of the IABP on the contused myocardium can lead to improvements in cardiac function and decreases in inotropic requirements, thus allowing a concomitant decrease in the use of vasoactive drugs. An IABP is indicated in cardiogenic shock in severe myocardial contusion refractory to vasoactive drugs. An IABP is contraindicated in patients with a concurrent aortic injury or irreversible brain damage.

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Laparoscopic relief of meralgia paraesthetica

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BACKGROUND

Meralgia paraesthetica is caused by entrapment of the lateral femoral cutaneous nerve of the thigh by the inguinal ligament as it crosses it near the anterior superior iliac spine (ASIS). It can present as anterior and lateral thigh pain/paraesthesia, exacerbated by activity. Failure of conservative medical treatment usually leads to patients undergoing open surgical decompression. This is performed through a 3–4cm infrainguinal incision centred on the ASIS, locating the nerve and dividing the inguinal ligament. However, the nerve is present only 85.8% of the time inferior to the ASIS¹ and only 58% of the time medial to the ASIS.²

Figure 1 Lateral femoral cutaneous nerve, inferior to the inguinal ligament

Figure 2 Divided inguinal ligament

These anatomical variations mean that the open technique may either lead to inadvertent division of the nerve or inadequate exposure. We have developed a laparoscopic technique that takes into account these potential problems.

TECHNIQUE

A 10mm infraumbilical port and two 5mm ports are inserted in the same location as one would for a laparoscopic inguinal hernia repair. The nerve is often visible through the translucent peritoneum, which is incised near the insertion of the inguinal ligament to the ASIS (Fig 1). The nerve is released by dividing the posterior leaf of the inguinal ligament and any fibrous attachments to the nerve with the aid of the hook diathermy (Fig 2).

DISCUSSION

We have used this technique on several patients who experienced immediate relief from their symptoms and continue to be pain free a year after surgery. The technique can be performed as a day case, is easily learnt and allows anatomical variability to be accommodated.

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