

NOTE

A NEW STOMACH CLAMP

The clamp here shown is not in any sense a new invention, still less is it my own. I believe, however, that it is worth illustrating and recording for two reasons :—

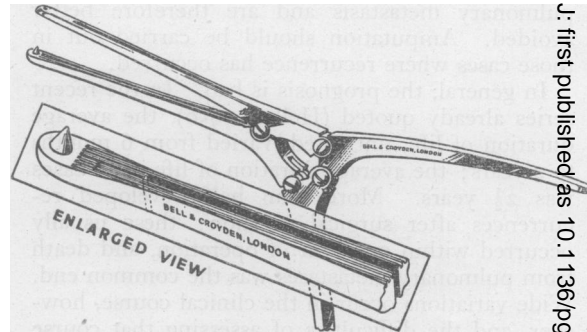
- (1) It is little, if at all known in this country.
- (2) Of the many instruments and devices used in the operation of subtotal gastrectomy, I believe this to be the simplest and safest. It should, therefore, have an appeal to those whose experience in gastric surgery is not extensive.

I would first pay full and happy tribute to its originator, Dr. Goeffaerts of Alost in Belgium. A number of British surgeons in the later stages of the war had the privilege of meeting this truly great man and great surgeon. His incomparable and effortless technique was both a profit and a joy to watch, and those who were lucky enough to enjoy his friendship will remember also his boundless hospitality and that of his numerous and charming family. His untimely death shortly after that of his great master, Sebrecht of Bruges, and on the eve of his appointment to an important chair of surgery, deprived Belgium of one of her great surgeons, and his friends and colleagues of an unforgettable friend and teacher.

The clamp here illustrated, which is essentially a large-size Payr clamp with a groove cut longitudinally through each of its blades, is applied in the usual way at the site determined for cutting across the cardiac end of the stomach. If the stomach has been correctly mobilized, the clamp may be easily applied at any level up to the oesophagus. The distal portion is then cut away after applying a straight Doyen's clamp to prevent soiling.

Interrupted linen thread sutures are now passed through the slits in the blades, tied off and the ends cut short. The clamp may be removed either before or after the outer layer of sutures of the anastomosis has been inserted. It is immaterial whether the anastomosis be to the duodenum as in a Billroth I operation or to the jejunum as in a Finsterer, Hofmeister-Finsterer or other operation. After removal of the clamp, the portion of the stomach to be used for the anastomosis is kept closed by a pair of straight Kocher forceps while a second layer of sutures, either continuous or interrupted, closes the portion of the stomach not so required.

After removal of the clamp the anterior layers of the anastomosis are applied in the usual way and, when used, the Hofmeister valve may be made by



Geoffrey Parker's Clasp.

fixing the proximal jejunum with interrupted sutures along the line of the closed portion of the stomach.

In an unselected and consecutive series of over 100 gastrectomies, most, though not all of which were of the Billroth I or Hofmeister-Finsterer types, carried out for duodenal and gastric ulcer and gastric carcinoma, there has been only one post-operative death which occurred from a reactionary haemorrhage from the region of the head of the pancreas to which the ulcer, a simple one, had been adherent. There has been no case of post-operative bleeding from the anastomosis into the stomach in spite of the fact that several house surgeons, without my knowledge or consent but filled with enthusiastic empiricism gleaned from the text-books, have done their best to disturb both the patients and the suture lines by the use of various types of gastric suction for the relief of non-existent haemorrhage and distension.

All the cases have had unrestricted fluids by mouth 12 hours after operation ; the only provision being that all fluids are taken from the teaspoon to obviate too rapid filling of the gastric stump.

To summarize : After some years of experience and some hundreds of gastric operations, I have with this simple clamp experienced a greater degree of security than in the past. I would, therefore, commend it to all those interested in gastric surgery and, on account of its security, particularly to those of limited experience in this field.

It is a real pleasure to express my sincere thanks to Mr. Proudfoot of Messrs. John Bell & Croyden who made the clamp for me from my description of Dr. Goeffaert's clamp, and who put himself to much trouble to do so.

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