Biomet® Trigger Finger Knife

The Trigger Finger Knife provides surgeons with an innovative way to address one of the most common problems affecting the hand—stenosing tenosynovitis. The design of the Trigger Finger Knife provides an accurate and simple way to percutaneously release the A1 pulley. Unlike percutaneous release using a needle, the Trigger Finger Knife is designed to avoid damage to the flexor tendons, avoiding possible complications of scarring and recurrent triggering. The Trigger Finger Knife can be used in a minor surgery setting, requiring only local anesthesia. This allows for significant savings in O.R. time.

Indications: **The Trigger Finger Knife is used for the release of the A1 pulley in cases of stenosing tenosynovitis of the fingers.**

Contraindications: **Anatomical anomalies, malunions of the distal metacarpal and proximal end of the proximal phalanx, coincident mass, Rheumatoid Arthritis (severe flexor tenosynovitis), trigger thumbs and Dupuytren's Contracture.**

Hand Positioning: **The hand is placed palm up on a hand table.**

Anesthesia: **Local anesthesia (1% Xylocaine) is infiltrated in the area of the incision and A1 pulley.**

Designed in conjunction with Gary M. Pess, M.D., of Eatontown, NJ
and Michael J. Dunn, M.D., of Long Branch, NJ.

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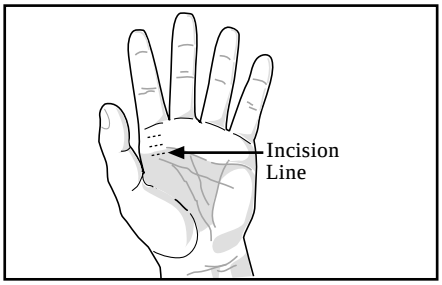
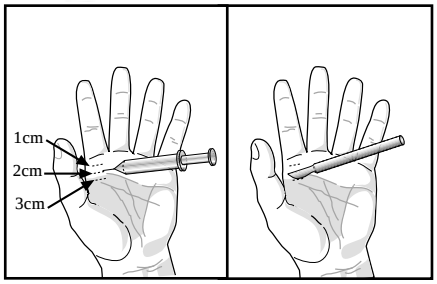
Biomet® Trigger Finger Knife Technique

Step One:



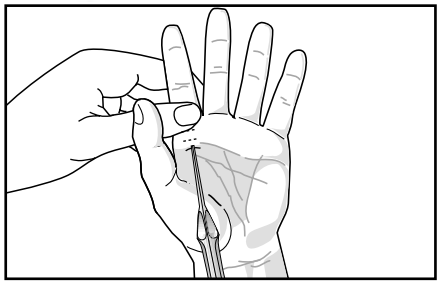
Use a ruler to mark1cm wide transverse lines 1cm and 2cm proximal to the proximal finger crease. The approximate location of the A1 pulley is drawn between these lines. Mark the incision as a transverse line 3mm wide and 3cm proximal to the proximal finger crease. A line can be drawn longitudinally down the center of the finger to help align the knife.

Step Two:



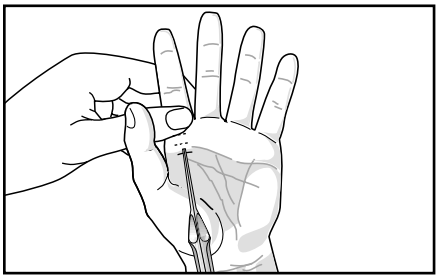
1% Xylocaine is used to infiltrate the area of the incision. A 3mm transverse incision is made 3cm proximal to the proximal finger crease. A small Steven's scissor may be used to gently spread the incision and palmar fascia if entrance is difficult.

Step Three:



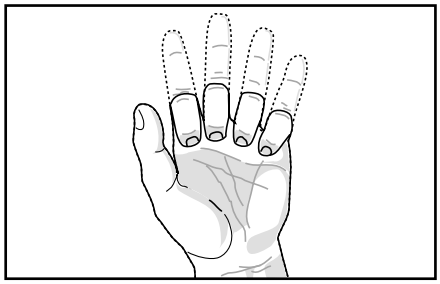
The Trigger Finger Knife is inserted longitudinally, parallel to the flexor tendons. Guide the knife distally until the proximal end of the A1 pulley is palpated. A thumb is placed firmly on the distal mark of the A1 pulley to prevent passage of the knife into the A2 pulley. It is helpful to slightly abduct the little finger when releasing it.

Step Four:



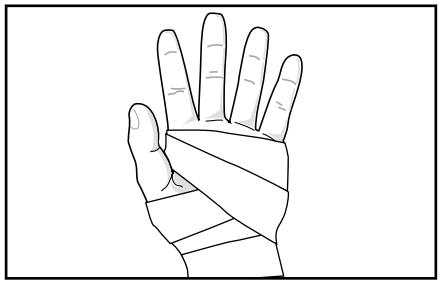
Gently advance the Trigger Finger Knife through the A1 pulley. A grating sensation may be felt and will stop when the pulley is completely released.

Step Five:



Once the A1 pulley has been divided, carefully remove the Trigger Finger Knife. Confirm complete release by asking the patient to flex and extend the finger while applying gentle pressure over the A1 pulley. Movement should be free and smooth without any triggering.

Step Six:



One suture or a steristrip is used for wound closure. A light bandage is applied. The patient is encouraged to immediately start active range of motion exercises, working on full flexion and extension of the finger.

U.S. Patent No. 5,507,800.

This brochure is presented to demonstrate the surgical technique utilized by Gary M. Pess, M.D. and Michael J. Dunn, M.D. Biomet, as the manufacturer of this device, does not practice medicine and does not recommend this or any other surgical technique for use on a specific patient. The surgeon who performs any procedure is responsible for determining and utilizing the appropriate technique for such procedure for each individual patient. Biomet is not responsible for selection of the appropriate surgical technique to be utilized for an individual patient.

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