thyroidectomy some years ago.¹ We had experienced a severe and fatal case, and when we heard of a similar patient in a neighbouring unit, we were prompted to undertake an investigation including many of the UK endocrine surgeons.

It became clear that a rapid development of septic shock following proven or putative streptococcal infection was a very rare but real complication after thyroidectomy. Since some patients had been operated on for benign thyroid conditions, the rapid deterioration of the individual patient was described as very frightening, even with appropriate escalation of care. One surgeon described how it almost put him off further operating as his young patient succumbed to infection.

Our paper also discussed the possible source of sepsis, whether it was environmental or from the patient involved.

We would be grateful if this paper, published in 2007, could be noted as a contradiction to the first line of your review article.

Reference

1. Hardy RG, Forsythe JL. Uncovering a rare but critical complication following thyroid surgery: an audit across the UK and Ireland. *Thyroid* 2007; **17**: 63–65.

A secure retraction technique for exposing the internal mammary vessels

AN Morritt, SH Wood

Imperial College Healthcare NHS Trust, UK
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CORRESPONDENCE TO

Andrew Morritt, E: andrewmorritt@hotmail.com

COMMENT ON

Taghizadeh R, Stevenson S, Williams N.

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Taghizadeh *et al* report a retraction technique for exposure of the internal mammary vessels during autologous microsurgical breast reconstruction. We have used an

Figure 1 Two self-retaining retractors positioned at right angles

alternative approach successfully for many years. This involves positioning a West self-retaining retractor so that one jaw is under the cut end of the rib while the other retracts the mastectomy flap. Another self-retaining retractor (either a West or a Travers retractor) is positioned at a right angle to the first self-retainer (Fig 1) to retract the pectoralis major muscle and mastectomy flaps. Our technique is simple to perform, provides adequate exposure, is intrinsically stable and obviates the need for a stabilising ribbon, which could potentially provide an obstacle for the assistant.