A novel training model for nerve repair

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BACKGROUND

Techniques to repair nerve and vessel injuries are essential in microsurgical training.¹ Courses teach such skills but many are expensive and require animal tissues. Although alternatives exist, we are not aware of a specific model for nerve repair.² We present a model for teaching nerve repair using inexpensive and readily available materials.

TECHNIQUE

A length of twine is rolled in cling-film to make the nerve model in which twine fibres represent nerve fascicles, and cling-film the epineurium (Fig. 1). The model is fixed to the table using adhesive tape and divided transversely. With fine monofilament non-absorbable suture, the 'epineurial repair' is performed by suturing the cling-film under a microscope or loupes (Fig. 2). It should be possible to align the divided fibres of twine correctly in their pre-divided arrangement without tearing the cling-film. A number of these 'nerves' maybe bundled together in a separate layer of cling-film acting as epineurium and the individual cling-film layers of each nerve model now become the perineurium, thereby increasing the difficulty.

Figure 1 A piece of twine is rolled in a layer of cling film to form the nerve model.

Figure 2 Repaired nerve model using 8/0 non-absorbable monofilament suture under magnification.

DISCUSSION

This nerve repair model is a teaching aid for microsurgical trainees. It incorporates the use of microsurgical instruments under a microscope or surgical loupes and helps to develop hand-eye co-ordination, improve speed, and tissue handling techniques. This model is cheap, easy to assemble and anatomically similar to real nerve. It may be practised in any setting and no animal specimens are required. It is safe and the degree of difficulty may be increased with improving skills and technique.

References

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A technique to relocate the robotic prostatectomy retrieval bag to the mid-line camera port

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BACKGROUND

During robotic-assisted laparoscopic prostatectomy, the prostatectomy specimen is collected in an Endocatch™ bag (Covidien, Mansfield, MA, USA), the silk suture of which exits the abdomen from a laterally placed 12-mm laparoscopic port. At the end of the procedure, the exit site of the silk suture needs to be moved to retrieve the specimen through the mid-line incision. We