DISCUSSION

This is a quick, safe and easy technique that enables the surgeon to be confident that the entire length of the small bowel is free from significant strictures when undertaking a structured assessment in patients with stricture-forming small-bowel Crohn’s disease.

References


Maximising vacuum drainage prior to wound closure

SXH Hu1, DM Gold1,2
1St Vincent’s Hospital, Sydney, Australia
2University of New South Wales, Sydney, Australia

CORRESPONDENCE TO
Sharon Hu. E: hush.anon@gmail.com

Vacuum drains are used frequently in surgery to remove fluid accumulations and close dead spaces. Vacuums are only achieved by attaching a receiving device and opening the drainage tube to negative pressure. However, air from the cavity often fills the bottle, reducing the residual pressure of the receiving device and impairing its function. We overcome this problem by fitting a sucker tube inside an empty 10ml syringe barrel with the drain connected to the syringe tip (Fig 1). This technique removes dead space prior to drain connection, with the added advantage of being a useful sucker where a Yankauer suction tip may be too large.

A simple technique to improve the administration of nerve root blocks

MS Patel, A Young, P Sell
University Hospitals of Leicester NHS Trust, UK

CORRESPONDENCE TO
Mohammed Patel, E: shaqs@doctors.org.uk

Nerve root injections require radiographic imaging and good technical skill. We describe a simple method to aid planning the administration of lumbar nerve root injections with the use of biplanar fluoroscopy.

Axial magnetic resonance imaging at the level of the target nerve root is used. An empirical angle of inclination of 60° is created from the nerve root to the skin of the back with the apex enabling the lateral entry point to be determined (Fig 1). The transforaminal injections are then performed with the simple expedient of a skin marker line at the appropriate lateral distance from the midline for needle entry.

Figure 1

Vacuum drainage using a disposable 10ml syringe with the plunger removed

Figure 1
Method to aid planning the administration of lumbar nerve root injections