Technical Section [TECHNICAL NOTES AND TIPS

Use of an Endoloop® Ligature to facilitate traction in completion proctectomy with a long rectal stump

JE Cutting, ED Courtney, J Bunni

Royal United Hospitals Bath NHS Foundation Trust, Bath, UK

CORRESPONDENCE TO

Jonathan Cutting, E: jonathancutting@doctors.org.uk
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Maintenance of traction can be challenging in laparoscopic completion proctectomy with a long rectal stump. An Endoloop® (Johnson & Johnson, USA) can be an effective adjunct.

The Endoloop® is deployed to the top of the rectal stump (Fig 1) through a laparoscopic port and traction applied to manipulate the rectal stump. Removal of the plastic introducer allows instrument use via the port (Fig 2). Transfer of the Endoloop® between laparoscopic ports can alter the direction of traction.

This technique was recently used for a patient with a long rectal stump following subtotal colectomy for ulcerative colitis, facilitating efficient, safe surgery.

Figure 1 Endoloop® Ligature applied to the rectal stump to facilitate traction

Figure 2 Endoloop® plastic introducer removed, allowing additional instrument use via port

Use of diathermy needle tips in orthognathic surgical bone marking

JE Tebbutt¹, G Markose², RM Graham¹

¹North Manchester General Hospital, Manchester, UK

²East Lancashire Hospitals NHS Trust, Blackburn, UK

CORRESPONDENCE TO

Jessie Tebbutt, E: jessie.tebbutt@nhs.net
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BACKGROUND

Skin marking prior to surgery guides operative procedures and provides a useful adjunct to training.¹ However, little has been noted on the subject of bone marking to guide location and direction of cuts. During orthognathic procedures, it is common to mark intended sites of cuts prior to use of drills/saws. Current techniques include marking pens, gentian violet inks, methylene blue and small guiding drill holes.

TECHNIQUE

A monopolar diathermy with fine Colorado needle tip (insulation placed along the remainder of needle, Fig 1), is used at a low coagulation setting, eg 5 or 10, to mark by minimal indentations on the surface of the bone along the path of intended osteotomy cuts (Fig 2). Marks are made by tip contact of less than 1 second, avoiding