Intramedullary delivery of Collatamp in long bone infections: a simple innovative technique

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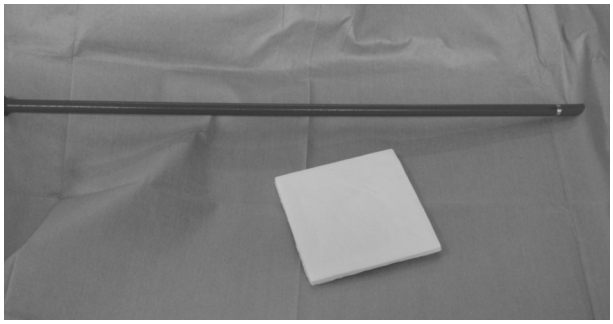

Figure 1 Components required.

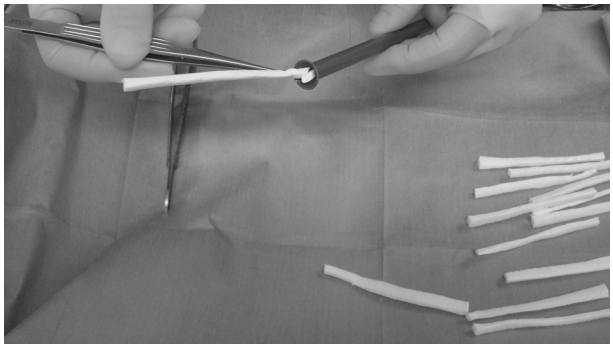

Figure 2 Cut pieces of Collatamp are sequentially loaded into the exchange sheath and pushed with the wire to fill the whole sheath

Figure 3 The filled sheath is passed down the medullary canal and withdrawn over the guide wire.

BACKGROUND

Antibiotic-loaded collagen sponge has been shown to be effective in treating soft tissue and bone infections and has the advantage of minimising the risk of systemic toxicity.[1] Collatamp (Collatamp®EG, EUSA Pharma) is a proprietary gentamicin-impregnated sponge used routinely in our institution during surgery for intramedullary infection associated with joint replacement and fracture fixation.

TECHNIQUE

The plastic exchange sheath used in interlocking nailing systems and a straight guide wire are required for this technique (Fig. 1). The Collatamp is first cut into several strips. The cut pieces are sequentially loaded into the exchange sheath and pushed with the wire to fill the whole sheath (Fig. 2). The filled sheath is passed down the medullary canal and withdrawn over the guide wire (Fig. 3). This results in the sponge being distributed along the entire medullary canal.

DISCUSSION

Bone and joint infections are very disabling and have a huge impact on the patient, surgeon and hospital.[2] Collatamp has been shown to accelerate haemostasis and be effective in treatment of infections. Our technique enables the delivery and distribution of a resorbable implant eluting high local doses of antibiotic with the prospect of improving the chance of cure.

References

1. Stemberger A, Grimm H, Bader F, Rahn HD, Ascherl R. Local treatment of bone and soft tissue infections with the collagen-gentamicin sponge. *Eur J Surg Suppl* 1997; **578**: 17–26.
2. Bozic KJ, Ries MD. The impact of infection after total hip arthroplasty on hospital and surgeon resource utilization. *J Bone Joint Surg Am* 2005; **87**: 1746–51.

TECHNICAL TIPS

‘Neck-line’ incision for open reduction and internal fixation of the clavicle

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Conventional incisions for clavicle surgery are made transversely along the clavicle. These often remain prominent. We propose a ‘neck-line’ incision (Fig. 1) closer to the sagittal plane, more aligned with Langer’s lines, resulting in a more aesthetic outcome