

# KOBYGARD™ SYSTEM

## Surgical Technique Guide



Minimally Invasive  
Plantar Fasciotomy  
(MPF)



*Rethinking Possibilities, Reshaping Lives*

# Minimally Invasive Plantar Fasciotomy using the KobyGard™ System

## Surgical Technique

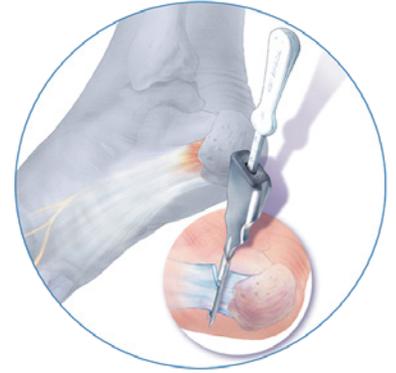
### Indications for Plantar Fasciotomy:

Chronic plantar fasciitis unresponsive to conservative treatment.

### Patient Preparation:

The patient is placed in the supine position and local anesthesia is achieved.

The patient is prepped and draped in the usual manner. Hemostasis is achieved according to the surgeon's preference.



### STEP 1

The surgeon palpates the medial calcaneal tubercle. A one centimeter vertical incision is marked one centimeter distal to the palpated tubercle on the medial inferior aspect of the heel. This will avoid the neurovascular bundle.



### STEP 2

Using a #15 blade, the vertical incision is made at the previously marked incision site.



### STEP 3

Utilizing small curved Metzenbaum scissors, the incision is deepened to start a plane under the plantar fascia and dorsal to the subcutaneous tissue. This plane is initiated by palpating the underside of the medial aspect of the plantar fascia.

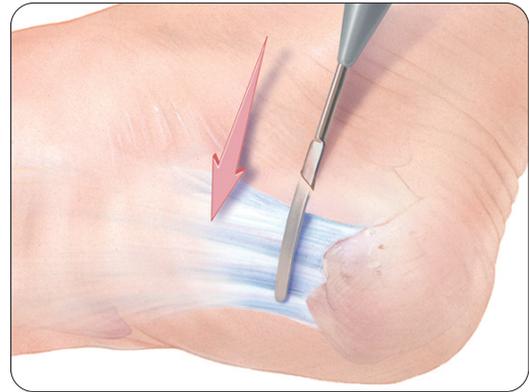


# Minimally Invasive Plantar Fasciotomy using the KobyGard™ System

## Surgical Technique

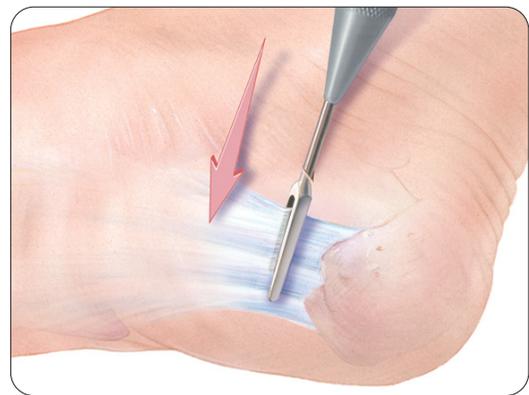
### STEP 4

The Tissue Locator is used to extend the plane created by the Metzenbaum scissors across to the lateral aspect of the plantar fascia.

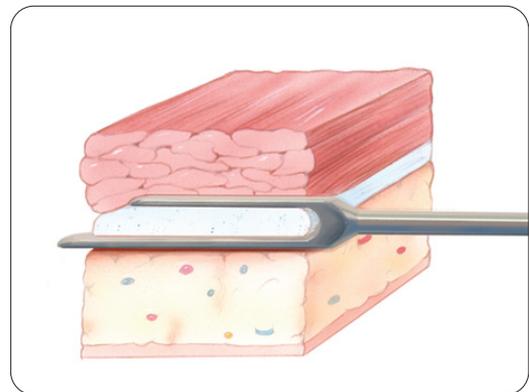


### STEP 5

The Fascia Separator is then introduced to isolate the plantar fascia between the subcutaneous tissue and first layer of intrinsic muscles.



The cross-section illustrates the Fascia Separator positioned around the plantar fascia. The Fascia Separator has an upper and lower prong separated by a 5mm gap. The lower prong extends approximately ½ inch further than the upper prong to allow for initial palpation of the underside of the fascia before introduction and capture of the plantar fascia.



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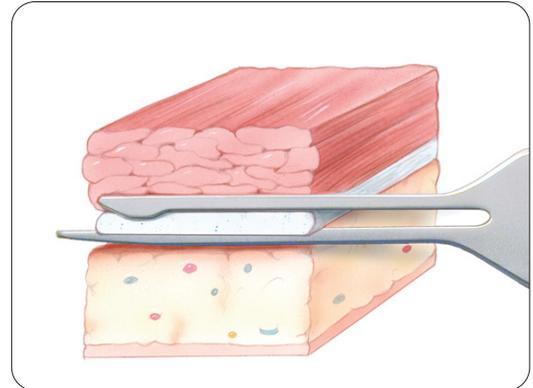
## Surgical Technique

### STEP 6

After removal of the Fascia Separator, the KobyGard instrument is introduced and positioned securely around the plantar fascia using the same palpation technique used previously with the Tissue Locator and Fascia Separator. Care is taken to insert the KobyGard into the previously separated tissue planes dorsal and plantar to the fascia.



The cross-section illustrates the KobyGard instrument positioned around the plantar fascia. The KobyGard Flex Tip design allows for isolation of the plantar fascia regardless of its thickness and protects the surrounding soft tissue structures from damage during the procedure. The longer, lower prong of the KobyGard is plantar to the fascia and the short upper prong is dorsal. The KobyGard has a slotted channel extending through the handle and passing throughout the length of the device allowing the passage of the blade while incising only the enclosed fascia.



### STEP 7

The calibrated shaft of the cutting blade is marked with ½ centimeter increments that are used as a reference point to the proximal end of the KobyGard handle when the blade is placed on the bottom of the foot in the position needed to make the desired length of the cut. This illustration represents the marking and premeasuring needed to incise ½ the plantar fascia. A surgical pen can be used to mark the blade shaft at the stopping point if desired.

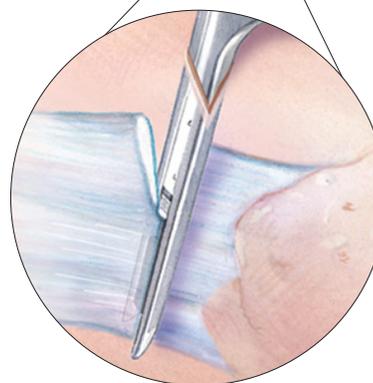


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### STEP 8

The blade is then placed into the KobyGard instrument and pushed toward the lateral aspect of the foot as the foot is dorsiflexed to create tension on the plantar fascia. The surgeon can feel the resistance of the plantar fascia as it is incised. When the blade reaches the previously determined calibrated mark, the desired length of cut has been achieved.



### STEP 9

The KobyGard instrument and blade are then removed and the incision is closed with one or two interrupted sutures.



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### **SURGEON'S POST-OP TREATMENT PROTOCOL**

1. A compression dressing is applied to the foot.
2. Immediate ambulation is allowed as tolerable. (A removeable cast boot can be utilized for the first three weeks. This can provide additional protection of the foot during ambulation and keep the fascia stretched in a lengthened position when patients are immobile.)
3. The dressing is removed after 3 to 7 days, and the patient is allowed to return to comfortable shoe gear as tolerable.
4. The sutures are removed after 14 days.
5. Full activity is allowed as tolerable.

Refer to the provided Instructions for Use for the complete Indications, Contraindications, Warnings, and Instructions for Use including cleaning and sterilization details.

# KobyGard™ System Instruments



380-0000 KobyGard™ System



380-0006 Single-Use Blades, Sterile Packed, 6 pack



380-0012 Ligament Separator



380-0013 Fascia Separator



380-0011 Tissue Locator



380-0010 KobyGard™ System Single-Use Blade, Sterile



380-0014 KobyGard™ Flex Tip Instrument

# OsteoMed Products



ExtremiFix Headless Cannulated Screws



ExtremiFix Cannulated Screws



Large Cannulated Screws



ExtremiLock Foot Plating System



EnCompass



EnCompass Lessers



Hemi



ReFlexion



InterPhlex



Talar-Fit



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## OSTEOMED

3885 Arapaho Rd.

Addison, TX 75001

Customer Service: 800.456.7779

Outside the U.S.: 001.972.677.4600

Fax: 800.390.2620

Fax Outside the U.S.: 001.972.677.4709

E-mail: [customer.service@osteomed.com](mailto:customer.service@osteomed.com)

[www.osteomed.com](http://www.osteomed.com)



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