“I prefer the Thompson Retractor because it reduces dysphagia by reducing tissue damage.”

- Michael G. Fehlings, MD, PhD, FRCSC, FACS, FRSC
Cervical Spine Access
Central, Stable Exposure

The Thompson Retractor for cervical spine access offers secure, table mounted solutions that prevent shifting, or "rise up" in the incision. Independent retraction and blade positioning eliminates the need for excess retraction required by self-retaining retractors to stay in place. Thompson’s Cervical System provides independent, safe retraction of the esophagus, trachea, and nerves, as well as the ability to elevate the longus colli.

Thompson Retractor Exclusive Features: Thompson is dedicated to offering the most forward thinking, proven, and high quality features as a part of our spine retractor line. These exclusive, often patented, features define Thompson and allow for Uncompromised Exposure.

"I use the Thompson retractor on every anterior cervical case, even single level procedures. The set up takes me less than 2 minutes and the improved exposure and solid non-mobile retraction provided is phenomenal."

- Vincent Traynelis, MD

Uncompromised Exposure™

NEW S-Lock® Technology
Easily switch from ‘swivel’ to ‘locked’ with the push of a button. Naturally align blades with tissue in the swivel position, or precisely place blades in locked position.

NEW True Central Exposure
Independent blade positioning creates superior visibility with no retractor migration.

NEW S-Lock® Technology
Easily switch from ‘swivel’ to ‘locked’ with the push of a button. Naturally align blades with tissue in the swivel position, or precisely place blades in locked position.

NEW “Pinch” Joints
Effortlessly remove handles from the frame.

NEW Faster, Lighter Elite III Rail Clamp
Table mounted frame eliminates retractor shifting. Attaches and adjusts within the sterile field. Weight reduced by 1 pound, and attaches to bedrail in half the time, when compared to previous version.

NEW “Pinch” Joints
Effortlessly remove handles from the frame.

Eliminates Over-Retraction
Frame arms are independently adjusted, providing more control for safe, versatile, low profile retraction.

NEW Quick Angle Handles
Blades can be quickly and precisely toed in or out 45° with fingers or T-Handle to help maintain a low-profile operating field and achieve better exposure.

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- Vincent Traynelis, MD
Cervical Spine Blade Selection

NEW Color-Coded aluminum blades provide exceptional radiolucency and fast, easy blade length selection.

Radiolucent Concave Longitudinal
Ideal for longitudinal, medial, or lateral retraction. Blunt, concave distal end matches vertebral body for better longitudinal exposure.

23mm wide
30mm - 110mm lengths
10mm increments

Radiolucent Concave Lateral
Ideal for medial and lateral retraction for multi and single level procedures. Concavity helps protect tissue.

23mm wide
30mm - 120mm lengths
5mm increments

with optional teeth

Radiolucent Concave Micro
Provides excellent exposure for microsurgical operations. Narrow blade face allows better drill access for discectomy procedures.

23mm wide (proximal end)
14mm wide (distal end)
30mm - 80mm lengths
5mm increments

with optional teeth

Radiolucent Concave Tapered
Ideal for medial and lateral retraction for multi and single level procedures. Narrow distal end allows better drill access for discectomy procedures.

23mm wide (proximal end)
14mm wide (distal end)
30mm - 80mm lengths
5mm increments

with optional teeth
Radiolucent Odontoid
Ideal for anterior odontoid and longitudinal cephalad retraction.
20mm x 90mm

Radiolucent Midline
Midline blades provide excellent access and visibility under the mandible and when extensive anterior cervical vertebra exposure is needed.
70mm x 83mm
Left and Right blades

Radiolucent MIS Reverse Tapered (Syd)
Excellent exposure while maintaining a minimal incision size.
15mm wide (proximal end)
23mm wide (distal end)
35mm - 75mm lengths
5mm increments

Radiolucent Malleable
Ideal for longitudinal cephalad retraction. Malleable design offers versatility.
13mm x 90mm
25mm x 110mm
Contact us for additional blade sizes.

Radiolucent Meyerding
Ideal for laminectomies and muscle retraction.
51mm x 60mm
Available with or without teeth.
Contact us for additional (radiopaque) blade sizes.

Mini-Richardson
Muscle retraction for exposure with small or mini-incision.
19mm x 25mm
19mm x 51mm
25mm x 32mm

Army-Navy
Retracts shallow or superficial tissue.
13mm wide
55mm - 75mm lengths
10mm increments

Concave Medial
Retracts anterior neck anatomy medially for anterior cervical spine exposure.
Contact us for available blade sizes.

Cervical Spine Blade Selection [CONTINUED]
Cervical Retractor Accessories
Thompson Retractor offers a wide variety of accessory items to compliment your Cervical Retractor System of choice.

Organized Blade Tray
Quickly select and organize blades. Faster instrument counts with blades always visible.

Manipulator Handle
Make additional controlled adjustments to S-Lock® blades.

Extension Arm
Provides an additional dimension of retraction where desired.

Mini Retractor Lite LED
(Cervical use only)
Provides shadowless, cool LED light in the smallest areas.

Rail Extender
Add length to your OR bedrail when necessary.

2-pc Handle + Screw Down Joint
Screw down joints provide extra controlled blade placement.

Jackson Frame Adapter
Easily add a standard bed rail to Jackson Spine tables for use of a Thompson Retractor System.
Cervical Spine Access Suggested Set Ups

Bilateral Cervical Set Up (Two Elite Rail Clamps)  

Unilateral Cervical Set Up (One Elite Rail Clamp) *

Depending on patient anatomy and number of levels performed, between 2 - 5 retractors may be used with the suggested frame set ups.  
* Recommend placing Elite Rail Clamp on opposite side of surgeon for unilateral set ups.

Bilateral Alternate Suggested Set Ups

Unilateral Alternate Suggested Set Ups *

Additional Upward Retraction  
Add an Extension Arm to create an extra dimension of retraction.

Reversed  
Position the Elite(s) at patient axilla.

Posterior Cervical  
Frames may also be used for posterior procedures.