

# Surgical Retraction Audit

Performed By:

Position:

Hospital:

## Background:

Surgical retraction has been in practice for hundreds of years. It was originally conceived to hold open large wounds for gaining access to deep structures. The technology used in retraction has remained pretty much the same and even though surgery has advanced dramatically - retraction has not.

As incisions get smaller and surgery becomes more refined, the impact of retractors on the surgical field becomes greater. The size and height of a retractor becomes a bigger proportion of the access site and at a certain point retractors actually become self-defeating.

Surgical retraction just happens - and few clinicians pay much attention to retraction as there has been little in the way of focus on improving the technology. Most people feel they do not have a problem with retraction - until it is examined closely.

This "Audit" will help to focus in on your current retraction practices and see if there can be an improvement in clinical practice by improving retraction.

## Audit:

During the next few weeks we ask that you pay particular attention to the aspects of retraction noted below and give feedback

Observation	Comments	Score (1 insignificant - 10 important)
Do you ever find components of the retractors missing from the instrument sets. If Yes - how often		
Is an entire retractor ever missing from the set		

<b>Observation</b>	<b>Comments</b>	<b>Score</b> (1 insignificant - 10 important)
In large wounds - do the retractors ever get in the way of the surgical field		
In small wounds - do the retractors ever get in the way of the surgical wounds		
When an assistant holds a retractor- how often does their head get in the way when they try to see what they are retracting		
How often does an assistants hands get in the way (or physical body) when they are retracting		
For "self retaining" retractors - do you find they are completely stable - or do they tend to move around		
Do you spend time having to frequently adjust retractors when they start to slip		
How often do self retaining retractors slip when the patient is moved (for example if the retractor is used on a limb)		
How often is excessive force being applied to the wound due to poor design (such as V-Openings on retractors)		
Do you ever see bruising of the wound edges due to retractors		

<b>Observation</b>	<b>Comments</b>	<b>Score</b> (1 insignificant - 10 important)
Do you ever see diathermy burns as a result of metal retractors being used		
Does the retractor ever hinder the access of instruments - making them come in at oblique angles due to bulk of the retractor		
Do your assistants spend time retracting or holding retractors when they should be assisting and does tis slow procedures		
Does a nurse ever have to hold a retractor for you		
Does poor retraction have any impact on the length of procedure		
Does poor retraction have any impact on the ability to perform the procedure		
Do you think retraction could be improved in your specialty		

Please fill in this form and hand it to your Operating Room Manager.

Or to find out more about modern retraction tools -  
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