patients were stented. Fifteen developed stent-related complications, 7 of whom required admission for stent exchange and antibiotics. There were no stent-related deaths. Prolonged drainage in this setting requires good follow-up to pick up stent blockage and cholangitis early so that effective drainage can be re-established. More experience with this treatment approach will accrue and allow more critical analysis of the benefits of biliary drainage in this setting.

We conclude that preoperative biliary drainage is beneficial in a subset of patients who present with the severe complications related to obstructive jaundice. It should not be regarded as definitive treatment. If it optimises co-morbidity factors, pre- and intraoperative staging should be the final arbiter as to the feasibility of resection. We have shown that patients thus managed can undergo resection with an acceptable morbidity.

REFERENCES


Letter to the Editor

A nifty tip for finger (tip) dressings

To the Editor: Finger and fingertip wounds occur most commonly in blue-collar Craftsmen and occasionally amateur woodcraftsmen or gardeners. Cloth or elastoplast dressings are cumbersome and may become soaked with unsterile water (fluid).

A nifty way to dress a wounded finger is to dress the wound with antibiotic cream and a gauze dressing, then select a disposable glove, cut off the glove finger and stretch it over the injured finger dressing. Waterproof tape is applied to the proximal glove finger to seal it on to the finger and keep it from sliding off.

This type of dressing allows for continued use of the hand without contaminating the finger wound.

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