References

1. Gunning KA, Griffith CD, McLean L, McElroy M, Kaye B, Scott D *et al.* Assessment of a mount for biopsy of impalpable breast lesions. *J R Coll Surg Edinb* 1995; **40**: 97–8.
2. Loh A, Salman A, Arthur GW. Use of a breast template: an aid for orientation of breast biopsy specimens. *Ann R Coll Surg Engl* 1991; **73**: 276–7.
3. Al-Omishy HK, Lee MJR, Taylor JL, Parker SJ, Wallis MG, Macartney JC *et al.* X-ray detectable thread for orientating a breast specimen – an affordable and less cumbersome solution. *Ann R Coll Surg Engl* 2006; **88**: 502.

Novel technique of insertion of laparoscopic Nathanson liver retractor

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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-

Figure 4 Laparoscopic view of the Nathanson retractor along with the catheter.

tre in over 100 patients. As the catheter is readily available in most theatres, this technique can be utilised with no added expense.

Securing the posterior nasal pack; a technique to prevent alar necrosis

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BACKGROUND

Posterior epistaxis accounts for approximately 5% of all epistaxis.¹ It often requires packing with a balloon catheter, such as a Foley.² Clamps, such as umbilical clamps, are used for securing the pack, but may lead to pressure on the alar cartilage with subsequent necrosis.^{3,4}

Figure 1 Cut port off catheter.

Figure 2 Cut triangle out of centre of square cushion.

Figure 3 Cushion in position.

TECHNIQUE

1. Cut drainage port off proximal end of catheter (Fig. 1).
2. Divide cylinder of latex to produce square to act as cushion.
3. Make cut into square, mid-point of one side, extending to the centre.
4. At tip of cut, in centre, cut 'v' shape and remove triangle of latex to form aperture (Fig. 2).
5. Place cushion around proximal end of catheter when *in situ*, through aperture.
6. Pull catheter to provide required pressure, ensure placement of cushion and apply cord clamp immediately proximal to cushion (Fig. 3).

DISCUSSION

Various methods for padding between clamp and alar rim have been described to prevent necrosis.⁵ However, if one has a patient with a brisk bleed, delay in finding padding could put the airway at risk. In the modern NHS where staffing out-of-hours is a problem, utilising our technique ensures the clinician can remain with the patient whilst fashioning the cushion, rather than leaving to find equipment, as the material is available with every catheter.

As an additional measure, the authors advocate packing with Bismuth Iodoform Paraffin Paste (BIPP) ribbon circumferentially around the catheter anteriorly, so as to prevent the catheter itself from coming into contact with the alar rim.