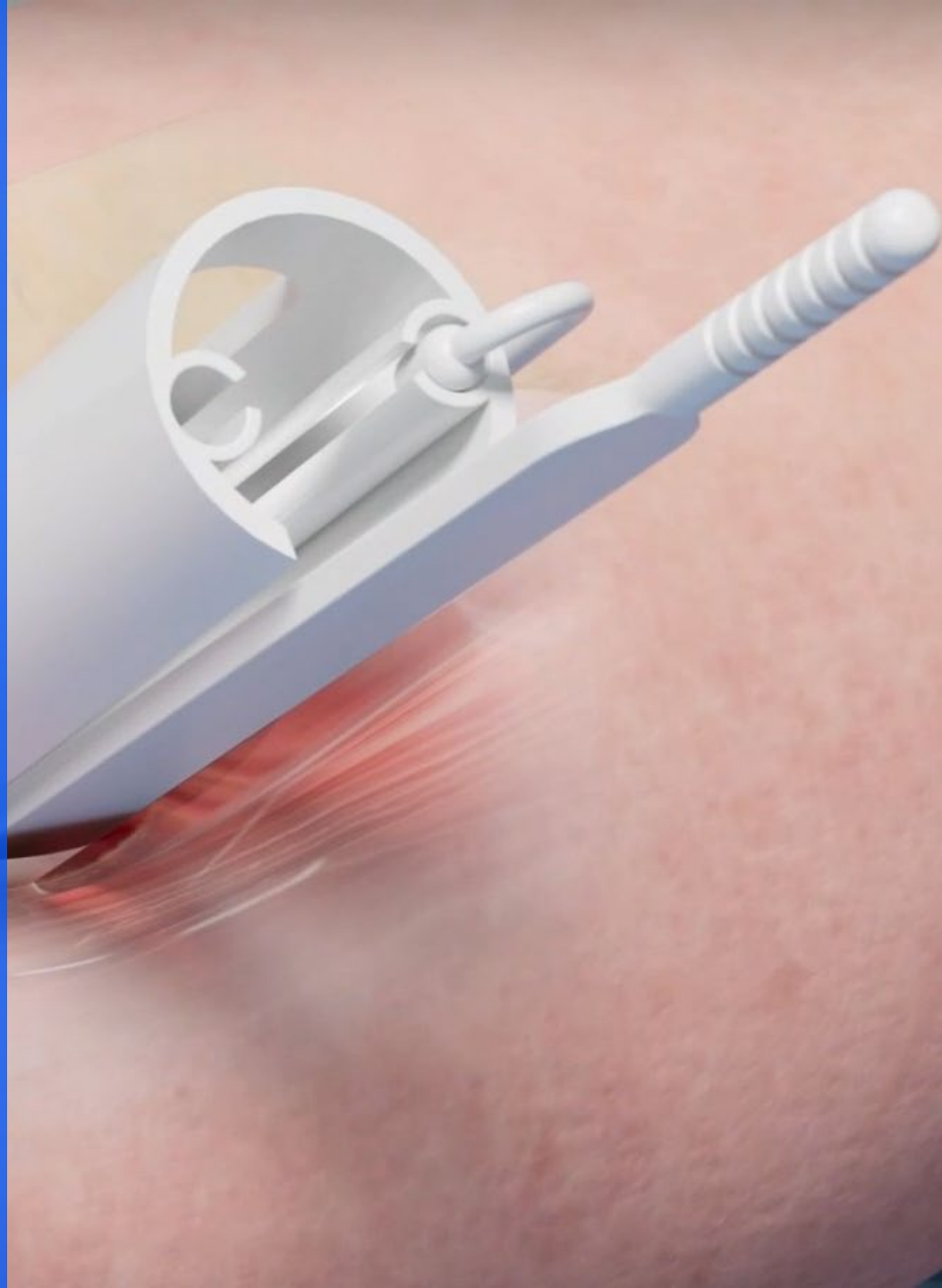


DeHeer

**Baumann
Gastroc Recession
System**

Instructions for Use (IFU)



The Baumann Gastroc Retractor System (BGRS) is indicated for medial gastrocnemius identification and protection while performing a gastrocnemius release to relieve tension.

1 Illuminated Cannula

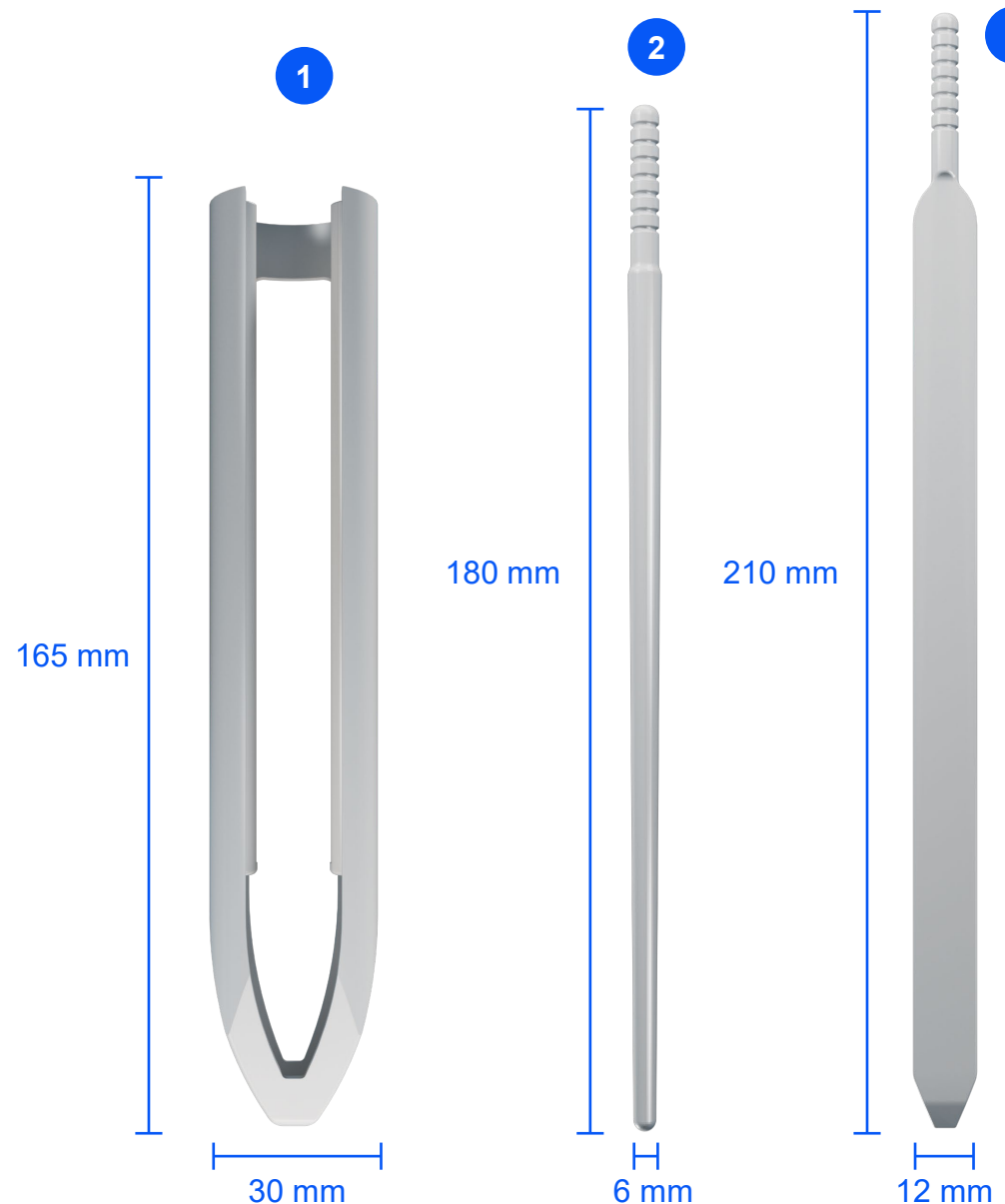
The Baumann Gastroc Retraction System (Baumann GRS) Illuminated Cannula (or Gastroc Retractor Dilator), was designed to elevate surgical precision with unparalleled visualization capabilities. Our innovative Cannula ensures surgeons experience a clear view of the operative area. The 360-degree visibility opens up a comprehensive perspective, enabling surgeons to observe the entire surgical field from top to bottom and across both sides.

2 Obturator

The obturator (or Gastroc Retractor Trocar) component assists in separating the fascial layer and the gastrocnemius muscle. Its primary function is facilitating the easy insertion of the Gastroc Shield into the operative site. With precision and efficiency, the Obturator enhances the system's overall functionality, ensuring a seamless surgical process.

3 Gastroc Shield

The Gastroc Shield (or Gastroc Retractor Tissue Protector) critical protection against cutting into the patient's muscle tissue. Cutting too deep can create postoperative complications such as hematoma and/or unintended muscle weakness. The Gastroc Shield ensures that the only fascial layer is released.



Preoperative Preparation

- **Patient Positioning:** Place the patient in a supine position on the operating table
- **Anesthesia:** Administer appropriate anesthesia and prepare the leg for aseptic surgery

Surgical Procedure

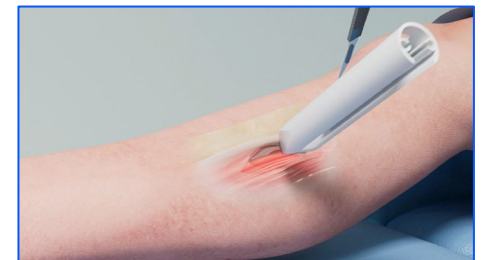
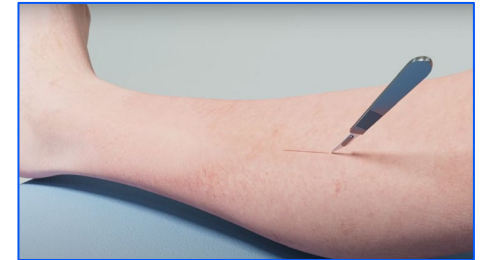
1) **Incision:** Make a 4-cm longitudinal incision two finger breadths below the anterior border of the tibia and parallel to it at the level of the Gastrosoleal muscle complex. Carefully dissect through the subcutaneous tissue, ligating any vessels to expose the deep fascia. The Great Saphenous vein and Saphenous nerve are usually anterior to the incision. Incise the deep fascia along the incision line using Metzenbaum scissors or a number 15-blade.

2) **Dissection & Muscle Identification:** The Soleus will be the muscle that protrudes through the incised fascia. Using the index finger, identify the interval between the Gastrocnemius and Soleus muscles. Identify the Plantaris tendon on the Soleus or Gastrocnemius muscle and pull it out of the incision. It is absent approximately 7% of the time. Cut the tendon with Metzenbaum scissors or a number 15-blade. If unable to locate the Plantaris, it can be located and incised when the surgical site is exposed.

3) **Illuminated Cannula Insertion:** Insert the cannula between the Gastrocnemius and Soleus muscles. The fascial layer of the Gastrocnemius is anterior, and the Soleus is posterior. The open end of the cannula should be towards the Gastrocnemius fascial layer. Make sure to advance the cannula fully across the calf.

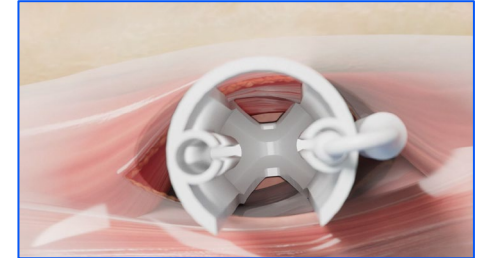
Indications/Contraindications

- The Baumann Gastrocnemius recession surgically treats equinus and conditions associated with equinus
- The Baumann Gastrocnemius recession is contraindicated when equinus is absent on clinical exams or other medical conditions prohibiting surgical intervention

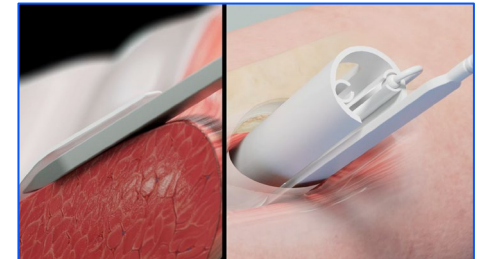


Surgical Procedure (Cont.)

4) **Insert Light Source to Cannula.** Turn on the light source and carefully insert it into one of the two available channels on the cannula to illuminate the operative area. Typically, the ideal location is approximately halfway across the calf.



5) **Insert Obturator & Insert Gastroc Shield .** Use the obturator and carefully insert it between the gastrocnemius muscle and the fascial layer, separating the two. Remove the obturator. Once the obturator is removed, insert the Gastroc Shield into the space between the fascial layer and the Gastrocnemius muscle. This will protect the muscle from being cut during the release of the fascia



6) **Complete the Recession..** Using a long-handle scalpel with a #15 blade, complete the recession of the fascial layer from the opening on the superior aspect of the cannula. Inspect the recession site to verify the complete release of the Gastrocnemius fascial layer.



7) **Complete the procedure.** Once the recession is completed, verify ankle joint dorsiflexion with the knee extended. The goal is to achieve a minimum dorsiflexion greater than 5° above neutral. Remove Gastroc Shield and then the illuminated cannula. Irrigate the surgical site. Close the deep fascia layer with an absorbable suture, then skin closure according to the surgeon's preference.



The Baumann Gastroc Retractor System (BGRS) by DeHeer Orthopedics is a sterile-packed instrument set for single use. This set equips the surgeon with the necessary tools to successfully address gastrocnemius equinus by performing a soft tissue recession, primarily targeting the gastrocnemius and soleus fascia

Maintenance and Care

- Sterile, OR-ready instrument
- Designed for reproducible outcomes
- Single use

Storage

- Store surgical tools in a clean, dry, well-ventilated area, away from direct sunlight. Keep them protected from dust and debris in organized storage at ambient temperatures to maintain integrity and usability

Warnings and Precautions

- This medical device is for single use only. Do not reuse or reprocess. Improper handling or reuse may result in contamination or malfunction, leading to patient injury or illness. Follow all instructions provided in the Instructions for Use

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BGRS-1000L-201 Rev 0

