Technical Section [TECHNICAL NOTES AND TIPS

Use of a bladder syringe to evacuate ruptured breast implants: a neat approach

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BACKGROUND

Modern breast implants consist of highly cohesive silicone gel. Rupture of the implant causes release of the gel outside the capsule. Removal of the ruptured implant by manual handling can be time consuming and messy. The handling of sticky gel leads to viscous gel contaminating the operative field, requiring a change of drapes, surgical gloves and instruments. This not only prolongs the procedure but also adds to the cost.

Techniques mentioned in the literature include the bottle suction method,¹ which requires sterilisation, or electric vacuum aspiration,² which also necessitates special equipment.³

TECHNIQUE

- > We used two 50-ml bladder syringes, without the plunger, and suction tubing.

Figure 1 Bladder syringe without plunger attached to the suction tubing

- > Connect the tip to the suction tube (Fig 1).
- > Make an incision over the capsule.
- > Place the plunger side directly over the incision, creating a seal and allowing free-flowing silicone gel to be sucked smoothly with a 'slurp' in to the syringe with no spillage (Figs 2 and 3).
- > Replace the filled syringe with an empty one.
- > Repeat the steps until complete extraction of the silicone gel is established or enough silicone gel is evacuated to facilitate the easy manual removal of the residual implant (Fig 4).

DISCUSSION

Our technique is simple and cost effective. The equipment required is cheap and readily available. No special preparation, training or set-up prior to the procedure is needed unlike alternative techniques. We recommend this technique, especially in the context of the growing popularity of breast implants.

Figure 2 Active suctioning sealing the incision

Figure 3 Continued active suctioning of gel

Figure 4 Completion of evacuation without gel spillage

References

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A simple alternative to Chinese finger traps for wrist fracture reduction

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Figure 1 Thomas splint skin traction kit used for gravity-assisted reduction of a closed wrist fracture.

BACKGROUND

Chinese finger traps can be used to aid closed reduction of wrist fractures by gravity-aided countertraction, ligamentotaxis and disimpaction.¹ However, they are expensive and are often not available. We describe a simple and cheap alternative to Chinese finger traps using modified skin traction tape from a Thomas splint application kit.

TECHNIQUE

Skin traction adhesive tape is cut to the appropriate size and applied vertically across the palm of the affected arm to include the thumb, index and middle fingers. The attached cord is then tied to a drip stand, ensuring that the forearm is kept at a right angle, and the index/middle fingers are in line with the forearm to provide ulnar deviation (Fig 1). Strips of adhesive bandage tape can be placed circumferentially around the palm and a pillow or padded arm board placed below the arm as a 'failsafe'; although this has never been necessary in our practice.

Reference

1. Earnshaw SA, Aladin A, Surendran S, Moran CG. Closed reduction of Colles fractures: comparison of manual manipulation and finger-trap traction: a prospective, randomized study. *J Bone Joint Surg Am* 2002; **84**: 354–358.

Laparoscopic retraction in Nissen fundoplication for the patient who is latex allergic

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Figure 1 A standard latex-free glove is cut along the dotted line.