piece of equipment found in operating theatres world-wide – the ordinary face mask. Simply tying the ends around the patient's thigh on either side (Fig. 1) will elevate the scrotum in a sling-like fashion for easy access during peri-anal and urological surgery.

'The Hillingdon Hoover'

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In response to recent concerns about complications and litigation following gallstone spillage without removal during laparoscopic cholecystectomy,¹ we suggest a simple, cheap and effective technique to remove loose gallstones. Standard 5-mm suction/irrigation laparoscopic sets cannot aspirate larger stones; whilst wider bore devices are available, they cost approximately £200. A length of standard suction tubing (10 mm; cost 60p) is prepared by cutting two small holes near the distal end with a third 30 cm from the end. The tube passes through the 10/12-mm epigastric port and, with digital control over the third hole, stones are 'hoovered' up.

Figure 1 'The Hillingdon Hoover'

Reference

1. Mullerat J, Cooper K, Box B, Soin B. The case for standardisation of the management of gallstones spilled and not retrieved at laparoscopic cholecystectomy. *Ann R Coll Surg Engl* 2008; 90: 310–2.

A simple 'parachute' technique for placement of extraperitoneal mesh in abdominal wall hernia repair

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The satisfactory placement of extraperitoneal sub-layer meshes in abdominal wall hernia repair can be technically challenging. Achieving adequate 5-cm sub-layer margins beyond the edges of the fascial defect without crumpling of the mesh can be problematic, resulting in sub-optimal mesh positioning. We describe pictorially a simple method of mesh 'parachuting' into the extraperitoneal space with accurate 4-point peripheral mesh fixation without the need for extension of the fascial defect or compromise of sub-layer distances, both of which can contribute to hernia recurrence.

Figure 1 Diagrammatic representation of the 'parachute' technique for placement of extraperitoneal mesh.