Letters and comments

Contributors to this section are asked to make their comments brief and to the point. Letters should comply with the instructions to authors at <http://www.rcseng.ac.uk/publications/annals/authorinstructions.html>. Tables and figures should only be included if absolutely essential and no more than five references should be given. The editor reserves the right to shorten letters and subedit contributions to ensure clarity.

COMMENT ON

doi 10.1308/003588407X232143

I Singh, N Panesar, P Ng. How to avoid a second 10-mm port during laparoscopic appendectomy and laparoscopic hernia repair. *Ann R Coll Surg Engl* 2007; **89**: 815–24

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A cautionary note

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Having read this article on the avoidance of a second 10-mm port in laparoscopic appendectomy, I would recommend some caution. This was a technique I previously employed until, during one operation using this approach, the appendix became divided during its passage through the port. This occurred despite having visualised the end of the appendix all the way out of the port and necessitated retrieval of the remaining appendix and further washout. Although the patient involved had no deleterious outcome, this led to a change in my practice.

Now, in order to allow appendectomy using a single 10-mm port, I would recommend inserting a collection bag with a tail via the 10-mm port. The bag can be held open using the tension of the tail against the 10-mm port and one grasper whilst the appendix is placed in the bag. The bag can then be retrieved using the tail at the end of the procedure when withdrawing the 10-mm port. I have found this

to be easy to perform and it allows the surgeon greater peace of mind.

COMMENT ON

doi 10.1308/003588407X209356

P Guyver, K Vanstone, T Nowlan, K Trimble. Drug safety with regard to intra-operative local anaesthetic administration. *Ann R Coll Surg Engl* 2007; **89**: 725–31

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Viewing the expiry date on clear plastic vials

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We agree with the observation about the difficulty in verifying the expiry date on clear plastic vials of local anaesthetic, particularly under the bright lights of the operating theatre. We have overcome this problem by dipping the end of the vials in povidone iodine, which is readily available in theatre, thus negating the requirement for, and cost of, permanent marker pens.

Figure 1 The 'dipping' technique.