

## 5. Applicability of the Present Invention

The present invention offers a number of potential advantages in my view, firstly it will be a much simpler technique of insertion and fixation requiring very limited suturing for the child. The load on the drain is spread over a much wider area and the traction is not transferred with such vigour to the skin. It would be very quick to insert, which is an advantage in children and because of the cleverness of the design it would be relatively straightforward to re-position the tube, should that be required. The invention will require the need of less adhesive tape to the skin, improve visibility of the entry site, and make it easier to care for the wound and thus reduce the likelihood of infection.

Chest drain displacement can be very dangerous in the presence of pneumothorax or major haemorrhage and so a well fixed, safe tube with easy access to it's entry site could indeed save lives.

## 6. Review the prior art document, Shorey et al

The document Shorey et al discloses how to make a woven cable grip device, which according to columns 1 lines 8 - 10 "can be used to pull a cable into the required position, or to support a cable, in a desired position, or both" This is not a technical area with which I am familiar, indeed I was not previously aware of the existence of any such devices.

The devices disclosed in Shorey et al are designed to grip electrical cables and support the weight of those cables. I can see nothing in this document which suggests that the devices could be used as a fastener for securing a medical tube. In my opinion, the devices in Shorey et al are of a constructure which would make them entirely unsuitable for use in the medical application because of their weight and strength, which would deform the thin, flexible wall of medical tubing, resulting in impaired fluid flow or damage to the tube wall. The device proposed by Spinoza is much later, and in due course would have a wider applicability across medical tubing then could ever be achieved by anything of similar design to that by Shorey. Of course there are many circumstances in medicine where tube fixation will be required and this ability to use a relatively light design of fixation over a wide range of diameters, will be of immense value to the Medical Practitioner and of course, therefore, to the patients.

**Martin J Elliott MD FRCS**  
Chief of Cardiothoracic Surgery and Director of Transplantation  
Great Ormond Street Hospital  
London  
WC1N 3JH

Tel: 0207 829 8853  
Fax: 0207 813 8262  
Email: [elliom1@gosh.nhs.uk](mailto:elliom1@gosh.nhs.uk)