COMMENT ON

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K Shokrollahi. A simple method for securing a surgical drain. *Ann R Coll Surg Engl* 2005; **87**: 388

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Further information on a simple method for securing a surgical drain

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We have found the method described by Shokrollahi is only secure when the surgical tie around the drain is drawn to the knot at the skin. This can pull on the skin causing discomfort. The addition of a loop and knot above the skin retaining suture prior to the loops around the drain overcomes this problem, as illustrated in Figure 1.

Figure 1 Drain quickly and reliably secured.

COMMENT ON

MA Bhutta. A simple technique for removal of screws with damaged heads. *Ann R Coll Surg Engl* 2003; **85**: 207

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Screws with blunt heads

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Removal of screws with blunt heads is always troublesome. Screw heads get blunt if tightened too vigorously at the wrong angle. Bony ingrowth is a problem as nibbling to free the head also makes it blunt. Moreover, a higher torque is needed to remove screws than to insert them.¹

I propose using the foil from any suture material cover. This has the stiffness of a metal but is quite malleable enough to be wrapped snugly around a screwdriver tip. Moreover, it is sterile. I have found the foil to be more robust and reliable than gauze for the same purpose.

Reference

1. Gotfredsen K, Berglundh T, Lindhe J. Anchorage of titanium implants with different surface characteristics: an experimental study in rabbits. *Clin Implant Dent Relat Res* 2000; **2**: 120–8.

COMMENT ON

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S Nagraj, C Ingham Clark, J Talbot, S Walker. Which patients prefer to walk to theatre? *Ann R Coll Surg Engl* 2006; **88**: 172–3

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Which patients would prefer to walk to theatre?

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Nagraj *et al.* report that the majority of their patients prefer to walk to the operating theatre. This adds to the work of Kojima *et al.*¹ They allocated suitable patients to a group given

premedication and transfer to theatre by trolley ($n = 672$) or to remain without premedication and walk ($n = 686$). Patient age, sex and type of surgery was similar for each group. Psychological assessment before surgery showed a greater number of highly anxious patients in the premedicated, trolley group, a finding that many would think surprising.

The evidence now supports that walking to the operating theatre can have a therapeutic advantage for the majority of able patients. This adds to the opportunity for the logistical improvements in freeing up our hospital staff. Prompted by the report by Kojima *et al.*,¹ an editorial asked:² 'Why do we do what we do? Is it by choice or by habit, by convention or expedience?' In many of our hospitals, how we move our patients to theatre is based on tradition and habit, something on which we can improve.

References

1. Kojima Y, Ina H, Fujita T, Mitono H. Relieving anxiety by entering the operating room on foot. *Can J Anesth* 2002; **49**: 885.
2. Davies JM. Changing anesthetic practice: walking to the OR. *Can J Anesth* 2002; **49**: 772–6.

AUTHORS' RESPONSE

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We are in agreement that much of our practice is based on tradition and habit and may be improved upon. Thanks to Ball and Clark for their comments and, in particular, highlighting the important editorial by Davies¹ on this subject. Although in the study of Kojima *et al.*,² the observers were unblinded and had not used validated questionnaires to measure anxiety of patients, their study highlights that current practice may not be optimal in terms of patient satisfaction and use of resources. In the Davies¹ editorial on the subject of patients walking to the operating theatre, he highlights a model for the management of 'change' created by Prochaska, DiClementi and Norcross. This model highlights six stages (both behavioural and cognitive) required for a change to take place. The stages include precontemplation, contemplation, preparation, action, maintenance and relapse (if the new change is not satisfactory) or termination (if the new change is better than the old habit). It seems that on the subject of walking to the operating theatre, most hospital trusts may be ignorant of the advantages of changing current practice. We hope that our article has instituted a slight transformation by encouraging people to enter into contemplation on this subject. Most importantly, it has become clear that a very small change can have a profound impact on patient satisfaction and their overall experience of an operation. This may be in the form of a kind word, a smile or even having the choice to walk to their operation.

References

1. Davies JM. Changing anesthetic practice: walking to the OR. *Can J Anesth* 2002; **49**: 772–6.
2. Kojima Y, Ina H, Fujita T, Mitono H. Relieving anxiety by entering the operating room on foot. *Can J Anesth* 2002; **49**: 885.