normal saline) then suction, the extensive oesophageal clot can be gradually broken apart and removed. To reduce the potential of subsequent clot formation, a three-way Foley catheter can be placed trans-nasally, creating a port for periodic irrigation and aspiration.

DISCUSSION

The technique described – repeated cycles of irrigation and suction – is a cheap, simple and effective way of removing large clots from an oesophagus to facilitate diagnostic and therapeutic endoscopy. The use of a three-way catheter to prevent clot re-formation is an established practice in bladder and prostate surgery. To date, we have used the technique successfully in two patients with this unusual problem; in the case shown here, subsequent endoscopy revealed a fresh oesophageal ulcer to be the source of the bleed.

A definitive technique for burying the knot following cancer resection

GREG McMAHON, ATUL BAGUL, FAHREYAR ALAM, ASHLEY DENNISON

Department of Hepatobiliary Surgery, Leicester General Hospital, Leicester, UK

CORRESPONDENCE TO

Greg McMahon, Department of General Surgery, Leicester General Hospital, Gwendolen Road, Leicester LE5 4PW, UK
E: gregmcmahon@hotmail.com

Figure 1 Loose 'chain' of three or four knots about 10 cm in length.

Figure 2 At least two knots pulled through the probe.

Figure 3 The probe is retrieved back through the corner of the closure, taking the suture and knot with it into the abdomen.

BACKGROUND

Disease recurrence is a major concern for patients who have undergone resection of intra-abdominal tumours. If not adequately buried, the bulky knot of synthetic suture in the abdominal closure can be indistinguishable from disease recurrence, aside from causing sustained local discomfort.

TECHNIQUE

Standard mass closure of the wound is achieved from the extremities towards the centre with two continuous, looped 1-nylon sutures. A probe is passed between adjacent throws of suture 2–3 cm from one end of the wound, along its underside, to emerge through the middle. The closure is then completed and the two sutures tied to each other, with the probe *in situ*. Several further throws are then placed at intervals, to create a loose ‘chain’ of three or four knots about 10 cm in length (Fig. 1). This is fed through the eye of the probe, so that at least two knots have been pulled through (Fig. 2). The probe is then briskly retrieved back through the corner of the closure, taking the suture and knot with it into the abdomen (Fig. 3). The suture is then trimmed at its exit from the abdomen, leaving no palpable nylon in the wound.

DISCUSSION

This technique guarantees that the knot always lies intra-abdominally. This alleviates future anxiety in this group of patients who could otherwise mistake an unburied suture for disease recurrence. It also eliminates the discomfort that could otherwise be associated with a palpable knot.

A useful technique for the control of bleeding following peripheral vascular injury

WILL BJ RUDGE¹, BEN CJ RUDGE², CHRIS J RUDGE³

¹Department of Orthopaedics, St Helier Hospital, Carshalton, UK

²Department of Orthopaedics, Royal National Orthopaedic Hospital, Stanmore, UK

³National Clinical Director for Transplantation, Department of Health, London, UK

CORRESPONDENCE TO

Will Rudge, E: willrudge@doctors.org.uk

BACKGROUND

The majority of arterial bleeding from the peripheral vasculature can be controlled with relative ease by direct pressure. The most effective way of applying pressure is by hand, but this is not practical for prolonged periods. A traditional pressure dressing of gauze and bandage is often ineffective in providing point pressure and may result in a tourniquet effect as bandages are repeatedly tightened. We describe a simple dressing technique for providing localised pressure, using equipment readily available in any ward or emergency department (Fig. 1).

TECHNIQUE

Initially, a small non-adherent dressing is placed over the site of bleeding. Then the lid of a small specimen pot is very firmly packed with cotton wool and positioned directly over the site where pressure is required (Fig. 2). This is secured in place using

Figure 1 Equipment required.

Figure 2 Positioning of a small specimen pot firmly packed with cotton wool.

Figure 3 (A) Application of bandage. (B) Final result.

a bandage around the limb. During the application of the bandage, as it crosses over the lid it is twisted through 180° in order