Figure 1 Use of the nasal pack as a microsurgical platform for anastomosis

anastomosis. The cord attached to the nasal pack can be used for gentle extraction from the microsurgical field once the anastomosis is complete.

DISCUSSION

Merocel® nasal packs are sterile (gamma irradiated), detectable on radiography, fibre free (leaving no foreign material in the cavity) and can be cut to provide a structurally stable platform for microvascular anastomosis. They also continue to absorb excess irrigation fluid, avoiding overflowing of the field. This is a simple and cost effective technique for optimising microvascular anastomosis, and it may also be applicable to any anastomosis in which a raised platform is required.

Avoiding iatrogenic injury during portal placement in hip arthroscopy

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BACKGROUND

Hip arthroscopy has gained immense popularity in the treatment of many intra and extra-articular pathologies in and around the hip joint. The anterolateral portal is the most common portal used to establish access at arthroscopy and being the first, it has to be placed blindly under image intensifier guidance. The subsequent portals are placed under direct arthroscopic visualisation.

Iatrogenic acetabular labral injury (IALI) has been reported to occur during the first portal placement and its incidence varies from 0.67% to 20%.¹⁻³ We present an easy technique to prevent IALI.

TECHNIQUE

Following skin preparation and draping, traction is applied to the leg until the suction effect is seen on the image intensifier. A 17G needle

Figure 1 The labral silhouette

Figure 2 Correct position of the needle allowing access to the hip joint

is then introduced to equalise the pressure in the hip with the atmospheric pressure. Following this, the joint is easily distracted and 40ml of normal saline is injected to further distend the joint. At this stage, the silhouette of the acetabular labrum is clearly visualised, which serves as a guide to needle and furthermore portal placement (Figs 1 and 2). The needle is now reinserted to avoid piercing the labrum and causing IALI. An incorrect needle trajectory (Fig 3), however, can pierce the labrum.

DISCUSSION

Our technique is a minor modification of the original technique described by Byrd⁴ in that distending the joint with 40ml of fluid prior to insertion of the needle pushes the labrum further away. This creates enough space for the needle and then the scope to be inserted safely, thereby avoiding IALI.

Figure 3 Incorrect needle trajectory heading towards labrum

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A novel paediatric thumb web splint

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The toe spreader (Fig 1), which is made of dermatologically friendly silicone gel, is a commonly used orthosis for the conservative management of toe deformities in adults. Paediatric thumb web contractures of varied aetiologies are a common clinical entity in orthopaedics. The majority require an effective splint, whether for conservative or postoperative management.

TECHNIQUE

We have been using a commercially available adult toe spreader for managing paediatric thumb web contractures. The normal contour of the toe spreader fits nicely in the paediatric thumb web. However, to keep it in place in a very active child, we may need to incorporate the spreader into a wrist-based splint (Fig 2).

DISCUSSION

This modified splint is very soft, yet strong enough to maintain the thumb web in a functional position. It also does not prevent movement of the index finger at the metacarpophalangeal joint. In addition to being patient- and surgeon-friendly, the splint is washable and reusable. As the toe spreader comes in different sizes, it may be used as paediatric thumb web splint in different age groups.

Figure 1 Adult toe spreader

Figure 2 A case of posttraumatic scar contracture, which was released and covered with a distally based radial artery forearm flap. The released thumb web is maintained by the thumb web splint