Technical Tips

Vascular clamping of calcified vessels: the peanut technique

A BAGUL, NR BROOK, SJF HARPER, ML NICHOLSON
Department of Transplant Surgery, Leicester General
Hospital, Leicester, UK

CORRESPONDENCE TO

Mr A Bagul, Department of Transplant Surgery, Leicester
General Hospital, Gwendolin Road, Leicester LE5 4PW, UK
T: +44 (0)116 249 0490; F: +44 (0)116 249 0064;
E: atulbagul@hotmail.com

We have used this technique to deal with calcified vessels to achieve a secure clamp thus making vascular anastomosis relatively easy in a bloodless field and causing minimum damage to the clamped vessel. The peanut swab is placed into the minimally calcified segment and a vascular clamp is softly applied over it (Fig. 1). This technique is useful in dealing with vessels which are calcified up to two-thirds in circumference for renal transplant patients.

Figure 1 Placement of swab

Percutaneous tibial plate removal

JAMES LEWIS, JONATHAN DAVIES
Department of Trauma and Orthopaedics, Royal Glamorgan
Hospital, Ynysmaerdy, Llantrisant, UK

CORRESPONDENCE TO

Mr James Lewis, 31 Junction Terrace, Radyr, Cardiff CF15 8ED,
UK. M: +44 (0)7767 883271; E: jameslewis@fastmail.fm

Percutaneous plate fixation for peri-articular distal tibial fractures reduces the risk of complications such as non-union and infection when compared to traditional open fixation. To remove

such plates whilst minimising soft tissue disruption, carefully open the old incisional scars, locate the plate and remove the screws. Using a simple punch, sequentially tap the plate from either side so as to free it from any bony adhesions. Remove the plate through a subcutaneous tunnel recreated with minimal soft tissue dissection and close all the wounds with nylon sutures. We have experienced no complications with this procedure but would recommend a pre-operative X-ray to confirm that the fracture has healed (Fig. 1).

Figure 1 Pre-operative X-ray

Easy placement of transanastomotic nasojejunal triple lumen feeding tube during gastrectomy

BN APPLETON, AG MASOUD
Department of General Surgery, Prince Charles Hospital,
Merthyr Tydfil, UK

CORRESPONDENCE TO

Mr AG Masoud, Department of General Surgery, Prince Charles
Hospital, Gurnos Estate, Merthyr Tydfil CF47 9DT, UK
T: +44 (0) 1685 728126; F: +44 (0)1685 728449;
E: marion.davies@nglam-tr.wales.nhs.uk

Difficulties passing nasojejunal tubes occur under drapes with patients in awkward positions. To avoid this, pass Ryle's tube into the oesophagus pre-operatively. Post-resection, pass long forceps from Roux loop enterotomy to half-closed anastomosis with the