Microsurgical trainer

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Practice of microsurgical techniques can be difficult for trainees as such procedures are senior led and courses very expensive. We describe a method of practising such skills with simple equipment.

A latex glove is used to cover the rim of a galley pot and secured with an elastic band. Two parallel slits, 5mm apart, are made in the glove (Fig 1A). Using loupes or a microscope, the strip of material is sutured together to create a tube, simulating a blood vessel. The end of the tube is cut at its centre to create two apposing vessel ends (Fig 1B). These are then sutured together to simulate end-to-end anastomosis (Fig 1C).

Figure 1 Glove under microscopic vision being used to simulate a blood vessel: slits are made in the glove (A); two apposing 'vessel ends' are created (B); the ends are sutured together (C).

Non-invasive traction for proximal femoral fractures in amputees

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Fracture reduction for fixation of proximal femoral fractures in amputees using a Steinmann pin carries the risk of infection and delayed mobilisation. The use of an arm trap used for shoulder arthroscopy provides non-invasive traction of the limb. Rotational control can be achieved using an assistant with a steady grip if required.

Apply a thin layer of wool to the stump followed by the hand trap (Allen Medical Systems, Ashby de la Zouch, LE65 1JG). Wrap with a four-inch self-adhesive bandage (3M™ Coban™, 3M Health Care Ltd, Loughborough, LE11 1EP) and secure the cord to the traction table. Prepare and drape as routine.

Figure 1 Use of the hand trap