Technical Section [TECHNICAL NOTES AND TIPS

A method for securing the temporary lead(s) in sacral nerve stimulation

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BACKGROUND

Sacral neuromodulation is an established treatment for detrusor over-activity and faecal incontinence.^{1–3} Patients being considered for chronic sacral nerve stimulation undergo a trial period, usually involving the placement of temporary leads. At Salford Royal Foundation Trust, we commenced sacral nerve stimulation for bladder dysfunction in 1999 but found that we had difficulty in securing the temporary stimulation leads (Interstim 3057 Test Stimulation Lead, Medtronic Ltd, Minneapolis, MN, USA).

In 2012, we began to use the LOCKIT Plus® regional anaesthesia catheter securement device (Smiths Medical ASD Inc., Keene, NH, USA) and this has proved very successful in keeping the temporary leads in position.

TECHNIQUE

Our routine practice is to insert bilateral temporary leads percutaneously at S3, under local or general anaesthesia. Following percutaneous placement, the free end of the temporary lead is passed through the hole in the LOCKIT device (Fig 1). The paper over the adhesive backing is peeled away and the device is applied to the skin (Fig 2a, b). The lead is positioned within the plastic groove before closing the device (Fig 3).

Figure 1

Figure 2

Figure 3

We test the muscle responses and/or sensation before and after closing the device. Two securement devices are used 'side by side' if bilateral leads have been inserted. A transparent film dressing is placed over the LOCKIT device, ground pad and leads (Fig 4). At the conclusion of the trial, the securement device is readily removed with the stimulation lead.

DISCUSSION

This technique is inexpensive and successful in preventing lead migration during trials of sacral nerve stimulation. Use of the securement device has enabled more reliable trials of sacral nerve stimulation.

References

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Reinforcement of sutures to close surgical incisions in frail skin

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Adequate surgical incision closure protects against infection and helps produce satisfactory scars. This can be challenging with frail, 'paper-thin' older skin, unable to hold a subcuticular or skin suture without cutting out.

Using adhesive strips perpendicularly across a traumatic wound prior to suturing has been described previously.¹ Our alternative technique places 1/8" SteriStrips™ (3M Corporation, St Paul, MN, USA) longitudinally along elective incision margins, parallel to the line of incision, reinforcing the skin before suturing. A heavy nylon suture is then placed through this strip-augmented skin, permitting satisfactory

closure (Fig 1). SteriStrips and suture are removed at 14 days, the adhesive having loosened enough to avoid skin damage.

Reference

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Smartphone flashlight to aid in locating lost and dropped surgical sharps

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BACKGROUND

Loss of a suture needle is a known risk with any surgical procedure that can be noted during or at the end of surgery when the final instrument counts are completed. Accounting for instruments forms a part of the World Health Organization surgical checklist.¹ Normal protocol in most UK hospitals requires the use of fluoroscopic screening of patients to confirm that no instruments have been retained within the patient, introducing surgical delay and radiation exposure. Decision algorithms have been developed to aid in decision making when a needle is lost² but apart from the use of magnets or sticking tape there have been no advances in searching for lost needles. We describe a simple, free technique to search for a needle that may have been dropped on the floor that can be used while waiting for x-ray.

TECHNIQUE

Our technique uses the widespread availability of smartphones and the flash that accompanies them. When a needle has possibly fallen on the floor, the operating theatre lights are dimmed and multiple smartphones are used in a constant sweeping motion around the theatre floor. The constant movement allows for those searching to look for a glint of reflected light, which is easy to locate. Once the needle has been located it can be retrieved using adhesive tape.

DISCUSSION

Normal hospital protocols should always be used when a lost needle or sharp is suspected. However, this simple technique can help to locate a lost needle during the period of waiting for x-ray.

References

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Figure 1 SteriStrip™ sutured wound.