Figure 4 Traction on in-line Goldfinger™ starts delivery of anvil through staple line.

the pouch gastrotomy. The anvil and its spike are connected within the abdomen having first tied a short extracorporeal loop of 2/0 polypropylene to the anvil spike (Fig. 2). A small lateral gastrotomy is created and the Goldfinger™ delivered through the stomach (Fig. 3). The anvil is connected to the Goldfinger™ using the polypropylene loop and the Goldfinger™ straightened and pulled back through the stomach to deliver the anvil through the staple line (Fig. 4). The polypropylene loop can be used as a useful retractor whilst the remainder of the gastric pouch is fashioned.

DISCUSSION

This method provides smooth delivery of the anvil head and prevents the tip of the anvil spike from traumatising the rugal folds of the stomach.

TECHNICAL TIPS

Combined laparoscopic peritoneal dialysis catheter insertion and epigastric hernia repair to avoid delaying dialysis

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We describe a simple technique to repair simultaneously an epigastric hernia and laparoscopically site a peritoneal dialysis catheter (PDC) without the need to delay dialysis. An open dissection is performed to achieve a pneumoperitoneum by placing camera port through the hernial sac (Fig. 1). With the patient in the Trendelenberg position, a second incision is made and a PDC on an introducer is sited percutaneously into the pelvic sump.

Figure 1 Laparoscopic port insertion through ventral hernial defect to allow simultaneous peritoneal tube placement and hernia repair.

After the cuff is placed anterior to the peritoneum, the PDC may then be tunnelled laterally. The camera port is removed and the defect repaired with 1/0 nylon.

A simple technique to achieve effective suction during laparotomy

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Figure 1 A 9 x 9 inch sterile gauze is wrapped around the Poole sucker.

Obtaining effective suction during laparotomy can be challenging as tissue can become trapped in the holes of the suction, resulting in ineffective suction and potential damage to tissues. We describe a technique to prevent this. A sterile gauze swab is wrapped around the suction device covering all the holes (Fig. 1). The tail is wrapped around the gauze preventing slippage. Fluids will be effectively suctioned and tissue will not get trapped in the holes. This is a simple technique and will avoid the suction becoming blocked and needing to be freed from the tissue trapped in the holes of the suction device.

The use of Polysling™ strap to secure a safe head position in an anaesthetised patient on a beach chair table during shoulder surgery

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The head ring on the beach chair table used in shoulder surgery has a single strap which is short and pads the forehead only. After repetitive use, the Velcro strap becomes worn and less secure causing concerns about the safety of the intubated patient. The loose straps of a Polysling™ (Molnlycke Health Care AB, SE-402 52 Goteberg, Sweden) can be used as an alternative. One strap is applied in the carniocaudal plane while the second is applied in the frontal-occipital plane (Fig. 1). This technique secures the head of the intubated patient in two perpendicular planes, and can be used on patients of different head size and morphology.

Figure 1 Strap 1 secures the head in the carniocaudal plane while Strap 2 secures the head in the frontal-occipital plane.

Stainless steel soap keeps hands fresh

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Dirty procedures, such as manual evacuation or laparotomy for faecal peritonitis, can leave an unpleasant odour on the hands that can persist for days despite repeated washes. Double gloving may reduce residual odour but is less than completely effective. Stainless steel soap (DKB Household UK Ltd, Hampshire, UK) can help to eliminate the odour. Just rub the stainless steel soap between hands under running water for approximately 20 s after the procedure; it is simple but effective.

A simple technique to make the diathermy scratch pad easier to use

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The fine diathermy tip can be compromised during use by carbon deposits that build up. Using a scratch pad stuck on the drapes to restore the tip can be awkward as the surgeon's fingers drag along the drapes.

Folding a flat scratch pad back on itself over a surface edge, such as the top of a quiver, creates a cleaning surface perpendicular to the drapes. This enables the diathermy being cleaned to be held well away from the drapes.

We have found this technique helpful in maintaining the fine diathermy tip required for dissection and haemostasis.