Technical Section [TECHNICAL NOTES AND TIPS

Specimen 'sandwich' – orientating the operative specimen in breast surgery

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BACKGROUND

Intraoperative specimen radiography improves the assessment of margins and the complete excision of impalpable breast lesions.¹ Marking the specimen with radiopaque markers allows orientation to be interpreted radiographically, identifying further margins for resection. However, orientation may be lost in transit to radiology, resulting in inaccurate image interpretation. We describe a simple and economical technique for improving the accuracy of the orientation, using a sterile theatre sharps pad costing approximately £0.50 per unit, far cheaper than any bespoke specimen holder

TECHNIQUE

Sharps-pad foam is cut from the plastic and inverted (Fig 1).

The orientated and marked specimen is placed on the inverted pad (Fig 2).

The adhesive cover is removed so the lid can be stuck down, fixing the sample in the desired orientation and applying some compression (Fig 3).

The sample is then ready to be transported to radiology or to the in-theatre radiography system.

By leaving the leading edge of the box free, gently squeezing the two sides (Fig 4) allows the sample to be rotated through 90 degrees (Fig 5).

Figure 1 Preparing the box

Figure 2 Placing the sample

Figure 3 Providing compression

DISCUSSION

Advantages:

- > The operating surgeon can personally orientate the sample on-table.
- > The device holds the position of the specimen (especially if the specimen is irregularly shaped) and offers safe transit.
- > Mild compression by the opposing foam enhances the image, assisting visualisation of the margins.

Figure 4 Rotating the sample

Figure 5 Orientated images

- > The technique uses cheap and readily available materials.
- > The technique, coined the 'Pakzad sandwich', has been successfully used in a leading breast unit. The authors recommend its use for its simplicity and economy.

Reference

1. Dixon JM, Ravi Sekar O, Walsh J *et al*. Specimen orientated radiography helps define excision margins of malignant lesions detected by breast screening. *Br J Surg* 1993; **80**(8): 1,001–1,002.

Laparoscopic use of a 90-degree cross-stapling device for low rectal division

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Current laparoscopic technologies do not permit a truly perpendicular rectal staple line. An incision is often made to divide the lower rectum with standard open surgical staplers. Our method places the cross-stapler under laparoscopic guidance.

Figure 1 90-degree cross-stapling device in place laparoscopically for low rectal division

Place the cross-stapler through the finger of a surgical glove and secure. Stretching the cuff around the wound protector (Fig 1) permits reinsufflation and stapler deployment across the low rectum under direct laparoscopic vision.

We find this technique to be helpful in performing ultra-low division of the rectum for a laparoscopic ileo-anal pouch in the presence of massive uterine fibroids without conversion to an open procedure.

A novel technique for the explantation of a cemented femoral hip prosthesis

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Explantation of cemented femoral components can be technically challenging if an extraction device or specific introducers are not available.

After exposing the shoulder of the prosthesis and removing any excess cement blocking removal, an inverted Exeter™ V40™ Rasp Handle (Stryker, Mahwah, NJ, USA) was placed with its impacting plate hooked on the inferior surface of the prosthesis neck (Fig 1) before disimpacting the prosthesis with a mallet.