Figure 1 CE-marked baking-cooling rack.

Figure 2 Rack with drape on top for padding.

Figure 3 Rack with hand set-up for Dupuytren's contracture release.

TECHNIQUE

Baking-cooling racks are easily and cheaply available from all kitchen shops (Fig. 1). Over recent years, there has been increased legislation for products to be CE marked. In our hospital, a formal health and safety assessment was carried out to use this equipment. Three to four thick elastic bands are used with each rack. These items are sterilised in the usual manner and a paper drape used for padding (Fig. 2). The hand is then positioned with a thumb band holding the hand supinated and other bands holding the fingers distally (Fig. 3).

DISCUSSION

The cake rack costs £3.50. Rubber bands are available from all stationers usually less than 1 p each. This compares to £95 for a lead hand (Mercian), £263.71 for a Vickers Hand Restrainer (Martins) or £800.40 for a Von Raffler Hand Operating Platform (New Splint). The cooling racks have been adopted in our unit as they are effective, easy to use and are cheaper – not only to buy, but also because they require replacement less frequently than a lead hand.

TECHNICAL TIPS

Reducing post-thoracotomy wound pain by limited mobilisation of the intercostal muscle neurovascular bundle prior to wound retraction

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The mechanisms for post-thoracotomy wound pain relate to damage of intercostal nerve bundle through instrumentation, traction and compression. Mobilisation and creating a pedicle intercostal muscle flap for bronchial stump augmentation is well described and from that work there have been several studies noting a reduction of post-thoracotomy pain in such patients.¹ Having performed a standard incision and breached the pleural cavity, a short segment of the intercostal muscle neurovascular bundle from the lower-border of rib above the intercostal space breached is dissected to the bone and mobilised downwards facilitated by placing upper blade of retractor to retract scapula (Fig. 1). The blades are then placed carefully avoiding crush injury to the nerve bundle. On closing the wound if paracostal sutures are used, sutures are placed between upper rib and intercostal muscle flap to prevent impingement of bundle. The technique requires limit-

Figure 1 Dissection and downward mobilisation of the neurovascular bundle of upper rib so avoiding crush injury when retracting ribs. Placing upper blade of retractor to retract scapula facilitates the dissection.

ed mobilisation of the intercostal muscle and risk of injury to the neurovascular bundle is low.

Reference

1. Cerfolio RJ, Bryant AS, Patel B, Bartolucci AA. Intercostal muscle flap reduces the pain of thoracotomy: a prospective randomized trial. *J Thorac Cardiovasc Surg* 2006; **131**: 1422–3.

Use of drill hole to aid hold of reduction forceps during open reduction and internal fixation of the ankle

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Holding the medial malleolus reduced with reduction forceps can be problematic as the proximal arm of the forceps slips off the anterior surface of the tibia. A drill hole through the anterior cortex placed in the distal aspect of the tibia approximately 3 cm above the fracture site allows the proximal arm of the reducing forceps to get good purchase on the tibia. This allows better hold of the medial malleolar fragment prior to insertion of the screws. We do not claim originality for this technique but have found it particularly helpful and feel that it deserves to be more widely known.

A method of wrist distraction for arthroscopy

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Wrist arthroscopy requires adequate distraction of the carpal bones for both insertion of the trocar and satisfactory vision.

This is traditionally achieved using Chinese finger traps. There can be problems with size, sterility and potential finger injury. Our method involves placing the sterilised fingers on a large sheet of Steri-Drape™ (3M Healthcare, Bracknell, UK) up to the metacarpophalangeal joints. The drape is wrapped around multiple times and the free end tied into a knot. Sterile cord is tied onto the knot and the hand is suspended from a stand, using weights to distract the elbow (Fig. 1). We report no complications and always have excellent vision.

Figure 1 Illustration of the technique.