

Orthopaedic Upper Extremity

! Joint reconstruction, trauma and revision surgeries pose considerable risk of iatrogenic nerve injury for the orthopaedic surgeon.

✓ Checkpoint solution:

Checkpoint provides a unique intra-operative, surgeon controlled means of safely and reliably locating and identifying nerves and evaluating nerve and muscle excitability

Being used in a variety of Orthopaedic Upper Extremity surgeries, such as:

Shoulder Reconstruction & Trauma:

Revision Shoulder Procedures, Total Shoulder Arthroplasty, Revision TSA, ORIF Humerus, Removal of Hardware, ORIF Non-Union, Latarjet Shoulder Reconstruction, Latissimus Dorsi Tendon Transfer, Suprascapular Nerve Release & Reverse Shoulder Arthroplasty

Elbow Reconstruction & Trauma:

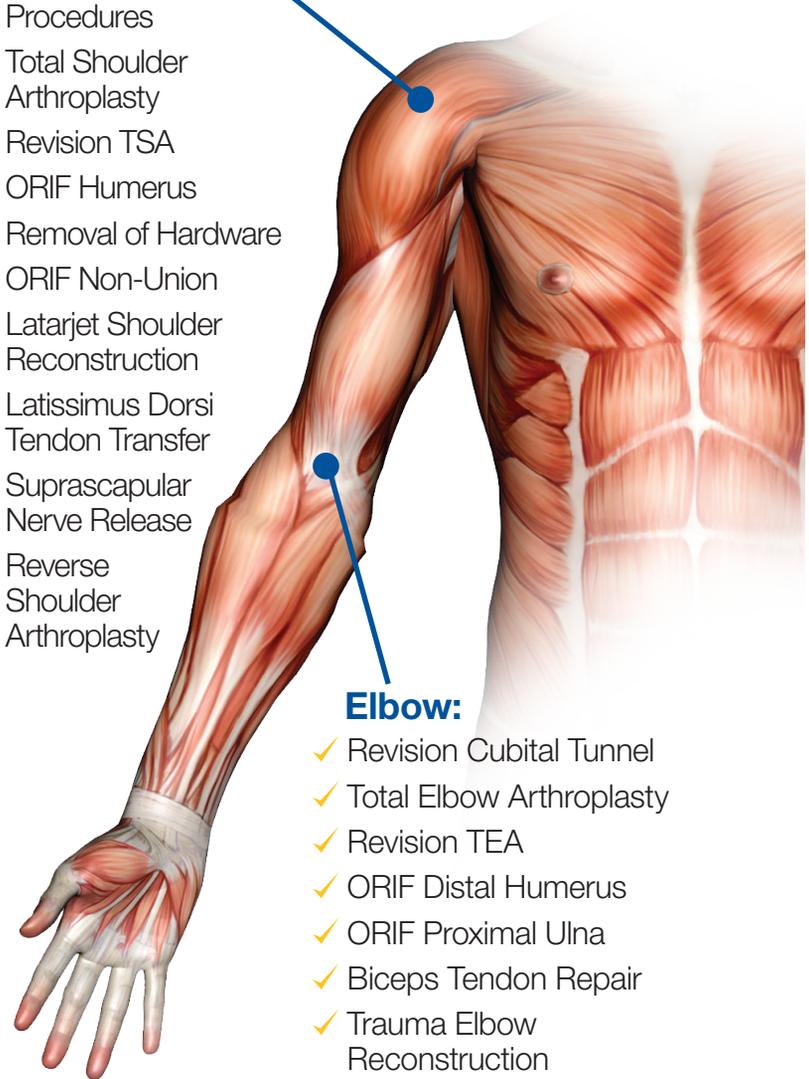
Revision Cubital Tunnel, Total Elbow Arthroplasty, Revision TEA, ORIF Distal Humerus, ORIF Proximal Ulna, Biceps Tendon Repair, Trauma Elbow Reconstruction & Posterior Interosseous Nerve Decompression

Shoulder:

- ✓ Revision Shoulder Procedures
- ✓ Total Shoulder Arthroplasty
- ✓ Revision TSA
- ✓ ORIF Humerus
- ✓ Removal of Hardware
- ✓ ORIF Non-Union
- ✓ Latarjet Shoulder Reconstruction
- ✓ Latissimus Dorsi Tendon Transfer
- ✓ Suprascapular Nerve Release
- ✓ Reverse Shoulder Arthroplasty

Elbow:

- ✓ Revision Cubital Tunnel
- ✓ Total Elbow Arthroplasty
- ✓ Revision TEA
- ✓ ORIF Distal Humerus
- ✓ ORIF Proximal Ulna
- ✓ Biceps Tendon Repair
- ✓ Trauma Elbow Reconstruction
- ✓ Posterior Interosseous Nerve Decompression



To schedule a trial call **877-478-9106**
or email us at info@checkpointsurgical.com

Checkpoint
Surgical



CHECKPOINT®
Stimulator/Locator

Proudly made in the USA

White Papers | Checkpoint has been utilized in a variety of procedures by Upper Extremity Orthopaedic Surgeons. Here are two such examples.



“Checkpoint has become an essential tool for my complex shoulder surgery cases, not only to help identify and protect nerves from injury, but also to gauge how well they are functioning.”

Dr. Evan Flatow
Mt. Sinai Medical Ctr.

Procedure and Role for Intraoperative Axillary Nerve Stimulation in Reverse Shoulder Arthroplasty Component Sizing using a Handheld Biphasic Motor Nerve Stimulator

Evan Flatow, MD Lasker Professor and Chair, Chief of Shoulder Surgery, Mount Sinai Medical Center, New York

BACKGROUND:

The incidence of acute nerve injury, a feared complication, in TSA is quoted between 0.6 and 4.3%. Furthermore, the recent recognition of late deltoid weakness, possibly related to chronic, unsuspected axillary nerve traction mandates careful consideration. It has been hypothesized that lengthening of the arm, and therefore of the nerve, as well, in reverse shoulder arthroplasty may play a role in the incidence of neurologic injuries in this patient group. Lengthening of the nerve is related to a reduction in its blood flow with levels of strain as low as 8%; complete arrest of blood flow may commence at 15% strain. Following reverse shoulder arthroplasty segments of the brachial plexus may see as much as 19% lengthening. Commensurate reductions in blood flow may explain the prevalence of neurologic symptoms in post-reverse shoulder arthroplasty patients. A simple means of assessing nerve health may be helpful in intra-operative decision-making and provide guidance to the surgeon during reverse shoulder arthroplasty in regards to consideration of pre-implant neurolysis and in optimal component sizing.

Read more at CheckpointSurgical.com

Protection of Peripheral Motor Nerves in Trauma Cases using a Sterile Handheld Neurostimulator

Bradford O. Parsons MD is Assistant Professor of Orthopedics at Mount Sinai Hospital in New York

The recent availability of a hand-held, sterile, biphasic stimulator (Checkpoint Surgical®, Cleveland, Ohio) has provided surgeons with a reliable tool to evaluate nerve location and excitability. This provides the surgeon with information that allows intraoperative decisions to be made with greater confidence in many orthopedic procedures. The following two cases highlight examples of the use of this technology in orthopedic surgery practice to protect nerves.

CASE 1. Failed Total Elbow

Case 1 concerns a failed total elbow requiring revision. Identification and protection of the ulnar nerve is one of the more challenging aspects of revision elbow surgery, especially when there is considerable scarring yet the clinical examination shows normal nerve function.

Specific dissection and mobilization of the nerve is intended to identify and isolate the location of the nerve so that injury can be avoided. This process is laborious and, not infrequently, actually causes the very nerve deficit that we try to avoid. This dissection may be avoided if the surgeon has a reliable alternate means to locate the nerve.

Read more at CheckpointSurgical.com

Videos and Other Information

For additional information including surgical videos visit www.CheckpointSurgical.com.

To schedule a trial or to place an order, contact Checkpoint Surgical:

Toll-free: 877.478.9106

Fax: 216.378.9116

Local: 216.378.9107

Email: info@checkpointsurgical.com

For Contraindications, Precautions and Warnings visit www.CheckpointSurgical.com

RX Only

CS-9094-MKT-045-A



© Checkpoint Surgical, LLC 2012