TECHNIQUE

A pack of sheet-type incontinence pads makes a cheap, padded block, the size of which can be altered to fit the patient by adding or removing pads (a large sharps bucket can also be used for tibial nailing). Two image intensification covers are used to cover the pack. The first is put over the pack on a non-sterile surface (Figs 1 and 2). The pack is inverted and placed sterile side down on a sterile Mayo stand (Fig 3). The opposing image intensifier cover is then applied overlapping the first (Fig 4) and the pack inserted into a sterile Mayo stand cover (Fig 5). Air is eliminated and the cover folded back on itself and sealed with adhesive tape (Figs 6 and 7).

DISCUSSION

Any risk of introducing contaminants to the operative field in the process is minimised by this simple step of using sterile image intensification covers.

Video Link

<https://www.youtube.com/watch?v=ZvVISMqQoMc&feature=youtu.be>

A simple method to find the proximal stump of the cut flexor pollicis longus tendon in the thenar zone

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BACKGROUND

When the flexor pollicis longus tendon is lacerated in zone 2, the proximal stump may retract and can be difficult to retrieve through the original incision in the flexor sheath.¹ In order to overcome this difficulty (especially in heavy labourers with bulging thenar muscles), a wire loop is introduced into the proximal sheath at the A1 pulley and is advanced to the thenar eminence. Afterwards, the surgeon has to find the tip of the wire loop, which is close to the cut tendon. We describe a simple technique to locate the wire loop.

TECHNIQUE

The wound is excised and extended to expose the A1 pulley of the thumb. A wire loop is gently passed proximally along the sheath until the point of the loop reaches the thenar eminence (Fig 1). Pressure is applied at the thenar eminence to try to feel the edge of the wire loop while it is moving back and forth. The skin is incised carefully over the thenar eminence at the point of feeling the edge of the wire loop (Fig 2). The tissue is dissected layer by layer until the tip of the loop is found. A C-arm can help in locating the wire edge. The tip of the wire loop is close to the proximal stump of the cut tendon if it is in the thenar zone. The tendon is then sutured to the wire loop and passed through the A1 pulley.

Figure 1 The wire loop is advanced through the A1 pulley to the thenar zone.

Figure 2 Skin incision over the thenar eminence at the point of feeling the edge of the wire loop

DISCUSSION

The technique described here is simple, inexpensive and has been successful in all 20 patients treated so far by this method. We strongly recommended it.

Reference

1. Kamath BJ, Bhardwaj PJ. A simple, semirigid, and surgeon-friendly tendon retriever and flexor sheath dilator. *Hand Surg Am* 2007; **32**: 269–273.

Two uses of the Smillie knife in foot and ankle surgery

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The Smillie Knife (Fig 1), initially designed for knee meniscus surgery, has fallen out of use. We have found it useful in foot and ankle surgery. It has a unique design, with blunt peaked tips and a sharp curved central blade. This shape allows the device to split tendon

Figure 1 The Smillie knife has a unique design with blunt peaked tips and a sharp curved central blade.

fibres rather than cut the tendon. We use it in our practice for peroneal tendon graft harvest (Fig 2a–c) and tendon tenolysis (Fig 3a,b).

Figure 2a Peroneal tendon graft harvest: the peroneus brevis tendon is isolated, tensioned with forceps (left side of picture) and the Smillie knife is positioned in the middle of the tendon at the chosen harvest site.

Figure 2b Peroneal tendon graft harvest: the Smillie knife is slid down the tendon, splitting fibres underneath the peroneal retinaculum.