TECHNICAL TIPS

Infusable® pressure bag support for thyroid surgery**AR Harper, A Gandhi**

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The positioning of patients for optimal access in thyroid surgery is paramount. We describe a technique whereby the angle of the neck can be greatly increased during the operation and then released to ensure a tension free closure using a common anaesthetic item.

By positioning an Infusable® white nylon intravenous pressure bag (Vital Signs Inc, Totowa, NJ, US), or similar, underneath the patient's shoulder blades, the neck can be maximally extended by inflating the bag. It is easily and quickly deflated by the anaesthetist for closure. Benefits include improving access, elevating slightly retrosternal goitres from the thorax and removing the struggle with saline bags or other supports.

An inexpensive and useful anal speculum**SJ McLaughlin¹, S Rogers-Wilson²**¹Department of Surgery, Western Hospital, Melbourne, Australia²Department of Surgery, Dandenong Hospital, Melbourne, Australia**CORRESPONDENCE TO****Stephen McLaughlin**, E: macando@bigpond.com

There are many handheld and self-retaining anal retractors on the market. All vary in price, availability and utility. Sims' vaginal speculum is standard in most hospitals' instrument inventory, in both developed and developing countries. A simple modification by transecting the stem and rotating one blade through 180° creates the perfect anal speculum (Fig 1). This modification can be achieved by any local tradesman or instrument maker at a modest cost compared to the purchase of a dedicated instrument. We use this modified Sims' speculum for a variety of anal procedures including haemorrhoidal ligation in the office, where the patient can attend to handheld retraction!

Figure 1 Sims' speculum (left) and modification (right)

Emergency catheter insertion with a tight urethral stricture and empty bladder**S Ganapathi, N Katsoulas**

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Attempts at urethral catheterisation using Foley's catheter invariably fails in patients with tight urethral strictures. However, a lubricated fine bore infant feeding tube can usually be negotiated through the stricture. Once urine is noticed, up to 1l of normal saline can be infused through the tube. The bladder distension can be confirmed by percussion or using a standard bladder scanner. A suprapubic catheter can then be inserted in the usual way. This procedure can be very useful in critically ill patients, particularly when specialist urological advice is not available, where a urinary diversion is required along with urine output measurements.

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

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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.

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