

A "Pull-Out" Technique for "Cut down" Operations.

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SUMMARY

It is a common experience that some patients continue to attend outpatient departments with their cut-down wounds long after their primary disease is cured. This is so because a cut-down is done usually in an emergency situation with poor aseptic rituals. More often than not the patient is in shock and in urgent need of fluids but his peripheral veins are collapsed. It is often found that the ligature used to tie off the vein is responsible for the persistence of infection. When it is removed and an associated abscess (if any) drained cure results.

A new simple technique has been devised and described here for cut-down operations which overcomes the problem.

Technique

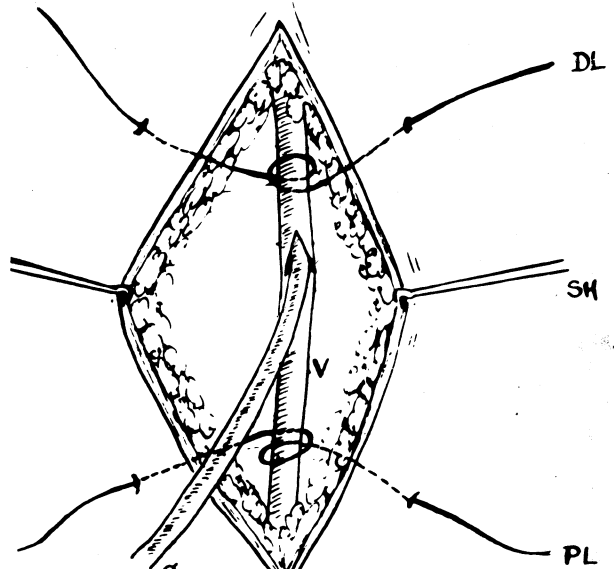
The skin is cleaned with antiseptic solution and locally anaesthetized. A short vertical incision is made parallel to the surface marking of the vein. The beak of a mosquito artery forceps is introduced and used in blunt dissection to free about one cm. segment of vein. Two slings of non-absorbable material such as silk are applied around the vein at either end of the wound using mosquito artery forceps.

A sharp 'V' shaped cut is made in the vein-wall using a pair of scissors. While applying traction on the lower sling to prevent blood loss the polythene cannula mounted on the intravenous drip set is introduced proximally into the vein (Fig. 1).

Two skin sutures of non-absorbable material such as silk are passed from outside of one skin flap. The distal suture encircles the vein in the lower half of wound and the proximal suture encircles the vein containing the proximal cannula in the upper half of the wound (Fig. 2). Both sutures come out through the opposite skin flap. The first slings are removed before approximating the wound edges with additional non-absorbable sutures as required.

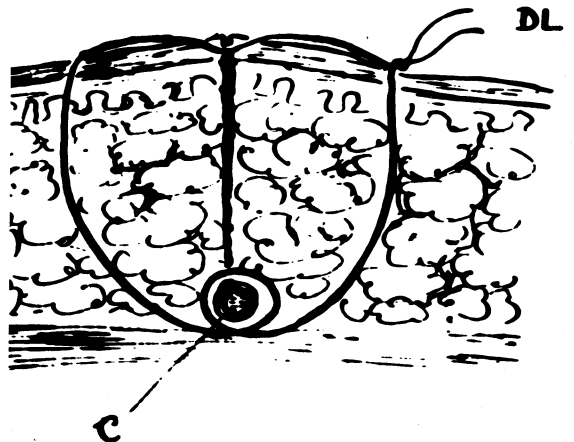
The stitches are removed in the usual manner, but along with them come the sutures used to ligate the vein. No leakage of fluid or blood occurs either at the time of removal of skin stitches or while withdrawing the polythene cannula. However, a bandage with a firm pressure is advised.

FIG. I



The Saphenous vein (v), exposed through a vertical incision, has been cannulated, and encircling ligatures (DL) and (PL) are in place.. Skin hook, SH, is employed for retraction.

FIG II



Cross section showing the distal ligature (DL) encircling the cannulated vein (C)

DISCUSSION

The use of a non-absorbable material as a ligature for the vein in a cut-down operation has the disadvantage of a foreign body reaction and is responsible for a persistent discharging sinus following wound infection. Walking is painful. The sinus heals only after removing the thread knots by re-exploring the wound as the ligature had been securely tied around the undivided vein. When an absorbable suture such as catgut is used leakage of fluid or blood or both starts after a few days as the catgut swells and the knots loosen. (McNair and Dudley, 1967).

The use of withdrawable sutures as ligatures for venesection advocated in this paper is free from these disadvantages. The technique has the advantages of both absorbable and non-absorbable sutures in that

there is no foreign body left inside wound, while at the same time there is no leakage of fluids. The procedure is also simple and it is recommended for general use.

ACKNOWLEDGEMENTS

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