Technical Section

TECHNICAL NOTES AND TIPS

A readily available surgical assistant

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Owing to the requirement of surgical senior house officers to prioritise acute admissions in the accident and emergency department, they are increasingly unable to be present in theatre to assist the surgical registrar. As a consequence, the surgeon has to rely on the scrub team to provide much-needed retraction with cases such as open appendicectomies. We have found the use of the Alexis® wound protector (Applied Medical, London, UK) advantageous in this setting (Fig 1). It not only provides excellent wound retraction, reducing the need for an assistant, but also has the potential to reduce the incidence of surgical site infection.[1]

Reference

1. Cheng KP, Roslani AC, Sehha N *et al.* ALEXIS O-Ring wound retractor vs conventional wound protection for the prevention of surgical site infections in colorectal resections. *Colorectal Dis* 2012; **14**: e346–e351.
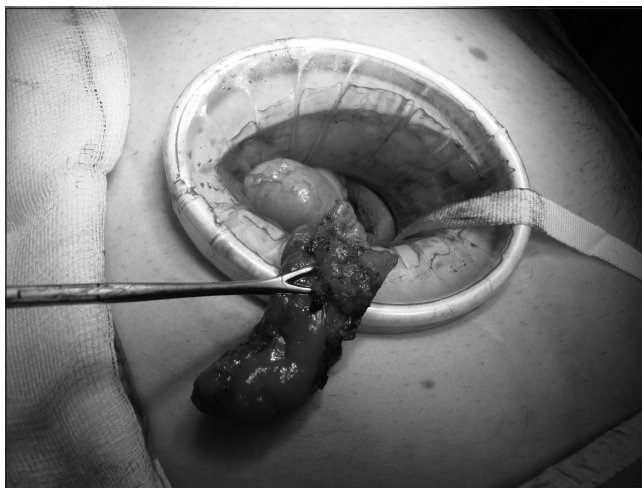
Figure 1   Alexis® wound protector

Dental rolls for tendon repair practice

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An inexpensive and readily available material for practising tendon repair sutures is dental rolls. Two dental rolls secured to a table and placed longitudinally opposite each other can simulate the cut ends of a tendon (Fig 1). The size and shape of the dental roll is an acceptable substitute for tendon, and the feel of the bite is also comparable. This technique allows placement of the posterior wall epitendon suture first and permits testing of the construct mechanics at each stage. This is a useful technique and a valuable adjunct to any surgical skills course. It also avoids the need to dispose of animal materials.
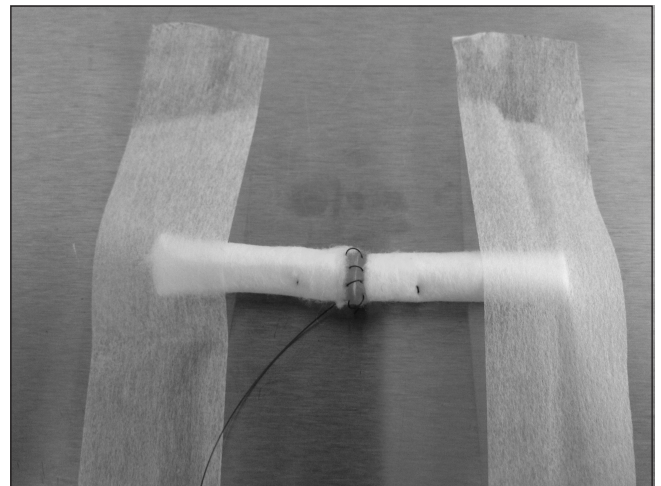

Figure 1   Core suture placed 10mm from inside edge; epitendon suture placed 2mm from inside edge