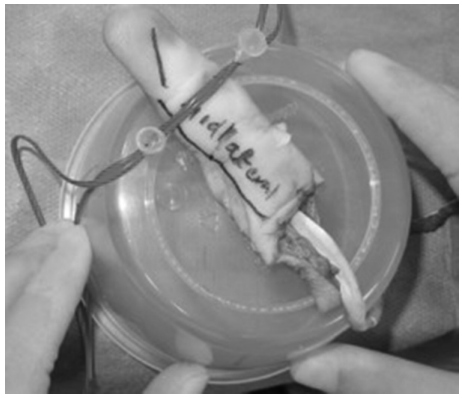

Figure 1 Amputated digit secured with vascular slings

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Positioning tips for distal fibula ankle fracture fixation

J Lamb, R Monkhouse
Leeds Teaching Hospitals NHS Trust, UK

CORRESPONDENCE TO
Jonathan Lamb, E: jonathan.lamb6@nhs.net

doi 10.1308/rcsann.2017.0035

Patient positioning is key to successful fixation of distal fibula fractures. When supine, the leg rests in an externally rotated or neutral position. The leg must be rotated internally throughout the operation to enable adequate visualisation of the lateral ankle. Exposure is improved by elevating the ipsilateral hip with a sandbag. However, in patients with a stiff hip or excessive external rotation, this is not enough. In these cases, exposure can be improved further by placing a size 7.5 or greater glove over the foot and securing the glove fingers over the contralateral foot. This provides internal rotation throughout the operation and covers dirty toes.

Figure 1 Ankle positioned in external rotation using a glove over the foot

A novel technique to reduce the likelihood of proximal junctional failure

JR Panchmatia[1], D Bhagawati[2], S Mitrasinovic[3], S Molloy[2]
[1]Guy's and St Thomas' NHS Foundation Trust, UK
[2]Royal National Orthopaedic Hospital NHS Trust, UK
[3]University College London, UK

CORRESPONDENCE TO
Jaykar R Panchmatia, E: jaykarpanchmatia@gmail.com

doi 10.1308/rcsann.2017.0032

BACKGROUND

Proximal junctional kyphosis is a common complication of adult spinal deformity (ASD) surgery, occurring in 20–39% of cases.[1] When associated with structural failure, PJK is defined as proximal junctional failure (PJF). Half of patients with PJF require revision surgery within six months.[2]

The Complex Spine Study Group classification includes implant–bone interface failure as a cause of PJF.[3] Introducing a preload by forcing an undercontoured rod into the proximal screws of a construct is thought to contribute to this failure mode.[1] According to the Scoliosis Research Society, attempting to avoid this pitfall is the most common surgical PJF prevention strategy employed.[4] We believe that our technique will help surgeons achieve this goal of avoiding the proximally undercontoured rod.

TECHNIQUE

Having introduced a rod into an all pedicle screw construct, insert set screws loosely at every level. Following this, lock the set screws at each level, except the proximal two levels, using a torque limiting set screw driver and counter torque. Next, remove the loose set screws at the proximal two levels. If the rod rises above the level of the pedicle screw heads, it is undercontoured. In this case, using in situ sagittal benders, bend the rod until it sits snugly inside the pedicle screw heads without the use of any external force. Finally, lock the now properly contoured rod into the proximal two pedicle screws using set screws.

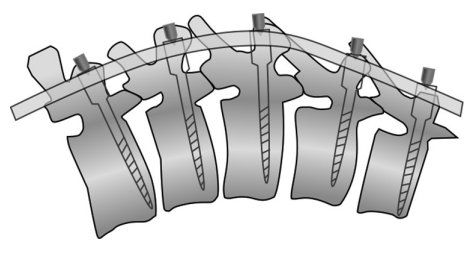

Figure 1 Undercontoured proximal rod held in place with set screws