

A simple suturing technique to close arthroscopy portal wounds

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We describe a simple and quick suturing technique that can be used to close arthroscopy portal wounds, resulting in excellent cosmetic appearance. A single suture is seamlessly run in the shape of a 'figure of eight' (Fig 1) to give neat apposition of the skin edges. Commonly used, single interrupted sutures result in a 'dumbbell' appearance of the wound while the mattress suture may cause rolling of the wound edges. We have found that this technique gives excellent cosmetic results with no wound complications.

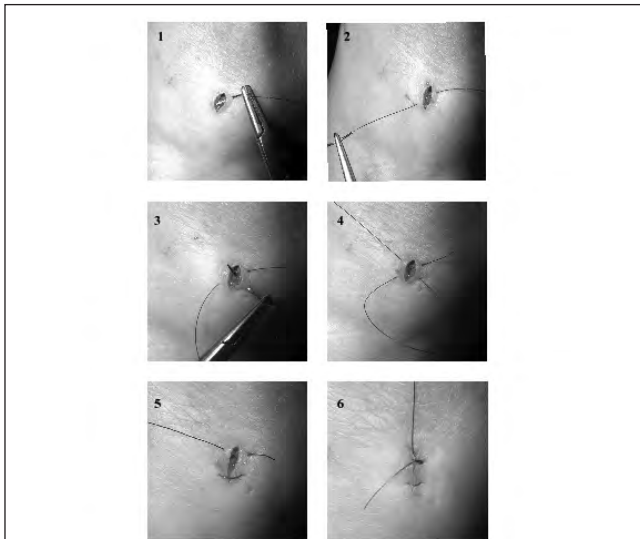


Figure 1 The figure-of-eight suture

Innovative use of Proximal Humeral Interlocking System (PHILOS) plate for fixation of osteoporotic fibula fracture

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Operative treatment of comminuted, osteoporotic distal fibula fractures is challenging due to poor bone stock. Conventional plates provide inadequate fixation. We describe treatment using the Proxi-

mal Humeral Interlocking System (PHILOS) plate (Synthes, Welwyn Garden City, UK). Following adequate exposure and reduction of the fracture, the PHILOS plate is applied to the fibula in an inverted position. Proximal plate fixation using a compression screw is followed by distal fixation using five locking screws. An image intensifier ensures satisfactory screw length. The PHILOS fixation is strong and provides angular stability. This technique has been used successfully in three patients with osteoporotic fibula fractures (Fig 1). The plate was not prominent and did not overlap with the distal fibula.



Figure 1 Plain x-rays showing ankle 12 weeks following fixation of distal fibula using PHILOS plate

Fluid management in wound care

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Wounds come in many shapes and sizes often requiring washout and exploration. The limb is prepared and draped in the desired fashion. A large sterile x-ray C-arm cover is placed under the limb and secured proximally with a towel clip. A suction tube is placed in the lowest part. This tube can be cut and dropped into the bag when washout is completed and the bag removed, allowing further procedures or dressings to be performed. This technique keeps the patient, floor and team dry and allows hands-free fluid disposal, leaving clean, dry drapes for wound dressing and ease of transfer.