Anal retraction sutures as an alternative to Lone Star® retractor

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BACKGROUND

Various anal retractors are available to facilitate retraction of the anus. Commonly used retractors include Parks', Eisenhammer and Lone Star®. The Lone Star® retractor provides stable retraction without needing an assistant to hold it. We describe an alternative method when a Lone Star® is unavailable.

TECHNIQUE

The patient is positioned appropriately for the operation (ie Lloyd-Davies or jack-knife). Thick suture material such as size 0 polypropylene or silk is used to suture the perianal skin to the anal skin/mucosa (Fig 1). The amount of perianal skin and anal mucosa that is included should be based on the size of the anal canal, the thickness of the skin/mucosa and the purpose of anal retraction. We use six sutures, corresponding to the even numbers of the clock (2, 4, 6, 8, 10 and 12 o'clock positions).

DISCUSSION

Lone Star® retractors are very useful for anal retraction but the hooks may prick the surgeon or assistant while inserting or removing them. Sometimes it is hard to find them in operating theatres. The technique described here is not our invention: the senior author learnt it while working in Cleveland, OH, US. It is a useful technique, easily reproducible, simple and does not require any specialist equipment. In our experience, it is safer than the Lone Star®. Very occasionally, it may cause skin laceration that can be minimised by tying the sutures over a bolster of cotton gauze.

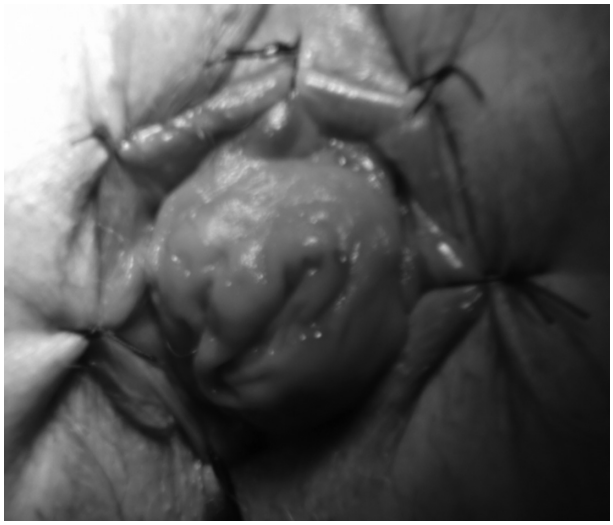

Figure 1 Anal retraction sutures stitching the perianal skin to the anal mucosa

Transinguinal laparoscopy during emergency open inguinal hernia repair

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On occasion, the contents of the hernia sac may slip back into the peritoneal cavity or it may not be possible to assess bowel viability adequately during emergency open inguinal hernia repair. In this situation, a simple tip is to establish pneumoperitoneum and perform laparoscopy through the deep ring or medial defect with a modified glove port. In the Trendelenburg position, a small Alexis® (Applied Medical, Rancho Santa Margarita, CA, US) wound protector is inserted through the defect, a glove is attached and two or three 5mm trocars are secured with Vicryl® (Ethicon, Somerville, NJ, US) through the digits. Insufflation of the abdomen allows the returned contents to be seen and assessed safely without the need for further abdominal access.

How to safely remove ceramic bearings from the metal shell without expensive tools or the risk of shattering

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BACKGROUND

Removal of an intact ceramic bearing from a securely fixed acetabular shell during revision surgery can be very difficult. Removing screws before removal of the shell may be crucial. Breaking the bearing also results in considerable ceramic debris and stops employment of other bearing surfaces.

Various techniques have been devised for this task. One technique is to hit the metal shell with hard blows, the resonation of which loosens the ceramic bearing. Despite such loosening, the bearings often sit almost flush with the shell, and are difficult to retrieve.

Implant companies[1] have devised specialised tools to remove ceramic bearings. However, such tools are expensive and can attract further loan charges if they are not deemed to be 'essential instruments' that should be purchased.