

Thompson Retractor

Uncompromised Exposure™

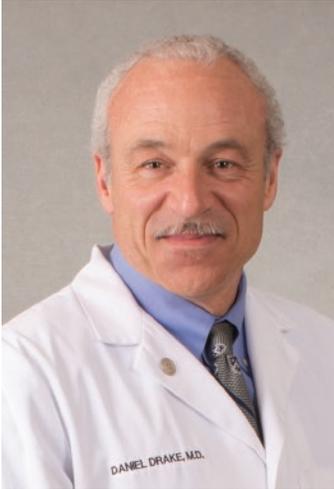


Thompson Techniques + User Manual:

DRAKE HOOK

"The Drake Hook is an important tool for subvalvular mitral repair. The cutting groove facilitates safe commissurotomy and chord lysis."

- Daniel Drake, MD



Daniel Drake, MD

Originally from Michigan, Dr. Drake graduated from Earlham College in 1978 with a B.A. in Physics and the University of Michigan Medical School graduating in 1982. In 1988 he completed his general surgical residency at Parkland Memorial Hospital and the University of Texas Southwestern Affiliated Hospitals. He returned to the University of Michigan for a fellowship in cardiothoracic surgery, finishing in 1990. He has practiced in the Grand Traverse Region for over two decades. He is past president of the Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) and co-founder of the MSTCVS *Quality Collaborative*. He is a current Board member and directs the MSTCVS *Mitral Initiative*. His professional interests include inflow valve disease, mitral reconstruction following severe ischemic distortion, and outflow tract obstruction in Barlow's disease and hypertrophic myopathies. Dr. Drake's current focus is axial imaging with recent publications in *Circulation: Cardiovascular Imaging and the New England Journal of Medicine*.

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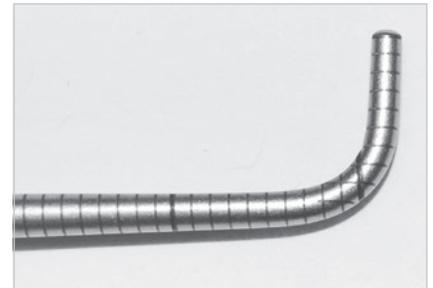
Exclusive Cutting Groove

This unique groove prevents scalpel slippage, easing chord lysis and division of rheumatic tissue.



Laser Etched Markers

Laser etched markers allow for rapid, precise size indication. Smooth finish without ridges won't catch scalpel.



Longer Catch

Slightly longer (1 cm) catch enhances subvalvular exploration for restrictive tissue.



ORDERING INFORMATION

REF	ITEM DESCRIPTION	PART #
A	Drake Hook (258mm)	51251
B	Instrument Case - Drake Hook (holds 2 hooks)	50000DH



NOTICE

Thompson recommends a purchase or trial of two hooks as it may be desirable to use two at a time.

Usage Tips

Designed with input from Daniel H. Drake, MD, the Drake Hook is the only hook on the market that contains a cutting groove to prevent slippage. The tip also features a slightly longer catch, enhancing subvalvular exploration.

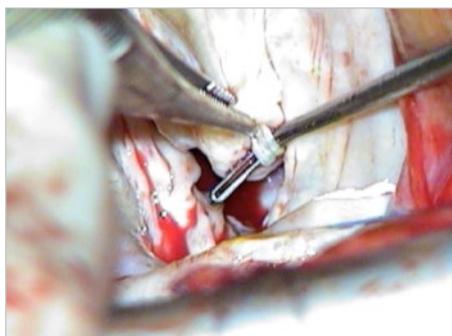
Subvalvular Exploration

Thorough and systematic exploration of the mitral valve is required prior to intervention. The Drake Hook offers laser etched millimeter guides for both shaft and catch. The catch extends a full 10mm to facilitate complete exploration of the ventricular surface of both mitral leaflets, the annulus, and subvalvular apparatus.



Chord Lysis

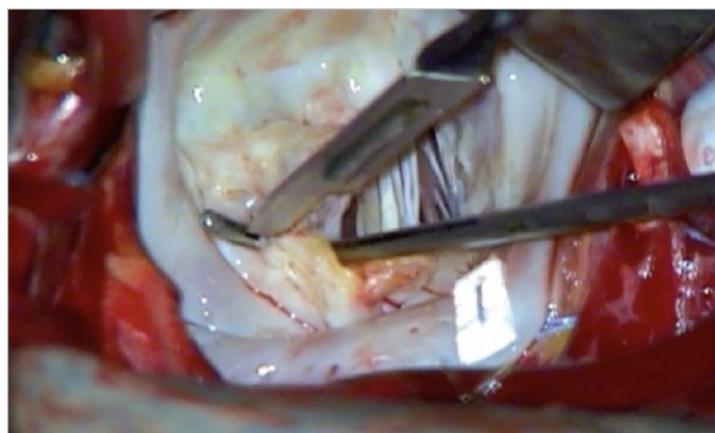
Anterior secondary chord lysis is a simple and effective technique for correction of tethering. The secondary chords are identified through the left atrium by sweeping the ventricular aspect of the anterior leaflet with the Drake Hook. Chordal attachments are located by gently pulling on the chord while looking for dimpling on the atrial surface and are confirmed by



leaflet inversion. All marginal chords must be excluded prior to cutting. The number of secondary chords varies substantially, therefore thorough exploration of the ventricular aspect of the leaflet is mandatory. Chordal fragments should be removed.

Division of Rheumatic Tissue

Rheumatic repair is greatly facilitated by the Drake Hook. After identification of the commissural apices, fused inflammatory tissue is elevated and divided using the groove to protect the adjacent valvular and subvalvular tissue.



As seen in: *Circ Cardiovasc Imaging* 2014;7:132-41; *N Engl J Med* 2014;370;15:1461; *Practical perioperative transesophageal echocardiography, 3rd edition*, Oxford University press, Oxford, England 2015

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Thompson
SURGICAL INSTRUMENTS

10341 East Cherry Bend Road
Traverse City, Michigan 49684

phone: 231.922.0177

fax: 231.922.0174

thompsonsurgical.com

EC REP

Emergo Europe

Prinsessegracht 20
2514 AP The Hague
THE NETHERLANDS

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