ple times for ‘relook’ surgery and further debridement. Temporarily covering the open wound in the perineal area pending definitive reconstruction presents a challenge and faecal contamination is a risk. We demonstrate a technique using lengths of povidone-iodine soaked 90cm × 5m gauze roll (Synergy Health, Swindon, UK). Each testis is wrapped individually before a length of gauze is folded across the site 3–4 times and secured to the wound edges with skin staples (Figs 2–4).

Figure 2 Each testis is wrapped individually.

Figure 4 The dressing is secured with staples.

A consistent and reliable technique for tensioning a suture button syndesmosis fixation system

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Figure 3 A length of gauze roll is folded across the wound 3–4 times.

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BACKGROUND

The TightRope® syndesmosis fixation system (Arthrex, Naples, FL, US) is a suture-button device for the dynamic stabilisation of the distal tibiofibular syndesmosis.¹ This implant avoids the need for routine removal.² It is important to tighten the suture sufficiently in order to maintain reduction of the syndesmosis. We describe the use of a traditional technique for tightening sutures applied to this novel fixation system.

TECHNIQUE

The distal fibula is exposed and the distal tibiofibular syndesmosis is reduced according to the surgeon's preference. The cortices are drilled and the TightRope® is passed as per the implant's surgical technique instructions.³ With the buttons flush to the cortices and/or plate and the foot in a natural plantarflexed position, a standard knot is prepared (Fig 1). This is tightened over a closed pair of Mayo scissors held by an assistant (Fig 2). As the surgeon maintains tension on the knot, the assistant opens and closes the scissors (Fig 3) 3–4 times to tighten the suture before slipping the scissors out, thereby allowing the

Figure 1 Knot prepared with buttons flush to cortices

Figure 2 Knot tightened over closed Mayo scissors

Figure 3 Maintaining tension on knot ends, scissors opened and closed 3–4 times to tension the suture button device

Figure 4 Scissors removed (with blades closed) to allow knot to be hitched tight

continued tension applied by the surgeon to hitch the knot (Fig 4). Further knots are applied and the suture ends cut before closure.

DISCUSSION

The TightRope® system has a similar outcome to screw fixation with a reduced need for implant removal. However, there is a paucity of long-term outcome data and cost effectiveness studies.⁴ When this system is used, we recommend the above technique in order to consistently and effectively apply tension to the suture-button device before it is secured.

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