

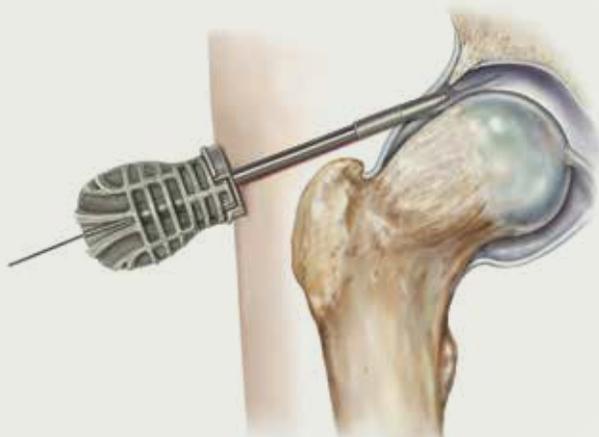


Establishing Two Portals: Surgical Technique

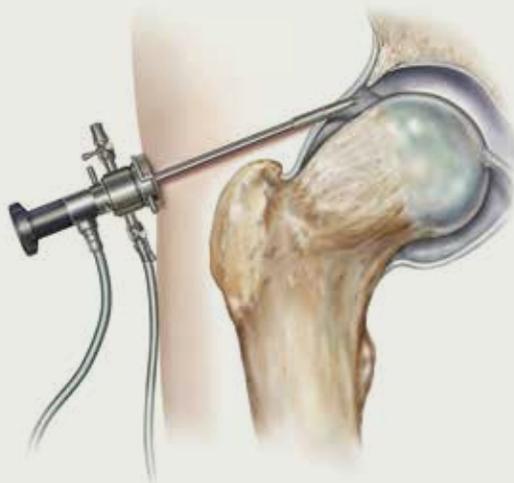
Pivot Medical's TransPort Hip Access System is designed to address a fundamental challenge in hip arthroscopy: efficiently accessing the hip joint. The TransPort Hip Access System components are designed for use with standard length J-lock 4.0mm arthroscopes, 17 gauge arthroscopic needles and 1.2mm Nitinol guidewires.

TransPort Hip Access System

1



2



3



Establishing the Anterolateral (AL) Portal

- Under fluoroscopic guidance, follow standard operative technique to deliver guidewire into joint.

If desired, use the Capsule Punch to make the initial puncture through the capsule. Deliver the Capsule Punch over guidewire. Remove Capsule Punch.

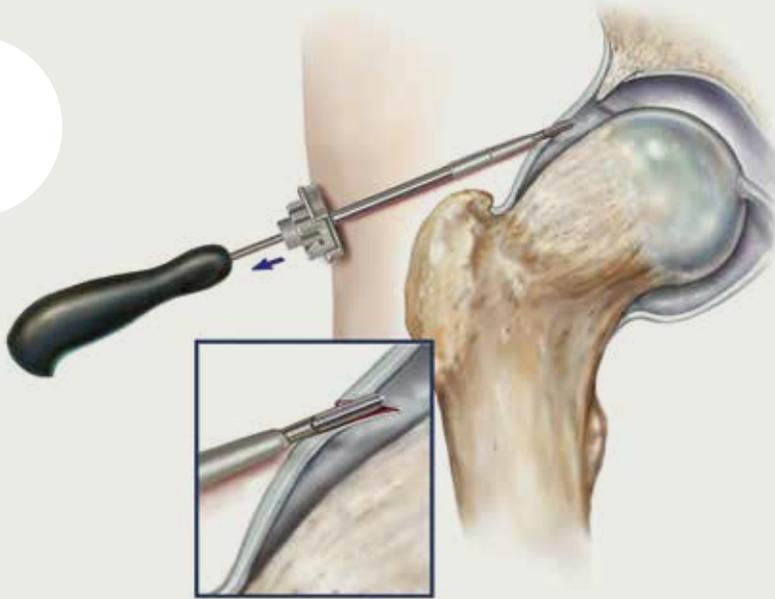
- Insert FlowPort II Cannula-Obturator assembly over guidewire and into joint. (Figure 1) Remove obturator and guidewire.
- Attach FlowPort II Adapter to scope.
- Insert scope with FlowPort II Adapter through FlowPort II Cannula and attach inflow tubing. Start flow by opening stopcock valve. (Figure 2)

Establishing the Second Portal

- Under direct visualization, repeat the steps above to deliver the second FlowPort II Cannula into joint.
- Using direct visualization, confirm proper cannula placement of AL portal. (Figure 3)

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Cutting the Capsule

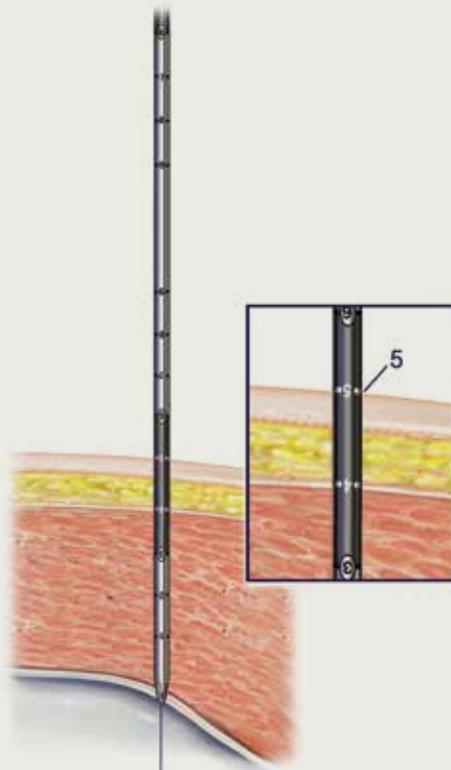
- Insert Samurai Blade into AL portal; retract FlowPort II Cannula.
- Cut the capsule. (Figure 4)
- Switch scope and Samurai Blade and repeat in second portal to complete capsule cuts.



TECHNIQUE PEARL: Before removing the Samurai Blade, re-advance the FlowPort II Cannula into joint to maintain conduit.

NOTE: It is important to make sure the capsulotomy is complete through the entire thickness of the capsule and through only one plane. Failure to complete the capsulotomy could lead to restricted movement.

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Inserting the TransPort Cannulae

- Insert Stick through FlowPort II Cannula into joint. Remove and retain FlowPort II Cannula.
- Under direct visualization, position the distal tip of the Stick at the location where the tip of the TransPort Cannula will reside.
- Use the graduated markings on the Stick to approximate the distance from the skin to the tip of the Stick. (Figure 5)

TransPort Hip Access System



Size 1, 2, 3



Size 4, 5, 6



Size 7, 8, 9



TransPort Cannula

6

7

- Select appropriate length TransPort Cannula [(Size 1, 2, 3), (4, 5, 6) or (7, 8, 9)] based upon the measurement taken from the graduations on the stick. (Figure 6) Due to possible tissue swelling during the procedure, it is recommended to size the cannula one length measurement larger (i.e. if the measurement is “3”, select the “4, 5, 6” length cannula and size to “4”).
- Adjust the length of the TransPort to the measured length by turning the knob on the head of the TransPort, clockwise to extend or counterclockwise to shorten. (Figure 7)

TransPort Hip Access System

8_a



8_b



8_c



8_d



8_e



- Depress the silver button on the TransPort obturator, extend the metal shaft to its fullest extent and release the silver button. (Figure 8a) Insert TransPort cannula into the fully extended TransPort Obturator until the white Outflow Port rests in any one of the TransPort Obturator's four indentation's. (Figure 8b) Press and hold the silver button and gently push back on the tip of the TransPort Obturator to shorten the shaft. (Figure 8c) Release the button when the cannula tip resides between the two laser marks on the distal end of the Obturator's shaft. (Figure 8d) The device is now ready for use. (Figure 8e)

TransPort Hip Access System



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- Insert TransPort Cannula-Obturator device over Stick. (Figure 9)



TECHNIQUE PEARL: Once the threads on the TransPort Cannula begin to enter the skin, use a clockwise rotation to secure the device. (Figure 10)



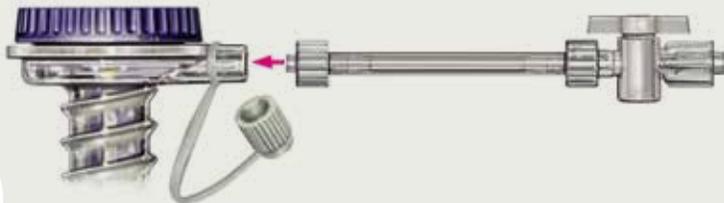
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TransPort Hip Access System

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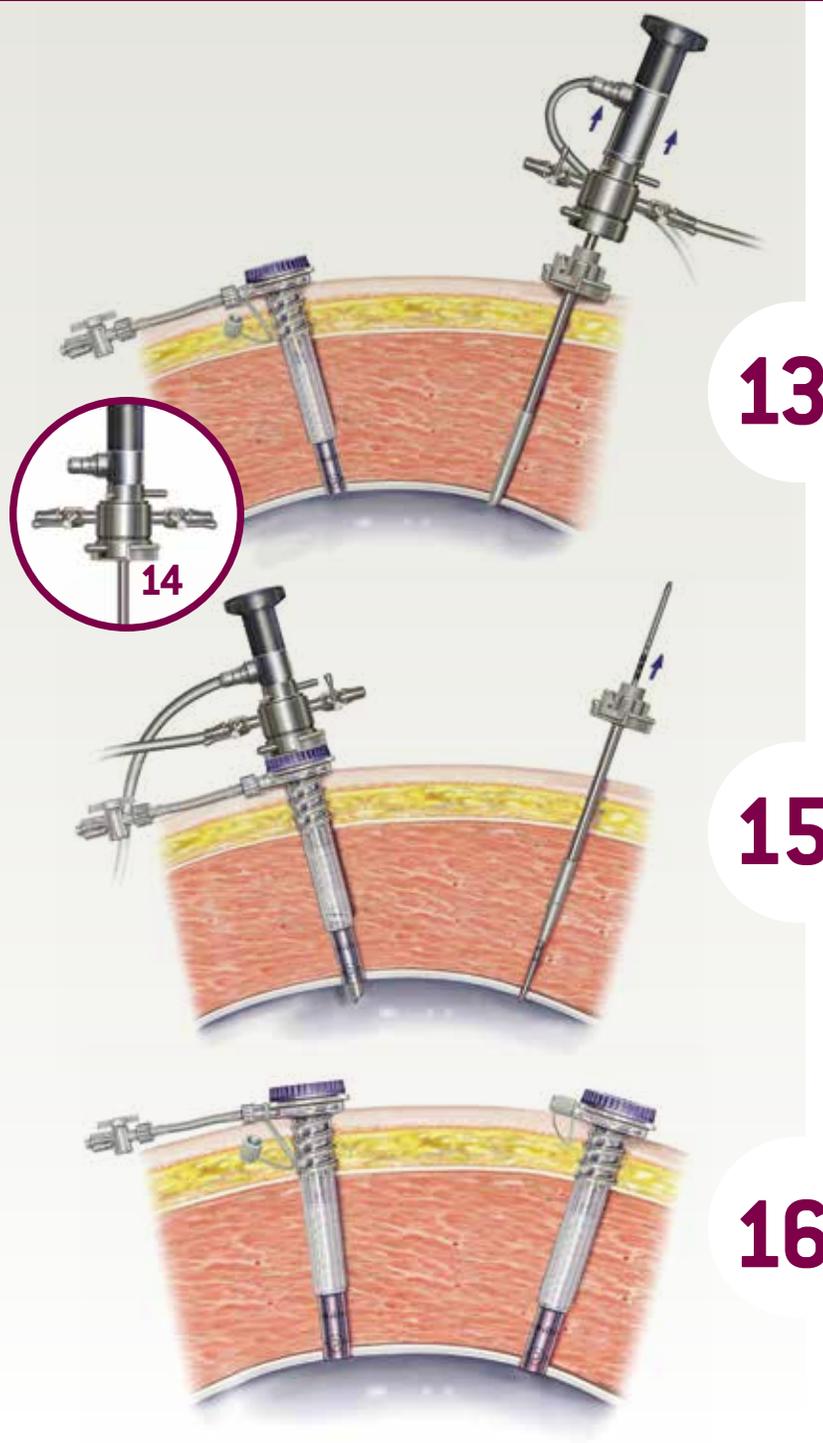
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- Remove Stick and TransPort Obturator. *(Figure 11)*
For fluid outflow, open luer cap on TransPort Cannula head.
For continuous outflow, leave the luer port open.
- For controllable outflow, attach pigtail luer connection and adjust outflow using stopcock. *(Figure 12)*

TransPort Hip Access System

- Disconnect scope from FlowPort II Adapter and connect to retained FlowPort II Cannula. The scope, FlowPort II Adapter and FlowPort II Cannula will now remain as one unit throughout the remainder of the procedure. (Figures 13, 14)
- Place assembled scope with FlowPort II Adapter and Cannula into the TransPort Cannula. (Figure 15)
- Repeat steps above to set up the second TransPort Cannula.
- The TransPort Cannulae are now ready for use. (Figure 16)



A surgeon must always rely on his or her own professional clinical judgment when deciding whether to use a particular product when treating a particular patient. Stryker does not dispense medical advice and recommends that surgeons be trained in the use of any particular product before using it in surgery.

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