Figure 1 The 'neck-line' incision post surgery.

than conventional incisions. The cutaneous innervation of the clavicular region, via subclavicular branches (C4, C5), travels typically in the sagittal plane under the platysma; an incision closer to this plane may reduce postoperative sensory loss. The incision allows adequate exposure of the clavicle for surgical fixation due to tissue mobility, and patients can conceal the scar more effectively with their clothes.

The 'glove cuff' technique for difficult stomas

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In patients with generous abdominal walls and bulky mesenteries, fashioning stomas can be difficult. Struggling to pass the bowel and its mesentery through the stoma can damage the local blood supply. We propose a method which eases this passage. Cut the fingers off a surgical glove, and place the colon in the lumen of the remaining glove cuff (Fig. 1). Pass an instrument through

Figure 1 Colon placed in the glove cuff.

Figure 2 Delivering the colon through the abdominal wall.

the external stomal opening and apply gentle traction to the glove and bowel, delivering the colon through the abdominal wall (Fig. 2). We have found the technique to facilitate passage of the mesentery, reducing trauma to the delicate tissues.

Hand in glove

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Kinking of the radial artery line is a common problem with malpositioning of the hand in the anaesthetised patient during surgery. Line kinking can cause digital ischaemia¹ and altered arterial blood pressure readings. Repositioning the line whilst the patient's hand is under

Figure 1 Hand positioned around inflated latex glove avoids kinking of the radial artery line.