

# Other Applications

## A. Dermatological Procedures:

Perhaps in no other procedure has the MadaJet XL been of greater importance to the podiatrist than in the treatment of the dermatologic patient. The advantage of using very small quantities of steroids, mixtured with anesthetic agents to produce controllable localized effects, plus the ability to more than adequately infiltrate the dermatologic lesions almost painlessly satisfies the patient's fear of the needle and makes the procedure much easier for the physician.

The following dermatologic conditions have been successfully treated for this procedure:

1. Verrucae - By injecting sodium tetradecyl sulfate directly in the "virgin verrucae".  
(Previously untreated) Injecting various sclerosing agents.
2. Keloids, Eczema, Psoriasis, Contact dermatitis, Infectious dermatitis, Lichens planus, Lichen chronicus simplex, etc..

## B. Other Uses

1. Biopsy
2. Incision and Drainage
3. Emergency suturing
4. Digital steroid injections (directly into the bursae)
5. Intermetatarsal Bursitis - Inject directly into the dorsal area and follow with deep needle insertion if required into the metatarsal space.
6. Hallux Valgus Bursitis - Direct MadaJet XL injections behind the bursal sac, with anesthesia, followed by deep needle insertion. Aspirate some bursal fluid and replace with steroid and anesthetic mixture.

7. Calcaneus Spur and Bursitis - Direct MadaJet XL injections with anesthetic agent, at the medial plantar border of the foot at the level of the breast of the heel, followed by deep needle infiltration of steroids and anesthetic agents.
8. Sesamoid, Anterior Metatarsal, Anterior and Posterior Tendoachilles Bursitis - Inject anesthesia with the MadaJet XL first, following with deep needle insertion.
9. Morton's Neuralgia, Osteoarthritis, Synovitis, and Fascitis - Follow the same procedures as outlined above.
10. Steroid infiltration of bunions - Simply inject your favorite steroid and anesthesia into and around the base of the bunion which provides palliative relief for periarticular, peribursal, and intrabursal inflammation.

The scope of procedures with the MadaJet XL is unlimited and depends in great part on the techniques and adaptability of the operator.

## NOTES:

1. Never use less than 2% Lidocaine in the MadaJet XL.
2. Always follow directions for cleaning, sterilization and maintenance.

**CAUTION:** PLEASE ONLY USE THE PODIATRY MADAJET XL IN THE ANATOMICAL AREAS INDICATED IN THE ENCLOSED LITERATURE.



# *MadaJet XL*

# Podiatry Applications

**M** MADA Medical  
**A** MADA Equipment  
**D** MADA International  
**A**



**MADA, INC.**  
DOMESTIC/INTERNATIONAL  
625 Washington Ave., Carlstadt, NJ 07072  
Tel: 201-460-0454  
Fax: 201-460-3509  
[www.madamedical.com](http://www.madamedical.com)

# Introduction

**Please read all information on the MadaJet XL NEEDLE-FREE INJECTOR before using.**

It is not whether a needle hurts more or less than the MadaJet XL - **THERE IS NO NEEDLE** when using the MadaJet XL.

## **PATIENTS HATE NEEDLES!**

The MadaJet XL Podiatry instrument has been engineered and manufactured specifically by MEC for the Surgical and Medical care of the foot. The Podiatry MadaJet XL is made for the Podiatric profession only and is an indispensable instrument to all progressive Podiatrists.

It is the **ONLY** American-made instrument of its type and is fully guaranteed.

Mada Equipment Co. Inc., of Carlstadt, New Jersey, *a company which has always supported your medical specialty.*

The MadaJet XL, a dependable "jet injection device" can be used to either prepare a site for virtually painless deep needle insertion, or in many cases, **IT IS MORE THAN SUFFICIENT** to produce local or regional blocking anesthesia without the need of a needle and syringe.

**It is common knowledge that many patients put off or delay proper podiatric care because of "fear of the needle".**

# Incurvated Nail Procedure

**I. Incurvated Nail Procedure** (Calloused Nail Groove, Medial or Lateral).

This most common minor surgical procedure so often seen in day-to-day practice can be easily handled with the MadaJet XL.

**A. Palliative technique** - using 2% Lidocaine or other local anesthetic agents in your MadaJet XL, inject at a site 2-3 mm lateral and proximal to the angle of the nail base. Next, Inject at a site approximately 10-12 mm from the anterior end of the digit on the same lateral or medial aspect. This will provide more than adequate anesthesia in seconds, for removal of the hyperkeratotic tissue and easy removal of the nail spicule. The sulcus can thus be blocked locally

to provide a pain-free working area for 30-50 minutes with this technique.

**B. Radical surgical technique** - using 2% Lidocaine, proceed as above. If additional anesthesia is required, inject a third site with the MadaJet XL at the base of the nail approximately 1/8" in from the primary injection site. Split the nail from anterior to posterior, starting no more than 1/3 distance from the lateral or medial sulcus.

**NOTE:** If patient does not have adequate anesthesia, repeat the administration of the anesthesia by blocking the digit with the MadaJet XL, or supplement by needle and syringe, using 2% Lidocaine.

# Radical Removal Procedure

**II. Radical Removal** (Evulsion of the toenail)

**A.** By using the MadaJet XL and the desired anesthetic agents (2% Lidocaine recommended) a complete DIGITAL BLOCK can be achieved. The operator injects with the MadaJet XL into the areas of the Dorsal, Medial, Lateral, and Plantar nerves at the base of the proximal Phalanx. Usually all that is required is four injections of .1cc or a total of .4cc to provide a complete block. For a hallux block, two or three more injections may be required at the base of the digit from the tibial to the fibular side.

**NOTE:** During any surgical procedure, if the patient feels any pressure or discomfort, the MadaJet XL can be discharged directly into the operative area from a 1 to 1 1/2" radius to produce additional localized anesthesia.

# Plantar Verrucae Procedure

**III. Plantar Verrucae:** This commonly observed condition can generally be handled with the MadaJet XL in several ways:

1. Introduction of medicaments into the lesion using sclerosing solutions (Vitamin B-12, etc.) by direct injection. Prior to these injections, the foot should be soaked well and the cornified epithelium on and around the verruca should be gently removed with a scalpel. This allows better penetration of the medications with the MadaJet XL. Reports of clinical work are available from MEC on this procedure.
2. Surgical removal by curettage or punch method is preceded by (4) injections placed around the lesion (45 degree intervals). This will provide at least 2-3 hours of anesthesia.
3. Electrodessication - Use same procedures as above for producing anesthesia with the MadaJet XL.