

Use towel clips to limit trocar injury

Although I very much appreciated Dr. Michael Baggish's article, "Avoiding vascular injury at laparoscopy" (October), I was disappointed that no mention was made of using towel clips to elevate the edges of the umbilicus while inserting the trocar or Veress needle perpendicularly through the base of the umbilicus.¹ Since the base of the umbilicus is consistently the thinnest portion of the entire abdominal wall (approximately 1.4 cm, compared with 3 cm at the lower border of the umbilicus), it is the easiest area to traverse, even in obese patients.

Further, Dr. Baggish states, "When force is applied via trocar to the anterior abdominal wall, that structure is displaced toward the abdominal cavity in the direction of the posterior abdominal wall—even when countertraction is taken into consideration." He estimates that displacement to be 5 cm or more. However, his statement is accurate only when the countertraction is a hand grabbing the abdominal skin. It is not true when the countertraction is provided by towel clips on the umbilicus.

I have used the towel-clip technique (as described by Roy et al) for many years, and I believe it addresses both physiologic and practical concerns.

Jim Greenberg, MD
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REFERENCE

1. Roy GM, Bazzurini L, Solima E, Luciano AA. Safe technique for laparoscopic entry into the abdominal cavity. *J Am Assoc Gynecol Laparosc.* 2001;8:519-528.

Dr. Baggish responds:

The technique of applying countertraction with towel clips is not new. I used this technique at Johns Hopkins Hospital, as did Dr. Clifford R. Wheelless in 1968. I taught the technique in Connecticut from 1972 to 1983, and in London, England, during my sabbatical in 1992, and continue to teach and use it here in Cincinnati. I am surprised it took 33 years for Dr. Roy et al to "rediscover" it.

Nevertheless, even with towel clips applied for countertraction, the skin of the abdominal wall plunges inward during the trocar

thrust. I have recorded the inward excursion on vidoetape.



Want liability reform? Shift burden to patients

The American College of Obstetricians and Gynecologists (ACOG) hopes to alert the public to the liability insurance crisis through its "Who will deliver my baby?" advertising campaign. But nothing will change until patients are forced to put their money where their mouth is. I have a bold proposal: Have patients buy liability insurance for a specified medical event, the way they purchase flight or vacation insurance. The physician would be responsible for office coverage, which is relatively cheap, and the patient would buy a policy for a delivery or operation by a private physician.

No patient would be denied care. The woman who presents to a hospital in labor without the policy would be treated like a

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service patient: delivered by a resident under an attending physician's supervision.

To reduce the costs of coverage, patients could elect arbitration versus adjudication, or opt for lower noneconomic awards—as proposed by California's Medical Injury Compensation Reform Act (MICRA), only in this case it would be the patient's own choice. If she felt strongly about being delivered by her private physician, she would be certain to pay her "mal-occurrence insurance." Otherwise, she'd be delivered by the staff.

Hospital costs would not need to rise, since institutions could bill for the delivery. Just about every hospital has an on-call physician rotation, anyway—or they probably don't do enough obstetrics to justify maintaining a labor suite. Eliminating these marginal facilities would make the system more efficient.

Our system would resemble that of Israel or other countries with socialized medicine, or patients would pay extra for their private physician.

This is how ACOG should present its campaign. Then see how fast the dynamics of the liability crisis change, once patients' dollars are directly involved.

Mitchell Essig, MD
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Dr. Barbieri responds:

I believe Dr. Paul Ogburn, director of maternal-fetal medicine at the State University of New York, Stony Brook campus, has proposed to ACOG a plan for patients to purchase insurance for adverse outcomes from a medical event. While there appears to be significant enthusiasm for the concept, I am not sure that actuaries have priced the insurance product to ascertain its economic impact on patients. ■

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