New Appliances

A Stomal Clamp

Mr. J. S. P. LUMLEY, lecturer in surgery, Mr. T. C. CRICHTON, of the department of physics, and Mr. J. DUCKIT, curator of instruments, St. Bartholomew's Hospital, London E.C.1, write: In fashioning a terminal colostomy or ileostomy the passage of the gut through the abdominal wall may precipitate faecal soiling of the peritoneal cavity or of the abdominal wall itself. Commonly this manoeuvre is achieved by passing a bowel clamp through the prepared stoma and applying it to the end of the bowel, a previously applied clamp requiring removal or a further segment of bowel requiring resection. Alternatively, a Cope's, or similar, clamp may be applied. This can be passed through the abdominal wall but cannot be easily sealed, and its application may be difficult at the exact site or angle required.

The clamp described below is a crushing clamp with removable handles, which can thus be drawn through the abdominal wall without reapplication to the bowel (see Figs.). The ribbed blades of the clamp are 6.5 cm long and have an accompanying pair of Parker-Kerr-type guards. The length of the shaft is 10 cm, this being short enough to allow passage through the abdominal wall without putting tension on a bowel mesentery. The disarticulated ends of the shaft are rounded to facilitate passage through the stoma.

The handles add length and purchase to the shaft, on to which they are tee slotted and fixed with milled screws. Each screw end is captive to prevent removal or loss during an operation. The clamp has proved comfortable to handle and has greatly facilitated this procedure.

The clamp is available commercially from the Seward Instrument Company, 6 Stamford Street, London S.E.1.

New Method of Femoral Hernia Repair Using a Silastic Stud

Mr. A. J. S. KNOX, surgical registrar, and Mr. K. P. S. CALDWELL, senior surgeon, Royal Devon and Exeter Hospital, Exeter, write: Femoral hernia is not uncommon (Koontz, 1958). Though Aird (1960) dismissed the possibility of recurrence after operation, others have reported recurrence rates of from 2% (Glassow 1966) to 10% (Koontz, 1958). Treatment of which the hernia consists in excision of the sac, and, since this operation alone is followed by a high recurrence rate (McEvedy 1950), it is usually combined with some procedure to close the canal.

The operation is often done by relatively inexperienced surgeons, and though many methods have been described the placing of sutures in this area is not easy. Furthermore, since the femoral ring is bounded on three sides by the rigid inguinal, pectineal, and lacunar ligaments and on the fourth side by the femoral vein, it would be logical to occlude the canal with a plug rather than attempt to close it with sutures.

In 1959 Caldwell described a "collar-stud" operation in which the femoral canal was filled with a plug of polyvinyl sponge. The canal had to be exposed from above and below, however, and preparation of the sponge was tiresome. At this time no other suitable material was available, but in 1963 Silastic was developed (Dow Corning Corporation, 1963). Since then Silastic has been used successfully as replacement

finger-joints (Swanson, 1968), mammary prostheses (Freeman, 1967), and implants (Caldwell *et al.*, 1968). A simple method of femoral hernia repair using a Silastic stud is described here. It overcomes the disadvantages of the polyvinyl sponge operation while retaining the advantages.

The stud (see Fig.) is made of Silastic (medical grade Silastic 382 Elastomer), which is well tolerated in the body, causes

no irritation to the tissues, and is highly resistant to the effects of body fluids, ageing, and oxidation (Dow Corning Corporation, 1963). Medical Silastic 382 Elastomer is supplied as a thick but easily pourable liquid. When a catalyst (catalyst M) is added the fluid sets to become a silicone rubber in about 10 minutes at room temperature. The stud is easily made by pouring the Silastic fluid mixed with the catalyst into a mould and allowing it to set. We use a Perspex mould as this needs no release factor once the Silastic has