A

B

Figure 3 While maintaining traction on the nails, the mallet is used to strike the chuck handles to advance the nails across the fracture.

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A low-cost technique for measuring the intra-abdominal pressure in non-industrialised countries

ADHISH BASU

Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, India

CORRESPONDENCE TO

Adhish Basu, 90 Ballygunge Place, Kolkata 700019, India
T: +91 (0)413 3957934; E: adhishbasu@rediffmail.com

BACKGROUND

A low-cost and simple technique for estimating the intra-abdominal pressure (IAP) indirectly by vesical pressure measurement is described.

TECHNIQUE

Using a Foley catheter (16-F or 18-F), an intravenous infusion set, a 50 ml syringe, a measuring scale and a hemostat, provides a low-cost assessment of the IAP. The connector of the intravenous

Figure 1 Intravenous infusion set tubing used as a saline column manometer

infusion set is detached from the infusion tubing and is connected to a syringe filled with 50 ml of saline. This is then connected to the main drainage channel of the Foley catheter, and saline is instilled into the empty bladder. The connector is then clamped using a rubber-shod hemostat. The empty syringe is then removed leaving behind the connector attached to the Foley catheter. The intravenous set tubing is next connected to the connector and held vertically above the symphysis. Once the hemostat is released, the saline flows out of the catheter drainage tubing and reaches a height (in cm of saline) corresponding to the IAP (Fig. 1).

DISCUSSION

Popular techniques of measuring the IAP require a three-way connector stopcock and a manometer or pressure transducer¹ and have a reported risk of sustaining needle-stick injury.^{2,3} Another technique uses the patient's own urine and the urinary drainage bag tubing as a fluid column manometer.⁴ However, accumulation of 50 ml urine in the urinary drainage bag tubing is time consuming, inaccurate and interferes with monitoring of the urine output especially in oliguric patients with increased IAP.⁴ Our technique allows a low-cost and simple estimation of IAP that can be repeated, but does not interfere with urine output monitoring.

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Using video-assisted thorascoscopy (VATS) to aid the anterior mediastinotomy approach to mediastinal masses

I HUNT, Y ALWAHAB, T TREASURE
Thoracic Surgery Unit, Guy's Hospital, London, UK

CORRESPONDENCE TO

Ian Hunt, Thoracic Surgery Unit, Guy's Hospital, St Thomas's Street, London SE1 9RT, UK
T: +44 (0)20 7188 1069; F: +44 (0)20 7188 1016;
E: ianjhunt@blueyonder.co.uk

BACKGROUND

An anterior mediastinotomy is performed through a transverse incision in the second intercostal space (ICS). It allows biopsy of

Figure 1 Chest computed tomography showing enlarged lymph node adjacent to the aortic arch in the aortopulmonary window.

mediastinal tumours or enlarged lymph nodes, in particular nodes found in the aortopulmonary window (APW; Figs 1 and 2 [insert]). Video-assisted thorascoscopy (VATS) 'keyhole' procedures have dramatically changed thoracic surgical practice. Its role in biopsying mediastinal masses and nodes is well recognised but not universally practised as many surgeons prefer the standard open approaches.¹

TECHNIQUE

The 'hybrid' approach requires double-lumen endotracheal intubation allowing for single lung ventilation and collapse of the

Figure 2 Illustration showing position of patient, incision site and placement of VATS, with insert showing vascular structures and target lymph nodes.