

A quick, effective and inexpensive method for covering K-wire ends

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When using K-wires for fixation of hand fractures, it is imperative to dress the sharp cut edges to prevent inadvertent patient injury. The techniques described currently are either cumbersome or employ materials not easily accessible in the theatre environment.¹ We describe a technique using readily available winged infusion sets ('butterfly needles'). Cut the tubing off the needle, feed the cut end of the tubing over the exposed wires and cut, leaving a few millimetres free (Fig 1). We employ this technique when using 1.0–1.4mm K-wires and find it particularly useful when applying dynamic external fixators to the digits.

Reference

1. Juma A, Raraty C, Kumar V. A simple, safe method to cover a sharp, exposed K-wire tip. *Eur J Plast Surg* 2000; **23**: 53.

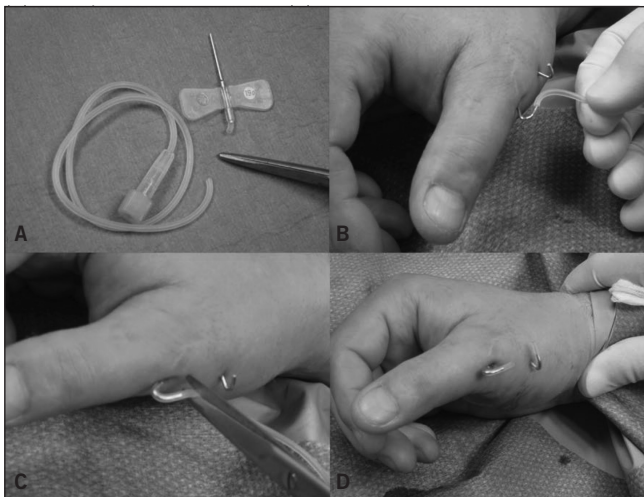


Figure 1 Technique for covering K-wire ends: Cut the 'butterfly needle' from the tubing (A); thread the tubing over the cut end of the K-wire (B); cut the tubing, leaving a few millimetres free (C); and repeat for other wire ends (D)

Ligation of the left atrial appendage with surgical stapler

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The elimination of the left atrial appendage during cardiac surgery is an alternative to oral anticoagulation in patients with atrial fibrilla-

tion. This is traditionally done by resecting the appendage and closing the atrium using non-absorbable sutures. We use a TX 30V stapler (Ethicon, Somerville, NJ, US) to close the appendage, which facilitates the alignment of the staple line with the base of the appendage and delivers three staggered rows of titanium staples in 30mm. A similar method had been reported previously¹ although it is not widely used. We think this is a safe, effective and easy way to ligate the appendage during cardiac operations.

Reference

1. Landymore R, Kinley CE. Staple closure of the left atrial appendage. *Can J Surg* 1984; **27**: 144–145.

Squeaking total hip arthroplasty bearings

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'Squeakiness' is a well documented complaint in patients with ceramic-on-ceramic or metal-on-metal bearings, with an incidence of up to 7% reported.¹ Squeaking hips can affect patients enough to warrant revision surgery and are often inaudible on clinical examination. A simple technique of placing a stethoscope over the femoral artery of the operated leg in the supine patient while rotating the lower leg is



Figure 1 Stethoscope placed over the femoral artery during simultaneous rotation of the lower leg

helpful in eliciting these squeaks (Fig 1). This is a quick and effective method to use in the clinical setting, empowering the patient with confidence in belief of this symptom, which may otherwise go unnoticed.

Reference

1. Jarrett CA, Ranawat A, Bruzzone M *et al*. The squeaking hip: an underreported phenomenon in ceramic-on-ceramic total hip arthroplasty. *J Arthroplasty* 2007; **22**: 302.