

Figure 1 The proposed technique of securing protruding K-wire ends with 3/0 nylon suture. A less bulky dressing can then also be used on top of the protector. This technique prevents accidental injuries from sharp wire ends, and limits wire migration.



Figure 3 Illustrating how the needle tip is locked.

is minimised. If the needle is placed on a sterile table with its sharp end down there is a risk for penetrating the sterile dressing. This technical tip reduces such a risk as well. It may also contribute to reducing the risk of postoperative infection.

Needle locking tip that reduces needle stick injuries

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A simple way to aid accurate guide-wire placement in dynamic screw fixation of femoral neck fractures

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After having finished suturing, and while the needle is still mounted on the needle holder (Fig. 1), use your forceps and just rotate the needle so that the needle's axis is in line with the axis of the needle holder (Fig. 2). The needle's sharp tip is now locked (Fig. 3). The risk of a stick injury to yourself or to your assistants



Figure 1 In the position shown, the needle's sharp tip is exposed. It may also penetrate the sterile dressing causing it to lose its sterility.



Figure 2 Rotate the needle with the forceps to lock its sharp tip.

The use of the dynamic hip screw is common practice for fixation of intertrochanteric fractures of the femoral neck. Success of this procedure requires accurate guide-wire placement. This can prove difficult at times and can result in repeated attempts leading to longer operating time, multiple tracks and, more importantly, greater radiation exposure to both patient and operating staff.

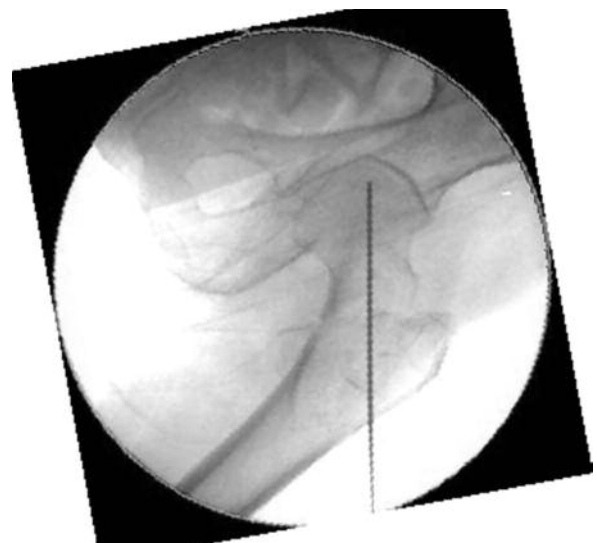


Figure 1 Rotation of the intensifier image so that the guide wire is vertical.