

Figure 5 The multidirectional fundal retraction. Note the inferior traction aiding the safe completion of gallbladder dissection

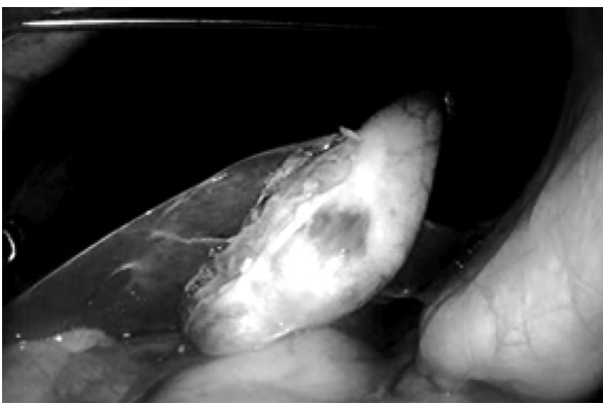


Figure 6 Gallbladder manipulation at will. Note the medial traction for posterior peritoneal incision

adhesions before siting the ports. However, careless movement can traumatise the surrounding viscera. We have used it in 316 cases without any bile duct injury. It has the potential to reduce the rate of bile duct injuries without adding any extra ports.

References

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Reduction of paraphimosis in children: the EMLA® glove technique

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BACKGROUND

Paraphimosis is a urological emergency and urgent reduction is required. It can be quite challenging in children as general anaesthesia is usually required to reduce the foreskin. Apart from the logistical challenges of arranging a theatre slot, the risk of general anaesthesia is also real.

TECHNIQUE

Take an appropriately sized surgical glove and cut the thumb off at the base. Empty a single tube of EMLA® (2.5% lidocaine and 2.5% prilocaine; AstraZeneca, London, UK) into the sleeve. Advance it over the penis or if the child is anxious, ask the parent to do so. Leave this for approximately 30 minutes. The sleeve provides sufficiently prolonged application of EMLA® for local anaesthesia and also allows it to soften the foreskin. The foreskin can then be reduced easily with gentle traction.

DISCUSSION

Various simple techniques such as CoFlex® (flexible self-adhering bandage; Andover, Salisbury, MA, US),¹ an iced glove² and granulated sugar³ are used to reduce a paraphimosis. However, we feel our technique is easy, simple and cost effective. We reduced a paraphimosis in a child recently with this technique. It can be employed as a first-line approach before considering general anaesthesia.

References

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