retained; and there is no damaged equipment. Disadvantages include: having to perform a fully open procedure; and the generation of heat and debris (minimise with use of wash and soft-tissue protection).

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Improved ‘suture passer’: an easy and cost-effective tool for transcorporeal suturing

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Traditional ‘suture passers’ may be difficult to manoeuvre at some intra-abdominal locations due to their weight and rigidity. We describe an improvised suture passer, made of a 16G intravenous

cannula needle with a loop of polypropylene thread passed through it (Figure 1).¹ This featherweight tool can bring out thread from any corner of the abdomen through a needle prick only. After piercing through the peritoneal cavity, a gentle upward pull on the needle opens up the polypropylene loop for holding the thread. The accompanying video demonstrates the technique.

Reference

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Technique for contouring the cut end of infix bars and external fixator pins

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Background

Anterior subcutaneous pelvic fixation (infix) achieves bony stabilisation of unstable pelvic fractures, and is considered for rotational or vertically unstable fractures requiring operative intervention (Figure 1).^{1,2} The infix bar is cut to size with sterile heavy cutters. This leaves one end of the rod on the cut surface sharp to touch (Figure 2a). We believe that contouring the cut end of the rod to a smooth rounded edge allows a more benign environment for surrounding tissue to heal (Figure 2b,c). Sharp surfaces are also

Figure 1 Improved suture passer.

Figure 1 Anterior subcutaneous pelvic fixation (infix) for pelvic fracture, sacroiliac screw posteriorly.