Technical Section

TECHNICAL NOTES AND TIPS

BD Nokor™ admix needle for percutaneous needle fasciotomy: a novel use of a universal pharmacy needle

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The authors declare they have no conflicts of interest.

Percutaneous needle fasciotomy is one of the less invasive surgical options for treating Dupuytren's contracture.¹ We describe the use of a ubiquitous pharmacy needle, the BD Nokor™ admix needle (Beckton, Dickinson and Company, Franklin Lakes, NJ, US), as an alternative for performing percutaneous fasciotomy.

The needle has a blade at its tip that can be used as a small scalpel for division of fibrous bands (Fig 1). The technique is similar to performing a fasciotomy with a scalpel blade or a conventional needle. In our experience, the BD Nokor™ admix needle can be used effectively for percutaneous fasciotomy in palmar lesions. We would not advocate its use in the digits.

ACKNOWLEDGEMENT

The authors are grateful to Steve Atherton (Medical Illustrations Department, Welsh Centre for Burns and Plastic Surgery) for the illustration in Figure 1.

The material in this technical tip was presented as a poster at the 24th Scandinavian Hand Society Meeting held in Copenhagen, 2012.

Figure 1 Illustration of target tissue (abnormal cords in palmar fascia) in needle fasciotomy and the scalpel tip of the BD Nokor™ admix needle

Reference

1. van Rijssen AL, Gerbrandy FS, Ter Linden H *et al.* A comparison of the direct outcomes of percutaneous needle fasciotomy and limited fasciectomy for Dupuytren's disease: a 6-week follow-up study. *J Hand Surg Am* 2006; **31**: 717–725.

The use of a hypodermic needle to pass intraosseous cerclage wire through bone

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Passing a cerclage wire through drill holes can be difficult. This manoeuvre can be facilitated by cutting a 19G hypodermic needle from its base and using the bevelled end to drill a transverse hole on one side of the fracture line (Fig 1). Once the channel has been created, the tip of a 0.6mm cerclage wire is passed into the bevelled end of the needle and the needle is then withdrawn, pulling the cerclage wire through the drill holes (Fig 2).

Figure 1 The bevelled end of the needle is used to drill a transverse hole on one side of the fracture line