to provide pressure specifically over the bleeding point (Fig. 3). This gives excellent point pressure exactly where required, and can control bleeding without compromising distal blood flow.

DISCUSSION

We have not found this technique previously described in the literature. It was initially developed for use in dialysis units to control excessive bleeding from arteriovenous fistulae but the authors have also used it successfully in various trauma situations, including radial and brachial artery injuries. It is effective, quick, simple to apply and safe, and provides control of bleeding until definitive intervention.

TECHNICAL TIP

A simple aid to wire localisation procedure in breast surgery: 'covering the hook-wire with a needle

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The hooked wire used for localising impalpable lesions in the breast is soft and malleable. Inadvertent cutting with diathermy

Figure 1 Protecting needle prevents inadvertent cutting of wire.

Figure 2 Position of wire tip can be assessed by moving the hub of the needle up, down or sideways.

or scissors¹ and difficulty in locating its tip may be problematic during operation. To overcome this, we use a blunt 18-G needle to cover the wire. It prevents inadvertent cutting of the wire (Fig. 1), helps in locating wire tip accurately by moving the hub of the needle (Fig. 2) and minimises breast deformity as less tissue is removed due to better identification of the position of the lesion. In our experience, this is a useful tip for breast surgeons.

Reference

1. D'Orsi CJ, Swanson RS, Moss LJ, Reale FR, Wertheimer MD. A complication involving a braided hook-wire localization device: *Radiology* 1993; **187**: 580–1.