suture is used to pick up several bites of the greater omentum lying between the spleen and greater curve of the stomach (Fig. 2). The suture is then removed through the 11-mm port so that both ends are extracorporeal. The port is removed and replaced alongside the suture. Under direct vision, the suture is put under tension to retract the greater omental fat and clipped externally (Fig. 3). Access to the angle of His is thereby improved (Figs 4 and 5).

DISCUSSION

The senior author (MR) has used this method successfully for 15 years with no serious intra- or postoperative complications. One cautionary note is to ensure retraction is undertaken under direct vision to avoid tearing any adhesions to the spleen. The technique is a safe and simple method of fat retraction that can significantly improve surgical access to the angle of His during complex laparoscopic procedures.

ECG electrode for tracheostome closure following decannulation

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BACKGROUND

Following decannulation, closure of the tracheostome is imperative for successful phonation. The current accepted method of closure is through the use of an occlusive dressing over several layers of eye-pad gauze. It is universally recognised that the occlusive dressings never provide a sufficient seal and an air leak invariably occurs when coughing or talking. Many patients strug-

Figure 1 A suitable ECG dot.

Figure 2 Occlusion of stoma with ECG dot.

gle to locate and form an effective seal when occluding their stoma.

TECHNIQUE

In our unit, an ECG electrode or dot has been used for approximately 7 years to cover the tracheostome following decannulation. The metal stud is carefully placed centrally over the stoma with apposition of the skin edges. If there are excessive tracheal secretions, eye-pad gauze is placed first, followed by an occlusive dressing, and then the ECG dot.

DISCUSSION

The simple method we describe ensures a rapid and effective way of ensuring skin closure of the tracheostome. The discreet metal centre of the ECG dot provides the patient with a target for finger application and delivers additional sensory and proprioceptive feedback. The self-adhesive backing is of the appropriate size, and provides a firm material onto which to apply pressure (Fig. 1). This enables patients to locate their stoma readily and easily and occlude it with an effective seal for phonation and coughing (Fig. 2). ECG dots used are readily available on most wards and are cheap, e.g. the 3M RedDot™ costs 14 pence each (3M UK, Cain Road Bracknell, UK).

A novel technique for humeral head retrieval

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BACKGROUND

Four-part fracture dislocations of the proximal humerus are a common surgical problem (Fig. 1). They are usually treated with a hemi-arthro-

plasty. In the minority of cases where the head of the humerus has dislocated anteriorly, removing the head can be difficult. We found that applying a bone anchor into the humeral head facilitated atraumatic extraction of the retained head fragment.

Figure 1 Three-dimensional computed tomography reconstruction of a four-part proximal humeral fracture.

Figure 2 Bone anchor inserted into humeral head.

Figure 3 Humeral head retrieved with suture ends *in situ*.

TECHNIQUE

A bone anchor (Depuy Mitek Rotator Cuff Quickanchor™ Plus; DePuy Mitek, Inc., Raynham, MA, USA), is inserted eccentrically into the dislocated humeral head (Fig. 2). The needles at either end are cut off and the suture ends are then pulled (Fig. 3). The humeral head then rolls out of its cavity without the need to use supplementary instrumentation.

DISCUSSION

Retrieval of the humeral head can be difficult when the head is dislocated antero-inferiorly. The fragment is often too small to accommodate an extraction device; in addition, inserting a corkscrew extractor can push the fragment more medially. Insertion of the Mitek anchor requires little force medially and allows head retrieval in a controlled fashion avoiding head fragmentation and allowing for accurate head size measurement.

A novel adjunct to closed manipulation and insertion of K-wires to paediatric supracondylar elbow fractures

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BACKGROUND

Supracondylar fractures of the distal humerus are a common injury sustained by children. Displaced fractures are often treated with

Figure 1 Transverse K-wire *in situ*.