TECHNICAL TIP

A route for venous or free arterial conduits to the distal circumflex artery branches in coronary artery bypass operations

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Figure 1 Diagrammatic representation of the technique.

We describe a route for venous or free arterial conduits to the distal circumflex artery branches in coronary artery bypass operations. After constructing the distal anastomosis, open the space behind the inferior vena cava and pass the conduit through, in front of the right pulmonary vein to be anastomosed to the right side of the ascending aorta, anterior to the superior vena cava. This generates a lie of the conduit which allows it to sit in line with the target vessel (Fig. 1). Care must be taken to avoid conduit rotation as it passes behind the inferior vena cava.

The length of this route will vary according to the anatomy of the individual heart and site of grafting. When used for the terminal branch of circumflex artery, it is not necessarily shorter but we believe it is a more satisfactory lie. The technique is not new and was previously published for the venous graft, when it was used as a sequential bypass to posterior descending and terminal branch of circumflex artery.

Sheathed pencil diathermy using a Jaques catheter

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The use of pencil diathermy in various surgical specialities is wide-spread, and the risk associated with accidental skin or mucosa damage when working in a restricted space is well recognised. We have developed a method of sheathing all but the tip of the diathermy blade using a Jaques catheter. Whilst the diathermy comes fitted with a clear plastic sheath, there are often

Figure 1 Remove tip of Jaques catheter.

Figure 2 Jaques catheter trimmed to provide snug-fitting insulating sheath, with only the tip visible.

Figure 3 Jaques catheter trimmed to provide snug-fitting insulating sheath, with only the tip visible.

problems with the size of the sheath and light refraction obscuring the tip of the diathermy blade.

A Jaques catheter (Rusch: Portadown Road, Lurgan, Co Amagh, UK) is a cheap (91 pence) and readily available alternative to avoid these pitfalls. The catheter tip is removed (Fig. 1) and the catheter itself is then placed over the diathermy blade. It can then be trimmed to size to provide an adequate snug-fitting insulating sheath (Figs 2 and 3), with only the tip visible. It is practical for all lengths of currently available diathermy blades.

This technique can be used across the surgical specialities, including breast surgery, transanal colorectal surgery, as well as ENT and head and neck surgery.

An innovative technique for long-bone biopsy

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Pathological fractures are known complications of metastatic disease. During fixation of a pathological fracture, samples are obtained for histopathological examination. We describe an alternative technique of performing biopsies. A pathological fracture of the humerus was treated with intramedullary nailing. The proximal bone was reamed through, down to the level of the lesion with image intensifier control. Oesophageal biopsy forceps were introduced through the reamed canal and biopsies (tissue samples) were taken from the centre of the lesion. A very high quality tissue was obtained. The above technique was used in management

of one patient with mid-shaft humeral fracture. We strongly recommend this method, as we consider it superior to other commonly used techniques.

A better way to deliver bone graft

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Morselised bone graft is often used in orthopaedic surgery, but can be tricky to deliver accurately deep inside a wound. Often, the graft spills into the soft tissues, and the surgeon ends up packing the fragments in piece by piece.

We mix the graft with a little blood or saline to render it cohesive. We load a 10-ml syringe with the graft, pack it down, then cut the nozzle off the syringe (Fig. 1). This allows precise delivery of pressurised bone graft into the desired area. We find this an efficient method for filling bone defects in calcaneal fractures, tibial plateau fractures, and in hip arthroplasty.

Figure 1 Syringe delivering graft into a proximal tibial fracture.