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

administration of large quantities of saline under pressure or in a pulsatile fashion, which we feel appropriately for our location, resembles a bagpipe. A saline bag (akin to the reservoir bag of the bagpipe) connected to a Yankauer suction tube (the chanter) is held in the axilla between the lateral chest wall and the medial upper arm. This allows the flow rate to be controlled or pulsed by pressure exerted by abduction of the arm and the stream directed using the tube. The entire system has the advantage of being held with just one arm, leaving the other hand free. We feel this is a simple, elegant and easily reproducible method, using readily available materials, which can be used in trauma situations 'in the field'.

Reference

1. McKenzie J, Cashman JP. Wound irrigation: simple delivery by the litre. *Ann R Coll Surg Engl* 2004; **86**: 53.

A simple technique for accurate placement of patch angioplasty apex sutures

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Figure 1 Schematic representation of the described technique during right carotid endarterectomy. Abbreviations: CCA, common carotid artery; ECA, external carotid artery; ICA, internal carotid artery; STA, superior thyroid artery.

Haematoma formation following carotid endarterectomy is a common cause of postoperative hoarseness and often results from inexact placement of proximal angle arterial wall sutures during patch application. A simple method that permits accurate placement of each suture at the right distance and correct bite is for the assistant to apply tension to the suture in the opposite direction to its path of travel following passage through the patch rather than the artery, as is traditional (Fig. 1). This opens up the anastomosis allowing placement of the subsequent arterial wall suture under direct vision whilst maintaining tension on the anastomosis line.

DIY laparoscopic kit

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With the on-going reduction of junior doctors' hours, surgical trainees find it ever more difficult to establish their laparoscopic

Figure 1 The BioStatIT DIY laparoscopic kit.