

Seg-WAYTM ECTR-d



Single-Use Endoscopic Carpal Tunnel Release System

Seg-WAY ECTR-d is the first, fully disposable endoscopic carpal tunnel release system on the market designed to properly position the incision in the Ulnar Safe Zone. The new, innovative system provides enhanced visualization and safety while enabling the procedure to be performed under local anesthetic. The tray and instruments are completely disposable, resulting in quicker setup and turnover times.



Featuring the new high resolution

mi-eye 3
angled needlescopeTM

Features & Benefits:

EFFICIENCY

- Portable, easy to use, fully disposable system
- Decrease setup time and increase room turnover
- Can be performed with local anesthetic

SAFETY FIRST

- Anatomy Specific: Left and right guides place the blade in the Ulnar Safe Zone
- Rasp: Visualize transverse fibers before release
- Probe: Visualize and locate ligament distal end before release and locate uncut fibers to ensure complete release

VERSATILITY

- Compatible with 2.3mm or smaller diameter off-axis angled endoscopes



Tenotomy Scissors



Right/Left Guides



Adson Tissue Forceps



Scalpel



Retractor



Dilator-Elevator



Retrograde Knife



Probe-Rasp

Description	Part #
mi-tablet 3	T300-001
mi-eye 3 angled needlescope, 120mm	T315-120
ECTR-d 2.3mm Basic	T400-023B
ECTR-d 2.3mm Complete	T400-023
ECTR-d 4mm Basic	T400-040B
Disposable Right Guide	1-10-0462
Disposable Left Guide	1-10-0463
Dilator-Elevator	1-10-0470
Disposable Probe-Rasp	1-10-0456
Retrograde Ligament Knife	1-10-0430
Adson Tissue Forceps	2-10-0256
Tenotomy Scissors	2-10-0257
Disposable Scalpel	2-10-0258
Ragnell Retractor	2-10-0262



INDICATIONS FOR USE: ECTR-d is indicated for use in endoscopic ligament release procedures. Not for home use. For use on the order of a physician only.

CONTRAINDICATIONS: Do not use in an area of active infection; on patients who may have distorted anatomy as might occur following a fracture of the bones; on patients with a profound neurologic deficit marked by wasting of the thenar eminence and complete loss of sensory perception, patients with sensory loss of the foot, hand or elbow, positive tinel's sign or entrapment of the lateral plantar nerve; or on patients with significant scarring from previous endoscopic surgery.