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# Microblade for Carpal Tunnel Release

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SafeCTR by Dr. Arnold-Peter Weiss, M. D.

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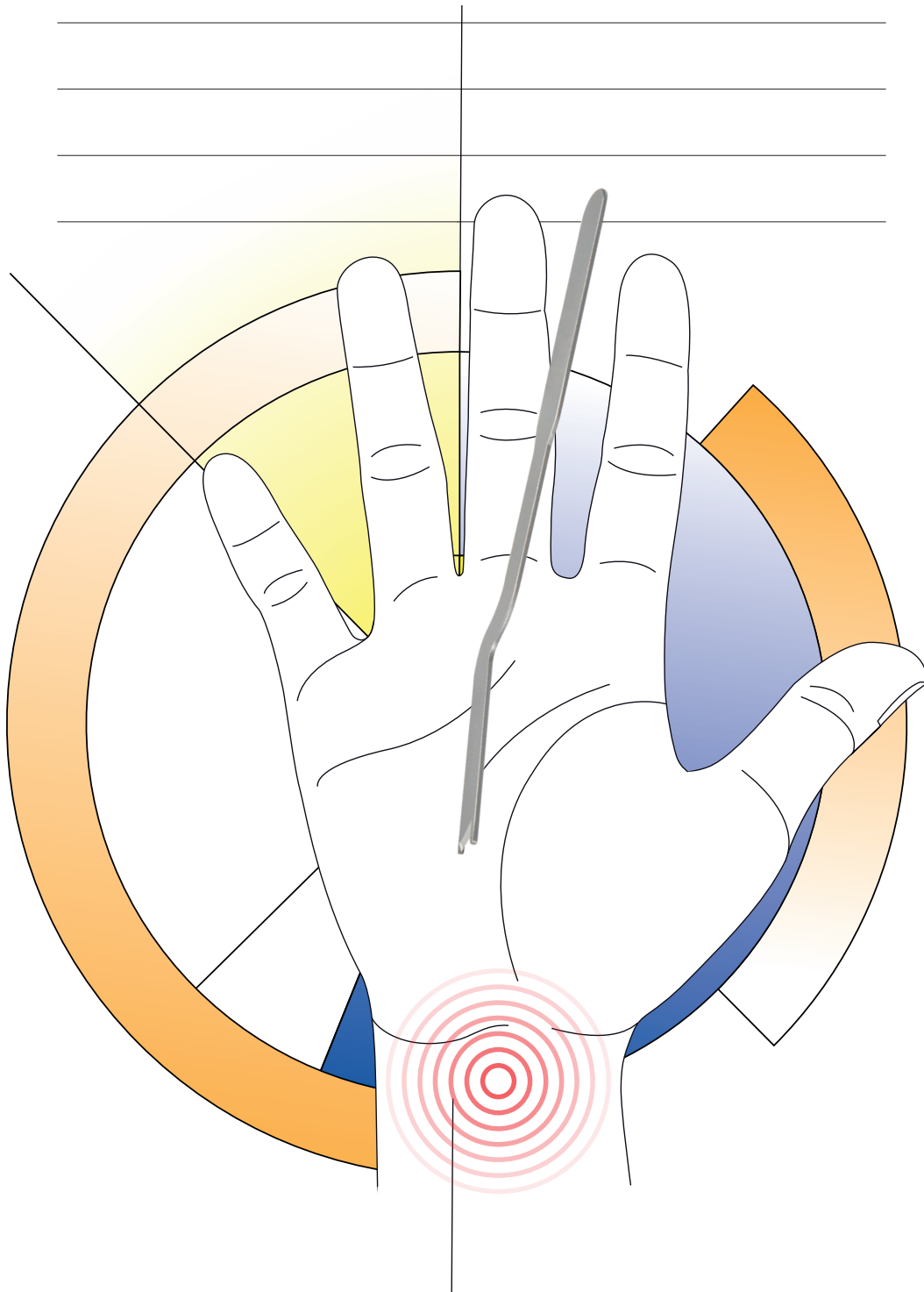
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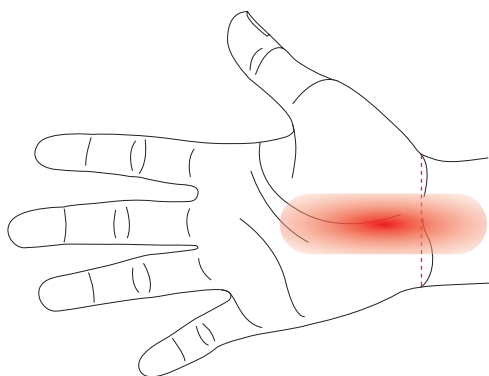
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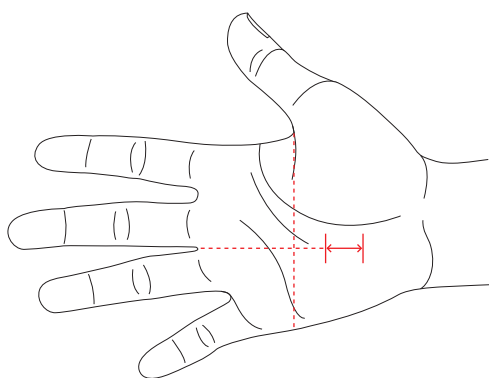
## Microblade for Carpal Tunnel Release

### Surgical Technique\*



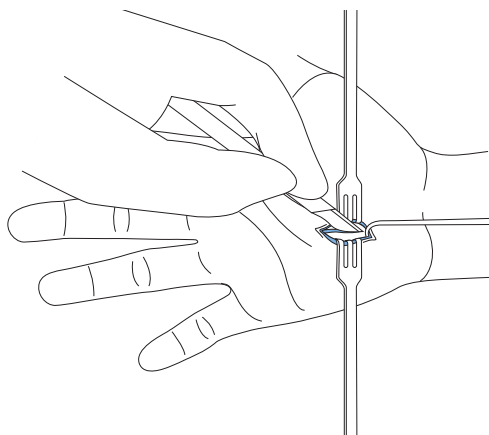
#### Anesthesia

Anesthesia is injected into the midline of the proximal palm to the proximal wrist crease. The anesthesia should infiltrate both, the carpal tunnel and the subcutaneous tissues, taking care not to injure the median nerve.



#### Preparation

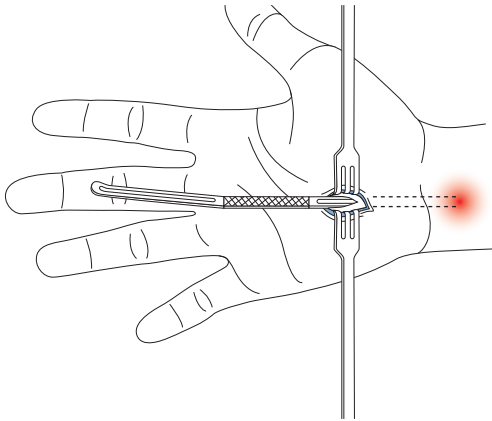
A transverse line is drawn from the proximal-most extent of the first web space in the palm. A second line should be drawn longitudinally from the radial border of the ring finger proximally. Approximately 1 cm proximal to the junction of these lines represents the distal point of the surgical incision. From here, the surgical skin incision is marked proximally over a length of 1.5 – 2 cm.



#### Incision

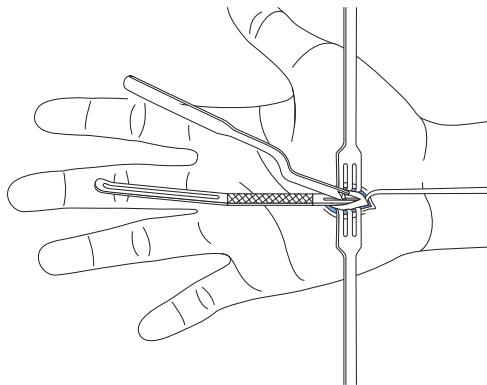
After tourniquet exsanguination the hand is disinfected. The palmar skin incision is performed and deepened through the fascia to the distal part of the transverse carpal ligament at its distal portion. Care should be taken not to damage the vascular arch. Using 2 self-retaining retractors transversely and a hook retractor proximally, the distal portion of the transverse carpal ligament is identified. The distal portion of the transverse carpal ligament is incised as proximally as possible with a #15 blade.

\* Description of the surgical technique by Dr. Arnold-Peter C. Weiss, M.D.  
Chief - Hand, Upper Extremity & Microvascular Surgery  
Vice Chairman & Professor of Orthopedics  
Warren Alpert Medical School, Brown University  
Department of Orthopedic Surgery  
East Providence, RI 02914, USA



### Use of a guide

The curved end of the guide is pushed from the distal incision underneath the remaining portion of the transverse carpal ligament proximally. The bended tip of the guide is passed proximally, always in contact with the undersurface of the transverse carpal ligament until it reaches beyond the proximal extent of the ligament itself.



### Guiding the blade

Hold the guide snugly against the retinaculum. The microblade is engaged into the guide groove and passed proximally until complete release of the remaining transverse carpal ligament has been accomplished.

After the blade has been retracted, use the guide to bluntly probe the transverse carpal ligament to ensure complete release.

### Wound closure

After the wound is irrigated, sutures are used for wound closure. A short palmar dressing is then placed, making sure that full finger and thumb flexion and extension can occur without difficulty.

### Rehabilitation

Patients are encouraged to perform range of motion exercises postoperatively, although heavy lifting should be avoided. Sutures are generally removed at 7 to 10 days and hand use increases progressively over the ensuing weeks.

### Indications

The SafeCTR microblade is indicated for the treatment of carpal tunnel syndrome in those patients who fail to respond to a full course of conservative treatment.

### Contraindications

- Repeat carpal tunnel release
- Distortion of anatomy
- Neurologic defects
- Previous soft tissue injury at the surgical site

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### Precautions

For safe and effective use of these microblades, the surgeon should be familiar with the recommended surgical technique and the required instruments.

### Packaging and sterility

The individual blades are supplied non-sterile and must be processed and sterilized prior to surgery. For processing and (central) sterilization, the instructions "Handling, Preparation and Sterilization Instructions" apply.

If the blades are blunt, they must be disposed.  
The blade guide must also be sterilized before use.

### Dimensions and ordering numbers



SafeCTR Blade	FSP2620
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**Argomedical AG**  
Gewerbestrasse 5  
CH-6330 Cham/Switzerland  
Tel. ++41 (0)41-741 40 18  
Fax ++41 (0)41-741 40 19  
info@argomedical.ch  
[www.argomedical.com](http://www.argomedical.com)

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**Argomedical GmbH**  
Hungerkamp 4  
D-38104 Braunschweig/Germany  
Tel. ++49 (0)531-70 12 74 0  
Fax ++49 (0)531-70 12 74 10  
info@argomedical.de  
[www.argomedical.de](http://www.argomedical.de)



**Five Star Surgical Inc.**  
Five Star Manufacturing Inc.  
163 Samuel Barnet Blvd  
New Bedford, MA 02745  
USA