TECHNICAL TIPS

A simple technique to avoid blockage of the suction system in laparoscopic procedures

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A tonsil swab is inserted through a 10–12mm port and the suction tip is placed over the swab to get rid of any fluid. In such a technique, the swab will act as a barrier and the fluid can be sucked in all areas of the abdominal cavity without allowing omentum or fat to cause blockage of the suction tip (Fig 1).

Figure 1 The area is dry after suction through the tonsil swab.

A new technique for hamstring donor site blockade in anterior cruciate ligament reconstruction

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Figure 1 A Kendall Argyle™ suction catheter trimmed to length and stabilised with a femoral tunnel depth gauge

Harvesting of the hamstrings for anterior cruciate ligament reconstruction can be a significant cause of postoperative pain along the course of the stripped tendons. This can be attenuated via direct infusion of local anaesthesia.¹ We have devised a technique for administering local anaesthetic along the hamstring graft harvest tract.

A Kendall Argyle™ (Covidien LP, Gosport, UK) suction catheter is trimmed to length and stabilised with a femoral tunnel depth gauge (Fig 1). This device is inserted along the course of the harvested hamstring tendons; the depth gauge is removed. We inject 62.5mg of bupivacaine made up to a total volume of 50ml with normal saline 0.9% as the catheter is withdrawn. This is given as a single bolus with no subsequent top-up.

Reference

1. Bushnell BD, Sakryd G, Noonan TJ. Hamstring donor-site block: evaluation of pain control after anterior cruciate ligament reconstruction. *Arthroscopy* 2010; **26**: 894–900.

Lagging the Synthes® locking compression proximal femoral plate 4.5/5.0 to the proximal femur

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Figure 1