Figure 2 Template transposed on to the Strattice™

Figure 3 Ink imprint on the Strattice™ being used as a guide to cut it

Figure 4 Strattice™ being sutured to the edge of the pectoralis major and the chest wall

ensuring allowance for slight overlap. The cut Strattice™ is then sutured superiorly to the edge of the pectoralis major and inferolaterally to the chest wall with 2/0 polydioxanone (Fig 4).

DISCUSSION

Optimal aesthetic outcomes can be achieved in immediate implant-based reconstruction with the use of ADM. Our technique of cutting the Strattice™ precisely according to the ink template is reliable, quick, safe and easily reproducible.

References

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Effortless tension for Thomas splints

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BACKGROUND

The Thomas splint has stood the test of time immobilising femoral fractures, reducing haemorrhage, improving pain and facilitating transport. This is due to its simplicity, ease of application, few complications and non-invasive nature.¹

Traditionally, twisting the distal cord around a tongue depressor creates tension. It can be difficult to produce the desired amount of tension, and twisting the tongue depressor between the bars of the splint can be slow and cause pain. We describe a simple system of knots and pulleys, allowing effortless, controlled, straight line traction to be used on Thomas splints.

Figure 1 Cords wrapped around splint in normal fashion

Figure 2 Two reef knots tied with a gap between them

Figure 4 Loose cord is brought over end of splint and back through loop between reef knots, and this is repeated.

Figure 3 Pretensioning with one cord

Figure 5 Loose cord is pulled and tied to end of splint.

TECHNIQUE

Skin traction is applied to the leg in the normal fashion. Rotation of the fracture is controlled by bringing the inner cord under the inner bar and back to the midline while the outer cord is brought over the outer bar and back to the midline (Fig 1). Two reef knots are placed with a gap between them to create a loop for later (Fig 2). One of the cords is used for pretensioning by attaching it to the end of the splint (Fig 3). The other end of the cord is brought over the end of the splint, back through the loop created between the two reef knots, back over the end of the splint and, finally, through the loop for a second time (Fig 4). This creates a pulley system and, by pulling,

the free cord creates tension effortlessly before securing it to the end of the splint (Fig 5).

DISCUSSION

The technique described allows effortless and controlled traction to be created when using a Thomas splint.

Reference

1. Robinson PM, O'Meara MJ. The Thomas splint: its origins and use in trauma. *J Bone Joint Surg Br* 2009; **91**: 540–544.