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.

References

1. Hammond KL, Margolin DA. Surgical hemorrhage, damage control, and the abdominal compartment syndrome. *Clin Colon Rectal Surg* 2006; **19**: 188–194.
2. Hill AD, Menzies-Gow N, Darzi A. Methods of controlling presacral bleeding. *J Am Coll Surg* 1994; **178**: 183–184.
3. van der Vurst TJ, Bodegom ME, Rakic S. Tamponade of presacral hemorrhage with hemostatic sponges fixed to the sacrum with endoscopic helical tackers: report of two cases. *Dis Colon Rectum* 2004; **47**: 1,550–1,553.
4. Lucarotti ME, Armstrong CP, Bartolo DC. Control of presacral bleeding in rectal surgery. *Ann R Coll Surg Engl* 1991; **73**: 289–290.

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