

## Endoscopic Gastrocnemius Recession *Surgical Technique Guide*

### Minimally Invasive EGR System

Our Unique Seg-WAY Endoscopic System gives you greater control and unparalleled visualization. It delivers the tactile feel of an endoscopic scalpel in a minimally invasive medial portal approach that can help reduce the lengthy recovery time associated with these types of surgeries. Unlike most competitive systems, the scope functions independently from the knife, rasp, and probe providing ultimate system flexibility.

### Instrument Overview



A) Left & Right Guide



B) Retrograde Ligament Knife



C) Synovial Dilator/Elevator



D) Probe

### Sterile Field Setup

The following instruments are needed for an endoscopic gastrocnemius recession procedure using the Seg-WAY Endoscopic Guide System:

- Ragnell Retractors
- Stevens Tenotomy Scissors
- Addison Forceps
- Anti-fog wipes, for scope
- Scalpel
- Hemostat
- Cotton Swabs
- Marking Pen
- 4mm 30° Scope

### Anesthesia Options

It is recommended that this procedure be done either by general anesthesia or IV sedation with a popliteal block.

### Operating Room Setup

The operating room should be set up to enable the surgeon to have a clear view of the video monitor and proper access to the patient's leg. The assistant should also be seated opposite the surgeon and must have a clear view of the monitor as he/she will assist in the operation of the scope.

### Surgical Preparation

- Place the patient in a supine position and externally rotate the leg to access the medial calf



## Seg-WAY Guide Prep

### Make Incision

- Mark a point on the skin 1–2cm distal to the medial head of the gastroc and 2–3cm posterior from the medial border of the Tibia. Make a 1–2cm longitudinal skin incision at this point. **Note:** Only a medial incision is required

### Dissection

- Dissect through the subcutaneous tissue to the deep crural fascia. Incise the crural fascia in line with the skin incision to visualize the gastrocnemius aponeurosis. Plantar and dorsiflex the ankle to visualize aponeurosis excursion

## Gastrocnemius Release

### Guide Preparation

- Insert the elevator/dilator from medial to lateral, positioned between the aponeurosis and the crural fascia. Tent the skin on lateral side

### Insert Guide

- Insert the Seg-WAY gastroc guide through the medial incision with the open side facing the aponeurosis. Advance the guide medial to lateral. **Note:** Sural nerve should be in soft tissue external to the guide
- Insert a 4mm 30° standard arthroscope into the scope channel of the Seg-WAY guide and visualize the Gastrocnemius aponeurosis

### Insert Probe

- Insert probe to locate lateral edge of the Gastrocnemius aponeurosis

### Release Gastrocnemius Fascia with Seg-WAY Retrograde Knife

- Insert Retrograde blade into the instrument channel of the Seg-WAY guide and release the aponeurosis from lateral to medial. The amount of release should be sufficient to achieve desired equinus correction  
**Tip:** Dorsiflex the ankle during release to put tension on the gastrocnemius

### Postoperative Care

- Close incision in the regular fashion