



Figure 1 Holding the flexible ureterorenoscope extended in a straight line, gentle traction is applied at opposing ends of the scope in a 'Christmas cracker' motion.



Figure 2 Holding the flexible ureterorenoscope in a curved position

gentle opposing traction with each hand in a 'Christmas cracker' motion this can be optimally achieved.

DISCUSSION

Many surgeons default to holding the scope in a curved position. Due to the length and the ever decreasing calibre of modern scopes, the transmission of torque is reduced, resulting in decreased rotation of the tip in response to movements of the hand. Consequently, the operator resorts to excessive movements in a 'windscreen wiper' motion. Using this technique improves the ability of the surgeon to control the rotation of the scope and to perform flexible ureterorenoscopy with economy of movement in a safe and efficient fashion.

Modified mattress suture

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Traditional mattress sutures prove difficult to remove when the knot becomes buried in swollen tissue. We describe a suture with the benefits of a mattress suture that can be removed more easily:

1. Starting on the 'near-side', cross the wound twice as per a regular horizontal mattress suture, leaving the loop proud.
2. Pass one free end through the loop and pull to the near-side of the wound.
3. Tie on the near-side, ensuring suture material of the loop bridges the outside of the wound.
4. This will remain easily accessible for removal regardless of swelling (Fig 1).



Figure 1 Modified mattress suture

A 'homemade' snare for endovascular procedures

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BACKGROUND

Snares have considerable utility during elective and urgent endovascular procedures.¹ Endovascular snares are expensive, costing be-