Opsite applied over the entire wound. Suction is applied to the drains and the vacuum seal is thus complete.

DISCUSSION

This technique is simple, inexpensive and rapid to perform. The drape prepared as described is effective in containing the abdominal viscera and no suturing is required. The rectus sheath is thus not weakened by the application of sutures prior to definitive closure. The dressing is dry, air-tight and facilitates postoperative nursing care.

An inexpensive 3-D model for teaching local flap design on the face and head

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BACKGROUND

Due to the complex three-dimensional structure of the human face, teaching trainees the design of local flaps in the head and neck region can be difficult by using the traditional 'pen-and-paper' approach. A number of alternative teaching methods have been described in the literature.¹⁻³

TECHNIQUE

Drawing pins of different sizes are inserted onto a styrene mannequin head (male or female) to simulate raised lesions (e.g. basal cell carcinomas, BCCs). Cling film is then used to cover the whole head and carefully folded to match the contours of the face (a thin layer of paper stick glue can help secure the cling film onto the styrene, especially around the facial contours). Trainees are now taught how to design a local flap, such as a rhomboid or bilobed flap, by drawing around the simulated lesion with a marker pen (Fig. 1). The importance of vascular and aesthetic considerations is stressed during the exercise and the model can further be used to illustrate the correction of simulated scars with z-plasty. At the end of the exercise, the plastic wrap is easily removed and replaced. In addition to teaching, this model can also act as an assessment tool.

DISCUSSION

Our experience has shown that this three-dimensional model is an excellent teaching and assessment tool for the design of local

Figure 1 The mannequin model used to teach the design of a rhomboid and a bilobed flap. Note the drawing pins simulating BCCs.

facial flaps on the face and head because it is realistic, re-usable and inexpensive.

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A technique to remove cannulated screws

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BACKGROUND

Cannulated screws are used in procedures such as fixation of hip fractures, slipped upper femoral epiphysis and anterior cruciate ligament (ACL) reconstruction. Removing these screws in the