

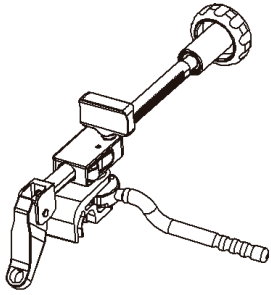
# **Users Manual**

**OmniAccess™  
Hip Retractor**

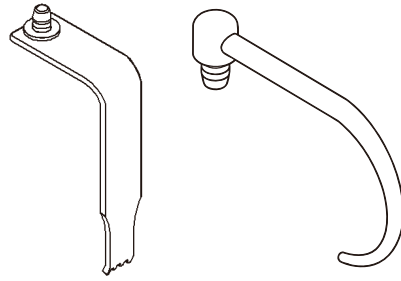


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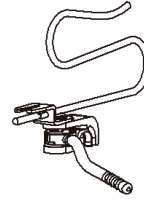
## System Components



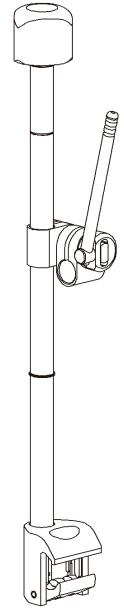
**Articulating  
Blade Holder**



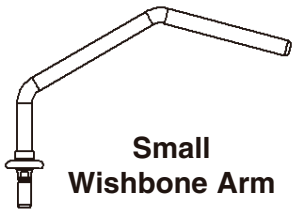
**Retractor Blades**



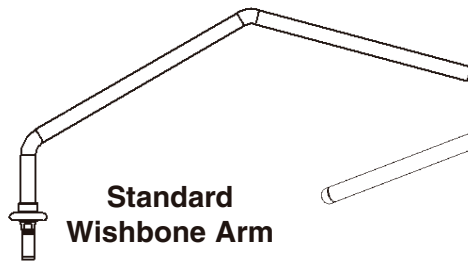
**Strap Clamp**



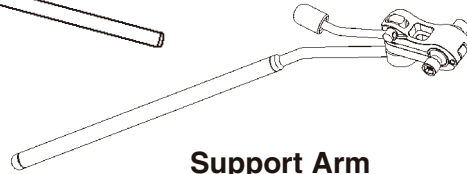
**Sterile  
Field Post**



**Small  
Wishbone Arm**

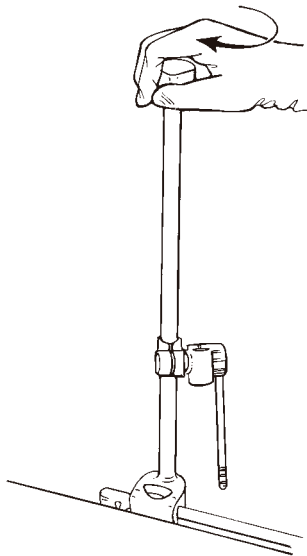


**Standard  
Wishbone Arm**



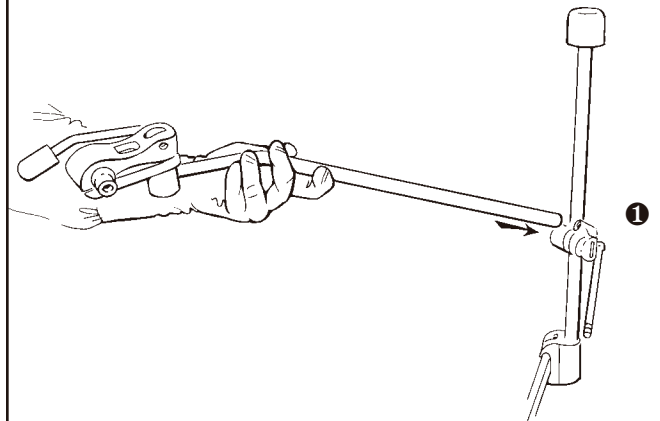
**Support Arm**

**1**



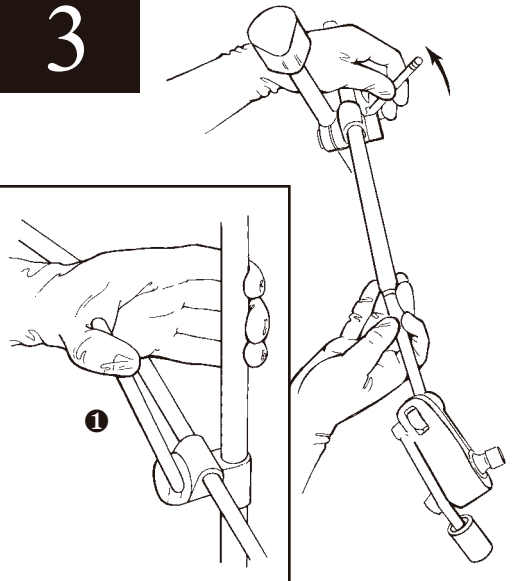
After draping, place the Sterile Field Clamp on to the O.R. table rail over the drape, just below the anesthesia screen. For anterolateral approaches place the clamp on the same side as the primary surgeon. For posterolateral approaches place the clamp on the opposite side of the table from the primary surgeon. Clamp placement should be a minimum of 31cm from the top of the incision. Locate the table rail underneath the drape and engage the lower jaw of the clamp on the rail. Tighten the knob at the top of the post.

**2**



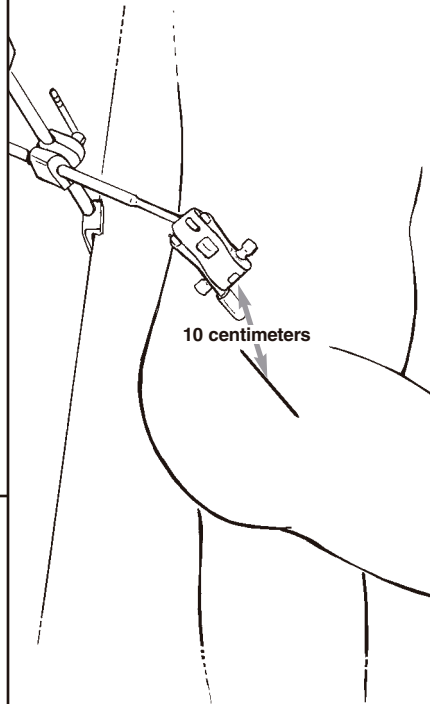
With the securing handle of the post clamp (1) in the upright position, insert the support arm into the clamp.

3



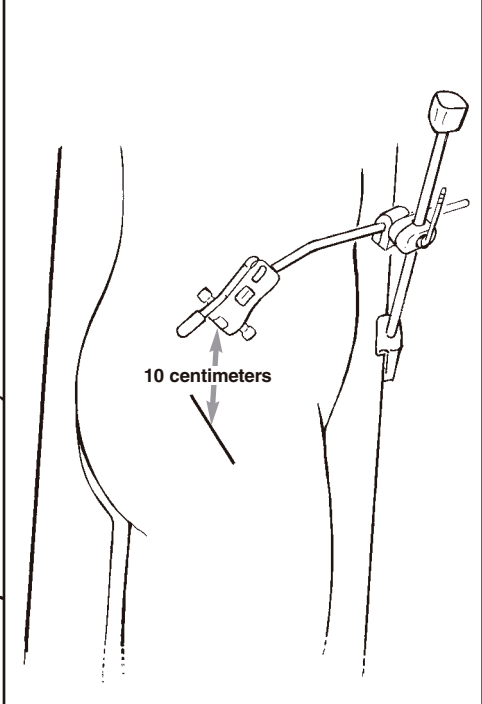
Position the support arm over the patient so that the distal end of the arm is approximately at the midline and is three to five centimeters above the patient and ten centimeters above the top of the incision. Lock the support arm position by pushing down on the securing handle (1).

Anterolateral Set-up



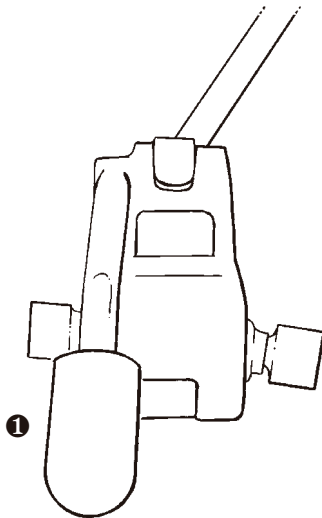
\*10 centimeters

Posterolateral Set-up



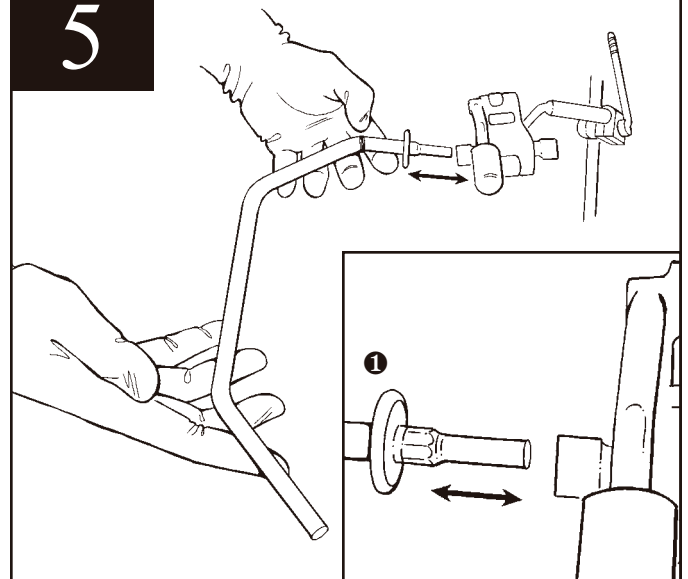
\*10 centimeters

4



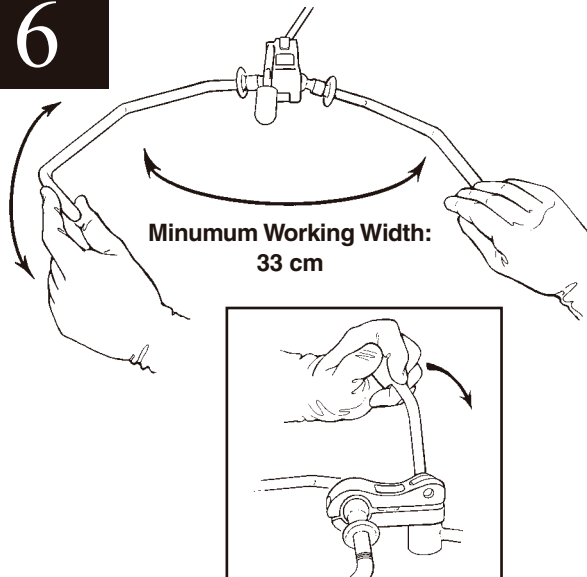
Before attaching frame arms make sure the large handle at the end of the support arm is in the unlocked position (1).

5

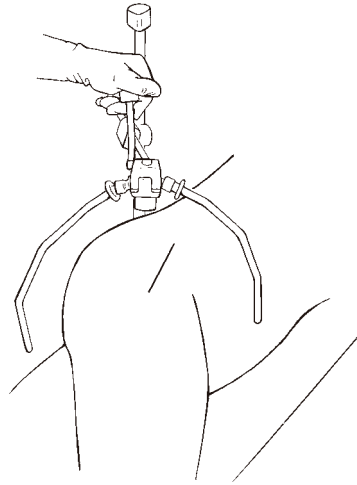


Attach frame arms to the support arm by inserting the end of the frame into the socket of the ball joint. There are flattened sections of the frame arm that will correspond to the ball joint socket (inset). The frame arms may need to be rotated within the socket in order to line up with the flattened sections of the ball socket to engage properly. Remove frame arms by grasping the round flange on the arm (1) and pulling arm straight back.

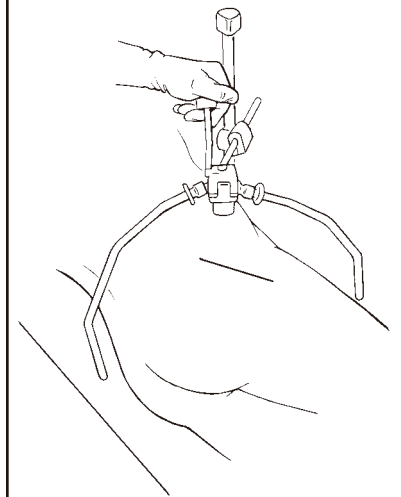
6



Anterolateral Set-up

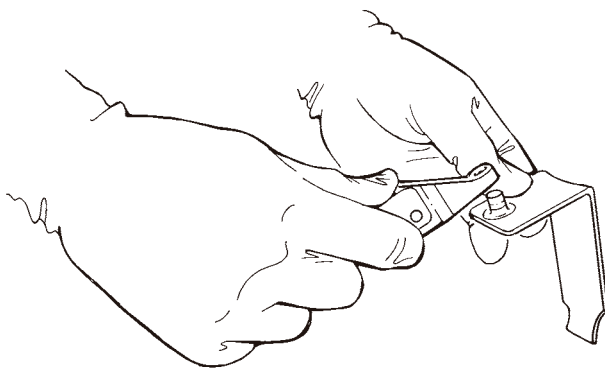


Posterolateral Set-up



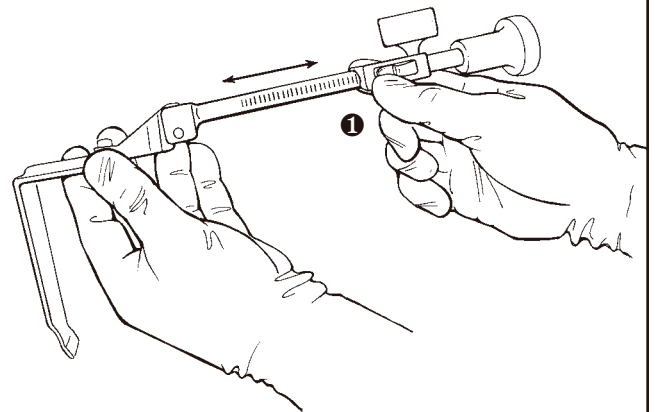
The Wishbone frame can be adjusted so that it is at or below the horizon of the patient. Be sure that the arms are equidistant from the incision and at a minimum of 33 cm apart. Lock the frame arm position by pushing the large handle back and away from the operative field (inset).

7



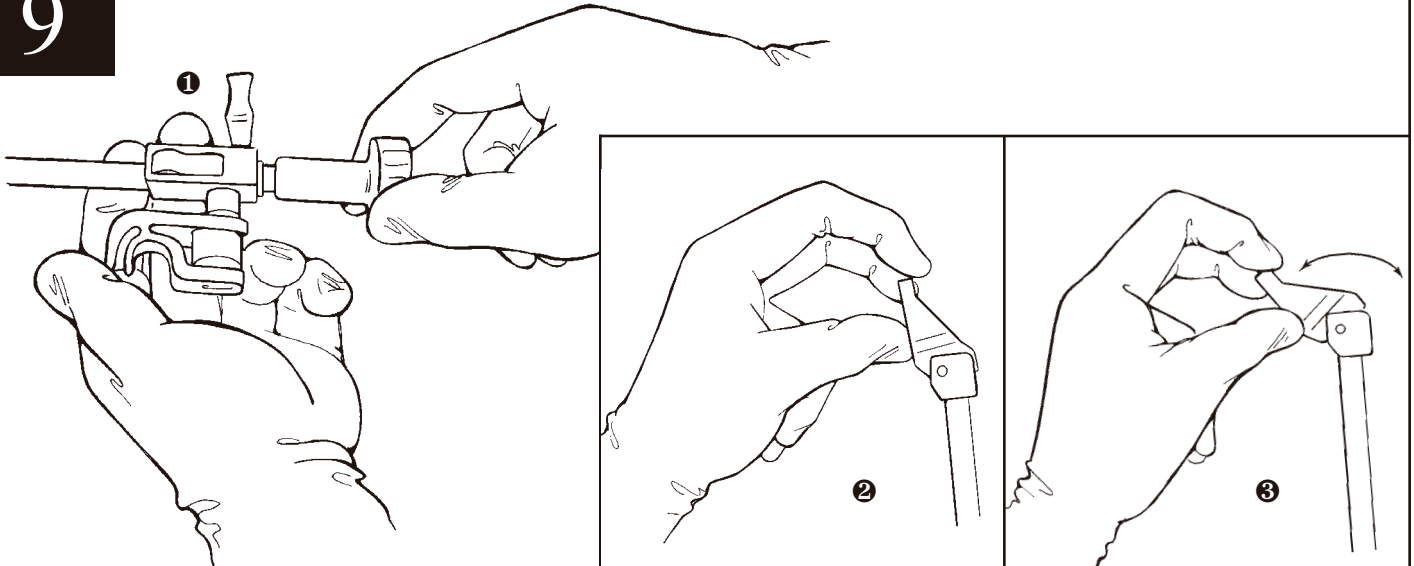
Attach blades to blade holders by snapping the nipple of the blade up, into the distal end of the holder.

8



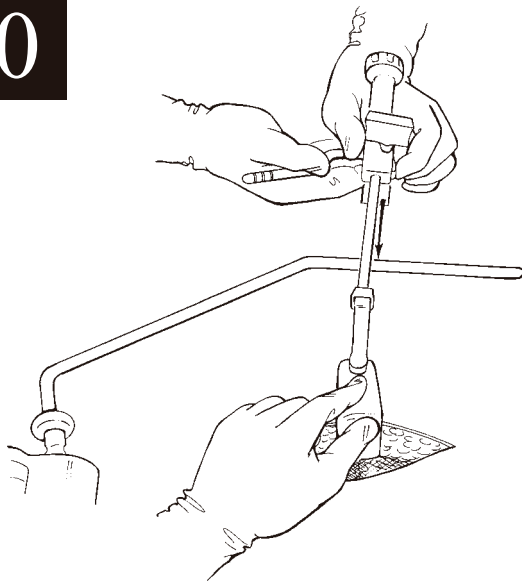
The release button on the side of the blade holder (1) allows the clamp section to traverse back and forth.

# 9



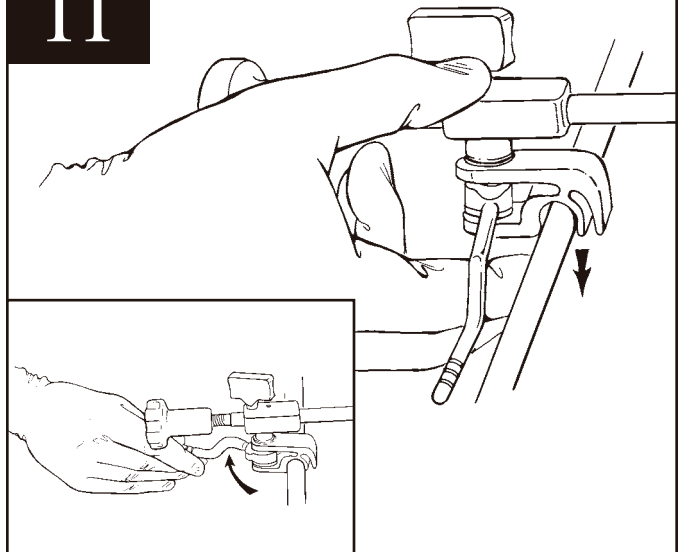
Before placing a blade into the incision, be sure the clamp section of the blade holder is as far back toward the proximal end of the holder as possible (1). Also, make sure that the tip of the blade holder is in a neutral position (parallel to blade holder shaft) (inset 2). The proximal knob adjusts the position of the blade holder tip (inset 3). **Notice the range of motion the distal end of the blade holder has when in the neutral position. This is important for maintaining exact blade placement in the wound while approximating the blade holder clamp position with the frame.**

# 10



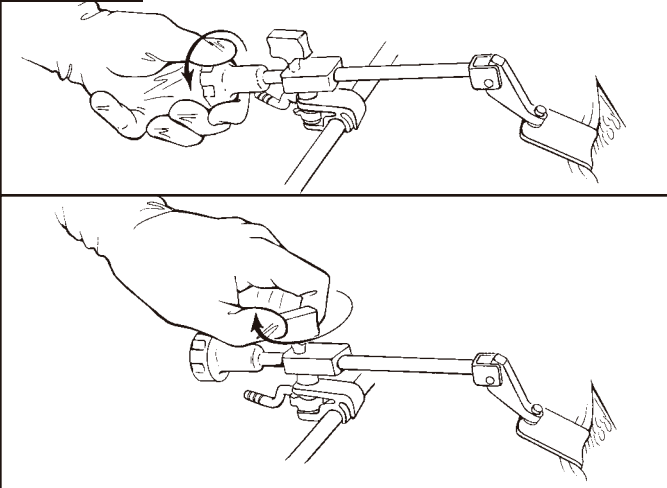
With the blade attached to the holder, place the blade into the desired position in the wound. While the surgeon maintains the blades position, the assistant aligns the clamp with the frame arm. This will require depressing the release button on the side of the blade holder clamp shown in step #9 and sliding the clamp to the proper position.

# 11



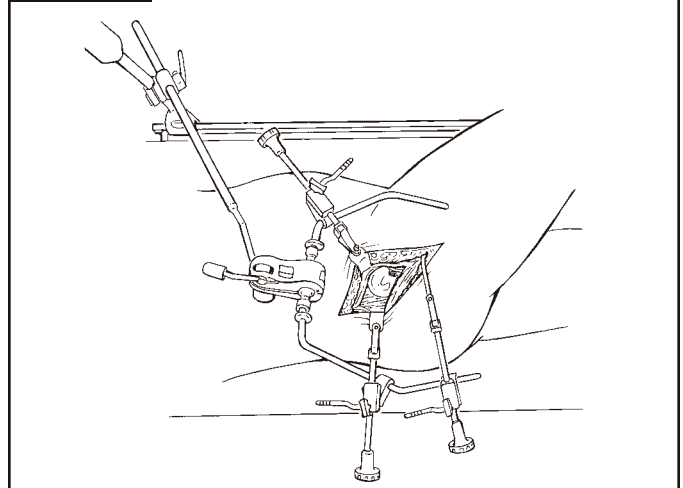
While continuing to maintain the blades position in the wound, the clamp can be snapped on to the frame. Be sure the securing handle of the clamp is in the unlocked position. The clamp is snapped on to the frame arm by squeezing the frame and clamp body between the thumb and forefinger. The clamp is locked by pushing the securing handle in a clockwise direction (inset).

# 12



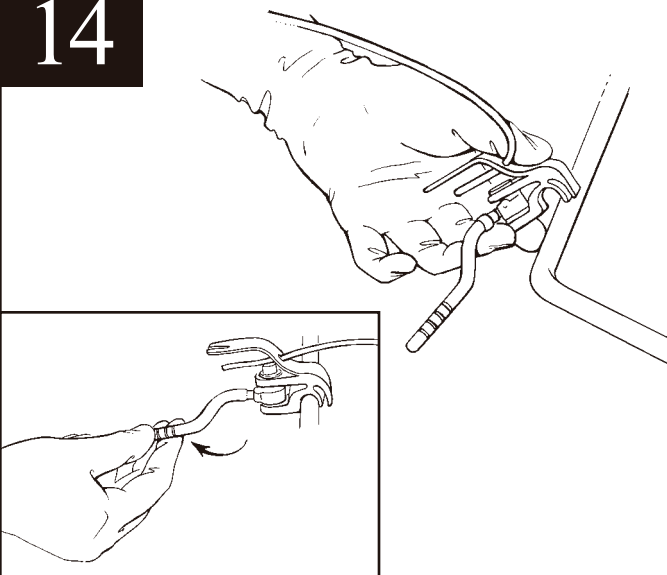
While continuing to maintain the blades position on soft tissue, the proximal knob is turned clockwise to toe-in the blade to the appropriate angle and depth. Next, the key at the top of the clamp is turned clockwise to retract the blade backward. With sufficient pressure applied to soft tissue the surgeon can discontinue the management of the blades position leaving the retractor holder to maintain its exact location. **It is important to toe-in blades prior to retracting laterally to maintain retractor blade positioning.**

# 13



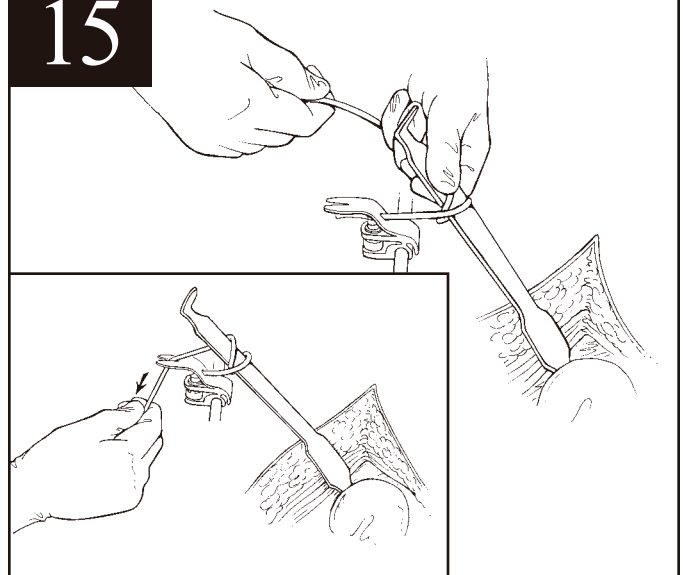
Additional toeing-in of the blade and lateral retraction can progress to obtain the desired exposure. **Best exposure results are achieved when OmniAccess retractor holders have been placed on both wound margins prior to fully retracting.**

# 14

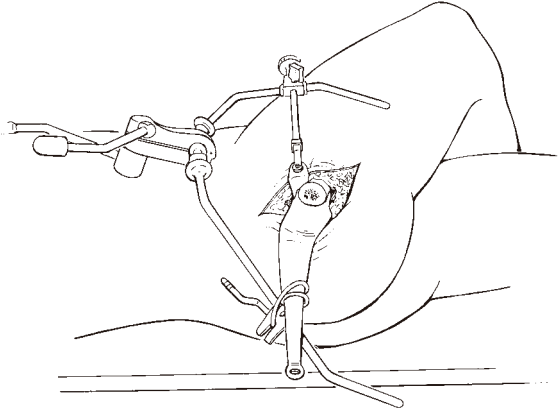


Hand held Hohman and Cobra style retractors can be used with the OmniAccess retractor. After placing a hand held retractor into position, place a strap clamp holder onto the frame in close proximity to the retractor handle. Lock the securing handle of the strap clamp holder by pushing it in a clockwise direction (inset).

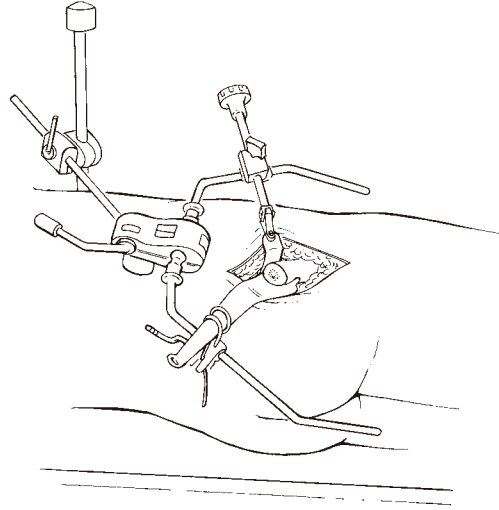
# 15



Wrap the strap around the retractor handle several times and cinch the strap into the V shaped notch of the holder by pulling down on the strap. Excess strap can be cut off.



Anterolateral Set-up



Posterolateral Set-up

The strap clamp holders are also useful in securing femur elevating retractors. Before placing the retractor, position the OmniAccess frame arm inferior to the level of the surgical field so that the final position of the levering retractor is above the frame arm. Attach the strap clamp and secure the retractor as described in steps 14 and 15.

## Cleaning and Sterilization

### Cleaning:

Ultrasonic cleaning is recommended. Power washing or hand scrubbing with a soft brush is acceptable. Articulating blade holders have a flush port at the center of the proximal knob. Flushing these devices is recommended.

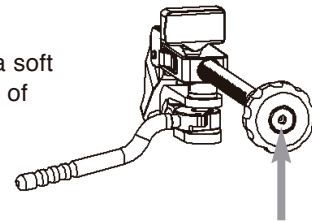
### Lubrication:

It is important that all threaded components be regularly lubricated with a surgically accepted instrument lubricant.

### Sterilization:

Gravity Sterilizer - 3 minutes at 270°F/132°C

Prevacuum Sterilizer - 3 minutes at 270°F/132°C



Flushing Port

**CAUTION:** Excessive and prolonged periods of retraction can cause tissue necrosis. **Be sure to relax retractors every 20 minutes.** The position of the sciatic nerve should be clearly identified and care should be taken when placing blades on the posterior inferior wound margin, particularly when doing a posterior approach using posterior dislocation.

Drills and other cutting instruments can potentially damage retractor blades. Please inspect retractor blades for sharp edges or other deformities.



A Division of Minnesota Scientific, Inc.

4849 White Bear Parkway • St. Paul, MN 55110-3325 USA

(651) 287-4300 • FAX (651) 287-4400 • 1-800-367-8657

<http://www.omni-tract.com>

