techniques. Nevertheless, any needle that breaches the capsule, including during FNA,¹ risks seeding the disease. Identifying such morbidity depends on careful follow-up, which is necessarily poor for the majority of parotid lumps. In addition, it is not clear that USCB is any less operator dependent than FNA.

The choice of preoperative investigations balances the potential diagnostic benefit against the costs and risks of the procedure. Accordingly, there may be a role for USCB in salivary gland tumours but the value of less intrusive FNA cannot be dismissed, especially when cytology expertise is available.

Reference

1. Supriya M, Denholm S, Palmer T. Seeding of tumor cells after fine needle aspiration cytology in benign parotid tumor: a case report and literature review. *Laryngoscope* 2008; **118**: 263–265.

Fingerless gloves for hand trauma cases

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COMMENT ON

Tang SW, Bebbington A. Fingerless gloves for hand trauma cases. *Ann R Coll Surg Engl* 2011; **93**: 175
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Tang and Bebbington have described a simple yet effective method of minimising contamination from adjacent surfaces during hand surgery with the use of a sterile surgical glove to isolate the surgical site. They also proposed the use of a rolled-down finger portion of the glove to be used as a finger tourniquet. The fact that this rolled-down finger tourniquet is not detached from the surgical glove may reduce the risk of leaving the tourniquet in situ after surgery. Iatrogenic digital ischaemic injuries may therefore be avoided.

However, the use of a surgical glove as a digital tourniquet must be employed with great caution. The National Patient Safety Agency (NPSA) reported incidences of digital necrosis requiring subsequent amputation as a result of rubber or surgical glove finger tourniquets being left in situ.¹ In reducing the risks of digital tourniquets being left after finger or toe surgery, the NPSA recommended that digital tourniquets should be brightly coloured and have a CE mark. The use of surgical gloves was also discouraged.

The finger tourniquet described by Tang and Bebbington was highly visible as the rolled-down portion remained attached to the surgical glove. Nevertheless, the use of non-bright coloured surgical glove/rubber as a tourniquet will need to be exercised with caution.

Reference

1. National Patient Safety Agency. *Rapid Response Report NPSA/2009/RRR007: Reducing risks of tourniquets left on after finger and toe surgery*. London: NPSA; 2009.

Authors' response

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While the use of a single finger cut from a glove should be discouraged as mentioned, it is highly unlikely that a surgeon would leave on a whole rubber glove and fail to remove it. Nevertheless, a simple way to avoid this is to use coloured gloves. (Either bright blue latex free or bright green gloves are widely available.) These would be an even bigger visual warning than commercially available finger tourniquets that a tourniquet had been inadvertently left on!

Consent

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COMMENT ON

Bogod D. Consent. *Ann R Coll Surg Engl* 2011; **93**: 265–267
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I read Dr Bogod's article with interest. It raises several important points:

1. The Mental Capacity Act 2005 (MCA 2005) provides for advance decisions to be formulated.
2. The MCA 2005 provides for the appointment of independent mental capacity advocates (IMCAs) but it needs to be clearly understood that the role of these individuals is only to provide background information to the decision maker so that the best interests of the patient can be determined. The IMCA has no role in defining the best interests, is not a decision maker and therefore, most importantly, does not 'act on behalf of incapable patients'. Rather, the IMCA gathers information about the patient that will influence the doctor's eventual decision about what may or may not be in the patient's best interest.

The IMCA would not usually be instructed in the case of Dr Bogod's patient as she is accompanied by her daughter. The IMCAs are generally involved only in the case of 'unbefriended' patients who lack capacity, where there are no other persons who can inform the doctors of matters that may influence the determination of the patient's best interests.