Technical Section

TECHNICAL NOTES AND TIPS

Technique for cuffed central line insertion in paediatric cases

D Hanratty, K Hutton

Cardiff and Vale University Health Board, UK

CORRESPONDENCE TO

Daniel Hanratty, E: danhanratty@doctors.org.uk

When performing open Broviac line insertion in children, difficulty can be encountered cannulating the relatively small vein. We describe a technique that keeps the venotomy open, allowing for easier insertion. Using a 6/0 Prolene® suture (Ethicon, Somerville, NJ, US) tagged with a micro mosquito forceps, a bite is taken at the midpoint of the venotomy, the suture passed around a Ragnell retractor and a second bite taken of the opposite vein wall. Loop tension is adjusted to achieve triangulation, keeping the venotomy open, allowing for easy cannulation. Suture tying results in elegant venotomy closure and a bloodless surgical field.

Figure 1 Cuffed central line insertion

Easier bone graft harvesting when performing a tibiototalcalcaneal fusion

M Boyd, I Sharpe

Royal Devon and Exeter NHS Foundation Trust, UK

CORRESPONDENCE TO

Matthew Boyd, E: matthew.boyd@nhs.net

When performing a tibiototalcalcaneal fusion using an intramedullary device, access to the ankle and subtalar joint is achieved by removing the distal fibula. This also provides cancellous bone graft for the fused joints. However, this piece of bone can be a slippery customer and it can be difficult to control while the cortical bone is removed. To make this easier before the distal fibula is detached from the syndesmotic ligaments, it should be divided with several partial osteotomies (Fig 1). This allows individual 'fillets' of bone graft to be removed and their cortical bone trimmed from them.

Figure 1 Distal fibula with several partial osteotomies before being excised