Figure 1 A simple technique to control a bleeding arteriovenous fistula.

technique that can temporarily halt bleeding. A gallipot (available in most dressing packs) is placed upright on the bleeding point over folded sterile gauze and then strapped down using Micropore™ tape (3M Health Care Ltd, Loughborough LE11 1EP, UK) as shown in Figure 1. This provides adequate pressure to control bleeding and prevents the fistula from clotting off, thereby allowing for safe patient transfer.

Spinal anaesthesia for laparoscopic cholecystectomy: in practice, safe, and feasible

V SINGHAL

Department of Urology, Walsgrave Hospital, Coventry, UK

CORRESPONDENCE TO

V Singhal, Department of Urology, Walsgrave Hospital, Coventry CV2 2DX, UK.

M: +44 (0)7952 625567; E: singhalvik@yahoo.co.in

While visiting a charitable hospital in Northern India, I found spinal anaesthesia a common practice for laparoscopic cholecystectomies. Most anaesthetists had experience of over 500 cases using spinal anaesthesia and preferred the L2–L3 level. There was a consensus on using glycopyrrolate and an anti-emetic for premedication and preloading the patient with 10–20 ml/kg of intravenous fluid. Often, anaesthesia was complimented with ketamine. All recommend a 10° Trendelenburg position with a support under the head up to the angle of scapula. With close monitoring, the technique is highly successful with only a rare abandoning of procedure due to shoulder tip pain.

ENT emergency box: a new design for storage of used instruments

K BADRAN, A ARYA

Department of Otolaryngology, The Countess of Chester Hospital NHS Foundation Trust, Chester, UK

CORRESPONDENCE TO

A Arya, 35 Hopkinson Court, Chester CH1 4LE, UK

M: +44 (0)7813 410783; E: arvind7@tesco.net

Management of ENT emergencies requires the use of specialised instruments. In order to save time and resources when dealing with referrals, such instruments are often carried to the patient's bedside. Once used, they are often left on site or transferred back in exposed receivers or bags, where they are liable to be lost and/or contaminate surroundings. We introduce a new ENT emergency box that is composed of two attached compartments (Fig. 1). The upper contains clean instruments to be used while the lower contains yellow bags to store used ones. This ensures hygienic transfer of such instruments and avoids them being lost.

Figure 1 The two compartment box. The storage area is uncovered by unclipping the connecting part.