

Nuances

1. After making the 4-5mm incision, rotate the lip so that the wet dry border is always facing up toward the ceiling (some prefer to mark this line with a surgical pen). Stabilize the lip with your thumb and index finger and poke the curved iris scissors in about 5mm from the start - get a feel for where the muscle is and stay just superficial to the muscle always using the wet dry border as your guide (stay parallel and deep to the wet-dry border). If you gradually get to the depth - the implant will be too superficial at the start of the dissection.

2. Hold your Iris scissors vertically as you dissect to the midline with a push/spread technique and come out horizontally (i.e. 90 degrees change) with a pull/spread technique in order to widen the tunnel a bit... making it easier to insert the tunneler. Repeat on opposite side and try to make the two tunnels meet in the midline.

Note: Always dip the Perma Tunneler and Implant in Betadine. This will make it much easier when advancing through the lip. Advance the tunneler holding the lip in the same orientation, i.e. with the wet-dry border facing up toward the ceiling.

3. Once your tunneler has been advanced through the lip - spread the lip tissue across the tunneler to make sure you are at the same depth from commissure to commissure. If you feel that you are:

a. too superficial or too deep (below the muscle) in an area or

b. your tunnel is either a little too posterior or anterior to the wet dry border in an area

It's best to remove the Perma Tunneler - use the iris scissors to re-tunnel that particular area. Enter the Perma Tunneler on the side that you have re-tunneled through your new tunnel and connect to your old good tunnel and out the opposite incision.

4. Stabilize the lip again with the wet-dry border up while advancing the implant and stop halfway so that you or your assistant can get a good purchase on the implant with the Adson Brown before advancing the implant all the way.

5. After flossing the implant, let go when you can see that the same amount of implant is showing on both sides. Spread the commissures apart with your index fingers and the tapered ends of the implant will disappear within the tunnel.

6. The last nuance is to be sure to grasp deep tissue along with mucosa when suturing. This allows for a solid, deep closure of the tunnel.

Disclaimer: The intended use of the PermaLip™ Product is not approved for distribution within the United States.