procedure with direct visualisation of the strap muscles and trachea also means that bleeding can be effectively managed. We recommend other departments consider implementation of this technique.

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A tip for rotation of the limb during ankle fixation

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doi 10.1308/rcsann.2016.0170

Operative fixation of the ankle requires an assistant to internally rotate the limb to visualise the lateral malleolus, even with a sandbag under the ipsilateral buttock. We describe a simple technique to internally rotate the limb when no assistant is available. Sterile crepe bandage is passed around the foot several times and secured to the contralateral side of the table by an unscrubbed theatre member (Fig 1). The degree

of internal rotation is varied by the tightness of the bandage. This frees the scrub nurse from assisting with rotation of the limb and may reduce operative time when no assistant is available.

Trethowan retractor technique to aid supination of the wrist during distal radius fracture fixation

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doi 10.1308/rcsann.2016.0171

An assistant is usually required to aid supination of the forearm during volar fixation of a distal radius fracture. We describe a simple technique to maintain supination when an assistant is unavailable. The thumb is passed through the ring of a Trethowan retractor with the spike passed beneath the hand at the level of the metacarpal bases (Fig 1). This maintains supination without obscuring intraoperative imaging, unlike a lead hand retractor. This may free the scrub nurse from having to aid with supination when an assistant is not available and can reduce operative time.

Figure 1 Lower leg before and after crepe bandage has been passed around the foot

Figure 1 Lower arm before and after thumb has been passed through the ring of a Trethowan retractor