Figure 3 Cellacast® Splint fitted around the neck over dressings, prior to securing with crepe bandage

References

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A method for performing intraoperative enteroscopy

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On-table intraoperative enteroscopy is occasionally required. We present a technique to reduce contamination of the surgical field. To do this we use a 15-mm bladeless laparoscopic port introduced into

the small bowel via an enterotomy. This port is covered with an easi-drape® (Leonhard Lang, Innsbruck, Austria) camera sleeve taped to the port. The colonoscope is passed through the sleeve and laparoscopic port into the bowel. This set-up allows one surgeon to remain sterile while still being able to adjust the position of the scope in the bowel and the other to be unscrubbed and to operate the colonoscope.

L-shaped nipple reconstruction

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We developed a modified nipple reconstruction over a 36-month period (2011–2014). The L flap produced an optimal nipple position in patients with a transverse mastectomy scar, where the possibilities

Figure 1 Skin markings for nipple reconstruction L flap (optimum) and C-V flap (with arrows, not ideal)

Figure 2 Raising an L flap