

The effect of alcohol on surgical skills

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COMMENT ON

Kirby G, Kapoor K, Das-Purkayastha P, Harries M

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I have severe concerns regarding the content of the above article and its publication in the *Annals*. The authors state that 'It is hoped that the results will serve as a guide to safer use of alcohol among surgeons during their time on call'. The implication therefore appears to be that it might be acceptable for a surgeon on call to consume some alcohol and that there is variability in attitudes to alcohol consumption during on-call shifts. This is not an acceptable position for the Royal College of Surgeons to be associated with.

For reasons that go beyond the effect on surgical skills, alcohol should not be consumed by surgeons on call. The only situation in which, on rare occasions, there may be some justification for attending a hospital having consumed some alcohol, is when a surgeon is contacted when not on call.

The genitofemoral nerve block: a method for hemiscrotal anaesthesia at the bedside

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COMMENT ON

Pankhania M, Ali S. The genitofemoral nerve block: a method for hemiscrotal anaesthesia at the bedside. *Ann R Coll Surg Engl* 2012;
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The anatomical interpretation of genitofemoral nerve block reported by Pankhania and Ali is rather simplistic for two reasons:

1. Injection of local anaesthetic just lateral to the spermatic cord at the level of the pubic tubercle will almost certainly anaesthetise cutaneous branches of the ilioinguinal nerve together with the genital branch of the genitofemoral nerve. In most individuals, both nerves contribute variably to the ipsilateral sensory supply of the scrotum.¹
2. The anatomy of the genital branch of the genitofemoral nerve is highly variable. It does not often lie 'immediately lateral to the spermatic cord as it emerges from the superficial inguinal ring'. In most men it innervates the cremaster muscle and is therefore a content of the spermatic cord within the inguinal canal but at the superficial inguinal ring it is usually found on the dorsal aspect of the spermatic cord.^{1,2} Occasionally, it is absent or communicates directly with the ilioinguinal nerve.¹

References

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2. Wijsmuller AR, Lange JF, Kleinrensink GJ *et al*. Nerve-identifying inguinal hernia repair: a surgical anatomical study. *World J Surg* 2007; **31**: 414–20.

Author's Response

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I thank Professor Stringer for his reply to our technical note, highlighting the significant anatomical variation in scrotal sensory innervation and therefore variable effect with this procedure. His point regarding dual innervation by the ilioinguinal and genitofemoral nerves is particularly pertinent and is an issue that we could not cover fully within the limits of the technical section.

His second point also implicitly demonstrates the risks associated with attempting a regional block of the spermatic cord, which could inadvertently lead to intravascular injection of anaesthetic. We are grateful that these anatomical issues have been brought to wider attention.