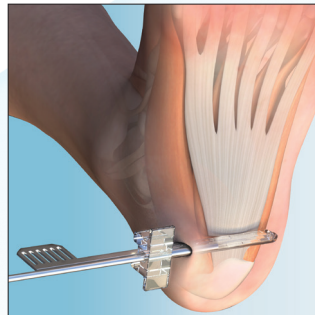
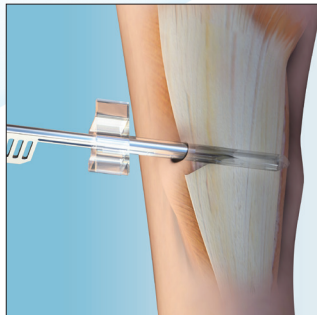
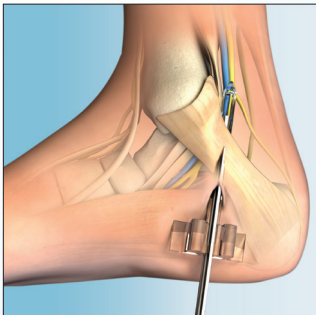
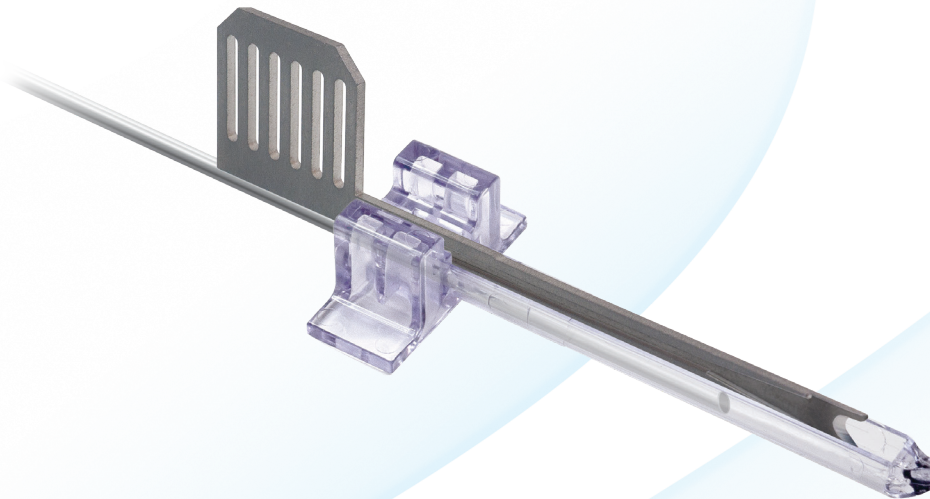


# ClearGuard LE™

ENDOSCOPIC SOFT TISSUE RELEASE SYSTEM\*



360° Panoramic Visualization

Proprietary Guided Track System

Sterile Single-use Instruments

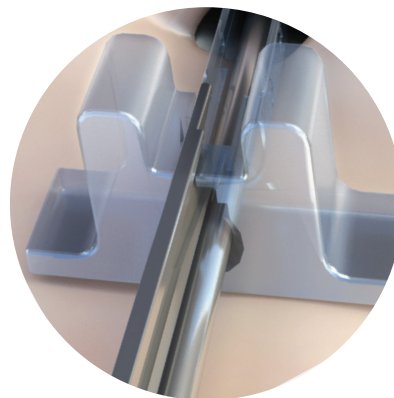
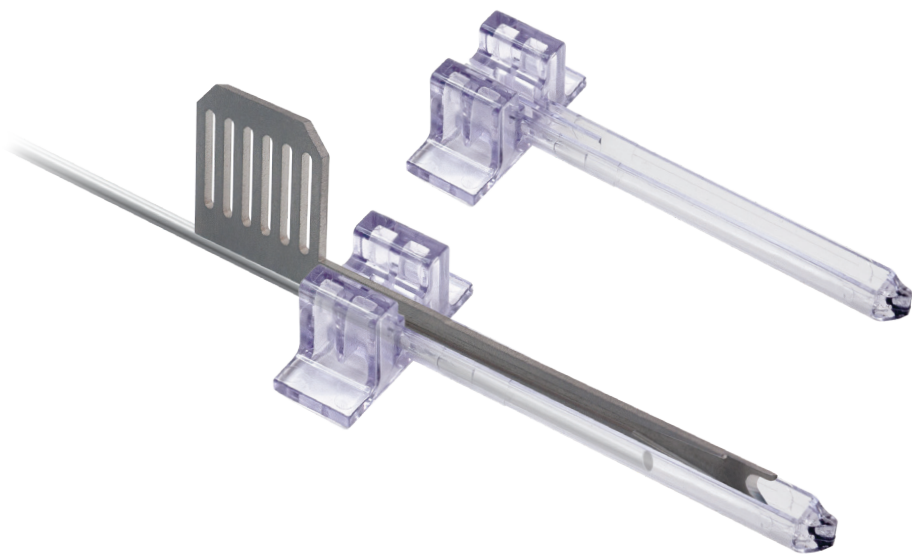
Universal Scope Compatibility



A GLOBAL EXTREMITY COMPANY

\*ClearGuard LE™ is exclusively for lower extremity applications and is used for plantar fascia, gastrocnemius, tarsal tunnel and Morton's neuroma.

## *Clear Advantages*



Proprietary Guided Track System

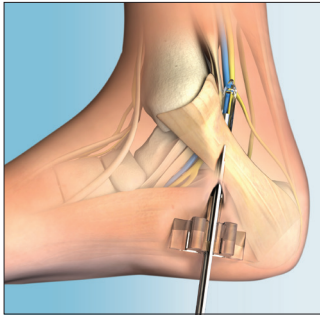
## Optimal Versatility and Control

### **ClearGuard LE™ Technology**

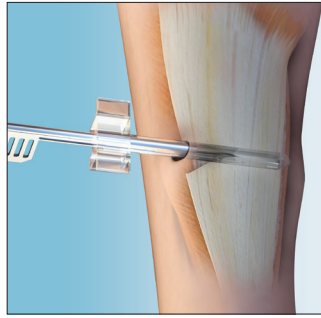
- Transparent cannula offers 360° panoramic visualization
- Cannula size provides limited displacement of adjacent structures
- Minimized incision for easier, less disruptive insertion
- Minimally invasive single portal access

### **Precision Control**

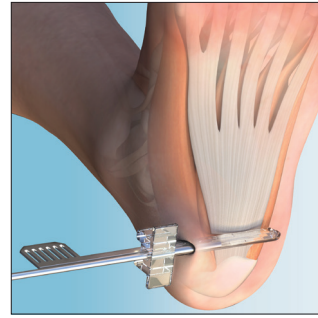
- Independently operate arthroscope and knife blade within cannula
- Precise and repeatable tissue release
- Proprietary guided track technology
- Blocked endpoint on the cannula for safety and control



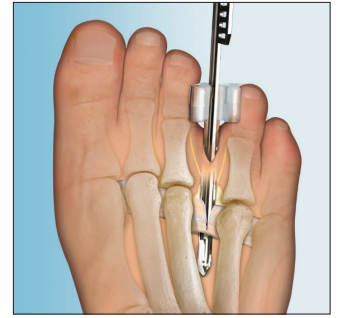
Tarsal Tunnel Release



Gastrocnemius Recession



Plantar Fascia Release



Nerve Decompression



Sterile Packaged and Fully Disposable

Forward Cutting Blade

ClearGuard LE™ Cannula

In-situ Rasp

Synovial Elevator

Sequential Dilators

## Intuitive System

- Ergonomic instrument design
- Universal scope compatibility
- Simplified surgical steps
- Easily assimilated into any practice

## On Demand Sterile Delivery

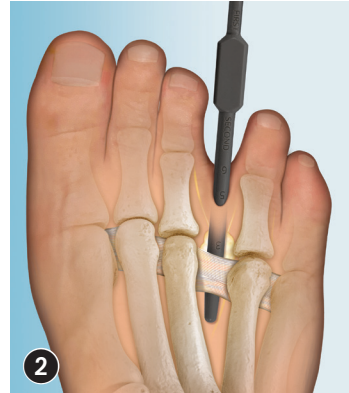
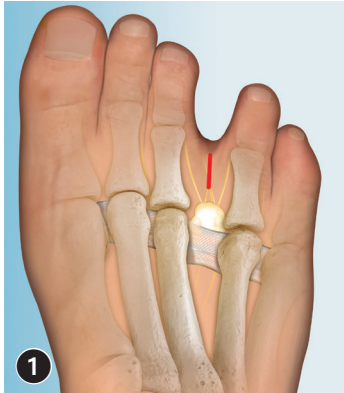
- Provided sterile, single-use
- Save time, save money, reduce infection potential

*ClearGuard LE™ is exclusively for lower extremity applications and is used for plantar fascia, gastrocnemius, tarsal tunnel and Morton's neuroma.*

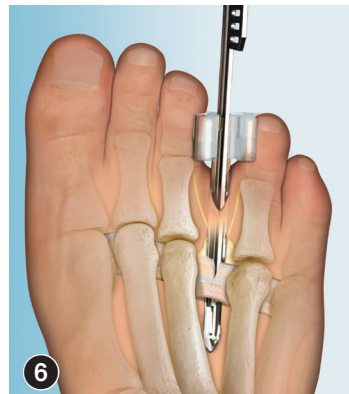


### Nerve Decompression

Endoscopic Morton's Neuroma Treatment Technique Guide



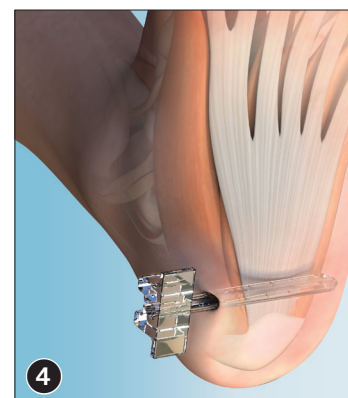
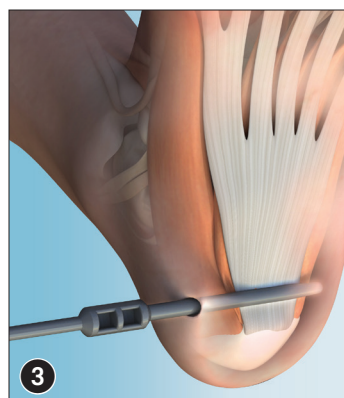
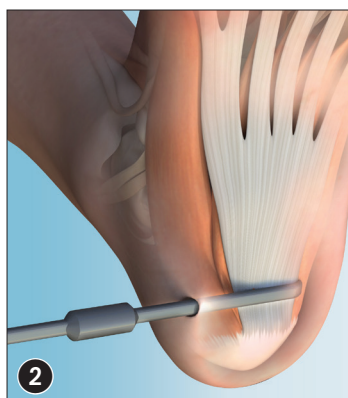
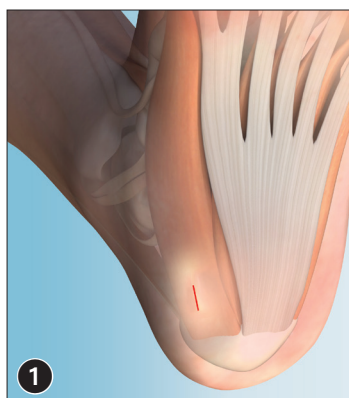
- 1.** Make a 1cm linear web space incision.  
Dissect to locate the deep transverse intermetatarsal ligament.
- 2.** Insert the elevator to release subcutaneous tissue.  
A “washboard effect” will be felt as the elevator is moved along the inferior plane of ligament.  
Optional: Rasp may be used to clear away synovial tissue.
- 3.** Dilate the intermetatarsal space using sequential dilators.  
Optional: Insert the In-situ rasp above the arthroscope on its side and rotate 90 degrees to upright position. Rasp the under-surface of the deep transverse intermetatarsal ligament to clear away soft tissue and improve visualization.
- 4.** Insert the slotted cannula.



- 5.** Insert the arthroscope and confirm the location. Insert the forward cutting knife through the hub of the cannula
- 6.** Apply adequate pressure to incise the ligament bands.
- 7.** Divide ligament under direct visualization and confirm release.
- 8.** Skin closure is achieved in the usual fashion.  
Apply a soft, mildly compressive dressing.

# Plantar Fascia Release

## Endoscopic Plantar Fasciitis Release Technique Guide



**1.** Palpate the medial plantar calcaneal tubercle and make an incision 1-3mm distal and approximately 17mm above the plantar heel fat pad.

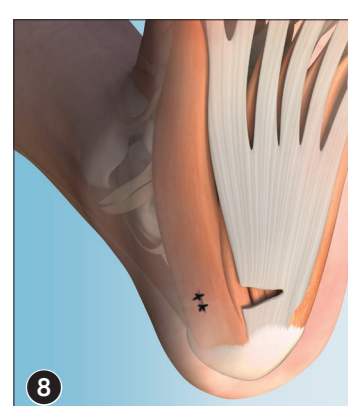
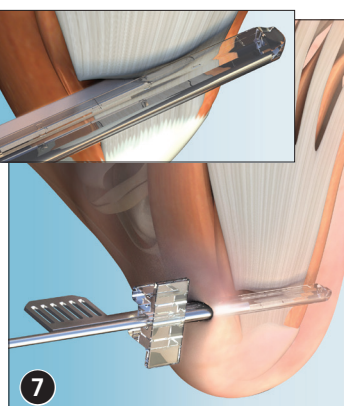
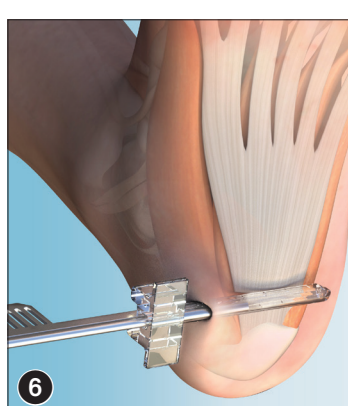
**2.** Insert the elevator inferior to the plantar fascia ligament.

A “washboard effect” will be felt as the elevator is moved along the inferior plane of the plantar fascia ligament.

**3.** Optional: Rasp may be used to clear away synovial tissue.

**4.** Dilate the inferior plane of the plantar fascia ligament using the sequential dilators.

Insertion depth varies based on patient size and body morphology.



**5.** Insert the In-situ rasp above the arthroscope on its side and rotate 90 degrees to upright position.

Rasp the under-surface of the plantar fascia ligament to clear away soft tissue and improve visualization.

**6.** Insert the forward cutting knife through the hub of the cannula.

Retract the skin proximally and engage the medial edge of the plantar fascia ligament.

Apply adequate pressure to incise the fascial bands, taking care to not violate the deeper intrinsic musculature.

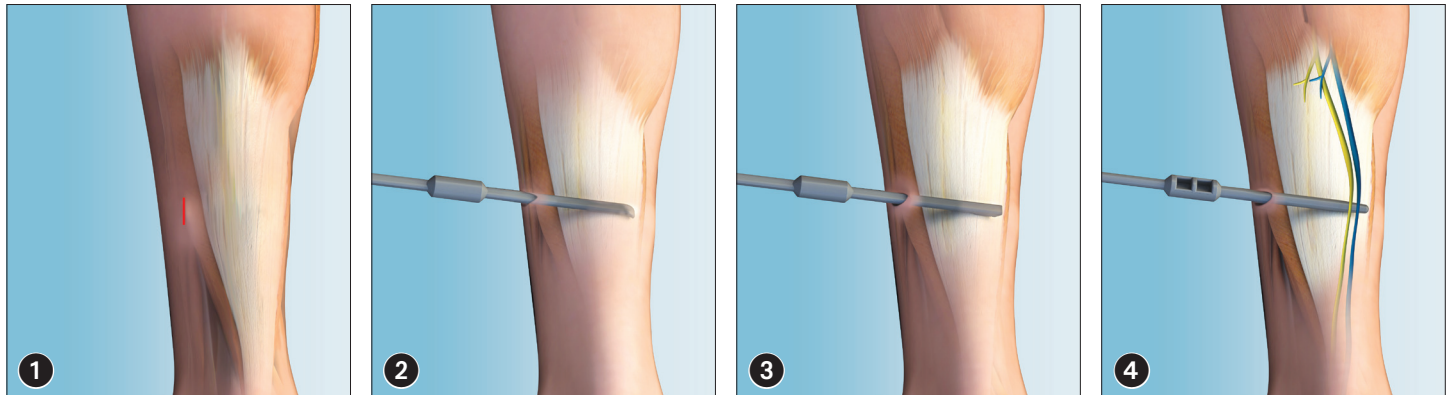
**7.** Divide the ligament under direct visualization.

**8.** Skin closure is achieved in the usual fashion.

Apply a soft, mildly compressive dressing.

### Gastrocnemius Recession

Endoscopic Gastrocnemius Recession Release Technique Guide



1. With patient supine, externally rotate the leg to expose the medial leg and calf.

Palpate the medial edge of the gastrocnemius fascia just below the medial head of the gastrocnemius muscle.

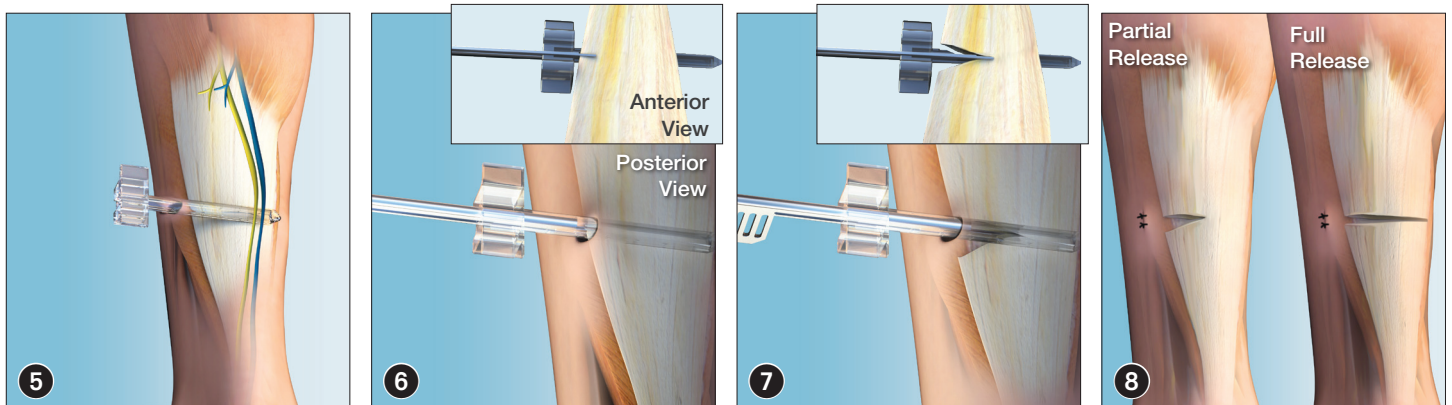
Incision should be .5-1cm in length and approximately 2cm below the gastrosoleal junction.

2. After incising the deeper fascial layer, insert the elevator posterior to the gastrocnemius tendon.

3. Optional: Rasp may be used to free subcutaneous tissue from fascial layer.

4. Dilate posterior to the gastrocnemius tendon using the sequential dilators.

Insertion depth varies based on patient size and body morphology.



5. Locate the medial aspect of the gastrocnemius tendon. Insert the ClearGuard LE™ cannula and advance laterally. Palpate to position just posterior to the gastrocnemius tendon.

Insert a 4mm 30° standard arthroscope and visualize the tendon.

The sural nerve and lesser saphenous vein MAY be visualized posterior to the ClearGuard LE™ cannula but may not always be seen.

6. Insert the forward cutting knife through the hub of the cannula

Retract the skin proximally and engage the medial edge of the gastrocnemius tendon.

7. Divide tendon under direct visualization.

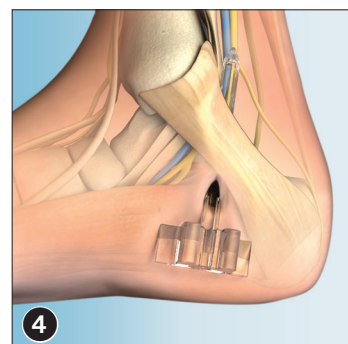
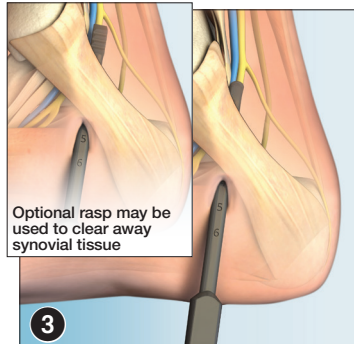
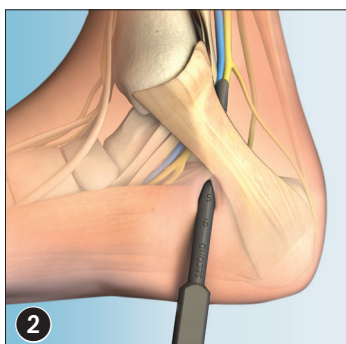
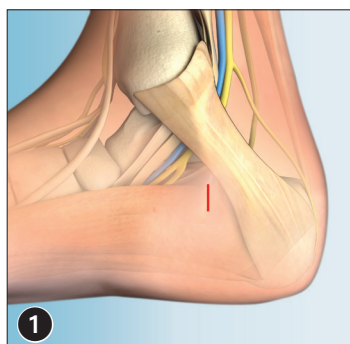
8. Skin closure is achieved in the usual fashion.

Apply a soft, mildly compressive dressing.



# TARSAL TUNNEL RELEASE

## Endoscopic Tarsal Tunnel Release Technique Guide



1. Pre-operatively mark patient with a surgical skin marker prior to anesthesia to ensure course of patient pain pattern in the tarsal tunnel for clarity in the distal and proximal distribution of nerve entrapment.

.5cm vertical incision over porta pedis or abductor hiatus. Use Metzenbaum scissors to release superficial fascia overlying the tibial nerve as it dives into the fascial opening of abductor hiatus.

Surgeon should release fascia on either side of the conjoined branch of tibial nerves as it passes through the porta pedis/abductor hiatus.

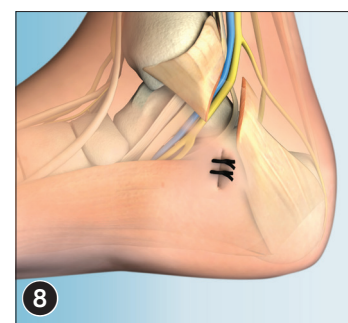
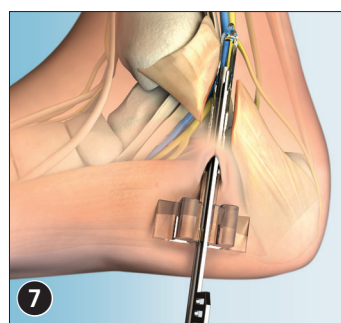
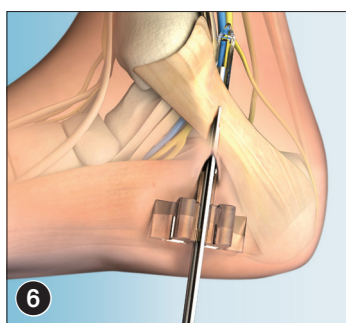
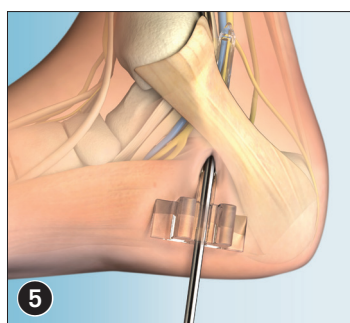
Follow course of pain in pre-op or anatomic course of tibial nerve.

2. Insert elevator under the flexor retinaculum and palpate the proximal edge.

A 'washboard effect' will be felt as the elevator is moved along the undersurface of the flexor retinaculum.

3. Dilate the tarsal tunnel space with the sequential dilators.  
Insertion depth is typically between 8-12cm.

4. Insert the ClearGuard LE™ cannula and palpate to position the cannula just proximal to the flexor retinaculum ligament.  
Maintain posterior pressure on the hub of the cannula to preserve its position beneath the ligament. Optional rasp may be used to clear away synovial tissue



5. Insert a 4mm 30° standard arthroscope and visualize the ligament.

Identify tibial vein just underneath the cannula ensuring that cutting knife will not lacerate the vein or its branches.

The tibial nerve and/or artery may or may not be visualized in this step.

6. Insert the forward cutting knife through the hub of the cannula.

Retract the skin proximally and engage the distal edge of the flexor retinaculum ligament.

7. Divide the ligament under direct visualization.
8. Skin closure is achieved in the usual fashion.

Apply a soft, mildly compressive dressing.

# ClearGuard LE™ COMPONENTS

Sterile Packaged and Fully Disposable



A. ClearGuard LE™ Cannula

B. Forward Cutting Blade

C. In-situ Rasp

D. Synovial Elevator/Rasp

E. Sequential Dilators

## ORDERING INFORMATION

PART NUMBER	DESCRIPTION
CGD 001	ClearGuard LE™ Endoscopic Soft Tissue Release System

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**CAUTION:** Federal law (USA) restricts this device to sale and use by, or on the order of a physician.



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