

New Minimally Invasive Hip Retractor Revolutionizes Anterior Hip Replacement Procedures

/PRNewswire/ -- TeDan Surgical Innovations, industry leader in surgical access instrumentation, announces the launch of the Phantom Series MIS Anterior Hip Retractor System. TeDan Surgical's revolutionary hip retractor utilizes a system of adjustable surgical arms with attachable retractors, enabling surgeons to perform the entire procedure without a fracture table or a surgical assistant.

Dr. Lawrence Menendez and Dr. Daniel Allison, Orthopedic Surgeons at the University of Southern California Medical Center, partnered with TeDan Surgical to design and develop this innovative retractor.

Dr. Allison shared their idea with the TSI team. "We wanted to create a system that could place the anterior approach to hip replacement into the hands of any orthopedic surgeon, minimizing trauma to the patient's soft tissues and bone, while taking away the need for any surgical assistants."

The Phantom Series MIS Anterior Hip Retractor System has been used in surgery over twenty times. Evaluations by surgeons have deemed the system a success.

According to Dr. Menendez, initial trials exceeded expectations. "We were nervous before the first surgery that things wouldn't come together or the surgery would become more complicated, but from the first go-round, the surgery was made much easier. Since then we've only been making it better. We set some lofty goals and feel like we've accomplished them. We are very excited to start giving this system to other surgeons and patients."

With the realization that performing hip replacements through the anterior approach may expedite patient recovery time and reduce post-operative discomfort, surgeons, with increasing frequency, are opting to operate using the anterior technique. Previously, this technically demanding approach has only been possible using a Judet style fracture table and two surgical assistants. The Phantom MIS Anterior Hip Retractor System allows surgeons to access the surgical site through the anterior approach on a standard operating table without a fracture table or additional personnel.

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