carry out day-to-day activities, such as fastening a shirt button. This would not only be of use to the lawyers in any claim but could also be supportive in any application for disability allowance.

In the future, referrals may even be sent by e-mail. The moving-image files could be attached to the e-mail as the surgeon refers the patient to the physiotherapist and, similarly, the physiotherapist could return the e-mail with a video of the hand function after therapy. The ultimate goal would be a ‘noteless’ clinic, in which the patient records would all be on computer and accessed via a monitor in the clinic. The AVI files could then form part of the patient’s computerised notes, and could be viewed instantly by any member of the hand-therapy team treating the patient at a particular time.

In its simplest form, the moving-image file gives an overall impression of hand function, but this could be developed further to study the range of movements more objectively. This could be achieved by placing the arm in a jig, and recording the movements of reference points on the hand against a standardised background scale. Similarly, by using a jig and reference points, the moving-image file could be ‘freeze framed’ and various joint angles could be recorded on the digital still images. This would then provide quantitative measurements to monitor the improvement or deterioration in hand function during treatment.

Yours faithfully,

Ian M. Smith MSc, FDSRCS, FRCS, Senior House Officer in Plastic Surgery
Stephen J. Southern FRCS, FRCS(Plast), Consultant Plastic Surgeon
Department of Plastic and Reconstructive Surgery, Pinderfields General Hospital, Aberford Road, Wakefield, West Yorkshire WF1 4DG, UK.

Reference


Gillies forceps diathermy burns

Sir,
Increasingly, we are called upon to operate away from home, with surgeons of other disciplines. It is rare to find Adsontoothed forceps on the set, and the fallback is a pair of Gillies dissecting forceps.

It is common practice for the assistant to hold a pair of ‘toothed’ and catch bleeding points, whilst the surgeon, dissecting

Figure 1—On pinching the forceps closed, the ‘pin’ may puncture the glove.

using cutting diathermy, pauses to coagulate the bleeding vessel by touching the forceps holding it. We would like to extend a cautionary note to users of Gillies forceps during this manoeuvre, as two of our team recently suffered diathermy burns to the dominant thumb pulp.

The problem can easily be seen in Figure 1. On pinching the forceps closed, the ‘pin’ in the forceps protrudes through the hole on the other side, and may puncture the glove. Application of the coagulation current at this time produces a shrill from the assistant and a burn that remains sore for several days. It is usually exactly on the spot where a needle holder rests when in use, leading to a constant reminder each time one operates for the next week!

This may also be the mechanism that explains the not infrequent finding of a leak in the thumb of a surgical glove upon its removal at the end of a long case.

We hope that this note will save others from suffering the same discomfort.

Yours faithfully,

Garrick Georgeu MB, ChB, MSc, FRCS, Registrar in Plastic Surgery
Soni Putnis BSc, MB, ChB, MRCS, Senior House Officer in Plastic Surgery
John Pereira MB, BS, FRCS, Registrar in Plastic Surgery

Department of Plastic and Reconstructive Surgery, St Thomas’ Hospital, London SE1 7EH, UK.