is pulled partially into the umbilical port under vision, while the camera is being withdrawn. The Hassan's umbilical port is then removed and the ends of the silk are grasped with artery forceps and pulled, thereby delivering the bag to the surface of the wound (Fig. 2). The bag and its contents may then be retrieved safely leaving the wound completely protected.

Discussion: Most retrieval bags have a tendency to tear or the pulling grasper may slip during extraction.² Tying a silk suture onto the BERT bag enables it to be pulled to the surface quickly and safely. The need for an additional 10-mm epigastric port or a 5-mm laparoscope to view the gallbladder during retrieval is thus eliminated. We have found this method of gallbladder retrieval simple, safe and inexpensive. We recommend its routine use during '5-mm' laparoscopic cholecystectomy.

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Figure 2 The bag and its contents may be safely retrieved via the umbilical wound by pulling on the silk suture.

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Orthopaedics

The flexor hallucis longus tendon transfer for chronic tendo-achilles ruptures revisited

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Background: Chronic or neglected ruptures of the tendo-achilles are difficult to deal with. We report excellent results following three operations in two elderly patients on long-term steroid therapy, using the flexor hallucis longus tendon.

Surgical technique: The patient is positioned prone and a thigh tourniquet is applied. The ruptured tendon is approached using a posteromedial incision. The tendo-achilles rupture is ignored and, if possible, the proximal flexor hallucis longus is sutured to the gastrosoleus. A separate medial longitudinal incision is then performed exposing the flexor hallucis longus and flexor digitorum longus at the knot of Henry. Flexor hallucis longus is detached as distally as possible and delivered through the proximal wound. A tunnel is created in the calcaneum placed just distal to the insertion of the Achilles tendon using a corer from a precision bone grafting set. A bone dowel is harvested at the same time. The harvested flexor hallucis longus tendon is then passed through the created tunnel and a bone block or a screw is used for interference fit. Both patients reported excellent results and no complications were encountered.

Discussion: Tendon transfer is a good method described for the treatment of chronic tendo-achilles ruptures. The tendons used were the flexor hallucis longus,¹ flexor digitorum longus² and the peronei.³ The flexor hallucis longus tendon transfer is considered advantageous to other tendon transfers because it is stronger,⁴ its axis of force is close to that of the tendo-achilles and harvesting the tendon is easy and unlikely to cause any complications. We believe that flexor hallucis longus transfer to replace the tendo-achilles is a low morbidity procedure which gives good-to-excellent results in individuals with low-to-moderate demand.

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