TECHNIQUE

The final position of the table should ensure safe distance to the patient's chest and upper legs, allow for free movement of the operated arm and easy access to frequently used instruments. After appropriate positioning (beach chair or lateral decubitus) and draping of the patient, various accessories including the arthroscope, instruments, cables and tubing can be easily organised and tugged to the table. It can also be used as an armrest during the procedure (Fig. 1).

DISCUSSION

Arthroscopic shoulder procedures are technically demanding. A standardised set-up is mandatory to enable the surgeon to perform repetitive movements with accuracy, while handling various instruments and manoeuvring the arm into different positions simultaneously.¹ The padding of the arm during draping is important and we have not faced any problems with pressure effects on superficial nerves due to this position of the arm. Our adjustment of the Mayo stand makes it a valuable 'assistant', allowing the surgeon to focus more on the actual procedure.

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A case of common bile duct stones, failed ERCP and sensitivity to iodine contrast media: what contrast media should we use for an on-table cholangiogram?

JC MASSEY¹, JA GOKHALE¹, CL KAY², JP GRIFFITH¹
Departments of ¹Surgery and ²Radiology, Bradford Royal Infirmary, Bradford, UK

CORRESPONDENCE TO

JC Massey, Department of Surgery, Bradford Royal Infirmary, 9 Duckworth Lane, Bradford BD9 6RJ, UK
E: juliamassey@doctors.org.uk

BACKGROUND

A patient with common bile duct stones had a failed ERCP due to a duodenal diverticulum. However, she had a documented, florid, iodine-contrast media allergy. She proceeded to laparoscopic cholecystectomy with common bile duct exploration. There were concerns urografin would provoke anaphylaxis.

TECHNIQUE

After discussion with radiology colleagues, we used gadolinium contrast. We diluted it to 50% with normal saline and then screened the syringe to ensure it provided adequate opacification. The cholangiogram images successfully demonstrated common bile duct stones which were removed laparoscopically.

DISCUSSION

The reported incidence of adverse reactions to iodine-contrast media is 12.6% for mild reactions and 0.22% for severe reactions.¹ It has been demonstrated from experience with iodine contrast used during ERCP that, after this procedure, iodine can be detected in the bloodstream.² There have been documented episodes of adverse reactions to iodine-containing contrast media following ERCP.³ Up to 12.6% of patients undergoing an on-table cholangiogram with iodine-contrast media may be exposed to an adverse reaction; therefore, it is important to consider what alternative contrast media are available. A review of current practices for patients with contrast media sensitivity undergoing ERCP found the majority of clinicians would use prophylactic steroids and non-ionic/low-osmolality contrast media.³ The administration of gadolinium-based contrast media has recently been found to have a reaction frequency of 0.07%, considerably less than iodine-containing contrast media.⁴ We have successfully demonstrated the use of diluted gadolinium contrast which we found safe and effective in this case.

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A technique for supporting the hand during surgery

A ARDOLINO, A AARVOLD, JJ SOUTHGATE
Department of Orthopaedics and Trauma, Poole Hospital, Poole, UK

CORRESPONDENCE TO

A Ardolino, Department of Orthopaedics and Trauma, Poole Hospital, Longfleet Road, Poole, Dorset BH15 2JB, UK
E: toni.a@doctors.org.uk

BACKGROUND

The days of always having an assistant in surgery are over. Hand surgeons often have to work alone with a scrub nurse assisting as able. Various devices are used to hold the hand in order to allow access during procedures. A lead hand is the most commonly used method. However, these items are expensive and the 'fingers' can break off. We describe a method which uses simple, baking-cooling racks to support the hand.