contains 30 titanium tacks, meaning that should the first attempt fail, additional attempts can be made. Finally, as the ProTack™ is a laparoscopic instrument, it may offer potential for controlling bleeding during laparoscopic surgery or in awkward places.

DECLARATION

The authors declare no commercial conflict of interest.

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Patient-led day-case wound care following limb surgery

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Wound management can be costly and time consuming. We present a method of supplying patients dressings to allow self-care. A bulky bandage is often applied over an adhesive dressing and usually removed 48 hours postoperatively to allow mobilisation. The dressing often needs replacement, requiring a clinic appointment or replacement by the patient. In our experience, dressings given to patients are often lost or forgotten. We suggest placing a dressing between the layers of bandage during surgery, which the patient finds when removing the bandage. Excellent feedback shows patients feel empowered and less anxious. The price of a dressing may reduce clinic visits and the financial burden.

Figure 1 Positioning of the dressing

Use of a sterile lightweight, cut-resistant Kevlar® glove to safely extract foreign bodies

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Exploration of the body cavity and retrieval of foreign bodies is hazardous after penetrating trauma. Foreign bodies entering the body cavity are often sharp and fragmented. We describe a technique in which a lightweight, cut-resistant glove made from Kevlar® (DuPont, Wilmington, DE, US) (Fig 1) is placed over a standard surgical glove to provide adequate protection from injury while allowing the flexibility essential for surgery. The Kevlar® glove needs to be sterilised and packaged prior to use. After removal of all foreign bodies, the surgeon can simply remove the cut-resistant glove and continue operating with standard surgical gloves.

Figure 1 Lightweight, cut-resistant Kevlar® glove