interposition capsule or ruptured deltoid ligament in the medial side of the ankle.⁴ Exploration of the medial side may be necessary to clear the medial joint space to allow satisfactory reduction. An effective technique is described to clear soft tissue off the medial joint space without the need for a separate incision, thus reducing the associated morbidities.

TECHNIQUE

Through a direct lateral approach over the fibula, the fracture is identified and then distracted by externally rotating the ankle. The fracture haematoma is curetted off the bone ends and periosteum removed from the edges of the fracture. The ankle joint is assessed directly through the distracted fracture site. The tip of a 20-ml syringe filled with normal saline is positioned in the tibiotalar joint. Saline is then flushed through this space towards the medial side of the ankle to dislodge the interposed soft tissue. The fibula fracture is then anatomically reduced and internally fixed. The mortice reduction should be evaluated on X-rays to ensure anatomical reduction.

DISCUSSION

The technique has also the added benefit of being able to clear any osteochondral fragments that may have arisen from the injury.

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TECHNICAL TIPS

Put an end to Steinman pin sharps injuries

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Steinman pins are used for skeletal traction of femoral fractures. The pin is inserted into the proximal tibia; a stirrup is attached and the desired traction applied. The pin is inserted in the normal manner. Two shortened 1-ml syringes (with the plungers removed) cover the ends of the pin. The stirrup is placed and tightened. The blunt tips of the syringes cover the pin-ends (Fig. 1). Uncovered, the sharp ends of the pin present a risk injury to staff and patient. Our technique prevents injury, whilst obviating the need for messy tape or fiddly stoppers. It is quick, simple, cheap and secure.

Figure 1 Illustration of the proposed technique.