DISCUSSION

This technique facilitates surveillance studies and conserves small bowel to avoid malabsorption in FAP patients. This technique does not cause biliary reflux postoperatively.

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Rapid splintage of acute long-bone fractures

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BACKGROUND

Acute long-bone fractures are painful until stabilised. The most common method of splintage requires an initial layer of wool to be wrapped around the limb before a plaster-of-Paris slab is applied; finally, the limb is wrapped in a layer of crepe bandage. To apply the initial layer of wool, the unsplinted limb needs to be supported which can be painful and distressing for the patient, especially for children.

TECHNIQUE

A method to avoid the initial step of supporting an unsplinted limb is to place the length of plaster-of-Paris inside a double layer of Tubigrip® or equivalent, wet, and apply this directly to the skin of the affected limb. This backslab can then be left to dry before elevating the splinted limb for the final wrapping of crepe bandage.

Figure 1 A young boy with a forearm fracture waiting for the slab to dry before the splinted limb is elevated for bandaging.

DISCUSSION

Whilst this method can be used in all long-bone fractures, it has proved especially useful in paediatric upper limb fractures where the child can rest the arm comfortably across their lap throughout the splinting process (Fig. 1).

Enterocutaneous fistula stent

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BACKGROUND

Abdominal sepsis and fistulae are common complications of colorectal surgery. The accepted initial management of an enterocutaneous fistula is drainage of sepsis,^{1–3} and the use of stents placed down through fistula tracts radiologically has been described.⁴ Without stent placement, sepsis may become a recurring problem if premature skin healing occludes the fistula track. A controlled fistula, however, often allows deferring repeat surgery in a hostile abdomen.² We describe a novel use of a silastic stent to allow persistence of drainage of abdominal collections (Fig. 1).

TECHNIQUE

The stent used was a 12-mm silastic stoma stud (Kapitex Healthcare Ltd, 1 Sandbeck Way, Wetherby, West Yorkshire LS22 7GH, UK). This was placed into the fistulae of two patients and sutured in place with 2/0 silk. The stud acted to stent the cutaneous component of their fistulae, thereby preventing skin closure and recurrent sepsis, a prior feature in both patients (Fig. 1).

DISCUSSION

Both patients described had benign colorectal resections which

Figure 1 Silastic fistula plugs

were complicated some weeks postoperatively by multiple fistulae demonstrated by contrast-enhanced abdominal computed tomography scans. The abdominal collections were, in both cases, difficult to drain radiologically but the stoma stud allowed the drainage of sepsis without obstruction (skin wound healing) avoiding the need for surgery. We recommend their use in selected cases as they are cheap, effective and simple to place.

References

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A handy hint in using an image intensifier during wrist and hand surgery

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BACKGROUND

When carrying out procedures on the distal radius and hand using the image intensifier, several attempts may be needed to centre the picture. Here is a cheap and simple tip to help with this problem.

Figure 1 (A) Draping and positioning; (B) drawing around the hand and arm; (C) movement of forearm bones towards the very edge of the X-ray field; and (D) move hand back to the radial border of the marked hand.

TECHNIQUE

After preparation, draping and positioning as standard (Fig. 1A), and a satisfactory anteroposterior view has been obtained, using a sterile marker you can quickly draw around the hand and arm. This marks the position to which the arm would need to return in order to repeat this image (Fig. 1B). A common mistake is to then pronate the arm by 90° and take a lateral view. As the radius moves around the ulna, forearm bones move towards the very edge of the X-ray field. This effect is shown in Figure 1C. The surgeon then has to move the wrist back into the X-ray field and repeat the image, thereby wasting time. To obtain an adequate