

effective way of draining gas bubbles via the inflow channel. Once clear vision returns, re-connecting the irrigation fluid to the inflow channel enables safe resection to continue.

Estimating screw lengths for cephalomedullary nails without using a depth gauge

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The cephalomedullary nail is a widely used intramedullary device for femoral neck fractures consisting of several component parts (Fig 1). Measurement of the locking screw length can be challenging, with formulae being suggested to estimate this.¹

We have found that a mathematical relationship exists between nail and component screw lengths:

$$\begin{aligned} \text{Cephalad screw length} &= \text{nail length} \div 4 \\ \text{Locking screw length} &= \text{nail length} \div 8 \end{aligned}$$

We believe this method is of use to surgeons in estimating the lengths required. Our ability to correctly predict cephalad and locking

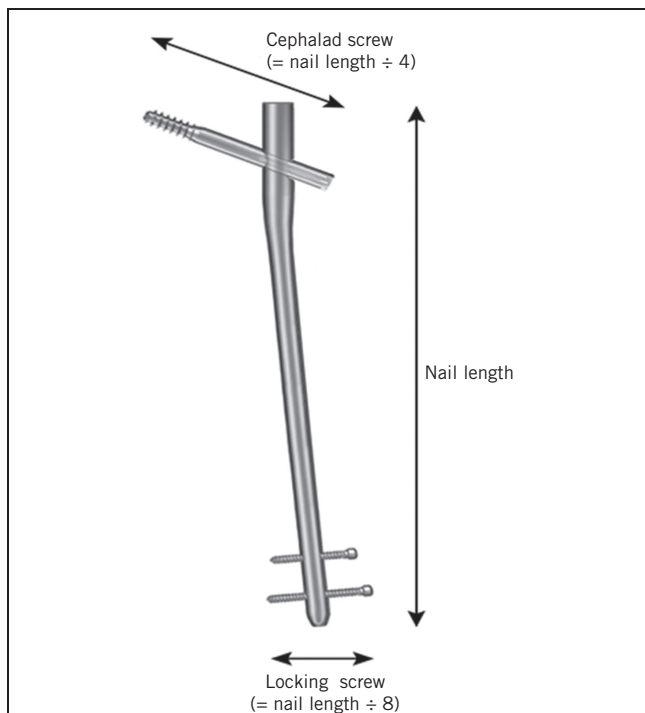


Figure 1 Component parts of a cephalomedullary nail

screw lengths to within 10mm was 88.6% and 93.7%, respectively, in a series of 104 patients.

References

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Smart phone camera: a useful adjunct in plastic surgery clinics

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Patients can present to outpatient clinics with challenging skin lesions that require some form of magnification to aid diagnosis and management. Traditional magnifiers are not always available in clinics. The use of the digital camera is well established in the surgical field.¹ We used the smartphone's digital camera zoom function to aid magnification of difficult skin lesions (Fig 1a,b). The flashlight source provided in most smartphones has an additional advantage in aiding magnification. This method can be extended to preoperative markings by the surgeon/dermatologist.² This is a simple and readily available adjunct, although it is not a substitute for dermatoscopy.

References

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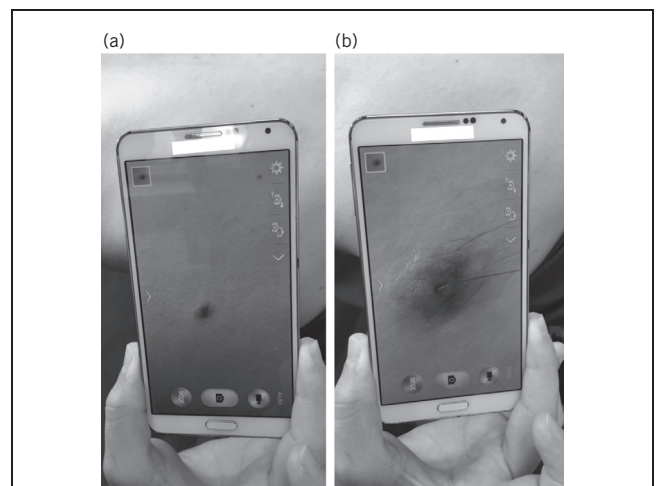


Figure 1 a) Pigmented lesion on the back without magnification b) The same lesion magnified 4 using the zoom function in the smartphone camera