USE OF THE ALEXIS® RETRACTOR IN PAEDIATRIC SURGERY

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Aim: To investigate the efficacy of the Alexis[®] retractor in paediatric and neonatal surgery.

Methods: Prospective data collection between June 2016-January 2017 for patients who have undergone surgery within a single centre using the Alexis[®] retractor. Data collected included age of patient, procedure, complications or difficulties related to use of the Alexis[®] retractor, and evidence of wound infection.

Results: 10 patients underwent surgery using the Alexis[®] retractor ranging from 5 days – 15 years (median 4 years) of age. 8/10 procedures were oncological, and the remaining 2 were neonatal (Table 1). There were no difficulties or complications related to the use of the Alexis[®] retractor, and there were no wound infections.

Conclusion: The Alexis® retractor offers an inexpensive means of providing atraumatic circumferential retraction, maximizing wound exposure relative to the size of the incision. Our experience is that it is easy to use, versatile, and provides good exposure. Separation of intraperitoneal contamination from the wound edges by the Alexis® retractor has been shown to reduce the risk of wound infection in adults, and in oncology, its application could reduce spillage and the risk of seeding tumour. To our knowledge, this is the first description of use of the Alexis® retractor in paediatrics.

Table 1.

Procedure	Number	Dationt aga	Histology
		Patient age	Histology
Nephrectomy	3	2.4 years	Stage II spindle cell renal
			tumour
		2.8 years	Stage II Wilms'
		5.3 years	Stage I Wilms'
Oopherectomy	2	39 days	Torted necrotic ovary
		15.2 years	1.6kg mature teratoma
Laparoscopic-assisted	1	14.2 years	No malignancy
right hemicolectomy			(carcinoid appendix)
Open pancreatic biopsy	1	13.8 years	Neurofibroma
Orchidectomy	1	15.5 years	Non-seminomatous
			malignant germ cell
			tumour
Excision testicular lesion	1	4.3 years	Vascular malformation
(inguinal approach)			
Right-sided congenital	1	5 days	N/A
diagphragmatic hernia		-	
(postnatal Dx)			