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Modified Electrosurgical Adapters

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BACKGROUND: Allegedly because of concerns over worker safety in removing spent needles from the Bernsco adapter a new, modified Luer-lok adapter has been introduced by the manufacturer. However, the new adapter frequently holds needles too loosely.

OBJECTIVE: To introduce a modification of the original adapter design.

METHODS: The end to be inserted into the needle hub was hollowed and trisected to allow flexibility of the phalanges. A small hole is drilled in the distal shaft to allow the placement of a spiral wire, allowing a snug fit even in older, well used electrosurgical handles.

CONCLUSION: The modified electrosurgical adapter may facilitate needle removal and increase surety of fit with most electrosurgical handles. J Dermatol Surg Oncol 1992;18:991-992.

Herein, we wish to introduce a modification of the original Bernsco electrosurgical adapter¹ for metal-hubbed needles. Bernsco no longer manufactures the original adapter design. Allegedly, there was concern with worker safety regarding the removal of spent needles from the adapter following usage (Bernsco, personal communication). We have encountered great difficulty in removing used needles from the original Bernsco design. Frequently pliers were necessary to remove the hub. This difficulty resulted from the inherent inflexibility of the original adapter's solid stainless-steel end, which inserts into the metal needle's hub.

Bernsco no longer sells the original adapter design and now only sells a Luer-lok model (Bernsco, personal communication). We have found that the Luer-lok model frequently holds the needles loosely, has much greater mass, and occasionally slips from the electrosurgical handle. We have greater difficulty using the Luer-lok model with the sterile Penrose drain method of electrosurgical adapter covering. In the Penrose drain method, a 2-cm diameter sterile drain is placed over the needle hub, adapter, and electrosurgical handle. The drain is rolled and sealed with a sterile metal wire over the needle hub. To compare the three different adapters please see Figures 1 and 2. Figure 3 represents a typical electrosurgical handle and some possible fittings.

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The authors have no current or future financial interest in the products described.

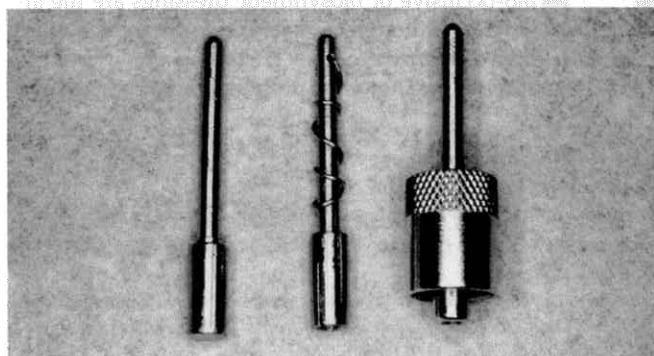
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Herein, we present a modification of the original, traditional Bernsco adapter. The end to be inserted into the needle hub was made hollow and trisected to allow flexibility of the phalanges. Additionally, these hollow walls of the male end were trisected, during manufacturing, for a specific distance. The length of the trisection allows for an additional removal method for the metal hub needle wherein a thin piece of metal may be inserted between the base of the slot and the needle hub. In our practice with the modified electrosurgical adapter (George Tiemann Co.), we have not yet needed the fail-safe removal method. A last modification of the modified electrosurgical adapter allows it to be used even in older, well-used electrosurgical handles, or those that no longer hold other adapters snugly. However, there



Figure 1. Electrosurgical adapters on frontal view. The central modified electrosurgical adapter is flanked by the larger Luer-lok adapter (right) and the original solid-steel traditional adapter (left).

Figure 2. Electrosurgical adapters on side view. The central modified electrosurgical adapter is flanked by the larger Luer-lok adapter (right) and the original solid-steel traditional adapter (left).



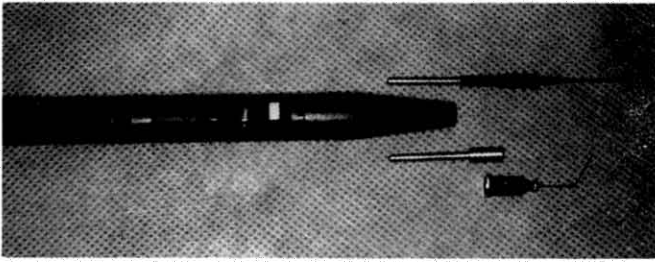


Figure 3. Traditional electro-surgical adapter, sample metal-hubbed needles, and "pencil-type" electro-surgical handpiece (Valleylab).

may be no substitute for the replacement of worn electro-surgical handles and/or their evaluation by biomechanical engineers. A small hole drilled in the distal shaft allows the spiral placement of a metal wire (of any diameter smaller than 0.5

mm) to enhance the fit into the handle. Spiralling the wire down the shaft allows the modified electro-surgical adapter to be tightly screwed into virtually any loose electro-surgical device handle. The number of spirals determines the tightness of fit. The tightness may even be such that the modified electro-surgical adapter is totally impossible to remove from the handle with the fingers only.

The modified electro-surgical adapter concept may facilitate needle removal, increase surety of fit into virtually any electro-surgical handle, and provide versatility of fit into worn handles that were previously unable to hold traditional or Luer-lok adapters.

Reference

1. Stegman S, Tromovitch T, Glogau R. The Bernsco adapter. *J Dermatol Surg Oncol* 1984;9:680.

Alginates

A "New" Dressing Alternative

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BACKGROUND: Currently, a wide variety of bio-occlusive dressing materials are available. In general, these dressing materials provide a moist wound healing environment that has been shown to promote healing in both human and animal studies. To effectively use these dressings the clinician must have a full understanding of the properties of the materials as well as the pathophysiology of the particular wound. Most recently, a "new" biosynthetic dressing material, the alginates, has become available.

OBJECTIVE: To highlight proper use of alginate dressings for

the management of acute and chronic wounds.

METHODS: Case study and literature review.

RESULTS: Alginates were shown to be effective in a wide variety of acute and chronic wounds.

CONCLUSION: Alginates possess several unique properties that should prove useful to the dermatologic surgeon as well as the dermatologist. Proper patient selection and use of this "new" dressing material, as well as a review of the literature is presented. *J Dermatol Surg Oncol* 1992; 18:992-995.

One of the most recent additions to the family of bio-occlusive or biosynthetic dressings are the alginates. Although alginates were discovered more than a century ago, they are the least known of the bio-occlusive dressings. They were prominently introduced as a

wound dressing material in the 1950s, but because of product limitations and manufacturing difficulties, their use declined thereafter.¹ However, recent innovations in the formulation and manufacturing of alginate dressings have resulted in renewed interest in them.

Little has been written in the dermatologic literature regarding this distinct material. Alginates possess several unique properties that should prove useful to the dermatologic surgeon as well as the dermatologist. The ideal dressing material for a wound or surgical site is unfortunately unknown. However, the recent reintroduction of alginates brings us closer to an ideal dressing in some clinical settings.

Alginate dressings are derived from "salts" of alginic acid. Various types of kelp or algae serve as the source for this com-

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