Technical Section [TECHNICAL NOTES AND TIPS

A safer method for urgent reduction of posterior sternoclavicular dislocation

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BACKGROUND

Posterior dislocations of the sternoclavicular joint can be life-threatening. Reduction techniques provided previously can be dangerous. Here, we describe a safer technique of reduction that has not been described previously.

TECHNIQUE

The patient is positioned supine with the arm draped free. The clavicle is palpated subcutaneously and, as far medially as possible before it passes backwards into the soft tissues, a stab wound is made over its anterosuperior border.

Through this stab wound is passed a 2.5mm drill. The anterior cortex is drilled as far as (but not through) the posterior cortex so as not to damage underlying neurovascular structures. A long, self-tapping cortical screw (≈50mm) is passed through the central hole of a five-hole plate. The screw is inserted into the drilled hole as far as the posterior cortex. Then, the plate can be used as a 'T' handle to pull the clavicle forwards into a reduced position (Fig 1).

DISCUSSION

Posterior dislocations are a serious and potentially life-threatening problem due to direct pressure on the trachea, oesophagus and great vessels, thereby causing stridor and dysphagia.¹

If closed reduction fails, the classical alternative is to apply pointed reduction clamps around the medial end of the clavicle and apply anterior traction.² This strategy is not without risk, and extreme care and vigilance must be taken due to the close proximity of the critical structures in the neck. We advocate our technique because it does not put these structures at risk.

References

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2. Sewell MD, Al-Hadithy N, Le Leu A, Lambert SM. Instability of the sternoclavicular joint: current concepts in classification, treatment and outcomes. *Bone Joint J* 2013; **95**: 721–731.

Achillon Achilles tendon suture system technical tip

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The Integra™ (Plainsboro, NJ, US) Achillon® System is a minimally invasive operative method to treat acute Achilles tendon ruptures. For optimal apposition of the tendon ends and knot tensioning, it is advisable to tie the corresponding pairs of sutures within the proximal and distal stumps. To avoid confusion between the different sutures, simply colouring the suture ends to identify the pairs, as shown in Fig 1 (a, b) avoids tying the wrong sutures together.

There is no conflict of interest between the authors and the manufacturer of the device.

Figure 1 A 'T' handle is used to pull the clavicle forwards into a reduced position

Figure 1