Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

Laparoscopic spleen extraction – a simple technique

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BACKGROUND

Laparoscopic splenectomy is established in the surgical management of immune thrombocytopenic purpura (ITP). Laparoscopic extraction of the fully mobilised spleen using digital morcellation within a polyurethane bag can be tedious and frustrating. A new technique using blunt suction curettage is described.

Figure 1 Karman curette.

Figure 2 Technique of splenic extraction using Karman curette.

TECHNIQUE

Laparoscopic splenectomy for ITP is performed in the left lateral position. The fully mobilised spleen is retrieved using an Endocatch II polyurethane bag (Ethicon, USA) through a 15-mm port. The splenic capsule is then incised using scissors. A 10-mm round-tip disposable Karman curette (Fig. 1; Luneau, France), usually used for transvaginal endometrial suction curettage, attached to either a variable suction device or wall suction is used to curette and aspirate the intracapsular splenic fragments. The curette contains two apertures through which controlled aspiration of the splenic parenchyma can occur. Ultimately, a few small splenic fragments together with the capsular remnants persist and are easily extracted using sponge-holding forceps. The duration of the extraction procedure is usually no more than 2–3 min (Fig. 2).

DISCUSSION

While laparoscopic splenectomy has gained popularity as the preferred method of elective splenectomy for ITP, the individual steps should be continually reviewed and refined. In our experience, the use of a blunt disposable curette appears to be a safe and reliable method of splenic extraction during laparoscopic splenectomy. Variable suction allows for the initial use of low pressure to aspirate splenic pulp, although pressures up to –60 kPa (–40 l/min) can be used safely. This technique is inexpensive, expedient and aesthetically desirable.

A new technique of supplying fluid for arthroscopy

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BACKGROUND

Swapping fluid bags during arthroscopic procedures requires a member of staff to be free when the first bag empties, to

Figure 1 The arrangement of the two bags on a drip stand.

ensure continuous irrigation. We describe a technique which removes this timing issue.

TECHNIQUE

Two bags of irrigation solution are suspended from a drip stand, with one hanging one-third of a bag length lower than the other (Fig. 1). The outflow to the upper bag is opened first and the lower bag is opened once the upper bag is half empty. This timing, and the relative heights of the bags, is important to prevent the lower bag from becoming over-inflated. Once the upper bag is empty, the lower bag continues to supply irrigation fluid. The upper bag is renewed and opened before the lower bag empties, and the position of the bags is then reversed, ensuring a continuous supply of fluid.

DISCUSSION

This straightforward technique ensures a continuous supply of irrigation fluid, while allowing theatre staff the freedom to switch fluid bags when convenient. No extra cost is involved.

Paediatric circumcision using bipolar diathermy

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BACKGROUND

Circumcision is the most commonly performed surgical procedure in males. The most common postoperative complication is bleeding with a reported incidence of 0.1–35%.¹ Of such cases, 0.5% require a return to theatre.² We advocate a technique, first described in 1999 in the urological press,³ that is simple to perform and has, in our hands, reduced this complication to zero.

TECHNIQUE

The foreskin is fully retracted and preputial adhesions are divided. The foreskin is replaced and the limit of the circumcision is marked on the prepuce. All incisions and resections are made using only the tips of the bipolar diathermy forceps from the skin through to the inner mucosal layer. The outer skin is incised and then a gross removal of the whole of the foreskin is carried out. The inner mucosa is then trimmed to length. The entire procedure is usually completed in a totally bloodless manner. The closure is with interrupted Polyglactin 910 using a horizontal mattress suture at the frenulum.

DISCUSSION

The above technique has been used on 181 boys with an average age of 8 years (range, 8 months to 15 years). There has been no incidence of postoperative bleeding requiring further surgical intervention. Diathermy can be safely used on the penis with satisfactory cosmetic result^{4,5} and use of the above technique appears to reduce the incidence of postoperative bleeding.

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