

Technical Section [TECHNICAL NOTES AND TIPS

A novel method for practising local skin flaps

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Designing and utilising local flaps is a daunting skill for plastic surgery trainees. The ability to decipher the geometrical conundrum posed by local flaps is a fundamental skill, gained only through experience. With changes in training, and flap design courses costing in the order of £500–£1000, the need to find novel learning opportunities is increasingly paramount. We describe a simple, inexpensive method of practicing the design and execution of local flaps on excess tissue during breast reconstruction.

TECHNIQUE

Using the deep inferior epigastric perforator or transverse rectus abdominis myocutaneous free flap for unilateral breast reconstruction



Figure 1 A trainee practising C–V flap design and construction in theatre, using excess surgical equipment and suture material

typically results in the disposal of excess abdominal tissue. Abdominal skin, and subcutaneous fat are a realistic medium on which to practice flap design and construction ie Rhomboid flaps and C-V flaps for nipple reconstruction.

While still in theatre but using equipment and suture material that is no longer in use, the flap can be secured to a sterile trolley, and flap designs can be mapped around a fabricated lesion (Fig 1).

DISCUSSION

This technique offers a realistic and cost-neutral method for practicing local skin flaps while in theatre. The patient can be consented for the use of their excess abdominal tissue on a separate consent form. The tissue is then used for the duration of the procedure and not stored, and then disposed of in the usual manner. This provides an opportunity to supplement surgical portfolios through simulated work-based assessments.

A porcine model for teaching laparoscopic appendicectomy

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BACKGROUND

Synthetic models for teaching appendicectomy lack the realism afforded by the 'feel' of real tissue. Our low-cost, porcine-based model aligns more closely with real laparoscopic appendicectomy because it is responsive to the application of surgical energies.

TECHNIQUE

Porcine tissue used to construct the appendix comprises an approximately 20-cm colon segment and a 7-cm segment of fallopian tube with mesosalpinx. The colon is inverted and ligated approximately 1 cm from the edge of one end. Eversion reshapes this into a caecal bulge. A perforation is created adjacent to the caecum and the fallopian tube is pulled into the lumen using long curved forceps, leaving about 5 cm of length outside, with the mesosalpinx. In low moisture, industrial superglue (CYN20, 100 cps viscosity, available from Everbuild Ltd. Leeds, UK) is used to spot-glue the base of the tube to the colon together with a single interrupted stitch here to safeguard against evulsion, while the mesosalpinx is spot-glued distally along the side of the lumen from the base (simulating the mesoappendix). The open distal tip of the fallopian tube is pinched closed with glue (Fig 1).