Figure 1 Reconstruction of CT images demonstrating hypertrophic and enlarged gastroduodenal and pancreaticoduodenal arteries.

Figure 2 Endovascular stenting across coeliac occlusion.

was found to have a coeliac occlusion, detected on staging CT scanning. The give away was an abnormally enlarged gastroduodenal artery (Fig. 1). The diagnosis was confirmed by arteriography and pre-operative endovascular stenting of the coeliac trunk was performed (Fig. 2). At surgery, there was no difference in the CHA pulse or Doppler pressures and waveforms before and after clamping the gastroduodenal artery due to an adequate hepatic arterial inflow from the stented coeliac artery. This technique also allows single-stage pancreaticoduodenectomy with perhaps less morbidity than re-implantation of a major visceral artery.

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COMMENT ON

doi 10.1308/003588407X205521

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doi 10.1308/003588408X261735

A simpler approach

SATOSHI HORI, MARK ROCHESTER

Department of Urology, West Suffolk Hospital, Bury St Edmunds, Suffolk, UK

CORRESPONDENCE TO

Satoshi Hori, Department of Urology, West Suffolk Hospital, Bury St Edmunds, Suffolk IP33 2QZ, UK

M: +44 (0)7973 220399; E: satoshi@doctors.org.uk

Although the described technique of using an introducer to aid the insertion of a urethral catheter in these patients seems simple and logical, we propose an even easier technique that does not require the use of an introducer.

First, the patient's legs are abducted and knees bent as for pelvic examination. Second, a two digit assessment (using the index and middle finger of the left hand) of the vagina is made to locate the urethral meatus along the anterior vaginal wall. If the urethra is found to be recessed, the index and middle fingers are angled anteriorly to guide the urethral catheter through the meatus. This technique has proved to be useful not only during the insertion of a urethral catheter, but also when performing flexible cystoscopy in the elderly.

COMMENT ON

doi 10.1308/003588407X205459

MD Pacifico, RA Pearl, R Grover. The UK Government two-week rule and its impact on melanoma prognosis: an evidence-based study. *Ann R Coll Surg Engl* 2007; **89**: 609–15

doi 10.1308/003588408X261762

Capacity and the two-week rule

BEN DEAN

Nuffield Orthopaedic Centre, Oxford, UK

CORRESPONDENCE TO

Ben Dean, Flat 3, 298 Banbury Road, Oxford OX2 7ED, UK

E: bendean@doctors.org.uk

After reading this report, I could not help but feel that the conclusion reached that the 'two-week rule' has an evidence in melanoma survival was slightly misleading. I say this because it appeared that the introduction of the new Pigmented Lesion Clinic (PLC) was rather more causal than