COMMENT ON

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M Ockendon, SN Khan, OA Gabbar, J Hutchinson, IW Nelson. Zig-zag incision for complex posterior spine procedures. *Ann R Coll Surg Engl* 2007; **89**: 75–6

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Obtaining adequate exposure

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The application of a Bruner-type incision to the back and ‘exploitation of the plane above the lumbar fascia’ raises some interesting points and principles. Regarding the issue of obtaining adequate exposure, The Bruner incision is successful in hand surgery not only because it allows good exposure but also because it does not cross the flexor creases, thereby avoiding flexion contractures.¹ This is of little advantage in the back.

Second, if the fascia were raised along with the skin flaps, the vascular supply of the flaps would be more robust.² Even better would be if a Doppler probe were used pre-operatively to mark the lumbar perforators, which could then be included in the flaps. As photographically illustrated, the acute angles at the tips of the flaps are at risk of necrosis. These may be better raised in a curved or S-type fashion.

Given that the complex procedures they are performing are in a population at risk of wound breakdown, the suggested changes could only enhance the authors’ suggested protocol.

References

1. Bruner JM. The zig-zag volar incision for flexor tendon surgery. *Plast Reconstr Surg* 1967; **40**: 571–4.
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COMMENT ON

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Déjà vu

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I read with interest this technical note on trocar insertion using a suture to elevate the abdominal wall which had been used in 10 patients. If their literature review had included the *Annals* itself, the authors would have found a description of trocar insertion at the umbilicus which was published in 1994 when the technique had been used in more than 1000 patients.¹ It has now been used in more than 10,000! I would suggest that using a suture, rather than a Lane’s grasping forceps, is making an easy technique rather more difficult.

Reference

1. Motson RW. Direct puncture technique for laparoscopy. *Ann R Coll Surg Engl* 1994; **76**: 346–7.