Suction retractor: a useful aid for deep plane dissections

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Deep plane dissection without an assistant can be challenging during operations such as axillary dissection or during the creation of a sub-mammary pocket for breast implants. The surgeon needs to retract, suction, dissect and perform haemostasis at the same time. We propose a simple technique utilising Steri-Strips (3M Health Care) to secure a flexible suction catheter to a Langenbeck retractor (Fig. 1). This allows autosuction of bleeding and diathermy smoke during retraction, whilst reducing the number of instruments impeding the surgeon's vision in the deep operating field. This can free up the surgeon's other hand to perform haemostasis or dissection.

Figure 1 Suction retractor – flexible suction catheter secured to a Langenbeck retractor using Steri-Strips.

'Boot' as a 'collar' – a simple solution to shunt slippage

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Slippage of the Javid shunt from the internal carotid artery is an annoying occurrence during carotid endarterectomy. Attempts to re-insert the shunt, or inserting it well into the internal carotid artery to prevent slippage, risks intimal dissection. Our simple technique ensures that the tip of the shunt can be safely and

securely positioned just beyond the arteriotomy. The 'boot' (DTR Medical, Swansea, UK), commonly used over the tips of mosquito-forceps to hold the monofilament sutures atraumatically in vascular surgery, is used as a 'collar' over either jaws of the Javid clamp, ensuring that the shunt never slips (Figs 1 and 2).

Figure 1 The 'boot' used as a 'collar' over either jaws of the Javid clamp.

Figure 2 Schematic illustrating the technique.

The use of Goldfinger™ (Ethicon Endo Surgery) to facilitate laparoscopic distal pancreatectomy

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Laparoscopic distal pancreatectomy is a procedure that is gaining popularity in the management of both benign and malignant conditions of the pancreatic body and tail. A recent multicentre comparative study demonstrated that the procedure is associated with lower operative blood loss, fewer complications and shorter hospital stay without compromise of oncological margins when compared to the