

AUTHOR'S RESPONSE

doi 10.1308/003588407X202236

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As mentioned in the article, the barrel sling was used by sailors centuries ago and is, therefore, not entirely new. It does, however, provide sufficient traction in a controlled and physiological manner, allowing adequate view during ankle arthroscopies, which I perform with the patient in supine position. The legs of the barrel sling traction can be placed more anterior or posterior, according to the surgeon's needs. The 6-inch width of the crepe bandage is usually reduced, as it forms a roll when the traction is applied, as demonstrated in the illustrations. The big difference with commercially available loops is that crepe bandage is always available and costs only 15 pence.

COMMENT ON

doi 10.1308/003588406X149147

DD Pothier, AA Narula. Should we apply suction during fine needle aspiration cytology of thyroid lesions? A systematic review and meta-analysis. *Ann R Coll Surg Engl* 2006; **88**: 643–5

doi 10.1308/003588407X205378

Fine needle aspiration cytology

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We would like to comment on this article. First the study fails to state if the fine needle aspiration cytology (FNAC) was ultrasound-guided, as ultrasound-guided FNAC has a significantly lower yield of inadequate aspirates than palpable FNAC.¹ Second, the more experienced the pathologist, the higher the sensitivity rate for recognising the pathology, especially in thyroid cancer.² Third, the

adequacy of a sample is dependent on the clinician performing the procedure.³ Thus, the results of each study are variable, making meta-analysis biased.

References

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AUTHOR'S RESPONSE

doi 10.1308/003588407X205387

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We thank Gadepalli and Back both for their interest in our paper and their comments. There is no doubt that meta-analysis as a tool to reduce bias is imperfect; however, the examples given in their letter are unlikely to add bias to the outcome in this case. This criticism is commonly levelled at meta-analyses and results from a very simple misunderstanding of the technique.

Our study compared the use of fine needle sampling cytology to fine needle aspiration cytology when the techniques were being undertaken by the same clinicians and interpreted by the same pathologists. For this reason, whether or not the sample was taken using ultrasound guidance or whether or not there were differences in levels of experience of the pathologist and clinician, these variables are unlikely to bias the outcome of the meta-analysis; in each of the papers added to the meta-analysis, all of the variables mentioned by Gadepalli and Back are identical for each type of sampling technique.

This consistency does not eliminate the influence that confounding variables have on an outcome but, in most cases, results in the effect size of these variables being identical in each group. Owing to this dynamic, the main outcome measure will be largely unaffected by these variables in each case and are, therefore, unlikely to bring bias to the meta-analysis when combined.