Use of Roeder knot with vicryl-reel ligature for laparoscopic appendicectomy: have we forgotten how to tie knots?

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Conventionally, control of the appendix base in laparoscopic appendicectomy is achieved with Roeder knots. These are commonly delivered using pre-tied ligatures of 2/0 polyglycolic acid. In our centre, Surgiwip™ ligatures (Covidien, Mansfield, MA, US) cost £13.50 each, bringing the cost of this practice to £40.50 per case. A cheaper alternative is to use the same ligature material on a reel and to hand tie each Roeder knot, advancing each knot simply with laparoscopy forceps. Three Roeder knots can therefore be obtained from a single reel. Using a Polysorb™ reel (Covidien), this costs £2.97 for three Roeder knots, saving £37.53 per case.

Figure 1 Arm positioning device rotated and secured over humerus.

A simple set up for wrist arthroscopy in the district general hospital

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BACKGROUND

Setting up elbow arthroscopy requires the ability to set up adequate traction and counter-traction of the humerus and forearm.¹ There is a variety of commercial distraction devices that obviate the necessity for cumbersome weights and pulleys, and allow conversion to an open procedure without redraping.

Traction towers provide not only distraction but also the ability to place the wrist in various degrees of flexion, and radial and ulnar deviation. However, for a district general hospital it is often not cost-effective to buy such equipment. We have devised a technique that allows one to set up a patient for elbow arthroscopy successfully without the requirement for any specialist equipment.

TECHNIQUE

The patient is placed supine on the operating table with an arm table and drip stand attached. An arm positioning device (usually used to secure the upper arm in elbow surgery) is rotated 180 degrees and secured over the humerus via an attachment to the table (Fig 1). The drip stand is used to provide distraction via Chinese finger-trap traction to the thumb and index finger attached to an overhead pulley and weight.

DISCUSSION

This simple technique provides more than adequate counter-traction and allows one to make use of already existing equipment to carry out elbow arthroscopy successfully.

References

1. Abboud JA, Ricchetti ET, Tjoumakaris F, Ramsey ML. Elbow arthroscopy: basic setup and portal placement. *J Am Acad Orthop Surg* 2006; **14**: 312–318.

Figure 2 Arm positioning device