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TECHNICAL TIPS

A technique for knotting looped polydioxone during abdominal wound closure

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Abdominal wound closure with a single polydioxone loop can result in an unsightly and bulky knot which is palpable in the subcutaneous tissue, especially in thin patients. We present a simple technique to prevent this when tying a finishing knot. First, pass the needle holder through the loop and hold one strand of the suture. Cut that thread close to the needle and bring back through the loop again. The knot is tied over the loop thus securing the closure. This results in a small knot which is less likely to cause patient discomfort.

Figure 1 Passing the needle holder through the loop and holding one strand of the suture.

Fracture localisation for cast wedging

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Wedging of plaster casts is a method of manipulating malaligned long-bone fractures that are being treated non-operatively. The difficulty with this technique lies in localising the fracture accurately so the cast can be sectioned and wedged at the correct level. Traditionally, the level has been estimated by measurements of the radiograph and cast with a ruler, although differing scales can cause problems. Our technique involves placing three drawing pins into the cast near the fracture and taking a radiograph. This allows localisation of the required level with great accuracy. The cast padding prevents the pins touching the skin.

Figure 1 Cast with three drawing pins.

A simple and cost-effective method of protecting unburied K-wire ends

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We propose a simple, effective and inexpensive method of protecting unburied Kirschner-wire ends for hand surgery. This technique involves bending the protruding wire 180° to form a loop, removing the rubber gasket from a 1-ml syringe and sliding this gasket over the wire loop in order to provide the required bulk and padding (Fig. 1). The gasket is then secured onto the loop with a