Technical Section

TECHNICAL NOTES & TIPS

Authorship and writing for the Technical Section

Authorship

There has been a trend towards increasing numbers of authors on Technical Notes and Tips: this sometimes seems excessive and unreasonable. A simple technical idea usually has one originator (or perhaps two, as a product of discussion) and it is then common to supervise a trainee in writing it up. That means that a tip or note might reasonably have two or three authors. Submissions are becoming more frequent with four or five names above them. This needs to be fully justified. I have started to write to any lead author who has more than two co-authors asking for a full explanation of the contribution of each and will do so increasingly. I advise that any submissions with more than three authors should be accompanied by a letter giving those details.

Writing

Submissions of 100 or 250 words should be perfect. Especially if they are being used to increase the experience (and CV) of trainees, senior authors should be sure that they are faultless. The shoddy presentation of some of the submissions we receive is difficult to excuse – the more so when there are a number of authors, each of whom should have read the final manuscript. Each author bears personal responsibility for its content and quality. I write some fairly blunt letters to the authors of short submissions with imperfect text and (commonly) references that are not cited in proper Vancouver style. I would like to remind all authors (not least senior ones) of their responsibilities to check that manuscripts are perfect. That ought to be easy with such short submissions.

Bruce Campbell

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TECHNICAL NOTES

The one-handed laparoscopic knot technique: the Nott technique

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BACKGROUND

Laparoscopic operations such as colectomy, appendicectomy and placement of peritoneal dialysis catheter have been described using a two laparoscopic port technique (one camera port and one working port).¹⁻³ Intracorporeal knot tying is traditionally performed using two instruments, requiring three ports (one camera port and two working ports).⁴ This technical note describes the

method of intracorporeal knot formation using only one instrument, and thus two ports.

TECHNIQUE

The needle is passed through the defect and secured within the anterior abdominal wall opposite the instrument port (Fig. 1). The tail of the suture is passed over and backwards to the right (Fig. 2). Ensure the right is under tension as this will provide counter

Figure 1 Needle secured within the anterior abdominal wall.

Figure 2 Tail passed backwards and over the bight. Ensure the bight is under tension.

Figure 3 The tail being pulled through the loop, with the needle secured to the anterior abdominal wall.

traction for tying. The instrument is passed through the loop and pulls the tail through (Fig. 3), forming a square knot. Repeated throws secure the knot down.

DISCUSSION

The technique describes laparoscopic intracorporeal knot tying using only one instrument, thereby eliminating the need for a third port. It is, therefore, most useful in two-port laparoscopic procedures (this method was employed in a diagnostic laparoscopy) and potentially when access with two instruments is difficult. Polyfilament sutures are most suited, as it allows easy manipulation of the tail end. Prolene sutures have a memory and, therefore, it can be difficult to throw the tail end of the suture over the bight. Additionally, by securing the needle to anterior abdominal wall, accidental damage to structures is minimised. We believe the method described is simple to master and quick to execute.

References

1. Al-Hashemy AM, Seleem MI, Al-Ahmary AM, Bin-Mahfooz AA. A two-port laparoscopic placement of peritoneal dialysis catheter. *Saudi J Kidney Dis*

Transpl 2004; **15**: 144–8.

2. Shemesh E, Shemesh S, Garber HI, Zmora O. A technique for laparoscopic-assisted colectomy using two ports. *J Soc Laparosc Surg* 2004; **8**: 245–9.
3. Khan A. Two-port laparoscopically assisted appendectomy in a child with use of the ultrasonically activated Endo-shear. *Pediatr Endosurg Innovative Tech* 2003; **7**: 193–7.
4. Murphy D. Endoscopic suturing and knot tying: theory into practice. *Ann Surg* 2001; **234**: 607–12.

Safe and cost-effective stabilisation of the patient's head in the beach-chair position

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BACKGROUND

The beach-chair position is very commonly employed for upper limb procedures. Safe stabilisation of the patient's head can be problematic when using this position because of the location of the airway and the need for securing the patient's head to the headboard.

Figure 1 Chin-strap with one-point fixation requiring additional stabilisation with a crêpe bandage.

Figure 2 Chin-strap with two-point fixation using the back-strap from the patient's sling.