lateral view, the hand should be moved back to the radial border of the marked hand and elevated to approximately 30°. This position is shown by the additional outline (Fig. 1D).

DISCUSSION

Spending 10 s drawing around the hand will, over the course of an operation, save time and the frustration of having to repeat several images. It also reduces the radiation dose to the patient, theatre staff and surgeons. A similar technique can be used for finger imaging and is particularly useful with magnified images.

The cut-down 1-ml syringe – an excellent improvised drill sleeve

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BACKGROUND

Protecting the soft tissues while drilling bone is essential. Conventional best practice suggests use of a drill sleeve to cover the drill bit or K-wire. On occasion, the sleeve is either unavailable or too long.

Figure 1 Cut off finger rest end for drill bits less than 2 mm diameter.

Figure 2 Cut off nozzle for drill bits 2–5 mm in diameter.

TECHNIQUE

A 1-ml syringe does an excellent job as an improvised drill sleeve. For K-wires and small drill bits (< 2 mm), cut off the finger-rest end (Fig. 1); for larger drills bits and half-pins (2–5 mm), cut off the nozzle (Fig. 2).

DISCUSSION

Previous improvised devices have included a Yankauer sucker.¹ However, we found the Yankauer difficult to cut with the suture scissors or a blade. The 1-ml syringe is usually readily available. It is very cheap, at approximately 7.5 pence each (<www.medicaltek.co.uk>), it is easily cut with standard suture scissors and it is radiolucent. The syringe nozzle will centralise the drill bit in the plate hole. The interference fit between nozzle and drill bit captures and retains the bony swarf whilst on forward rotation. The syringe can be cut to leave only a short length of drill bit visible and thereby act as a drill stop. This may be of re-assurance while fixing plates to bones with vulnerable relations such as the clavicle.

Reference

1. Pratt DA, Tennent TD. Use of a Yankauer sucker as a temporary soft tissue protector and drill stop in surgical procedures. *Ann R Coll Surg Engl* 2007; **89**: 436–7.

The use of non-adhesive skin traction to prevent distal migration of a cylinder cast

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BACKGROUND

A cylinder cast is indicated for conservative management of injuries to the extensor apparatus and other soft tissue structures around the knee. A long-leg cast can be used for similar indications though ankle stiffness may ensue since it does not permit