Technical Section [TECHNICAL NOTES AND TIPS

Insertion of a Lester Jones canalicular bypass tube: a simple, quick and convenient approach

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BACKGROUND

Conjunctivodacryocystorhinostomy (cDCR) using a glass bypass tube (Lester Jones tube, Gunther Weiss Scientific Glass Blowing Company, Portland, OR) can be used in the surgical management of proximal nasolacrimal obstruction. These tubes bypass the canaliculi, nasolacrimal sac and duct, forming a direct conduit for drainage of the conjunctival tear lake into the nose. The insertion and positioning of the bypass tubes can be challenging, as they are small, smooth surfaced and can fracture during insertion.

TECHNIQUE

We describe the technique for endoscopic-directed Lester Jones tube insertion using a punctal dilator (Nettleship dilator, Accrington

Figure 1

Figure 2

Figure 3

Surgical Instrument Suppliers, Accrington, Lancashire), lacrimal probe (Set Leibreichs probe, Altomed Limited, Tyne and Wear) and a Jobson Horne (Medisave UK, Dorset,) all instruments readily available to an ENT surgeon.

The caruncle is excised to allow space to accommodate bypass tube collars when in position. The Nettleship dilator is used to create a passageway into the nose (Figs 1 and 2). The lacrimal probe is inserted through the ring of the Jobson Horne (Fig 3) and the bypass tube is threaded over the remaining lacrimal probe. The bypass tube is inserted through the tract using the Jobson Horne to apply controlled pressure (Figs 4 and 5) until the tube is flush with the conjunctiva (Fig 6).

Figure 4

Figure 5

Figure 6

DISCUSSION

The technique has proven to be a simple, reliable method for insertion of a bypass tube for both ear, nose and throat and ophthalmic surgeons practising endoscopic nasolacrimal procedures.

The 'gladiator' paediatric dressing protector

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BACKGROUND

Dressing the paediatric hand can be challenging for many reasons.^{1–3} Preventing a toddler from removing dressings following hand surgery is difficult for parents and health professionals. One of the most common dressings used to protect the hand is the 'boxing glove' dressing, which has many modifications in an attempt to outwit the child and is safe even after tendon repair.⁴ Children find dressings fascinating and, despite best attempts, many manage to take them apart, even with careful supervision. We present a simple technique developed by the child's mother to protect the boxing glove dressing after previous 'Houdini-like' escapes from its confines.

TECHNIQUE

A pair of tights or leggings in the correct size for the child's age is acquired. An incision is made in the seat of the garment, through which the child's head is passed. The waist of the garment now sits around the child's chest. The contralateral leg of the garment is cut to allow the non-operated arm to be free. The ipsilateral leg is kept intact and the dressed upper limb sits within it like a sock, thus preventing tampering and maintaining the security of the dressing

Figure 1 The gladiator dressing protector