replicable technique as a key step in handling needles. It has been reported recently in the dermatological literature,[4] but we feel that it illustrates a simple, yet important, message and it is likely to have escaped the attention of most surgeons. This is not only safe surgical practice but leads to better working relations with theatre staff who are crucial to the practice of surgery and can help to reduce adverse incidents.[1–4]

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TECHNICAL TIPS

Explantation of the recipient internal iliac artery for bench-surgery during live donor renal transplants with multiple renal arteries

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Transplantation of renal allografts with multiple arteries is challenging. We describe a simple technique to facilitate multiple anastomoses.

Figure 1 Explanted internal iliac artery graft in position prior to anastomosis to the renal allograft.

The internal iliac artery and suitable branches are dissected and then explanted from the recipient by dividing the main trunk of the vessel. Multiple renal arteries can then be anastomosed end-to-end to suitable branches of the internal iliac graft over silastic catheters, on the back table, under cold storage conditions (Fig. 1). The kidney is then implanted by re-anastomosis of the internal iliac trunk to its parent main stem. This quicker and simpler arterial anastomosis optimises perfusion, reduces anastomosis time and warm ischaemic injury.

Letter in response to Technical Tip by: Matthews E, Brent A, Williams S. **An alternative use of Foley catheters in Ilizarov external fixation.**
Ann R Coll Surg Engl 2009; **91**: 522-3.

From: JE Tomlinson and SL Royston

A 20-ml syringe bung as an economical and practical Ilizarov pin site dressing

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We write in response to the recent article by Matthews *et al*. As they have commented, pin site care is vital to keep infection rates to a minimum, and the recommended Ilizarov sponges and clips are relatively expensive. Our preferred technique is to use the rubber bung from a 20-ml syringe plunger which can be pierced and placed over a gauze dressing, with both bung and gauze soaked in chlorhexidine preparation (Fig. 1). The unit cost of a 20-ml syringe is £0.16 each (£0.19 including gauze dressing) – cheaper still than the suggested use of a Foley catheter providing bungs at £0.37 each. Syringes are also available individually, giving the advantage of only opening the exact number needed. The cross-sectional area to maintain the dressing is large and provides pressure across its area. Syringes are also widely available in theatres, wards and in out-patient clinics.

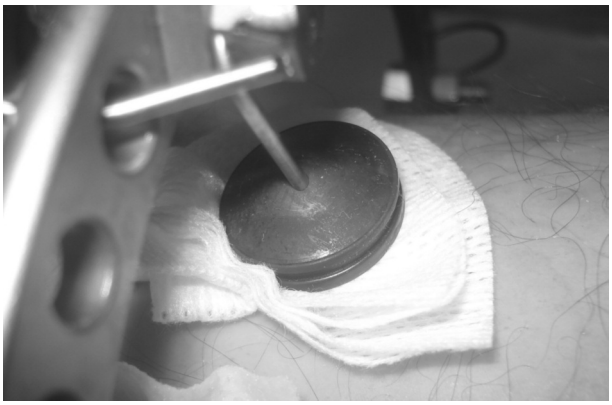

Figure 1 Rubber bung from a 20-ml syringe plunger pierced and placed over a gauze dressing, with both soaked in chlorhexidine.