Technical Section [TECHNICAL NOTES AND TIPS

A technique to aid minimal access harvesting in the second stage of autologous ear reconstruction

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BACKGROUND

Two-stage autologous ear reconstruction requires banking of costal cartilage. During the first operation, a cartilage segment that will subsequently elevate the ear framework is banked subcutaneously along the chest wall incision. We present a modified technique for the first stage using vertically anchored banked cartilage that allows minimal access harvesting during the second stage of the procedure.

TECHNIQUE

The cartilage is inserted in a subcutaneous tunnel perpendicular to the inferolateral margin of the chest wall incision. Minimal lateral dissection allows it to fit snugly. A monofilament anchor suture secures the cartilage to the deep dermal layer (Fig 1). During the second stage, a small incision (equal to the width of the cartilage piece) in the lateral edge of the existing scar allows access (Fig 2). The cartilage can then be retrieved.

Figure 1 Anchoring the vertically orientated costal cartilage to the skin incision

Figure 2 Technique for minimal incision costal cartilage harvesting

DISCUSSION

Banking the cartilage piece into a perpendicular, snugly fitting, vertical subcutaneous tunnel and further anchoring it to the deep dermal layer ensures a stable cartilage position. It also makes it safer and easier to retrieve the cartilage subsequently.

A novel method of 'hands-free' laparoscopic retraction

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During difficult laparoscopic cases, the follow technique can be used to obtain and optimise the operative view (demonstrated here during a cholecystectomy)

Video 1 A novel method of 'hands-free' laparoscopic retraction.

BACKGROUND

Recent years have seen a trend towards laparoscopy for many different procedures.^{1,2} Although the laparoscopic route confers several advantages, it can make surgery more technically challenging. Obtaining a good view with clear access to the operative field is vital. Multiple laparoscopic retraction techniques have been described, with many requiring constant manual input.^{3,4} We describe an inexpensive, adjustable method of laparoscopic retraction which, after setup, can be left 'hands free'.

TECHNIQUE

A small incision is made in the skin a short distance away from the operative site. A 5-mm port is introduced obliquely angled away from the site of interest. The port can then be turned towards the tissue to be retracted (this manoeuvre is against resistance) and a blunt pledget dissector placed. The port will try to revert to its original angle due to the elasticity of the abdominal wall. This places the blunt pledget dissector under tension, which provides constant retraction. The position of the blunt pledget dissector can be easily adjusted to maintain and optimise the operative view (Video 1).

DISCUSSION

This technique is simple to perform, requires only routine equipment and can greatly enhance the surgeon's view and access in more complex cases (for example, patients who are obese). It can be used across a wide range of laparoscopic procedures and frees up the operator. Use of a blunt instrument helps prevent injury of the retracted tissue. Although it requires placement of an additional port site, this is more than justified by increased intraoperative safety.

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Technical tip when performing a dynamic hip screw in a below-knee amputee: novel use of foot holder

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To perform a successful dynamic hip screw in a patient with an extracapsular neck of femur fracture, an adequate reduction of the fracture is essential. In a below-knee amputee, this can be difficult. We report a novel method of achieving success. Instead of the foot

Figure 1 Rotated foot holder.