DISCUSSION

The technique described here is simple, inexpensive and has been successful in all 20 patients treated so far by this method. We strongly recommended it.

Reference

1. Kamath BJ, Bhardwaj PJ. A simple, semirigid, and surgeon-friendly tendon retriever and flexor sheath dilator. *Hand Surg Am* 2007; **32**: 269–273.

Two uses of the Smillie knife in foot and ankle surgery

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The Smillie Knife (Fig 1), initially designed for knee meniscus surgery, has fallen out of use. We have found it useful in foot and ankle surgery. It has a unique design, with blunt peaked tips and a sharp curved central blade. This shape allows the device to split tendon

Figure 1 The Smillie knife has a unique design with blunt peaked tips and a sharp curved central blade.

fibres rather than cut the tendon. We use it in our practice for peroneal tendon graft harvest (Fig 2a–c) and tendon tenolysis (Fig 3a,b).

Figure 2a Peroneal tendon graft harvest: the peroneus brevis tendon is isolated, tensioned with forceps (left side of picture) and the Smillie knife is positioned in the middle of the tendon at the chosen harvest site.

Figure 2b Peroneal tendon graft harvest: the Smillie knife is slid down the tendon, splitting fibres underneath the peroneal retinaculum.

Figure 2c Peroneal tendon graft harvest: final peroneus brevis tendon graft.

Figure 3b Tendon tenolysis: tensioning of the tibialis posterior with forceps while the Smillie knife is slid down to release adhesions.

Figure 3a Tendon tenolysis of tibialis posterior and flexor digitorum longus due to tibialis posterior rupture, with retraction and adhesions of the proximal stump.

Using nylon tape to aid the formation of loop stomas

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BACKGROUND

When delivering bowel through the abdominal wall for loop stoma formation, the bowel can be traumatised by the use of instruments and digital traction. This technique allows for atraumatic bowel delivery.

TECHNIQUE

This technique can be used to create any loop stoma, both open and laparoscopic. The example used is a laparoscopic loop ileostomy.

The desired loop for stoma formation is identified and the orientation confirmed. A mesenteric window, close to the edge of the bowel and avoiding vessels is created using blunt dissection with a Maryland (Fig 1). A 30-cm length of nylon tape is introduced; one end is grasped with the Maryland (Fig 2) and withdrawn through the mesentery, resulting in one end of tape either side. The two ends are grasped with a ratcheted instrument to create a sling at the point to be delivered (Fig 3).