

suture is used to pick up several bites of the greater omentum lying between the spleen and greater curve of the stomach (Fig. 2). The suture is then removed through the 11-mm port so that both ends are extracorporeal. The port is removed and replaced alongside the suture. Under direct vision, the suture is put under tension to retract the greater omental fat and clipped externally (Fig. 3). Access to the angle of His is thereby improved (Figs 4 and 5).

**DISCUSSION**

The senior author (MR) has used this method successfully for 15 years with no serious intra- or postoperative complications. One cautionary note is to ensure retraction is undertaken under direct vision to avoid tearing any adhesions to the spleen. The technique is a safe and simple method of fat retraction that can significantly improve surgical access to the angle of His during complex laparoscopic procedures.



**Figure 2** Occlusion of stoma with ECG dot.

gle to locate and form an effective seal when occluding their stoma.

**TECHNIQUE**

In our unit, an ECG electrode or dot has been used for approximately 7 years to cover the tracheostome following decannulation. The metal stud is carefully placed centrally over the stoma with apposition of the skin edges. If there are excessive tracheal secretions, eye-pad gauze is placed first, followed by an occlusive dressing, and then the ECG dot.

**DISCUSSION**

The simple method we describe ensures a rapid and effective way of ensuring skin closure of the tracheostome. The discreet metal centre of the ECG dot provides the patient with a target for finger application and delivers additional sensory and proprioceptive feedback. The self-adhesive backing is of the appropriate size, and provides a firm material onto which to apply pressure (Fig. 1). This enables patients to locate their stoma readily and easily and occlude it with an effective seal for phonation and coughing (Fig. 2). ECG dots used are readily available on most wards and are cheap, e.g. the 3M RedDot™ costs 14 pence each (3M UK, Cain Road Bracknell, UK).

**ECG electrode for tracheostome closure following decannulation**

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**BACKGROUND**

Following decannulation, closure of the tracheostome is imperative for successful phonation. The current accepted method of closure is through the use of an occlusive dressing over several layers of eye-pad gauze. It is universally recognised that the occlusive dressings never provide a sufficient seal and an air leak invariably occurs when coughing or talking. Many patients strug-



**Figure 1** A suitable ECG dot.

**A novel technique for humeral head retrieval**

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**BACKGROUND**

Four-part fracture dislocations of the proximal humerus are a common surgical problem (Fig. 1). They are usually treated with a hemi-arthro-