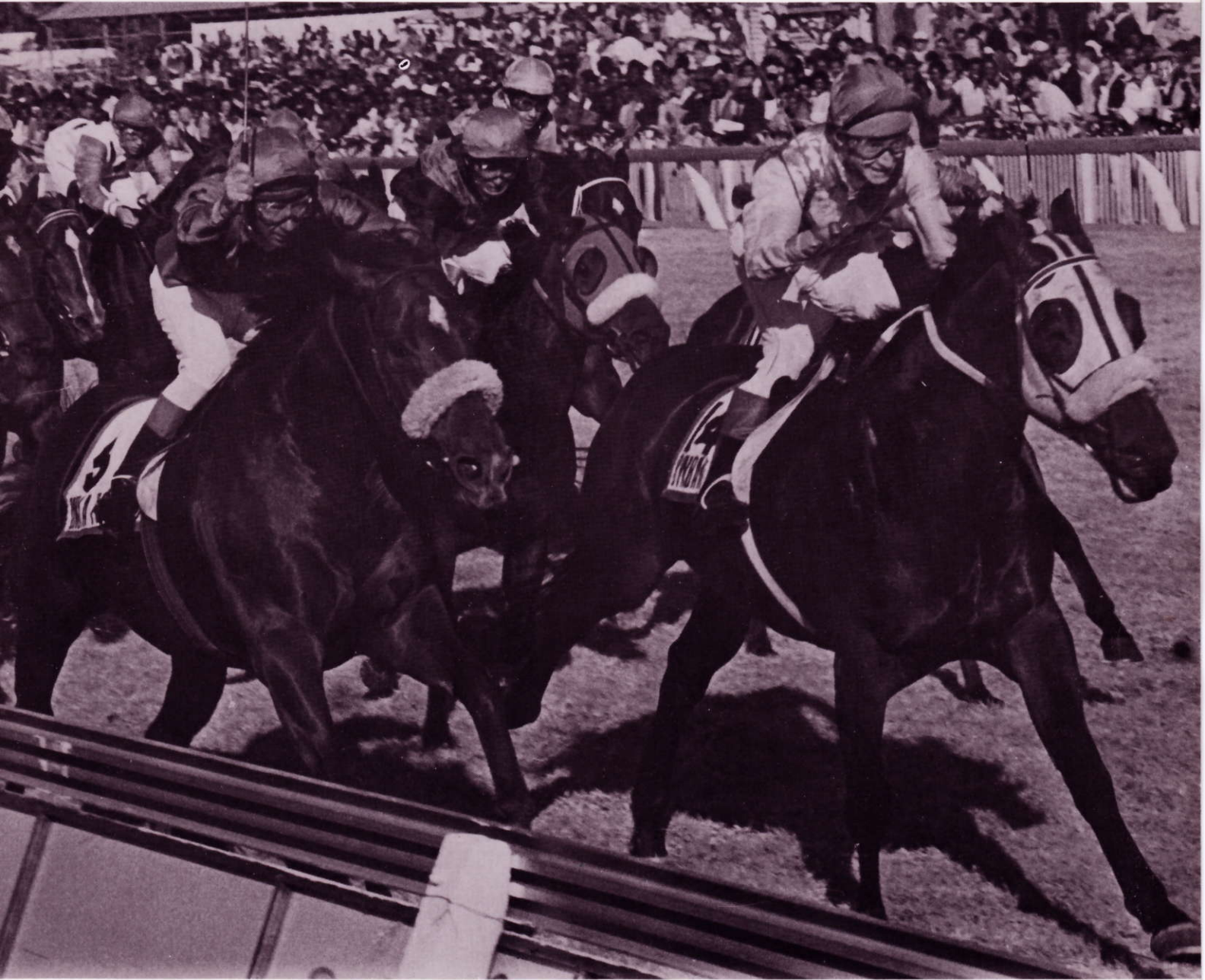


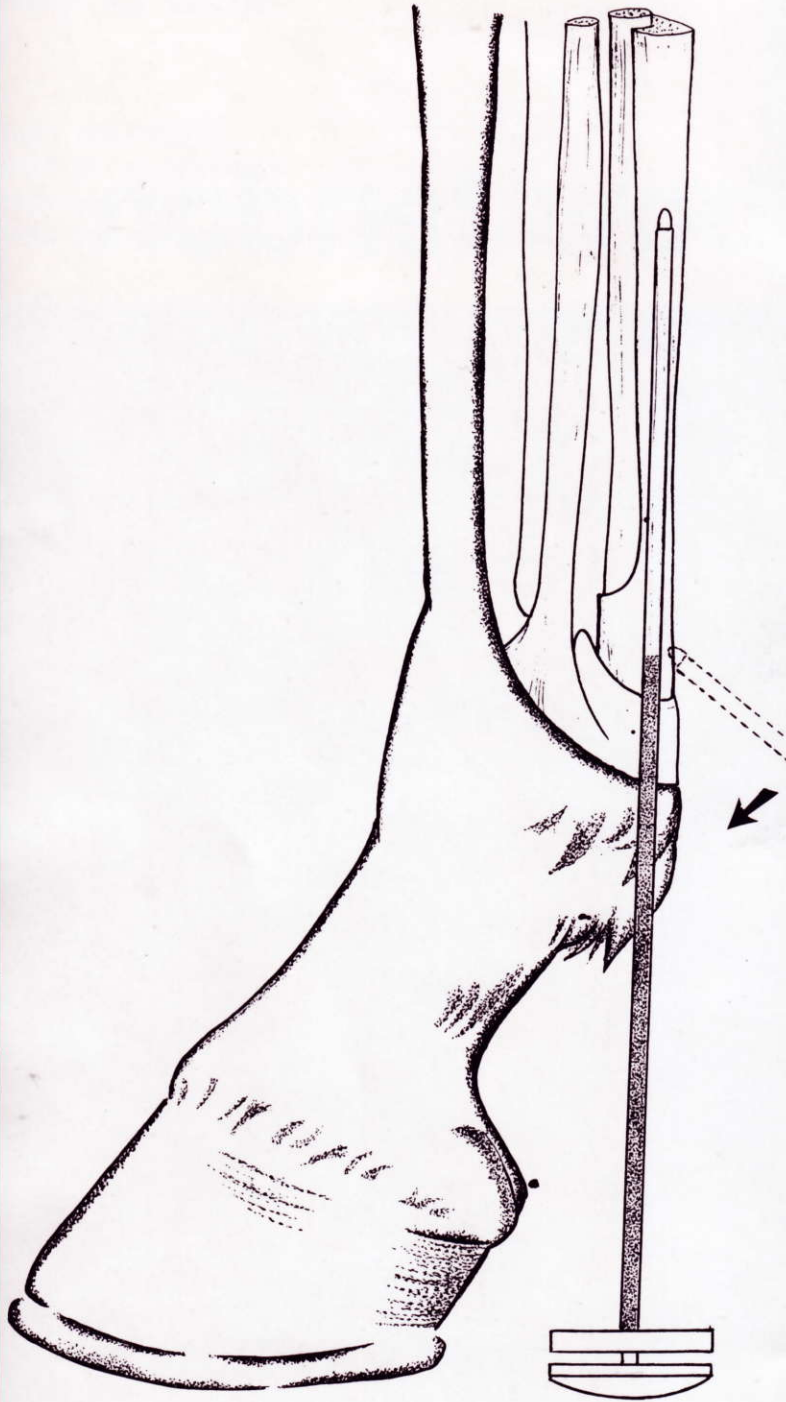
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CFS[®]

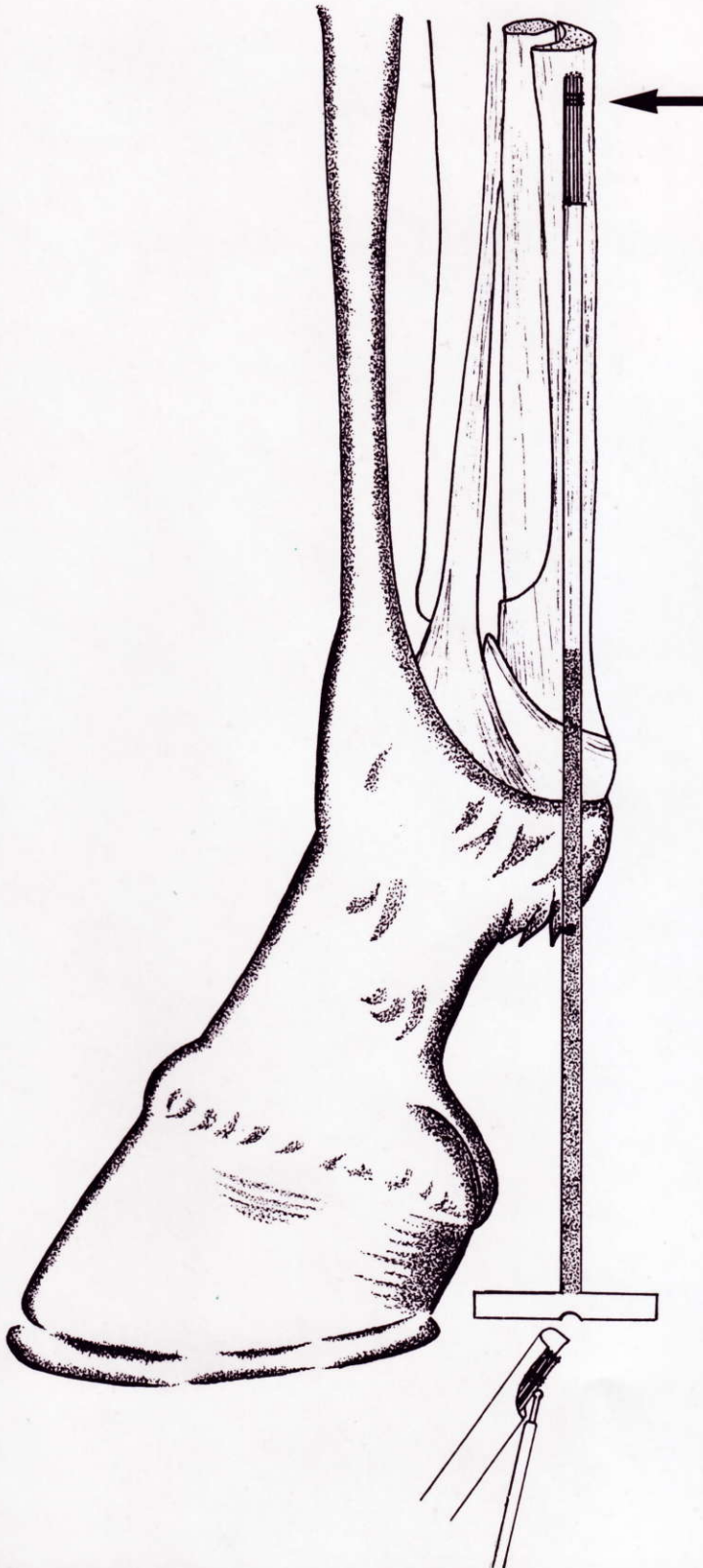
applied to bow tendon



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Through an incision made proximal to the annular ligament, the probe and cannular are introduced and thrust the length of the tendon. The progress of the tool and its position can be felt. Either the superficial or the deep flexor tendon can be approached in this way.



The probe is withdrawn, and the implant thrust into place through the cannular. The implant is supplied double packed, sterile and inside a plastic tube. It should be inoculated with antibiotic prior to insertion. The thruster is introduced behind the lashing on the implant, it is thrust home and pressure applied externally to prevent its withdrawal with the thruster or cannular. A stitch is used to close the tendon, one or two to close the skin.

The low trauma associated with such procedures promotes early recovery. The horse on the cover was back on the track 10 months after surgery. (The leg directly over the post at centre was the one operated on.)

Chimes Square set a new track record at Canterbury Track, Sydney on 11 January 1986, following such a procedure.

Key to tools

CFS® 230 PROBE
CFS® 231 CANNULAR
CFS® 232 THRUSTER
CFS® 200 IMPLANT IN PLASTIC SHEATH

CFS® 300 Hoof Sock
CFS® 310 Slotted drape
CFS® 320 Hoof lever
CFS® 330 Adjustable Hoof Lever

The CFS® System for Bow Tendon repair is based on a gelatine coated implant with the leading end lashed together. The implant can be introduced into the tendon through a small distal incision. The method, tooling and implant have been widely patented.

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CFS® is covered by the following patents, others pending:
UK 2 084 468, 2 104 392; Fr. 81.18141, Fr. 82 146638.

