left lung. The patient is positioned supine with a sandbag under the left shoulder to tip the patient to the right. A 4–5 cm transverse incision is made anteriorly at the second ICS. A second 1-cm incision is made in the fourth ICS lateral to pectoralis major. The VATS camera is positioned to allow for a clear view of the APW (Fig. 2). The surgeon can safely identify and biopsy nodes with the aid of the monitor by passing long instruments through the mediastinotomy incision. At the end of the procedure, the access port can be used to place a chest drain.

DISCUSSION

This simple modification of a standard approach to mediastinal biopsy allows for a smaller anterior incision; gives the surgeon an improved view for safe and accurate biopsy and the opportunity to develop thoracoscopic skills.

Reference

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TECHNICAL TIPS

Level determination in anterior cervical fusion

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In cervical fusion, accurate and safe level determination is essential. The AP disc diameter is measured from lateral radiographs.

Figure 1 A contoured hypodermic needle.

Following a standard anterior approach, a contoured hypodermic needle (Fig. 1) is placed within the defective disc. The contouring is performed in a manner such that distance 'A' does not exceed the measured AP distance. The second contour (B), prevents excessive passage of the needle by abutting anteriorly on the disc. Level is then confirmed fluoroscopically. This technique permits level identification, guides depth of iliac crest harvest and ensures the posterior longitudinal ligament is not breached, thereby protecting the cervical cord.

Use of a Yankauer sucker as a temporary soft tissue protector and drill stop in surgical procedures

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Figure 1 Plastic Yankauer sucker.

Figure 2

Figure 3

There are occasionally times during surgical procedures when a soft tissue protector or drill stop of appropriate size is not available. The plastic Yankauer sucker (Fig. 1) lends itself to use as a soft-tissue protector for the drilling of bone with drill bit or K-wire in the presence of deep soft tissue. It is particularly useful in preventing damage to skin and subcutaneous structures by the drill bit during interval fixation of the proximal humerus using a deltopectoral approach. As it is also radiolucent, its removal is not required for

Figure 4

the use of the image intensifier. The plastic sucker is cheap (for example £1.10 from <www.medipost.co.uk>), usually in plentiful supply, has a degree of flexibility and can be easily cut to a customised length with blade or scissors to allow a set depth of drilling to take place. This also allows soft tissue protection over a greater length than the 30 mm depth of the standard issue soft tissue guide. It easily passes the 2.5 mm and 3.5 mm drills to allow this to take place.

Dual publication and the watchful referee

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