

**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 The suture loop is cut free on firing of the staple gun and can be withdrawn through a port.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.<sup>1</sup> Various pre and intra-operative methods to achieve this are described in the literature.<sup>2</sup> 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

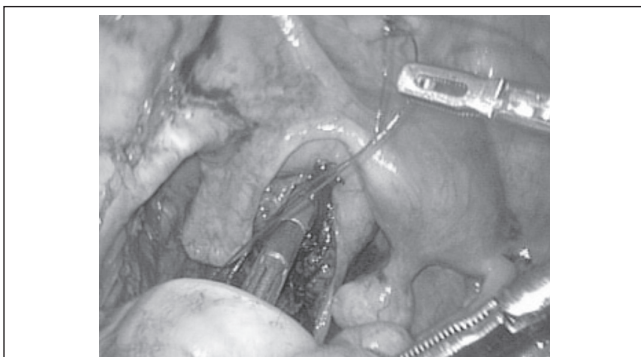


Figure 2 Laparoscopic grasper holding loop suture



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.