Technical Section

TECHNICAL NOTES & TIPS

TECHNICAL NOTES

A helping hand for the lone surgeon fixing a lateral malleolus fracture

EJP O'LEARY, H JARVIS, DW ROBINSON

Department of Trauma and Orthopaedics, Princess of Wales Hospital, Bridgend, Mid-Glamorgan, UK

CORRESPONDENCE TO

EJP O'Leary, Mona Vale Hospital, Coronation Street, Mona Vale, NSW 2103, Australia
E: edmundoleary@hotmail.com

BACKGROUND

To enable effective fixation of a lateral malleolus fracture, the position of the ankle on the operating table is important. The desirable position is with the ankle slightly raised from the table and internally rotated. Traditionally, this is achieved by placing a sand-bag under the buttock of the affected side to rotate the limb internally and placing the heel on a rolled-up operating gown or up-turned kidney dish. However, further internal rotation is often needed and this is usually achieved by the assistant holding the foot in position. This can be difficult if the surgeon is operating on their own, in which case they will need the scrub nurse to provide a helping hand.

Figure 1 A glove is placed over the foot and a finger clipped to the table.

TECHNIQUE

To overcome this, we use these traditional methods and, additionally, make use of a sterile rubber glove, which is often placed on the foot to reduce the risk of infection. We place the glove over the calcaneum and toes in the usual way and one of the 'fingers' is clipped to the operating table medial to the foot with a ball and socket clip (Fig. 1).

DISCUSSION

This additional aid enables the surgeon to keep the ankle more internally rotated than is possible with traditional techniques, allowing easier fixation without the need for an assistant. Although it is not an original idea, we think that it is worth publicising because it is so useful.

A new technique for ensuring local anaesthesia in tunnelled central venous catheters

ASHOK D RAM, ROBERT A WHEELER

Department of Paediatric Surgery, Southampton University Hospital, Southampton, UK

CORRESPONDENCE TO

Ashok Doya Ram, 28 Iredale Crescent, Standish, Wigan WN6 0UD, UK. E: ashokdram@hotmail.com

BACKGROUND

Insertion of tunnelled percutaneous subclavian lines into children is painful; the pain is mainly due to subcutaneous tunnelling. Local anaesthetics can be infiltrated with multiple injections along the catheter track, but this risks damage to its wall. Alternatively, local anaesthetic may be introduced proximally and distally into the tunnel, but often fails to permeate its whole length.

TECHNIQUE

The authors propose a new, simple technique whereby local anaesthesia is infiltrated along the whole track of the subcutaneous tunnel resulting in effective local pain control. The tunnelling rod is used to create the subcutaneous track. The tip of the catheter is then attached to the appropriate end of the rod.