COMMENT ON

doi 10.1308/003588407X209356

R Ahmad, S Ahmad, M Radford. A novel technique for wound irrigation. *Ann R Coll Surg Engl* 2007; **89**: 727

doi 10.1308/003588408X285847

Wound irrigation

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Several similar articles have been written both in this and other journals. Methods vary in complexity from simply cutting the outflow portal off a bag of saline, to using a 60-ml syringe with a 19-gauge needle, a giving set or a Yankauer sucker.^{1,2}

All of the significant advantages claimed for these methods are shared by an unreported, but often used, technique involving a sawtells artery forcep and a bag of fluid. The clip is applied to the outflow port of the bag which is then cut distally (Fig. 1). The rate of flow can be varied by the pressure applied and the amount of outflow obstructed by the clip. This can be varied from a fine stream to the 2 l/min described by Karuppasamy *et al.*² by fully removing the clip.

As with the method of Ahmad and colleagues, this technique offers no opportunity for contamination or needle stick injury. Furthermore, it uses equipment found in every operating theatre, the flow can be directed single-handedly and it delivers fluid at high or variable pressure. It does require the use of scissors, but few surgeons will find this a disadvantage!

References

1. Landsmeer R, Tek V, Khanduja V. A quick and simple technique for irrigation of open fractures. *Ann R Coll Surg Engl* 2006; **88**: 591.
2. Karuppasamy K, Hutton M, Porteous M. A novel system for the irrigation of open fractures. *Injury* 2004; **35**: 980–1.

Figure 1

ERRATUM: Technical Tip

A simple technique for accurate placement of patch angioplasty apex sutures

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Please accept our sincere apologies for the omission of the 2nd and 3rd coauthors from this Technical Tip published on p167 of the March issue (*Ann R Coll Surg Engl* 2008; **90**: 167).