The modified Brunelli procedure: a simple passage for the flexor carpi radialis tendon graft

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The modified Brunelli procedure is used for the treatment of non-repairable complete scapholunate ligament rupture in the wrist.¹ It aims to restore normal carpal biomechanics, preventing secondary osteoarthritis. A technically challenging portion of the operation involves threading the flexor carpi radialis (FCR) tendon through the scaphoid tunnel. As the tunnel is narrow, using a standard tendon forceps can be difficult because of the size of the forceps head and body. We have found that crocodile microforceps (Fig 1), from a myringotomy set, mitigates this difficulty, allowing easy passage of the FCR tendon through the narrow scaphoid tunnel.

Figure 1 Standard tendon braiding forceps (top) and crocodile microforceps from a myringotomy set (bottom)

Reference

1. Garcia-Elias M, Lluch AL, Stanley JK. Three-ligament tenodesis for the treatment of scapholunate dissociation: indications and surgical technique. *J Hand Surg Am* 2006; **31**: 25–34.

An innovative bespoke technique for the retrieval of broken distal locking bolts

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BACKGROUND

Broken distal locking bolts after intramedullary nailing of long bones are seen frequently in trauma practice. The retrieval of these bolts is technically demanding, especially the distal part, which is often held within the bone (Fig 1). In our tertiary fracture non-union unit, we have developed a technique for an easy, reproducible and quick removal of the broken parts. The following tips simplify the process and reduce operating time.

TECHNIQUE

The patient is placed supine without traction on a radiolucent table. Guided by an image intensifier, the nail and locking screws are removed. From the proximal entry point, the rod pusher is passed through the power drill into the nail track to act as a nail punch over the remaining screw part, if needed (Fig 2). The punch can be used to dislodge the broken part of the screw in the far cortex. A bariatric laparoscopic grasping forceps (Fig 3), which measures 45cm in length, is used to grasp the broken screw and the broken part is subsequently retrieved (Fig 4).

Figure 1 Broken distal locking bolts held within the medial femoral cortex

Figure 2 Rod pusher, which is passed (whenever needed) through the drill to act as a nail punch

DISCUSSION

Different techniques have been used to retrieve broken distal locking bolts.^{1,2} None of them have demonstrated superior efficiency. To our