

A simple technique to avoid suturing in the drain during total knee arthroplasty

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BACKGROUND

Closure of the arthrotomy following total knee arthroplasty is not without risk. Most orthopaedic surgeons are aware of cases when a drain has been caught by a suture during closure so that it cannot be removed, resulting in return to theatre, an intra-articular foreign body or infection.

TECHNIQUE

Before closing the arthrotomy, pass the drain through the soft tissues lateral to the proximal end of the wound, leaving the distal end long



Figure 1 Clinical photograph showing the drain passing through the soft tissues lateral to the proximal end of the wound, leaving the distal end long

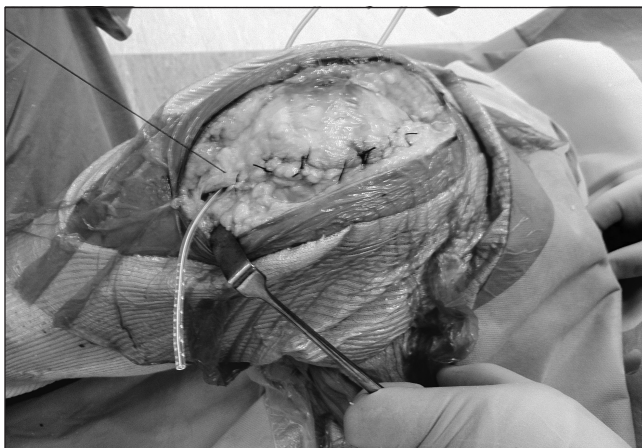


Figure 2 Clinical photograph demonstrating the long distal drain still protruding after closure of the arthrotomy

(Fig 1). Close the arthrotomy from proximal to distal, leaving the distal end protruding (Fig 2). As you reach the end of the wound where the drain exits the arthrotomy, withdraw the drain to length. As the drain withdraws easily, you can be sure that it has not been sutured into the wound. If it cannot be removed at this stage, the arthrotomy is easily explored.

DISCUSSION

This simple technique reduces the chances and problems associated with a drain that cannot be removed after total knee arthroplasty. Although we acknowledge that this technique may not be novel, we would like to draw attention to its usefulness and feel it can be widely used in other procedures that have difficult closures.

Use of Johan forceps as endoloop pushers for laparoscopic appendicectomy

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BACKGROUND

Laparoscopic appendicectomy is one of the most common surgical procedures and is often performed out of hours. Securing the base of the appendix may be achieved either by stapling or by use of a pre-formed endoloop.¹ Stapling is an expensive option and mandates the use of a 12mm trocar. Pre-formed single-use endoloops with single-use (often integral) knot pushers may not always be accessible. We present an inexpensive alternative to the pre-formed endoloop and a technique to safely push the knot using universally available 5mm laparoscopic forceps.

TECHNIQUE

An endoloop is created extracorporeally using a Roeder knot in a standard fashion.² The standing end is kept long and passed through

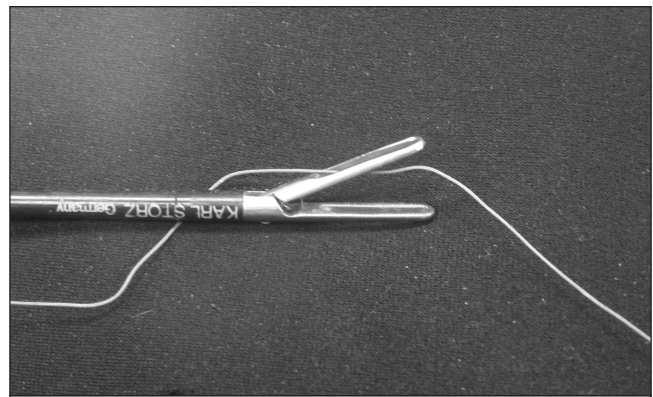


Figure 1 Long end of endoloop passed through the upper jaw of Johan forceps