MI = magnetic introducer; ETO = Eustachian tube orifice

Figure 2 Magnetic introducer for AMT Bridle™ tape in postnasal space

BT = bridle tape; PNSSC = postnasal space suction catheter

Figure 3 Endoscopic confirmation of PNSSC and AMT Bridle™ tape slung behind the vomer bone

DISCUSSION

Bleeding during elective or emergency endonasal surgery may impede the surgeon in a number of ways, including the need to swap instruments for suction or vasoconstrictor soaked neurosurgical patties. Our technique can be performed quickly. It allows the surgeon to maintain the field of vision without frequently swapping instruments for suction. A throat pack is essential in eliminating aspiration. This may be of particular use in endoscopic sphenopalatine artery ligation. One pitfall is that should additional suctioning be necessary, the catheter needs to be detached and reattached if a second suction device is unavailable. Our technique uses commonly stocked equipment and is resistant to unwanted displacement. The unit cost for the AMT Bridle™ system is currently £80.

Figure 4 AMT Bridle™ tape and postnasal space suction catheter secured at the anterior nares

Reference

1. The AMT Bridle™ Nasal Tube System. Applied Medical Technology. <http://www.amtinnovation.com/bridle.html> (cited June 2014).

Reattaching the surgical thread to a needle: a problem solved

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BACKGROUND

Occasionally, suture threads pull out from the needle swage or break by accidental cutting/direct manipulation of the needle. In some scenarios (eg tendon repair, skin closure with a continuous non-degradable subcuticular suture), thread breaks may necessitate restarting a lengthy procedure. Although rare, these situations are familiar to most surgeons.

Using the simple technique presented here, the broken thread can be attached to a temporary hypodermic needle, thereby allowing the surgeon to continue suturing.

TECHNIQUE

A hypodermic needle of appropriate gauge (Table 1) is broken at the base by gentle and repetitive bending. Acute bending should be avoided because it is likely to obstruct the lumen. The proximal end of the thread is passed into the broken end of the hypodermic needle.

Table 1 Gauges of hypodermic needles that accommodate different suture sizes

Needle		
Thread size	Gauge	Colour
1, 0, 2/0	21	Green
3/0, 4/0	23	Blue
5/0, 6/0	25	Orange

A heavy needle holder is used to crush that end of the needle and to secure the thread (Figs 1 and 2). This needle is then used to complete the final few stitches or to pass the thread extradermally and to start a new stitch.

DISCUSSION

The simple technique described here allows securing a hypodermic needle to the broken thread to be used as a temporary suturing needle.

Endotracheal tube for the emergency abdominal surgeon

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Figure 1 The end of the hypodermic needle containing the suture thread is crushed using a heavy needle holder.

A size 9 cuffed endotracheal tube can be used to decompress the obstructed colon in cases where resection is deemed unsuitable and emergency diversion is required. It can be purse-stringed into the colon and brought out through the abdominal wall (Fig 1). The authors recently used this technique in an elderly lady with disseminated ovarian carcinomatosis, presenting with closed loop large bowel obstruction. Her abdomen was extremely hostile secondary to omental caking and the caecum was inaccessible. This technique is helpful in challenging cases and the authors advocate it as a 'get out of jail' option for the emergency surgeon.

Figure 2 The hypodermic needle is secured to the suture thread.

Figure 1 Endotracheal tube in place