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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