Technical Section

TECHNICAL NOTES AND TIPS

Simulation for tendon repair

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Tendon repair is an important surgical skill to be attained by all core surgical trainees. Tendon repair simulation materials can be relatively expensive. A simple, effective and cheap method to practise tendon repair techniques is by cutting a length of soft liquorice into two pieces, which can be secured to card using staples or affixed to the card with pressure. The liquorice thus simulates the affected tendon, providing a pragmatic medium for practice (Fig 1). The two liquorice ends can be opposed and repaired with various suture techniques including Kessler repair, modified Kessler and Savage techniques.

Figure 1 Liquorice used for tendon repair simulation

Providing adequate topical analgesics prior to ring block

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Topical anaesthetic creams (TACs) can reduce the pain associated with digital blocks. However, applying TACs with occlusive dressings around digits can be challenging. We describe a technique to apply and cover TACs prior to digital blocks. After applying TAC around the base of the digit, one occlusive dressing is secured to the volar side and another to the dorsal side of the palm. These are then

pinched together in the web spaces, sealing the TAC around the digit (Fig 1). In our experience, this technique consistently reduces the pain associated with digital blocks.

Figure 1 Stages of the technique

A simple technique to encourage weight bearing in paediatric patients with external fixators

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BACKGROUND

Using fine wire fixators to correct paediatric lower limb deformity is a very powerful technique but children are often reluctant to weight bear because of pain or the anticipation of pain. We describe a simple technique to encourage weight bearing in children with lower limb fixators.

TECHNIQUE

With assent, a self-inflating 'whoopie cushion' is applied with adhesive tape to the sole of the patient's foot of the operated limb (Fig 1). The patient mobilises with an appropriate walking aid and is encouraged to weight bear by making the whoopie cushion 'go off' on each step taken with the operated leg. At this stage, children tend to forget the fear of the Ilizarov frame as they are concentrating on making noises with the whoopie cushion. This often results in laughter from parents and staff, thereby further encouraging the child. Once the child is no longer fearful of weight bearing through the operated limb, physiotherapy progresses as normal.