A simple method to make a reusable volar splint

Sir,

Application of a Plaster of Paris (POP) volar splint for the immobilization and/or patient comfort is a common procedure in Plastic Surgery Units either after the initial assessment of a trauma patient or postoperatively in theater. In our unit, the on-call plastic surgery trainee may assess up to 30 new referrals in a day. Most of these are hand trauma referrals, often requiring a volar resting slab to be applied by the trainee. However, patients often need senior review/reassessment within 24 h, necessitating the removal and reapplication of this cast.

The standard plaster technique requires wrapping wool around the limb, placing the wet plaster on this, and securing it with a circumferential crepe bandage. When removed, this is not easily reusable.

We describe here a simple method to make a reusable cast using standard plaster trolley materials. This method utilizes a stockinette to confine the POP, preventing it from sticking to the wool.

- Cut the required length of plaster as usual.
- Cut a length of stockinette approximately 2 inches longer than the plaster. Pull this piece of stockinette over your own dominant forearm.
- The plaster is soaked in warm water and wrung out. While holding the plaster with your dominant hand, pull the stockinette over the plaster [Figure 1].
- Even out the plaster inside the stockinette by laying it on a flat surface.
- Fold the edges of the stockinette inwards to neaten the ends.
- Lay wool padding over the top and apply to the volar aspect as required. Secure to arm with bandage and tape [Figure 2].
- Mould into required position as it sets.

The standard POP cast is not easy to reuse. The method described above allows the patient to have a removable cast that can be reapplied after reassessment simply by using a new piece of wool and crepe.

- Saves time during on-call periods.
- Can be reused postoperatively, saving time in the theater
- Cost-saving, with single rather than multiple POPs required.
- More aesthetically pleasing as the POP is confined within the stockinette, giving it a neater appearance.
Sir,

Although lipomas are common soft tissue neoplasms, they are rarely found in the fingers. Lipomas are often not considered in the initial differential diagnosis of digital swellings. [1]

A 35 year-old female patient visited our outpatient clinic with a protruding skin lesion on the right index finger that caused discomfort with movement [Figure 1]. The patient reported that the lesion had started growing 12 months ago. Physical examination showed a 1.5 x 1.0 cm, nontender, subcutaneous mass on the radial side of the proximal phalanx associated with limitation of proximal interphalangeal joint motion; sensory symptoms were not present. The patient underwent an exploration of the finger under local anaesthesia using a longitudinal skin incision. There was no difficulty in excising the mass and its margins were free. The mass was excised completely and subjected to a histopathology examination. After surgery, the patient had fully recovered the motion of the finger. Grossly, the mass was 1.5 x 1.0 cm in size and was composed of fatty tissue [Figure 2]. Histological results showed that the mass was a lipoma. There was no evidence of recurrence or restriction in motion during the 36 months of postoperative follow-up and excellent range of motion [Figure 3].

In this rather unusual case, the lipoma was located on the proximal interphalangeal joint of the finger which restricted finger movement due to limited space. Neoplastic lesions (liposarcoma, lipoblastoma, Giant cell tumour, spindle cell lipoma, angiolipoma, and neural fibrolipoma) and non neoplastic lesions (implantation cyst, pyogenic granuloma, and nodular fasciitis) with clinical characteristics similar to those of a lipoma of the finger should be considered in the differential diagnoses.

Figure 1: Our 35 year-old female patient with a nontender subcutaneous mass on the right index finger

Figure 2: About 1.5 x 1cm sized lipomatous mass

Figure 3: Thirty-six months after operation; there is no evidence of restriction