Figure 1 The reducer in the fibroscope port of a swivel connector.

Figure 2 The reducer in the fibroscope port of an Arndt multiport adapter.

LF-P [Tokyo, Japan] with an external diameter of 1.8 mm), thus making it suitable for fibroscopic bronchoscopy through the lumen of endotracheal tubes for infants. After bronchoscopy is finished and the fibroscope is withdrawn, the swivel or Arndt port is capped with the original attached top.

DISCUSSION

Whether it is for diagnostic flexible bronchoscopy or for bronchial blocker placement, uninterrupted ventilation is a big advantage

without which the duration of bronchoscopy is limited by the need to ventilate intermittently. We have used this adaptation in four small children and have found that leak-free ventilation was possible despite high airway pressure.

A novel method for the salvage of bone dust generated by high-speed burrs in spinal surgery

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BACKGROUND

All spinal fusion operations, for degenerative and deformity correction, require preparation of a fusion bed and subsequent grafting to achieve a solid fusion. Autogenic cancellous graft remains the gold standard for bone grafting and is usually

Figure 1 Bone dust trap.

Figure 2 Intra-operative use of the bone dust trap.

Figure 3 Salvaged autograft.

harvested from the iliac crest. The yield can be insufficient. Its harvest adds to the length of the operation in addition to increased blood loss. Donor-site complications add to patient morbidity and can lead to chronic pain and disability.¹ In spine surgery, substantial bone dust is generated with the use of high-speed drills and burrs that is usually discarded through irrigation and suction of the operative site. Although the dedicated surgeon may collect some of this bone dust by hand, this is a rather laborious and inefficient method.

TECHNIQUE

We propose a method whereby the bone dust created during spinal surgery can be salvaged. This will add to the amount of autologous bone graft material available and reduce the amount of allograft or synthetic substitute required for the procedure. The technique relies upon the use of a trap designed by one of the

authors (CJ) in the suction circuitry (Fig. 1). This allows the capture of the bone dust as it is generated (Figs 2 and 3) without increase in operative time or blood loss. There is also no need for surgeons to change their routine operative technique.

Reference

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Ileostomy efferent limb prolapse: a temporising measure

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BACKGROUND

Gastrointestinal stomas are frequently required during bowel surgery, and are associated with at least a 50% complication rate.^{1,2} Multiple risk factors have been identified for such complications, but none are amenable to pre-operative modification.³ Stomal prolapse (Fig. 1) is a particularly troublesome complication and is usually managed conservatively. However, skin excoriation, bleeding and incarceration may necessitate surgical correction.⁴ Stoma take-down and refashioning has its own complications and morbidity,

Figure 1 Stomal prolapse.