

Purse string loop assistance for intracorporeal stapled anastomosis during laparoscopic anterior resection

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BACKGROUND

Delivering the anvil of a circular stapling device into the pelvis during a laparoscopic anterior resection can be technically challenging. Once the anvil has been secured into the lumen of the proximal colon with a purse string suture, only the stem of the anvil can be used to manipulate it into the pelvis and the head of the stapling device. We report a simple and effective technique that assists in this task.

TECHNIQUE

The anvil is inserted into the proximal colonic lumen and secured with a purse string in the standard manner. After the knot has been tied on the purse string, a further loop is made on the suture and tied with a

second knot (Fig 1). This loop can then be held with a laparoscopic grasper to assist with the manipulation of the anvil into the pelvis and subsequently to secure the anvil in the head of the stapling device (Fig 2). The suture loop is cut free on firing of the staple gun and can be withdrawn through a port.

DISCUSSION

This cost neutral and effective technique can be used to simplify the process of docking the anvil of the circular stapling device with the head of the gun during a laparoscopic left-sided colonic resection. It is particularly useful in a narrow pelvis.

A novel intra-operative technique to achieve accurate leg length and femoral offset during total hip replacement

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BACKGROUND

Maintenance of leg length and femoral offset during a total hip replacement are known contributors to a satisfactory outcome.¹ Various pre and intra-operative methods to achieve this are described in the literature.² Here we add a simple, quick and reliable intra-operative technique.

TECHNIQUE

We recommend pre-operative templating as routine practice prior to hip replacement surgery. During the procedure, the femoral neck cut is performed based on clinical judgement and the pre-operative template measurements. The femur is prepared as usual and the final rasp is used as a trial femoral implant. At this stage, a series of head and neck implants of various sizes and offsets are usually tested to establish the required size of the final prosthesis. Our technique involves comparing the trial head and neck implants with the osteotomised femoral head using visual assessment. This can be achieved by placing the osteotomised femoral head adjacent to the neck cut



Figure 1 Loop suture on purse string

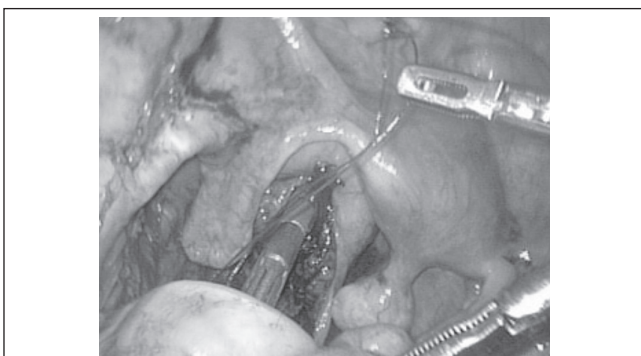


Figure 2 Laparoscopic grasper holding loop suture

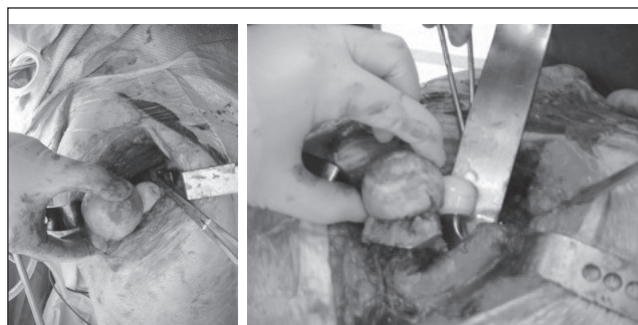


Figure 1 The surgeon aligns the trial head and neck implants with the osteotomised femoral head to match the anatomical femoral offset and leg length.



Figure 2 Checking compatibility between the osteotomised femoral head and neck and the implant components

(Fig 1). It then allows the surgeon either to match the centres of the prosthetic and original heads or increase/decrease the offset as required. The same step can be repeated after inserting the final femoral stem to confirm the correct size of prosthetic head to be used.

DISCUSSION

While most of the previously described intra-operative techniques require insertion of pins, the use of intra-operative x-ray or additional kits, our technique is a safe and non-invasive method that requires no additional equipment, cost or time (Fig 2).

References

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2. Papadopoulos AX, Tsota I, Megas P. Methods for estimating leg length discrepancy: emphasis to the planning and performance of total hip arthroplasty. *Acta Orthop Traumatol Hellenica* 2002; **53**(4).

Pin site cover: a simpleton's approach

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Pin site complications after orthopaedic procedures include skin indentation and wire migration.¹ A simple technique can be incorporated into daily practice to offset the above. After the wire is fixed and the wire tip is bent, a Primapore® dressing (Smith & Nephew, Hull, UK) is cut in the middle and secured around the pin to prevent skin indentation. To further augment this, a second Primapore® is crimped



Figure 1 Primapore® dressing secured around pin



Figure 2 Second Primapore® dressing adhered over tip

and adhered over the tip to prevent the wire getting caught in the padding and migrating. This method is cheap, readily available and easy to apply. We have avoided the above complications in a series of 57 cases.

Reference

1. Sharma H, Taylor GR, Clarke NM. A review of K-wire related complications in the emergency management of paediatric upper extremity trauma. *Ann R Coll Surg Engl* 2007; **89**: 252–258.