Narrow-Bladed "Endo" Sagittal Split Osteotomy Retractor

Maurice Yves Mommaerts, MD, DMD, PhD^{1,2}

Craniomaxillofac Trauma Reconstruction 2017;10:244-245

Address for correspondence Maurice Yves Mommaerts, MD, DMD, PhD, European Face Centre, Universitair Ziekenhuis Brussel, VUB, Laarbeeklaan 101, Brussels, Brussel 1090, Belgium (e-mail: mauricemommaerts@me.com).

Abstract Keywords

- osteotomy
- sagittal split ramus
- instrument
- ► surgical

A modification of the Obwegeser sagittal split retractor is presented. It is slender while still protecting the soft tissues and is particularly suitable for endoscopically assisted surgery.

The narrow- and wide-channeled retractors designed by Hugo L. Obwegeser used during his sagittal split osteotomy¹ have stood the test of half a century. These retractors have been designed to expose the surgical field and to protect the facial artery and mandibular branch of the facial nerve.² Modifications, apart from manufacturers' deviations from the original, have rarely been described. The original Obwegeser retractors are distributed by KLS-Martin (Jacksonville, FL) and Medicon (Tuttlingen, Germany).

When coming across the article of Matsushita in the February 2015 issue of this journal,³ in which the author describes a wider spatula-like modification, I considered it interesting to publish on a narrower gutter-shaped modification.^{4,5} This one was designed for the endoscopic approach. However, many colleagues and myself find the instrument useful for "open-sky" sagittal split ramus osteotomies because it has a favorable angle of attack and a sharp tip that allows for easy subperiosteal dissection (both buccally and lingually; Figs. 1 and 2). It snugly fits the lower and posterior border (>Fig. 3), and it protects the soft tissues not by being wider, but by its "guarding" relationship when placed against the bony surface (Figs. 3 and 4). Since its design nearly 10 years ago, I have performed approximately 800 bilateral and unilateral sagittal split osteotomies with it and find it highly effective. Test models were made by DePuy Synthes (Solothurn, Switzerland). The instrument is available at Surgi-Tec NV, Sint-Denijs-Westrem, Belgium (www.surgi-tec.com).



Fig. 1 3D graphical representation of the "endo BSSO retractor." The lower shaft is 7 mm wide.

Copyright © 2017 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662.

DOI https://doi.org/ 10.1055/s-0036-1584889. ISSN 1943-3875.

¹ European Face Centre, Universitair Ziekenhuis Brussel, Brussel, Belgium

²Orthoface Clinic, Oost-Vlaanderen, Belgium



Fig. 2 Angle of attack to the bony surface and the sharp tip.



Fig. 3 The instrument fits well around the mandibular border and prevents soft-tissue prolapse into the danger area.

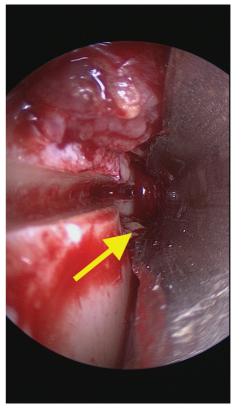


Fig. 4 The "endo BSSO retractor" providing efficient access and effective soft-tissue protection from the Lindemann bur (endoscopic view in the lingual tunnel—arrow is pointing at the fat pad surrounding the mandibular foramen).

References

- 1 Trauner R, Obwegeser H. The surgical correction of mandibular prognathism and retrognathia with consideration of genioplasty. I. Surgical procedures to correct mandibular prognathism and reshaping of the chin. Oral Surg Oral Med Oral Pathol 1957;10(7):677-689
- 2 Obwegeser HL. Mandibular Growth Anomalies. Berlin, Heidelberg: Springer-Verlag; 2001:382
- 3 Matsushita K. Wide-bladed mandibular channel retractor efficiently secures surgical manoeuvres during ramus osteotomy. Br J Oral Maxillofac Surg 2015;53(2):210-211
- 4 Mommaerts MY. Endoscopically assisted sagittal split osteotomy for mandibular lengthening: technical note and initial experience. J Craniomaxillofac Surg 2010;38(2):108–112
- 5 Mommaerts MY. The surgical art of facial makeover. Volume I. Planning and operative techniques. Chapter "Endoscopic bilateral sagittal split osteotomy (endo-BSSO)". Sint Martens Latem 2013:189-196