Soft tissue protection from exposed K-wires

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K-wires may be used to maintain fracture reduction for several weeks in orthopaedic surgery. Exposed sharp ends are a potential risk to the surgeon and patient. Covering the exposed wire end with a 1ml syringe gasket (black bung located at plunger tip) provides secure protection (Fig 1). This is a cheap and effective method of preventing drape perforation and soft tissue injury.

Figure 1 Exposed K-wires covered with a syringe gasket

Novel use of a single port laparoscopic surgery device for minimally invasive pancreatic necrosectomy

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BACKGROUND

The development of pancreatic necrosis is a significant complication of acute pancreatitis and can result in progressive multiple organ failure and death. Recently, in an attempt to reduce the high morbidity and mortality from open necrosectomy, minimal access techniques have been developed.[1]

TECHNIQUE

With the recent advent of single port laparoscopic surgery, a single access port (SILS™; Covidien, Mansfield, MA, US) can be used to gain retroperitoneal access (Fig 1) and allow necrosectomy to be performed. During the procedure, irrigation with warmed 0.9% saline or low CO_2 pressure (8mmHg) permits visualisation of the retroperitoneum, and standard laparoscopic graspers and a suction device can be placed through additional port sites in the unit to allow removal of necrotic tissue (Fig 2). Post-operatively, continued irrigation of the

Figure 1 SILS™ port allowing access to the retroperitoneum

retroperitoneum is maintained at 100ml/hr with 0.9% saline. We have used this technique successfully in three patients.

DISCUSSION

The technique of minimally invasive necrosectomy has been well described previously[2] and has been shown in certain situations to have advantages over the traditional open approach.[3] This relatively standard technique employs the use of an operating nephroscope. The advantage of the SILS™ port is that standard laparoscopic instruments can be used and if the retroperitoneal cavity is large, two laparoscopic graspers can be used simultaneously for tissue debridement.

Figure 2 Placement of laparoscopic grasper and suction device in the single access port

References

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