Simple glove guard to protect soft tissues during digital amputation

CS Honeyman, A Wiberg, SK Sen
Southmead Hospital, Bristol, UK

CORRESPONDENCE TO

Calum Honeyman, E: c.s.honeyman@googlemail.com
doi 10.1308/rcsann.2016.0117

BACKGROUND

Digital amputation (also known as 'digital terminalisation') is a common procedure carried out by plastic surgeons and orthopaedic surgeons. The aim in these procedures is to maximise function by preserving the length and sensibility of bone, and to provide robust soft-tissue coverage of the bony stump. Here, we describe a simple technique to protect soft tissues during digital amputation.

TECHNIQUE

One layer of a sterile surgical glove is cut into a square of dimension 4cm × 4cm. Then, this square is folded in half and a cut of 5mm made halfway along the folded edge. This action leaves a hole in the centre of the square when unfolded (Fig 1). Once the digit has been prepared, the central hole is placed over the exposed bone end (Fig 2). The surrounding square is pushed down on top of soft tissues to protect them. Then, the surgeon can use an oscillating saw to cut through the bone safely.

Figure 1 Glove guard protecting soft tissues during digital amputation

Figure 2 Once the digit has been prepared, a central hole is placed over the exposed bone end

DISCUSSION

Here, we describe an inexpensive, simple soft-tissue guard made from a section of glove. This guard helps to prevent inadvertent damage to soft-tissue flaps, and provides a clear aid to saw through bone at the desired level confidently. We have used this soft-tissue guard in emergency and elective settings, and found it helpful for surgeons at all levels of experience.

A simple technique for injecting the small joints of the fingers and thumb using finger traps for traction

MA Bashir, A Arya

King's College Hospital NHS Foundation Trust, UK

CORRESPONDENCE TO

Muhammad Bashir, E: dramerbashir@hotmail.com
doi 10.1308/rcsann.2016.0110

BACKGROUND

Injection of steroids for pain relief into the small joints of the fingers and thumb is a well known treatment method. It is not easy to insert the needle accurately into the joint. We have used finger traps to distract the joint for injections.

TECHNIQUE

Under image intensifier guidance, after ring block anaesthesia, the finger trap is applied distally (Fig 1). With an assistant applying traction, a 25G injection needle is inserted into the joint under fluoroscopy and the steroid injected (Figs 2 and 3). We have found a point just dorsal to the midlateral position where it is safe and easy to enter the joint.

DISCUSSION

It is not easy to inject small joints of the hand owing to the narrow joint space, which can be reduced further by the arthritic process, the shape of the joint, associated osteophytes and calcification of