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Introduction: Complex phalangeal fractures are often stabilised using commercial external fixators, which are costly and require familiarity. Here we describe our positive experience using a simple fixator constructed using readily available materials.

Methods: Patients who had phalangeal external fixation by a single operator, over a five year period were identified from theatre logbooks. Data was obtained retrospectively on aetiology, fracture configuration, operative details, complications and post-operative function using Total Active Movement (TAM) scores.

Results: Outcome measurements were retrieved in 26 of 38 patients identified. Injuries were sustained through altercation (n=6), crush (n=7) or fall onto hand (n=17). The majority affected the little finger (n=15) and the proximal phalanx (n=19) was most commonly fractured. One fracture was open. All achieved bone union. No secondary procedures were required. Complications occurred in 9: unexpected stiffness (n = 1), unexpected swelling (n = 4) and pin-site infection (n = 4). At four months the functional outcome was good (%TAM=80%) or excellent (%TAM = 85%) in all patients with a mean TAM of 230°.

Conclusion: This external fixator provides a reliable and cost-effective method of complex fracture fixation. The post-operative complications are acceptable and functional outcomes highly favourable when compared to other methods of phalangeal fracture fixation.

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Introduction: Foot and ankle pain is common, with causes including osteoarthritis, tendinitis and fasciitis. Targeted injection with local anaesthetic and corticosteroid can be used for diagnostic and therapeutic purposes. This can be performed in theatre, or clinic with ultrasound guidance.

Methods: Foot and ankle injections performed in theatre by a single Orthopaedic consultant from January-2007 to December-2010 were reviewed by log-book entries. Those referred for ultrasound-guided injection during this period were also recorded. These were performed by a Musculoskeletal consultant radiologist. Costs for these were calculated using clinical coding data.

Results: Injections performed in theatre has reduced markedly, from 134-[2007], 118-[2008], 43-[2009] and 28-[2010]. Concurrently, injections performed in the radiology department had risen from 10-[2008], 41-[2009], and 100-[2010] (p<0.001)

Cases performed in theatre cost the trust £1229, though receiving just £630 from the PCT for each; a loss of £599. Cases performed in radiology cost £206, saving £393 per patient, with projected savings of £58,164 in 2011.

Discussion: Increasing numbers of injections in the radiology department, and a subsequent reduction in theatre cases has been demonstrated. Close co-operation between Orthopaedic Foot and Ankle surgeons and Musculoskeletal radiologists produces massive savings in theatre costs, time, and a more efficient patient pathway.

Aims: To discover the number of negative paediatric appendicetomies at a large DGH between 2006-2010, compare intra-operative versus histological findings, analyse ‘time to theatre’, antibiotic prescribing, Alvarado scores, and postoperative stay.

Method: Clinical, operative, and histological records of 107 children who underwent appendicectomy were analysed. A dataset was created and analysed using Excel™ and SPSS™. Correlation and linear regression analyses were carried out. Alvarado Scores were calculated.

Results: 71 males(66%); 36 females(34%). Age range 3-16 years, (mean=11). All patients had clinical diagnoses of acute appendicitis. At operation 78%(n=83) were classified as acute appendicitis, whilst histological analysis confirmed only 61%(n=65), ie negative appendicetomy rate of 39%. Conversely, 4% of appendices deemed ‘noninfamed’ at operation were later classified inflamed at histology. More males had positive histology (δ65% vs. $31%); the opposite was true for negative histology (54% vs. δ44%). 18% of cases received no antibiotics. Alvarado Score correlated strongly with positive histological diagnoses, but not with complication or readmission rate.
The S-Quattro external fixator device (Surgicraft®, UK) can be used to treat such injuries. Its use has been widely documented and has shown many advantages in comparison to other conventional treatments. Advantages include reduced operative time, rigid fixation and early range of motion. We present a review of the current literature and use of the S-Quattro serpentine system in the management of intraarticular phalangeal fractures. Keywords: S-Quattro, intra-articular, phalangeal fracture, external fixator. View Abstract Download PDF.

INTRODUCTION. Phalangeal fractures of the hand are common.

Thomson2012FunctionalOF, title={Functional outcomes following the use of an inexpensive mini-external fixator device for phalangeal fractures}, author={Suzanne Thomson and Lisa Ng and David Howarth and M. Coutinho and Sahan V. Rannan-Eliya}, year={2012} ). Suzanne Thomson, Lisa Ng, +2 authors Sahan V. Rannan-Eliya. Published 2012. Medicine.Â 1125: FUNCTIONAL OUTCOMES FOLLOWING THE USE OF AN INEXPENSIVE MINI-EXTERNAL FIXATOR DEVICE FOR PHALANGEAL FRACTURES Suzanne Thomson, Lisa Ng, David Howarth, Max Coutinho, Sahan RannanEliya. Department ofâ€¦ CONTINUE READING. View via Publisher.