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Sutures 8-0 Nylon

Mani brand 8-0, black mono, nylon sutures with both single and double arms. Trape spatula and reverse cut needles ranging in length, curve, and diameter. Mani sutures are ideal for micro-suturing on the cornea and sclera during eye surgery. Ultimate sharpness is obtained through the "cross-lapped edge" technique giving each suture a fine and sharp tip ensuring minimally invasive wound closure. Mani hard fiber stainless steel is used to make strong and break-resistant needles. Sold 12 per box.

Six patients with HFS due to VA compression underwent a retrosigmoid craniotomy, combined with a far-lateral approach in some patients. On identification of the site of VA compression, the vessel was mobilized adequately for the decompression. Great care was taken to avoid kinking the perforating vessels arising from the VA. Two 8-0 nylon sutures were passed through to the wall of the VA and then through the clival or petrous dura, and then tied to alleviate compression on cranial nerve VII. RESULTS:

Patients were followed for at least 1 year postoperatively (mean 2.7 years, range 1-4 years). All 6 patients had complete resolution of their HFS. Facial function was tested postoperatively, and was stable when compared with the preoperative baseline. Two of the 3 patients with preoperative tinnitus had resolution of this symptom after the procedure. Postoperative imaging demonstrated VA decompression of the facial nerve and no evidence of stroke in all patients. One patient suffered from hearing loss, another developed a postoperative transient unilateral vocal cord paralysis, and a third patient developed a pseudomeningocele that resolved with the placement of a lumbar drainage. CONCLUSIONS:

Hemifacial spasm and other neurovascular syndromes are effectively treated by repositioning the compressing artery. Careful study of the preoperative MR images may identify a select group of patients with HFS due to an ectatic VA. Rather than traditional decompression with only pledget placement, these patients may benefit from a VA pexy to provide an effective, safe, and durable resolution of their symptoms while minimizing surgical complications ¹⁾.

Blister-like aneurysms of the internal carotid artery (ICA) are very fragile, thin-walled aneurysms. These lesions are susceptible to premature rupture intraoperatively. We describe two cases of successful arterial suturing of these blister-like aneurysms of the ICA, followed by a clip reinforcement technique and circumferential wrapping with a silastic sheet. METHODS:

Two young men presented with a diffuse and dense subarachnoid hemorrhage (SAH) in the basal cistern. The initial angiogram obtained soon after the SAH showed a broad-based, small bulging appearance of the dorsal wall of the ICA. Intraoperatively, a very thin-walled aneurysm was identified on the C2 and C1 segment of the ICA. The aneurysms ruptured abruptly during surgical manipulation. After application of temporary clips, an aneurysmal tear of the ICA was repaired with 8-0 nylon. To prevent the regrowth of the aneurysm, clip reinforcement, by circumferential wrapping with a transparent silicone sheet, was added. RESULTS:

The postoperative clinical course was uneventful, although one patient showed transient right hemiparesis due to cerebral vasospasm. Angiographic studies performed postoperatively showed complete obliteration of the aneurysm as well as a patent ICA lumen in one case and total occlusion of the ICA in the other case. Both patients were discharged with no neurological deficits.

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CONCLUSION:

This technique can be a useful treatment option for these fragile aneurysms in cases where other options, such as direct clips or encircling clips, may be impossible ²⁾.

Intraoperative loss of surgical needle with 8-0 nylon: radiographic findings ³⁾.

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