Figure 1 Aspiration of blue dye rapidly confirms correct positioning of the needle into the port for expansion.

patient. We use 5 ml of methylene blue dye added to the volume of saline prior to peri-operative infiltration of the implant. In the clinic, this allows a visible aspiration into a butterfly needle and syringe (Fig. 1), confirming rapidly that the needle is correctly sited within the port, and that expansion or deflation can proceed.

Check radiograph following hip arthroplasty

ABHIMANYU VED, KESAVAN SRI-RAM, HARBHAJAN S PLAHA
Department of Trauma and Orthopaedic Surgery, Oldchurch
Hospital, Romford, Essex, UK

CORRESPONDENCE TO

K Sri-Ram, 6 Primrose Close, London N3 2RU, UK
M: +44 7956 830305; E: kesavan_s@hotmail.com

Although it has been suggested that an immediate postoperative radiograph after hip arthroplasty is not needed,¹ we favour one, principally to confirm reduction and exclude any intra-operative fracture. The patient is kept in the lateral position following arthroplasty. A pillow is placed between the patient's knees to abduct the hip. The back support is loosened and the X-ray plate is positioned behind the hip. A radiograph is then obtained as

Figure 1 Position of X-ray machine and plate to obtain check radiograph.

shown in Figure 1. We have found this technique to produce reliable radiographs for postoperative purposes. It avoids the need for moving the patient in recovery for a radiograph and reduces the burden on nursing and portering staff by avoiding the need for departmental radiographs.

Reference

1. Crawford JR, Syed I, Babatope M, Keene GS. Total hip replacement – are check radiographs required? [Abstract] *J Bone Joint Surg Br* 2006; **88** (Suppl II): 249.

The Tubiglove – a novel means of support in hand injuries

AMIT KOTECHA, CARL MEYERS, RICHARD DIAS, AP THOMAS
New Cross Hospital, Wolverhampton, UK

CORRESPONDENCE TO

Amit Kotecha, 80 The Oaks, New Heath Close, Wolverhampton
WV11 1XW, UK
M: +44 (0)7961 588759; E: amit.kotecha@doctors.org.uk

Metacarpal and proximal phalangeal fractures are common injuries that are often treated non-operatively. It is important with these injuries to allow controlled mobilisation of the fingers to prevent stiffness whilst splintage from neighbouring structures is utilised. This can be achieved by using the Tubigrip (Medlock Medical; Oldham, UK) to create a supportive glove. A double Tubigrip is cut to about 25 cm in length. Three longitudinal rows of machine stitching are used to create four 'finger compartments'. A small opening is cut out for the thumb. Unwanted finger compartments are trimmed off. The 'Tubiglove' provides firm support to the hand and fingers (Fig. 1). In addition,

Figure 1 The 'Tubiglove'.

because of the elasticity in the material, it is particularly helpful in allowing controlled mobilisation of the injured digits.

Haemostasis of paravertebral venous plexus bleeding during ruptured abdominal aortic aneurysm repair using epiphyseal staples

HG HILLER, MRE ABDEL-HALIM, NRF LAGATOLLA
Department of General and Vascular Surgery, Dorset County Hospital, Dorchester, UK

CORRESPONDENCE TO

HG Hiller, Department of General Surgery, The Great Western Hospital, Marlborough Road, Swindon SN3 6BB, UK
T: +44 (0)1793 604020; E: heinzhiller@yahoo.com

During ruptured abdominal aortic aneurysm repair, haemorrhage from the paravertebral venous plexus whilst suturing the graft to the aortic neck can be a fatal complication. Two patients presented with this complication during emergency repair of a leaking aneurysm. Control of bleeding was transiently achieved by direct digital compression against the vertebral body. We opted to insert epiphyseal staples (Fig. 1) to transfix the veins against the lumbar spine. In both cases, the staples were hammered directly against the

Figure 1 Picture of epiphyseal staples and insertion pliers

Figure 2 Epiphyseal staples shown in position against lumbar spine

vertebral bodies controlling the haemorrhage (Figs 2 and 3). This technique can be rapid and easily used for successful control of this type of haemorrhage.

Figure 3 Epiphyseal staples shown in position against lumbar spine