

applied by holding on to the sponge holder to enable ligamentotaxis to reduce the fracture (Figs 3 and 4). Rotational deformity, angulation, length and radial/ulnar deviation can be corrected by applying varying forces. The standard method of fracture fixation can then be performed.

DISCUSSION

We have found this method extremely useful when fixing fractures of the digits where optimal access to the fracture site is required while continued traction is necessary to maintain reduction. This is particularly the case in fractures of the middle phalanx where alternative methods of applying traction may interfere with access to the fracture site. Although it is not an original principle, we believe that this technique has not been described previously in the literature. We strongly recommend this technique to those involved in the treatment of fractures of the hand.

A simple exercise to encourage precise suture placement

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Surgical simulation is becoming increasingly important due to a reduction in operative exposure during surgical training. We describe a method to encourage precise suture placement using simple equipment that can be practised outside the skills laboratory.

Affix a Post-it® note to a table with its adhesive edge lying to your left. Using an 'inside to outside, outside to inside' technique, suture along the free edge of the Post-it® note (Fig 1). Now, pull out



Figure 3 Pre-reduction x-ray

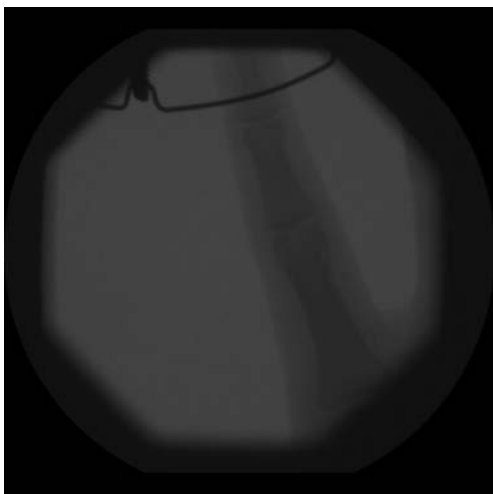


Figure 4 Post-reduction x-ray (with traction)

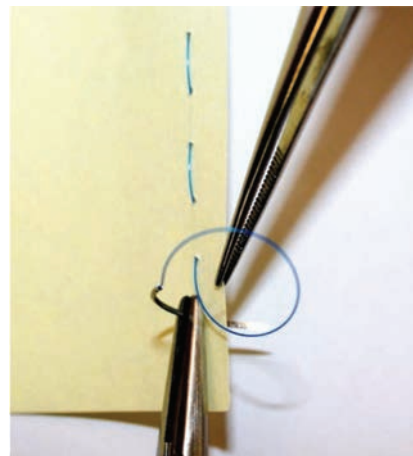


Figure 1 Initial suture placement

the stitch and resuture through the prior made perforations (Fig 2). This simple exercise encourages delicate handling to minimise tissue trauma and a good needle holder technique to facilitate the placement of precise stitches under direct vision.

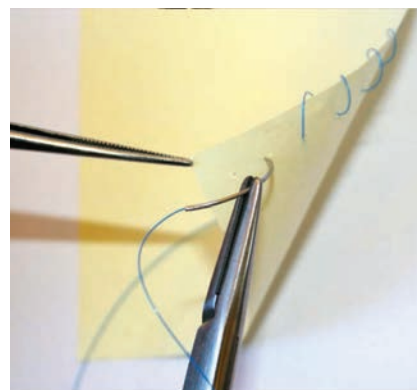


Figure 2 Accurate continuous suture practice