DISCUSSION

The distance between two openings in the muscular fascia reduces the risk of trocar-site hernias because of the angled path through the abdominal wall. We also use this technique in patients who have undergone surgery previously (a shielded trocar should be used in such cases). This technique is advised for positioning of trocars in pararectal regions and the lateral abdominal wall. A sufficient muscular plane dividing anterior and posterior sheaths is needed.

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A method for rapid laparoscopic irrigation

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BACKGROUND

One of the disadvantages of high-volume peritoneal toilet, if undertaken via a laparoscopic approach, is that the irrigation-and-suction device is a combined instrument that limits the ability to achieve high-volume washout in a timely manner.

Figure 1 The suction tubing is connected to the insufflation inflow of the laparoscopic port and is controlled by the valve mechanism. If the port tip is kept beneath the waterline, then rapid, high-volume irrigation can be carried out with simultaneous suction.

TECHNIQUE AND DISCUSSION

A laparoscopic port is used as a separate suction channel by connecting the suction tubing to the insufflation valve (Fig 1). This strategy allows simultaneous high-volume irrigation with continuous suction if the port tip is kept below the 'waterline', thereby providing more thorough and rapid washout.

Combination of a drainage tube and fenestrated topical negative-pressure device for the management of Morel–Lavallée lesions

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BACKGROUND

Morel–Lavallée lesions (MLLs) are post-traumatic, closed degloving injuries that occur as a result of the separation of subcutaneous tissue from the underlying fascia.¹ Management of MLLs is complex.² We report a technique that combines drainage tubes and topical negative pressure (TNP) therapy for early management of MLLs.

TECHNIQUE

After undertaking seroma evacuation and debridement, TNP foam is prepared along with drainage tubes and trocars (Fig 1).

TNP foam is fenestrated into a finger-like shape but with preservation of a broad base that connects the multiple limbs (Fig 2). Trocars connected to a drainage tube are inserted along the length of each limb from the tip towards the base (Fig 3). The free end of the drainage tube is left ≈15cm out of the foam. The other end of the

Figure 1 Instruments required for configuration of a topical negative pressure (TNP) device. Pictured on the right are the TNP foam, tube and adhesive drape (VAC® Therapy System; KCI USA, San Antonio, TX, USA). Pictured on the left are drainage tubes and trocars (Van Straten Medinorm, Spiesen, Germany).