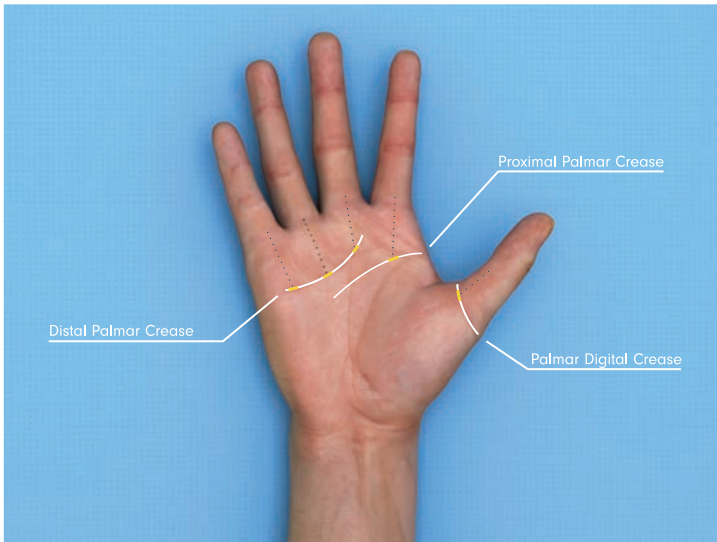


- Minimally Invasive
- Get the benefit of a percutaneous release while having the safety of an open approach.
- Can also be used for DeQuervain's Release

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## PROCEDURE

S2S Surgical introduces a minimally invasive Trigger Finger Release procedure.

The Distal Palmar crease is used for the middle, ring and small fingers. The Proximal Palmar Crease is used for the index finger and the palmar digital crease for the thumb.

## PREPARATION

Some sedation can be used, but the procedure can be performed using local anesthesia only.



A longitudinal line in the middle of the flexor tendon is drawn for orientation during the procedure in order to avoid injury to neurovascular structures. The intersection of this line and the Palmar Crease determines the location for the incision.

## TOOLS

The instruments needed for this procedure include a #15 Blade, a Dissecting Scissor or Hemostat, 2 Ragnall Retractors, and the S2S Trigger Finger Knife.

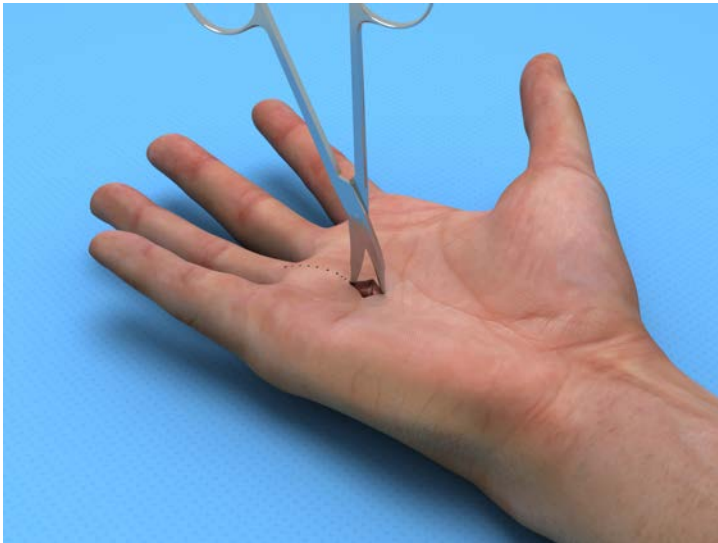


## DISSECTION

For the middle, ring, and small fingers; a 2-5 mm incision is created along the distal palmar crease.

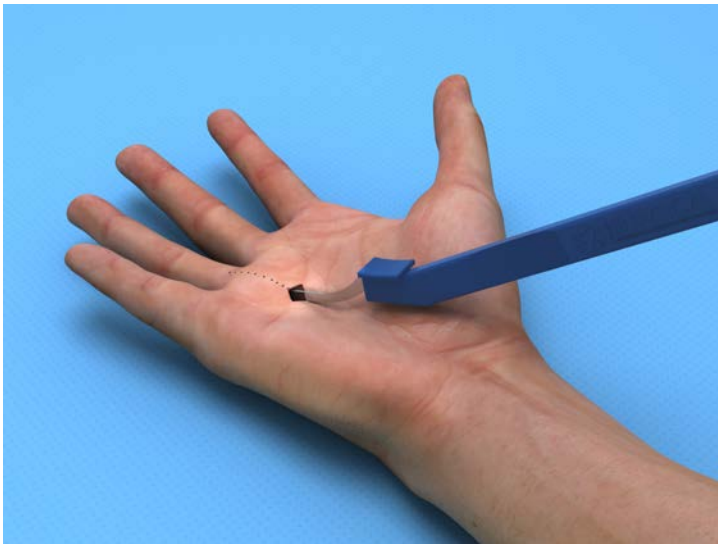
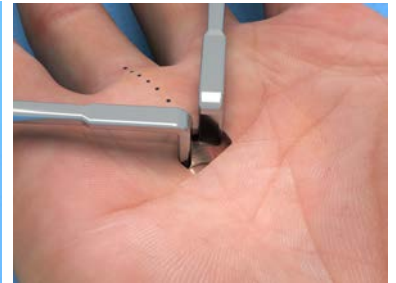
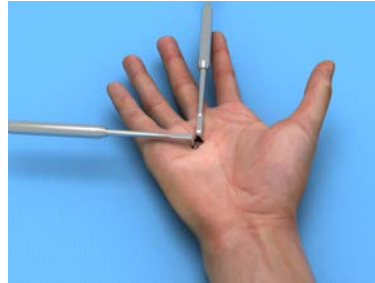
For the index finger, a 2-5 mm incision is created along the proximal palmar crease. For the thumb, a 2-5 mm incision is created along the palmar digital crease.

For demonstration purposes, a Trigger Finger Release of the ring finger will be shown.



## ISOLATE FLEXOR TENDON SHEATH

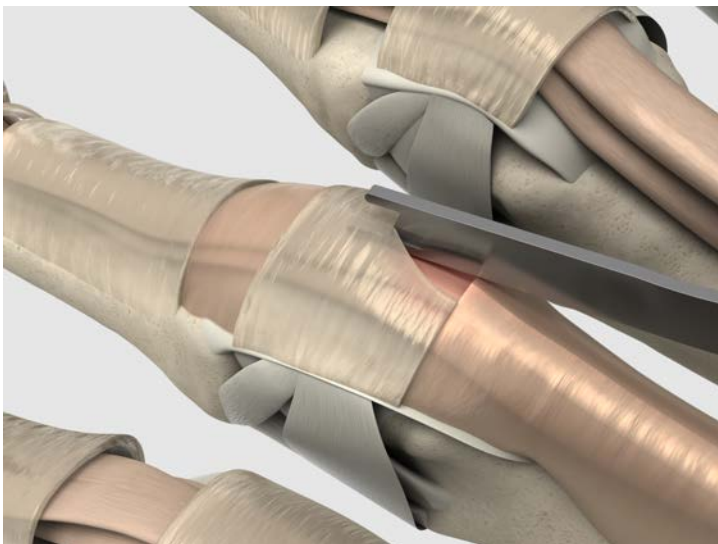
A hemostat or dissecting scissor is used to identify the flexor tendon sheath. Ragnall Retractors are used.



## DISTAL RELEASE

The S2S Trigger Finger Knife is then engaged on the flexor tendon sheath and an audible "pop" may be heard.

The Surgeon's non dominant hand may facilitate the release of the flexor tendon sheath by cradling the patient's hand and adjusting the wrist flexion/extension.



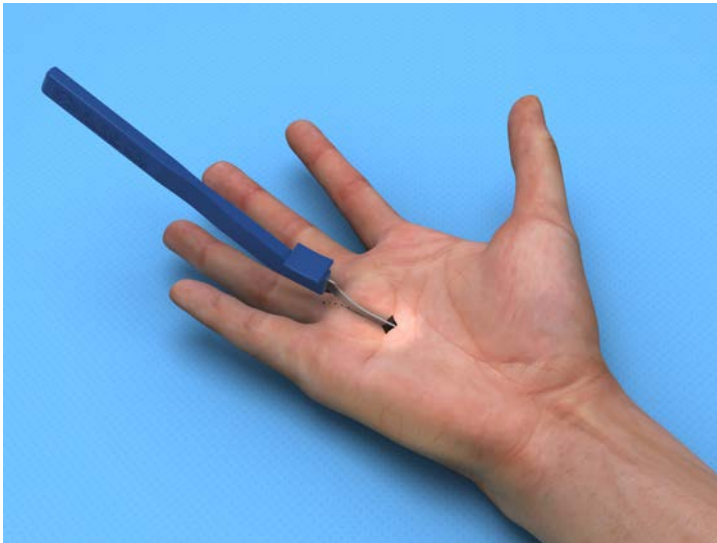
## DISTAL RELEASE

The Trigger Finger Knife is advanced along the flexor tendon while being guided by the surgeon's non-cutting hand.

The release is performed in a slow and controlled fashion.

The surgeon may feel and/or hear a grating sensation, which stops when the A1 pulley is fully released.



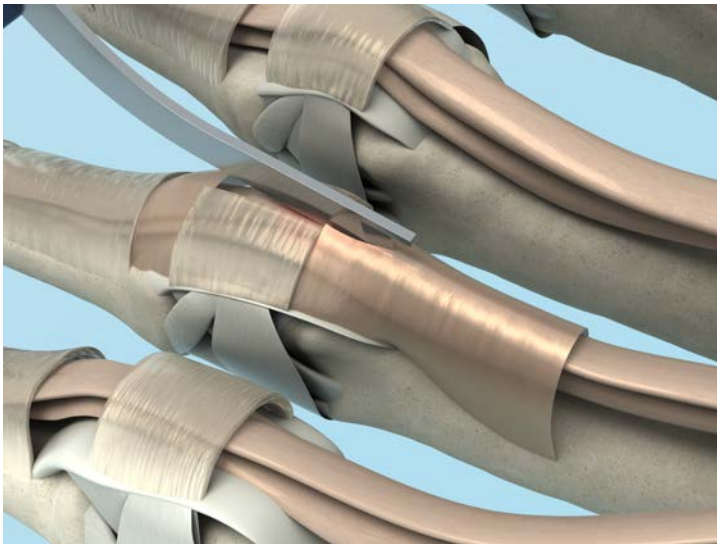


## PROXIMAL RELEASE

Often, stenosing tenosynovitis affects a longer region of the flexion tendon sheath.

The proximal tendon sheath, “Manske’s Fibers”, can also be released by re-locating the S2S Trigger Finger Knife and advancing it proximally.

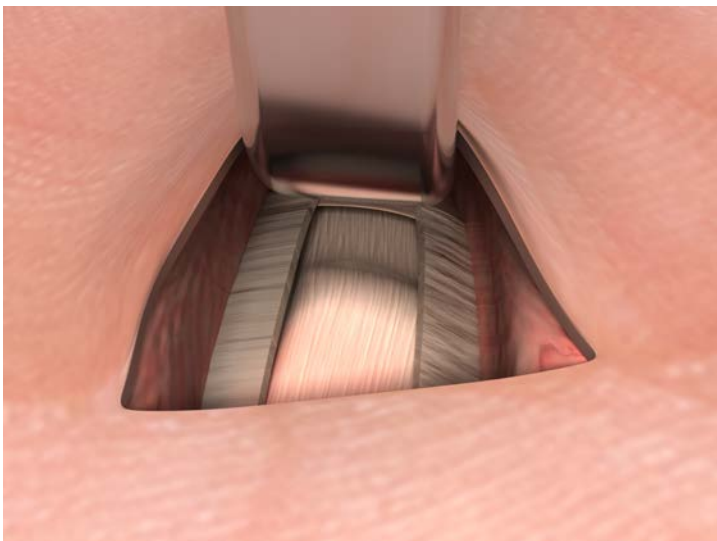
Manske’s fibers typically do not extend more than 3-4 mm’s proximal to the crease.



## PROXIMAL RELEASE

Using direct visualization the Trigger Finger Knife is re-inserted into the sheath.

The Trigger Finger Knife is advanced along the flexor tendon while being guided by the surgeon’s non-cutting hand.



## INSPECTION & CLOSURE

A complete release is confirmed by direct visualization.

The incision is closed in routine fashion. A light bandage is applied and the patient is encouraged to start full range of motion of the digits immediately.

## TRIGGER FINGER RELEASE



### TRIGGER FINGER TOOL

20-104 MINI RETRACTOR  
30-118 TRIGGER FINGER KNIFE



### RAGNELL RETRACTOR

PART #: 20-104

## INDICATIONS

TRIGGER FINGER RELEASE (A 1 PULLEY)

## CONTRAINDICATIONS

SEVERE FLEXOR TENOSYNOVITIS DUPUYTREN'S CONTRACTURE  
ACTIVE INFECTION OF DIGIT  
ANATOMICAL ANOMALIES

## PATENT PENDING

S2S SURGICAL LLC, AS THE MANUFACTURER OF THIS DEVICE, DOES NOT PRACTICE MEDICINE AND DOES NOT RECOMMEND THIS OR ANY OTHER SURGICAL TECHNIQUE ON A SPECIFIC PATIENT. THE SURGEON WHO PERFORMS ANY PROCEDURE IS RESPONSIBLE FOR DETERMINING AND UTILIZING THE APPROPRIATE TECHNIQUE FOR THE SPECIFIC PROCEDURE.

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