Figure 1 Hydrophilic-coated female Nelaton catheters

gency setting by junior doctors. It allows early discharge of the patient and saves additional invasive procedures. It is less traumatic compared to other methods as well as being cost effective. A silicone catheter is preferable to a latex catheter as it is more rigid and therefore easier to reinsert via the dilated tract. We have dilated five tracts in the last two months without any complications.

References

1. Thrasher JB, Kreder KJ. Suprapubic tube tract dilation using the Otis urethrotome. *Urology* 1993; **41**: 247–248.
2. McInnes BK. Use of Otis urethrotome to reopen stenotic suprapubic tract. *Urology* 1981; **17**: 373.

TECHNICAL TIPS

Aiding the insertion of polyurethane coated breast implants

ME Smith, AJ Durrani
Addenbrooke's Hospital, Cambridge, UK

CORRESPONDENCE TO

Matthew Smith, E: matthewsmith@addenbrookes.nhs.net

Polyurethane foam covered implants are a popular choice for breast augmentation but insertion can be more problematic than with standard implants due to the highly adherent textured surface. We utilise a simple method to facilitate implant insertion and adjustment, and simultaneously deliver perioperative analgesia. Prior to implant insertion, 11ml of Instillagel® (lidocaine hydrochloride 2.0%, chlorhexidine digluconate 0.25%; CliniMed Ltd, High Wycombe, HP10 9QY) is placed within the manufacturer's plastic insertion sleeve. The gel surrounds the implant, lubricating and delivering anaesthetic to the pocket. We routinely use this technique without complication or evidence of implant migration or rotation at follow up.

The modified recovery position for posterior leg surgery

JMD Williams, A Bebbington
Morriston 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. Edcombe 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