Figure 1 Photograph of 'backwards' antegrade placement of the K-wire into the distal phalanx

Figure 2 Anteroposterior and lateral radiography of the final position of the 2.4mm headless compression screw, achieving arthrodesis of the distal interphalangeal joint

DISCUSSION

We feel this novel modification to the current technique ensures best practice, maximises chances for optimal screw position and remains cost effective by avoiding the opening of additional equipment.

Reference

1. Brutus JP, Palmer AK, Mosher JF *et al.* Use of headless compressive screw for distal interphalangeal joint arthrodesis in digits: clinical outcome and review of complications. *J Hand Surg Am* 2006; **31**: 85–89.

Presurgical preparation using static electricity

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Effective removal of the patient's excess body hair is essential prior to laparotomy. Electric clippers are now commonplace and sticky tape is often used to remove the clippings; this can be awkward and time consuming. Clippings can be removed using static electricity formed between the layers of a disposable plastic apron, by opening it and then rubbing over the freshly clipped surgical field. Use of static electricity has been documented in orthopedic surgery.¹ We advocate its use also at other body sites. Static electricity has the advantage of dryly removing even tiny fragments, which may not be reached adequately by other means.

Reference

1. Bebbington A, Hardy J. Shaving with the aid of static electricity. *Ann R Coll Surg Engl* 2004; **86**: 226.

Figure 1 Removing hair clippings using static electricity