Self-retaining retractor

Self-retaining retractors have locking mechanisms that keep the blades apart and in place while spreading the edges of the incision and holding other tissue in place, thus freeing the surgeon's and assistant's hands for other tasks.

Retractors should not be placed deeper than the platysma to avoid injury to recurrent laryngeal nerve, which runs between the esophagus and trachea. Blunt retractors are used to avoid internal jugular vein injury

Lumbar Self-retaining retractor

- Prone transpsoas lateral interbody fusion with retractor-mounted camera and heads-up display: illustrative case
- Minimally invasive transforaminal lumbar interbody fusion
- Mini-Open Access for Lateral Lumbar Interbody Fusion: Indications, Technique, and Outcomes
- Risk factors for the development of flank hernias and bulges following surgical flank approaches to the kidney in adults
- Maximal access surgery for posterior lumbar interbody fusion with divergent, cortical bone trajectory pedicle screws: a good option to minimize spine access and maximize the field for nerve decompression
- Influence of two types of self-retaining retractors on multifidus muscle blood flow during dorsolateral thoracolumbar hemilaminectomy in dogs
- Minimally invasive procedures on the lumbar spine
- Percutaneous posterior transdiscal oblique screw fixation with lateral interbody fusion: a radiological and cadaveric study

A self-retaining retractor is a surgical instrument that helps surgeons maintain the surgical site open and provides optimal exposure to the surgical field without the need for an assistant to hold the retractor in place.

In lumbar discectomy, a self-retaining retractor is used to hold the soft tissues and muscles of the back apart, allowing the surgeon to visualize the affected area of the spine and access the herniated disc. The retractor consists of two blades that are spread apart, and the blades are held in place by a ratchet mechanism, which keeps them open during the surgery.

The self-retaining retractor can be adjusted to provide optimal exposure to the surgical site and can be repositioned as needed. This allows the surgeon to work comfortably and efficiently, reducing the risk of injury to the patient and the surgeon.

The use of a self-retaining retractor in lumbar discectomy has several advantages over traditional retractors, including improved visualization, reduced surgical time, and decreased soft tissue damage. It also allows for a smaller incision and decreases the risk of postoperative complications. However, the use of a self-retaining retractor requires specialized training and experience, and it may not be appropriate for all surgical cases.

There are several types of self-retaining retractors used in lumbar spine surgery, including:

CASPAR Lumbar Retractor System

Markham-Meyerding Hemilaminectomy Retractor

Cobb

Greenberg

Mollison Self-Retaining Retractor

Tubular Retractor: This retractor is used in minimally invasive lumbar spine surgeries and consists of a tubular retractor that is inserted through a small incision in the skin. The retractor is then expanded to provide visualization of the surgical site.