Technical Tips

An innovation for conventional haemorrhoidectomy

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Haemorrhoids which fail to respond to rubber band ligation are best managed surgically. Conventional haemorrhoidectomy employs dissection of haemorrhoids off the anal sphincter and requires grasping each haemorrhoid with a tissue-holding forceps. We propose the use of a single Doyen paediatric intestinal occlusion forceps (Fig. 1); it is small, lightweight, atraumatic, and has sufficient length to grasp the whole haemorrhoid. Under Eisenhammer anal visualisation, the Doyen forceps picks up the haemorrhoid securely (Fig. 2); movement of the Doyen forceps ensures that the anal sphincter has not been caught. The curve of the forceps allows easy dissection in all positions.

Figure 1 Doyen paediatric intestinal clamp, atraumatic 2 x 3 serrations, fine 2.5 mm blades, 171 mm length.

Figure 2 Doyen forceps can be used to pick up the whole haemorrhoid securely.

Internal jugular tunnelled dialysis catheters: a method permitting repeated surgical insertions

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Tunnelled dialysis catheters (TDCs) are key as an interim for haemodialysis until an atrio-venous fistulae matures. Repeated ultrasound-guided insertion of medical TDCs causes stenosis of the vein warranting a surgical cut-down. In these narrow veins, a single cut-down renders them no longer suitable for further use. We devised a method permitting repeated insertions using the omohyoid muscle as a marker. The TDC can be initially inserted above the muscle (I), followed by dividing the muscle (II) and finally below this muscle (III) as shown in Figure 1. In our experience, this permits repeated successful insertions, as the next re-insertion is centrally more proximal to the previous insertion away from the stenosis.

Figure 1 Diagram illustrating proposed technique.

Minimising scalpel handling

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During complex head and neck surgery, such as parotidectomy and neck dissection, the scalpel may be passed to and from scrub