A Early scintigram

B Delayed scintigram

C Contrast-enhanced CT scan

Figure 1 A patient in whom we successfully performed a mediastinal parathyroidectomy through the cervical approach using the sternal retractor. (A,B) Sestamibi scintigram showed an ectopic parathyroid adenoma in the superior mediastinum. (C) CT scan image showed localisation of the ectopic parathyroid adenoma to anterosuperior mediastinum. White arrow denotes the location of adenoma.

Figure 2 (A) Picture of the sternal retractor (courtesy of Rultract Inc., Ohio, USA). (B) Retractor positioning intra-operatively with view of the anterosuperior mediastinum.

mediastinum. The key to the success of this technique is accurate pre-operative localisation of the ectopic adenoma.

Percutaneous vas fixation stitch

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BACKGROUND

It is recommended that vasectomy be performed under local anaesthesia whenever possible.¹ The first step during vasectomy is to fix the vas against the scrotal skin using three-finger technique.² As the local anaesthetic is infiltrated, the resulting oedema of the scrotal tissue may loosen manual grip on vas causing it to slip. If the vas slips, its relocation causes patient discomfort and anxiety right at the outset. Oedema of scrotal tissue also makes the percutaneous application of fixation clamp difficult. We describe a simple, yet effective, technique to fix the vas using a percutaneous stitch to prevent slippage.

TECHNIQUE

After initial localisation of the vas, it is infiltrated with a local anaesthetic agent (Fig. 1A,B). A suitable suture is then passed around the vas percutaneously (Fig. 1C) which loops around the vas and helps to fix it. Once the vas is fixed, the rest of the procedure is carried out as usual (Fig. 1D,E).

Figure 1 Diagrammatic representation of the steps in the technique to fix the vas using a percutaneous stitch to prevent slippage.

DISCUSSION

Initial fixation of vas makes the rest of the procedure more comfortable for the patient especially as the majority of vasectomies are now done under local anaesthesia. We have performed 60 vasectomies using this technique with no instance of vas slippage and improved patient comfort.

References

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A novel technique in applying skeletal traction for long bone fractures

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BACKGROUND

Prior to the 1900s, femoral-shaft fractures were treated with various types of splinting. In 1907 and 1909, Steinmann and Kirschner, respectively, developed the first traction treatment modalities with the use of pins or wires under tension. A single pin is usually placed either at the distal femur or proximal tibia when applying skeletal traction for treating femoral fractures. Complications associated with skeletal traction include pin track infection and loosening,¹ which may require repositioning of the pin and inefficient traction forces applied across the fracture. Pin fixation problems are particularly severe in patients with osteoporosis, which can be a relative contra-indication to external fixation and presents a challenge for any fixation technique.²

Figure 1 Denham pins *in situ* with Hoffmann connectors attached.

Figure 2 In-line traction applied across both pins.

Figure 3 Plain radiograph depicting pin positions in the proximal tibia.

TECHNIQUE

We propose a novel technique in applying skeletal traction. Two Denham pins are placed into the proximal tibia 2.5 cm posterior to and 2.5 cm distal to tibial tubercle (Fig. 1). The pins are then connected with a Hoffmann external flexator connector producing a stable construct. Traction is then applied to both pins through free weights attached to a pulley at the end of the bed (Fig. 2). This technique was used effectively in elderly osteoporotic patients who had sustained femoral supracondylar fragility fractures and were not fit for operative fixation of the fractures (Fig. 3). There was no incidence of pin loosening or pin-site infection noted.

DISCUSSION

This technique can be safely applied for the treatment of long bone fractures, particularly in osteoporotic patients where pin loosening and poor pin fixation are more likely to occur.