'A close shave' – use of a disposable razor blade in the management of rhinophyma

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BACKGROUND

Rhinophyma is a common clinical problem, generally affecting older males. The treatment for rhinophyma is predominantly surgical. Conventional surgical methods utilise a scalpel, skin graft knife, carbon dioxide laser vaporisation,^{1,2} electrocautery, cryotherapy, or a combination of the above. We present a simple technique for the surgical management of rhinophyma using a disposable razor blade, an instrument readily available in every theatre suite. The technique is simple to perform, safe, effective and cost-effective.

Figure 1 Intra-operative photograph.

Figure 2 Appearance 2 weeks' postoperatively.

TECHNIQUE

It is the authors' own method and preference to use a cold excision technique, with a combination of scalpel dissection and a conventional disposable razor blade (Fig. 1). The disposable razor blade is an extremely useful adjunct to conventional techniques in creating a smooth finish and is convenient, readily available, quick and cost-effective. The disposable razor blades may be easily disinfected by soaking them first in aqueous betadine.

DISCUSSION

The disposable razor blade is excellent for refining the shape and re-contouring the nose. It is especially useful for areas that are difficult to mould and refine with the use of the scalpel, thereby achieving a better end aesthetic result (Fig. 2). It has the added advantage of conferring better depth judgement, allowing the rhinophymatous tissue to be excised in layers, thereby preventing inadvertent penetration into the underlying cartilage. The use of a scalpel and razor, in experienced hands and being extremely vigilant of the depth of tissue destruction can be very useful, cost effective, and convenient in the treatment of rhinophyma.

References

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Improved stone extractor in laparoscopic cholecystectomy

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BACKGROUND

Laparoscopic cholecystectomy is frequently complicated by stone spillage and retrieval of these stones is frequently complicated by injuries. Moreover, in laparoscopic choledocholithotomy, extracted stones from the bile duct are deliberately dropped inside the peritoneal cavity before removal. These stones have to be removed as they may lead to complications such as adhesions, obstruction, or intra-abdominal sepsis. Normally stones are removed individually either with a spoon forceps or collected in a retrieval bag through one of the wider ports. This is time-consuming and complicated by injury to omentum or gut. We have improvised a laparoscopic hand instrument which quickly and easily recovers scattered gall stones.