Loop-lock technique to prevent surgical knot sliding

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Handling surgical knots is recognised to reduce suture tensile strength. The loop-lock technique prevents knot sliding, maintaining optimal tension. Complete the first throw of a square knot (Fig 1). During the second throw, loop the suture around the needle holder,

Figure 1 First throw of square knot

Figure 2 One end of the suture is looped around the needle holder.

Figure 3 Loop sits on the first throw

holding both loop limbs with the same hand (Fig 2). Proceed to grab the free end with the needle holder. Then pull the loop and the needle holder apart. The loop now sits on the first throw (Fig 3). Release the loop and complete the knot while maintaining tension on the needle holder and free end. This prevents knot sliding, maintaining optimum edge approximation.

Limiting oedema, ecchymosis and haemorrhage in septorhinoplasty with ice cooled swabs

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Oedema, ecchymosis and bleeding involving the skin envelope can create difficulties during septorhinoplasty. The application of ice cooled swabs may reduce these complications.

Sterile, saline soaked, gauze swabs are wrapped around a routinely available 500ml pre-frozen, sterile fluid bag by the scrub assistant (Fig 1). Prior to application, the swabs are immersed briefly in cold water to avoid thermal injury to exposed skin.

Compression of the nasal dorsum with ice cooled, wet swabs at intervals intraoperatively (Fig 2) can result in less distortion during reconstruction, more accurate incision closure, reduced need for nasal packing and shorter operating times.¹ This is likely to facilitate a better postoperative cosmetic result.

Figure 1 Sterile, saline soaked, gauze swabs wrapped around a 500ml pre-frozen, sterile fluid bag

Figure 2 Compression of the nasal dorsum with ice-cooled, wet swab

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Reference

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A novel technique to locate subcutaneous shotgun projectiles

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BACKGROUND

In the UK, shotgun injuries are rare but increasing.¹ The degree of ballistic induced, soft tissue injury is related to kinetic energy transfer. The low muzzle velocity, coupled with projectile dispersion after ejection from the barrel, means that the kinetic energy of each projectile from a shotgun cartridge is low, often producing penetrating rather than perforating wounds.² Distant range gunshot injuries produce multiple entry wounds containing shot, small amounts of soot and powder (Fig 1). Owing to the risk of infection,³ local tissue damage and implantation of foreign material, projectiles are often removed and their tracks irrigated. Dictated by its energy, entry angle and tissue density, the resting position of the projectile is often distant from the visible entry point. Locating the shot may be challenging, necessitating radiological assistance. Multiple projectiles may require considerable exposure.

Figure 1 Shotgun injury to the chest, sustained from a distance