ReeTrakt

A Novel Retractor for Vaginal Surgery

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Vaginal surgery for incontinence and prolapse is complicated by the lack of appropriate access. Traditionally this has been overcome by the surgeon utilizing the help of two assistants to retract the labia and vaginal side walls in order to improve vision and access. This is expensive and a waste of valuable medical time.

About 20 years ago a self retaining retractor was designed for vesico-vaginal fistula surgery and for artificial urethral sphincter placement. This was called a Brantly Scott retractor (Fig 1). This was a considerable advance but still fairly limited because of the size of the retractor blades.

An improvement on this design was the Lone Star (Fig 2) retractor. It utilizes a similar frame to the above but has smaller elastic retractors which achieve excellent retraction without obscuring the view of the surgeon.

The Lone star has four different frames which differ both in size and design. To limit cost we use a single frame which is not always the correct fit for the patient. Costing is an enormous pressure. The frames can be non-disposable (+/- £ 2000/frame) or disposable (+/- £45/frame). The elastic retractors cost £ 40 per set of 8. Because of the new sterilization rules one needs more than one frame if using the non-disposable set. Ideally a unit would have two sizes meaning that an average size unit would have to consider buying four frames.
The ReeTrakt introduces a novel concept for use in both TVT type surgery and surgery for pelvic organ prolapse (POP). It will allow retraction identical to that achieved with the Lone Star but avoid difficulties experienced with the ring. A key benefit is the ability to perform a vaginal hysterectomy with the retractors already in place. Greater flexibility allows more appropriate placement of the retractor hooks. The placement of four hooks (two superiorly and two inferiorly) completely replaces the need for a second assistant. It allows a much better field of view and improves access due to its ultra low profile. In my opinion achievement of these key features reduces the operation time and by so doing cost.

The ReeTrakt has now been used in a number of operations. It has been shown to be equal to the lone star in terms of retraction but because of its ultra low profile demonstrates superiority when doing a vaginal hysterectomy or sacrospinous fixation. There are no problems with adherence and it is possible to make numerous adjustments to the hook position without problem.

I have just completed a piece of original work for a health economic journal. We have looked at surgery for POP (pelvic organ prolapse) in France, Germany and NHS England. Using health episode statistics we estimate that there are approximately 160 739 POP procedures performed annually. All would benefit from the use of this sort of retraction.

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Fig. 1: Brantly Scott retractor

Fig. 2 Lone Star Retractor with non-disposable frame
Fig 3: The ReeTrakt surgical retractors