topical skin adhesive. Figures 1B and 1C reveal the wound check on day 7 without removing the adherent Kaltostat® and on day 10 with full graft take. This method may already be in use but it has not been published previously.

Reference

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A novel method for community monitoring of flexion contracture in Dupuytren’s disease

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Measuring deformity in Dupuytren’s contracture is important when planning interventions and assessing outcome but it is prone to error. Even goniometric measurement has been shown to have poor interobserver reliability.¹ Devised by a patient with the condition (EWS), we describe a new method that can test for worsening contracture in the community without expert medical knowledge.

The hand is painted with water soluble paint and placed as flat as possible on a sheet of paper (Fig 1), creating a permanent record for future comparison. When progression of contracture is noted, the patient can request an outpatient appointment to discuss treatment options.

Reference

1. Ellis B, Bruton A. A study to compare the reliability of composite finger flexion with goniometry for measurement of range of motion in the hand. *Clin Rehabil* 2002; **16**: 562–570.

Figure 1 Handprints demonstrating the degree of contracture

The ‘do-it-yourself’ silastic ring for the silastic ring Roux-en-Y gastric bypass

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A silastic ring can limit gastric pouch distension and weight regain. We manufacture a ring using an 8Fr silastic catheter and a length of 2/0 polypropylene (Fig 1). The catheter is cut to the intended circumference. A small incision is made 1cm from one end of the catheter, allowing access to the lumen. The polypropylene is passed behind the gastric pouch and brought extracorporeally. Both ends are introduced into the lumen. The ring is positioned using a knot pusher and the polypropylene knotted. A 2/0 braided polyester suture is placed between the cut ends. The ring is cheap to make and easily removed.

Figure 1 The ‘do-it-yourself’ silastic ring