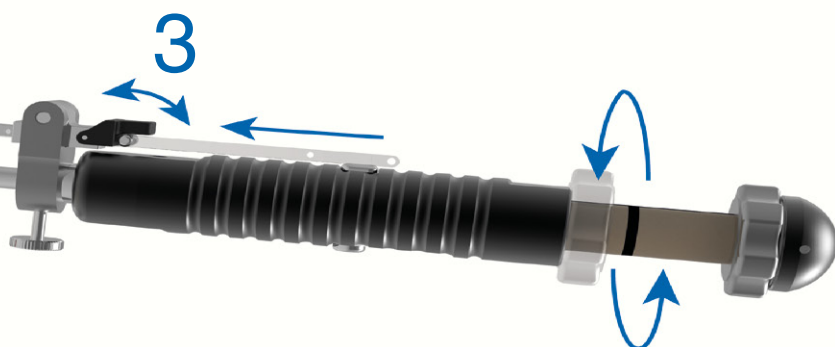
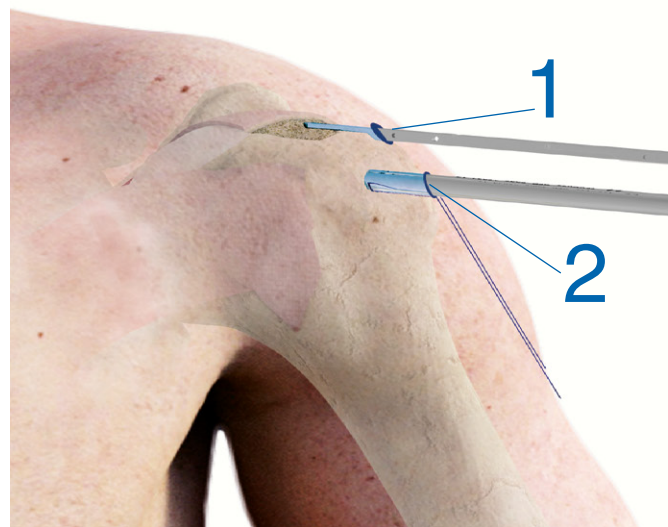


Figure 6

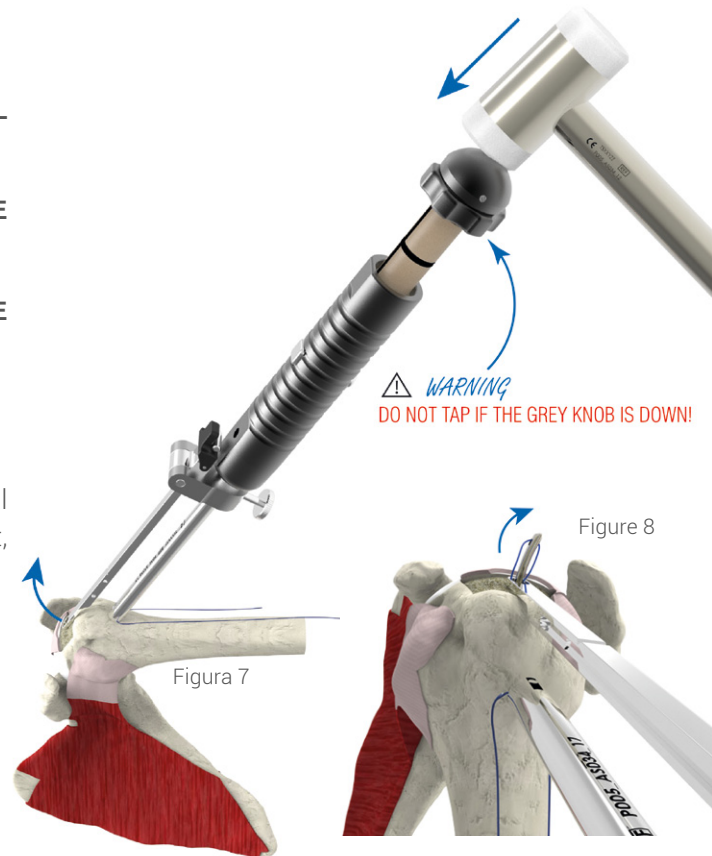


6. CREATION OF THE TRANSOSSEUS HOLE

- ▶ KEEP THE CANNULA FIRMLY IN CONTACT WITH THE CORTICAL BONE.
- ▶ GENTLY TAP THE PISTON BY USING THE MALLET TO RELEASE THE STN NEEDLE (FIG. 7).
- ▶ STOP TAPPING WHEN THE NEEDLE AND THE SHUTTLE SUTURE EMERGE IN THE TARGETED AREA (FIG. 8).

Tip:

Tap gently to prevent and avoid crushing the lateral cortical bone. If during the creation of the tunnel, the contact with the lateral cortical bone is lost, stop tapping and act on the gray knob to regain contact, then repeat this step having care of freeing the piston before.



7. GRASPING OF THE SHUTTLE/SUTURES AND TUNNEL DEFINITION

- ▶ TURN THE GRAY KNOB COUNTER CLOCKWISE TO SLIGHTLY RETRACT THE STN NEEDLE (FIG. 10).
(This will permit the shuttle to fold and allow for an easier grasping, as shown in fig. 9).
- ▶ USE A GRASPER TO GRAB THE SHUTTLE OR THE SUTURES (FIG. 9).
- ▶ COMPLETELY RETRACT THE STN INSIDE THE CANNULA (FIG. 10).
By counter-clockwise rotating the gray knob, until a mechanical stop is reached
- ▶ REMOVE THE TAYLOR STITCHER FROM THE SHOULDER HOLDING THE SHUTTLE LIMB WITH THE GRASPER.

Tip:

An easier suture retrieval is permitted if the targeting frame is withdrawn before the STN. Be careful not to excessively pinch or damage the suture/shuttle when you grab it.

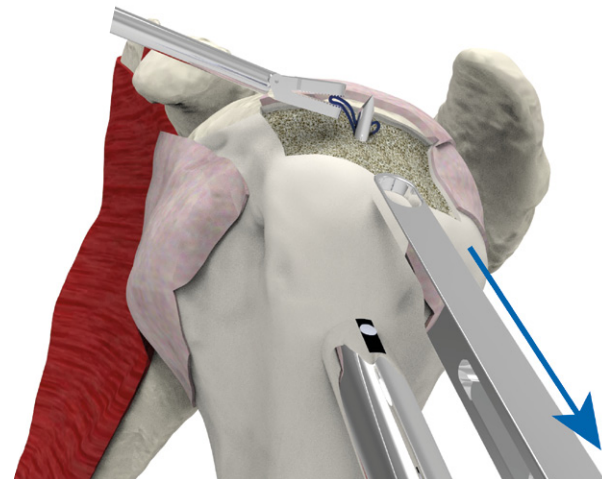


Figure 9

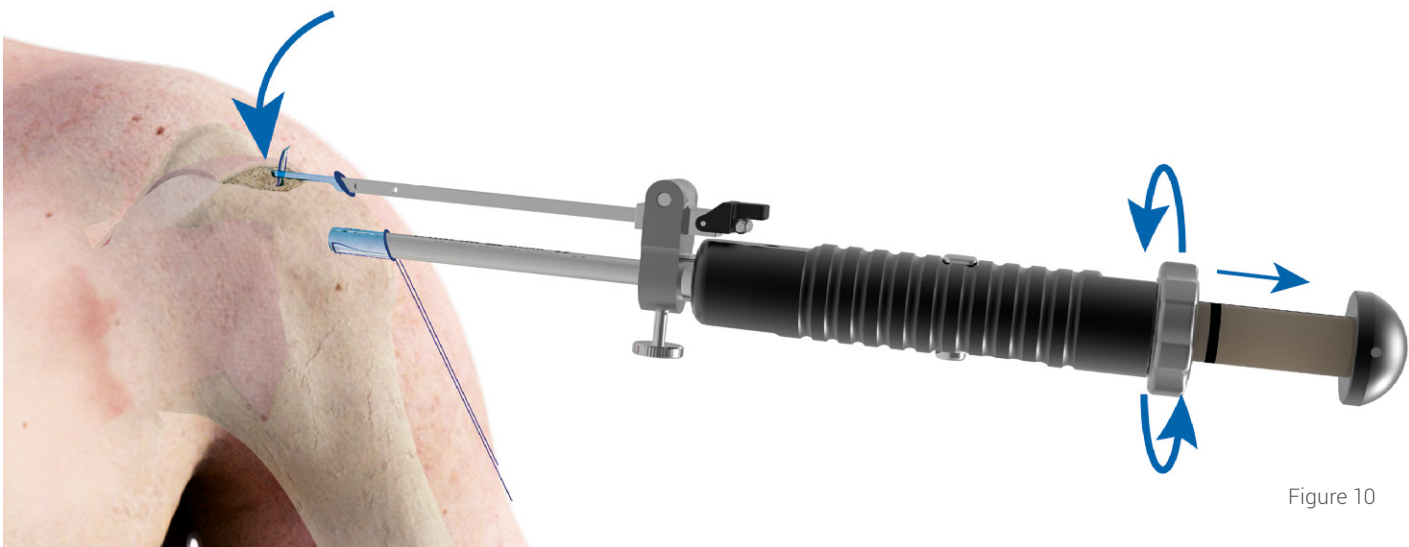
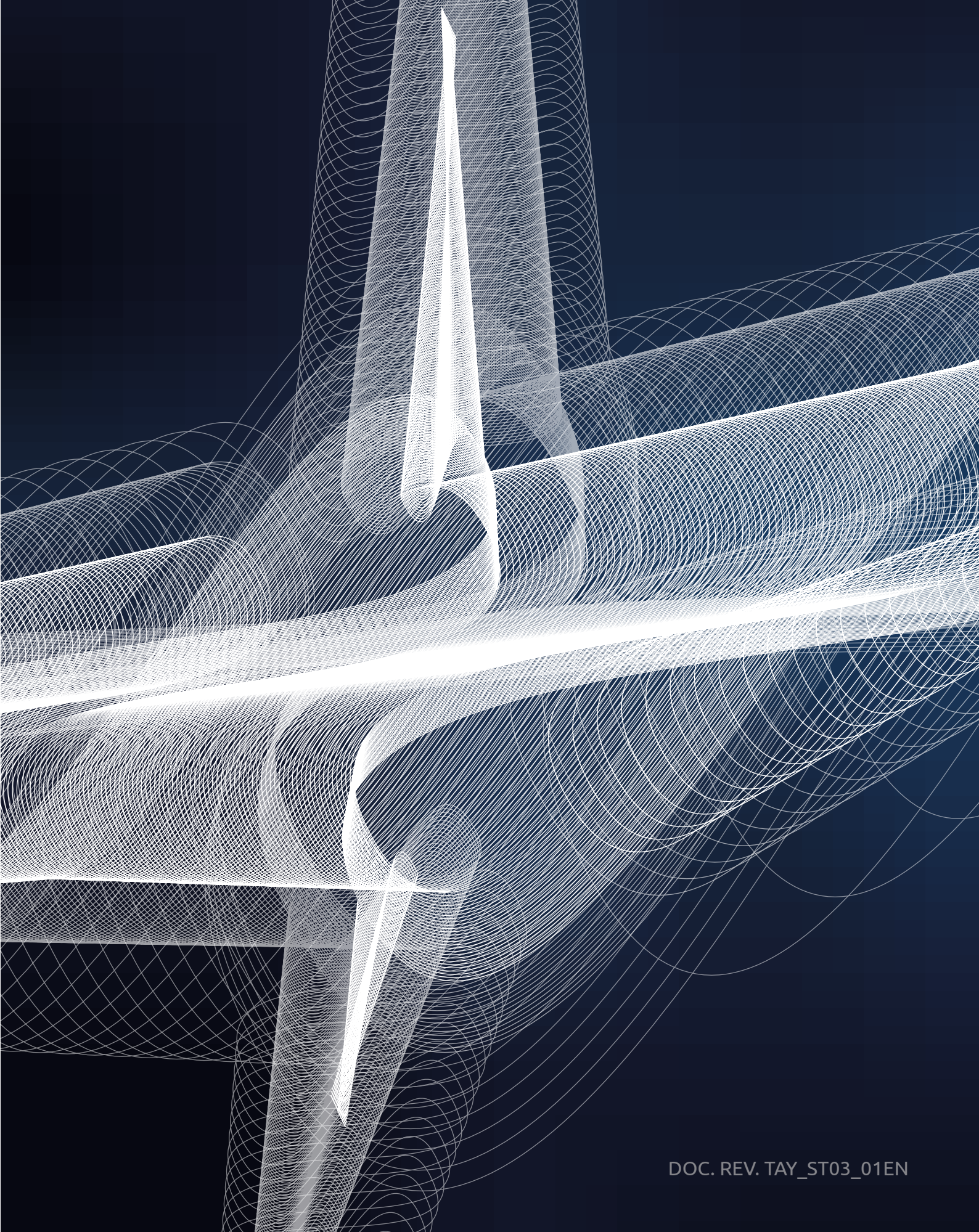


Figure 10



DOC. REV. TAY_ST03_01EN



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