Technical Section

TECHNICAL NOTES & TIPS

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Barrel sling technique for ankle traction

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BACKGROUND

The conventional method to provide traction at the ankle joint has invariably involved the use of manual or percutaneous calcaneal traction, or expensive, disposable devices. We present here an inexpensive, easy to apply, alternative method, once a handy favourite with sea men shifting cargoes. The Barrel Sling Technique, using ordinary 6-inch sterile crepe bandage, is an ingenious method to provide traction at the ankle joint, used for procedures such as ankle arthroscopies and minimally invasive plate osteosynthesis of tibial fractures.

Figure 1

Figure 2

Figure 3

Figure 4

Figure 5

TECHNIQUE

With the patient supine, the centre of the bandage cradles the tendo-Achilles. The arms of the bandage are wrapped around the ankle crossing over on the dorsum of the foot (Fig. 1). The throws are then brought around the foot sole and made to cross each other again (Fig. 2). The two arms of the bandage are made to pass under the first throw and brought up proximally. Alternate traction to tighten up the construction/sling (Fig. 3). The direction of the traction is now finally reversed so that it is away from the patient (Fig. 4). The axis of traction is then centralised, securing the traction by multiple simple knots inserted between the two free ends of the bandage which is taken over a sturdy bar and 2–7 kg weights applied (Fig. 5).

DISCUSSION

This is an easy and secure method of traction; no skin problems have been encountered to date. The obvious advantages are that the technique is: (i) inexpensive (15 p); (ii) easy to apply using readily available material; and (iii) non-invasive for the patient.

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Reference

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The use of a polyglactin 910 mesh to obtain haemostasis and prevent further splitting in a fractured transplant kidney

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BACKGROUND

Bleeding due to cortical tears in a transplant kidney is a rare, but potentially serious, complication. Friable and oedematous tissue will often not take sutures and bleeding may not be controlled with fibrin glue, thrombin haemostatic matrix (FloSeal®) or oxidised, regenerated cellulose (Surgicel®). These products will also not prevent further fracturing if the kidney becomes engorged.

TECHNIQUE

The kidney is exposed and inspected for bleeding points. Any haematoma must be evacuated. If the kidney is viable but with cortical tearing, direct pressure is applied. Flowseal can be applied to the fracture site. An appropriately sized absorbable mesh is divided in the midline to a distance of roughly two-thirds of its length. The cut surface of the mesh is laid around the hilum of the kidney with care not to obstruct the vessels or ureter (Fig. 1). The outer edges of the mesh are drawn together over the cortex of the kidney and loosely sutured together using a continuous PDS

Figure 1 A kidney has been wrapped in absorbable mesh after the upper pole has fractured in three places (Surgicel applied to upper pole under mesh).