

Short Communication

Irrigation during temporal bone surgery

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Surgical technique

Irrigation is required during drilling of the mastoid bone and this has traditionally been provided by an assistant or the scrub nurse dripping saline onto the drilling site with a

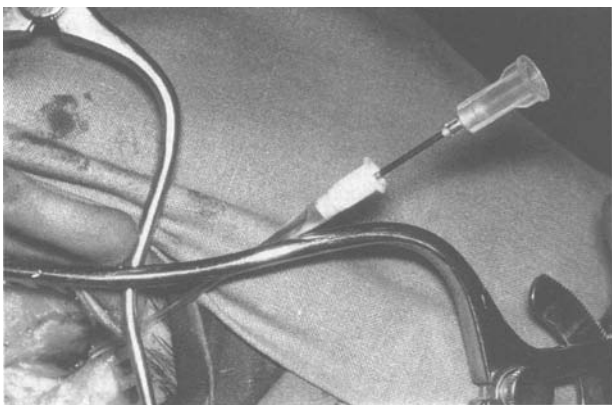


FIG. 1

Intravenous cannula inserted through skin and soft tissue adjacent to operative site. Needle being withdrawn.

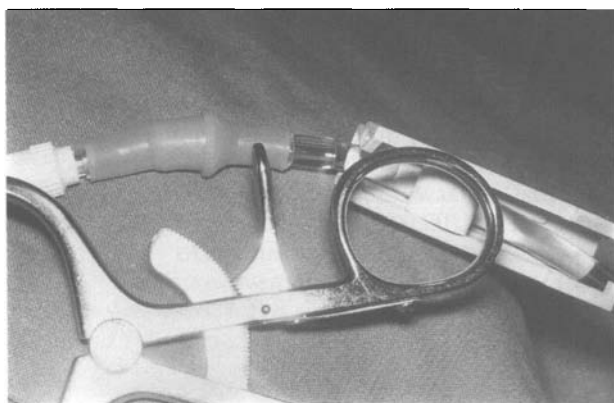


FIG. 2

Irrigation fluid 'giving' set connected to cannula via Luer lock. 'Giving set' includes sterile tap used by surgeon to control rate of flow of irrigating fluid.

syringe. Alternatively, drills combined with irrigating devices have been developed, however, these are more expensive and may be less reliable due to malfunction. We describe a simple, cheap method for reliably irrigating the mastoid during drilling. In our technique an assistant is not required and irrigation is controlled by the operating surgeon. An intravenous cannula (12 gauge) is inserted

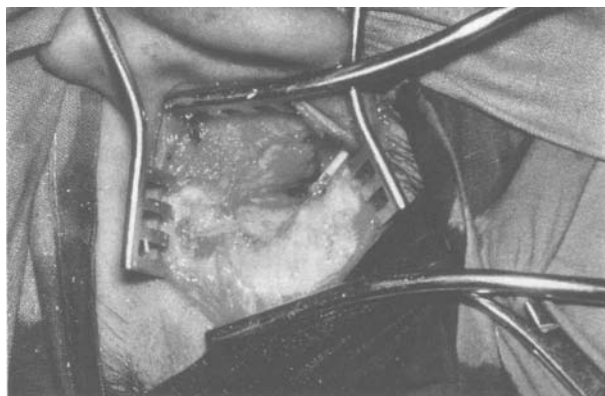


FIG. 3

Plastic cannula tip overlying site of bone to be drilled.

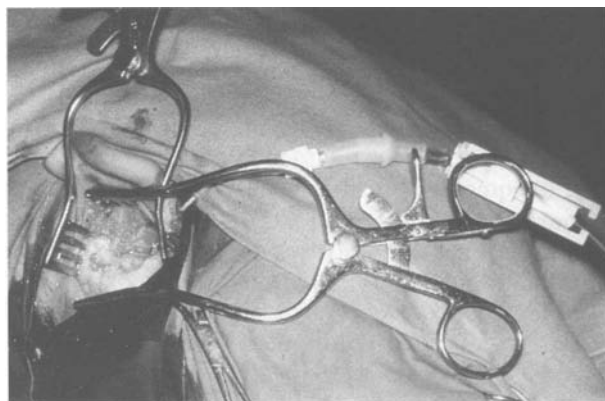


FIG. 4

Overview of irrigating system.

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through the scalp adjacent to the operative site and the needle trocar is withdrawn to leave the plastic cannula tip overlying the operative site (see photographs). The Luer lock end of the cannula is connected to a drip 'giving' set and then onto a bag of irrigation fluid (saline). The flow of fluid through the irrigating mechanism is controlled by means of a tap (see photograph) such that fluid drips through the cannula onto the bone that is being drilled. The drip line and tap are kept sterile so that the operating surgeon can control the level of irrigation as required.

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