glove for the safe endoscopic removal of a sharp gastric foreign body.

Gastrointest Endosc 2000; **52**: 127–9.

5. Bertoni G, Sassatelli R, Conigliaro R, Bedogni G. A simple latex protector hood for safe endoscopic removal of sharp-pointed gastroesophageal foreign bodies. *Gastrointest Endosc* 1996; **44**: 458–61.

TECHNICAL TIPS

k-Balls – a novel method of covering Kirschner wires

ANDREW SHEPHERD, PETER COX

Department of Trauma and Orthopaedics, Royal Devon & Exeter Hospital, Exeter, UK

CORRESPONDENCE TO

Andrew Shepherd, 5 Model Cottages, Clyst St George, Exeter EX3 ORD, UK
E: andrewshepherd@doctors.org.uk

We present a novel method for covering the ends of percutaneous Kirschner wires using Caprolactone (Orthoinvent, c/o Farlacombe House, Farlacombe, Bickington TQ12 6PD, UK: enquires@orthoinvent.co.uk). Caprolactone is a biodegradable thermoplastic. It is supplied in granular form and becomes mouldable and translucent when placed in hot water (58–60°C), again becoming solid at room temperature. We mould the Caprolactone into balls around the ends of the k-wires. The balls will not fall off the wire and can easily be removed in a clinic setting. Caprolactone is non-hazardous and can be re-used by submerging it in hot water.

Figure 1 Covering Kirschner wires with Caprolactone.

Use of a vaginal speculum to assist difficult urethral catheterisation

A NARAYANAN, M O'BRIEN, RS RAJPUT, S SUNDARARAMAN
South Warwickshire General Hospital, Warwick, UK

CORRESPONDENCE TO

A Narayanan, Department of Surgery, West Wales General Hospital, Glangwili, Carmarthen, Dyfed SA31 2AF, UK.
E: aravinn_72@yahoo.com

Visualisation of the male urethral meatus for catheterisation can be difficult in situations such as morbid obesity, gross penile oedema or huge inguinoscrotal herniation. A novel technique in our experience is the use of a vaginal speculum to overcome this. Two persons are ideally required for effective use – one to stabilise the device within the penis, to visualise the meatus whilst the other performs the catheterisation itself. This technique allows visualisation of the urethral meatus and hence enables catheterisation to be performed with relative ease in such patients.

A novel use of the Sommerlad pen: preparing the nail during nailed repair

AJK PATEL¹, MJD WAGTSTAFF²

¹Dept of Plastic Surgery, Leicester Royal Infirmary, Leicester, UK

²Dept of Plastic Surgery, Nottingham City Hospital, Nottingham, UK

CORRESPONDENCE TO

AJK Patel, Department of Plastic Surgery, Leicester Royal Infirmary, Infirmary Square, Leicester LE1 5WW, UK
T: +44 (0)1162 585786; F: +44 (0)1162 585852;
E: aj.patel@virgin.net

During surgical nailed repair, if available, the patient's nail plate is often re-sited in the nail fold. This prevents formation of adhesions of the eponychium and forms a biological dressing and splint over the repair. Prior to using the nail in this way, it needs to be trimmed and cleaned, as there is commonly a thin layer of innominate tissue that could adhere to the repaired nailed. We find using the handle of the Sommerlad marking pen a very effective method for this. The handle

Figure 1 (A) The Sommerlad pen; (B) preparing the nail.