

mi-eye 2[®] Knee Technique Guide

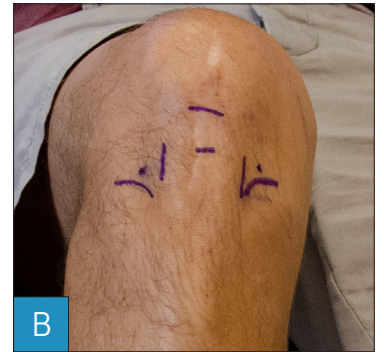
Patient Positioning

- 1) Position patient in supine with their leg in 90 degrees of flexion (Figure A)



Portal Placement

- 2) Mark portals from the center of the inferior pole of the patella (Figure B)
 - Lateral Portal Placement—1cm down, 1cm lateral
 - Medial Portal Placement—1cm down, 2cm medial



Use ipsilateral portals—medial portal to view medial pathology and lateral to view lateral pathology

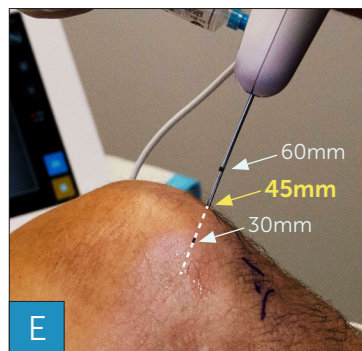
Recommended Numbing Protocol

- 3) Inject 5–10cc of local analgesic into the dermal via a skin wheel and then tract down to the capsule (Figure C)
- 4) At the capsule, change trajectory by 15 degrees and continue to inject by inserting the needle in and out of the capsule medial and lateral, and then proximal and distal
- 5) Wait 5-10 minutes for local analgesic to take effect



Inserting the mi-eye 2

- 4) Insert the mi-eye 2 as flat as possible aiming towards the joint space parallel to the tibial plateau (Figure D)
- 5) As you advance into the joint capsule, feel resistance of the capsule, and retract the needle at this stage
- 6) Continue to insert the mi-eye 2 to 45mm (half way between the 30mm and 60mm black markings on the needle) into the joint space (Figure E)
- 7) Put the patient's leg from 90 degrees into full extension, then slowly back into flexion. Find the cartilage and follow the bottom edge of cartilage with the camera until you are in the joint compartment (Figure F)
- 8) In the lateral side to help visualize, put the patient's leg into a figure of four to open up the compartment
 - 8.1) In the medial side, apply valgus stress to open the compartment





Knee Technique Tips & Tricks

- Insert the mi-eye 2 into the joint to a minimum depth of 45mm
- Use little to no fluid until you can visualize the anatomy
- If you are unable to locate the anatomy, instead of moving the needle, move the patient's leg into extension, slowly back to flexion, find the articular cartilage of the femoral condyle and follow the bottom edge of the cartilage into the compartment
- If you are unable to visualize, **do not insert fluid**, try the above step first
- If a patient has a bloody effusion, it is recommended to perform multiple lavages of sterile saline in and out of the joint to enhance visualization.

Patello Femoral Joint Insertion

- 1) Identify the top of the patella
- 2) Measure 1/3 inch down on medial side
- 3) Insert mi-eye 2 underneath patella