DISCUSSION

This method aids compliance with recent guidance on managing latex allergy within healthcare^{1,3,4} without compromising on operative technique or patient safety. An added benefit is a cost saving of 46% (unit cost £0.76 vs £1.40, based on 25 units of DryDam at £34.90 and 30 units of Flexi Dam® at £22.81).

Figure 2 Adapted latex-free rubber dam in use during root canal treatment

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Technical tip for knee arthroscopy

R Kakwani, S Muller
Northumbria Healthcare NHS Foundation Trust, UK

CORRESPONDENCE TO
Rajeshkumar Kakwani, E: rajeshkakwani@gmail.com

The arthroscopic visualisation of posterior horn of the medial meniscus can sometimes be a challenge. It is usual to apply a valgus load, using a side post. However, some patients tend to move into internal rotation of the hip, negating the effectiveness of the applied valgus. We describe a simple technique of placing a sandbag under the contralateral buttock to counter this effect. The 15° pelvic tilt thus created places the hip effectively in internal rotation. When a valgus load is applied to the knee, the hip cannot rotate much further, thereby achieving distraction of the medial joint space.

A simple method to optimise graft tailoring in ascending aorta replacement

G Dimitrakakis, PA O'Keefe
Cardiff and Vale University Health Board, UK

CORRESPONDENCE TO
Georgios Dimitrakakis, E: gdimitrakakis@yahoo.com

BACKGROUND

We describe a simple method to optimise graft tailoring in ascending aorta replacement that can facilitate optimal tailoring and orientation of the implanted graft.

TECHNIQUE

The aneurysmal ascending aorta is carefully excised (Fig 1). A graft is selected of the appropriate length and a diameter matched to the aortic valve annulus or the sinotubular junction at the root outflow. The graft is held in a gentle curve, mimicking the curve of the excised segment of aorta (Fig 2). The graft is cut to the same length as the

Figure 1 Excision of aneurysmal ascending aorta

Figure 2 The graft is held in a gentle curve

Figure 3 The graft is cut to the same length as the excised aorta and with the same angles

Figure 4 The graft is inserted inside the excised segment of aorta

excised aorta, and with the same angles at the proximal and distal extremities (Fig 3).

The tailored graft is inserted inside the excised segment of aorta and placed adjacent to the inner curvature to check the proper orientation, length and angles of the graft. The graft can be tailored slightly shorter (1–2mm) than the excised segment because of the effect of elongation once distended by pressurised blood (Fig 4). Once the graft has been trimmed to allow an oblique/curved connection between the two ends of the aorta and has had its length adjusted, the anastomosis is performed in the usual manner, according to the preference of the surgeon (Fig 5).

Figure 5 Intraoperative view of the ascending aorta replacement

DISCUSSION

Few authors have described similar techniques for distal bevelling of the graft and avoidance of potential complications (graft kinking, tension, bleeding).^{1–3} We are unaware of any simple method designed for intraoperative assessment of the graft prior to implantation that can indicate any potential geometric inadequacies of the tailored prosthesis.

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