Technical Section [TECHNICAL NOTES AND TIPS

A bow-tie for hand trauma

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doi 10.1308/rcsann.2016.0278

We present a video of the 'bow-tie' stitch use in hand trauma.

The bow-tie stitch is easy for staff to identify and remove by pulling one side without the need for a stitch cutter. The knot on the suture is adequate to keep the skin edges opposed, everted and approximated. It is compatible with synthetic non-absorbable suture material, which reduces the risk of bacterial contamination in repair of traumatic wounds. We have observed a reduced incidence of stitch retention and stitch abscesses. The simple and quick suture removal is preferred by patients and improves satisfaction without compromising wound repair.

Data protection: in our patients' hands

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doi 10.1308/rcsann.2016.0295

BACKGROUND

In our technologically advancing age, data generation has vastly increased. With this increase, concerns around confidentiality and data protection have also grown. However, images of an injury can convey large amounts of information in a single photograph. Hospital-sanctioned methods of generating photographs of injuries can be

time consuming, leaving many clinicians to resort to photography from their personal phones – generating an ethical minefield.¹

TECHNIQUE

Most hospital patients in 2016 have access to a camera phone. Using the patient's phone (with their verbal consent), allows the clinician to obtain images without having to organise clinical photography or taking the data protection risks of using their personal phone. Most smartphones are equipped for photography without unlocking the phone, thus preventing the patient having to disclose their passcode. However, written information detailing the reason for photography must be provided as part of informed consent.

DISCUSSION

Using a patient's own phone means that all healthcare professionals have access to a complete record of an injury. Also, arguably more importantly, the patient has control of their data, as the pictures can be only shared with their input. Vitrally, photographic record of an injury allows for long-term wound follow-up and early identification of subtle changes, such as healing ulcers,² giving patients and healthcare professionals the reassurance that even with multiple individuals reviewing the injury each person has the same point of reference to assess healing progression and identify potential problems early.

References

1. Chan N, Charette J, Dumestre DO *et al.* Should 'smart phones' be used for patient photography? *Plast Surg (Oakville, Ont)* 2016; **24**(1): 32–34.
2. Wang L, Pedersen PC, Strong DM *et al.* Smartphone-based wound assessment system for patients with diabetes. *IEEE Trans Biomed Eng* 2015; **62**(2): 477–488.

A simple way to remove air bubbles in the bladder dome during transurethral resection of tumours

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doi 10.1308/rcsann.2016.0317

BACKGROUND

During transurethral resection of a tumour in the bladder dome, gas bubbles can accumulate in the bladder dome and obscure the surgical field.

TECHNIQUE

Intermittent switching of the irrigation fluid onto the outflow channel of the continuous-flow irrigating resectoscope provides a simple and