Technical Tips

Use of dental instrument in paediatric hip surgery

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It has been noted that the eversion of an inverted limbus during open reduction of a congenitally dislocated hip can be technically difficult. It is important not to traumatise the acetabular growth plate. We have found that this procedure is made easier by using a dental instrument – the ‘Ward’s dental dissector’ (Fig. 1) to elevate the limbus from the margin of the acetabulum. This is routinely used by dentists for elevation of gingival tissue.

The ‘spade-shaped end’ of the instrument is introduced into the space between the limbus and acetabular margin elevating the limbus to allow relocation of the femoral head.

Figure 1 Ward's dental dissector

Draping for shoulder surgery – a single choice

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Draping for shoulder surgery in the beach chair position can be an awkward procedure. We suggest a technique using a single

Figure 1 Set up for shoulder surgery using hip fracture fixation drape.

transparent hip fracture fixation drape. The prepared arm is placed through a hole previously cut in the central window of the drape. The adhesive area is secured around the operative site and the drape is then positioned across a bar as for hip fracture surgery (Fig. 1). Once applied, it allows the anaesthetist complete access to the patient. The drape is readily available, disposable, cheap and has a large pocket to collect excess fluid.

Describing the ‘dog ear’ – a novel method

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An elliptical skin excision can cause corners of redundant skin to rise at the apices known as ‘standing cones’ or ‘dog ears’. We describe a simple visual aid to illustrate this, which we find effective in our discussion of complications when taking pre-operative consent. Abduction of the thumb using the gap between the index finger and the thumb to represent the outline of the ellipse corner, followed by adduction as the excision margins close, raises

Figure 1 Outline of hand simulating wound to be closed.

Figure 2 The wound is closed and the 'dog ear' appears.

the skin of the dorsum of the first web space like a dog ear, which is presented to the patient (Figs 1 and 2).

Innovative way of taking bone graft from the femoral head

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We describe an innovative method of taking bone graft (allograft or autograft) from a femoral head using standard orthopaedic implements to hold the femoral head while coring out the bone. This overcomes the difficulty in grasping the spherical shaped head. A starter hole is made with a 3.2-mm drill bit at an angle of 45° in the proximal femoral head. The drill bit is then pushed through the head transversely. With the drill bit acting as a support, to prevent the HeyGroves retractor slipping, the femoral head is held whilst acetabular reamers core out the cancellous graft (Fig. 1).

Figure 1 Femoral head held with HeyGroves retractor to allow reaming of bone graft.