Figure 1 Vascular clamp controlling the femoral artery.

support them. Figure 1 shows the vascular clamp in position controlling the femoral artery. After the operation has been completed, the separate skin incisions can be utilised for placement of drains if required.

DIY surgical knot-tying tool

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The ability to tie a safe, secure knot is one the first and most fundamental skills that a surgeon learns. Traditional simulators that are used by trainee surgeons to practise knot tying are based around a fixed hook attached to a surface or attached inside of a

Figure 1 Illustration of technique.

cup to simulate knot tying down into the pelvis. It has been suggested that the more junior a trainee surgeon is the more force they apply to the structure being tied. *In vivo*, this can result in problems like vessel avulsion. This simple DIY technique allows a trainee surgeon to practise knot tying whilst also practising the skill of not applying too much force to the structure being suture ligated, something that can not be practised on a fixed hook simulator. An empty 330-ml drink can is needed. The ring pull is positioned upright as illustrated (Fig. 1). The can is placed on a piece of A4 paper and a circle drawn around the side of the can. The trainee then uses the ring pull to practise tying knots without moving the can outside of the circle or lifting the can from the surface. This provides for a cheap, simple and readily available training tool.

Tibial bone grafting for lateral tibial plateau fractures

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Sources of bone graft for treating lateral tibial plateau fractures include iliac crest, distal femur and medial tibia.¹ We describe a technique whereby bone is taken from the lateral tibia itself thus avoiding donor site morbidity. Figure 1 illustrates metaphyseal cancellous bone being translocated to fill a subchondral bone