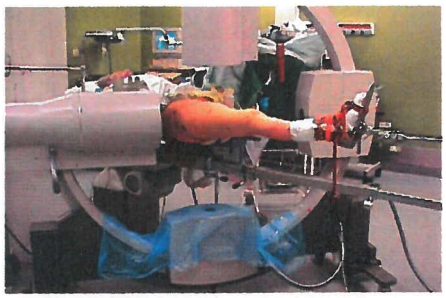
Use of bi-plane projection in a Gamma operation.

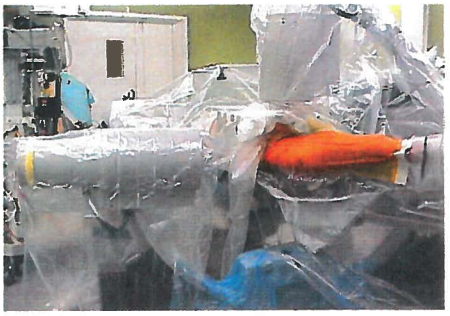
By Lena Hedlund Chief nurse orthopaedics. Kristianstad Hospital

In our trauma clinic in Kristianstad hospital, Sweden, we have been working with bi-plane since the seventies. Until 4 years ago the Biplanar 400 was mainly used for hip fractures treated with screws and compression hip screws. For shaft fractures and fractures in the trochanteric region treated with intramedullary nails we used an ordinary image intensifier C-arm (Stenoscop). On a recommendation from the manufacturer of the Biplanar 400, we have now developed a convenient procedure for the use of it also in diaphyseal and trochanteric fractures treated with IM nails.

When using bi-plane for these operations the surgeon has a better chance to work freely and the intensifiers are easily handled by the surgeon through out the operation without any assistance. In a Gamma operation this is convenient when checking for correct positioning of the lag screw guide wire and lag screw on both anterior-posterior and lateral intensifier views.

With the bi-plane the surgeon starts operating proximal to the image intensifiers which are easily moved for checking position for the reaming guide wire, the reaming process and for correct insertion and position of the nail. When performing lagscrew targeting and insertion and also for the distal locking procedure the surgeon is positioned distal to the intensifiers.





When using image intensifying we have learned that it is crucial to have the support for the contralateral limb high enough to ensure an angle of the hip of at least 90° in order to get a good lateral image.

Earlier, when draping the patient and using bi-plane, we used short drapes when we operated with screws and plates. Today we always use the 3M large isolation drape with glue 1019 where the surface is big enough to cover all the way from the Iliac Crest down to the knee. This new field of use for the bi-plane has given us more flexibility when treating with intramedullary nails and helps us saving time.

Be part of deciding the content of future issues.

It is our wish that you have enjoyed this first issue of Stryker Trauma Newsletter. In coming issues you will read about a soon starting randomised study at the Sahlgrenska Hospital in Gothenburg, Sweden, where the Trochanteric Gamma Nail will be compared with the CHS. You will also find a report from the Shock Trauma Clinic in Baltimore, USA, clinical trauma cases from hospitals in the Nordic countries, and much more.

In order to further improve this newsletter we are happy to receive your suggestions on future Trauma Newsletters such as interesting clinical cases, useful innovations in surgical technique, or other experiences within the trauma area. Please do not hesitate to contact us at the address at the beginning of this newsletter. To learn more about Stryker products, please contact your local Stryker representative or Stryker office at the address below.

And, with that, we hope you have had a nice summer and will soon return to you with news in the Stryker Trauma Newsletter.

Hip Fracture courses in Finland

As a part of our continued focus on surgeon training in trauma products, Stryker Finland has arranged a series of training sessions for younger surgeons at the University hospitals. During late 1999 and the early part of this year, these meetings were planned and carried out in co-operation with the orthopaedic clinics in Tampere, Kuopio, Oulu and Helsinki.

The training courses have been much appreciated, and in total almost a hundred young Finnish surgeons have attended.

The Helsinki meeting in December last year was arranged together with HUCH Töölö clinic and Helsinki City Hospital, and took place at the Finnish Medical Association close to the Stryker office.

Focus was placed on the treatment of trochanteric fractures and Compression hip screws were challenged by intramedullary implants.

Dr Timo Silvennoinen emphasised the stability of the Gamma locking nails but stressed the importance of pre-operative planning, such as correct reduction and the use of templates to ensure the correct angle of the nail.

Dr Seppo Honkonen, from Tampere University Hospital, was holding his lecture on their exerience with the DHS and the Gamma nail. The Gamma nail, in unstable fractures, was considered as a superior implant to the DHS.

At the meeting in Kuopio in January, Dr Court-Brown from Edinburgh University shared his great experience in the treatment of tibia shaft fractures and of humerus fractures with the audience.

The lectures at every training occasion were followed by workshop sessions in order to train the younger surgeons in the intramedullary technique.

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