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

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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.