improves the strength and durability of the cast, but trimming the bar results in wood-shaving contamination in theatre. Instead of this, use a roll of fibreglass casting tape (e.g. Scotchcast™ Casting Tape, 3M, St Paul, MN, USA). The tape is rolled forward and back on itself to the desired length then folded longitudinally in half repeatedly. By continuing to roll more tape around this bar the construct is strengthened and it can be applied to the spica.

Preventing mal-reduction in antegrade femoral nailing

P MONGA
Wrightington Hospital, Wigan, UK

CORRESPONDENCE TO

Mr P Monga, Research Fellow, Wrightington Hospital, Appley Bridge, Wigan WN6 9EP, UK
M: +44 (0)7817 8475120; E: mongapuneet@hotmail.com

Subtrochanteric femoral fractures require great attention to correct reduction in order to minimise the chances of serious complications like malunion, non-union and coxa vara. Due to altered hip biomechanics, the proximal fragment often gets pulled into abduction and flexion. A unicortical Shanz pin mounted on a T-handle is inserted percutaneously into the anterolateral cortex of the proximal fragment just above the fracture site (Fig. 1). By pushing this fragment medially and posteriorly, both the deformities are corrected. As the assistant holds the T-handle, the surgeon proceeds with entering the canal using standard technique.

Figure 1 Use of unicortical pin to aid reduction in subtrochanteric fractures.

Technique for anastomosis to a short attenuated aortic neck

RE MELHADO, PW WENHAM
Department of Vascular and Endovascular Surgery, Queen's Medical Centre, Nottingham, UK

CORRESPONDENCE TO

Ms RE Melhado, Specialist Registrar in Vascular Surgery, Department of Vascular and Endovascular Surgery, Queen's Medical Centre, Nottingham NG7 2UH, UK
M: +44 (0)7976 610846; E: raye732001@yahoo.co.uk

An attenuated short neck of infra-renal aneurysms is a common cause of technical difficulty. The neck length is limited, tissues are friable and hold stitches poorly, and a wide neck folds into 'hills and valleys' immediately below the clamp. The problems can be minimised by passing the looped end of a doubled nylon tape (5 mm) around the neck, snugging it down to control neck diameter to about 25–30 mm and tying the free ends to the apex of the loop. The tape narrows the aneurysm neck, elevates the valleys, and buttresses the sutures.

Figure 1 Tape placement around the short attenuated aortic neck