surface without adhering to the tissue. When the optimum position is reached, the glove is extracted (Fig 4). The remainder of the procedure is performed as standard.

DISCUSSION

This technique allows fast placement of the mesh and avoids the use of a stapling device. Cost analysis performed at our institution revealed this to be a cheaper method than using a standard mesh and fixation device.

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Radial artery grafts for lower limb revascularisation

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BACKGROUND

Reoperative distal bypass surgery poses unique challenges when autogenous veins are unavailable or inadequate.¹ The radial artery has proved to be an excellent conduit for coronary artery bypass² but it is rarely used in lower extremity revascularisation. We describe a technique of harvesting the radial artery for lower limb salvage.

TECHNIQUE

Allen's test and duplex ultrasonography are performed to provide information on the circulation of the hand and conduit quality. The radial artery is harvested from the wrist to the elbow via a curvilinear incision using the ulnar border of the brachioradialis muscle as a landmark or intraoperative mapping by ultrasonography. The radial artery should be handled carefully because it is prone to vasospasm, which may be minimised by using papaverine.³ There are a significant number of small side branches of the radial artery and these require careful

Figure 1 Use of the radial artery as a jump graft between the distal venous conduit and supramalleolar posterior tibial artery for an occluded femorodistal bypass

ligation using 4/0 Vicryl® sutures (Ethicon, Somerville, NJ, US). The proximal and distal ends of the radial artery are ligated with 5/0 Prolene® (Ethicon). The radial artery can then be prepared and anastomosed in a standard fashion as for any venous distal graft.

DISCUSSION

The harvesting of radial artery grafts is a useful and effective alternative technique to prosthetic or cryopreserved venous grafts for lower limb salvage.

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