

ENTrac® Retraction Systems



I spoke to the surgeon and he says they are not starting their Trans oral RAS program till next year. Do you think there is anything else that would be of interest to them?

I did an in-service with my surgeon last week via a tele-call, but unfortunately the case did not go well. Do you think the surgeon should have struggled so much?

The doctor performing thyroid surgery claims that they have plenty of students who can help him retract. Why would they need a retractor then?

I just attended a head and neck open procedure and the surgeon was able to use 2 Weitlinerretractor without any issue. He did rely on an assistant to retract deep tissue. Why would he feel that he does not need ENTrac®?



ENTrac® for TORS can also be utilized for video and endoscopic procedures. Whether they access the site with rigid instrumentation or robotic instrumentation, they will still need exposure and a stable surgical site to operate. It allows them to practice without the pressure of needing to dock the robot perfectly.

ENT surgeons are not used to using advanced retractor systems like other surgeons and need to 'hand-hold' a bit in the beginning to help them understand the technology. Having a dry setup is essential to clinical success with ENTrac®.

From our experience, there are at least 4 points of retraction in a thyroid case, sometimes up to 6, depending on the complexity of the procedure. It is a fairly small surgical incision (3-4cm), and there is not much room for multiple students to retract tissue in a gentle way without having tremor. Often, the student is standing in a position that does not allow them to watch the case and thus not learning. These procedures can routinely take over 1-2 hours to perform, making it very difficult for assistants not to tire and suffer ergonomically.

It is most likely that his patient was thin and had relatively easy anatomy to access. Many patients who suffer from a head & neck ailment are often obese, short and muscular anatomy that requires effective retraction to allow light to enter the cavity. In short, a surgeon can save a considerable amount of procedural time by having an effective retractor system that requires less intra-procedural readjustment by OR staff.

