

Figure 1 The sterile packaging accompanying the components can be safely cut to size and used to cover the talus component.

facturer's technique. We use the thin plastic covering accompanying the sterile tibial implant (Fig 1) to protect the talus during tibial insertion. The dome-shaped plastic covering can be trimmed to a smaller talar-sized piece to cover the talus, leaving an unobstructed view during tibial component insertion in the standard fashion (Fig 2). With both implants seated, the plastic can be exchanged for the implant bearing.

DISCUSSION

The trial bearing can be used to protect the talus, as suggested by the manufacturer. However, this could dislodge or partially obstruct tibial component insertion, potentially increasing the risk of contact between metal bearings. The plastic covering we use is partially transparent, which can assist the surgeon in viewing the talus and

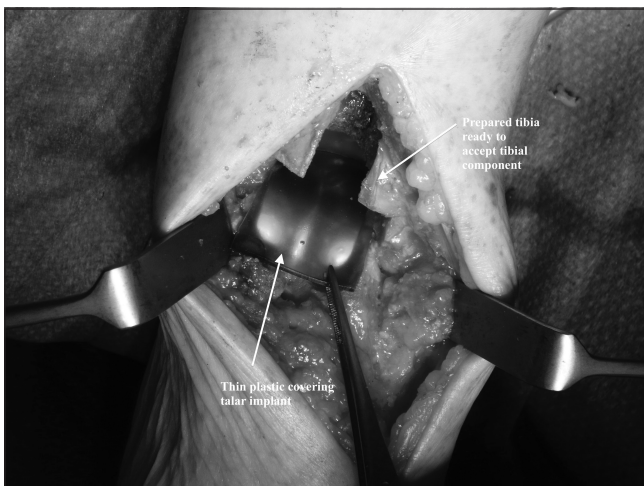


Figure 2 The cut plastic packaging is a perfect contour to fit neatly over the talus component without risking abrasive damage to the tibia.

determine whether the talus component displaces during tibial implantation. This is a simple and safe method to carefully insert the tibial component of a commonly used ankle replacement.

References

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Simple method of fluid resuscitation in patients requiring emergency thoracotomy through direct cardiac cannulation

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Patients who are critically injured with imminent cardiac arrest may require immediate thoracotomy as an integral component of their initial resuscitation in the emergency department. Fluid resuscitation can be difficult owing to a shutdown state. A simple method for fluid delivery in patients requiring emergency department clamshell thoracotomy entails the insertion of a large bore venous catheter directly into the right atrium at its appendage and using it for fluid resuscitation (Fig 1). This method is quick, safe and easily reproducible. Once the patient is stable, the catheter can be removed and a simple purse string suture used to close the atrium.



Figure 1 Clamshell thoracotomy with a large bore venous catheter in the right atrium (arrow)