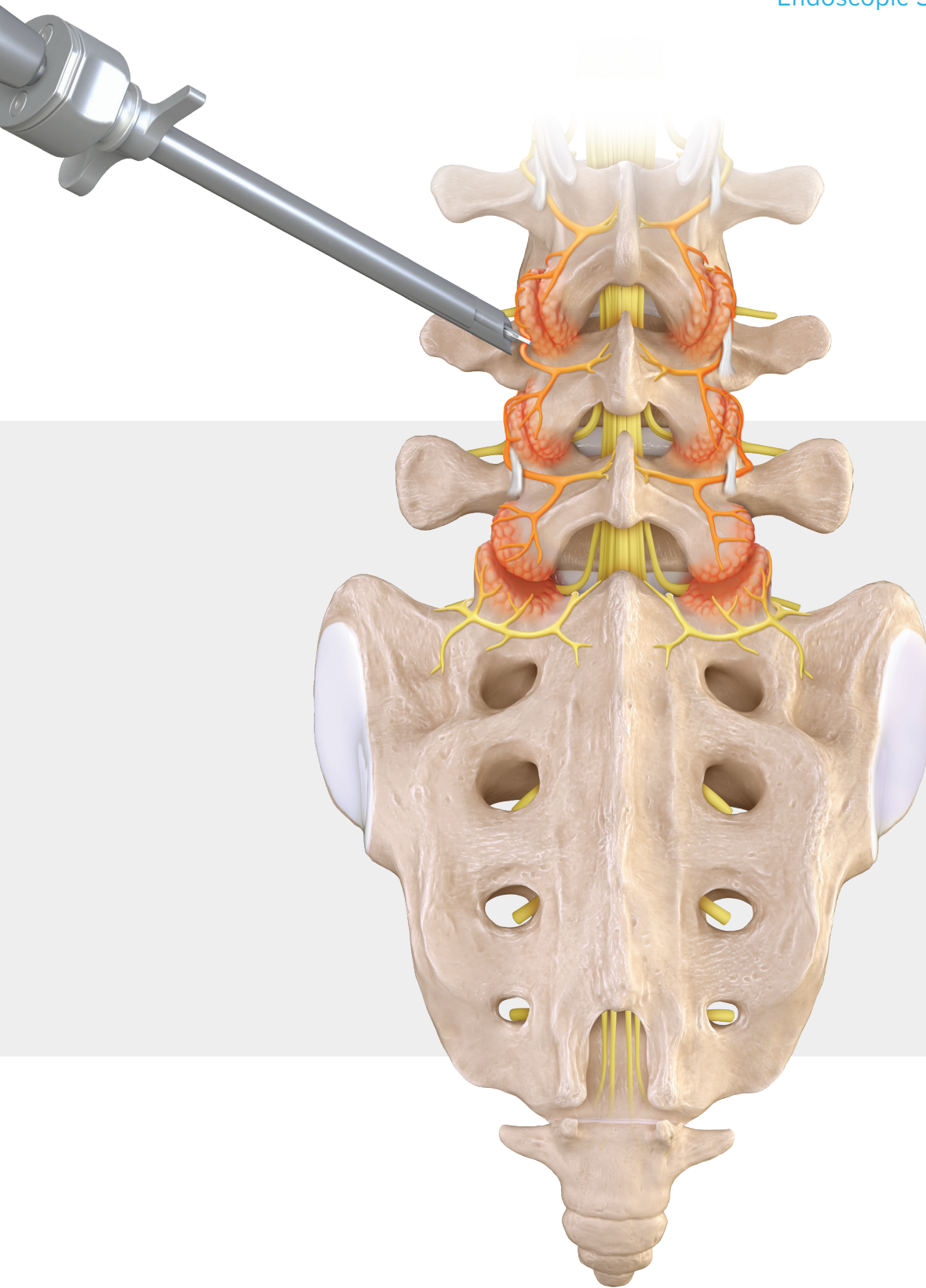


Medial Branch Nerve Transection

Endoscopic Surgical Technique



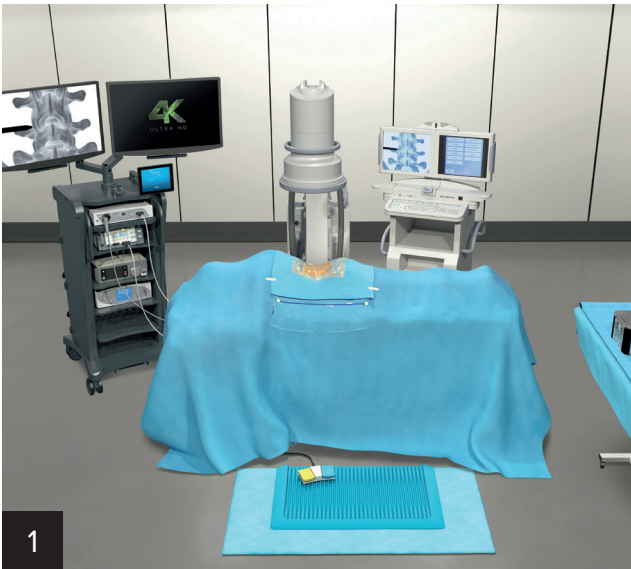
Medial Branch Transection Technique

Introduction

The medial branch transection (MBT) endoscopic technique allows for direct visualization to access, transect, and denervate the medial branch nerves at the junction of the dorsal transverse process and superior articular process. The Synergy imaging system, in conjunction with the ergonomic and procedure specific instruments, provides innovative new technology to treat this pathology.

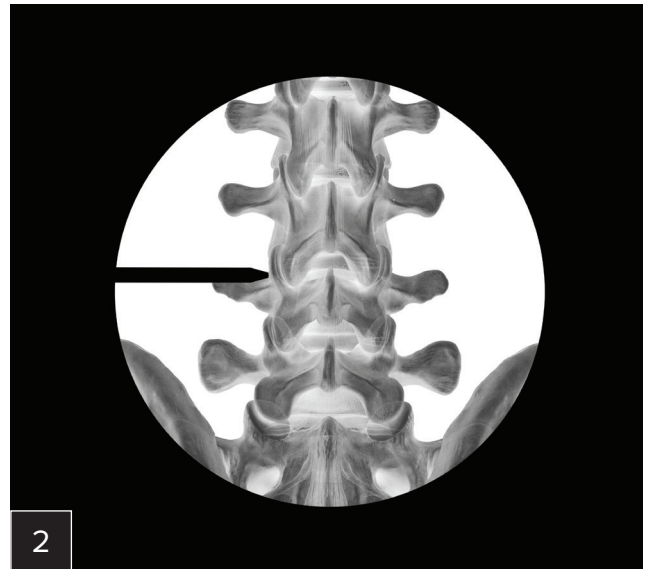
- Depth stop and cannula holder allow for improved control of the endoscope and cannula
- WishBone™ handles combine ergonomics, efficiency, and control
- Synergy integration and imaging provide optimized visualization
- Instruments are available with ceramic coating for increased hardness and corrosion resistance





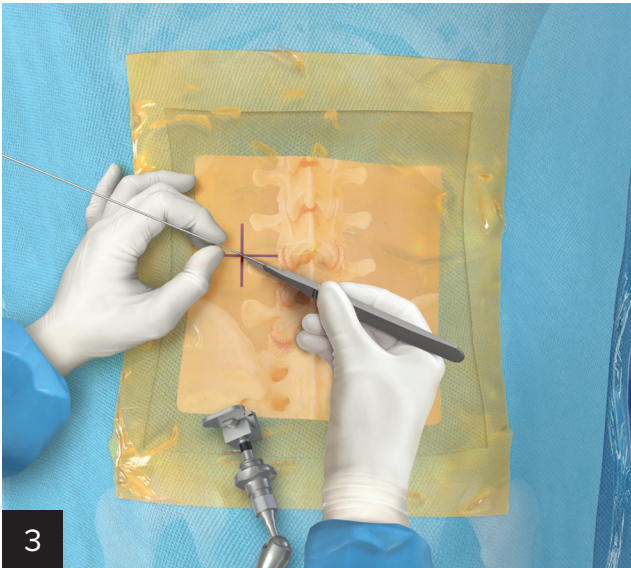
Set up OR and Position Patient

With the patient prone and their arms extended, position the C-arm across from the surgeon with the video monitor at the head and C-arm monitor at the foot of the bed.



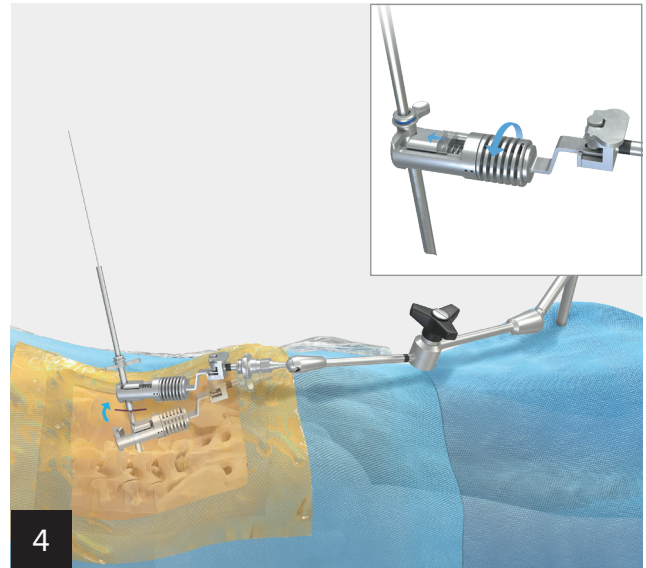
Targeting

Use AP and lateral views to target and confirm the transverse process (TP) of the level being treated.



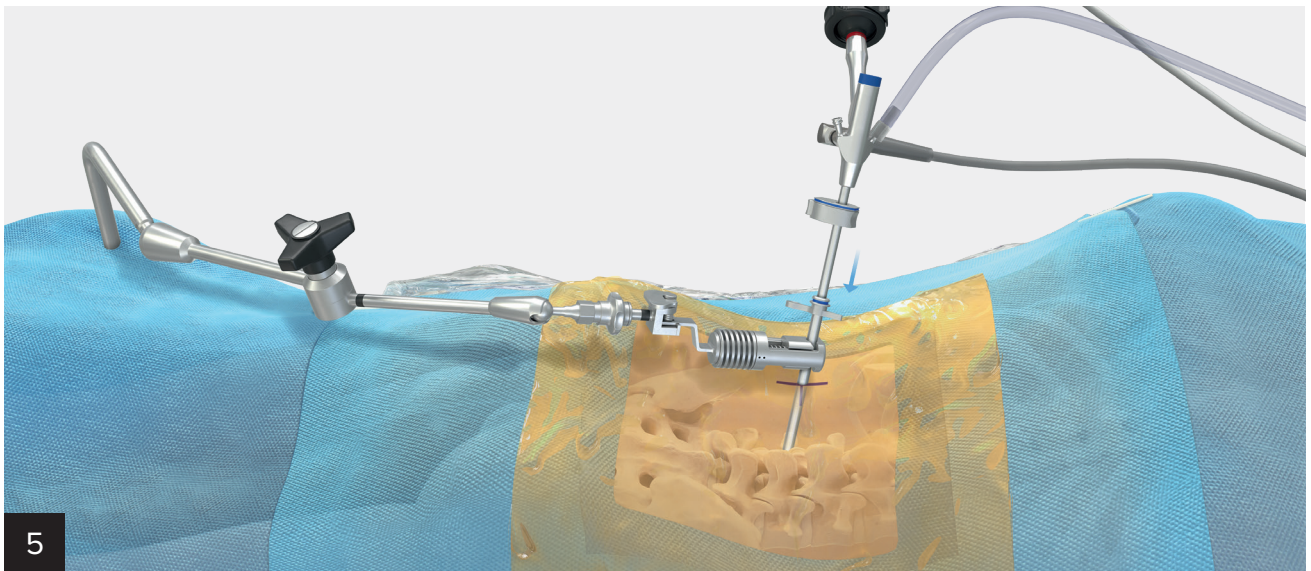
Docking

Insert the needle and stylet, followed by the guidewire. Extend the incision and insert the switching stick and cannula with the bevel orientated medially. Intermittently verify targeting and location using C-arm.



Cannula Holder and Depth Stop

With the TRIMANO® arm holder attached to the bed via a bed rail adapter, connect the cannula holder. Maintain the trajectory and location of the cannula to the anatomy while positioning and attaching the holder to the cannula.



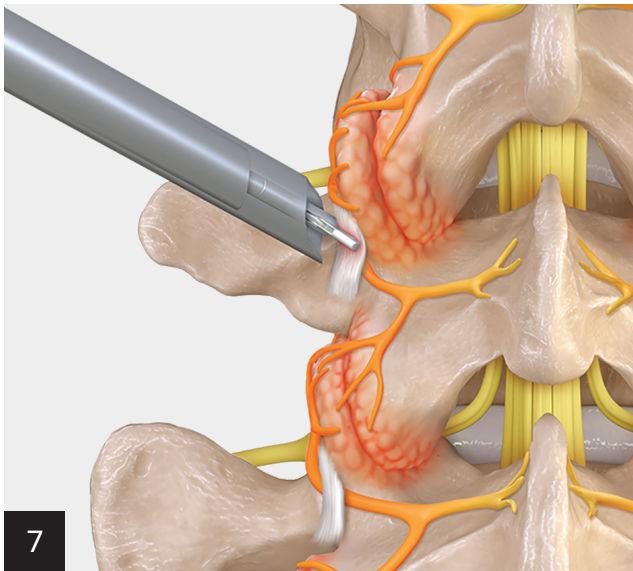
Set up and Insert Endoscope

Attach the light cord, irrigation, and depth stop to the endoscope. Following removal of the guidewire and switching stick, insert the endoscope down the cannula.



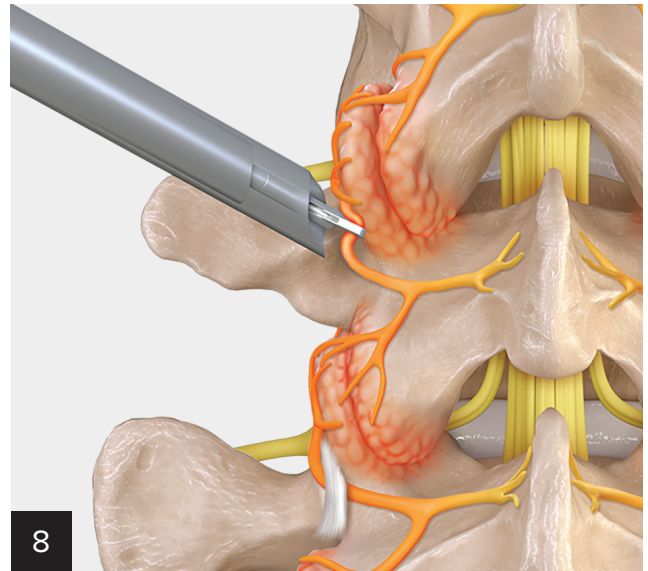
Dissect Tissue and Visualize

Using the FlexTip probe and endoscopic instruments, dissect and identify landmarks and expose the mamillo-accessory ligament (MAL) and medial branch.



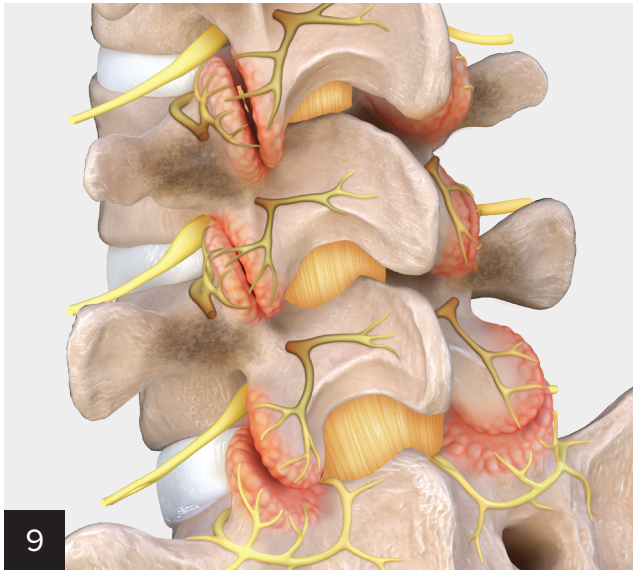
MAL Removal

Using scissor punch, hook scissors, and FlexTip probe, remove the MAL to expose the underlying nerves.



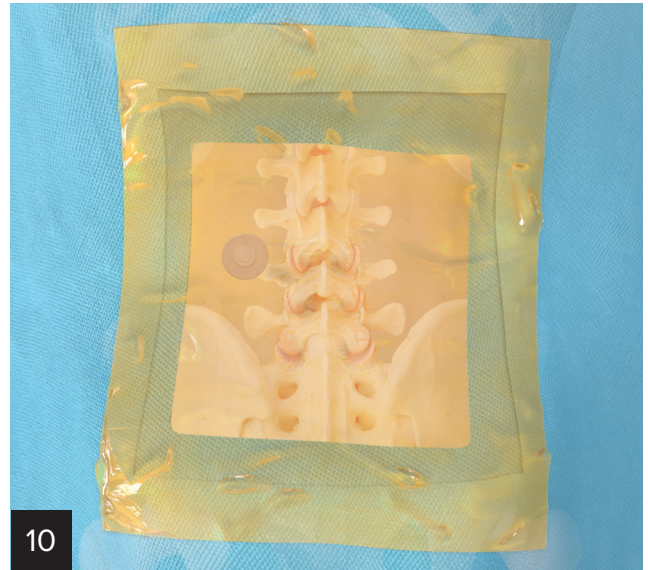
Transect the Medial Branch Nerve

Use the same instruments to transect the medial branch and ablate the transected nerve ends.



Debride Tissue

Debride the junction of the TP and superior articular process (SAP), angling the cannula and endoscope appropriately lateral while avoiding the adjacent tissue structure of the facet capsule.



Complete Procedure

Remove the endoscope and cannula, close the incision, and apply JumpStart® antimicrobial wound dressing over incision site.

Ordering Information

Product description	Item number
Spine endoscope case	AR-S1000-C3
Spine endoscope, 7 mm × 130 mm, 30°	AR-S3350-7030-130
Stopcock	AR-S3350-000-001
Spine endoscopic case, large	AR-S1000-C1
Guidewire, nitinol, 0.8 mm × 400 mm	AR-S4000-008-400
Switching stick, 7 mm × 225 mm	AR-S3020-070-225
Cannula, w/ elevator tip, 8 mm × 125 mm	AR-S3420-080-125ET
Cup forceps, 2.5 mm × 260 mm, WishBone™ handle	AR-S7110-025-260W
Cup forceps, up angle, 2 mm × 330 mm, WishBone handle	AR-S7110-020U-330W
Scissor punch, 2.5 mm × 260 mm, WishBone handle	AR-S7116-025-260W
Scissor punch, up angle, 2.5 mm × 330 mm, WishBone handle	AR-S7116-025U-330W
Elevator, 2.5 mm × 310 mm	AR-S1342-025-310
Hook probe, 2.5 mm × 260 mm	AR-S10030-025-260
Ball-tip probe, flexible, assembly	AR-S7310-035-380
Synergy ES console	AR-S9800
Synergy ES footswitch w/ handle	AR-S9800-F1
FlexTip RF Probe, 28 cm	AR-S9805-0035

See product catalog for full product listings. Instruments dependent on surgeon preferences and pathology.



This description of technique is provided as an educational tool and clinical aid to assist properly licensed medical professionals in the usage of specific Arthrex products. As part of this professional usage, the medical professional must use their professional judgment in making any final determinations in product usage and technique. In doing so, the medical professional should rely on their own training and experience, and should conduct a thorough review of pertinent medical literature and the product's directions for use. Postoperative management is patient-specific and dependent on the treating professional's assessment. Individual results will vary and not all patients will experience the same postoperative activity level and/or outcomes.

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