TECHNICAL TIPS

An alternative to finger traps in forearm fracture reduction

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We describe an alternative to Chinese finger traps,¹ in gravity-aided reduction of forearm fractures. Sleek™ tape (BSN Medical, PO Box 258, Willerby HU10 6WT, UK) is applied vertically across the palm. The tape is unreeled looping over a drip stand then secured to the dorsum of the hand (Fig. 1). The limb must not be under tension and the only force acting is the axial loading provided by gravity, ensured by keeping the arm at a right angle to the forearm. If additional force is required, weights (dependent on patient parameters) can be suspended from the arm, providing a co-existing injury of the upper limb has been excluded.

Figure 1 Sleek™ tape used to secure gravity-assisted traction.

Reference

1. Carey PJ, Alburger PD, Betz RR, Clancy M, Steel HH. Both-bone forearm fractures in children. *Orthopaedics* 1992; **15**: 1015–9.

Dissect parathyroid adenoma in an easier wayABDOLALI ASSARIAN, RAYMOND CHUNG, PR THOMAS
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During dissection, handling of a parathyroid adenoma can be a troublesome task. No surgical instrument is currently available that can hold the gland, maintain traction and yet preserve an intact specimen, as required for histopathology. We propose a

Figure 1 Aspirator holding the parathyroid adenoma.

Figure 2 Aspirator holding the parathyroid adenoma.

novel technique which assists the surgeon during the operation. By using the aspirator tip, the suction power attaches the adenoma gently whilst providing enough traction to allow easier dissection from surrounding tissues (Figs 1 and 2). This technique has been used in several cases in our surgical unit with good results. The specimens were not damaged by the suction pressure and the procedure was made much easier. We also advocate its use in other similar situations like lymph node excision.

Stemming the flow in neck stabblings

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Applying sufficient pressure to a penetrating neck wound, without resorting to circumferential bandaging with subsequent bilateral compression of the great neck vessels, requires a member of the trauma team dedicated to this. Following several, well-publicised stabblings, we present our technique for applying pressure to neck wounds that is particularly useful to injuries in zones II and III. (Zone I is the neck below the cricoid cartilage, zone II is the neck between the cricoid cartilage and the mandible, zone III is the neck above the mandible.) The patient's own arm on the contralateral side to the wound is raised above their head (Fig. 1). A wad of gauze is then placed over the wound on the opposite side of the neck and bandaging wrapped circumferentially round the neck and raised arm, compressing the wound, protecting the neck vessels and freeing up a member of the trauma team.

Figure 1 Illustration of the bandaging technique for a stab wound to the left side of the neck.

Simple subcutaneous stitch

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There are many methods to start a subcuticular suture. Here we explain what we believe is the easiest way. The stitch is passed through the skin 1 cm from the apex and is brought out at the angle of the wound. The first suture is passed along one wound edge. Without pulling the stitch through completely, the needle is passed through the loop twice (Fig. 1) forming a knot. The other end is cut flush with the skin. The suture is continued as normal and completed with a buried Aberdeen knot. No problems have been experienced with the subcuticular knot.

Figure 1 Steps in a subcuticular suture.