insertion, imprinting the skin (Fig. 1). For oblique-ended ports, the incision is made across the width of the imprint (Fig. 2). The diameter of the imprint of an oblique-ended 5-mm port is 8 mm; thus an incision across this provides a wound circumference of $2 \times 8 \text{ mm} = 16 \text{ mm}$, equating with the circumference of a 5-mm port.

Figure 1 Imprint on the skin made by port without the trocar.

Figure 2 Skin incision extending across the width of the imprint.

Alternative method for placement of seton sutures in fistula-in-ano

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Placement of seton sutures is often difficult, requiring the passage of a large knot through the fistula tract. This can be avoided by feeding the end of a 0 polypropylene suture through the groove on the inner curve of a Lockhart-Mummery probe. The other end of the suture is again passed through the tract, leaving both free ends at the external opening. This creates a loop at the internal opening through which a vascular sling is placed. The suture is drawn through and the sling tied loosely. The knot is secured with a silk stitch to prevent it slipping.

The digital age: a new trick

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To apply tubular finger dressings effectively either a wireframe or finger bob is necessary. These are often not readily available or unclean. A plastic syringe can fulfill the same role. The cost of wireframes varies from £5 to £30. Plastic syringes cost between £0.20 and £0.50. A plastic syringe can also be discarded if contaminated by the wound.

The plunger is removed and the flange around the plastic syringe is cut off using heavy scissors (Fig 1). The tubular dressing is mounted on the syringe in a similar way to the wireframe (Fig 2). A 60ml syringe is suitable for all the digits.

Figure 1 A wireframe and syringe

Figure 2 Tubular dressings applied to a wireframe and a syringe