

staff numerous times. This is time consuming and lays staff and the patient open to an increased risk of injury. We present a simple, effective method of circumventing these problems. A sterile specimen pot is inserted into a light handle cover (product reference: Liteglove, 31140257, Tycoe Healthcare Group) and clipped at a location close to the dissection thus providing both convenient and safe access to the scalpel (Fig. 1).

An effective and easy method of splitting damp Plaster of Paris casts

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Splintage using a cast is often required after fracture reduction. Splitting the cast is required to allow subsequent accommodation of postoperative swelling.¹ Splitting damp Plaster of Paris using plaster cutters or a saw is messy, awkward and often incomplete.



Figure 1 Safe splitting of damp plaster – cutting down with a scalpel onto disposable tubing.

If a length of anaesthetic tubing is placed on top of the wool and the plaster applied as normal over it, the cast can be split neatly and easily by cutting down through the damp plaster onto the tubing using a disposable scalpel (Fig. 1). This provides a split of adequate width to accommodate plaster spreaders if subsequently required.

Reference

 Younger AS, Curran P, McQueen MM. Backslabs and plaster casts: which will best accommodate increasing intracompartmental pressures? *Injury* 1990; 21: 179–81.

A new way of using a collar and cuff sling

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The use of a collar and cuff sling is common in children for a variety of upper limb problems. Unfortunately, the single loop around the neck can cause problems as the upper limb can swing around often requiring the sling to be worn beneath clothes. The child can remove the sling and there are concerns about safety and the risk of asphyxiation. By including the good arm in the neck loop (Fig. 1) the sling does not allow so much movement, prevents removal and guards against asphyxiation. This is useful in the young when compliance may be poor.

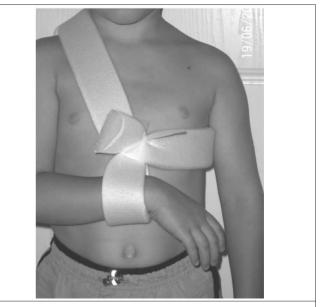


Figure 1 Child with collar and cuff sling.