Figure 2 Metal capped ball ended handle (a) and novel use of the blue, soft silicone component (b)

TECHNIQUE

We present a technical tip to negate this pressure. Pressure is eased by deploying the silicone cement pressuriser used within the same operation to initially pressurise the cement just before prosthesis implantation. Figure 1 demonstrates the blue component's original intended use. This soft, blue component is placed over the handle as demonstrated in Figures 2a and 2b.

DISCUSSION

This technique provides a soft, protective barrier over the introducer handle, which in turn lends protection between the surgeon's hand and the metal handle. As this component is already used within this operation, this technical tip is ultimately cost-effective.

The use of a needle cap for external auditory meatus stenting

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BACKGROUND

Stenosis of the external auditory meatus (EAM) occurs from a variety of causes. The numerous surgical techniques illustrate that repair may be difficult. In addition, the proposed solutions are often

Figure 1 Transforming a cap into a stent

cumbersome and difficult to fabricate, and therefore expensive.^{1,2} EAM stents can be created inexpensively from materials commonly available in wards.²

TECHNIQUE

The needle cap is removed from a 31G insulin syringe and cut at the junction where the cap narrows (Fig 1). The cap stent has a 5mm internal diameter, 6mm external diameter and is 8mm long. After infiltration of local anaesthesia with adrenaline, an incision is made into the tissues over the EAM. The cap is gently inserted into the external auditory canal through the EAM. The external compression keeps the cap stent in place (Fig 2). The canal is irrigated with sterile saline through the stent to remove clots that may arise over the first 48 hours.

Figure 2 In situ cap stent in EAM

DISCUSSION

The use of a needle cap, suitably cut and inserted, proves effective in short term EAM stenosis management, with the least discomfort and minimal cost (less than R2 [£0.10]).^{3,4} The large bore provides ventilation of the canal, with subjective improvement in hearing when compared to occlusive stents. This technique has been successfully used for temporary management of stenosis of the EAM at hospital and outpatient clinics. It is easy to replace as needed and can be used as a staged procedure for serial enlargements of the EAM to the desired diameter before formal stenting or repair.

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Pledget reinforcement and bidirectional compression as adjunctive techniques for suture-based closure of arterial cannulation sites in percutaneous endovascular aneurysm repair

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BACKGROUND

Percutaneous endovascular aneurysm repair (pEVAR) is performed using suture-based closure devices. Two novel techniques are described here to obtain better haemostasis.

TECHNIQUE

Following percutaneous arterial access for EVAR, suture-based closure devices (two ProGlides® Abbot Vascular, Santa Clara, CA) are

Figure 1 a) The threads of the suture-based closure device are passed through the Teflon pledget with the help of an 18g needle. b) The pledget is pushed on to the puncture site and the knot is made to fix the pledget on to the puncture site.