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

Reference

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

BENJAMIN JOHNSON, WILLIAM GOUDE

Department of Trauma and Orthopaedic Surgery, University Hospital of North Staffordshire, Staffordshire, UK

CORRESPONDENCE TO

Benjamin Johnson, Department of Trauma and Orthopaedic Surgery, University Hospital of North Staffordshire, Staffordshire, UK
E: bjohnso25@yahoo.co.uk

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

HOWARD DAVIES¹, LORA YOUNG², MARTIN WOOD²

¹Department of Trauma and Orthopaedics, Addenbrooke's Hospital, Cambridge, UK

²Department of Trauma and Orthopaedics, West Suffolk Hospital, Bury St Edmunds, Suffolk, UK

CORRESPONDENCE TO

Howard Davies, Department of Trauma and Orthopaedics, Addenbrooke's Hospital, Hills Road, Cambridge CB2 0QQ, UK
E: howarddavies@doctors.org.uk

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.