Figure 1 (A) Pre-operative anatomy. (B) Postoperative anatomy, cephalic vein left in continuity. (C) Postoperative anatomy, cephalic vein ligated.

venous drainage from the forearm will maintain patency of the cephalic vein in the arm in the event of median cubital vein occlusion secondary to anastomotic intimal hyperplasia. Furthermore, if the fistula is ligated following transplantation, cephalic vein drainage is preserved allowing the future formation of a brachiocephalic fistula.

Technique for ensuring good corners at top anastomosis for abdominal aortic aneurysm repair

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Figure 1 Diagram of suture placement to ensure good inlaying of corners at the top anastomosis in AAA repair.

This technique ensures good corners of the top anastomosis for abdominal aortic aneurysm repair. The back wall is sutured from within to without the graft and then taking deep bites of the back wall of the aorta 'parachuted'. At the corner, a bite is taken in the graft within to without. The needle is then passed from inside to outside the aorta causing inlaying. The needle is then reversed on the aorta to pass through it again from out to in. The next suture is placed on the front wall of the graft without to within inlaying the front wall (Fig. 1).

SECTION EDITOR'S COMMENT

The authors of this paper have acknowledged that it is not an original technique. Since its submission, there have been other references to this technique in the literature. It is one that I have used for over 20 years. Nevertheless, our reviewer felt that it was worth publicising in the technical section and I hope that readers find it useful.