Technical Section [TECHNICAL NOTES AND TIPS

Alternative use of the Bradford Sling as a Dorsiwedge

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doi 10.1308/rcsann.2016.0010

BACKGROUND

The Bradford Sling® (Capatex, Nottingham, UK) has been used for over 20 years by healthcare professionals across all specialties. It was originally designed and developed to meet heavy patient care requirements after tragic disasters such as the Bradford City stadium fire in 1985 and the explosion on Piper Alpha, an offshore oil and gas production platform, in 1988.¹ In orthopaedics and plastic surgery, it is now used to elevate hand and forearm to reduce swelling, as part of treatment of conditions such as infections and fractures.

TECHNIQUE

The Bradford Sling® has the same profile as a Dorsiwedge™ (DJO Global, Vista, CA, US). A Dorsiwedge™ is used as a night splint in the treatment of plantar fasciitis and Achilles tendinitis. It is also used for patients with foot drop, to keep the foot plantigrade, and following

ankle ligament surgery or foot operations. Figure 1 shows that the Bradford Sling® can also be used as a postoperative Dorsiwedge™.

DISCUSSION

The Bradford Sling® is readily available in theatres and on wards whereas a Dorsiwedge™ usually needs to be ordered by the physiotherapists and it can take a day or two before it can be applied. This simple use of the Bradford Sling® splints the foot and ankle in the meantime.

References

1. History of the Bradford Sling®. Capatex. <http://www.thebradfordslings.com/historybradford-sling/> (cited August 2015).

'Appendix base first' appendicectomy

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doi 10.1308/rcsann.2016.0014

BACKGROUND

Laparoscopic appendicectomy is a common procedure but it can sometimes be difficult. We describe a simple technique to make the procedure easy.

TECHNIQUE

A three-port technique and a 5mm telescope are used for the laparoscopy. Two 5mm ports (subumbilical and suprapubic) and one 10mm port (left iliac fossa) are inserted. During the procedure, a 10mm Ligaclip® (Ethicon, Somerville, NJ, US) is applied to the appendix 5mm away from the base and the appendix is cut distal to the clip. The mesoappendix is serially clipped and cut or, alternatively, cut with diathermy. An endoloop is then applied to the base of the appendix proximal to the clip. The appendix is removed in a bag via the 10mm port.

DISCUSSION

The mesoappendix is normally divided first during antegrade appendicectomy. Our method is especially useful when the mesoappendix is thick, when the appendix tip is not clearly seen and when it is particularly adherent to other structures. Trying to locate the appendix tip can be difficult and time consuming. Our technique disconnects the appendix base so that the detached appendix can be used to locate the appendix tip in a retrograde manner. We have found the procedure to be safe, easy and quick. On one occasion, the appendix itself became detached from its serosa, which was left as a peel, and the patient made a good recovery.

Figure 1 Bradford Sling® used as Dorsiwedge™