COMMENT ON

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Laparoscopic management of non-viable bowel following reduction *en masse*

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We read with interest the technical note explaining laparoscopic assessment of bowel viability following reduction *en masse*. However, the article did not make any suggestion of management strategy for non-viable bowel following reduction *en masse*. Following our recent experience of this, we would like to recommend a management approach in this situation.

We performed an open inguinal hernia repair for a gentleman presenting with an incarcerated inguinal hernia. Reduction *en masse* occurred peri-operatively; we opened the hernia sac and inserted a 12-mm Excel laparoscopic port (Ethicon) into the abdominal cavity. Following induction of a pneumoperitoneum, we found 14 cm of non-viable small bowel. We inserted a second 12-mm laparoscopic umbilical port and, using a laparoscopic Babcock, grasped the section of non-viable small bowel. Following hernioplasty, we extended the umbilical port to approximately 4 cm and delivered the small bowel, resecting the necrotic segment.

This laparoscopic-assisted, small bowel resection saved the patient a full laparotomy and expedited his postoperative recovery. By performing the small bowel resection through the extended umbilical port site, we prevented contamination of the hernia repair. This technique offers an innovative, and less invasive, method of managing non-viable small bowel following reduction *en masse*.

AUTHOR'S RESPONSE

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This is certainly a very interesting and useful extension of our initially described technical note. In our case series of just 3 patients, we only encountered one patient with ischaemic-looking bowel, which resolved within 20 min of laparoscopic assessment. However, a false negative rate was a concern. Goode and colleagues have nicely demonstrated that not only ischaemic bowel can be further assessed by delivering the bowel via a small incision assisted by laparoscopic means, but also can be resected, if necessary, away from the hernia site.

LETTER

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MP3 users beware

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MP3 players are used in daily life more than ever. One of their main features is their ability to broadcast music from the player to a radio by attaching a low-powered FM transmitter. This is now commonly used in operating theatres instead of playing CDs or listening to the radio. However, according to current UK law (Wireless Telegraphy Act, 1949),¹ the use of all FM broadcasting equipment in the UK requires a licence. Under European law, The Office of Communications (Ofcom), cannot prevent the sale of radio equipment in the UK that fully complies with the relevant EU directives.² However, this does not guarantee permission to use it and the use of low-powered FM transmitters without a licence remains illegal. The European Conference of Postal and Telecommunications made a recommendation that devices of this type could be allowed to operate in Europe, provided that they meet necessary requirements.³ Ofcom is currently reviewing its policy on these transmitters. Those of us, however, broadcasting MP3 players using low-powered FM transmitters should be aware of the current laws and that hospitals are liable to prosecution for allowing their use on their premises without a licence.

References

1. <www.opsi.gov.uk>.
2. <www.ofcom.org.uk>.
3. <www.cept.org>.