Technical note: 'Glove assistant' for ankle surgery

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Citation

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Abstract

The approach to the fibula and soft- tissues around the posterolateral aspect of the ankle is commonly used in ankle surgery both in the elective and trauma settings. A simple technique is described that will assist the surgeon in positioning the ankle during surgery without the need for a surgical assistant. The technique also allows easy switching of ankle positions and places the ankle independently during fluoroscopic imaging of the ankle mortice.

BACKGROUND

The fibula is a posterolateral structure and therefore the surgical approach to the lateral malleolus is made simpler by internally rotating the leg. Routinely, a surgical assistant or a sandbag positioner under the ipsilateral buttock is used to maintain the leg in this position. When sandbags are used, the approach to medial aspect of the ankle may be impeded and invariably the sandbag is removed to allow external rotation of the leg. A simple and effective technique is described to assist the positioning of the ankle which allows easy switching of ankle positions without the need for a surgical assistant.

TECHNIQUE

The patient is positioned supine on the operating table and draped as per standard technique. A large sterile glove is used to envelope the contralateral foot with its' overlying drape. Another sterile glove is used to cover the foot on the operative side and a kidney dish is positioned under the ankle. To internally rotate the leg, one finger extension from the glove on the operative side is tied to a finger extension on the contralateral glove (Figure 1).

Figure 1

Figure 1: Operated ankle held in internal rotation using 'glove assistant'

The degree of internal rotation can be varied by moving the ankle and kidney dish closer (less internal rotation) or further away (more internal rotation) from the other foot. When approach to the medial side of the ankle is required, the tied finger extension is simply cut.

DISCUSSION

The technique negates the need for a surgical assistant and also provides excellent positioning of the ankle for intraoperative fluoroscopic imaging of the ankle mortice.

References

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