Technical Section [TECHNICAL NOTES AND TIPS

Drilling holes for locking screws in challenging anatomy

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doi 10.1308/rcsann.2018.0105

Figure 1 Two single towers and a 'super tower'

Locking screws have a threaded head, which 'locks' into a threaded hole in the plate. A locking tower is threaded into the plate to allow a hole to be drilled beforehand. In obese patients and percutaneous techniques, a standard locking tower is often too short, necessitating a larger incision. In the sets of current manufacturers, there are multiple locking towers supplied. These have a conical thread in the proximal end and are designed to be threaded into each other to create a 'super tower' (Fig 1). This is easier to handle, provides improved leverage against tissue and allows access in deep tissue (Fig 2).

Novel technique for laparoscopic common bile duct exploration using disposable bronchoscope

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doi 10.1308/rcsann.2018.0125

Figure 2 Super tower at end of plate in deep tissue

BACKGROUND

Laparoscopic common bile duct (CBD) exploration typically involves a reusable sterilised choledochoscope introduced via either a choledochotomy or a trans-cystic approach. The Ambu® aScope™ 2 (Ambu UK Ltd, Cambridgeshire) single-use flexible scope is normally used for difficult tracheal intubation. It has been used for open and laparoscopic CBD exploration.^{1,2} Over a period of two years, we have adopted this instrument for emergency and elective CBD exploration.

TECHNIQUE

Standard port sites are used. The Ambu aScope 2 is introduced via the epigastric port. Choledochotomy is performed either using a choledochotome or a transcystic approach following cystic duct dilatation. The Ambu aScope 2 is a one-piece unit with a one-dimensional flexible tip manipulated from a hand piece. There are two sizes – 5 mm with a 1500 flex and 3.8 mm with a 1300 flex. The single 2.2-mm channel allows passage of standard endoscopic baskets for CBD stone retrieval. The image is projected to a high-resolution 6.5-inch liquid crystal display screen with a resolution of 640 x 480 pixels (Figs 1, 2 and 3). The handpiece of the scope contains a suction port, which is used to irrigate and distend the CBD; this necessitates a standard three-way connector.

Figure 1 Laparoscopic view of Ambu® aScope™ 2 exploring the common bile duct.

Figure 2 Distal common bile duct stones as pictured by Ambu® aScope™ 2.

Figure 3 Confluence of the common bile duct as pictured by Ambu® aScope™ 2.

DISCUSSION

Using Ambu aScope 2 scope is a feasible, cost effective and safe alternative to reusable choledochoscopes. We recommend its use for laparoscopic and open CBD exploration.

References

1. Kamande IW, Bradley S, Minford E. Novel use of Ambu® aScope™ 2 for choledochoscopy. *Int J Surg* 2014; **12**(Suppl 3): S21.
2. Aawsaj Y, Light D, Brown J, Horgan L. Use of the Ambu® aScope™ 2 in laparoscopic common bile duct exploration. *Surg Endosc* 2016; **30**(11): 5,153–5,155.

An alternative method of localised topical antibiotic delivery in deep musculoskeletal infection

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doi 10.1308/rcsann.2018.0195