catheter. The catheter is pierced as shown, providing ample pressure to keep the alcohol-soaked gauze against the skin (Fig. 1). A £6.63 catheter (Foley catheter; Bard Limited, West Sussex, UK) provides approximately 18 bungs at £0.37 each which, when combined with a piece of gauze at £0.03 each (NHS Logistics), equates to a saving of £1.84 per unit.

Pre-contouring plates using synthetic bone models as a template to aid minimal access fracture fixation

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We report a technical tip for pre-contouring plates using synthetic bone models to aid reduced access surgery. By ensuring the soft tissues within the fracture envelope are less disturbed, the healing environment is improved. Using a synthetic bone model as a template,

Figure 1 Pre-contoured plate using synthetic bone femur as a template.

plates may be pre-contoured (Fig. 1). Synthetic bone models are sterilisable, so pre-contouring can be done intra-operatively. Many pre-contoured plates are available, but are more expensive. In healthcare circumstances where additional costs are unfavourable, this tip is useful. We commend this novel method of pre-contouring plates in order to make fixation less invasive.

A simple technique for *in situ* renal artery perfusion during abdominal aortic aneurysm repair

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Abdominal aortic aneurysm complicated by aberrant renal anatomy such as pelvic kidney (Fig. 1) present a technical challenge to try and prevent ischaemic damage during cross clamping. We describe the use of the Pruitt-Inahara® Carotid Shunt with T-Port (LeMaitre Vascular Inc., Boston, MA, USA) in such a situation to allow cold perfusion of the kidney. After opening the aneurysm sac, the origins of the renal arteries are identified and cannulated with the shunt. The T-port is connected to a pressurised cold saline bag and this is used to perfuse the kidney during cross clamping. This simple technique is also suitable for perfusion of normal renal arteries during more complex procedures such as suprarenal aneurysm and thoraco-abdominal aneurysm repair and avoids the morbidity associated with a further vascular procedure such as an axillo-renal bypass.

Figure 1 The complex aneurysm of the one patient in whom we have used this technique.