flexion (forearm still pronated). Reduction stability is confirmed by x-rays in extension/flexion and neutral/supination/pronation (Figs 1B and 1C).

DISCUSSION

By stabilising the proximal fragment, our method obviates the need for cumbersome laterally applied radial head pressure (required by both the Israeli and Neher–Torch techniques). We have used our method successfully (Fig 2) in five consecutive children: after failure of the other closed procedures in three and as the primary manoeuvre in two.

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A technique for division of the sympathetic trunk during endoscopic thoracic sympathectomy

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During two-port thoroscopic sympathectomy, there are technical difficulties with advancing the tips of a 5mm non-U-shaped clip applicator over the sympathetic trunk owing to close apposition of nerve on to underlying rib.¹ We propose inserting one end of a length of polyglactin through the thoracic trocar and threading this through a carefully dissected space posterior to the sympathetic trunk. The potential risk of bleeding from this dissection has not been experienced in our practice. Gentle manual tension applied via both ends of this sling tents the nerve, allowing ease of clipping (Fig 1) and division. The sling is removed.

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Figure 1 Two clips applied to the sympathetic trunk, facilitated via use of a polyglactin sling

Splintage following supracondylar fracture in paediatrics

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BACKGROUND

The proximity of the neurovascular bundle to paediatric elbow fractures puts these structures at risk both at the time of injury and in the following hours. During plaster or backslab application, wool padding is applied routinely in a circumferential fashion with each layer overlapping the previous by 50%.¹ With the elbow flexed at 90°, in order to apply adequate padding posteriorly (olecranon), the anterior aspect is overstuffed with either excessive layering or creasing of the wool padding. Both can increase the pressure on the antecubital fossa (ACF) neurovascular structures. A proposed alternative is using cotton wool balls in the ACF to accommodate for swelling.² However, these are rarely available on plaster trolleys.

TECHNIQUE

We present a two-stage application of wool padding to the flexed elbow that allows for space in the ACF. The first layer is applied in a figure-of-eight fashion from the proximal forearm to the distal upper arm, bridging an empty ACF and acting as a protective scaffold (Fig 1). A second layer is applied on top of this scaffold, in a conventional circumferential fashion, to allow for adequate padding posteriorly while maintaining a dead space for swelling in front of the ACF (Fig 2).