Charité - Universitätsmedizin Berlin Department of Urology – Pelvic Floor Competence Center Charité (PF3C)

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A novel simple laparoscopic needle retractor - Ney-Lift

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Importance: When operating laparoscopically the surgeon often encounters difficulties in exposing the surgical field adequately. These situations make the need for inserting a 4th or even 5th trocar inevitable in order to remove different organs and structures out of the field. Hereby we want to present an innovative technique which facilitates the necessary exposure drastically, without using additional trocars. It is the Ney Lift.

Learning objectives: The aim of the poster is to present the Ney Lift and teach the viewer how to apply this novel technique to expose the operating site.

Setting: We describe the use of the Ney Lift during a laparoscopic supracervical hysterectomy/ cervicsacropexy. The pneumoperitoneum is created and we place the port in a usual manner (10 mm umbilical camera port and two 5 mm lateral trocars). The uterus, the adnexes are exposed bilaterally. In order to visualize the cervix/insertion of the uterosacral ligament / promontorium we retract the salpinx using the Ney Lift.

Equipment needed:

- 10cm or 15cm hollow needle

- 3x0 monofil suture (without needle)
- cotton pieps



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We place the suture through the needle and hold both end of the suture in the dominant hand. Next we insert the needle through the abdominal wall at the level we want to retract the salpinx. Using a laparoscopical grasper we grasp the arch of the suture and pull it toward the salpinx. We place the "lasso" around the salpinx and the assistant pulls the extracorporeal ends of the suture, thus retracting the salpinx towards the abdominal wall, outside the operating field. We place a pieps on one end of the suture and make a surgical knot in order to secure the salpinx to the abdominal wall. This technique can be used to retract the intestine by placing the lasso on fatty tissue or even to retract the uterus or bowel.

Conclusion: The Ney Lift is a novel and simple way of exposing the operating site appropriately without using further trocars. It is a step towards performing an even more minimally invasive and atraumatic laparoscopic surgery.



