cortex (Figs 1 and 2). The inner diameter of a 2ml syringe easily accommodates a drill up to 6.5mm in size.

DISCUSSION

Free hand drilling during revision arthroplasty can allow the drill to follow an eccentric path, leading to fracture as the drill bit bounces off the distorted metaphyseal bone and existing cement mantle. Use of the syringe maintains the drill along a path through the centre of the cement mantle and away from the cortical bone (Fig 3). This technique is only reliable when the existing stem has been placed centrally in the humeral canal as seen on the preoperative x-ray. When the existing stem is placed eccentrically, use of this technique will direct the drill towards the cortex, causing perforation. It is also more appropriate in the humerus than the femur as the humerus has a straighter medullary canal.²

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A simple, safe and effective bedside technique to achieve haemostasis in serious colorectal anastomotic bleeding

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We report a safe and effective bedside technique to achieve haemostasis in serious mid to low colorectal anastomotic bleeding. When conservative and/or endoscopic measures fail, Floseal® (Baxter, Hayward, CA, US), a haemostatic matrix, may be used to achieve haemostasis. This agent may be applied under vision through a proctoscope over the active bleeding area of the anastomosis and an immediate local haemostasis might be achieved. We have used this technique successfully in one case. Floseal® can be a useful adjunct to achieve local haemostasis when conventional methods fail.

Safe suction during laparoscopic surgery

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Requirement for suction is commonplace during laparoscopic surgery for removal of pooled body fluids. Suction also draws mobile structures towards the suction device, potentially causing damage. We propose the use of a laparoscopic swab as an inexpensive guarding device. The swab is introduced through a 10cm port and placed in the pooled fluid with the suction device in direct contact (Fig 1). The swab's meshwork allows fluid to be drawn through the gauze into the suction device while forming a safe barrier. One swab may be used several times during surgery and retrieved through the 10mm port after use.

Figure 1 Swab placed in the pooled fluid