

## FAQ FOR CLINICIANS

### Is the retractor more painful for the women than our fingers?

When placing and removing the retractor there may be slight discomfort due to the manipulation of the cervix. During the repair there will be much less manipulation of the external genitalia and much less handling of the tear. Overall, as a complete procedure, the repair will be less painful.

### Do you apply lubrication?

**No** lubrication or gel is needed, and it will make the retractor very slippery, and it will slide out.

### Therefore NO lubrication

### Do you place the retractor before you diagnose the tear?

No, you **first** inspect the vagina, perineum and sphincter. Once you identify the location of the tear you then place the retractor, where you would place your fingers to create a view.

### What do you do if you have two tears?

You choose the tear you want to suture first, then you place the retractor accordingly. When you have sutured the vaginal tear to the hymen, you slowly and gently remove the retractor and place it for the second tear.

### Can you rotate/replace the retractor in the vagina?

We do not recommend this because there is a chance you manipulate with the tissue/tear and overlook an apex of a tear.

### What shall I do if the retractor slides out during my suturing?

1. Check the woman is in a correct position - **lower back should be flat in the bed**. A semireclined position/sitting up will push out the retractor.
2. Slowly gather the circles of the retractor and **gently place the Hegenberger further in**, so the circles are behind the labia majora. Hold still for a few seconds and slowly let the sides go. **It must lock behind the pubic bone.**
3. **Place a tampon inside the retractor** to create a vacuum and to absorb slight bleeding from the Uterus.

4. Legs in lithotomy should be position correctly 90 degrees up and outwards.
5. **No** gel or lubrication.

**Will the tear or episiotomy increase in size after placement?**

The retractor will not increase the length of the tear or episiotomy. The tear or episiotomy looks different because it is more open than we are used to seeing.

**What if you find it difficult to close the last part of the repair?**

Then you gently fold the circles together and pull down the tissue in each side to provide more tissue to work with and then you slowly let go of the circles again.

**Will there be increased tension on the sutures?**

In approximately 8/10 repairs you can suture everything with the retractor in place. In a few cases there is an increase tension on the last sutures of the M.Bulbocavernosis. If this is the case you can remove the retractor for the last part of the repair.

**Can you use the retractor for labia tears?**

In some cases, you can suture labia tears with the retractor and in some cases the retractor will be in your way. We always recommend that you start closing the tears in the vagina out to the hymen, then you close the perineum from the bottom and upwards – First M.Tranversus and second then M.Bulbocavernosis. Finally, you assess/suture the labia tears with the retractor in place or you decide to remove it.

**In which steps are you using the Hegenerberger Retractor in your repair?**

We recommend that you start closing the tears from the apex in the vagina and out to the Hymen, then you close the perineum from the bottom and up towards the introitus. If you diagnose a Sphincter injury this becomes the priority and hereafter the M.Tranversus and then the M.Bulbocavernosis.

**For which tears is the retractor beneficial?**

2nd, 3rd and 4<sup>th</sup> degree tears and episiotomies.

In some women with complex labia tears it can be beneficially to use the retractor to hold the labia aside.

**Can you use the retractor in the operating room?**

Yes, the retractor is packaged in single pouches and is sterile.

**What kind of local anaesthesia is needed with the retractor?**

You can use infiltration, transcutaneous Pudendal Block, Transvaginal Pudendal block, Spinal or Epidural.

If you have gas and air (Nitrous Oxide) - this is a very good top up to local anesthesia and can be used as required by the patient.

**When do I use anaesthetic?**

Use anaesthetic as above before you insert the retractor, to ensure the woman is comfortable and pain free upon the insertion.

**Is the Hegenberger retractor single use?**

Yes, the retractor is sterile and single use.

**Can you use the retractor for cervical procedures?**

The retractor is made specifically for postpartum repairs and not for cervical procedures.

**What should you do if you have a postpartum haemorrhage?**

Remove the retractor gently but immediately, diagnose and treat the cause of bleeding.

**Are there any concerns with different kinds of anesthesia and the use of Hegenberger in the operating room.**

If you have a patient with a high BMI and you would like her in the Trendelenburg position – speak to the anaesthetist what he or she recommend before the procedure. Some anaesthetist could have respiratory concerns in using the Trendelenburg position. In that case have the patient in a normale supine position with legs in leg rest/stirrups. Make sure the legs are well out to the side and bended 80-90 degrees vertical from the hips.

**Can you get the retractor in different sizes?**

The retractor comes in one size for now. Bigger sizes for women with a particularly high BMI are in development. The retractor is designed for women up to 120 kg.