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A NEW KIND OF DISPOSABLE AUTOSTATIC SURGICAL RETRACTOR IN INGUINAL HERNIA REPAIR *A.I. Lo Monte, G. Amato, G. Damiano, C. Lombardo, C. Maione, V. Palumbo, G. Spinelli, G. Romano, G. Buscemi, M. Romano*

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Objectives: The aim of this study is to demonstrate the effectiveness of a new kind of disposable autostatic surgical retractor in hernias procedures in order to achieve an easier, faster, and safer surgical intervention.

Materials and Methods: Between January and March 2008, 42 inguinal hernioplasty procedures have been performed using the 3PAWS model of ReeTrakt™ a self-retaining, low profile retractor. Equivalent patients samples, in which operations were performed using conventional retraction devices, were considered for comparison of the intra and postoperative results.

Results: In all of the 42 inguinal hernioplasty procedures performed, the ReeTrakt™ system has simplified the performance of the surgical team. The retractors were very easy to place. The view of the operating field was always optimal. We also noted a reduction in the operating time. There were no intraoperative complications. No postoperative complications related to the use of this kind of devices occurred. Conversely the amount of peri-and postoperative complications in the control group managed with conventional retraction devices was marginally higher than in the ReeTrakt™ patient group.

Conclusions: The ReeTrakt™ system is a very simple and useful low profile retractor for inguinal hernia repair procedures. Its ultra low profile allows a much improved view of the operating field, an unhindered insertion of the surgical instruments and a shortening of intervention time, avoiding the typical problems which arise as a result of standard retractors typically used during this kind of procedure. Due to absolute perpendicular retraction it offers a highly atraumatic performance, avoiding swelling and marks on the insertion sites. Thus in our opinion, reducing the risk of wound oedema, hematoma or infection, as well as the possible complications of the incision associated with the surgical procedure.