Figure 1 Drilling of a bony tunnel through a navicular bone. Tibialis posterior tendon is secured with a 'whip stitch'.

then returned. We propose an alternative technique (illustrated below during the re-attachment of a tibialis posterior tendon to a navicular bone).

TECHNIQUE

Drill the bony tunnel, attach a suture to the tendon and wet its free ends with saline (Fig. 1). Next, pass a suitably sized Frazier tip sucker through the bony tunnel, and present it the dampened suture ends using non-toothed forceps, allowing the suture to be sucked into the barrel (Fig. 2). Withdraw the Frazier tip sucker, transporting the suture ends with it (Fig. 3). The tendon can now be pulled through the tunnel and secured appropriately.

Figure 3 The Frazier tip sucker is withdrawn, transporting the suture ends with it.

Figure 2 Frazier tip sucker is passed through the bony tunnel, and fed the free suture ends.

DISCUSSION

This technique has proved effective and efficient in passing a tendon through a bony tunnel.

Reference

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TECHNICAL TIPS

Use of a small fragment depth gauge as a probe in wrist arthroscopy

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The role of wrist arthroscopy is expanding in the management of wrist disorders. We have found certain shortcomings in the custom probes that are supplied with existing wrist arthroscopy equipment. A useful alternative is the depth gauge that is found on small fragment hand sets (Fig. 1). These sets are often used during procedures requiring arthroscopy of the radiocarpal joint, such as ulnar shortening. The hook at the tip of the depth gauge is the perfect size and shape for use in the radiocarpal joint and it has proved a useful alternative to the custom probes in our experience.

Figure 1 The depth gauge as viewed during wrist arthroscopy.

Stripping of the long saphenous vein from groin to the knee can sometimes be incomplete.¹ If a long, strong ligature is used to attach the vein to the stripper it can be controlled at both wounds after passing the stripper. Tie the ligature onto a length of ribbon gauze and pull this down through the saphenous tunnel to exit at the knee wound. This gauze frequently brings the saphenous vein remnant with it (Fig. 1) providing a simple method for completing the strip. The gauze also evacuates haematoma from the tunnel and can be soaked in local anaesthetic with adrenaline.

Reference

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Technique for dealing with incomplete stripping of the long saphenous vein

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Figure 1 Use of ribbon gauze to remove saphenous vein remnant.