Fingerless gloves for hand trauma cases

JR Eyre

Leeds Teaching Hospitals NHS Trust, UK
doi 10.1308/003588412X13171221500222

CORRESPONDENCE TO

Jason Eyre, E: jasoneyre@nhs.net

COMMENT ON

Tang SW, Bebbington A. Fingerless gloves for hand trauma cases. *Ann R Coll Surg Engl* 2011; **93**: 175
doi 10.1308/003588411X12851639107313k

I read the original technique by Tang and Bebbington and the resulting correspondence by Lim and Cole¹ with interest. The report of the National Patient Safety Agency referred to two problems leading to serious incident.² As correctly stipulated, the first is as a consequence of tourniquets left in situ. The second is that finger tourniquets generate a very high tourniquet pressure. This is due to using a complete ring of tourniquet, which is often extremely tight, taking no account of variation in finger size, and frequently difficult to use. The report recommended the use of specific finger tourniquet devices that were made for the purpose. An alternative method that I have found useful includes:

1. Cut the finger off an appropriate sized glove.
2. Remove the tip of this glove finger.
3. Roll up to the base of the finger (metacarpophalangeal joint).
4. Apply a clip to the tourniquet.
5. Cut the tourniquet transversely above this.
6. Apply another clip below the first.
7. Leave the second clip in situ and remove the first.

This has the same advantages as Tang and Bebbington's method but is using an incomplete ring held on to the finger with a vascular clip. The clip will need to be removed for your final count, which will of course be included in all documentation. The tourniquet cannot be left in situ. This method has the same advantage of cost effectiveness but the extra safety of the surgical count and lower mmHg pressures at the finger tourniquet.

References

1. Lim EH, Cole RP. Fingerless gloves for hand trauma cases. *Ann R Coll Surg Engl* 2011; **93**: 562.
2. National Patient Safety Agency. *Rapid Response Report NPSA/2009/RRR007: Reducing risks of tourniquets left on after finger and toe surgery*. London NPSA; 2009.

Authors' Response

A Bebbington

Nottingham University Hospitals NHS Trust, UK
doi: 10.1308/003588412X13171221500268

CORRESPONDENCE TO

Andrew Bebbington, E: abebbington@doctors.org.uk

The report by the National Patient Safety Agency¹ was aimed primarily at ways to prevent tourniquets being left on. Our technique would require you to accidentally leave an entire glove on the patient's hand, which would be extremely difficult to do. The purpose of our technique was to highlight that it simultaneously acts as a tourniquet for whichever digit you want while helping to prevent contamination from other dirty fingers.

Reference

1. National Patient Safety Agency. *Rapid Response Report NPSA/2009/RRR007: Reducing risks of tourniquets left on after finger and toe surgery*. London NPSA; 2009.

Closure of skin lacerations under tension

Comment 1

O Gilleard, C Tsang, B Dheansa
Queen Victoria Hospital NHS Foundation Trust, UK
doi 10.1308/003588412X13171221500583

CORRESPONDENCE TO

Onur Gilleard, E: onurgilleard@aol.com

COMMENT ON

Nawaz SZ, Chan O, Newman K. Simple technique for closure of skin lacerations under tension. *Ann R Coll Surg Engl* 2011; **93**: 650
doi 10.1308/003588411X13165261994238h

We read with interest the article advocating the use of adhesive strips as a means of reinforcing fragile wound edges in the closure of wounds under tension. However, one wonders if there may be an element of false economy. Although direct closure is achieved at the time of surgery, there are no reported outcomes following suture removal. It would be particularly interesting to know the rates of wound dehiscence and hypertrophic scar formation, complications that often require further treatment.

In order to achieve the optimal functional and cosmetic result, laboratory and clinical studies suggest that alternative options on the reconstructive ladder should be considered when the dermis cannot be opposed directly without undue tension.^{1,2} In the absence of any substantial new data to the contrary, it is important that this principle is adhered to when managing the vast majority of wounds in the accident and emergency department and operating theatre.