Figure 1 Preparation of the device.

open procedure.¹ One of the most challenging aspects of laparoscopic distal pancreatectomy is the dissection of the pancreas away from the portal vein at its confluence with the SMV and splenic vein. We describe a technique to facilitate laparoscopic distal pancreatectomy with a blunt dissector originally designed for the placement of laparoscopic gastric bands. Initially, a nylon tape is prepared by passing a braided suture through one end to form a loop (Fig. 1). The suture is then looped through the perforated end of the Goldfinger dissector. The Goldfinger is then introduced through a 5-mm working port and a tunnel is developed immediately anterior to the portal vein. The Goldfinger is ideal for this purpose as its tip can be angulated with ease and it has a blunt end. Once the distal end of the Goldfinger can be seen through the proximal end of the tunnel, the device is activated to allow upright angulation of its tip to reveal the tape through the tunnel. The retaining suture is divided and the tape is passed so as to completely sling the pancreatic neck away from the portal vein. This can then be used for retraction to complete the pancreatic dissection and stapling of the pancreatic neck without damaging the portal vein.

Reference

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Use of a K-wire as an aid to ensuring an accurate neck cut during hip hemi-arthroplasty

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During uncemented hemi-arthroplasty for hip fracture, the femoral neck must be cut parallel to the collar of the prosthesis. This cut is often made by 'eyeballing' the required angle from the

Figure 1 K-wire bent to the required neck cut angle as determined by the rasp.

top of the rasp (Fig. 1). The soft tissues often displace the rasp making it difficult to achieve an accurate neck cut. A standard K-wire can be bent to the required angle and the end slid up the femur below the vastus muscle. The cut can then be marked on the femur using the K-wire as a guide. This allows a perfectly angled cut to be made.