A novel way to template trochanteric hip fractures

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This is a method to aid correct guidewire placement during trochanteric hip fracture fixation, also applicable in cases of coxa valga and vara using a screw/side plate assembly other than 135°. Multiple angled templates are drawn on overhead projector paper (Fig 1a). Following reduction of the fracture, the selected pre-drawn template is overlaid against the fluoroscopy screen (Fig 1b). The fluoroscopy screen is marked with a dry wipe marker at the correct entry point for the guidewire (Fig 1c). The jig and wire assembly are positioned over this mark (Fig 1d).

Figure 1 An angled template on overhead projector paper with its use on a fluoroscopy screen and subsequent correct placement of the guidewire

A secure retraction technique for exposing the internal mammary vessels

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Access to the internal mammary vessels either as a recipient site for free tissue transfer or as a donor site for harvesting is facilitated by adequate exposure. A self-retaining retractor is commonly used. However, securing the retractor to the surgical drapes may not provide a stable base owing to movement. We present a simple, safe technique for securing and stabilising the retractor during the course of the procedure. Heavy Elastoplast® tape (Beiersdorf, Birmingham, UK) is placed between the operating table and the arm board to provide a firm base (Fig 1). A Norfolk and Norwich retractor is positioned in the chest wound and a ribbon is looped through the retractor handles. The ribbon is then secured to the Elastoplast® tape with a heavy artery clip (Fig 2). This technique allows for adequate exposure and avoids the risk of retractor movement during internal mammary vessel exposure.

Figure 1 Elastoplast® tape is placed between the operating table and the arm board

Figure 2 The ribbon is looped through the retractor handles and secured to the elastic tape with a heavy artery clip