The non-drip plaster of Paris

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A method of packaging plaster of Paris that leaves minimal mess to the surgeon and the clinical area is described. Standard Tubigrip® slightly longer than the length required is cut, and the requisite amount of dry plaster is inserted folding the long ends over to encase it. This is immersed in water, squeezed out like a concertina and pulled out to length. The plaster is transferred to the patient, moulded onto the desired area and secured with a crepe bandage leaving a clean, plaster-free field. This leaves an aesthetically pleasing cast with no hard plaster edges thereby minimising tissue trauma.

Use of a sterile glove as a retrieval bag in laparoscopic surgery

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Laparoscopic procedures often necessitate the removal of visceral matter. A retrieval bag is usually employed in order to facilitate

Figure 1 Spleen in a size 9 glove prior to removal via a 10-mm port site.

safe extraction. Sterile surgical gloves can be used as effective retrieval bags in place of costly specialist equipment. They are readily available in a variety of sizes and can withstand the forces encountered in a laparoscopic procedure. A standard size 9 glove can hold up to 1000 ml. The authors have successfully used a sterile surgical glove during a laparoscopic splenectomy. Figure 1 shows a spleen within a size 9 glove prior to being removed through a 10-mm port site.

Extracorporeal Melzner knot for a wide cystic duct in laparoscopic cholecystectomy

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Figure 1 Stepwise illustration of tying an extracorporeal Melzner knot onto the cystic duct with a braided absorbable suture (Vicryl 2-0™: Ethicon, Bankhead Ave, Edinburgh EH11 4HE, UK). GB, gall bladder; CD, cystic duct.

In the case of a wide cystic duct, where laparoscopic clips would not occlude the full width, an extracorporeal slip knot would be appropriate. Other advantages of applying this knot include less expense and eliminating the risk of catching the common bile duct with the end of the clips. In step 1, interpose the stem of instrument A above the suture to prevent 'cheese wiring' the cystic duct on pulling through. Before step 4, remember to 'snug down' the throws that have been previously performed. Finally, push the knot down using a knot pusher as in step 6. Do not pull up like a lasso as it would saw through and tear the tissue.