Figure 1 Expanded lateral view of the femoral neck allowing assessment of guidewire entry point and alignment prior to insertion into bone.

femoral head on the lateral view. Anteroposterior placement of the wire is checked before final screw and plate fixation is performed.

DISCUSSION

The expanded lateral view allows assessment of both guidewire entry point and alignment prior to bone penetration. Alteration of these parameters is also easily achieved prior to insertion of the wire. This reduces the potential for creating incorrect tracks in the femoral neck, which can compromise guidewire placement.

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The use of tonsil swabs in laparoscopic surgery

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BACKGROUND

It would be easy to assume that the evolution of more sophisticated technologies consigns simpler, established surgical techniques to the past. Laparoscopic surgery is a pertinent example where it is easy to overlook basic adjuncts that are nonetheless potentially invaluable. We reiterate the utility of the simple tonsil swab as a versatile accessory in laparoscopic surgery.

Figure 1 Application of pressure against bleeding from mesoappendix (A) and use of suction against the tonsil swab to avoid soft tissue plugging the suction tip (B)

TECHNIQUE

Tonsil swabs are employed frequently in laparoscopic surgery; they can easily be passed through a 12mm port. Specifically, they are especially useful for:

- > **Haemostasis**
Tonsil swabs can be used to apply direct pressure to bleeding tissues, facilitating haemostasis, as well as to clear blood and fluid from the surgical field, particularly when the tissues obstruct the lumen of the laparoscopic suction instrument. They also allow efficient laparoscopic dissection without the continual need to replace the dissecting instrument with the sucker (Fig 1).
- > **Blunt dissection**
The blunt dissection that is often used at open surgery is more difficult to employ during laparoscopic procedures, particularly with instruments alone. However, the tissues can be dissected bluntly by using a tonsil swab grasped with one instrument (Fig 2).
- > **Elevation of vascular pedicles and organ retraction**
Tonsil swabs can also be used to isolate, protect and retract fragile structures such as vascular pedicles (Fig 3).

DISCUSSION

A simple adjunct in laparoscopic procedures, the intraperitoneal use of a tonsil swab is nonetheless valuable in achieving good haemostasis

Figure 2 Blunt dissection using a tonsil swab in laparoscopic colorectal surgery

Figure 3 Using of a tonsil swab to lift the ileocolic vascular pedicle in laparoscopic right hemicolectomy

and a clear view of the dissection area. It is also an atraumatic means of manipulation and retraction of soft tissues. We feel it is important for this simple and often employed method to be reported, particularly as an inexpensive alternative to other laparoscopic technologies.

Avoiding digital nerve injury in paediatric trigger thumb release

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Trigger thumb is ten times more common than trigger finger in infants. It presents at two years of age and is secondary to a mismatch in the flexor pollicis longus tendon to pulley size. During surgical release of the A1 pulley, the radial digital nerve is susceptible to iatrogenic injury.¹ It is sometimes difficult to fully visualise the pulley for sharp dissection. We recommend a small incision in the pulley and then insertion of a fine tip artery clip. The clip is opened and the pulley will rupture with a pop. This is repeated until the tendon glides freely.

Reference

1. Carrozzella J, Stern PJ, Von Kuster LC. Transection of radial digital nerve of the thumb during trigger release. *J Hand Surg Am* 1989; **14**: 198–200.

Figure 1 Diagram demonstrating the thumb A1 pulley with the artery clip inserted through a small incision in the visible portion of the pulley