

and complications.

Results: Twelve children with an average age of 13.9 years (range 13–16 years) had their closed unilateral clavicle fractures treated with open reduction and internal fixation. All the patients were boys. The right side was affected in 5 and left in 7 patients. There were 11 mid-shaft fractures and one lateral end fracture. Patients were followed for an average of 12 months. There were no deep or superficial infections and no non-union. Eighty-seven percent (10 of 12) of children returned to unrestricted sports activities. Two patients suffered from scar sensitivity. All fractures healed and 5 orthopaedic implants were later electively removed including the hook plate used to fix the lateral end of clavicle.

Conclusion: In the past most of the clavicle fractures in children were treated conservatively regardless of the displacement and the location of fractures; with variable outcomes. We conclude that open reduction and internal fixation of displaced clavicle shaft fractures in children can be performed safely. It gives predictable results especially with healing periods and functional outcomes.

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Clerking proformas for hip fracture: a necessary evil?

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Introduction: Hip fracture patients represent a difficult management problem in modern practice. Increasingly patients who previously would have been considered unfit are undergoing surgery. With the introduction of the European Working Time Directive (EWTB), the initial assessment and peri-operative management of these patients is the responsibility of increasingly more junior members of the orthopaedic team. In response to this, we have developed a clerking proforma that is currently in use to standardise hip fracture patient clerking.

The aim of our study is to determine the benefit to patients of using clerking proformas in surgical practice?

Patients and methods: The senior authors devised a “gold standard” history, examination and initial management. Accuracy and completeness of the clerking documentation in hip fracture patients over 4 discrete 10 day periods, each using a different clerking technique: proforma; no proforma; proforma following FY1 (Foundation Year 1) teaching session; no proforma following FY1 teaching session. The investigation period spanned the rotations of 2 groups of FY1 doctors. Following all data collection, results from each period were compared to the gold standard.

Results: There were significant improvements in the documentation of demographics, social history, medical history, system review and vital signs when using the proforma. There was no significant improvement in the documentation of mechanism of injury, diagnosis, interpretation of investigations and time to theatre when using the proforma. For both groups (proforma and no proforma) accuracy and completeness of clerking was better following the teaching sessions. However, the proforma clerkings were considerably more accurate and complete.

Discussion: The use of a proforma improves the accuracy of documentation. This affects clinical decision-making and potentially prevents peri-operative complications. It is also important for medico-legal purposes. This study highlights the role of continuous education and reinforcement of proforma usage.

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Compartment syndromes in the thigh are unusual and mostly traumatic in origin although there is one previously reported case of a non-traumatic compartment syndrome in a patient on enoxaparin. Early recognition and prompt decompression by fasciotomy are required to prevent limb and life threatening complications. All clinicians must maintain a high degree of suspicion and although most often bleeding associated with low molecular weight heparins is minor, occasionally it can result in a major bleed resulting in limb threatening conditions like a compartment syndrome.

We describe and discuss the management of a non-traumatic case of compartment syndrome of the thigh in a patient on anticoagulant therapy for a left ventricular assist device.

This case emphasises a new aetiology for compartment syndrome—namely low molecular weight heparin. This aetiology is not well known in the medical literature and we also discuss the dosages of low molecular weight heparins at which the chances of spontaneous bleeding become high and therefore can lead on to complications like compartment syndrome.

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Compliance in a mallet splint

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Mallet finger deformity is one of the commonest encountered injuries in accident and emergency and hand surgery clinics. Conservative management using a mallet splint is widely recommended and practised. The aim of our study was to analyze patient compliance with conservative management.

The treatment regime consists of 6 weeks of continuous splintage, followed by 2 weeks of splintage at night only. At 6 weeks review all the patients were referred to a hand therapist.

Methodology: All patients treated in our unit for mallet injury, over a 1-year period were sent a questionnaire regarding compliance using their splint. Twenty-five patients replied (response rate – 30%).

Results: Sixteen patients (74%) sustained injury to their dominant hand. Three patients (12%) state they were not given proper advice about the use of mallet splint. Eleven patients (44%) complained about loosening of splint and only 20% of these patients revisited orthopaedic clinic to readjust their splint. Three patients (8%) were not aware that they had to keep their finger straight during washing and bathing.

Four patients (16%) developed pressure areas on the finger, another four patients complained of painful finger and six patients (24%) were not happy with the outcome.

Conclusion: Our paper emphasizes that merely applying a splint for a mallet finger does not constitute treatment. Careful attention by the treating specialist, hand therapist and the patient is paramount. Written advice and patient education is important and should be given when patients are seen in accident and emergency.

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