threads are fed through the U at the tip (Fig. 1). The wire is then withdrawn (Fig. 2) pulling both the core suture and tendon with it (Fig. 3).

DISCUSSION

Dental wire is cheap and readily available. It is strong, flexible and thin, thereby providing the ideal mechanical properties to allow it to pass through the pulley system and bring the tendon with it on withdrawal.

ACKNOWLEDGEMENT

This technique is not attributable to the authors but is worth recording for those who are not aware of it. We would like to acknowledge Mr Harry Belcher for demonstrating this technique to the senior author.

A novel technique for biliary T-tube fixation

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BACKGROUND

T-tube placement following bile duct exploration remains commonplace.¹ Displacement of the tube prior to planned removal can result in significant morbidity and even mortality.² Since T-tubes are often left *in situ* for an extended period of time,³ appropriate fixation is paramount. The physical properties of latex mean that adequate fixation is difficult to achieve. Overly tight retaining sutures can result in luminal obliteration impeding bile drainage, with too lax a ligature precipitating T-tube displacement. We describe a novel method of T-tube fixation that provides security whilst maintaining luminal integrity of the T-tube.

TECHNIQUE

Once the draining limb of the T-tube is brought out through the skin, a 1-cm segment length is removed from its free end. This short segment is placed over an artery clip and stretched to increase the luminal diameter. This dilated segment is then fed over the remainder of the draining limb until it is flush with the skin. This provides a cuff which presents an anchoring point for suture fixation without narrowing the tube lumen. Two sutures are then placed around the cuff and tied onto the skin. Further T-tube security is provided by coiling the tube under a clear dressing, which may prevent displacement following inadvertent traction.

Figure 1 Segment of tubing dilated with an artery clip being fed over the T-tube. The image was taken using a surgical simulation latex skin.

Figure 2 Sutured cuff *in situ* – the retaining sutures are visible beneath the cuff. The image was taken using a surgical simulation latex skin.

DISCUSSION

The fixation of a biliary T-tube would seem a simple task; however, many methods fail to provide safe anchoring while still allowing the tube to function correctly. This method of tube fixation helps to minimise the risk of T-tube displacement or blockage.

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Safe and re-usable splinting for hand surgery

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BACKGROUND

The incidence of complications, particularly wound infections,