

## TECHNICAL TIP

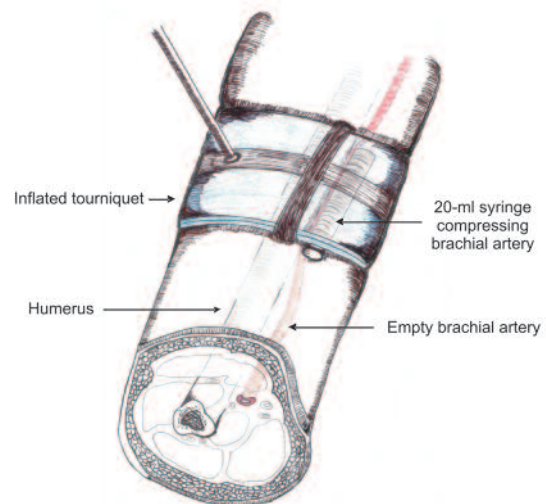
**The barrel and cuff technique for a bloodless field**

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Revision surgery in patients with well-developed arteriovenous fistula is difficult, particularly when dissecting around sections which are adherent to the skin as a result of repeated needling during haemodialysis. Using a tourniquet to compress the calcified brachial artery in obese arms is usually unsuccessful. Our technique involves placing an appropriate length of the barrel of a 20-ml syringe over the brachial artery and under the tourniquet. After exsanguination of the arm, inflation of the tourniquet results in total arterial occlusion, as the barrel occludes the brachial artery against the humerus. There has been no incidence of neuropraxia with this technique but some patients with complications may be unsuitable.



**Figure 1** Diagram illustrating a cross-section through the arm of the barrel and cuff technique.

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