

Figure 1 Cutting of mallet splint and application

commonly available and we describe a method to modify them for use with such injuries.

TECHNIQUE

An appropriately sized splint is selected for the injured digit. It should be tight enough to limit flexion at the PIPJ but still sufficiently loose to not constrict the digit. The splint is cut at the distal end using a large pair of plaster or bandage scissors. Care is taken to trim any sharp edges. The splint is then passed over the DIPJ on to the PIPJ and secured with tape to ensure the splint does not slip (Fig 1).

DISCUSSION

The technique described is an elegant solution for temporary immobilisation of the PIPJ pending definitive splintage for the required 4–6 weeks.² It is less cumbersome and easier to apply than an improvised foam padded aluminium Zimmer® splint (Warsaw, IN, US) employed in the acute setting and more readily available than many of the custom made or spring loaded splints.

References

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An adjunct to safe cement removal in revision shoulder arthroplasty

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BACKGROUND

Intraoperative humeral shaft fracture is a possible complication during revision shoulder arthroplasty when removing cement.¹ Drilling to disrupt the cement mantle followed by cement removal is an established technique but it can lead to cortical perforation and fracture. We describe a simple technique to minimise these risks during drilling.

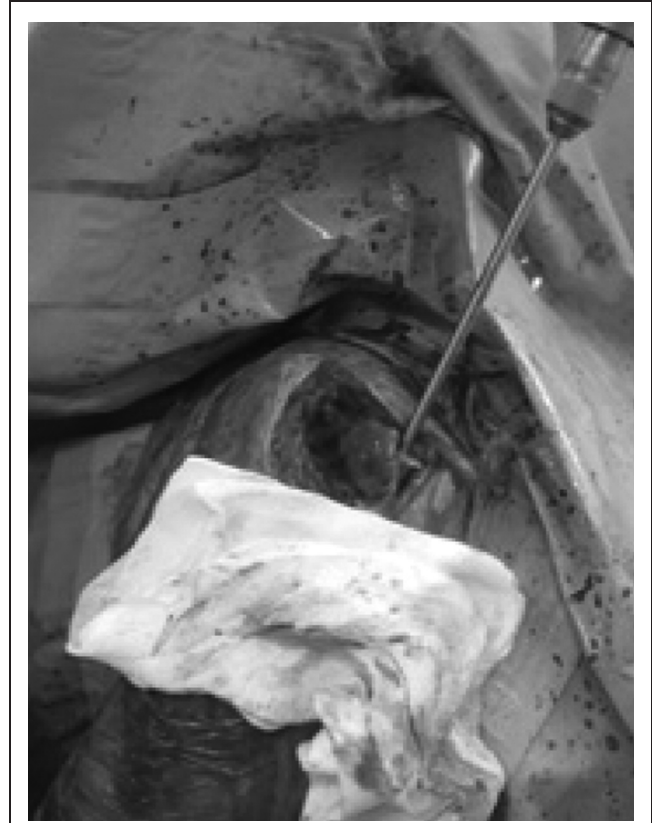


Figure 1 Intraoperative use of the technique with syringe guiding the drill down the centre of the humeral shaft

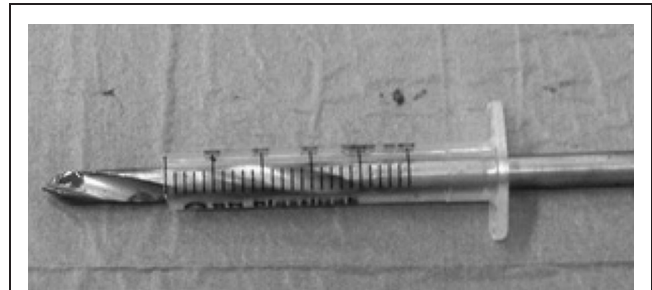
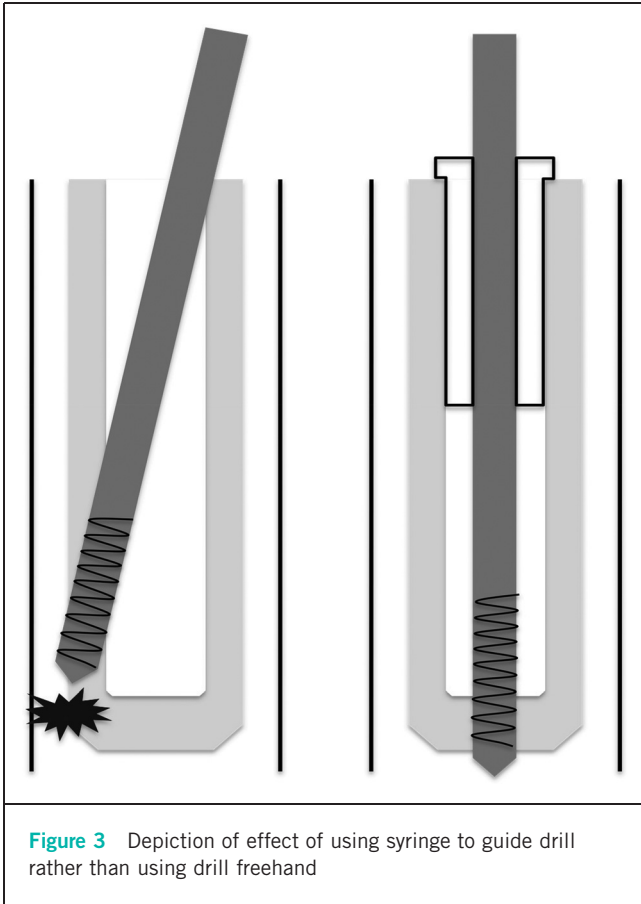


Figure 2 2ml syringe allowing easy passage of a drill bit up to 6.5mm in size

TECHNIQUE

After removal of the existing humeral stem, a 2ml syringe with the plunger removed and the end cut off is wedged into the proximal cement mantle in line with the humeral canal. Drilling of the distal mantle is performed through the syringe with reassurance that the drill will be guided down the canal rather than towards the humeral



cortex (Figs 1 and 2). The inner diameter of a 2ml syringe easily accommodates a drill up to 6.5mm in size.

DISCUSSION

Free hand drilling during revision arthroplasty can allow the drill to follow an eccentric path, leading to fracture as the drill bit bounces of the distorted metaphyseal bone and existing cement mantle. Use of the syringe maintains the drill along a path through the centre of the cement mantle and away from the cortical bone (Fig 3). This technique is only reliable when the existing stem has been placed centrally in the humeral canal as seen on the preoperative x-ray. When the existing stem is placed eccentrically, use of this technique will direct the drill towards the cortex, causing perforation. It is also more appropriate in the humerus than the femur as the humerus has a straighter medullary canal.²

References

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A simple, safe and effective bedside technique to achieve haemostasis in serious colorectal anastomotic bleeding

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We report a safe and effective bedside technique to achieve haemostasis in serious mid to low colorectal anastomotic bleeding. When conservative and/or endoscopic measures fail, Floseal® (Baxter, Hayward, CA, US), a haemostatic matrix, may be used to achieve haemostasis. This agent may be applied under vision through a proctoscope over the active bleeding area of the anastomosis and an immediate local haemostasis might be achieved. We have used this technique successfully in one case. Floseal® can be a useful adjunct to achieve local haemostasis when conventional methods fail.

Safe suction during laparoscopic surgery

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Requirement for suction is commonplace during laparoscopic surgery for removal of pooled body fluids. Suction also draws mobile structures towards the suction device, potentially causing damage. We propose the use of a laparoscopic swab as an inexpensive guarding device. The swab is introduced through a 10cm port and placed in the pooled fluid with the suction device in direct contact (Fig 1). The swab's meshwork allows fluid to be drawn through the gauze into the suction device while forming a safe barrier. One swab may be used several times during surgery and retrieved through the 10mm port after use.



Figure 1 Swab placed in the pooled fluid