Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

Transparent 'book-cover' film: a novel way for fixing breast specimen to template for radiological assessment

K RAY, M SAJID, AK JOHRI

West Sussex Breast Unit, Worthing Hospital, Worthing, UK

CORRESPONDENCE TO

Kausik Ray, West Sussex Breast Unit, Worthing Hospital,

Lyndhurst Road, Worthing BN11 2DH, UK

E: ray_kausik2003@yahoo.co.in

BACKGROUND

Radiographic assessment of excised specimen is an essential component of breast conserving surgery. It gives necessary information including the presence of lesion in the specimen and adequacy of clearance margin, when compared with pre-operative mammogram.¹ For this purpose, specimen needs to be fixed to a special mounting template made out of a clear X-ray film.² Different materials have been used for fixing the specimen to a template including silk stitches and metal clips. Here, we describe a simple, but safer, method.

TECHNIQUE

After placing the specimen on the breast template, we wrap it up along the template with transparent 'book-cover film' (Fig. 1), a low-density polyethylene plastic paper with adhesive on one side (manufacturer, Banner Business Services Ltd, Hampshire, UK). This method holds the specimen in place and prevents any displacement during compression view. It also prevents needle stick injury to assistants. As there is no radio-opaque material in the transparent film, it never hinders any abnormal calcification in the specimen (Fig. 2) which might happen during orientation with clips or radio-opaque sutures.³

DISCUSSION

We have used this method in 237 (151 screening and 86 symptomatic) patients for a period of 7 months (from 1 August 2008 to 28 February 2009). The outcome is comparable with our previous method of fixing with silk suture. As the price of a 10 m × 0.5 m film is £5.54, this method costs less than 5 pence per

Figure 1 Excised specimen fixed to the template with 'cling film'.

Figure 2 The same specimen after X-ray: cling film did not hinder any radio-opaque shadow.

specimen. It is cheaper in comparison to using silk suture which costs 96 pence per pack. In our experience, it is a cost-effective and safe technique.

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Novel technique of insertion of laparoscopic Nathanson liver retractor

RAVI MARUDANAYAGAM, BYNVANT SANDHU, MIKE HALLISSEY
Upper Gastrointestinal Surgical Unit, Queen Elizabeth
Hospital, Birmingham, UK

CORRESPONDENCE TO

Ravi Marudanayagam, Upper Gastrointestinal Surgical Unit,
Queen Elizabeth Hospital, University Hospital of Birmingham
NHS Foundation Trust, Edgbaston, Birmingham B15 2TH, UK
E: ravim1973@yahoo.co.in

BACKGROUND

Complex laparoscopic upper gastrointestinal procedures necessitate the use of the Nathanson retractor for retraction of the left lobe of liver. This retractor is usually inserted in the epigastric region by blunt force, following removal of a 5-mm port. This increases the risk of bleeding, haematoma formation and creation of false tracts. We describe a safe technique of insertion of a Nathanson liver retractor.

TECHNIQUE

Following insertion of camera, a 5-mm port is introduced under vision in the epigastric region. A Jaques/Nelaton catheter (12-F: Rusch, 34600 Kamunting, Malaysia; Teleflex Medical, High Wycombe, UK), with its wider end cut off, is inserted through this port and the port removed (Fig. 1). The outer end of the catheter

Figure 1 Jaques catheter with its wider end cut off.

Figure 2 Outer end of Jaques catheter being stretched open.

Figure 3 Catheter snugly fitted around the tip of the retractor.

is then stretched open with a Dunhill forceps (Fig. 2). The tip of the Nathanson retractor is introduced into the end of the catheter and the Dunhill forceps removed, so that the catheter snugly fits around the retractor (Fig. 3). Through a left lateral port, a laparoscopic grasper is introduced and gentle traction is used on the Jaques catheter intraperitoneally, while simultaneously guiding the Nathanson retractor through the tract (Fig. 4). The catheter is then detached from the retractor intraperitoneally and removed through the left lateral port.

DISCUSSION

This technique allows safe and accurate insertion of the Nathanson retractor and has been routinely performed at our cen-