Figure 2 Advancing the vascular stapler.

During a right hepectomy, ligating the right hepatic vein can be tricky due to the difficult anatomical position and close proximity to the inferior vena cava. A simple technique we have devised is using a 'T'-tube (Kerrs tube; 20-F) placed around the vein, followed by threading the tip of the vascular stapler (TSW35; Ethicon Inc., Redditch B98 7ST, UK) into it. This is fixed in position using a polyglactin 3.0 (Vicryl; Ethicon Inc.) tie as shown (Fig. 1). The stapling device is then advanced safely into position across the right hepatic vein (Fig. 2), the 'T'-tube is then cut off and the vascular stapling device can thus be applied.

A simple way of threading a needle through bone

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Threading a needle through a bone can present difficulties. An easy way is after drilling a hole, the blunt end of the needle with the mounted thread, is inserted backwards, thereby preventing the pointed end catching the bony canal in transit. This can save time and frustration, and prevents blunting, bending or breakage of the sharp point of the needle, which can be used again if necessary.

Figure 1 Threaded needle.

Figure 2 Backwards insertion of needle.

Reduction with a temporary intrafocal K-wire during internal fixation of distal radius fractures

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Distal radius fractures with dorsal fragmentation are challenging. Conventional internal fixation techniques involve a dorsal approach with dorsal plating; complications include scarring, stiffness and tendon attrition. I describe a Kirschner wire used in an intrafocal (Kapandji) manner to reduce temporarily and hold fragments during volar locking plate application. The intrafocal wire is inserted into the fracture site at an acute angle; the fragment is levered into position under imaging. The volar locking plate is applied and the wire removed thus avoiding long-term disruption to dorsal structures (Fig. 1).

Figure 1 The K-wire is inserted dorsally and levers the dorsal fragment(s) into position while the volar plate is applied.