Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

Role of EMLA cream in biopsy and excision of penile lesions

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BACKGROUND

Biopsy/excision is an essential urological procedure for diagnosis and treatment of potentially malignant penile lesions. Local and general anaesthesia are not without risk, as well as the associated cost. EMLA (eutectic mixture of local anaesthetic) cream is a mixture of prilocaine/lidocaine in a water-soluble base, which is absorbed through the epidermis. It is widely used in neonatal circumcision and vasectomy¹ as well as showing promise in lithotripsy.² We describe the technique of biopsy/excision of penile lesions using EMLA as a sole anaesthetic agent.

TECHNIQUE

After the lesion has been assessed as suitable (regarding size) informed consent is obtained. In the day-surgery unit, the lesion is cleaned and EMLA cream applied. This is secured by adhesive dressing (*e.g.* Tegaderm™) which is removed 40 min later in theatre. Painful sensation is then assessed by means of an analogue scale with a sterile hypodermic needle. In our unit, 8 patients underwent this procedure. In all, the anaesthesia was adequate for biopsy/excision. The ratio of biopsy to excisions was 3:1. All specimens were sufficient to give a diagnosis and all excisions were complete. The average area of the specimen taken was 8.75 mm² (range, 5–16 mm²) with an average depth of 1.25 mm (range 1–2 mm). There were no complications.

DISCUSSION

EMLA cream as a sole anaesthetic agent is an effective, low-risk and cost-effective alternative for biopsy of penile lesions. Excisions require judicious selection and are limited by size. This

technique enables rapid diagnosis and treatment, allowing transfer to the day 'office urology' surgical environment.

References

1. Cooper TP. Use of EMLA cream with vasectomy. *Urology* 2002; **60**: 135–7.
2. Tritrakarn T, Lertakyananee J, Koompong P. Both EMLA and placebo cream reduced pain during extracorporeal piezoelectric shock wave lithotripsy with the Piezolith 2300. *Anesthesiology* 2000; **92**: 1049–54.

A novel device for peritoneal dialysis catheter placement

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BACKGROUND

Peritoneal dialysis catheters are placed by Seldinger technique percutaneously or by open method surgically.¹ The intraperitoneal part of the catheter needs to be in the pelvis to facilitate good function. Open surgical placement of the dialysis catheter involves use of a stilette on which the catheter is mounted to position it in the pelvis. We have devised a peritoneal dialysis catheter positioner (Fig. 1) that enables accurate, safe placement of the catheter in the pelvis.

Figure 1 Peritoneal dialysis catheter positioner.

Figure 2 Introduction and manipulation of the positioner.

Figure 5 Withdrawing the positioner.

Figure 3 Positioner resting in the pelvis.

Figure 6 Flushing the catheter.

Figure 4 Catheter control.

TECHNIQUE

The abdomen is opened through a 5–7-cm long median or paramedian incision. The peritoneum is opened just enough to introduce the positioner which, by gentle manipulation (Fig. 2), is brought to rest

(Fig. 3) in the pelvis. When the positioner lies in front of the rectum, it just brings to view the window at the edge of the peritoneum. The dialysis catheter is introduced through the positioner until the tip of the catheter touches pelvis.

The catheter is held through the window in its position with a non-toothed dissecting forceps (Fig. 4). The positioner is withdrawn carefully (Fig. 5) and flow checked by flushing the tube (Fig. 6). The catheter is fixed to the peritoneal edge and tunnelled to the predetermined exit site.

The linea alba or the rectus sheath and abdominal wound is closed by the surgeon's preferred method. The positioner enables safe and accurate placement of the peritoneal dialysis catheter.

DISCUSSION

This positioner was made by the Engineering Department of St Bartholomew's Hospital in the 1980s and has been used by the authors in over 300 procedures. It can now be obtained from Bolton Surgicals, Sheffield, UK

Reference

1. Michael AK. Techniques of peritoneal catheter insertion. In: Richard JG. (ed) *Dialysis Access – A Multidisciplinary Approach*. Philadelphia, PA: Lippincott Williams & Wilkins; 2002; 310–21.