able commercially. However, a normal pillow placed inside a stockinette with two holes cut out as spaces for the legs can provide a cheap and functional alternative. The additional advantage of this system is the patient is immobilised with the pillow which cannot displace.

Use of a peel-away trocar sheath to assist suprapubic catheter replacement

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Suprapubic catheter replacement, particularly after recent insertion, can be difficult and may be complicated by bladder retraction and loss of the track. We present a simple technique to aid catheter replacement using the peel-away trocar sheath found in most suprapubic catheter sets (Fig. 1). The patient is given prophylactic antibiotics and prepared using sterile technique. The sheath is placed around the existing catheter after removal of the peel-away section (Fig. 2). The sheath is then advanced 2–3 cm into the bladder using lignocaine gel for lubrication. The existing catheter can then be exchanged safely, followed by removal of the sheath.

Figure 1 Typical suprapubic catheter set.

Figure 2 Peel-away trocar sheath.

Positioning for tendo Achilles repair

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The tendo Achilles is prone to rupture in the middle-aged population. The ruptures can be treated surgically or non-operatively and surgical repair has been noted to be a safe option. The risk of re-rupture is less in patients undergoing surgical repair. Surgical repair is usually carried out with the patient lying prone or lateral. The prone position is potentially more demanding for the anaesthetist. We use a position called the 'figure-4 position' as shown in Figure 1. In this position, the patient lies supine with the leg flexed between 60–80° at the knee and placed over the other leg in a figure-4 position. We have operated on over 25 patients using this technique with a posteromedial incision over the tendo Achilles rupture area and have not encountered any difficulties during the procedure.

Figure 1 The figure-4 position for tendo Achilles repair.

The bagpipe irrigation system

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Numerous techniques have been described with which to irrigate wounds. Some designed for use in theatre utilise specifically designed equipment whilst others are improvisations and modifications of equipment designed for other purposes.¹ We have been using one such method, which allows controlled, directed