Figure 3a Preoperative marking donor area: skin from right breast reduction; left breast: L flap nipple

Figure 4 L flap nipple and neo-areola reconstruction completed

Figure 3b Postoperative results: right breast – donor area closed; left breast – inset L flap nipple and neo-areola (recipient)

for the use of the C–V flap were limited and the nipple position not optimum (Fig 1).

The L-shaped nipple flap is a technical variation of raising and constructing a nipple, consisting of two local opposing skin flaps with two limbs: long and short (hence L). The flap donor areas are contained within the new areolar margins. The long arm (centred on the lateral-based random flap) is rotated through 180 degrees and sutured. The second short arm is then sutured to the upper border of the long arm to create the summit of the neo-nipple (Fig 2).

The marked areola is de-epithelialised and a full-thickness skin graft (donor area: abdomen or contralateral breast) is harvested, fenestrated and placed on de-epithelialised area to create the new areola (Fig 3 and Fig 4).

This modified technique for complex nipple–areola reconstruction can be used in either primary or secondary nipple reconstruction.¹ The advantages of the L flap are that all scars are contained within neo-

areola and nipple projection is consistently maintained and is similar to that of traditional C–V flap performed during the period of the study.²

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Removal of spinning locking screws using a scalpel blade

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BACKGROUND

The removal of locking screws from a plate can often be difficult. There are situations where the screw–plate and screw–bone interfaces have been damaged and the screw head/shaft threads no longer have purchase. This results in the screw spinning without backing out. The conventional method is to remove the screw using forceps, haemostats or a screwdriver coupling device to grip the screw head while rotating the screwdriver. However, there is often only a small amount of screw head exposed, which is not enough for the instruments to grip. Where a firm grip of the screw head is achieved, rotation is hindered, risking damage

Figure 1 Damage to the plate threads or osteolysis around the screw shaft prevents the screw gaining purchase causing it to spin without backing out; engage the screwdriver into the screw head and tilt, thus exposing a screw thread

to the screwdriver–screw head interface. We describe a simple method of screw extraction using a scalpel blade in this scenario.

TECHNIQUE

Engage the screwdriver firmly into the screw head then tilt and gently pull the screwdriver, exposing one thread of the screw head (Figure 1). Insert a mounted scalpel blade parallel to the thread and turn the screwdriver without altering the position of the blade (Figure 2).

DISCUSSION

The locking screw–plate interface is often stripped, causing the screw to spin free during attempted removal.^{1,2} Several methods have been described to address this problem, which can be time consuming, costly and cause tissue damage.^{3,4} A scalpel blade can be used to recreate a plate thread that the remaining screw head threads can engage. This assists removal where there is insufficient grip of the screw on the plate and underlying bone. Moreover, excessive force is avoided, thus preventing screw breakage.

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Figure 2 Insert a mounted scalpel blade into the screw-head thread and turn the screwdriver