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