

A cheap and novel way of decompressing obstructed large bowel

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Despite the introduction of stents for large bowel obstruction, many patients still require an emergency laparotomy. The colon is often decompressed using a Savage or pool sucker. A Robinson drain provides an effective alternative. Extra side holes are cut in the drain, which is then connected to suction. It can be inserted through the terminal ileum into the caecum via the ileocaecal valve, avoiding damage to the fragile colon. In our experience, the drain blocks less frequently than other methods. It can be left in situ during surgery owing to its pliability. It is also readily available and cheap.

Reference

 Boorman P, Soonawalla Z, Sathananthant N et al. Endoluminal stenting of obstructed colorectal tumours. Ann R Coll Surg Engl 1999; 81: 251–254.

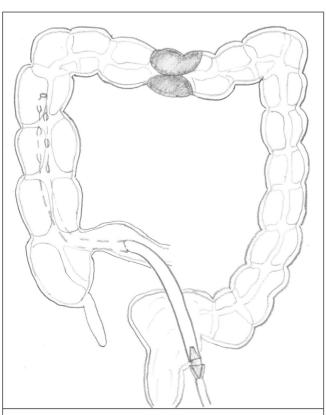


Figure 1 Robinson drain in situ

A novel technique for protecting and cooling surrounding soft tissues when using bone cement

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We describe a technique for protecting and cooling soft tissues while using cement in bony defects. Internal fixation using cement to augment neoplastic lesions is a recognised technique but the resulting exothermic reaction risks the surrounding tissues. We have used a surgical glove partially filled with water to protect volar structures of the wrist while cementing a distal radial lesion (Fig 1). Through intermittent squeezing, we additionally provided cooling (Fig 2). Other reported means of protecting from the setting cement are silicon sheets but these lack the cooling effect of our technique. This technique is applicable to other sites.



Figure 1 Insertion of partially water filled surgical glove to protect anterior wrist structures



Figure 2 Squeezed glove

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