novel technique which assists the surgeon during the operation. By using the aspirator tip, the suction power attaches the adenoma gently whilst providing enough traction to allow easier dissection from surrounding tissues (Figs 1 and 2). This technique has been used in several cases in our surgical unit with good results. The specimens were not damaged by the suction pressure and the procedure was made much easier. We also advocate its use in other similar situations like lymph node excision.

Stemming the flow in neck stabblings

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Applying sufficient pressure to a penetrating neck wound, without resorting to circumferential bandaging with subsequent bilateral compression of the great neck vessels, requires a member of the trauma team dedicated to this. Following several, well-publicised stabblings, we present our technique for applying pressure to neck wounds that is particularly useful to injuries in zones II and III. (Zone I is the neck below the cricoid cartilage, zone II is the neck between the cricoid cartilage and the mandible, zone III is the neck above the mandible.) The patient's own arm on the contralateral side to the wound is raised above their head (Fig. 1). A wad of gauze is then placed over the wound on the opposite side of the neck and bandaging wrapped circumferentially round the neck and raised arm, compressing the wound, protecting the neck vessels and freeing up a member of the trauma team.

Figure 1 Illustration of the bandaging technique for a stab wound to the left side of the neck.

Simple subcutaneous stitch

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There are many methods to start a subcuticular suture. Here we explain what we believe is the easiest way. The stitch is passed through the skin 1 cm from the apex and is brought out at the angle of the wound. The first suture is passed along one wound edge. Without pulling the stitch through completely, the needle is passed through the loop twice (Fig. 1) forming a knot. The other end is cut flush with the skin. The suture is continued as normal and completed with a buried Aberdeen knot. No problems have been experienced with the subcuticular knot.

Figure 1 Steps in a subcuticular suture.