Figure 2 The index and middle-finger of the glove are used as an oesophageal sling for retraction.

Laparoscopic Nissen fundoplication involves retraction of the gastro-oesophageal junction using a Penrose drain to create a retro-oesophageal window.¹ We describe a latex-free alternative to the Penrose drain for patients with latex allergy.

A size 8 or larger latex-free glove is fashioned into a sling, by cutting away all but the index and middle-finger portions (Fig 1). The bridge between these fingers, which normally covers the surgeon's interdigital space, forms the sling apex. This is passed around the distal oesophagus exactly as a Penrose drain and offers a safe, quick, and cost-effective latex-free alternative (Fig 2).

Reference

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A technique to localise occult breast lesions detected mammographically: the hybrid of wire localisation and sonography guided patent blue marking

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BACKGROUND

Mammography screening has resulted in an increase in patients with non-palpable lesions that need a histopathological study.¹ Wire localisation excisional biopsy is commonly used to take tissue for examination. Several disadvantages of this procedure exist. It is difficult to localise the wire tip precisely before the biopsy. The wire can be displaced during patient transport. The incision is made on the puncture site, making the procedure invasive and traumatic.² It can create unacceptable scarring on the breast. Lastly, the wound interferes with possible subsequent oncoplastic surgery. Our technique efficiently deals with these challenges.

TECHNIQUE

Patients undergo wire localisation under mammography and are sent for surgery. Patients are injected with 0.5 ml of patent blue dye (2.5%) around the wire tip under sonography guidance before the procedure (Fig 1). The breast tissue with blue marking is excised via a periareolar incision (Fig 2). If the lesions are far from the nipple–areola complex, a Hopkin's telescope is used (Fig 3). Specimen mammography is taken to confirm the presence of microcalcification (Fig 4).

Figure 1 0.5 ml patent blue dye is injected around the tip of the wire hook (red arrow) under sonography guidance.

Figure 2 Periareolar incision is made to access the blue-stained breast tissue.

Figure 3 A Hopkin's telescope is used to excise a lesion far away from nipple areola complex.

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Image guided surgery for removal of deep foreign bodies and soft tissue tumours using portable ultrasonography

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BACKGROUND

Surgical exploration of historic wounds for removal of foreign bodies can be challenging, both in correctly identifying their location and in the careful surgical dissection required when neurovascular structures are nearby. Ultrasonography represents an inexpensive, non-invasive method of dynamically imaging soft tissues¹ and is available in the majority operating departments, where it is commonly used for securing vascular access or delivering regional anaesthesia. We report our experience of intraoperative portable ultrasonography for the removal of deep foreign bodies.

TECHNIQUE

After appropriate patient positioning, an ultrasonography probe can be used to determine penetration depth and to mark the precise location of the foreign body in order to guide the skin incision and plan subsequent surgical dissection with due consideration to neurovascular structures (Fig 1).

Figure 4 Specimen mammography is taken to confirm the presence of micro-calcification.

DISCUSSION

This technique can make the lesions visible by patent blue dye and make the surgery more efficient and accurate. Our experience demonstrates the advantages of the hybrid technique are; A periareolar incision results in a better cosmetic result and does not interfere with subsequent procedures for cancer patients. It is less traumatic with less postoperative pain. In our study, post-procedural specimen mammography showed that the microcalcification is adequately probed and no re-excision is necessary.

References

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Figure 1 Ultrasonography showing tip of pellet (arrow) and its long acoustic shadow (*). The tibial (#) and fibular (+) nerve components are in close proximity.