The unequal surgical wound

G Alex

Department of General Surgery, Scunthorpe General Hospital, Scunthorpe, UK

CORRESPONDENCE TO

George Alex, E: drgeorgealex@doctors.org.uk

One of the not uncommon situations encountered during skin closure is a disparity between the lengths of the two sides of the wound. A technique that is a combination of the horizontal and vertical techniques of inserting subcuticular sutures is proposed. Along the longer wound edge, a horizontal bite is taken. This is followed by a vertical bite along the shorter wound edge. This is then followed by a horizontal bite and so on (Fig 1). By alternating between horizontal and vertical sutures, the wound is closed with good approximation between the previously unequal wound edges.

Figure 1 Horizontal and vertical sutures for unequal wound edges

The modified recovery position for posterior leg surgery

JMD Williams, A Bebbington

Morrison Hospital, Swansea, UK

CORRESPONDENCE TO

John Williams, E: djwilliams1980@yahoo.co.uk

Conventionally used to approach the posterior leg, the prone position poses an anaesthetic challenge with changes in respiratory and cardiovascular physiology and an increased risk of pressure injuries and nerve damage.¹ To avoid prone positioning, for an approach to the left leg, the patient is placed in the left lateral position with hips and shoulders slightly rotated. With the right hip and knee flexed, the torso remains in the lateral position while the left leg is optimally placed for unilateral posterior leg surgery such as an Achilles tendon repair.

Reference

1. Edgcombe H, Carter K, Yarrow S. Anaesthesia in the prone position. *Br J Anaesth* 2008; **100**: 165–183.

Figure 1 Patient positioned to approach the posterior left leg

A simple technique to maximise eye protection for surgeons with prescription glasses

T Boutefnouchet

Department of Trauma and Orthopaedics, Russells Hall Hospital, Dudley, UK

CORRESPONDENCE TO

Tarek Boutefnouchet, E: tboutefnouchet@hotmail.com

Figure 1 Soft wire within the mask automatically conforms to the shape of the forehead and shield folds around the side of the face for added protection

This technique offers an effective alternative to eye protection with the added benefit of practicality for surgeons who wear prescription glasses. A standard facemask with visor shield is worn as shown in Figure 1. This modification prevents splashes from passing over the top of the visor and reflection of the operating theatre lights from the inner surface of the visor. The protective attributes associated with more expensive devices such as plastic glasses and goggles are also provided. It offers close proximity to the face and protection over the superior and lateral periorbital regions. It has a calculated price of £1.86 per unit.