

INSTRUCTIONS FOR USE

Retentus[®] Panniculus Retractor - HIPSTER™ THA-164R/THA-165L

Intended use: This retractor is intended for use on the patient with excessive and redundant tissue (i.e., panniculus) which potentially will interfere with the procedural site. The Hipster repositions/retracts tissue out of/away from the procedural field.

Order of use:

Aseptic application: Clip hair, if necessary ▪ Prep the skin and let dry ▪ Apply the HIPSTER™ in aseptic fashion ▪ Drape

Nonaseptic application: Clip hair, if necessary ▪ Apply the HIPSTER™ to the dermis ▪ Prep the skin and let dry (it is acceptable to prep over the device) ▪ Drape

Applying the Retractor: It is possible and practical to position the device on the patient so that it retracts the desired tissue while remaining outside the sterile field, i.e., a sufficient distance away from the incision, under other sterile drapes. For patient positioning the application of this device requires two people; one on each side of the patient.

1. Remove the retractor from the envelope. Unfold the device. Notice the “Hold Here” tabs. These areas are used to position and manipulate the retractor during application. No adhesive will be exposed at these locations unless the backing is removed.
2. Position the device over the patient’s abdomen, proximate to the inguinal crease (right or left).
3. Observe the solid line at the bottom of the retractor. Use this line as a guide to orient the device. The **solid line should be parallel with the inguinal crease** at the site of the procedure. The **^ shape** centered between the B tabs should be positioned 5 cm directly above the anticipated incision. **For procedures involving interventional radiology and/or cardiology, the solid line should be parallel to the inguinal crease and applied in, or slightly above, the inguinal crease.**
4. While holding the retractor in position above the patient, hold the lower “Hold Here” tabs in tension. Each person removes the “A” panel by pulling the “A” tab in a downward direction away from the retractor to expose the adhesive, while discarding the paper backing.
5. Attach the exposed adhesive area of “A” panel to the patient’s abdomen, then smooth entire area to the patient’s skin.
6. Remove “B” panels by pulling downward and outward, toward you, while smoothing entire area to patient’s skin.
7. While applying pressure to Panels A & B, retro fold the device. Remove panel “C” while grasping “Hold Here” tabs at the top of the retractor. (The exposed adhesive panel “C” should be held at an angle approximately 45° above the patient.)

Creating the Retraction:

8. While manually retracting A and B panels, bi-directionally pull both cephalad and cross-midline toward the opposite shoulder. Pull cephalad first; cross-midline second.
9. When the desired retraction is obtained, attach one section of the retractor to the patient at the xiphoid and the second section under the breast opposite the procedural site. Discontinue manually retracting A and B panels.
10. Completely smooth the entire retractor to the patient’s skin. Full procedural site exposure should be achieved.
11. Remove the HIPSTER when the procedure is finished by gently and slowly peeling back the tape and walking the fingers down the skin behind the tape until completely removed.

Warnings and Precautions:

- Skin conditions should be assessed for integrity before affixing this tape to the dermis.
- Do not place over abrasions, contusions, rashes or any open breaks in the dermis.
- Do not use on patients with known tape or adhesive allergies.
- The skin should be dry and free of residue to prevent skin irritation and to ensure good adhesion. **Allow all preps to dry completely before applying the device.**
- Do not place over the patient’s airways.
- Not to be used intra-wound.
- Do not leave on patient post-op.
- Do not cut or modify this device.
- Single use only - Do not re-apply to the patient.
- Remove slowly while supporting the skin; then discard and dispose of properly.

