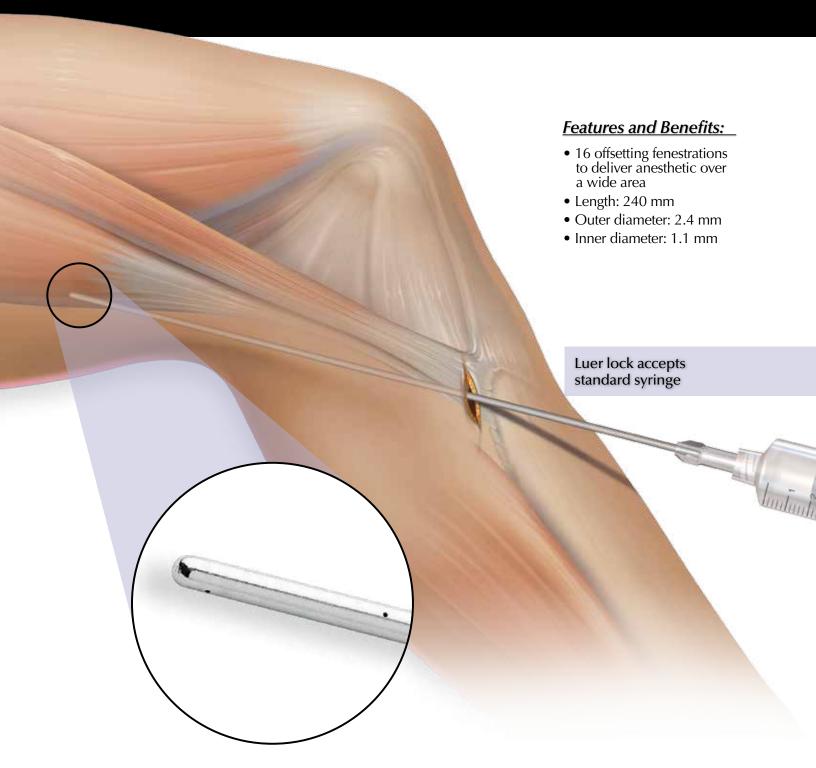
Hamstring Donor Site Delivery Tube

The Hamstring Donor Site Delivery Tube assists in delivering an anesthetic to the donor site. It is 24 cm in length with fenestration in an offset pattern to deliver a fluid effectively.



Publications on the effectiveness of hamstring donor site blocks:

Brandon D. Bushnell, M.D, Gary Sakryd, P.A.-C, Thomas J. Noonan, M.D., *Hamstring Donor-Site Block: Evaluation of Pain Control After Anterior Cruciate Ligament Reconstruction*. <u>Arthroscopy</u>, July 2010 Volume 26, Issue 7, Pages 894–900.

Peter Faunø, M.D., Bent Lund, M.D., Svend Erik Christiansen, M.D., Ole Gjøderum, M.D., Martin Lind, M.D., Ph.D., Analgesic Effect of Hamstring Block After Anterior Cruciate Ligament Reconstruction Compared With Placebo: A Prospective Randomized Trial. Arthroscopy, January 2015 Volume 31, Issue 1, Pages 63–68.

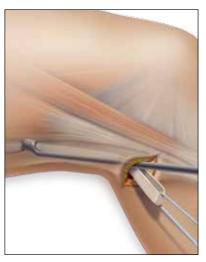


Hamstring Harvest

Harvesting can be accomplished safely and reproducibly either from the traditional anterior aproach or through a posterior approach using the minimally invasive hamstring harvest technique and specialized tendon strippers.



Using a right angled clamp, retrieve the semitendinosus and cinch a FiberTape® suture around the tendon. Free the tendon by pulling proximally and distally away from surrounding tissue. Identify and resect fascial attachments.



Place the tendon through the open Minimally Invasive Graft Harvester and advance the harvester proximally while pulling distally on the tendon, until the tendon is released.



Clean the muscle off the tendon and stitch using #2 FiberLoop® suture. Pass the closed Minimally Invasive Graft Harvester over the tendon. Advance the harvester toward the tendon insertion while pulling proximally on the tendon until the tendon is freed from the tibial cortex.



The Hamstring Donor Site Delivery Tube is used to follow the plane created by the hamstring harvest. An anesthetic is used to inject the harvest site area.



